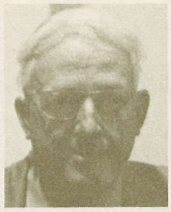
National Health Federation BULLETIN

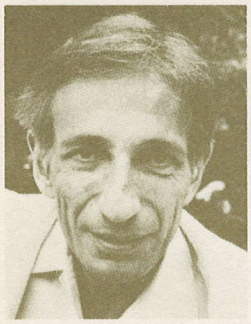
FEBRUARY 1977 ● 50c

PREVENTING HEART ATTACKS WITH THYROID THERAPY



●

Barnes Blasts Cholesterol Theory



IVAN ILLICH

Modern Medicine 'Major Threat to Our Health,' Says Illich In Best-Seller As He Shreds Myth Built Around It

Author of Chemical Feast Named NHF Washington Representative

Attorney James Turner Is Counsel for Dr. Morris, Swine Flu Dissident

☆ ☆ ☆

Why It's So Easy for FDA To Favor Industry: Its Officials Come From, Go To

JAMES TURNER

Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — *Published Monthly*

Volume XXIII — Number 2 — February 1977

CONTENTS

National Health Federation Bulletin, published monthly January through December, except July-August which are combined, at 212 West Foothill Boulevard, Monrovia, California 91016, by National Health Federation, a nonprofit corporation. Don C. Matchan, Editor. $1.50 of the $8.00 annual membership is paid as a yearly subscription to the **National Health Federation Bulletin.** Single copies, 50 cents. Second-class postage paid at Monrovia, California 91016.

Broda Barnes, M.D., Blasts Cholesterol Theory

Preventing Heart Attacks With Thyroid Therapy

Although presently a "voice in the wilderness," Broda A. Barnes, M.D., Ph.D., has pulled together the clinical evidence that heart attacks can be prevented through desiccated thyroid therapy.

Revolutionary? Admittedly. You're skeptical? So was this reviewer until he took the time to read *Solved: the Riddle of Heart Attacks* (copyright Barnes and Barnes, 1976, Robinson Press, Inc., 2838 W. Elizabeth, Fort Collins, Colo., $3.00) by Dr. Barnes and his wife of 44 years, Charlotte W. Barnes, M.A.

An authority on the role of the thyroid gland in health — this was his doctoral thesis at the insistence of his professor when he entered the Department of Physiology at the University of Chicago more than 45 years ago — Dr. Barnes has been deeply involved in thyroid research for 45 years.

And while the thyroid concept as the cause of heart attacks is startling to a population conditioned to believe that high-content cholesterol foods are killers, Dr. Barnes doesn't ask you to take him on faith. His book deals in fact. He takes the reader back to 1873 when Sir William Gull described the "peculiar cases" of five patients exhibiting symptoms of cretinism, a condition associated with lack of normal thyroid activity which caused failure of physical and mental growth of children.

Next came the work four years later of Dr. William Ord, a London clinician who autopsied a 60-year-old woman who had been his patient six years. She died in coma after an 11-year illness which started with "shivering spells," occasional passage of bloody urine, and gradual deterioration of mental and physical faculties until it took her two hours to dress. The autopsy revealed that the thyroid gland had been replaced with a fibrous tissue, and that the entire arterial system showed advanced atherosclerosis. Arteries to kidneys, brain and heart were lined with deposits limiting blood flow. Chemical analysis revealed a thick glue-like substance with a high concentration of mucin which bound water in the tissues. He called the disease "myxedema."

(The thyroid hormone controls the rate at which each cell burns the food that gives us energy. Hence every part of the body is affected by loss of the hormone).

CONFIRMATION

That first discovery was followed by confirmation by other practitioners — Professor Kocher in Berne, Switerland, and Professor Billroth, Vienna surgeon who

(Please turn the page)

learned that with removal of large goiters, patients soon died of myxedema. Dr. Billroth assigned a student to investigate arterial changes in animals after thyroidectomy, and it was learned that removal of the gland produced arterial degeneration in arteries throughout the body. Experiments by von Eilsberg in 1895 using sheep and goats – who do not eat cholesterol-containing foods – showed that removal of the thyroid led to clogging of arteries, demonstrating, says Dr. Barnes, that "thyroid deficiency, not dietary cholesterol, was implicated in arterial degeneration."

Further confirmation came from work by Pick and Pineless in Vienna who repeated the Eilsberg experiments, and carried it a step further: "Not only were these scientists able to confirm the degeneration in the arteries going to the heart of goats, but when they gave thyroid hormone to the thyroidectomized animals, atherosclerosis was prevented."

The next confirmatory work came from a German physician, Zondek, who learned that thyroid therapy restored to health cardiac cripples with myxedema symptoms. That work was published in English in 1944 – *Diseases of the Endocrine Glands* – (Williams and Wilkins, Baltimore, Md.), a book Dr. Barnes wishes "every physician" would read.

Thyroid therapy got a "bad name" in 1938 when a doctor (unnamed) attacked thyroid therapy as unsafe for myxedema heart because of a single experience with a patient to whom he prescribed four grains daily. "Obviously this recently-graduated physician was not acquainted with scores of reports over the previous 20 years, nor with the warning of Sturgis in 1925 that such patients with heart disease should be started on one grain daily, and seldom need more than two grains for maintenance," says Dr. Barnes.

Dr. Barnes cites a 20-year Public Health Service study in Framingham, Mass., which "after much time and millions of dollars of taxpayers' money, uncovered no new risk factors. At a relatively-constant rate which did not improve in spite of the propaganda about smoking, diet, exercise, and unsaturated fats, over 30 new cases of heart disease were uncovered each year (5,000 plus patients). This amounted to an average of 150 heart attacks per 1,000 patients. In my thyroid-treated group, using the same methods of examination and similar criteria for detection, only four new cases of heart attacks were encountered for the total 20 years on over 2,000 patients, or an annual rate of two per 1,000. It would appear that 75 times as many new cases of heart disease developed in Framingham despite the fact many adhered to the advice about diet, smoking, exercise, etc."

THE EARLY KILLERS

The author cites statistics to prove that the rise in deaths from heart failure are a result of the decline in deaths from tuberculosis. Antibiotics saved people from death from T.B. – all of whom, incidentally, were developing atherosclerosis. By escaping death from T.B., people later died from heart attacks, he says.

"Heart attacks were rare as long as infectious diseases killed off susceptible individuals at an early age," he maintains. "In previous centuries, more than half the population did not reach middle age, consequently had no opportunity of dying from heart attacks. It has now been demonstrated that those susceptible to infections also are more vulnerable to heart attacks . . ."

In 1951 Professor William B. Kountz of Washington University, St. Louis, did a controlled study on 288 patients with low metabolic rates, many with elevated serum cholesterol levels. "Dramatic" results with thyroid therapy were demonstrated, a death rate among patients averaging 61 years of age – and not on thyroid therapy – 600 times greater than the group on thyroid.

'CHOLESTEROL TANGENT'

"These clear-cut results should have started investigators back on the use of thyroid," says Dr. Barnes, "but by this time many scientists and clinicians were off on the cholesterol tangent. Huge sums were being appropriated for research in that field, there was no time to consider any other approach since the theorists promised all that was needed was to lower the cholesterol levels in the blood, and the food manufacturers guaranteed it could be done with polyunsaturated fats."

This "mammoth error" is dealt with by Dr. Barnes in a "barnburner" chapter, the last in the book – "Demise of the Cholesterol Theory." He really hits it hard. To the mind conditioned to the dangers of cholesterol foods, there are some shockers – but again, he offers hard facts. And he shows with an analysis of the chemical structure of saturated fat vs. unsaturated fat that "some of the compounds formed from the breakdown of unsaturated fats are toxic to the body. Some have been demonstrated to form cancer when injected into or fed to animals."

He points out also that as early as 1945, Rausch at the University of Wisconsin demonstrated that corn oil added to the diet of rats increased susceptibility to tumors. Yet in a 1970 symposium on "Diet and Cardiovascular Disease" moderated by Dr. Frederick J. Stare it was concluded that "the computed cost in terms of human lives of waiting for ultimate proof for the prevention of coronary disease by lowering the serum cholesterol with diet is up to one million lives in the next five to seven years in the U.S. alone. The dangers of such a diet," asserts Dr. Barnes, "although acknowledged, are dismissed without consideration."

A 1971 report titled "Incidence of Cancer in Men on a Diet High in Polyunsaturated Fat" appeared in the British medical journal *Lancet* (vol. I, p. 464), prompting Dr. Barnes to ask, "Why was this article sent to England where un-

(Please turn the page)

saturated fats never have been popular? This controlled study of 848 men patients in Los Angeles V.A. Hospital demonstrated that while there were a few more deaths from heart attacks among those on saturated fats, of far greater importance was the fact that almost twice as many deaths from cancer occurred in the group on polyunsaturated fats."

