

National Health Federation BULLETIN

JANUARY 1977 • 50c

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●
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●
Diet and Killer Diseases

●
CHELATION UNDER FIRE



REP. SISK

Dedicated to the Protection of Health Freedoms

THE NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms

Volume XXIII — Number 1

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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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Swine Flu Crisis 'Borders on Ridiculous'

Inoculation Lacks 'Real Medical Justification,' Says Dr. Chanin

Although the Food and Drug Administration and the Center for Disease Control have refused to endorse its use for swine flu, the drug amantadine (Symmetrel) will prevent or treat A-2 (Asian) flu, and a well-known pediatrician uses it himself and prescribes it for patients during influenza outbreaks.

Arnold Chanin, M.D., 8540 So. Sepulveda Blvd., Los Angeles, does not go along with the government's massive swine flu vaccination program, calls it a possible "boondoggle," and says it "may result in unnecessary illness from the vaccine itself, and is ultimately without real medical justification, no matter what big names are behind the program."

(He was incorrectly quoted in the publication *Midnight* (10/11-76) as saying amantadine "will prevent or treat swine flu." He told *The Bulletin*: "I told them to be careful not to say that. How can one say it will prevent swine flu when there is no swine flu to test it on?")

Writing in the *Medical Tribune* (9/1/76), Dr. Chanin said the "current crisis generated by the possible occurrence of the 1918-A-Swine (New Jersey) influenza pandemic borders on the ridiculous. I cannot imagine what combination of factors has contributed to the government-endorsed and spon-

sored program to inoculate the entire United States population." Among important factors which he said are being ignored, are these:

1. "As we in medical practice know, 'flu' is not the killer. The '500,000' flu-related deaths in the U.S. during the 1918 epidemic were — as have been all flu-related deaths since — due to complications, mainly bronchopneumonia, viral pneumonia, and other forms of lower respiratory tract infection. A patient with multiple chronic diseases such as chronic obstructive lung disease, congestive heart failure, diabetes, is extremely vulnerable to secondary infection of any type. When such patients contract an influenza-like illness, it often tips the scales and throws them out of control...."

2. "Prior to the 1940s there were no antibiotics, and influenza complications such as severe pneumonia were difficult or impossible to treat effectively. If the patient did not have the strength to overcome the onslaught of influenza plus pneumonia, he/she could end up with a fatal illness. Younger individuals who pursue their normal activities despite cough and fever, are in for difficult and often fatal respiratory infections. And now we have the further problem of heavy cigarette smoking which makes the

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triad of chronic bronchitis, influenza, and bronchopneumonia especially deadly . . . But now that we have not only the sulfas and penicillins, but even more effective antibiotics, flu-related deaths are not as prevalent as they were several generations ago."

NOT FOR CHILDREN

3. "The third factor in this controversy is that most children should not be given influenza injections. The American Academy of Pediatrics never has recommended immunizing children routinely. The cumulative effects of repeated flu injections (annually, of course as the virus undergoes transformation) is not known, and may not be known for decades. Therefore many school children without chronic respiratory disease will be unnecessarily immunized against the 1918-A-(N.J.) virus. In 10 years of pediatric practice, I would estimate that more than 90% of children brought into the office with 'flu' either have severe bronchitis, bronchopneumonia, or lobar pneumonia. For some reason, influenza illness in the community, when transmitted to children, accelerates rapidly into lower respiratory tract infections.

4. "The fourth and perhaps most significant factor is that a drug developed in the early 1960s by Du Pont is available for both the prophylaxis and treatment of A-2 influenza. This drug, amantadine, gives approximately 80% protection when taken prophylactically, and about the same per cent of effectiveness when given early in the

course of influenza syndromes. It has been widely used all over the world, and in the United States since 1966. The Soviet Union has been using it for prophylaxis since the Hong Kong influenza pandemic of 1968-69, and it made headlines in many local newspapers. Russia not only has purchased over 10 million doses from Du Pont to use during the next flu season, it also is modifying the molecule in search of analogues, such as rimantadine."

The drug is administered in a small capsule once or twice a day, and is virtually without side-effects, Dr. Chanin continued. "I use a dose of 100 mg. daily during the peak month or two of influenza in the community. For actual treatment of early, noncomplicated influenza, I use 100 mg. b.i.d. in adults and children over age 12, and 100 mg. daily in children under 12.

"It must be noted that in recent years, every significant outbreak was an A-2 variant: Asian, Hong Kong, London, Port Chalmers, and A-Victoria. There is some early investigation showing in vitro sensitivity to amantadine in the case of the 1918-A-N.J. strain, which in all probability is a variant of the A-Victoria which also was evident in the Fort Dix population."

AMANTADINE VERSATILE

"The concept behind the vaccines is that they must be antigen-specific, must anticipate the next year's influenza strain, and be given prior to the actual outbreak of influenza in order to be effective. The versatility of amantadine



— COURTESY CARTOONIST BOB ENGLEHART, DAYTON JOURNAL HERALD, AND COPLEYS NEWS SERVICE

is that it can be given as soon as the outbreak hits the community (in this area of southern California, A-Victoria did not hit until February-March 1976 because of the prolonged warm season in December-January). Amantadine can be given for several weeks or months, depending on the length and severity of the outbreak, and can be used to treat uncomplicated A-2 influenza syndromes with remission of most symptoms within 48 hours."

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Coroner Says No Relationship

Government Charged with Swine Flu Shot-Related Death Coverup

A charge of "government censorship to suppress the death toll of swine flu vaccine victims" was leveled against federal officials by Consumer Activist Ida Honorof and NHF President Charles I. Crecelius, plaintiffs in a suit to bring the immunization program to a halt pending "full disclosure" of safety and efficacy.

Ms. Honorof learned the names of five Southern California individuals whose deaths occurred in mid-October within 48 hours of injection with the vaccine.

They are Dean Jones, 45, Bellflower, dead 22 hours after being vaccinated; Franklin Hays, 55, Granada Hills, dead less than 48 hours after an injection; Maurice

He said physicians have known about amantadine for years, but have been reluctant to try it because it wasn't extensively promoted by Du Pont—for which "we thank the FDA and the CDC to the Center for Disease Control is still telling doctors to use 'bed-rest, aspirin, and fluids' for uncomplicated influenza. I wonder how many die needlessly because they fail to seek medical attention solely because this advice is drummed into them annually. Some individuals are at home attempting to treat pneumonia with aspirin and fluids. By the time they

Scharman, 67, 1343 Laurel Ave., West Hollywood, a victim within 40 hours of vaccination; James Panek, 58 years old, 11120 Daines, Arcadia, whose death occurred within 48 hours of being inoculated; and Stefania Skiera, 73, 416 No. Oxford, Los Angeles, who died within 48 hours of the time she was vaccinated.

"County officials have been instructed by HEW to collect data on persons who die within 48 hours of inoculation," said Ms. Honorof and Mr. Crecelius. "If you die 49 hours later, you aren't recorded as having had the inoculation before death. We consider this a deliberate attempt to cover up the fact people are dying after being vaccinated.

see a physician, severe respiratory disease has developed and many must be hospitalized.

"The FDA is still preventing any advertising of amantadine other than for the prophylaxis of A-2 flu, and in treatment of Parkinson's disease and syndrome. While Russia and other countries are laughing at our enthusiasm over the annual influenza immunization ritual, they go on using amantadine, rimantadine, and perhaps other effective antiviral agents in both the prophylaxis and treatment of the A-2 influenza syndromes."

The government doesn't want the public to know the toll these shots are taking, the premature deaths, because it was ordained in Washington that swine flu shots would be good for us. We believe the four top persons in this program should be dismissed from government service!"

When approached regarding the weekend deaths of three of these persons, Coroner Thomas Noguchi said there was "no connection" between the vaccines and the deaths. "We do not believe the vaccines had anything to do with their deaths," he told *Los Angeles Times* Medical Writer Harry Nelson.

The coroner said one of the dead men had been vaccinated only with Hong Kong B vaccine. Two others, said Dr. Wallace Frasher, president of the American Heart Association's Greater Los Angeles affiliate, were "obese," and suffered from "serious heart disease." One died while changing a tire on his car.

Asked whether persons with heart disease should avoid swine flu vaccine, Dr. Frasher replied: "The patient with heart disease is clearly at increased risk of getting the flu if he or she is not protected. Therefore, under guidance of their own physician, it is advisable for such high-risk persons to get the shot."

The family of one of the deceased—Dean Jones—intends to sue "all concerned" over the death. Three surviving brothers and the mother attended the National Health Federation-sponsored seminar Oct. 30 featuring addresses by

Influenza Vaccine Specialist Dr. J. Anthony Day (fired in July by HEW Secretary Dr. David Matthews following his expression of opposition to the swine flu vaccine), and his attorney, James Turner, both of Washington, D.C.

