National Health Federation
BULLETIN

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Scientists Agree Infants 'Probably Getting Fluoride Overdoses'

DR. NESTOR

KENNEDY, CALIFANO, CARTER STONEWALLING NESTOR REINSTATEMENT TO JOB COMMENSURATE WITH HIS EXPERTISE — BUT HE'LL FIGHT 'EM!

AT LAST! OFF-CAMPUS COURSE IN NUTRITION NOW AVAILABLE IN CALIFORNIA; DONSBACH HEADS NEW DEPARTMENT AT UNION UNIVERSITY

DR. DONSBACH

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Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — *Published Monthly*

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Let's Live Article By Betty Lee Morales Describes History and Influence of NHF

The August issue (its 45th anniversary edition) of *Let's LIVE* carries an abundance of informative, lively articles dealing with a wide range of health-related topics. If you're not a subscriber, we recommend you get this issue, because among the many blue-ribbon articles is one by Betty Lee Morales describing (In Part I) the history of the National Health Federation.

It contains intimate and little-known details of the ordeal through which the San Francisco genius Albert Abrams, M.D., passed when he pioneered electronic diagnosis and therapy; and of his successor, the late Fred J. Hart, founder of NHF, who met the same fate at the hands of the medico-political cabal intent on maintaining organized medicine's strangle-hold over the healing art.

It goes into the treatment accorded the revered Dr. Royal E. Lee, scholarly prophet-genius who set high standards and was responsible for many innovations in the manufacture of food supplements. And it tells about the persecution of NHF Board Member V. Earl Irons, arrested, tried, and finally imprisoned on complaint of the Food and Drug Administration because he refused to back down on his claim that a healthy colon is essential to maintenance of a healthy body. (In that trial, Ms. Morales notes, the FDA produced "expert" testimony that a "bowel movement every three or four months was 'normal' for some persons, and harmless.")

And it tells also about the early days of the "vitamin war," when a tiny nucleus of individuals including Fred Hart, Attorney Charles O. Pratt, Clinton Miller, Stan Phillips of NNFA, Walter Camp, Sr., and Royal Lee — convinced long before others perceived a threat that the FDA and AMA were out to destroy the health-food industry — outlined initial strategy and sounded the warning that the industry indeed was threatened.

Betty Lee is an informed, persuasive, impassioned writer. She "tells it like it is." This article is a must for NHF members and friends! It can be obtained at your health-food store, or ordered from *Let's LIVE,* 444 No. Larchmont Blvd., Los Angeles, Ca. 90004.

NHF Membership $10 Next January 1

To cope with steadily-rising costs, the annual regular membership dues of the National Health Federation will be advanced to $10 as of January 1, 1978, the Executive Committee has decided.

"Much as we regret taking this step," said Board Chairman Kurt W. Donsbach, "it has become an imperative. Postage costs have taken another sharp increase, paper and other materials are continually inching upward. Our salaried staff is far from being overpaid, and we cut corners wherever we can. We trust our members will understand, and agree that a financially sound organization is essential in carrying on our program."

Membership renewals will be honored at the present $8 rate until the end of the year, those desiring to take advantage of the present membership fee, may do so through December 31 this year.

Infants 'Probably Get Fluoride Overdoses'

There was nearly unanimous agreement among scientists participating in a fluoride symposium at the 143rd annual meeting of the American Association for the Advancement of Science, Denver, that infants receiving fluoride supplements probably are getting an overdose of fluoride, particularly considering the high fluoride levels of infant formulas and specially-prepared baby foods, according to NHF Science Director John A. Yiamouyiannis, Ph.D., who presented a paper.

Dr. Harold C. Hodge, formerly with the Department of Toxicology and Pharmacology, University of Rochester Medical School, now at University of California School of Medicine, San Francisco, told the group that ½ mg of fluoride supplements in drop or pill form are "overdoses for children." He showed slides to illustrate that dental fluorosis was observable in children fed such tablets, and suggested this might be due to a "surge in blood fluoride levels."

Participants offered these sources for possible overdosage: (1) fluoridated infant formulas; (2) baby foods, particularly those containing chicken; (3) infant formulas reconstituted with fluoridated water; (4) swallowing fluoridated toothpaste; (5) excessively high doses of fluoride (5-7 ppm) being added to school water.

Dr. Donald Taves and fellow researchers at University of Rochester discovered that once fluoride enters the body, it takes not one form, but two, so that "the rise in total blood fluoride concentration is approximately 36%, but the rise in free fluoride (capable of causing any number of potential metabolic reactions) is 250%."

SCHOOL FLUORIDE DOSAGE UPPED 4½ TIMES BY PHS

If infants are getting too much fluoride, how about school kids? U.S. Public Health Service is watching over them, you better believe it!

The January (1977) issue of *Fluoridation News* published by the Wisconsin Department of Health and Social Services is the source for a story revealing that nearly 5,300 school children at 24 schools in nonfluoridated areas "are now receiving the decay-prevention benefits of fluoridated water. . . Since children attend school for six or seven hours each day, five days a week, they receive only a small portion of their daily water intake while at school.