Dr. Barnes says "it will take a tremendous number of cases and considerable time to test the role of unsaturated fats in the origin of cancer. There is no doubt that an increased incidence has occurred in experimental animals. Why have not more studies in animals been undertaken? Finally, American journals are beginning to publish articles on the dangers of unsaturated fats. An editorial by Pinckney in the June 1973 issue of *American Heart Journal* reviews evidence that unsaturated fats hasten aging of skin, are toxic to animals and man, and that the use of such diets has not prevented heart attacks . . .

"It is time for the housewife to make another decision. Can she afford to continue the unsaturated fats with their demonstrated toxicity and run the risk of cancer in the family? It was difficult to deny the family eggs, bacon, etc., but mothers have a way of achieving a desirable change. Now she has found that a mistake was made and she should be just as eager to reverse her stand and prevent new tragedies. It will be hard to ignore the propaganda that the saturated fats cause heart disease. That propaganda will stop abruptly when the housewife passes up the unsaturated fats and fills the basket with cream, butter, eggs, lard, fat meat, and the other goodies the family has been craving . . . If polyunsaturated fats are safe, let the manufacturers prove it on animals before a new plague develops from the false statements that unsaturated fats will prevent heart attacks."

ADDENDUM

Not in the book, but in a recent letter, Dr. Barnes discussed the report that thyroid therapy causes cancer:

"Some readers," he says, "may have been disturbed by an article in *Journal of the American Medical Association* (Vol. 236, p. 1124, 1976) titled 'Breast Cancer.' The authors concluded that thyroid therapy increases the incidence of breast cancer in women. They compared the incidence of breast cancer in a group taking thyroid therapy with another group not receiving thyroid, and found that those on treatment were about twice as likely to have cancer when examined by X-ray.

"Unfortunately, these authors were roentgenologists and not acquainted with the thyroid and its problems. The literature clearly indicates that a patient low in thyroid function is far more susceptible to breast cancer than normal women. In the protocols of the autopsies in Graz, Austria, the incidence may be 10 times greater than that found in the United States. Most of the population at Graz is low in thyroid function and thyroid therapy is seldom used.

"It becomes apparent that if the patients reported in the medical journal had not been on thyroid therapy, the incidence would have been much larger than in the normal women. In reality, thyroid administration had reduced the number of cancers that would have been observed in the thyroid-deficient women had they been untreated. The only suitable controls for the influence of thyroid therapy would be a group of women deficient in thyroid compared to the group on thyroid therapy. Comparing them to normal women is as absurd as comparing bananas to peanuts.

"In the book by Adelle Davis it is stated that thyroid causes cancer. Personal review of the two references she listed revealed that (1) Benson's articles state that thyroid therapy eliminated the cancers caused by a diet high in olive oil, and (2) the other reference made no mention of either thyroid or cancer. It appears that Adelle Davis had been misled from some other source.

"At present, it appears that thyroid may be one of our best methods for reducing the incidence of cancer."

— D. C. M.

CEREAL PROMOTION HALT DEMANDED

The California Department of Education has been asked by two consumer groups to halt a General Foods Corp. promotion which exchanges sports equipment to schools for Post cereal box-tops turned in by students.

The petitions filed with the state by Consumers' Union, and Children's TV of San Francisco, called the giveaway program an "unconscionable" misuse of school time and resources.

Superintendent of Public Instruction Wilson Riles said that while he is "not anxious to prevent children from acquiring sports equipment," and is "all for free enterprise," he has "doubts about the propriety of using the schools to promote a commercial venture. The public schools belong to the taxpayers, and are intended to be places for children to learn, not . . . to turn in boxtops as part of a commercial venture."

From White Plains, N.Y., General Foods branded the consumer groups' charges as "irrational, reckless, and irresponsible." It defended the promotion as "a socially-responsible program which encourages physical fitness in elementary schools."

Called by the company a "Fun 'n' Fitness" program, it is underway in 18,864 of the nation's schools. The company solicited the participation of 92,000 schools. PTAs are in charge of the program in many communities, said General Foods, adding that "while children are the ultimate beneficiaries, all our advertising and promotion efforts have been directed toward adults."

A 'Must' for NHFers, Says Dr. Yiamouyiannis

No Holds Barred in Ivan Illich's Medical Nemesis

By JOHN YIAMOUYIANNIS

Medical Nemesis by Ivan Illich (Pantheon Books, $8.95), is a *must* for all NHF members and friends. In this book, which could just as easily have been titled "Health Rights Handbook," Illich points out how modern medicine has reached the point at which it has become a major threat to our health.

Illich's perception of the problem, and his ability to describe it in the most direct way, can best be seen in the following:

Of cancer, he speaks of "announcements from the American Cancer Society reminiscent of General Westmoreland's proclamations from Vietnam."

Concerning the medical monopoly, he points out: "The malignant spread of medicine . . . turns mutual care and self-medication into misdemeanors or felonies."

Nor does he spare the drug industry: "In 1973, the entire drug industry spent an average of $4,500 on each practicing physician for advertising and promotion."

Or the health industry: "Administrative costs in the medical health insurance business have risen to 70% of the payment made to commercial carriers."

Or the licensing procedure: "Only 15 out of 50 states permit a physician's license to be challenged on grounds of incompetence."

Or consumer information: "Medical services are not advertised as are other goods, and the producer discourages comparison."

Or health freedoms: "By defining what constitutes illness, the medical producer has the power to select his consumers and to market some products that will be forced on the consumer, if need be, by the intervention of the police."

Or the doctors: "With the rise of medical civilization and the healing guilds, the physicians distinguished themselves from the quacks and the priests because they knew the limits of their art. Today, the medical establishment is about to reclaim the right to perform miracles."

Or institutionalization of the aged: "As more people become dependent on professional services, more people are pushed into specialized institutions for the old, while home neighborhoods become increasingly inhospitable to those who hang on . . . The mortality rate during the first year of institutionalization is significantly higher than the rate for those who stay in their accustomed surroundings."

In conclusion, Illich lays out the strategy by which the individual may once again lay claim to his own health. This book is a classic, and an essential to all health freedom fighters. (Over 600 references). (Available through the National Health Federation at $8.95 per copy).

Illich Says 'Doctors Making Us Sick'

Medical Establishment Is 'Major Threat to Health'

Doctors have a thousand critics, and now they may have their guru.

Politicians, scholars, writers — even doctors — have for years been flaying the medical community, which it is alleged, is as likely to kill us as cure us.

But this year what may be the ultimate scourge of the health establishment has appeared. Virtually overnight, a figure almost out of El Greco, a bone-thin, hollow-cheeked priest or past priest has become one of medicine's most prominent critics.

The seemingly instant health authority is named Ivan Illich, a noted thinker who has been examining and attacking the creations of modern technology since 1969.

He has become, in the view of Dr. H. Jack Geiger, an acknowledged health authority, "in some ways the 20th century's leading Luddite," though it is words and not bricks that he throws into our machines.

Dr. Illich has written an undeniably powerful 275-page book, asserting that the doctors are only part of the health problem — that technology is the far greater villain, and that we all have become victims of what he calls, for his

(Please turn the page)

FOUR DEGREES, MULTILINGUAL

Ivan Illich was born in Vienna in 1926 to a Slav father, an aristocrat and landowner in prewar Germany, and a Jewish mother. He studied in Italy and won degrees in crystallography, philosophy, history and theology. He also learned to speak 11 languages.

He became a priest, and turning down a career in the Vatican diplomatic corps, elected to serve in a Puerto Rican parish. At 25, he became this country's youngest monsignor. He also became a critic of the American church's rigidity and cultural attitudes.

In 1960 he went to Cuernavaca, Mexico, where he helped start a Center for International Documentation — what he called "a de-Yankeefication center to teach cultural sensitivity" and nonAmerican, nonstatus-quo ideas to the people of Latin America.

He still lives at the center "as a private citizen," he says — though it is now only a language school.

title, "Medical Nemesis."

This "nemesis" he sees as a state in which we, in our hubris, have tried to step beyond nature's limits, and thereby have fashioned our own destruction by doctors, drugs and machines, and worse – the loss of our abilities to cope with illness and pain.

In short, he says: "The medical establishment has become a major threat to health," doctors "are making us sick," they are likelier to kill than cure us, and we ourselves have become "socially addicted" to their medical management of our lives.

His assertions, whether true or not, are arresting.

What is more arresting still is that a large part of the medical establishment, including the federal health officialdom, has been listening.

In the space of one recent week, this mystic-looking figure held forth before 20 high officials of the Department of Health, Education and Welfare at the National Institutes of Health. He jolted them by saying the nation's $120 billion in public and private spending on health should be cut to about $25 billion, to make us healthier.

Since the late 1960s, Dr. Illich has been immersed in the role of what he calls a "philosopher or historian of ideas," a kind of intellectual Paul Revere crying that our tools and institutions – schools, transportation, energy machines, urbanization – had turned counterproductive.

"I wanted to show," he says, "that the expansion of social rights (like the right to medical care) can destroy social liberties," then people. Four years ago he was about to turn his attention to that tortured institution, the post office, when a friend convinced him that in the United States, health care offers the most gripping example of "the expropriation of the individual's ability to cope."