One brother, Rodney Jones of Milpitas, Calif., said that in his opinion Dean "is dead because he allowed himself to be taken in by promoters of the vaccine, including the entire media—who have been conducting an intensive campaign attempting to influence people considered 'high risk' to get the swine flu shot. I am convinced the vaccine is hazardous for all persons, including those considered high risk.

"My brother Dean was in the prime of life. He had open-heart surgery in 1972, a plastic heart valve was implanted in his heart. He was on medication, including blood-thinning pills, and was doing well. Last month he visited us in Milpitas, staying a week. His condition was very good until he got the swine flu shot.

"On Monday, Oct. 25, 1976, at about 10:30 a.m., Dean and my mother (with whom he lived), went to the Mayfair Park Swine Flu Clinic at 5720 No. Clark St., Lakewood, to be vaccinated. He advised the person at the clinic that he was on blood-thinning medication, but they gave him the shot nonetheless. On Tuesday morning at 7 my mother looked in on him and asked how he was feeling. He told her he felt fine. She gave him his pills and he went

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L.A. Health Official Doesn't Really See Swine Flu Outbreak

In an interview granted by the Los Angeles County Health Department at the request of Supervisor Baxter Ward, Consumer Activist Ida Honorof in mid-October was told by a department official that he does not believe there will be a swine flu epidemic this winter. The vaccination program, he said, is aimed at A-Victoria flu.

Dr. J. Anthony Morris, veteran virologist with the Bureau of Biologics until being fired in July by FDA Commissioner Alexander Schmidt after he had criticized the swine flu project, insists that in an attempt to provide a "safe" concoction, the agent against swine flu was so diluted it is "ineffective."

But this has not deterred health officials from ballyhooing the mass back to sleep. Mother proceeded to do her washing and other household chores. A few hours later when she looked in on him again, he was dead.

"My brothers, Sherwood and Norman, and I are convinced his death was caused by the flu shot, and we believe he would be alive if he had not taken that shot. We know we can't bring Dean back to life, but perhaps we can save other lives by letting people know what happened to our brother. It is wrong for people to be given this vaccine, and we recommend the project be stopped."

inoculation venture as an attack on "swine flu." A brochure published and distributed throughout Wyoming, did not mention Asian flu, but said a swine flu epidemic "is a very real possibility."

"... The vaccine will provide full protection against Swine Flu for the coming fall and winter influenza season; some protection may be provided against the disease for a longer period of time... The Swine Flu immunization program has been endorsed by the Wyoming Medical Society..."

The promotion piece in question-and-answer form raised other interesting points, also:

"Is protection available against Swine Flu?"

"A. Yes. An effective vaccine has been developed against the 1976 Swine Flu virus.

"Are there people who shouldn't get the Swine Flu shot?"

"A. Yes. People who are highly allergic to eggs should not receive the shot except under the close supervision of a doctor.

"Will the vaccine cause a bad reaction?"

"A. Some people will have a slight fever, headache, chills, or muscle aches for a short time. About 1% of the people will run a temperature over 100 degrees. Of course, there will be a few sore arms."

Vitamin C Therapy Gets High Marks from Australian Team

"If the United States spent one-tenth of the money it is spending on swine flu vaccine on Vitamin C instead, it would do 100 times more good," an Australian biomedical research scientist declared in San Jose, Calif.

A decade of studies of the effects of Vitamin C (ascorbic acid) has convinced Dr. Archivide Kalokerinos, 48, that it is more effective against flu strains than vaccines and, in megadoses, may prevent all viral diseases including colds and even virus-caused cancers.

He and his Australian colleague, Dr. Glen Dettman, a general pathologist, also readily admit that "herd immunizations worry us."

They claim that mass immunization programs such as the multi-million-dollar swine flu vaccinations in the United States not only offer little protection against the flu, but can be dangerous as well. Dr. Kalokerinos and Dr. Dettman came to the United States to confer with Dr. Linus Pauling, apostle of Vitamin C, and Irwin Stone, a retired San Jose biochemist who has pioneered in studies of Vitamin C.

Drs. Pauling and Stone also staunchly believe that huge doses of Vitamin C are essential to good health, and can prevent serious diseases.

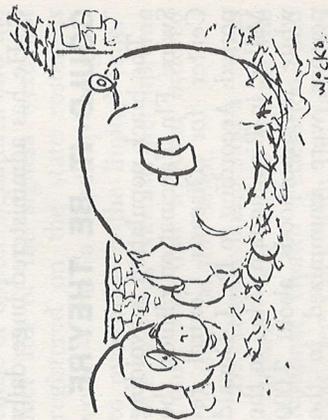
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"Will some people die from the vaccine?"

"A. Only two persons in history have died as a direct result of receiving the flu vaccine. The last death occurred 30 years ago. The chance of dying from flu vaccine is too small to compute.

"Are there groups of people that should definitely receive the shot?"

"A. Yes. They're called 'high risk' groups. They include people with chronic health problems such as heart disease, asthma, cystic fibrosis, emphysema, kidney failure, and diabetes. Also included are those living in institutions, hospitals, dormitories, nursing homes, etc."



'Had your swine flu shot yet?'

They recommend that everyone take at least 10,000 to 20,000 milligrams of Vitamin C a day because the diet of most of us is woefully low in it.

According to Dr. Stone, who has written published papers on the subject, other mammals produce their own Vitamin C from the liver. "A goat's liver produces 13,300 milligrams a day naturally," he said. "But man's liver produces absolutely none. Because of a mutation about 60-million years ago, humans lost the ability to manufacture their own Vitamin C. Orthodox medicine says the minimum daily requirement of Vitamin C for an adult is only 45 milligrams.

"We've measured the amount of Vitamin C we get in our daily diet here," Dr. Kalokerinos said. "We got only 5 milligrams from an order of shrimp."

The Australian scientist also says he cut the "crib death" rate in an Australian aboriginal tribe from the "highest in the world — about 50% — to the lowest, zero," by giving infants massive doses of Vitamin C. He has administered huge daily

doses to babies in Collarenebri, Australia, since 1967.

"Before then, half the babies were either found dead in their beds with no record of previous illness or in a state of shock in which they wouldn't respond to conventional treatments and soon died. At the time, I was using what was considered an 'adequate' dosage of Vitamin C — 100 milligrams a day."

He noted that the "orthodox" minimum daily requirement for infants was 35 milligrams.

"In 1967, almost by accident, I discovered that if I gave them injections of vitamin C — up to 500 milligrams — we could reverse the shock stage and also stop infants from dying," Dr. Kalokerinos said. "From then on, the babies got Vitamin C by mouth when they were well, and injections when they were sick. The well babies were given 1,000 milligrams a day orally, and from 5,000 to 20,000 milligrams a day intravenously when ill. We don't know exactly why Vitamin C works — but the results have been dramatic."

— *Ridder News Service*

COULD IT BE THEY'RE JUST SMARTER, DOCTOR?

The black population is avoiding Swine Flu Vaccination clinics, the Center for Disease Control reported. According to Dr. J. Donald Millar, in Birmingham, Ala., in the white neighborhoods about 7,000 persons were immunized in the first weeks of the program, while in the black neighborhoods 124 persons asked for the shots.

"The common interpretation," said Dr. Millar, "is that there is fear of the vaccines based on stories suggesting that deaths in Pennsylvania and elsewhere were associated with the vaccine . . . We have identified the problem, and we hope it doesn't represent a real trend."

Fluoridation Foes Win in Utah, Lose in Washington and Oregon

While winning in Utah, anti-pollution forces lost their bids to ban fluoridation at the state level in Washington and Oregon.

The outcome of the initiative campaigns which preceded the November 2 elections:

Utah (1,538 of 1,620 precincts reporting) — 247,000 to retain local option and prohibit mandatory fluoridation, 233,000 opposed.

Washington — to outlaw fluoridation throughout the state — 389,000 yes, 733,000 no.

Oregon — to prohibit addition of fluoride to community water systems — 240,000 yes, 328,000 no.

A proposal to fluoridate the water supply in Portland, Me., South Portland, and Westbrook was defeated with 25,750 no votes, 17,482 in favor.

A similar measure in Eugene, Ore., passed by a small margin — 20,455 yes, 19,094 no.

And in Los Banos, Calif., an attempt to discontinue fluoridation was defeated by 1,375 voters as compared with 915 who want the substance out.