"It therefore is necessary to assure the optimum daily intake by increasing the fluoride concentration in the school water. Research has indicated that fluoride at the rate of 4½ times the optimum community fluoridated level has proven to be safe, and to provide up to a 39% reduction in dental caries," says the Department.

And to make it easy to get — some schools may not be able to afford this luxury — the PHS has funded the project, over a four-year period, to the tune of $85,000 for purchase and installation of fluoridation equipment.

Schatz' Chile Study Reveals Chilling Information

Malnourished Babes Die From Fluoride Poisoning

The "lethal effect" of fluoridation can be seen in infant deaths in populations afflicted with malutrition, Dr. Albert Schatz, discoverer of streptomycin, founder of Anthony University, Box 4286, Philadelphia, Pa. reports in a special issue on fluoridation in the university's *Journal of Arts, Science, and Humanities.*

The report is an update of a 1966 study in Chile, performed in part by a National Health Federation grant. Dr. Schatz lived in Chile from 1962-1965, a professor at the University of Chile, and member of the Faculty of Medicine, the Faculty of Dentistry, the Faculty of Agriculture, and the Faculty of Philosophy and Education.

The report has been translated and accepted for publication in *Stomatologia,* journal of the Stomatological Society of Greece (Greek Dental Association), 26 Skoufa St., Athens.

In considering "implications for the United States," the scientist pointed out that in Chile and other Latin American countries with widespread malnutrition and high infant mortality, "it is not necessary to observe a generation of people throughout their entire life-span to determine whether artificial fluoridation is or is not harmful. One can see the lethal effect of fluoridation within the first year of life in terms of increased infant mortality due to acute toxicity of fluoride.

"Some other adverse effects like congenital malformations may or may not cause deaths . . . Artificial fluoridation of drinking water may well dwarf the thalidomide tragedy . . . Many victims of artificial fluoridation die quietly during the first year of their lives, or at a later age under conditions where their deaths are attributed to malnutrition or some other cause."

Artificial fluoridation in Latin American countries "may be responsible annually for the deaths of approximately 10,000 persons in Brazil, 10,000 in Chile, 8,000 in Colombia, and a total of 36,000 in the combined Latin American countries," he estimated.

Death rates from this source may be expected to "be even greater in the future," he said, since per capita production of food is decreasing.

The majority of people in Chile correspond to a minority in the United States, he said — infants in urban families of low socio-economic status. "In the United States, such infants are 15% below normal body weight at birth, due to undernutrition, and have a high perinatal mortality. What is needed are studies of the effect of artificial fluoridation on the occurrence of stillbirths, infant mortality, and congenital malformations in the offspring of poor urban families."

Infant mortality is a reliable means of predicting fluoride-related death rates, Dr. Schatz continued. "During their first year of life, infants generally are more susceptible to toxic substances than are older persons."

The Ninth Panamerican Congress of Pharmacy and Biochemistry in Panama City in 1972 adopted a resolution asking that attention be directed

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Yiamouyiannis-Burk Age, Sex, Race Analysis

Fluoridation Causes Death Every Hour, Study Confirms

Criticized by the National Cancer Institute for not including an age breakdown in the cancer/fluoridation studies, NHF Science Director Dr. John A. Yiamouyiannis and Dr. Dean Burk have completed an age/race/sex analysis of the 10 fluoridated cities and the 10 nonfluoridated cities covered in the original study which NCI has refused to acknowledge as valid.

The study, published in *Fluoride* (Vol. 10, No. 3, July 1977), quarterly journal of the International Society for Fluoride Research, is titled "Fluoridation and Cancer — Age Dependence of Cancer Related to Artificial Fluoridation." Dr. Burk, who has been deeply involved with Dr. Yiamouyiannis in the fluoridation/cancer studies for two years, describes the latest work as "containing everything." He has distributed it to more than 50 interested scientists and publications throughout the world.

Age groups covered in the study are: 0-24; 25-44; 45-64; 65 and over.

As reported in a paper presented last year before the American Society of Biological Chemists, in the two younger age groups the researchers found "no significant difference" in the cancer death rate between fluoridated and nonfluoridated cities.

In the 45-64 age group, the analysis (based on U.S. government Census statistics) revealed a 4 to 4½% increase in the cancer death rate in fluoridated cities as compared with nonfluoridated cities, with a P value of less than .01 (less than one chance in 100 that this could occur by chance).

In the 65-and-over age group, the new study showed a 3½% increase in cancer death rate in the fluoridated as compared with the nonfluoridated group, with a P value of less than .05 (less than five chances in 100 it could occur by chance).

Dr. Yiamouyiannis explained that if both results had occurred by chance, "there would be less than five chances in 10,000 (or 1 in 2,000), that both could occur by chance.

"This latest finding," he said, "confirms an earlier finding of one cancer death per hour in fluoridated cities in the U. S. — or 7,000 to 8,000 deaths a year."

A study further found that "the fluoridation-linked increase in cancer death rate could not be ascribed to changes in racial compositions of fluoridated and nonfluoridated populations"; and that "trends in sex compositions of fluoridated and nonfluoridated populations did not differ from one another.