Hence, he now argues, bolstered by maybe a thousand footnotes:

- We are suffering an epidemic of iatrogenesis – doctor-caused illness. Where medicine is most used, he argues, it causes drug reactions, unneeded surgery and hospital-borne infections as a part of a growing medical nightmare.
- The "medicalization" of society also causes "social iatrogenesis." We demand universal medicalization to decide who shall be born, who can work, and who can die. All suffering is hospitalized: we may no longer give birth, suffer, or expire at home. We also suffer "the fallacy that society has a supply of health locked away," which we demand as "a right" instead of relying on our own good sense and resources.
- "Cultural iatrogenesis" destroys our very ability to accept "pain, impairment, decline and death" as parts of life. We become unhealthy and passive, addicted to therapy, unable any longer to care for each other.

Hence, he says, medicine in these ways destroys health just as overuse of the wheel destroys transportation, and overuse of the school destroys learning.

Nutrition Action Editor Presents

A Sobering Look at FDA 'Revolving Door' Problem

By PATRICIA HAUSMAN

This article first appeared in the Ralph Nader group's Nutrition Action *(August 1976). Written by Editor Patricia Hausman, it is an objective and revealing description of the practice of high-level FDA officials entering and/or leaving government service for the corporations they are paid to regulate.*

Last December, public interest advocates and FDA commissioner Alexander Schmidt found themselves in a rare moment of agreement when Schmidt, appearing on the CBS News program *Face the Nation*, spoke out against FDA officials who leave the agency for jobs with regulated firms. Asked if too many FDA officials come from the food and drug industries or leave for the regulated sector, Schmidt said:

"I think this is a national problem. It's a problem with all regulatory agencies. I think that the answer has to be legislation . . . Top people should not come to the agency directly from the industry, nor do I believe top people should go from the agency into the industry . . ."

Solutions?

"I do not prescribe. I proscribe. Prescription leads to Utopia, proscription leads to freedom and pluralism," he says, maddening the more orthodox and even more radical critics of medicine, who say that for all the sometime brilliance of his attack, Illich is really not very helpful.

He warns against "short-term solutions" – either by blaming doctors as villains and engaging in "doctor-baiting," or by letting doctors solidify their control by taking charge of what seem to be "reforms" but really is just cutting out a few operations.

– *The Washington Post*

A few months later, Schmidt testified before the House of Representatives Subcommittee on Oversight and Investigations and was more defensive than he was on CBS. Again answering the revolving door charge, he told the Subcommittee:

"Of 88 senior FDA people who have left us between 1971 and 1975, 6 went directly to regulated firms. This may be in bad taste, but it is not against the law. Should it be? It is quite unfair for the public to be led to believe that the agency is responsible for this so-called 'revolving door' phenomenon, when present public policy allows it."

Casual viewers of *Face the Nation* and Subcommittee members

(Please turn the page)

unfamiliar with the FDA staff no doubt had their worries laid to rest by Schmidt's words. A closer look at FDA's senior staff and its hiring policies shows that the Commissioner's words are more cosmetic than accurate.

Shortly after Virgil Wodicka left his position as Director of FDA's Bureau of Foods, Schmidt contacted Richard Hall, a vice-president of McCormick and Company, and asked Hall if he would be interested in the job. Hall told *Nutrition Action* that he had not applied for the job – he told FDA he wasn't interested. Apparently, Schmidt was not only willing to hire Hall, but also made the first move in recruiting an industry executive for the job.

Questioned about the discrepancy between his comments on *Face the Nation* and his interest in hiring Richard Hall, Schmidt replied that Hall is "one of the best people in the country. He was at the top of everyone's list, including consumer groups."

Hall was certainly not at the top of *Nutrition Action's* list. McCormick, Hall's employer, manufactures food colorings and spices, and Hall has been an outspoken defender of food additives. According to Hall, food additives are "as safe as science can make them . . . we must not let their use be restricted by whim or imagined danger."

Schmidt added that he "probably" would not offer Hall the job now because public opinion would be so unfavorable. "It's against my own moral and ethical principles to join a regulated industry," Schmidt noted.

Questions about Schmidt's veracity did not end with the Hall incident. *Nutrition Action* wondered how Schmidt defined "regulated firms" and "senior FDA people" when he claimed that only six of 88 who had left the Agency went to regulated industry. In no time, we remembered more than six.

MISLEADING STATISTICS

Looking closer into Schmidt's figures, *Nutrition Action* found several loopholes. Most importantly, FDA excluded employees of the General Counsel's office from its survey on the grounds these employees are paid by the Department of Health, Education, and Welfare. While defining FDA employees only as those who are paid by FDA sounds reasonable, it isn't in this case. The General Counsel's office is the nerve center for all FDA actions; FDA lawyers have knowledge about the agency that can be extremely valuable to regulated firms. Lawyers leaving for industry may pose a greater threat to the public interest than scientists who leave for industry.

FDA's statistics obscure the heart of the "revolving door" problem: *most of the very top officials at FDA leave for regulated firms.* Former Commissioner Charles Edwards now works for the Becton-Dickinson Company, a manufacturer of surgical supplies. Virgil Wodicka, the most recent Director of the Bureau of Foods, now consults to the food industry, and Ogden Johnson, formerly FDA's top nutritionist, took a job with the Hershey Corporation in 1974. Peter Hutt, once General Counsel at FDA has returned to Covington and Burling, where he represents food and drug clients who are regulated by FDA. Several months out of FDA, Hutt accepted a post on the board of American Sterilizer, another regulated firm. William Goodrich, General Counsel before Hutt, left the Agency to become president of the Institute of Shortening and Edible Oils – a trade association of regulated firms. And there are more examples.

In the General Counsel's Office, 14 lawyers have left for new jobs during the last five years; two took other government jobs, while seven went to regulated firms, and five went to law firms. Associate Commissioner Gerald Meyer assumes, but is not certain, that all the law firms have regulated clients. *Nutrition Action* has verified that three of these lawyers did take jobs with such law firms. FDA would not disclose the names of the other two lawyers who took jobs with law firms.

Eighteen per cent of the officials

(Please turn the Page)

'Divine Right' of New York Law Firm

(From a Congressional hearing on liquor labeling, with Rep. Rosenthal, Rep. Drinan, and Sam Fine, an FDA official) . . .

Mr. Rosenthal: **I wish you would tell General Counsel Peter Hutt that even though I testified against his appointment before the Senate because he came out of Covington & Burling which represents many of the biggest food, drink, and drug producers, I am pleased with his recommendations and decision. I am sure his past association will not interfere with or be influenced by the fact that his former law firm represents the U.S. Brewers Association before Mr. Davis' agency.**

Mr. Fine: **I will do that when I see him.**

Mr. Rosenthal: **He is not there any more?**

Mr. Fine: **He is not with Food and Drug. He is now back with Covington & Burling.**

* * *

Mr. Rosenthal: **Would you tell us who the General Counsel is, and something about his background?**

Mr. Fine: **His name is Richard Merrill.**

Mr. Rosenthal: **Has he been confirmed by the Senate?**

Mr. Fine: **He is not subject to confirmation by the Senate. He has been a law professor at the University of Virginia Law School for the past 6 years. Prior to that, he was a member of the firm of Covington & Burling.**

Mr. Drinan: **They have a divine right.**

in FDA's survey could not be located. The Agency assumed these people had not left for regulated industry. When the figures quoted by Schmidt (which were nine months old when he used them) are expressed as percentages, they give a misleading impression about how many job-changes involve FDA officials leaving for regulated firms, because FDA counted former officials who are retired, unemployed, deceased, in school, and unwilling to supply information about their employment status.

From the statistics supplied by FDA, *Nutrition Action* has calculated that about 30 per cent of FDA officials (GS-15 to GS-18) and FDA lawyers who leave for another position take jobs with regulated firms, trade associations of regulated firms, or law firms that have regulated clients.

SO WHAT'S WRONG WITH IT?

FDA's current General Counsel, Richard Merrill, admits that former FDA employees are extremely valuable to regulated industry. FDA lawyers, says Merrill, "have learned who makes critical decisions and when, and what to mention in a petition." Merrill noted that the revolving door also creates "a public perception problem."

Merrill stopped short of saying that leaving FDA for the regulated industry is inappropriate—he called the situation "fair for debate." Merrill himself might make citizens uneasy: his five years at Covington and Burling no doubt helped him earn his FDA post. It's possible that five years spent representing regulated clients makes a lawyer sympathetic to industry's concerns – hopefully not.

Richard Ronk, a career FDA official who heads the Division of Food and Color Additives, felt less need to equivocate. In Ronk's opinion, "The only reason they're [former FDA employees] hired is to tell people how to get around FDA." Ronk says he doubts that he will consult to the food industry after he retires, as he couldn't bring himself to help the food industry circumvent FDA. Asked if he considered leaving for industry inappropriate, Ronk replied, "In some cases . . . In all honesty, I was quite disappointed when Peter [Hutt] left."