The victory in Utah was welcomed by pure water advocates who had watched "a miracle" take place when the measure earlier qualified for the ballot — accomplished in less than one month — a feat which defied predictions that the 48,000 necessary signatures could not be collected in that timespan. They wound up with 60,000 signatures and went on to con-

vince voters that the Utah Board of Health should not be empowered to order statewide fluoridation. Heading that drive was Keith Gregory of the National Health Federation. Utah is the "least fluoridated" of any state in the Union, and results of the election "will insure that the state maintains that position," said NHF Executive Vice-President Clinton R. Miller who spent two weeks in Utah assisting with the campaign.

Dr. John A. Yiamouyiannis, NHF science director, although disappointed in the outcome of the Washington campaign where he worked with leaders of the anti-fluoridation forces for the 17 days prior to election, said he felt "very good about it, we have done a positive thing in the state."

He said the delay in getting on the ballot — precipitated by refusal of Secretary of State Bruce Chapman to qualify the measure because of double signatures and the fact 15% of the signers were not registered on the state roster as voters — was "a handicap too great to overcome in the limited time." The case was taken to the Supreme Court, and that tribunal ordered the issue on the ballot.

Dr. Yiamouyiannis said a "smear campaign" was waged against the National Health Federation, and that "we stuck with the facts, remained dignified, and didn't involve ourselves at the personal

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Vitamins a Must for New President

President Jimmy Carter eats vitamins and exercises!

This is the word from Trudy Engel, Executive Director of Save the U.S. Movement, Bob Hoffman, founder and national chairman. Ms. Engel met the president on four occasions during the campaign — the last time during a press dinner in Washington. She was burning to know about his nutritional habits and asked him point blank, "Do you take vitamins, Governor?" The quick reply: "Every day — I have for years!" Then she asked about exercise. "I do pushups every morning, and play as much softball and tennis as the schedule allows." Needless to say, with these answers, Mr. Carter's stock went up with Trudy Engel, known in D. C. as "the Vitamin Queen," and a familiar personality in many congressional and senatorial offices.

level. However, we took strong exception to the opposition's use of the name, 'Committee to Retain Local Option for Fluoridation,' since the American Dental Association and the Washington Dental Association — who teamed up to defeat the initiative — actually seek mandatory fluoridation via the State Health Department. Nevertheless, the ADA now is on record as supporting local option, and this will be remembered in future campaigns."

He said the anti-fluoridation group spent \$6,000 on campaign literature and advertising compared with \$25,000 expended by the two dental groups. The state's major daily newspapers opposed the initiative. In charge of the Washington campaign were Carolyn Suddeth, sponsor; Millard Larson of Seattle, and Ruth Rhoderfer, of Issaquah.

Involved in a leadership role in the Oregon campaign were Christine Beltran, Fuller Royal, M.D., and Mary Hickey, all of Eugene; Dr. Howard Hillemann, Corvallis;

Dr. Kenneth Oakley, Bend; and Harold Stenehjem of Portland. Dennis L. Yates of Portland sponsored the measure.

The Portland, Me., campaign was headed by Malcolm G. Kennedy, 142 Rockland Ave., who has resisted fluoridation since 1954. The issue, on the ballot four times since 1963, has been defeated each time. The recent election was described by proponents as "the worst defeat yet." According to Mr. Kennedy, proponents have said state legislators will be asked to approve mandatory fluoridation for the entire state.

In Los Banos where Mrs. Dolores Klippel, Mrs. Margaret Sliger and Mrs. Emily Warner spearheaded the campaign to remove fluoride from the water, it was described as "a good fight, even if we lost. At least we educated a lot of people."

Few men have virtue to withstand the highest bidder.

— George Washington

Pittance Spent for Prevention

Specialists Show Diet's Role in Killer Diseases

(PART TWO OF TWO PARTS)

(Ed. note: Last month The Bulletin brought you a review of essential elements of S.2867, a bill authored by Senators George S. McGovern and Hubert H. Humphrey which would put the force of law into recognition of the role of nutrition in disease through establishment of an Office of Food and Nutrition. In this last installment, Senator McGovern summarizes his proposals to move in the direction of preventive health care as contrasted with "crisis medicine." His remarks, a part of the Sept. 1, 1976 Congressional Record, also contain quotes from the testimony of health-care professionals who testified on nutrition/disease before the Senate Select Committee on Nutrition and Human Needs of which he is chairman).

OBESITY AND DISEASE

In his summary of testimony, Senator McGovern observed:

"Dr. Beverly Winikoff of the Rockefeller Foundation indicated that one-third of the population is overweight to a degree shown to diminish life expectancy, and that obesity is a risk-factor in diseases such as coronary artery disease, hypertension, diabetes, and arthritis. The 1973 Framingham Study found that each 10% reduction in weight in men 35-55 would result in about

a 20% decrease in the incidence of coronary heart disease, and would save approximately 140,000 lives a year.

"Dr. Ted Cooper, Assistant Secretary for Health at HEW, and the nation's top health official, reported that mortality from cirrhosis of the liver in obese males is 249% of the expected rate in non-obese males. Dr. Jerry Knittle, Mount Sinai Hospital, New York, testified that the prevalence rates of obesity are on the increase, occurring in younger and younger age groups, and that once the overt clinical state is achieved, obesity is exceedingly difficult to treat.

"All the witnesses emphasized the importance of proper nutrition among pregnant women, especially adolescents, to ensure that the fetus develops to its full potential. Low birth-weight babies account for two-thirds of our infant mortality, and simply feeding pregnant women more calories will reduce the incidence of small babies by up to 50%. Twenty per cent of the pregnancies occur among adolescents.

"From an overall perspective, Dr. Winikoff said there is good evidence the dramatic drop in mortality rates of industrializing Europe during the last century was due more to improvements in nutrition and availability of good

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diets than to advances in science, breakthroughs in preventive and curative medicine, or availability of hospitals and health-care."

NUTRITION AND BEHAVIOR

"In the same vein, Dr. Phillip Lee of the University of California School of Medicine, San Francisco, cited studies undertaken at UCLA by Dr. Breslow indicating that seven health-related behaviors have more impact on our health than all the medical care we have received, or the developments in medical care, since the turn of the century. Of these seven, four are related to nutrition: (1) limiting alcohol consumption to one or two drinks a day; (2) eating three meals a day without eating between meals; (3) eating breakfast; and (4) keeping our weight within a normal range. The other three behaviors are: regular physical exercise, seven or eight hours of sleep a night, and not smoking cigarettes. A white male who follows these seven behaviors will live more than 11 years longer than a person who follows three or fewer of them. All the improvements in medical care since 1900 have added less than four years of life expectancy to men aged 45.

"As to the importance of nutrition, Dr. Cooper began his testimony by stating that the relationship between nutrition and health is a subject integral to present and future improvements in the health status of the American people. He added that the most important thing besides general self-care and self-responsibility is proper nutrition."

NUTRITION AND PREVENTION

"Dr. Lee testified that nutrition is the single most important factor in the prevention of killer diseases, and Dr. Winkoff expressed the belief that, with exception of accidents, nutrition is the single most important component of preventive health care.

"Here are some of the other major points and observations raised at the hearings:

"(1) the U.S. health-care system is oriented toward prevention of death rather than promotion and maintenance of health.

"(2) Sound nutritional practices must be initiated during infancy, and therefore parents and other caretakers of infants and young children must play a strong, knowledgeable role.

"(3) It is important to educate youth about basic nutrition, food purchasing, and food consumption. However, at present we have no effective program, nor the right kind of expertise, to make a significant impact.

"(4) We must learn that eating more does not necessarily mean eating better.

"(5) Americans have increased their consumption of fats (primarily of animal origin), sugar and salt, and decreased consumption of dietary fiber. In general, this change in eating habits, besides contributing to a number of disease problems such as coronary artery disease, may lead to obesity as a result of eating less bulky, less satisfying and more caloric food."

SCHOOLS IGNORE IT

(6) Upon completing medical school, graduates know more about heart transplants than about nutrition. No knowledge of nutrition is required by testing boards to become licensed as a physician.

"(7) Preventive health care has relatively low prestige in medicine because the high technology fields are considered the high prestige fields.

"(8) There are no hard-and-fast rules, or simple norms which allow one to make a menu that will fit the needs of 200 million individuals.

"(9) In 1975, \$118.5 billion, or 8.3% of the GNP, was spent on medical care in the U.S. Only 5%-10% of this total was spent on preventive health-care programs. The federal government spent \$30-\$35 billion on health care and contributed most of the preventive health-care expenditures.

"(10) A USDA study estimated that with an adequate diet we could reduce by 25% the number of heart disease sufferers, and in turn save \$30 billion.

"(11) If everyone had good nutritional habits, we could reduce the yearly cost of medical care by up to 20%.

"With respect to possible programs or strategies to combat America's malnutrition problems, Dr. Cooper reported the following five aspects in HEW's ongoing and/or proposed efforts:

"(1) Research, monitoring and nutrition surveillance.