"All other things being equal, there is no reason to expect that the 'nonwhite' cancer death rate should be increasing at a faster rate than the 'white' cancer death rate," the report continues. "In the deep south where urbanization among whites and nonwhites is comparable (about 50%), there is no significant difference in cancer death rate between the two groups. Only in northern states, where 70% of the whites and 95% of the nonwhites live in urban areas, is the cancer death rate among nonwhites greater than the cancer death rate among whites. . .

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to, and warnings issued, about the "problems (or dangers caused by) artificial fluoridation at doses presently considered optimal because the ingestion of fluoride over long periods can cause disturbance which can be serious (for health) . . . "

2-Year Moratorium on Fluoridation Law In Minnesota While Cancer Link Probed

The mandatory fluoridation law in Minnesota has been put on ice for two years while a panel investigates the cancer-fluoridation link. On the last day of the session May 23, Representative Winston Borden offered a "rider" to a billion-dollar appropriations bill calling for the moratorium and establishment of the panel. It passed, and Governor Rudy Perpich has told Attorney John Graham the panel will not be "stacked against" fluoridation opponents.

This development may have kept Brainerd councilmen out of jail. They were under contempt charges for refusing to carry out a fluoridation order. After the Minnesota Supreme Court refused to hear the case, based on cancer-fluoridation findings, Attorney Graham was ready to bow out, having "exhaused all legal recourse."

He and Dr. John Yiamouyiannis spent several hours with councilmen bedeviled with a decision as to which way to go — fluoridate or become jail birds. Their stand-pat attitude throughout the long period of court cases, and the Yiamouyiannis-Burk findings, are believed to have weighed heavily in the legislative moratorium decision. A local-option bill was moving through the legislature, but too slowly for passage at this session.

"If the National Cancer Institute researchers/analysts were to believe their own dogma, they would have waited 20 to 30 years after fluoridation was started before looking for a link between fluoridation and cancer."

The Yiamouyiannis-Burk team sees in this latest study, as "the two most powerful" conclusions:

" . . . a large part of the increase in cancer death rate occurred in relatively short time (five years), and this increase, plus additional increases, were sustained during the entire period of study.

"Another premise of NCI dogma is that all carcinogens exhibit a dose-dependent relationship. In the case of fluoride, it appears that a chronic low-level exposure to fluoride would be optimal for that producing metabolic aberrations conducive to producing a cancer cell (1), or selectively stimulating the growth rate of cancerous cells (2).

"We expect that the value of the fluoridation-linked increase reported herein is low since we do not believe the increase in cancer death rate in fluoridated vs. nonfluoridated cities is a linear function of time. Thus, fitting our data to a straight line would tend to minimize the increase.

"Because of the movement of people and fluoride-containing food products in and out of the cities studied, we believe the effect we observed was diluted, and that had the populations and food products been confined to their areas, a larger fluoridation-linked increase in cancer

Michigan First to Adopt Safe Drinking Water Act

Believed the first state in the nation to enact such legislation, the Michigan Legislature has passed a "Safe Drinking Water Act" which specifies that "No rule promulgated (by the Michigan Department of Public Health) may require the addition of any substance for preventive health-care purposes unrelated to contamination of drinking water." It was signed by Governor William G. Milliken.

According to Martha C. Johnson, 424 River St., Lansing, Mich., moving spirit in the Michigan Pure Water Council, the sponsor of H.B. 6250 "was eager to get the bill passed before the end of 1976, but he didn't want that most important part in it — until he had to change his mind and allow or consent to it. It didn't come easy, but it came."

In a letter to the *Lansing State Journal*, (which also went to 312 daily and weekly newspapers in the state), Mrs. Johnson pointed out that Rep. Thomas Sharpe was responsible for inclusion of the amendment that "No rule promulgated may require the addition of any substance for preventive health-care purposes unrelated to contamination of drinking water."

Mrs. Johnson continued: " 'Any substance' includes fluorides. The act now complies very well with our national Safe Drinking Water Act of Dec. 16, 1974. It took four years to do that one. Ours took eight months. During that eight months, it took many prayers, plus faith and two or three miracles . . .

"It is not the ending of corrosive poisonous fluoride, but it leads the way for more legislation. The next step, next year, should be the removal of the promotion of fluoridation from the Michigan Department of Health, and the removal of such promotion from our public schools all over Michigan. Once that is done, it will be easier for every fluoridated community in Michigan to vote out fluoridation."

Mrs. Johnson, an active and involved member of the National Health Federation, says she is glad to supply Michigan residents with additional information about fluoridation and how to get rid of it.

FEDERATION'S FLUORIDATION DATA CITED BY PHARMACIST IN DENMARK

Editor:

I thought you would be interested to know that during the debate in Denmark concerning fluoridation of the water, one of the most well-formulated arguments against fluoridation was written by a Danish pharmacist who in his article referred to the concern expressed by the National Health Federation. The *NHF Bulletin* evidently is reaching the right people.

Incidentally, the proposal to fluoridate the water was stopped by the rather recently-founded Ministry for the Environment. The arguments against fluoridation were very reasonable and unemotional.

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would have been observed."

The study was presented by Dr. Burk to the scientists attending the Eighth Conference of the International Society for Fluoride Research held last May in Oxford, England.