On the other hand, Hutt says taking jobs with regulated industry is "not at all inappropriate" because "all sides must understand each other." Hutt told *Nutrition Action* "It's no more inappropriate for someone to go to General Foods than to go to your organization."

What Hutt seems to ignore is that as a public servant he was charged with protecting the public welfare. In representing the food industry, Hutt's role is not to foster "understanding" but to further industry's interests, which often conflict with the public interest. While the public paid his salary at FDA, Hutt gained insights, experience, and contacts which help him to represent the industry more skillfully – and defy the public interest if necessary.

Terry Coleman worked with Hutt while both were at FDA; Coleman also left the Agency for Covington and Burling. Although Coleman admits that former FDA employees bring "inside knowledge" and the ability to make "personnel judgments" about who is likely to take certain actions, he doesn't consider revolving door a problem. Coleman says that none of his present work is FDA-related, but concedes that he'd bring special benefits to Covington and Burling if he worked on food and drug matters. Coleman says he "can't say" if his future work may be FDA-related.

Certainly not every official who leaves FDA is using knowledge gained at FDA to play the same position for the industry team. Lloyd Tepper, formerly Associate Commissioner for Science, says he left FDA because he didn't want to be an administrator for the rest of his life. Tepper says his new position as corporate medical director of Air Products and Chemicals (a regulated firm) concerns industrial hygiene and occupational safety. According to Tepper, his current position doesn't draw upon any knowledge gained at FDA.

(Please turn the Page)

The Law Says . . .

Two provisions of the U.S. Criminal Code limit future activities of government officials. Officials who leave the government are forbidden to participate in any matters that were in their general responsibility for one year after leaving government. The law also requires a lifetime ban on participating in any issue in which the official was directly involved. Peter Hutt, former FDA General Counsel, says he will not contact FDA for four to six years on any matters he supervised there.

In the past 10 years, 40 officials have been recommended for prosecution under the law. Of these, only six were indicted, according to a study by the Justice Department reported in *The New York Times*.

Four of the six were convicted, although one conviction was reversed after an appeal. Two former FDA officials, Marvin Katz and Edwin Goldenthall, served 90-day prison sentences and a year's probation for violating the law. Goldenthal contacted FDA only six days after leaving the agency on a matter he worked on while there. Katz supplied confidential FDA files to his future employer and another firm.

Both Goldenthal and Katz received extremely light sentences: Goldenthal was indicted on two counts of felony carrying a maximum sentence of four years in prison and a $20,000 fine, Katz was indicted on seven criminal counts. Both pleaded guilty to misdemeanors and received short sentences and no fines.

BIG BUCKS

Ask anyone why people leave FDA, and nine times in 10 they'll tell you "money." None of the former FDA officials questioned by *Nutrition Action* was willing to disclose his new salary, but all were earning more money than they had at FDA.

Richard Silverman, a lawyer who left the General Counsel's office for RJR Industries (makers of Hawaiian Punch and Chun King products, as well as cigarettes) said he was sad about leaving FDA "in a real way." Silverman, who has a wife and two children to support, says "there was nowhere to go in terms of advancement."

Peter Hutt also cited salary as one of his two reasons for leaving. "It's a tragedy – they drive the best people out," said Hutt, adding that he has made speeches about the need to raise salaries for high-level government employees. Hutt considers the situation so critical that "Basically, the only people who stay at FDA are those who can't make it elsewhere."

Associate Commissioner Gerald Meyer agrees that high industry salaries draw people from FDA. "Industry buys them from us," Meyer says about the FDA lawyers. With exception of the General Counsel, FDA lawyers come from law school into the agency, and many leave after a few years. "It upsets me," says Meyer. "We're providing a course in food and drug law for law school graduates."

Not everyone in the picture is motivated by money. Lloyd Tepper said the salary issue didn't concern him. "I had a very good wage, and lived very well indeed," Tepper said of his government salary. Likewise, Meyer is content with his FDA salary, as is Richard Ronk. Meyer says he has had job offers from a few nonregulated firms, but he wants to stay in public service despite the lower pay. "Sakes alive, it's a good salary," exclaimed Meyer, who says his only financial worry is educating his four children.

Obviously, people have vastly differing definitions of a living wage. Richard Silverman says he opposes legislation that would prohibit government employees from taking jobs with regulated firms for a prescribed period because "it would inhibit people from earning a [decent] living." A good salary to one individual is pauper's wage to another. Should government salaries be raised to suit those who want high salaries, or should the government pay only moderate wages to high officials and recruit people who aren't motivated primarily by money?

Although Meyer feels that "some people have too high a standard for public service," he would like to see upper-level salaries raised simply to slow down the turnover rate. General Counsel Merrill also favors higher salaries.

Selected FDA Lawyers Who Left for Regulated Industry

NAME	WENT TO
Peter Hutt, General Counsel	Covington & Burling (law firm representing food and drug companies)
William Goodrich, General Counsel	Institute of Shortening and Edible Oils (trade association of regualted firms)
Terry Coleman	Covington & Burling
Charles Raybichek	Rogers, Hoge & Hill (law firm representing food and drug companies)
Richard Silverman	RJR Industries (makers of Chun King products and Hawaiian Punch)
John Young	Thomas J. Lipton Company

Selected FDA Officials Who Left for Regulated Industry

NAME	WENT TO
Charles Edwards Commissioner	Becton-Dickinson Co. (surgical supplies)
Virgil Wodicka, Director, Bureau of Foods	Consultant to food corporations
Ogden Johnson, Director, Office of Nutrition and Consumer Science	Hershey Foods Corporation
Rudolph Bignone, Director, Office of Compliance for Product Safety	Colgate-Palmolive
Marc Bozeman, Director, Office of Compliance, Bureau of Biologics	Alza Company
Lloyd Tepper, Associate Commissioner for Science	Air Products and Chemicals Corporation
Robert Sheffield, Director, Office of Product Surveillance	Sterling Drug Corporation

STOPPING THE EXODUS

Both Meyer and Merrill doubt that salaries will be raised, though. Is there anything else the agency can do?

Meyer believes FDA should recruit lawyers with "a different bent." FDA has been hiring law school graduates with impeccable academic records. Looking back at this approach, Meyer muses, "That bent seemed most interested in using us for a graduate school." Instead, Meyer believes FDA should look for people who are more interested in government service than in the lush salaries that follow apprenticeship at FDA. In addition, recent graduates are less likely to be ready to make a career commitment than more experienced people who may want to settle down at the agency.

General Counsel Merrill, though, says he's more concerned with "quality" than length of government service. According to Merrill, four of five lawyers who apply for positions with this office aren't interested in government service as a career, and he isn't willing to restrict his hiring to those who intend to stay with the government. Faced with the choice of an average student who would stay 10 years or a topnotch student who would stay two years, Merrill said he would unquestionably hire the two-year employee. "My priority is to get the best people I can."

Merrill apparently is not very concerned about continuity or the distinct benefits his employees take to the regulated sector if hiring long-term employees is not a high priority. And Commmissioner Schmidt cannot rightfully claim the Agency is not responsible, at least in part, for the revolving door, if it refuses to place a priority on recruiting long-term employees for key positions.

FDA might also find fewer officials leaving for industry if fewer of its officials had been hired from the regulated industry. Virgil Wodicka came to FDA after 19 years in the food industry–spent at Ralston-Purina, Hunt-Wesson Foods, and Libby, McNeill, and Libby. Ogden Johnson worked four years

(Please turn the page)

at A. E. Staley Manufacturing Company, developing new uses for corn starch, soybean oil, corn oil, corn syrup, and vegetable protein. Peter Hutt represented and consulted for a number of food and drug companies during his first period of employment at Covington and Burling, among his clients were ITT-Continental, the Milk Industry Foundation, and the Institute of Shortening and Edible Oils. All three men have returned to regulated industry, although Hutt considers himself in private law practice, despite his regulated clients.

This is the revolving door in the strictest sense – top FDA officials taking a few years off from their industry careers to serve the public – or to learn the ropes at FDA to make their resumes more attractive to the industry.

About one-fourth of FDA's top officials have worked in the regulated sector sometime before coming to FDA. Many of these worked in technical positions that are probably not cause for alarm – technical expertise is crucial to the agency for issues such as microbiological safety. Still, many FDA officials had their philosophies molded in the corporate world, and too many may be favorable to industry. What's needed is a balance of views – people who have worked in industry must be balanced by equal numbers of officials who have worked for public-interest groups. As far as *Nutrition Action* can tell, only one FDA official has worked for a citizens group – Alex Grant, head of FDA's Office of Professional and Consumer Affairs, came to the agency from the National Urban Coalition – a forerunner of Common Cause.

LEGISLATION, ANYONE?

Public interest groups, and apparently even Commissioner Schmidt, favor some kind of legislation that would prohibit high officials from taking jobs in industry at least for several years after leaving the agency. Only one regulatory agency, the Consumer Product Safety Commission, has such a law. CPSC employees who earn salaries equal to or above the rate of the GS-14 scale may not accept employment with regulated firms for one year.