"(2) Education of the public

with special emphasis on children in schools, and professional health personnel.

"(3) Incorporation of nutrition services into the health care delivery system.

"(4) Regulatory efforts, including food labeling activities of the FDA.

"(5) Improved interdepartmental communication."

RECOMMENDATIONS

"Specific points and recommendations were made in four major areas:

"*Research:* We need to know more about the connection of risk factors to causation in the case of killer diseases.

"We need to know more about the way changes in diet affect overall health, and perhaps even behavior.

"We need to know more, preferably beforehand, but certainly by monitoring and surveillance, about the effects of food additives, preservatives, colorings and sweeteners.

"We need to improve our understanding of how nutrients interact with each other, and with drugs.

"We need to improve our knowledge of human nutritional requirements, and the variability of requirements between and within individuals.

"We have or are gathering much nutritional data from the food stamp, WIC and school feeding programs that can and should be used for evaluation purposes.

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"Health care delivery system: Health professionals need to be given good reasons and incentives to spend time on nutrition in patient care. Incentives can be related to:

"The organization of health services.

"The prestige accorded to nutritional matters.

"The economic reward for using professional time to impart nutrition information.

"Specialty boards should emphasize the importance of nutrition. In general, health professionals need more specific nutrition information in order to do their job.

"Regulation of the food industry: Nutrition labeling efforts must be continued and supported.

"The FDA should continue efforts to maintain and improve the nutritional quality of the American food supply.

"It is important that FDA develop a positive role as a consumer advocate as opposed to the present negative, regulatory image it has among many observers.

"Education: The problem of education for health, as practiced, is that it has been education in isolation from the real pressures, expectations, and norms of society which mold and constrain individual behavior. It is useless, and may be cruel, to educate people and then make it difficult for them to do what they've been taught: we offer nutrition and health education at the same time we offer barages of commercials for soft drinks, sweet snacks, high-fat foods,

cigarettes and alcohol.

"How can government persuade people to take personal responsibility for their health without trampling on individual choice and freedoms? . . ."

GOVERNMENT ACTIVITY

"Dr. Winikoff submitted the following statement of government activity:

"Real attention to the problem of poor nutrition requires political leadership at the highest level of government . . . Nutrition is not affected only by what scientists know or by what doctors tell people, or even by what they themselves understand.

"It is affected by decisions in the area of agricultural policy, in economic and tax policy, in export and import policy . . . Nutrition is a complex subject involving decisions of food production, transportation, processing, marketing, consumer choice, income, and education, as well as food availability and palatability . . . [In short,] nutrition is not simply a scientific issue, it is also a political and an economic issue."

"Dr. Lee closed the testimony by citing the Committee's role in earlier years in awakening Americans to the problems of malnutrition and poverty, and submitted that the Committee's expansion into the broader area of nutrition and health signals the beginning of a process which once again would raise the consciousness and in turn improve the health of the American public."

CANCER AND DIET

"Cancer, second biggest killer, is perhaps our most dreaded disease. Cigarette smoking is related to 30% of cancer cases, and there is now strong preliminary evidence that nutritional imbalances in the diet contribute to at least another 30% in men, and 50% in women of the cancer cases. For example, positive correlations have been found between high fat consumption and breast and colon cancer, and between a lack of fiber and cancer of the lower intestinal tract.

"While it must be emphasized that correlation does not mean causation, definitive causation should not be required before thorough consideration and action is warranted. I think it is time for a major initiative in the United States to eliminate all types of malnutrition, and below is an outline of what I envision:

"(1) A comprehensive nutrition surveillance system. We have been so negligent in this area that we don't even know what we eat.

"(2) A nutrition education program from first grade to medical school.

"(3) Increased emphasis by the medical community and government on preventive health care, and creation of a nutrition profile, or examination, so an individual will know what is best for him or her to eat.

"(4) Greater coordination by the various governmental agencies involved in nutrition and health, with a centralized office, and greater emphasis on health in our food and agriculture policy."

"(5) Greater research in the area of human nutrition and on the effects of additives.

"(6) Prevention made an integral part of any health insurance program."

HIGHLIGHTS

"The following highlights from the second day of hearings may prove useful in determining the appropriateness of a program of action such as outlined, and more specifically suggest avenues to pursue in order to reduce the toll taken by cancer:

"Dr. Gio Gori of the National Cancer Institute said we need accurate tests for assessing nutritional status, and that in one or two years we could develop good surveillance methods, now unavailable. At present we cannot provide health personnel with sufficient information about cancer and diet. Education can play an important role, but first we must have the correct information to distribute, and thus the educational problem cannot be solved overnight.

"Dr. Ernst Wynder of the American Health Foundation suggested that all of us suffer from what he calls the illusion of immortality, and thus even when we develop appropriate nutrition information and a means to convey it, there will be an effectiveness problem because we all believe it (cancer, diabetes, hypertension, etc.) will not happen to us. In order to overcome the illusion of immortality, we must have an interdisciplinary approach to nutritional carcinogenesis. (Please turn to page 18)

22nd ANNUAL CONVENTION TENTATIVE PROGRAM NATIONAL HEALTH FEDERATION

January 27*, 28, 29, 30, 1977, Pasadena Center, 300 E. Green St., Pasadena, California
THEME: TOTAL HEALTH (Physical, Mental, Economic, Environmental, Moral, Psychological . . .)
THURSDAY, JANUARY 27

5-11 p.m. *SPECIAL FEATURES: La Dean Griffin, Dr. Richard Sowinsky, Dr. William Tanner, Broda Barnes, M.D., Dr. Bernard Jensen, Gladys Lindberg, and Dr. Ivan Tiholiz — "Applied Nutrition in Total Health," and "Heavy Metal Poisoning and Chelation Therapy" — Human Toxicology Research Foundation. Gold Room and special halls.

FRIDAY, January 28 — Main Program — Auditorium.

9:00 a.m. REGISTRATION, and visit exhibits. Pre-opening warmup and exercises with Gypsy Boots 65-year-old "ageless" athlete of TV and radio fame.

9-45 OFFICIAL WELCOME and Opening Ceremonies — NHF President Charles I. Crecellius.

10:00 FOOD: GREEN GROW THE PROFITS — ABC Documentary.

11-11:30 LA DEAN GRIFFIN, DR. HODSON, SOWINSKY, TANNER, TIHOLIZ, and GLADYS LINDBERG — Meet Special Feature Stars.

11:30-12:30 TO BE ANNOUNCED

12:30 LUNCH, and visit exhibits.

2:00 CHARLOTTE GERSON STRAUSS — "The Gerson Therapy — Total Healing"; Dr. Max Gerson's daughter and clinic associate.

2-45 O. ED KEENE, the Laetrile Champion — "Stand Up and Fight!"

3:30 RECESS and visit exhibits.

4:30 JOHN OTT, Sc.D. — "Our Changing World"; lecture and film by the famous light scientist.

5:30 JOHN YIAMOUIYANNIS, Ph.D. — "Latest Information on the Fluoridation Battle."

6:00 DINNER, and visit exhibits.

7:30 J. ANTHONY MORRIS, Ph.D. — "The Swine Flu Fluke."

8:15 DR. BERNARD JENSEN — "Longevity Studies Around the World."

9:00 ADJOURN, and visit exhibits.

10:00 CLOSE.

Special Features — Gold Room

10-12 DALE ALEXANDER — "How to Avoid Premature Aging." (Entire 6-hour course: free)*

12-2 WILLIAM TANNER, Ph.D. — "Three Methods for Improving Personality Traits and Strengthening Attitudes." (First two hours: free; entire 6-hour course: \$70)*

2-5 WALTER HODSON, N.D., Th.D., D.D. — "Health and Nutrition"; one of America's first and foremost health lecturers. (Entire 9-hour course: \$10)*

5-11 LA DEAN GRIFFIN — "Herbs and Their Uses"; author of *Is Any Sick Among You?* as well as many other books on herbs and natural healing. (Entire 18-hour course: \$30)*

Please note that this course begins Thursday, Jan. 27 at 5 p.m. in the Gold Room.

11 ADJOURN.

Market Place — Hospitality Room (above exhibit area)

9-12 RICHARD SOWINSKY, D.C. — "Know Yourself — Know Your Halo." Dr. Sowinsky is America's foremost pioneer in Kirlian Photography. Lectured in Czechoslovakia, Russia, England, Germany, Canada and throughout United States. Engineered this new way of reading and using body energy. Kirlian photographs will be taken. (Photograph and lecture series: \$15)*

1-4 GLADYS LINDBERG and DR. IVAN TIHOLIZ — "Applied Nutrition in Total Health," and "Heavy Metal Poisoning and Chelation Therapy" — Human Toxicology Research Foundation.