(Ed. note: The complete report, with bibliography, is available from the National Health Federation, Monrovia, Calif., for $1).

'Health-Minded Drinking Pure, Safe Water'

Editor:

. . .The new 1975 *Fluoridation Census* is out. It was printed April 1977. It came from the Center for Disease Control, Atlanta, Ga. 30333. It contains 407 pages. It is one inch thick. Each state is broken down into counties. Then each municipality and township gives date fluoridation adjusted, or natural, and the population.

This is good data to have, but I do not like the final statement of "total population drinking fluoridated water." This is wrong. Water-still dealers are rising up all over the USA. Hundreds and thousands of health-minded people are not drinking the fluoridated water served them in their water systems. They are drinking pure and safe distilled water from their own water stills.

I received my new *1975 Census* Thursday, June 30. The next day I put in a phone call to talk with someone at the Center for Disease Control. I was told I should talk with Dr. William Bock, D.D.S., but he wasn't there, so I asked could I leave my name for a return call. I could, and it came through July 5. I did plenty of talking. He listened well, then he brought up "You have a state law." I quickly answered, "Yes, that 1968 state law is now in the process of being repealed through passage of House Bill 4070, the Michigan Public Health Code Bill." They are trying to make it a model for the nation, so it had better be faultless.

Michigan House Bill 4070 passed the House June 29 on a vote of 73-27. Rep. Jelt Sietsema of District 94, Grand Rapids, explained his 'No' vote. It is printed in House Journal 79 (stating he believes it unconstitutional). I agree with him. So right now I do not believe H.B. 4070 is faultless. I think it will get some more cleaning up in the Michigan Senate. It should. . .

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CONFERENCE ON AGING

The New York Academy of Sciences will sponsor a Conference on the Biology, Psychology and Sociology of Aging at the Roosevelt Hotel, New York, October 5-6. Geneticists, sociologists, anthropologists, psychologists, physiologists, neurologists, "and related scientists will address problems and circumstances faced by the 23 million Americans over 65," says the Academy, 2 East 63rd St., New York 10021 where additional information may be obtained.

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

Off-Campus Program for 'Motivated Adults'

Dr. Donsbach Heads Department Nutrition, Union University

Opportunity to learn nutrition — and in fact to earn a Bachelor of Science or Master's degree in it — has opened for nutritionally-minded persons interested in the broader dimension inherent in the holistic approach to health.

Such a program is now available through Union University of Los Angeles, with Dr. Kurt W. Donsbach, chairman of the Board of Governors of the National Health Federation, as Department chairman, it has been announced by President Warren Walker, Ph.D.

In the brochure announcing addition of this department, Dr. Walker said: "We are all very proud of our new Department of Nutrition. I would like to acknowledge, and personally thank Dr. Donsbach for his most important contributions in the development of the course material within the Department of Nutrition.

"Dr. Donsbach has convinced us here at Union University that as a member of the natural health field, you deserve the opportunity to make use of your previous work and study as partial credit toward a degree in nutrition from this university. There is an outstanding and rewarding course of study in the field of nutrition awaiting you. We are here to help you gain a special knowledge in that field . . ."

Union University, a small private college providing on-campus and external degree studies, was founded in Los Angeles in 1974, and operates under Division 21, Section 29007 (a) (3) of the California Education Code. The university, explains Dr. Walker, "is devoted to the concept of the develolment of the whole man — body, mind, and spirit. Union University offers bachelor, master, and doctoral programs in a variety of fields and areas.

"The off-campus program is created primarily for adults 23 years of age and over who are strongly motivated. The benefits are greater for the mature student. Basic requirements for acceptance as an external student are a mature personality, and a firm desire to learn."

"The Department of Nutrition," said Dr. Donsbach, "offers educational programs leading to the degree of Bachelor of Science and Master of Science in the field of nutrition. The professional development of the student possessing an outstanding knowledge of proper nutrition and diet, with emphasis on the preventive concept, is the primary concern of this department. It is accomplished through individual course offerings, selected text and work books, and special seminar programs. The nutrition course of study is supported by audio-cassette text material. Tapes are accompanied by study guides and notes.

"Applicants for a B.S. degree in nutrition are assumed to have previously earned an Associate Arts degree or its equivalent in critical life experiences and employment capability. A minimum of two semesters of special study must be completed, in addition to any special assignment that may be required to complete the credits required for the Bachelor degree. A program of study will be individually arranged by the student's faculty counselor, with the approval of the department chairman and the dean of students."

For admission to the M.S. degree program, the applicant must possess a B.S. degree or its equivalent from a recognized institution. Additional credits may be awarded, based upon critical life experiences and employment capability. A minimum of two semesters of special study must be completed, in addition to any special assignment that may be required, to complete credits for a Master's degree.

The faculty has been chosen from among professionals committed to the preventive approach to maintenance of good health, with the following selected to date (there will be more): Dr. Donsbach, Ph.D., D.Sc., dean; Richard E. Welch, M.D., assistant to the dean; Patricia Bell, B.S., registrar; Bruce Halstead, M.D.; Raymond Houser, D.C.; Betty Lee Morales; John Vann, D.D.S.; Irl Clary, D.D.S.; Marshall Fram, M.D.; Arnold Pike, D.C.; Harvey Ashmead, Ph.D.; and Attorney Robert Leff, legal counselor.