On May 19, 1976, the Senate passed the Interim Regulatory Reform Act. If passed by the House, the new law will prohibit commissioners of certain regulatory agencies from appearing at the specific agency on behalf of a regulated client for two years after leaving the agency. The law would not prohibit employment at a regulated firm, but only representation of a regulated firm before the agency.

Passage of the new bill in the Senate brought strong protest from two government officials. Daniel O'Neal, of the Interstate Commerce Commission, and Glen Robinson, a member of the Federal Communications Commission, object to the bill on grounds it will make recruiting people for regulatory posts more difficult. *The New York Times* reported that the officials also oppose the legislation because "it would be unfair to sitting commissioners who had accepted their jobs with the understanding their experience would lead to lucrative offers from Washington's powerful law firms."

Such objections raise serious questions about present commissioners and the philosophy of governmental regulation. How vigorously will a commissioner regulate industry if he or she aspires to an industry position? Is the purpose of regulatory agencies to facilitate job transfers between agencies and industry? Would the public interest be protected by an individual who would only become a commissioner if the House rejects the proposed regulation?

Legislation that prescribes a "cooling-off" period of several years would no doubt be the best solution. During this time, officials of regulatory agencies would be forbidden to work for regulated firms in any capacity – people with extensive knowledge about FDA priorities and personnel would be unavailable to the food industry. After several years, former FDA officials would be less valuable, but certainly not worthless, to regulated firms. Senator George McGovern has advocated a cooling-off period of five years. Hospitals, universities, non-regulated firms, and non-profit groups could supply plenty of positions for individuals who want to leave FDA.

Stricter laws may jeopardize the career aspirations of a few individuals. But, given that the goals of the food industry and the public interest generally coincide only by accident, stronger regulation of the regulators seems the best way to assure the public that its welfare will not be caught in the revolving door.

FTC Can Use Information on AMA Activities

Persons or organizations possessing documents demonstrating anticompetitive activities of the American Medical Association are urged by the Committee on Public Health and Safety (2125 S St. N.W., Washington, D.C.) to forward the material to the Federal Trade Commission, now investigating the AMA.

The material may be sent either to John Pisarkiewicz, Ph.D., FTC, 6th Floor, Gelman Building, 2120 L St. N.W., Washington, D.C., or Attorney Jonathan Gaines, FTC, 425 13th St., N.W., Room 852, Washington. Those wishing to voice support for the FTC investigation of AMA anticompetitive activities may contact Charles A. Tobin, secretary, Federal Trade Commission, Pennsylvania Ave. at 6th St., N.W., Washington.

"An effective way to show your support," suggested the Committee on Public Health and Safety, "is to write one letter and send copies to Mr. Pisarkiewicz and Mr. Gaines."

Designating the National Health Federation the beneficiary on a paid-up life insurance policy helps sustain NHF's ongoing program.

HELENA YOUNG IN CHARGE NHF BEQUEST/GIFT PROGRAM

Helena Young, staff member at the Monrovia office of the National Health Federation for more than three years, has been named Assistant to the President, in charge of wills, estates, gifts, and properties.

The action was taken at the November meeting of the Executive Committee on recommendation of Executive Vice-President Clinton R. Miller who told the committee Mrs. Young "possesses a particular expertise in this field."

In the 22 years of its existence, bequests, and gifts of properties have accounted for a comparatively small, yet significant, portion of revenues of the nonprofit corporation.

"We are coming to realize," said Mr. Miller, "that there are a sizeable number of friends of the National Health Federation and its goals who would be delighted to list the Federation among beneficiaries of estates. Now that the NHF Memorial Library gifts are tax deductible, others are starting to think of the organization as worthy of consideration as a so-called tax writeoff.

"It is a fact of life that the revenue from membership dues alone falls short of producing the income necessary to adequately finance our program. The "cushion" provided through bequests and special gifts is a vital part of the overall income picture. We have not dwelt on this consistently in the past, but with assumption by Mrs. Young of full responsibility for generating interest and relaying knowledge to prospective donors, our membership will be kept more closely informed in the future.

"We also intend to give public acknowledgment to those who designate the Federation as a beneficiary of estate, or as a tax writeoff, when such recognition is not inconsistent with the donor's wishes."

MENTAL HOSPITAL 'HOUSECLEANING' PLEDGED

With the replacement Dec. 1 by Governor Edmund G. Brown, Jr., of 11 directors of California mental hospitals, the "general housecleaning" of the system promised by Chief Deputy Health Director Raymond Procunier appeared to be underway.

Mr. Procunier reported earlier that among 1,179 deaths in three years, 49 were "highly questionable," and 373 occurred under "questionable" circumstances. One patient, admitted four days earlier, was strangled by an employee at Camarillo State Hospital.

Mr. Procunier was delegated by Governor Edmund G. Brown to investigate patient treatment in 10 state mental institutions after conditions were publicized by the Commission on Human Rights, Association of Scientologists for Reform, 1600 North La Brea Ave., Hollywood.

In case checks, state investigators have found changed patient records, dates rubbed out, altered nursing notes, and records indicating drugs were administered after a patient's death. Other findings included inconsistencies between a doctor's reason for a patient's death and the autopsy report, and an incomplete total death list at one institution.

Mr. Procunier said there is evidence of intimidation of employees at Metropolitan State Hospital, Norwalk. Threats have been by telephone and in person. "The root of the intimidation is that a patient was mishandled and someone does not want anyone else to talk about it," he said. "But if we can prove it, the ("threatening") employee is gone. We don't want thugs as employees."

A SECRETARY FOR DR. Y: CAN YOU HELP?

Having worked without secretarial assistance the last 18 months, and "doing a fantastic job," as NHF President Charles I. Crecelius puts it, Science Director John Yiamouyiannis, Ph.D., "simply must have a secretary," and he has found a dedicated NHF friend in semi-retirement who agreed to volunteer services three months, in the hope contributions will be forthcoming to finance her modest salary for an indefinite period.

Continued Mr. Crecelius: "Dr. Y. is of course our No. 1 specialist on fluoridation, he has and will continue to devote his energy and time to that field, with the campaign in Ohio now underway, and others in the offing. His expertise is available also to represent the Federation in other areas of specific need, such as the National Immunization Conference in Washington where he did a yeoman's job on short notice — so effective in fact that the government defenders of the swine flu program denigrated his remarks by commenting that 'people were laughing at him.'

"So those who feel they would like to contribute to his secretary's salary will be participating in another useful and needed NHF effort. Contributions will be welcomed and may be made to the Monrovia office, earmarked for 'Dr. Y.'s secretary.'"

FOOD SUPPLEMENTS LABEL REVISIONS

Attorney Kirkpatrick W. Dilling notified the National Health Federation that "the long awaited FDA regulations under the new vitamin law enacted several months ago were published October 19 in the Federal Register. Compliance date is January 1, 1978. Pursuant to these regulations, all special dietary foods labels will require revision between now and the compliance date."

Editorial

Kudos to the Scientologists!

Had it not been for unswerving devotion to a cause, and dogged persistence, the ugly details of mistreatment of mental patients in at least some of California's mental hospitals never would have seen the light of day.

The catalyst in the seven-year effort to expose the shameful – yes criminal treatment of patients by some staff, including highly-paid psychiatrists and administrators – is the Citizens' Commission on Human Rights, 1600 North La Brea Avenue, Suite 107, Hollywood. Supported by the Association of Scientologists for Reform, much of the day-to-day investigative work which led finally to the state probe was conducted by the Rev. Heber C. Jentzsch and Staffer Mike Quinn.

Matters came to a head last September when the Commission's Mental Health Task Force blew the whistle on the unconscionable acts of indifference, brutality, and perhaps sadism rampant in some of the institutions, including Metropolitan Hospital, Norwalk, where in June a 19-year-old patient, Mark Holcomb, died of injuries found by a coroner's jury to have been caused "at the hands of another person other than by accident."

Hospital records reported the young man died of "aspiration in his own vomit while restrained and drugged . . ." The hospital director, Dr. Carl Ellis – removed three months later after the case was publicized – denied responsibility for the death, merely repeated that the hospital needed "more personnel," despite the fact mental health funding in Los Angeles County zoomed from $16 million in 1968, to $84 million in 1976, while patient "delivery days" declined 75%. Of those monies, psychiatrists and professional services "eat up 92% of the budget" with patients getting 4.6% for their care.

The Commission believes, rightly, that no amount of money will correct staff brutality – behavior so utterly without feeling that this incident could take place, as recorded in a statement by Cara Brandt:

"My grandmother, Lucy Brancato, went to Metro on June 8, 1965, because of depression. She was put in a locked ward. On Oct. 1, 1967, she received shock treatments. On Oct. 9 she left the hospital by climbing a fence and went to the home of my grandfather. She pleaded with him not to take her back. She had bruises all over her body. She said they had hurt her bad. He took her back because he couldn't believe they would do something like that. The hospital said they didn't know how she was bruised. Two weeks later she disappeared. My grandfather was notified by telegram. The hospital said they searched for her everywhere. On Nov. 7, two weeks later, she was found dead in a clothing closet 7 feet off the ground, where she could not have climbed with linen stacked neatly in front of her. Within 15 minutes she had been sent to the Chapel of Memories in Norwalk . . . My grandmother died in degrading conditions – my grandfather died of a broken heart two months later."