4-8 RICHARD SOWINSKY, D.C. — "Heart, Halo, and Hypoglycemia."

8:00 ADJOURN, and visit exhibits.

*All special features available to those attending Convention. Fees listed are in addition to regular admission fee.

SATURDAY, January 29

Main Program — Auditorium

6:00-8:00 CLINTON R. MILLER — Early-Bird Session.

9:00 a.m. REGISTRATION, and visit exhibits.

10:00 PAUL J. VIRGIN — "Certified Vs. Pasteurized Milk"; lecture featuring "Pottinger Cat Film."

10:45 CHARLES WALTERS — "The Case for Eco-Agriculture"; Publisher/Editor of Acres, U.S.A.

11-45 DON PICKETT — "Protein '77 . . ."; President Neo-Life Company of America.

12:30 LUNCH, and visit exhibits.

2:00 p.m. KURT W. DONSBACH, N.D., D.C., B.T.S. — "Your Passport to Good Health."

3:00 JOHN OTT, Sc.D. — "Exploring the Spectrum"; lecture and film.

3-45 BETTY LEE MORALES — "The Latest Therapies Used 'Round the World"; lecture and film from Japan on GERMANIUM.

5:30 EDDIE ALBERT — (Conditional on his TV schedule).

6:15 DINNER, and visit exhibits.

7:45 ART and JACK LINKLETTER — "The Lite Beef Story" (95% fat-free, no DES).

9:00 ADJOURN, and visit exhibits.

10:00 CLOSE.

Special Features — Gold Room

9-10 "Protect Your Health By Holding Real Wealth — Silver Coins and Gold Coins"; Harvey Snyder, author of bestseller, *Investors Which Way to Go*. (FREE LECTURE).*

10-12 DALE ALEXANDER — "How to Avoid Premature Aging." (Part 2 of 3-Part Series).

12-2 WILLIAM TANNER — "Three Methods for Improving Personality Traits and Strengthening Desirable Attitudes." (Part 3 of 3-part series).

2-5 WALTER HODSON — "Health and Nutrition." (Part 2 of 3-part series).

5-11 LA DEAN GRIFFIN — "Herbs and Their Uses." (Part 3 of 3-part series).

11:00 ADJOURN.

Market Place — Hospitality Room (above the exhibit area)

9-12 RICHARD SOWINSKY, D.C. — "Kirlian Body Halo" — Have your Kirlian photograph taken with new equipment, developed by one of the world's foremost Kirliantographers. (Photograph and lecture series: \$15).*

1-4 GLADYS LINDBERG and DR. IVAN TIHOLIZ — "Applied Nutrition in Total Health," and "Heavy Metal Poisoning and Chelation Therapy" — Human Toxicology Research Foundation.

4-8 RICHARD SOWINSKY, D.C. — "Kirlian Halo — a Mirror to Your Health."

8:00 ADJOURN, and visit exhibits.

*All special features available only to those attending Convention. Fees listed are in addition to regular admission fee.

SUNDAY, January 30

Main Program — Auditorium.

6:00-8:00 CLINTON R. MILLER — Early-Bird Session.

9:00 a.m. REGISTRATION, and visit exhibits.

10:00 CLINTON R. MILLER — "Where Should NHF Stand on Sassafras?"

10:45 J. RAYMOND CHRISTOPHER — "The Power of Herbs"; author, lecturer from Provo, Utah.

11:30 LENDON H. SMITH, M.D. — "Diet and Behavior."

12:30 LUNCH, and visit exhibits.

2:00 PAUL AND PATRICIA BRAGG — Granddaddy of the Natural Health Movement.

3:00 DR. IRL CLARY — "Developing Predictive Profiles of Cell Health"; Dr. Clary will interpret your body chemistry tests.

3:30 RECESS, and visit exhibits.

4:30 WILLIAM A. ELLIS, D.O. — Nutrition Specialist, Lecturer.

5:30 THE INCREDIBLE BREAD MACHINE — (film).

6:15 DR. ALVENIA FULTON — "Corrective Nutrition"

6:30 DICK GREGORY — "Why I Decided to Become a Vegetarian."

7:30 ADJOURN, and visit exhibits.

8:30 CLOSE.

Special Features — Gold Room

10-12 DALE ALEXANDER — "How to Avoid Premature Aging." (Part 3 of 3-part series).

12:00 noon TO BE ANNOUNCED.

Nutrition Program for Youth Urged

(Continued from Page 15)
genesis, coordinated by NIH or HEW.

"In conjunction with education, we must institute 'managerial preventive medicine'—an organized program, involving nutritionists in the scientific and medical community, government agencies, and members of the food industry to promote product modification that conforms to an American diet, yet represents the best in nutritional values. Dr. Wynder suggested this is an area where the Committee can play a particularly important role."

YOUTH PROGRAM

"In addition to 'managerial preventive medicine,' Dr. Wynder presented another program directed at America's youth that would attempt to apply, through education, the practical nutrition information we have learned. The program, which already has been trial-tested by the American Health Founda-

tion, is called 'Know your body. Nobody takes better care of you than yourself.' Schoolchildren are tested for cholesterol, blood pressure, and other risk factors, and then receive a health passport with their health profile. By involving the children in their health care, the program should make America's youth more responsible for its personal health."

DIET CHANGE URGED

"Dr. Mark Hegsted of the Harvard School of Public Health underscored that, while America most definitely has problems of over- or improper consumption, underconsumption is still a greater problem and is easier to combat than overconsumption. He asserted that everything we know about the killer diseases indicates it is prudent for Americans to modify their diet. Americans should eat less food in general, and specifically eat less meat, fat, especially satu-

Britain Urged to Halt Nuclear Expansion

A 17-member Royal Commission has warned the British government there should be no major commitment to nuclear power for electricity for two reasons: the danger posed by nuclear wastes, and the 'entirely credible' possibility terrorists could seize material, build a bomb, and hold the government virtually hostage.

Instead of further nuclear development, the commission urged accelerated research in alternative power sources such as tides, wind, sun. Until a safe way is found to dispose "indefinitely" of radioactive

wastes, expansion of nuclear power should not be pursued, the report stated, adding that some wastes may have to be stored for as long as 250,000 years before they are safe.

Meanwhile, in Canada a stop-order has been placed on providing information about the marketing of uranium in that country from 1972 to 1975. Subpoenas for data had been issued by the U.S. Justice Department, investigating charges that an international cartel has fixed prices of uranium.

ICE CREAM IN TODAY'S

CHEMICALIZED CULTURE

Ice cream—once made of pure cream, fresh eggs, and natural fruits and flavorings, now usually contains a mixture of alcohol, propylene glycol, glacial acetic acid, aldehyde C-14 benzoacetate, vanillin methyl cinnamate, menthyl anthranilate, methyl heptine carbonate, diacetyl, ethyl acetate, and

rated fat, cholesterol, and sugar; and should eat more unsaturated fat, fruits, vegetables, and cereals, especially whole-grain cereals. He reiterated that the risks are high under our present diet, and that there are no identifiable nutritional risks associated with shifting our diet in the direction he described.

—El Paso I.A.C.V.F.

Dr. Wogan of the Massachusetts Institute of Technology concluded the day's testimony by stating that cancer is a preventable disease, and we should do every-

thing we can to formulate a prevention strategy. He seconded Dr. Kritchevsky of the Wistar Institution, Philadelphia, in emphasizing that we must examine the total diet and the interaction of the multiple components. He also raised the question of possible synergistic effects. Reinforcing a position taken by all of the witnesses, he concluded that if we are to develop an accurate preventive strategy for cancer, or any other disease, we must continue in our research efforts to identify the causal factors."

2:00 p.m. DR. WALTER HODSDON — "Health and Nutrition." (Part 3 of a 3-part series).

5:00 JOE DE SILVA — "The Orthomolecular-Megavitamin Approach to Schizophrenia." (FREE LECTURE)*

6-9 GLADYS LINDBERG and DR. IVAN TIBOLIZ — "Applied Nutrition in Total Health," and "Heavy Metal Poisoning and Chelation Therapy" — Human Toxicology Research Foundation.

7:00 ADJOURN, and visit exhibits.

Market Place — Hospitality Room (above the exhibit area)

9-1 RICHARD SOWINSKY, D.C. — "The Body Halo — Effective Communication Tool." (Photograph and lecture series: \$15).*

1-2 COLOR FILM — Premiere showing in U.S. of Donato Perez Garcia, M.D.'s Donatian Therapy, new technique for treating cancer and other degenerative diseases. TO BE ANNOUNCED.

2:00 RICHARD SOWINSKY, D.C. — "Body, Halo and Healing."