"The adult degree offerings," says Dr. Walker, "allow mature men and women who did not complete college to finish their education and receive an external degree, earned with off-campus study. In recent years the demand for non-residence study has become great, particularly for the businessman, the professional, or the individual with a job. It is estimated that more then four million adults are enrolled in some form of correspondence education — about four times as many as are enrolled in on-campus study. Studies are carried on at home under guidance of a faculty counselor. An advance standing is given for college credits previously earned, and for documented learning from critical life experiences, and employment capabilities.

"Advantages of off-campus study are numerous: The student may select courses of choice, determined by particular needs and interests; assignments may be completed as time permits, pursuing coursework in leisure time; courses may be started at any time; a counselor gives individual attention to the student and lessons; there is no competition with others who may be slower or faster learners; course material — much of it on tape — provides a more varied approach to a particular subject since many experts are available, as compared with a possible didactic approach in traditional learning.

"External degrees are recognized by most schools, particularly if the transcript is correctly prepared, with work records, grades, etc. Some traditional schools may require a College Level Examination Program, but for the most part, if a student wishes to transfer credits, the transcript should be adequate. School systems, and most federal and local governmental agencies, accept and value external study because it indicates the individual's motivation for self-betterment."

The university points out that upon completion of a bachelor or master of science program in nutrition, several areas of employment are open: As consultants in physicians' offices, in health-food stores, rest homes, retirement centers, day-care centers. Since inception of the program in nutrition, Union already has received

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A Defluoridation Try for Dallas/Ft. Worth

The climate may be right to get rid of fluoridation in Dallas and Fort Worth, Texas, and the man who led the successful 1966 fight to keep it out of San Antonio is willing and ready to launch the campaign.

Steven Harvasty, Route 1, Box 60, Powell, Texas 75153, is the man. He moved recently, and told NHF President Charlies I. Crecelius he believes "sentiment is in our favor," and that he's "confident a real confrontation can be had. It's worth a try."

Says Mr. Crecelius: "Since Mr. Harvasty has agreed to help in an effort to throw fluoridation out of the Dallas-Fort Worth area, we hope our members in that area agree that it's 'worth a try'. If you can help in any way, please contact him"

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inquiries for recommendations of qualified personnel, Dr. Walker says.

Union University, the announcement continues, "will not consider any student for admission until the following have been received: A completed application form and a nonrefundable application fee of $50; a complete resume of experience of applicant's critical life experiences and employment capability; three letters of recommendation from either education, business, church, or professional persons."

Within 60 days of registration, the applicant must provide a passport-type photo, and request that all undergraduate and graduate scholastic records of work completed and degrees earned be forwarded to the university's Office of Admissions, Department of Nutrition, P.O. Box 5040, Huntington Beach, Calif. 92646.

Additional information may be obtained by writing the Department of Nutrition at the Huntington Beach address. Information is not available by telephone until an applicant has been accepted, and the application and registration fees paid. Tuition, for a limited time, is $795 plus $50 application fee for either a B.S. or M.S. degree in nutrition. The normal fee for such a program is $1,500.

Dr. Donsbach, president of the International Institute of Natural Health Sciences, Inc., has inaugurated an "Associate Instructor" program consisting of an all-day seminar, instructor's training manual and training course, teacher's text books, 30 hours of cassette tapes, 20 color film strips and a special projector, and special sales aides. The first seminar — with full audio-visual presentation (another first) — held in Las Vegas in mid-July, was enthusiastically received by the 150 enrollees. A seminar was held in Chicago in mid-September, and others are scheduled for St. Petersberg, Fla., Oct. 9; New York City, Nov. 20; and Pasadena, Calif., next Jan. 29.

The author of *Your Passport to Good Health*, 10 booklets on different health problems (available at NHF, Monrovia), and *Nutrition In Action*, a monthly newsletter ($12/year) updating events in the field of nutrition and health and including special features such as a question-answer section, Dr. Donsbach also offers a two-day "Nutrition In Action" seminar, the last one this year scheduled for Oct. 15-16 at a hotel adjacent to the Newark, New Jersey Airport.

'Lying at Highest Levels' of FDA Cited

Dr. Nestor Vindicated By Investigative Body

BY INDERJIT BADHWAR

Food and Drug Administration officials at the highest levels resorted to "lies and coverup" and gave false testimony under oath about the involuntary transfer of controversial staff scientist Dr. John O. Nestor in 1972, according to the report of the special counsel to Health, Education and Welfare's drug review panel.

The report reveals that the practice of lying about personnel actions was condoned at the highest levels of FDA including former Assistant Secretary of Health Dr. Charles Edwards who told panel investigators during an interview:

"It's a 100% fair statement that subterfuges have to be used in such cases. I used it more than once. Every good federal manager has used it. I mean using noncandid explanations to accomplish a management purpose."