Joining the Citizens' Commission in a demand for state intervention are three groups representing some 12,000 California attorneys. Their position was stated by Attorney Mary Ann Bannan of Public Counsel, a public-interest law firm, who criticized the "isolation from the outside world" which had marked the confinement of Mark Holcomb before his death.

"We think the difficulty in obtaining access to persons in mental hospitals is critical," she said. "Until the doors of these institutions are opened to public scrutiny, there is no realistic expectation that they can be held accountable for treatment of patients. Patients are not allowed to have visitors, to make phone calls, to receive or send mail. They are denied access in many instances to the most basic means of communication. This situation cannot be therapeutic . . . We fear that too often hospitals use the pretext of confidentiality to conceal mistreatment of patients. Confidentiality should not mean coverup . . ."

The Commission on Human Rights has called upon the California Legislature to examine these issues: (1) Treat or release laws; (2) forced drugging laws; (3) involuntary commitment law; (4) the need for competent medical facilities and medically-trained personnel "instead of a warehouse of drugging and brutality unseen by the public, and quashed by the administration of mental health hospitals.

"When a patient can die in his own vomit, when deaths can occur unattended without inquest because it happened in a mental hospital, when three women patients at Metropolitan can have their hips broken in a space of four days, and when a woman can die in a closet and be there two weeks and nothing done about it – there is a grave need for action," said the Scientologists' task force.

We couldn't agree more! And to the everlasting credit of these stalwart citizens, the light has been focused on the evil doings inside these institutions. It is devoutly hoped that citizen pressure will not relent until the whole disgraceful mess is cleaned up.

– D. C. M.

ATTORNEY JAMES TURNER APPOINTED NHF WASHINGTON REPRESENTATIVE

On the recommendation of Executive Vice-President Clinton R. Miller, the Executive Committee of the National Health Federation gave unanimous approval to the appointment of Attorney James S. Turner as the the organization's Washington representative.

A member of the law firm of Swankin & Turner, 1625 I St., N.W., Suite 923, Washington, D.C. 20006, Mr. Turner also is author of the best-selling *Chemical Feast*, written during an earlier association with a Ralph Nader investigative group.

Dr. Donsbach, who urged his colleagues to approve the appointment, told the Executive Committee that Mr. Turner "impresses me as the rare kind of person who actually is totally dedicated to the cause of freedom, justice, and an unpolluted environment."

NHF President Charles I. Crecelius concurred, saying that Mr. Turner "has the capacity to identify totally with the cause."

Mr. Turner, a member of the Ohio and D.C. Bar, is a partner in the law firm of Swankin & Turner in Washington. Upon graduation from Ohio State University College of Law in June 1969, he went to Washington to join Ralph Nader in founding the Center For the Study of Responsive Law.

He worked with Mr. Nader from March 1968 to June 1971. In that time, he supervised Nader studies on the Food and Drug Administration, National Institute of Mental Health, and children in relation to the food industry.

He is a founder and codirector of Consumer Action, Inc., which is developing consumer watchdog groups in each of the cities where FDA has an office. Mr. Turner serves as consumer liaison on the FDA's Bacteriological Vaccine Review Committee. He has served as a consultant to the National Heart and Lung Institute, and has served on a number of industry and government committees designed to develop better interaction between organized consumers and other segments of the economic system. In addition, he is completing a book on the role and place of the consumer movement in the American economic system. He is married and has a son and daughter. He lives in Washington with his family.

Paralytic Syndrome Ends Inoculations

Reinstate Dr. Morris, Swine Flu Critic, Urges Crecelius

Suspension of the swine flu vaccination program should be followed by reinstatement of Dr. J. Anthony Morris to his position as influenza virologist in FDA's Bureau of Biologics, asserted President Charles I. Crecelius who with Consumer Activist Ida Honorof had filed suit in federal court to ban inoculations pending determination of safety and efficacy of the vaccine.

"It is to the credit of health officials that they acted more quickly than did the courts to prevent further deaths, paralysis, and other adverse side-effects from administration of a vaccine that never was properly tested for either efficacy or safety," said Mr. Crecelius. "Now we must demand immediate reinstatement of Dr. Morris, the FDA scientist who was fired after warning his agency and the U.S. that the swine flu vaccination program was neither safe nor effective."

Further confirmation of these charges was contained in a report Dec. 28 by the General Accounting Office (GAO), which found the vaccine had not been tested as required by FDA requirements for a new drug.

Halted Dec. 16 after 107 cases of Guillain-Barre — a paralytic disease fatal in about 5% of cases — the program may never be reinstated, according to Dr. Theodore Cooper, HEW assistant secretary for health. He told a Senate subcommittee that "We won't restart until we are sure there is no risk." An evaluation two weeks later by a committee of scientists extended the suspension "indefinitely," and Dr. David Sencer, director of the Center for Disease Control, acknowledged that the anticipated epidemic had not materialized," and we hope it doesn't."

Emergence of the Guillain-Barre Syndrome was the straw that broke the camel's back. Although deaths had been reported earlier, CDC and HEW officials had refused to halt inoculations. Public reaction to the deaths slowed down the demand for vaccinations, and at the time the program was suspended, officials said approximately 40 million Americans had been vaccinated. The goal was 150 million.

Senator Edward Kennedy, chairman of the health subcommittee, said that in his opinion, "for all practical purposes, this ends the swine flu program." Officials confirmed, however, that production of the vaccine — at a cost of more than $100 million, would continue until the 150 million doses had been produced by four pharmaceutical firms.

Influenza Virus Specialist Faults Government

Stress Triggered Deaths After Shots, Says Morris

The government's promotion of the swine flu vaccination program in which persons 60 years and older, many with ailing hearts, were forced to stand in line while waiting for their shot was uncalled for, in the opinion of Dr. J. Anthony Morris, one of the speakers at the 22nd annual convention of the National Health Federation.

Government health officials contend that among every 100,000 persons past the age of 60, 10 or 11 may be expected to die within any 24-hour period, and that this accounted for the deaths rather than the injection itself.

"If the government really believes these people who did not survive the shots fall within the anticipated statistical grouping of 11 per 100,000, then why wasn't the public alerted, before the program began, that natural deaths would occur? The truth is, there never has been a program in which you line up people 60 years and older, many with bad hearts, make them stand in line 30 minutes to an hour, and then on top of that stress, stick a needle into them.

"In the past, older people who wanted to be vaccinated went to their own physicians who could examine them, and if they appeared pale, feverish or sick, tell them to come back later for the vaccination."

Dr. Morris was fired from his post as chief vaccine control officer of the Division of Biologics — where he had worked since 1960 as director of the government's Slow, Latent, and Temperate Virus Branch, last July following his criticism of the vaccine program.

James S. Turner, chief counsel for a Washington, D.C.-based National Committee for Responsible Science, which is seeking to review national vaccination policy, says flatly that "A substantial number of those who died after receiving the shots would be alive had it not been for the vaccination program."

Mr. Turner, author of *The Chemical Feast*, a book based on Nader's Raiders' investigations of the Food and Drug Administration, agrees that the stresses associated with the immunization program, if not the vaccine itself, are responsible for many of the deaths.

Government health officials insist that the benefits of protection against "swine flu" outweigh the risks of stress.

Dr. Theodore Cooper, assistant secretary for health in the Department of Health, Education and Welfare, insists, however, that "All the test results so far, and the evidence in hand, do not indicate any connection between the vaccine and the reported deaths."

Dr. Morris disagrees. He believes a swine flu outbreak is "highly unlikely," that the immunization program in itself is dangerous, and that the vaccine is ineffective in any event.

He is also convinced that just such criticism, expressed in a letter to Food and Drug Commissioner Alexander Schmidt in July, resulted in his firing two days later.

The government's initial plan to use a live virus to make the vaccine was halted after Dr. Morris discovered that the live virus, when injected into mice, accelerated formation of mammary cancer.

Scientists then attempted to make an effective vaccine out of killed influenza virus — something Dr. Morris doubts can be done.

He explained that because the A-New Jersey strain of flu — which some say resembles the swine flu virus that resulted in the 1918 epidemic — did not grow fast enough to prepare the vaccine in sufficient quantity, an unusual technique was adopted.

The A-New Jersey virus was genetically combined with the nucleic acid of a fast-growing virus. The resulting mutation then was able to replicate rapidly when incubated in eggs, from which the vaccine is derived.

After billions of doses of the genetically-engineered vaccine had been manufactured, Dr. Morris says it was shown that one of the essential factors necessary for protection against influenza of this strain — an "antigen" — was missing from the vaccine.

"This," he says, "is just one of its documentable defects."

Other scientists have asserted there is no hard evidence that the A-New Jersey virus — which killed one person at Fort Dix, N.J., last winter — is even related to the swine flu strain.