3-7 ADJOURN, and visit exhibits.

*All special features are available only to those attending Convention. Fees listed are in addition to the regular admission fee of \$5 for one day, \$10 for 3½ days.

'Their Primary Concern Was Mouse Droppings'

Cat's Gotta Go, Health Dept. Sleuths Tell Herb Company

By KATHI KEVILLE

THE INVESTIGATION

The day the state health department visited, Jeff came up to my room. "The health inspectors are here," he said soberly. I walked into the herb company. It was cool and fragrant and familiar, except for the two men in suits. The company had been operating for three years now. We were surely too small for them to bother with... we thought. The county health department had been up to see the farm, and left with bags of herb teas. I took a deep breath to center as I wondered what was going to happen.

The inspectors went into action, shining flashlights into herb bags and crawling into corners. Their primary concern was mouse droppings. One fellow held his tweezers up to the light, then dropped the contents onto the mixing table. "A

caraway seed," Jeff said, and the search continued.

"Where are your mouse traps?" "Our cat Abu."

"How do you spell that? Cats are illegal in food establishments."

"A . . . B . . . U . . . Will you arrest her? What should we use?" "Poison."

"In a food establishment?"

"O.K. Rodent traps. It's the law."

"But we have no mice!"

"You will when the cat is gone." "Oh."

It was beginning to seem humorous. I had slipped into a detective show. I glanced out the window. Stuff was flying off the porch upstairs. David was sweeping before they checked the bathroom facilities.

The inspector distracted my thoughts. "Where do the employees wash their hands?" We went into the back room. "Please turn on the hot water." "Sure," I replied, for-

(Ed. note: This story, titled "The Health Inspectors Are Here!", appeared in the October issue of *Well-Being*, two-year-old San Diego-based publication (\$5 per year, 833 W. Fir St., San Diego, Calif. 92101). The Herb Company at Oak Valley (Camptonville, Calif. 95922) is called Magic Forest Earth Arts. It's in the basement (really ground-floor) of a three-story farmhouse in medium repair, according to Author Kathi Keville, who continues: "It is cozy, smells great, and overlooks the gardens and meadows below. Here, the people who live at the farm package up products, blend herb teas, and fill orders for retail stores all over California and elsewhere. It pays the rent, utilities, and a few other farm expenses. Nobody gets a salary, but the few hours a week spent 'working in the company' make country living affordable at Oak Valley.")

getting about the faulty washer as I sprayed him with water. He also checked for clean towels and soap.

Health codes require that the production and storage rooms have walls, floors and ceilings that are scrubable and free of peeling paint and holes where bugs might enter. Doors and windows need to be sealed air tight and latched if they lead to the outside or other parts of the building, such as living quarters. If opened, they should be screened. Shelves have to be away from the wall to avoid contact with mouse "dribble" which the animals leave a trail of. The main concern is to not contaminate the food product with bugs, webs, germs, dust, paint chips, droppings, etc.

One of the men peered into a box. "Is this order ready to go out? . . . Good, we will take it. We need a sample of each product in question in case court evidence is needed." David had just come downstairs. "Wait. You can't do that. That's at least \$50 worth." They let us empty out all but a handful of herbs, from the one-pound bags, so they could have the original package.

They had already taken all of our labels (except for Curry Spice and Flower Fresh) and sealed them with a huge "embargoed" sticker. It was seeing the labels in a Sacramento store that had brought them here. They felt they had medicinal claims, and even wrapped up "Naturally Glad" labels because we said the herbs had "a long history of cheering folks up."

THE HEARING

The judge's office was a room off the general store. I was nervous as he thumbed through the labels. He paused at "Naturally Clear." "Why, these grow just right out the back door." I realized he actually knew what plantain, yarrow, and mullein were. When he gave us the choice of going to Marysville for a court lawyer or staying with him, we stayed. Then we had to decide our plea, a weighty decision. Should we, could we, fight it? Were we innocent? The law states that it is illegal to identify products as beneficial to people unless by a licensed pharmacist. We pleaded guilty. Yes, we had said herbs are good for you.

THE VERDICT

A week later, as we sat at the farm having tea, the seven other farm folk told Jeff and me not to worry, but we did. "Then we should all go," they said. And we all did. Extra chairs were pulled into the office. The minimum fine was \$200 or a month in jail for each person who had signed the investigators' form as responsible. . . . Then the judge announced he was suspending it and putting us

(Please turn the page)



The Apricot Kernel: 'Truly Wonderful,' Says Lawmaker

A 12-term congressman from California — Representative B. F. Sisk of Fresno — told his constituents in a recent column that FDA is “way off base” when it interferes with the right of a terminal cancer patient to seek whatever therapy is desired.

In a pungent column published in newspapers in his district, Congressman Sisk said that while he supports the Symms bill to abolish FDA's authority to approve efficacy of drugs, the bill stood “little chance” of passage during the last session, and of course this prediction proved correct. It will be reintroduced this year, however, and if 218 colleagues and 51 senators feel likewise — and the President agrees — it could become law.

on six months' probation!

The health department was very willing to review our ideas for new labels, although it took them a few weeks. Their reply was, “We feel these labels would be borderline claims and probably unacceptable. The only way to know for sure is to go through the courts, since law is decided by the lawyers' and judges' interpretation of it.” The law varies in different states, but usually is similar to Food and Drug Administration requirements.

Louise began drawing new labels and catalogs, with only the name. They also needed our name

Here are the congressman's views:

“I'm told they don't teach mythology to the kids any more, so perhaps the term “Golden Apples of the Hesperides” means nothing to some of you readers.

“The Golden Apple was sought by Hercules. As a kid, I thought it really was an apple of solid gold — but later learned that our mythologists believe it was the apricot that Hercules sought beyond the gates to the Great Sea, now known by his name.

“The apricot is truly a wonderful fruit — just how wonderful, your federal government will not let be told. The apricot, of which our Valley is a major source, is so good for you that the claims amount to

and address, and contents listed in order of quantity. We sell bulk, but if prepackaged, they would have the exact weight on the lower third of the label.

We agreed with the judge that it was good to face this now so we can begin to work with the health department. It seems unrealistic that we must use the same code as a hamburger place, and to pretend that herbs can't heal. But it is reasonable to be clean. Anyway, the new labels and paint have brightened our cool and fragrant shop.

“curative claims,” which the Federal Food and Drug Administration says cannot be made.

“This is especially true of the apricot kernels, which yield a substance variously known as Amygdalin (its chemical name), Vitamin B-17, and Laetrile. FDA claims this substance is a form of cyanide and is therefore poisonous, and warns sternly against eating apricot kernels.

“It cites deaths that have occurred on account of eating them, but is very unspecific as to the names of the persons who supposedly died, and the evidence on which it was assumed the deaths were due to the apricot kernels.

“Indisputably, apricot kernels do contain a form of cyanide, and some forms of cyanide are deadly. But the apricot kernels sold at health food stores are not deadly, or large segments of our population would be dead from eating them. I am told that eaten in the recommended quantities and according to directions, these kernels contribute significantly to human nutrition — a statement fiercely denied by FDA.

“However, FDA has had a vendetta against Laetrile, an apricot kernel extract, as an anticancer treatment for many years. Numerous advanced countries permit this treatment, but the FDA with the urging of the American Cancer Society and the National Cancer Institute, has firmly opposed any testing of the drug on human beings.

“A few who have been relying

on the treatment have managed to go to court and obtain an injunction against FDA's interference. Under its identity as Vitamin B-17, FDA has been forbidden to prevent certain doctors from obtaining and supplying Laetrile to patients.

“Many of the patients have previously been declared terminal by their physicians who were treating them by conventional methods — mainly X-ray, which is itself dangerous. A former member of my staff who had received these treatments died. An autopsy showed no evidence of cancer, but did reveal severe burns from the X-ray treatments taken years before.

“It seems to me that a person who has been given up by doctors using conventional treatments should have the right to use any other treatment he or she might wish. It seems to me that when FDA interferes with that right, it is way off base.

“The argument is used that the treatments are useless and therefore a waste of money. So what? If a person is trying to save his or her life, money is certainly a lesser consideration.

“FDA makes no objection to people spending themselves into bankruptcy using expensive X-ray treatments and medical facilities which cost far more than Laetrile or Vitamin B-17.

“I have joined with Congressman Steve Symms on a bill to remove FDA's requirement that a new drug be proved effective. This

(Please turn the page)

'Detoxified Almost to a Skeleton'

Student, 22, Responds to Dr. Contreras' Treatment

The experience of a 22-year-old electrical engineering student who ate "junk food" in college against his mother's counsel, developed a cancer "the size of a small football," was treated with natural methods several months, then was taken to the Contreras Clinic in Tijuana where improvement came quickly, is related by his mother, Mrs. Janet Bergman, 1817-G West Hood Ave., Chicago.