Investigative Reporter Inderjit Badhwar wrote this story, and succeeding ones, for Federal Times, *Washington D.C. – based weekly newspaper which circulates widely among federal employees. Some* Bulletin *readers may recall that Dr. Charles Edwards, mentioned here, was FDA Commissioner when the McNaughton Foundation in 1970 was granted Investigative New Drug approval for Laetrile, then withdrawn following an hour-long telephone conversation with then-Surgeon General Jesse Steinfeld, former California physician who served on the California Medical Society's Cancer Commission in the 1950s, the entity responsible for banning Laetrile as "worthless."*

The special counsel has recommended that the testimony of former Bureau of Drugs chief Dr. Henry Simmons before a government hearing examiner presiding over an appeal proceeding involving Nestor be investigated by the Justice Department in connection with possible perjury, falsifying material facts, and obstructing due administration of justice.

(Justice does not propose to undertake criminal proceedings against Dr. Simmons).

In addition, the counsel recommended that the present director of the Bureau of Drugs, Dr. J. Richard Crout, and his assistant director, Marion Finkel, be asked to "show cause" why they should not be reprimanded for their roles in "misleading" the hearing examiner during Nestor's grievance proceedings.

Affidavits and statements provided by Drs. Simmons, Crout and Finkel, as well as information withheld by them from the hearing examiner, the report said, "seriously tainted" the grievance proceedings, and Dr. Nestor had to "remain in the Office of Compliance (the office to which he was involuntarily transferred and the subject of the hearing) as a result of a proceeding corrupted by an agency of the United States," the report said.

Dr. Nestor, widely-known as a

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tenacious opponent of fraudulent practices by drug companies — he prosecuted sponsors of an alleged cholesterol-lowering drug whose seriously-toxic side-effects the company had hidden from FDA — had constantly warred with FDA management since the early 1960s.

WOULDN'T KEEP QUIET

In incessant memos, interviews with the press and student groups, he had attacked what he alleged was FDA's top leadership's pro-industry, anticonsumer bias, excessive agency secrecy, inadequate animal toxicity studies, conflicts-of-interest, and the lack of support and harassment of scientists who questioned favorable data submitted by drug companies in support of new drugs.

During 1972 in a major reshuffle of the Cardio-Pulmonary-Renal Division where Dr. Nestor, a board-certified pediatric cardiologist worked, he was suddenly informed he was being transferred to the Bureau of Compliance.

Dr. Nestor charged in past interviews with this newspaper that while the officially-stated reason for his transfer was that he was "needed" at the Bureau of Compliance, the real, unstated reason was never given him. But he surmised it was because of his outspoken opposition to the pro-industry philosophy of FDA's leadership and was part of a "neutralization" plan whereby scientists such as he were moved out to hasten the drug approval process.

He filed formal administrative appeals charging that his reassignment was a reduction-in-rank, that there was no official criticism of his performance, and that a case against him had to be made on its own merits and "not by such obvious subterfuge."

APPEALS DENIED

At every level, beginning with the hearing examiner, then Edwards, and then the Civil Service Commission, his appeal was denied. All supported Dr. Simmons' view that Dr. Nestor's reassignment was "for the good of the organization," not a reduction-in-grade or status, but instead, "enhancement of the latter."

". . . Dr. Simmons characterized as an 'enhancement of status' Dr. Nestor's enforced removal from his specialty. Not a word was said in Dr. Simmons' response about the collective decision to remove Dr. Nestor from Cardio-Renal for the good of that division," the counsel's report wryly commented.

The report's conclusions are significant in that for the first time an official investigation has given credence to Dr. Nestor's and his supporters' view of the real reasons behind his treatment at the hands of FDA.

And the report also adopted what was essentially Dr. Nestor's term — neutralization — in its conclusion that "the program to neutralize the more adversarial reviewers was carried out by various devices, including a systematic pattern of involuntary transfers to positions the incumbent did not want. . ."

In commenting on Dr. Edwards' original review of the Nestor appeal which was denied, the report said that while Dr. Edwards was probably aware "that some lack of candor or deception had taken place, as it often does in personnel matters, it never occurred to him that the deception had been carried out by false testimony and misleading affidavits. He was, however, commissioner of FDA, and it was his responsibility to see that justice was done. Justice was not done."

REAL REASONS

The panel's investigators, based largely on interviews with Dr. Crout and other principals involved, as well as memos dating back to 1970 were able to determine that Dr. Nestor was transferred, not for the reasons given him or the hearing examiner but because:

- His superiors considered him disruptive, discourteous, and biased against industry. "In part, the dissatisfaction was based on complaints from industry."

And the investigators found that a conscious decision was made by FDA brass to conceal the prime purpose of the transfer. "The deception was carried over into the grievance proceeding, at which Dr. Simmons testified untruthfully, and at which several Bureau of Drugs officials filed affidavits which did not disclose all they knew."

The flashpoint for Dr. Nestor's transfer, the report said, was his objection in 1972 to the cholesterol-lowering drug, Colestipol, which was being studied in humans to reduce digitalis toxicity. Dr. Nestor claimed the drug had been the cause of numerous deaths, and he advocated a halt in its human testing.

Dr. Nestor also asserted, according to the report, that Dr. Finkel and others from FDA had improperly met with the drug's sponsor, Upjohn Co., without other members of Cardio-Renal being present, and on the basis of this meeting had vouched for the drug's safety.