And even if it is, says Dr. Martin Goldfield, one of the doctors who discovered the new virus, "swine flu certainly is no more virulent and possibly is less virulent than A-Victoria."

"If it were up to me," said Dr. Morris last summer just before he was fired, "I wouldn't even start making the vaccine."

The veteran researcher says that immediately following his letter to Schmidt in which he warned of the possible dangers and ineffectiveness of the vaccine, he was ordered to "be out of the building by July 16."

FDA officials, he reported, then seized his papers and killed some 500 test animals he had been experimenting with for three years to determine long-term effects of the flu vaccine.

FDA officials, on the other hand, claim he was fired for "insubordination." The live animals, they say, were destroyed because animals used in one experiment cannot be used in another.

Researchers who had been working with Dr. Morris — comprising the only team in government working on long-term vaccination effects — were assigned to other duties.

Dr. Morris says that many of his lab animals were subjects in "hypersensitivity" experiments, and

(Please turn the page)

Albert Sabin Pinpoints Reasons

Swine Flu Propaganda Destroys Public Trust

By ALBERT B. SABIN

Federal health agencies need public trust in their recommendations, but they are destroying it by their questionable policies in dealing with the possibility of a swine-influenza epidemic that existed in March – a possibility that is now practically negligible because the virus has not surfaced anywhere in this country or abroad since the few cases of disease it caused last January.

The March decision to get ready as quickly as possible to meet the *potential* threat of a full-blown epidemic as early as September or October was prudent, although it was irresponsible to use scare tactics for achieving this objective by comparing the 1976 threat to the influenza "killer epidemic" of unknown cause that struck in 1918.

Moreover, the method chosen for administration of the vaccine *in case of need* was totally inadequate for an epidemic that might have struck, or for any other *major* influenza epidemic that would justify vaccination of the entire population on very short notice.

In view of the changed situation since last March, the recommendation to give some flu vaccine to everybody, however inadequate the selected dose of some of the manufactured vaccines may be for certain age groups and however unnecessary for those over 50 years of age, is contrary to our best health interests.

The studies reported last June in United States and many other countries showed that almost all persons born before 1929, a period when swine influenza was spreading extensively, were already immune as a result of natural, predominantly clinically inapparent, infections. Accordingly, I believe it was grossly misleading—perhaps irresponsible – to tell senior citizens, in a special notice, that "The Public Health Service feels there could be a major swine flu epidemic in the U.S. this fall and winter unless people get vaccinated."

The use of "unless" is grossly misleading because the present swine flu program cannot possibly prevent such an epidemic from developing if and when—if ever—the 1976 swine flu virus should acquire epidemic proportions. If it should, those 65 and over really do not need the swine-flu vaccine, although a better case can be made for the newly emerged epidemic A/Victoria/75 strain that has been spreading extensively in United States and elsewhere since January 1976—a strain that is most likely to cause much additional influenza during the next cold season because 40 to 50% of the U.S. population, including the older age groups, were found to lack immunity for it last summer.

The Public Health Service recommendations to physicians and health officers to give 200 chick cell agglutinating (C.C.A.) units of vaccine to healthy persons over 17 is grossly misleading because the tests on vaccines produced by different manufacturers showed that: (1) in the 17-23 age group, none of the vaccines had *acceptable* effectiveness with the 200 C.C.A. dose, the vaccine of one manufacturer was acceptable at a 400 C.C.A. dose, and even 800 C.C.A. units of the vaccines produced by the other three manufacturers were unacceptable; (2), in the 24-34 age group, the vaccines of two manufacturers were acceptable at 200 C.C.A. units, another required 400 C.C.A. units, and still another 800 C.C.A. units.

The people have not been told that if a "swine flu" epidemic *does not come this winter,* as is now highly probable, the vaccine given now will be largely ineffective if an epidemic should come during the 1977-1978 season unless the government proceeds to manufacture an additional 200 million doses of "swine flu" vaccine for another shot a year from now.

Moreover, they have not been told that millions of vaccinated persons should expect to develop influenza anyway during the forthcoming season, because the statis-

(Please turn the page)

Albert Sabin, M.D., "father" of polio vaccine, is Distinguished Research Professor of Biomedicine at the Medical University of South Carolina.

---

that his evidence was indicating that many, and perhaps all flu vaccines can induce hypersensitivity in significant numbers of persons.

Hypersensitivity means that an individual who gets a flu shot and is later exposed to flu actually may get a more severe case of the disease than if the vaccine had not been taken.

Dr. Morris contended in an article in *Science* magazine that the deaths resulting from Hong Kong flu in the U.S. in the late 1960s were the heaviest in the world, despite the fact the U.S. population was the most heavily immunized against it.

He also cites a 1970 World Health Organization survey that showed light incidence of flu in areas where few people were immunized, and very heavy incidence in areas where many were immunized.

A similar 1966 study conducted in the Caroline Islands – where there never had been a flu epidemic reported – found that five months after an intensive vaccination program was launched, the islanders experienced their first flu epidemic.

The issue of hypersensitivity should be thoroughly investigated, and until the vaccine can be shown to be safe and effective, the immunization program should be halted, Dr. Morris asserts.

Book Review

Linda Clark Puts It All Together In Handbook for Natural Remedies

Ever felt frustrated trying to get answers to a health problem? You get advice here, there – from well-meaning friends, perhaps even professionals – yet the answers don't seem to be the right ones?

Not that we want to tout this latest book by Linda Clark as the magic one with all the answers – she would be the last to make such a claim – but her *Handbook for Natural Remedies for Common Ailments* (Devin-Adair Co., $9.95) does pull many facts in natural healing together in a composite covering a wide range of human ailments.

This prolific writer – described by her publisher as "America's leading reporter on health and nutrition" – stresses on the first page of Chapter 1 – "Are You Well?" – that she neither prescribes nor recommends treatments. She is a reporter, and each chapter of this, her 15th book in the healing field, is copiously referenced, concluding with bibliography and index.

Handbook for Natural Remedies for Common Ailments was written "to help you get well." And those interested in that goal certainly will find it a goldmine of information, articulated in Ms. Clark's usual easily-understood style.

Having spent most of her adult years researching and writing about the role of nutrition, exercise, and emotions in physical health, she is totally at home with her subject-matter, and this does not escape the reader. In other words – she inspires confidence.

The remedies described in her latest volume are included, she explains, because they have helped others. They're not limited to any one field. "Nature works through all systems of healing and we should use the good from all sources, however unorthodox – including nutrition, herbs, color therapy, homeopathy, osteopathy, chiropractic, reflexology or acupressure," she says.

Of the 24 chapters in this 291-page book, 23 deal with specific health problems – dis-ease if you like. And this reviewer was pleased that she started off with one of our culture's most destructive and costly problems in terms of wastage of human potential and traumatic human relations—alcoholism. Prevention, and the nutritional method of reversing the illness, are covered in a few concise pages.

In alphabetical order these other disorders are dealt with by this dedicated, knowledgeable, compassionate author: allergies, anemia, arthritis, asthma and emphysema, backache, cancer, cataract (prevention, treatment), glaucoma and other eye problems, constipation, diarrhea, diverticulosis and diverticulitis, epilepsy, fatigue, headache including migraine, indigestion, gall bladder, heart, high blood pressure, hypoglycemia, leg cramps, neuromuscular diseases (multiple sclerosis, muscular dystrophy, myasthenia gravis), and teeth and gums.

– D. C. M.

---

tics available for the 1973-1974 season, the most recent year *without* an influenza A virus epidemic, show that there were in the United States an estimated 55 million episodes of influenza severe enough to put people to bed for an average period of four days, exclusive of an additional 146 million days of bed disability ascribed to upper respiratory infections, and 25 million days to pneumonia.

What is needed is not a change in the initial commitment, but a new strategy to implement it, based on a nationwide organization of volunteer vaccination teams that would be rehearsed and ready to vaccinate people in their communities in a few days after receiving notice of a pending epidemic.

If we cannot do this, we might as well forget about doing anything to meet the threat of any future major worldwide flu epidemic when the time for action is very short.

– New York Times (11/5/76)

HONOR ROLL OF NHF VOLUNTEERS

Without the services in recent months of dedicated volunteers, National Health Federation mailings would have been greatly delayed – since the volume processed far exceeded the capacity of a limited paid staff to handle.

Executive Vice-President Clinton R. Miller expressed warm thanks to the volunteers, several of whom have been contributing time and energy for an extended period.

"There are times during the year," he said, "when the workload is overwhelming. At such times we are grateful that we can call on good friends of the work to come in and give us a lift. To say we are grateful is an understatement – we are indeed indebted to these good people, and it is a pleasure to publicly acknowledge their faithful and responsible response to our S.O.S. Naturally the load is less burdensome for the few when others join their ranks, and we invite assistance from any who would like to use a small portion of their time thus helping the NHF program. If you would like to enroll as a volunteer to give some time when able, please contact Jane Course at the Monrovia office – 213-358-1155."