With only 27 hours remaining to complete a degree in linguistics, Gary Bergman changed his major to engineering. A James scholar, and member of Phi Kappa Phi and the engineering fraternity, he carried a heavy course load, attending summer school to satisfy requirements for engineering.

His mother, a music teacher and longtime natural foods advocate, sent him health foods and books bill would permit physicians to administer Laetrile. I fear, however, it stands little chance in this (1975-76) session. The chairman of the subcommittee on Health and Environment has introduced his own bill giving FDA even stricter powers."

"to remind him his diet was important, but he went the wrong route, had his own apartment, bought ice cream and canned goods, and ate Burger King hamburgers and milk shakes."

In mid-1975 he developed a cough, and his mother put him on juices, nuts and fruit during Thanksgiving vacation. A blood test revealed high sugar count. His lymphatic glands started swelling, but on the raw-food diet at home he still felt well enough to enroll in his third year at the University of Illinois, Champaign. Soon he had a blood test at his mother's insistence, the doctors then ordered X-rays, and Hodgkins was diagnosed. Instead of surgery, he returned to Chicago where Mrs. Bergman put him on a raw-food diet and placed him under the care of a naturopath — January 1976. She takes the story from there:

"In May his breathing was affected. Supposedly, he was on the Gerson therapy, getting colonics, taking enemas, and detoxifying down to almost a skeleton, when the pulse started to race.

"The naturopath said it was gas, and the colonics would relieve it. But I took him to a hospital for an X-ray. We were told the condition was a plural fusion (water collecting between lungs and thorax)."

The treatment called for hospitalization, tapping the area, then administering mustard gas, probably a biopsy, and excision of the gland (Hodgkins), and then radiation. We said 'no.' I asked if they would tap it, and the doctors would not unless we agreed to the other treatment. I knew then we had to go to Mexico.

"We flew down that night, and were at the hospital the following morning, May 29. Gary was in a wheelchair, weak from the detoxifying, but still with a good appetite and digestion. But he was swelling up with water, couldn't sleep or lean because of pressure, and couldn't get his bedroom slippers on due to the swelling. He was indeed a basket case.

At the hospital, the records were completed, he was tapped — half a gallon of fluid was drained — and he received an X-ray. The plural fusion built up the next day, the doctors said B-17 couldn't penetrate the tumor, the size of a small football. In other words, his body detoxified all over, but the tumor was not detoxified. The natural foods he was eating kept it from metastasizing, we believe.

"Dr. Contreras and Dr. Prince made the decision to give cobalt so the Laetrile could get in to do its work. They assured me the dosage would be limited and would pass out of the body within three or four months. So we consented, because there would be no burning or damage to the body.

"The plural fusion held, Gary was not producing any more water, but not out of danger. He was on

oxygen for 10 days, and the heart was racing — he said his pulse rate was 150. By the end of the week, the pulse normalized, swelling of the glands under the arms disappeared in three days. He still had to sleep sitting up, because of the pressure.

"After 2½ weeks he became an outpatient. After 3½ weeks, the swelling in the neck glands had nearly disappeared. X-rays again were taken, showing the tumor had reduced to half its original size. The doctors couldn't believe it, and wondered if indeed he had Hodgkins Disease, since it normally is slower responding to B-17. A needle biopsy was taken, showing malignancy, perhaps Hodgkins. I am sure the hospital there had never before had a patient who arrived in a complete state of detoxification, as Gary did.

"We returned home July 4. Dr. Contreras told us that if Gary stayed on Laetrile and the diet, he would get rid of the cancer. I told him that while we were in Tijuana I would also seek the Hoxsey treatment, and while Dr. Contreras said he didn't think that was necessary, we did anyway. I wanted to give my son all the chances for recovery, and since we were there, it was only natural to also go to the Bio Medical Clinic (Hoxsey).

"So he came home on both treatments. (After all, being a health nut and cured of a liver infection (catarrhal condition) with food and osteopathic manipulation 25 years earlier, I wanted my son cured, and I knew it could be

(Please turn the page)

Hoosiers Seek to Legalize Laetrile

Preliminary to planned introduction of a bill to legalize Laetrile in Indiana, petitions are being circulated by the Michiana Committee for Freedom of Choice in Cancer Therapy.

Spearheading the drive for petitions — designed to demonstrate to lawmakers the public support for such legislation — is Helen M. Calvin, M.D., 103 So. Eddy Street, South Bend.

The petition declares: "Every citizen of the state of Indiana is entitled to seek medical treatment

(done). Blood counts were taken every two weeks, and Gary also received chiropractic treatment to align the body and help restore circulation. The blood count is almost normal — by Sept. 3 it was 13.6 gr. — and Dr. Contreras, advised of the progress, wrote: . . . this is fantastic . . . Please be careful with your exercise, and use moderation in whatever you do so your general defenses are not reduced, with the risk of a setback . . .

"Two months after returning home, an X-ray showed no visible sign of the tumor. He has gained at least 15 or 20 pounds. His lips and fingertips are pink, he feels good, and does everything. But we are not letting him go back to school until next year.

"The Hoxsey herbal treatment is

of his choice, and every medical doctor in Indiana is entitled to give the patient mutually-agreed-upon treatment, including Vitamin B-17 (Laetrile) therapy, without third-party interference. We respectfully request that Indiana follow Alaska's lead in enacting legislation that would insure and protect our rights to freedom of choice in medical matters."

Interviewed by the *South Bend Tribune*, Dr. Calvin said she helped organize the Michiana Committee for Freedom of Choice

recommended to be continued for two years — they said they do not consider a person free of cancer production until two years have passed. As for B-17, there will probably be a few tablets, or substitute a lot of B-17 foods as a maintenance dose.

"My son said he will never eat junk foods again, and the diet is varied and plentiful. He eats some meat, but doesn't care much for it. There are herbs, such as Dr. Bonner's, introduced to us at Florentia's, a natural-foods restaurant operated by Florence who is very helpful in diet matters. The low-fat, no-sodium diet recommended by Dr. Contreras enables one to eat whole grains, fruit, vegetables, some meats, brown rice, honey, beans."

Spotlight Carries Price Ad on Amygdalin — No FDA Flack — Yet

So far as is known, *The Spotlight*, a conservative tabloid-size weekly published by Liberty Lobby, 300 Independence Ave. S.E., Washington, D.C., is the only newspaper in the United States which advertises amygdalin (Laetrile, B-17) for sale.

A quarter-page ad is headed, in large bold type: "Amygdalin for Sale!" The copy continues: "Yes! You can now buy amygdalin — otherwise known as Vitamin B-17 — by mail! Books have been written about this vitamin. It is scientifically recognized as a food by nutritionists and doctors. It is

Cancer Therapy because she believes the use of Laetrile and other metabolic therapies for treating cancer and other degenerative diseases should be explored. While she does not oppose surgery, radiation or chemotherapy "if effective," she is "greatly distressed to see cancer victims give their bodies to the medical gods as sacrifices." Some doctors, she alleges, urge patients — in the name of medical science — to continue painful treatments even when there is no chance for recovery.

"This is not medical science," she says, "it's medical dogma. Many cancer victims die, not because of late diagnosis, but because of poor, inadequate treatment techniques."

Patients have a right to be told

found in apricot kernels, almonds, lima beans, macadamia nuts, and some 1,200 other plants and vegetables.

"And in spite of what you may have heard, amygdalin is perfectly legal when not represented as a treatment for disease. You must buy it under this understanding to avoid harassment from the Food and Drug bureaucracy.

"So, if you feel that your diet is deficient in Vitamin B-17, here is your opportunity to lay in a supply for yourself and the entire family. Act now!"

(Please turn the page)

by the physician, she continued, "how long they can expect to survive after a particular type of therapy."

While she does not describe Laetrile as a "cure for cancer," she insists it may prove beneficial "in some instances. And if it did nothing more than relieve pain, it would be a blessing."

She said organizations such as the American Cancer Society "have spent plenty of money trying to shut people like me up, but it would be much wiser to spend their money on research — so we can find the answers."

Indiana citizens interested in legalizing Laetrile may contact her, or the Committee, in South Bend.

The following prices are quoted: Apricot kernels, 1 lb. package — \$4; fifty 100 mg tablets — \$14; twenty-five 500 mg tablets, \$25.

The order blank, to be mailed to SOS, 132 Third St. S.E., Washington, D.C., 20003, carries this disclaimer: "Yes! I want to purchase Amygdalin. I state that none of the below products are intended for use in the diagnosis, cure, mitigation, alleviation, treatment or prevention of any disease, and that none of the below products have been represented to me as having any value for said uses by the vendor . . ."