Drs. Crout and Finkel found Dr. Nestor's objection to the drug "to be lacking in objectivity," the report said. Dr. Crout told the investigators that Dr. Finkel then suggested transferring Dr. Nestor.

After deciding to transfer Dr. Nestor, "Dr. Simmons and his aides con-

(Please turn the page)

"What do those stupid scientists know? Some of them don't even make half-a-grand a week."

CITED BY HEW

Dr. J. Richard Crout, director of the Bureau of Drugs, has been nominated by HEW for a special award.

Dr. Crout was one of the FDA officials selected for reprimand by a special investigator probing allegations of vindictive personnel management and harassment of staff scientists at FDA.

The bureau director, nominated for the distinguished service medal of the Public Health Service, was named in the special investigation for his role in "misleading the hearing examiner" in a grievance filed by an FDA scientist.

sciously and deliberately decided not to be candid about it," the report said.

Dr. Simmons was to tell the investigators in an interview:

'A DIRTY WORD'

". . . Subterfuge is a dirty word. Dirty things were not going on! It may have occurred in part that all of the reasons for a transfer were not stated. Direct lies were not told. . ."

"Unfortunately," the report remarked cryptically, "we must conclude contrary to Dr. Simmons' statement that even if 'direct' lies are the only kind of lies that are reprehensible — and we do not share that view — then those kinds of lies were told as well."

The comment concerned Dr. Simmons' testimony at the grievance hearing at which he was to tell Dr. Nestor's attorney that he did not have knowledge of any dissatisfaction of Dr. Nestor's superiors with his performance.

And Dr. Crout told the investigators:

". . . In dealing with personnel, you don't always make use of complete reality . . . We chose, for better or worse, not to make (Nestor's) former actions a formal part of the proceedings. I suspect that was a collective decision."

And the investigators also learned that Dr. Nestor's removal from Cardio-Renal was part of a management decision to break up a group of medical officers there who shared similar philosophies.

Ralph Nader's Health Research Group attacked the Nestor transfer in 1972 as part of industry's growing influence within FDA.

FDA's public response — put out by the public affairs office — also showed "a lack of candor," the panel report found. The press release stated, basically, that Dr. Nestor had been transferred because of the workload and because his expertise was needed in the Bureau of Compliance.

'FALSE' RELEASE

"The press release was false," the panel report said, adding:

"Dr. Simmons' testimony at the grievance hearing took place less than a month before June 17, 1972, when there was a break-in at the headquarters of the Democratic National Committee at the Watergate. The press release was issued when the Watergate coverup was at its height.

"A few years later there might have been different testimony and a different press release."

The report has recommended that Dr. Nestor either be given a position in Cardio-Renal or that FDA negotiate an alternate solution with him. If no solution is possible, the matter should go to mutually acceptable arbitration.

"After five years of wasting Dr. Nestor's considerable talents, FDA should have the burden of proof as to why he should not be given a position acceptable to him," the report said. "Finally, some arrangement should be made to ensure that Dr. Nestor is not required to expend money for legal fees."

THANKS TO A FEW DEDICATED ONES

This report by a panel headed by Norman Dorsen, law professor at New York University, and based on information assembled by Investigator Frank E. Schwelb and staff, may never have been developed had it not been for the Review Panel's stubborn insistence on justice being done, and evidence developed by Miles H. Robinson, M.D., who persisted until he won a court order to pursue conflict-of-interest charges among powerful figures within the FDA orbit. Dr. Thomas C. Chalmers, panel chairman, who with former FDA chief Alexander Schmidt opposed the investigation, finally resigned under fire.

A *Washington Star* story (April 20) quoted the Review Panel's 766-page report: " '. . . the FDA was specifically and systematically included in the effort to make the bureaucracy more responsive to the Administration' under former President Nixon. Investigator Schwelb found that many of the involuntary personnel shifts at FDA 'involved some or all of the characteristics of a 'May Manual' transfer.' The reference was to Alan May, a former Nixon administration official identified as author of a manual describing how Civil Service laws can be circumvented to establish political control over the bureaucracy. He was indicted in January 1977 by a federal grand jury which accused him of tampering with Civil Service procedures."

HE'LL FIGHT THE STONEWALLERS!

As of August 28, FDA Commissioner Donald Kennedy, HEW Secretary Victor Califano, and President Jimmie Carter have ignored recommendations of the panel regarding settlement of Dr. Nestor's case, he told *The Bulletin*.

He has asked the President, the HEW Secretary, and the Food and Drug Commissioner to abide by the panel's recommendations that he be reinstated in a position in which his expertise can be utilized, and this the powers-that-be have refused to do. Dr. Kennedy, he says, has "refused to talk with me or meet with me. I have asked President Carter when he is going to clean out the FDA, and all I get back is silence."

Dr. Nestor said that Aug. 22 he hand-delivered a letter prepared by his attorney to Dr. Kennedy's office advising that unless the commissioner complies with the panel's recommendations in his case, the issue will be taken to court.

"I could have retired two years ago," he said, "and probably would have after my 'victory,' but now I find I am not able to taste the fruits of that victory — Dr. Crout and Dr. Finkel are still in their positions in FDA, and they're trying to force the victim of their false and misleading testimony out. To hell with that — I'll fight it!"