The list of recent donors includes Wallace H. Armstrong, Jack Sprague, Eddie Butler, Alice Gladwell, Dorothy Hart, Ann Humphrey, Mel Stewart, Hank Meyer, and Rose Witt.

YOUR CONTRIBUTIONS TO N.H.F. GET THE JOB DONE

Now It can Be Bought Without Prescription

Georgia Certified Raw Milk Dairy Wins Court Victory

The law in Georgia has finally admitted that cows know what they're doing.

That, loosely translated, was the message R. L. Mathis Dairy in Decatur now shares with the public. After five years of haggling over whether or not milk straight from the cow is safe to drink the Mathis Dairy finally won the argument, and the right to sell unpasteurized, unhomogenized milk to the public.

During the mid-1950s, the Georgia legislature passed a law that all milk sold to the consumer had to be pasteurized. Mathis Dairy could go on selling their unprocessed milk only through doctor's prescription.

Jack Mathis, one of the sons of founder R. L. Mathis, Sr., said the dairy went that route until five years ago when they decided the ruling was unjust and unnecessary. They started selling milk to the general public in anticipation of a test case.

"We haven't had any trouble with anyone getting ill from our milk," he said. "Having to sell it by prescription was crazy. No one needs a prescription for cigarettes or liquor, and we all know what they can do to the body. Our milk, on the other hand, is loaded with natural vitamin C, B-1, B-2, calcium and B-12."

In fact, he insisted, raw milk is much healthier than pasteurized milk. "Pasteurization relies on heat (165 degrees-203 degrees F.) to make milk safe to drink." It is generally acknowledged that heating milk reduces thiamine up to 25% (a B vitamin that prevents beriberi); vitamin C up to 20%; biotin up to 10% (a B vitamin whose deficiency leads to dermatitis, depression, lassitude and muscle pains); and vitamin B-12 up to 10%.

A recent study at Penn State revealed that pasteurization also destroys valuable, natural enzymes in milk that break down fats and serve as "natural antiseptics" and disease resisters.

That is why pasteurized milk must be fortified after processing, a procedure Mr. Mathis called ironic.

SERVED A PURPOSE

"Pasteurization served a definite purpose many years ago when refrigeration was inadequate and cows suffered from many diseases," he said, "but refrigeration is no problem today, and dairy cows don't suffer from widespread diseases like tuberculosis and brucellosis anymore."

Mathis referred to a letter dated Jan., 1972 that he received from Dr. O. T. Fosgate, professor of dairy science at the University of Georgia. In the letter Dr. Fosgate wrote: "Pasteurization makes unsafe milk safe. The process was necessary when untested cows were milked by hand by untested milkers, and the milk was generally produced under insanitary conditions.

"Today, clean, healthy tested cows and sterile milking facilities make the process of routinely pasteurizing all milk a debatable one. On the plus side, it can be said that possibly one cow in a million in the U.S. today may be transmitting pathogenic bacteria in her milk and these pathogens will be destroyed by heating. However, there is no chance of pathogenic bacteria being in certified milk, as both cows and employees undergo repeated health tests."

RIGID TESTING

Mathis milk gets its certification after passing rigid sanitation tests conducted by the Fulton County Medical Milk Commission on a frequent basis.

The cows are disease tested regularly, their milk daily. Employees undergo physicals every 90 days. Milking rooms are sanitized before each milking, as are the cows' udders. The herd is bathed twice a day and a sample to insure quality is taken from each quarter of each cow's mammary gland before milking. Modern milking machines draw the milk, under vacuum, through sterile Pyrex tubes of a completely enclosed system directly into a stainless steel cooler where it is immediately cooled to below 40 degrees Farenheit.

For protection between milkings, udders are sprayed with a solution to sanitize and protect until the next milking. No milk comes in contact with the air until the customer opens the milk bottle.

"To give you some idea just how clean our milk has to be under the law, let's compare it to standards set up for pasteurized milk," said Mr. Mathis. "Pasteurized and processed milk is allowed to have 30,000 bacteria per cubic centimeter after pasteurization. Our raw, certified milk must be under 10,000. Because of our own sanitation procedures, we're usually well under that amount, too."

THEY SUED

"That's why it seemed so crazy that our milk was being treated like some dangerous product," Mathis concluded. And that's why the Mathis family decided to file suit in April 1974 against Georgia's Department of Agriculture.

The dairy filed suit in April 1974 against Georgia Commissioner of Agriculture Tommy Irvin, charging that the Commissioner erred when he gave the company a choice of paying a fine or losing its Grade A dairy plant license for a year because they'd sold milk on two known occasions without a prescription. The dairy contended there is no valid regulation allowing the commissioner to prohibit raw certified milk sales.

Due to "flaws in the original law" banning raw milk sales here, said Commissioner Irvin, "the attorney general's office was of the opinion we could not enforce the outright banning of sales of raw milk.

(Please turn the page)

Texas Dairy Considering Going 'Certified Raw'

California Certified Raw Milk Dairy Hails New Laws

Harold Steuve, general manager of Alta-Dena Dairy, City of Industry, Calif., says there is new interest among some dairies to "go certified raw" – the highest standard in sanitary requirements.

Knowlton Farms, Van Ormy, Texas, is considering it, he said, "and we will give them all the help we can."

Mr. Steuve said he believes Chase Bros. Dairy, Ventura, Calif., soon will start producing certified raw milk in view of new legislation in that state.

Presently, certified raw milk is available from only four dairies: Mathis Certified Dairy, Decatur, Ga.; Dan Gates Dairy, New York; Laurelwood Dairy (goat milk), Ripon, Calif.; and Alta-Dena.

The California legislature passed two bills in 1975, signed by Governor Edmund G. Brown, Jr., which according to Mr. Steuve gives significant impetus to the certified raw milk "movement." One new law permits manufacture of yogurt and Kafir from certified raw milk. The other expands the authority of county milk commissions, enabling a commission to certify a dairy in an adjoining county to produce certified raw milk if that county does not have a commission.

Mr. Steuve said a new product—Mya Yogurt, a certified raw product without sugar or preservatives – is receiving wide acceptance – is now sold in 36 states and Canada.

"It became obvious that they had beat us in court. We admitted we had lost the case and asked for dismissal."

– Barbara Rust
DeKalb New Era

FDA FUNDS TEST OF FEINGOLD THESIS

The Kaiser Foundation Research Institute of Oakland, Calif., has been awarded a contract of $106,-840 by the Food and Drug Administration to study the findings of Dr. Benjamin F. Feingold of San Francisco that color additives in food cause some children to be hyperactive. The test will involve 20 children aged 1 through 6 who are on color-free diets and have shown less hyperkinetic activity, said the FDA.

RECOGNITION

Dr. Frances O. Kelsey has been awarded the Association of Federal Investigators' public services award for her long and ultimately successful battle within the Food and Drug Administration to keep thalidomide off the market in the United States. Her research, and others', proved the drug was associated with fetal abnormalities.

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

Unless otherwise indicated, address all officers and staff members: P.O. Box 688, Monrovia, Calif. 91016.
Telephone (213) 358-1155

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

Betty Lee Morales – Secretary

Dorothy B. Hart – Vice-President

Kurt W. Donsbach – Chairman of the Board of Governors

V. Earl Irons – Vice-Chairman of the Board of Governors

PAID FEDERATION STAFF AND THEIR FIELDS OF ACTIVITY

Clinton R. Miller—Executive Vice-President, in charge of Legislation and Regulations

John Yiamouyiannis, Ph.D. – Science Director
Address: 6439 Taggart Road,
Delaware, Ohio 43015
Phone: (614) 548-4067

Kirkpatrick W. Dilling – NHF General Counsel
Address: 188 W. Randolph St.
Chicago, Ill. 60601
Phone: (312) 236-8417

James S. Turner – Washington Representative
Address: 1625 I St. N.W.
Washington, D.C. 20006
Phone: (202) 872-8660

Helena Young – Assistant to the President, in charge of Wills, Estates, Gifts, Properties

Convention Bureau

Chapter Department
Carole J. Smith, Coordinator

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

NATIONAL HEALTH FEDERATION
P.O. Box 688
212 West Foothill Boulevard
MONROVIA, CALIFORNIA 91016
Telephone (213) 358-1155
Entered as Second-class Matter
$8.00 Membership (includes **Bulletin** subscription)
PRICE FOR ADDITIONAL COPIES OF THIS ISSUE
50¢ each—4 for $1.00—25 for $5.00—40 for $7.50—100 for $17.00
(Plus Delivery Charges)

The expiration date of your membership is shown below your address. If it expires next month, please renew now, so that you will not miss a single issue of *The Bulletin*. This also saves NHF the expense of billing you. PLEASE NOTE: Renewing your membership under the same given and surname as the previous year, avoids duplication and error.
Thank you for your cooperation!

PLACE
13c STAMP
HERE

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

Southern California — May 14-15
Royal Inn at Wharf — San Diego

Northern California — June 25-26
Airport Marina Hotel — Burlingame

HELP SAVE OUR HEALTH FREEDOMS