According to Editor Bernard R. DeRemer, *The Spotlight* has been doing "a booming business selling Laetrile to cancer victims and people concerned about their health — all without a hint of opposition from the U.S. Food and Drug Administration. The FDA's lack of interest in *The Spotlight's* activity is a definite victory for freedom of choice, and reveals that the federal government is losing in its fight to suppress Laetrile. Unless the FDA

Toxic Substances Control Act Made Law

Weakened somewhat from the Senate version, but still satisfactory with environmental groups, the Toxic Substances Control Act requiring chemical firms to conduct toxicity tests before marketing new products, was approved in a joint House-Senate conference committee and was signed in October by President Ford.

The bill was described by Senator John V. Tunney, longtime advocate, as strong enough to "end the situation we now confront, of

takes action against the newspaper, a precedent will have been established for advertising Laetrile and distributing it through the mail."

On numerous occasions *The Spotlight* has called attention to the Rockefeller control of the world's largest drug company, I. G. Farben of Germany, and its control of the domestic Squibb pharmaceutical.

"The financial interests of the multinational corporations and internationalists has resulted in suppression of Laetrile and other vitamins and drugs used successfully in many other countries," Mr. DeRemer concluded.

The Spotlight has carried several articles oriented toward health issues, including material on the swine flu vaccination program. The Oct. 18, 1976, issue contained a story on the lawsuit brought by NHF President Charles I. Creelius and Consumer Activist Ida Honorof against federal officials responsible for initiating the mass inoculation project.

Carter Says He Backs 'Whistleblower'

In an election-eve statement of his views on government reorganization, Jimmy Carter vowed to seek strong legislation to protect government whistleblowers from official retaliation.

Citing the case of Ernest Fitzgerald, "a dedicated civil servant fired from the Defense Department for reporting cost overruns," Carter said the case "must never be repeated . . . I intend to seek strong legislation to protect federal employees from harassment and dismissal if they find out and report waste or dishonesty by their superiors or others."

The Carter statement which outlined a four-point program of government reorganization, emphasized that federal workers should not be fearful of it.

"As I have traveled across the country, I have heard thousands and thousands of Americans saying they don't believe the federal government can be made to work again. This pessimism about government is so widespread that many people have lost faith in the very idea of public service. The word 'bureaucrat' has become a pejorative word, almost an insult."

This "backlash," Carter said, "should not be directed against federal employees, who want to do a good job, but against the barriers that hold them back."

He pledged to "work with career civil servants" and business and labor groups "to devise a reorganization that will eliminate waste, in-

efficiency, and overlapping and confusion in the federal government."

Even though Edward M. Kennedy quietly gave up his attempt to push a bill — S 1210 — to protect government whistleblowers from official retaliation, a faithful few are still trying to get a similar measure enacted. One such group is the nonprofit Institute for Policy Studies, a Washington-based research organization. The IPS whistleblower bill in August was in its third draft after six months of hard work.

Still unanswered in the proposed bill are these questions: Should all individuals in government service be included? Should an independent Office of Legal Counsel be empowered to file suit against a government agency where reprisals against a whistleblower have occurred? Should employees of government contractors have access to the Office of Legal Counsel?

The institute is likely to have trouble finding a powerful sponsor for the bill. After all, Kennedy ran into relentless opposition from Hill people who did not want to mess with the Executive Branch. But IPS plans to transform its draft into an amendment to the Watergate Reorganization Act — S 495 — which has passed the Senate.

— FEDERAL TIMES

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

We Can't Wait, Declares Schmidt

FDA Phasing Out Fluorocarbon Use in Cosmetic Spray Cans

Six weeks before bowing out as commissioner of the Food and Drug Administration, Dr. Alexander M. Schmidt announced the agency will phase out the use of fluorocarbons in aerosol sprays because scientists have learned the chemical is damaging the earth's protective ozone shield.

(Please turn the Page)

EPA GETS INTO THE ACT TOO

Four days after the FDA announcement, the Environmental Protection Agency said it would crack down on pesticides containing fluorocarbon gases but had made no decision on whether to phase out the gas from remaining consumer aerosol products. The agency was seeking to establish whether it could use the newly-enacted Toxic Substances Control Act to ban fluorocarbons from products not under FDA jurisdiction—such as in refrigeration systems—a use accounting for about 21% of the total leakage into the atmosphere.

Pesticide manufacturers have been asked to voluntarily substitute other gases or mechanical devices for fluorocarbons 11 and 12, and continued use of the ozone-destroying chemical will be banned in pesticide manufacture after April 15 "except when the producer can demonstrate that fluorocarbons are essential for the safety and effectiveness of the product," and then it "must say so on the label."

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FDA will require warning labels on fluorocarbon spray cans until nonessential uses of the propellant in foods, drugs, and cosmetics are eliminated. The agency regulates about 79% of the 3 billion aerosol cans produced annually in the U.S. About half contain fluorocarbons.

A National Academy of Sciences panel reported in September 1976 that fluorocarbons from aerosol sprays are damaging the ozone shield which protects against cancer-causing ultraviolet radiation. It said the chemical would have to be "selectively regulated" or banned.

Commissioner Schmidt told the press he could not justify further delays until new research is completed. "A narrowing of the probable range of ozone depletion caused by continued use of fluorocarbons won't change the ultimate regulatory situation . . .," he said. "Given the effects on human health, even a 2% ozone depletion from 'unessential' uses of fluorocarbons is undesirable.

"The known fact is, fluorocarbon

THE WELCOME MAT'S OUT TO THESE NEW LIFE MEMBERS!

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Portland, Ore.

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Honolulu, Hawaii

MARY S. EVANS
Balch Springs, Texas

FDA Seizes Pangamate (B-15)

A series of seizures of Vitamin B-15 supplement products has been made by the Food and Drug Administration which charged "unsafe food additives," and "false and misleading" labeling.

According to *Food Chemical News* (Oct. 11, 1976), the agency seized: Sodium pangamate from American Pharmaceutical Corp., Passaic, N.J.; sodium pangamate, calcium gluconate, and dimethyl glycine in possession of Balanced Foods, Inc., North Bergen, N.J.; sodium pangamate and calcium pangamate in possession of International Vitamin Corp., Union, N.J.; and Vitamin B-15 (sodium pangamate) from Gourmet Health Products, Inc., Hauppauge, N.Y.

POLITICAL GIFTS OF DENTISTS, DOCTORS

The California Dental Political Action Committee contributed \$142,000 to legislative candidates in the 1976 primary election, and to the committee's national parent organization, according to a report in the office of the Secretary of State. The California Medical Political Action Committee gave \$107,-

the ozone layer. Without remedy, the result could be profound adverse impact on our weather and on the incidence of skin cancer in people. It's a simple case of negligible benefit measured against catastrophic risk, both for individual citizens and for society. Our course of action seems clear beyond doubt."

The DuPont Co., largest producer of fluorocarbons, called the FDA decision "astounding," contending that the Academy panel had "clearly recommended against the kind of action the FDA plans . . . the ozone theory is uncertain, and there is no risk in waiting to reduce the uncertainty before making regulatory decisions."

The U.S. accounted for half the 1½ billion pounds of fluorocarbons released worldwide in 1975. Seventy-four per cent of the fluorocarbons originate in aerosol sprays, with 58% coming from antiperspirant, deodorant, and hairsprays, products regulated by FDA. Some manufacturers already have substituted such propellants as hydrocarbons and carbon dioxide gas which are not linked to ozone damage.

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. Creelius — 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

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

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

Convention Bureau
Chapter Department
Carole J. Smith, Coordinator
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.

CHELATION DOCTOR NEEDS HELP NOW

Any person who has benefited from chelation therapy and would like to aid in the defense of Donald Medaris, M.D., ArCADIA, Calif., faced with a hearing before the California Medical Association for administering chelation, is urged to write a letter describing the impact of this therapy on his or her life, and mail it to Mrs. Callie Greene, P.O. Box 832, San Gabriel, Calif. 91775. The letter must be "one side of one page only," says Mrs. Greene. The issue arose after Dr. Medaris insisted on payment of a three-year-old bill from a patient who then complained to CMA that he had not been benefited by the therapy. Doctors using chelation view it as a test case — a threat to the practice of this therapy in California and elsewhere.

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

NATIONAL HEALTH FEDERATION

P.O. Box 688

212 West Foothill Boulevard
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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.

Thank you!

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

22nd ANNUAL — Jan. 28-30, 1977

Pasadena Center — Pasadena

Southwest Regional — Mar. 26-27

Ramada Inn East — Phoenix

HELP SAVE OUR HEALTH FREEDOMS