MINI-CONVENTION IN WISCONSIN

A Midwest NHF mini-convention will be held Saturday, Oct. 15, at Port Plaza Inn, 304 No. Adams St., Greenbay, Wis. Featured speakers will include Dr. Kurt Donsbach, Clinton R. Miller, Dr. Broda Barnes, and Dr. Emanuel Cheraskin. Additional information may be obtained from Terry Lemerond (414-437-4756).

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

Another Cancer Researcher Who Wears Two Hats

Dr. Shubik's Clients Among the Regulated

BY DAVID M. RORVIK

The Long Island daily, *Newsday*, has been running an excellent series of articles on cancer. The best of these, in my view, appeared under the headline: "Scientist's Role is Questioned." The article begins:

"Industry traditionally has sought to make itself heard at the highest levels of government, most commonly through lobbying and campaign contributions. In the war on cancer, however, some corporations and industry groups have established business relationships with a few of the scientists in top government councils.

"The most prominent of those scientists is Dr. Phillippe Shubik, an influential pioneer in cancer research and the senior member of the National Cancer Advisory Board. Shubik — whose influence has helped to weaken regulation of environmental carcinogens, according to his critics — has been a paid consultant to a number of firms subject to just that kind of regulation."

Newsday describes a particularly important meeting that occurred Nov. 10, 1975, at the National Cancer Institute. The meeting was convened at the request of then-NCI-director Frank Rauscher (now at the American Cancer Society at twice his old salary). Rauscher had asked Shubik, who is supposed to be one of the world's foremost experts on chemical carcinogenesis, to put together a subcommittee in an attempt to arrive at a functional definition of a carcinogen. This definition obviously would have far-reaching impact on industry, and would be of vital importance to all citizens.

Listening in, very attentively, at the NCI hearings that day were representatives of several large companies, some of which Shubik has accepted money from in a "consultant" capacity. Companies represented that day which had paid or still were paying Shubik included Abbott Laboratories, Procter & Gamble, and General Foods. (He has also consulted for and presumably received money from Miles Laboratories, Royal Crown Cola Co., Colgate-Palmolive Co., the Extract Manufacturers Association and the Calorie Control Council). The representative from General Foods, which had millions riding on the definition under consideration, almost certainly was paying particularly close attention to Shubik that day.

Shubik, whose corporate connections were unknown to most of the others present, succeeded in the course of this meeting to persuade NCI to dispose of a system of cancer "alerts" then in use at the Institute. The alerts were used to warn industry that evidence was accumulating that suggested that a particular product was carcinogenic. Such alerts seem entirely reasonable, if public safety is the prime consideration. Industry, predictably, was bitterly opposed to continuation of the alert system. General Foods, specifically, had been badly stung by an alert issued on one of its products, a chemical designated "TCE" being used in the decaffeination of some of its coffee. There was preliminary evidence that TCE was a carcinogen. When the alert was leaked to the press, General Foods said it lost millions of dollars.

Subsequently it was proved that TCE *is* a carcinogen. General Foods has withdrawn it. But Shubik says he still doesn't think TCE constituted a hazard. "The public has been misled by this terrible business. They [General Foods] are killing themselves to make sure those things are safe."

Are they? When TCE was demonstrated to be dangerous, General Foods callously substituted another substance which its scientists knew never had been demonstrated to be any safer than TCE. Many scientists think it too will be carcinogenic. Even Shubik has said the new chemical has "an unknown risk." Did he advise General Foods, which he characterizes as "killing" itself in the name of safety, not to use it? No.

Shubik was caught in another serious conflict of interest in 1971. This time the product in question was a detergent additive called NTA. Procter & Gamble was eager to use the stuff and presented data which it said proved its safety. Dr. Umberto Saffiotti, the scientist who headed NCI's carcinogenesis program and who resigned from that post last year in disgust over NCI's "mismanagement" and misplaced priorities, disagreed with Procter & Gamble. He said the data, to the extent it could be relied upon at all, actually pointed toward a carcinogenic risk. He said NTA should not be marketed until adquate tests were performed.

Shubik disagreed with him, leaping to Procter & Gamble's defense. He conceded that the company's tests were, as he put it, "lousy," but he said the company still should be free to market the product until new tests were completed — a process that might take years. He made it clear he doubted the product ever would prove hazardous.

At the meeting where this was under discussion, Saffiotti, puzzled by Shubik's attitude, suddenly asked, "Phil, would you, for the record, identify what capacity you are here under?"

"Procter & Gamble," Shubik responded.

When the new NTA data was finally in, it was clearly demonstrated that the substance is a carcinogen. Had it been marketed, as Shubik proposed, enormous quantities would have contaminated water supplies all across the country.

"Nevertheless," *Newsday* has reported, "Shubik said he saw no conflict in accepting research grants from the institute, serving on the advisory board, and taking money from Procter & Gamble all at the same time. 'If they can't get advice from people like me, where are they going to go?' Shubik said."

Shubik's Eppley Institute currently is studying chemical and other environmental carcinogens under a $3.1 million NCI grant — another classic case of putting the fox in charge of the chicken coop (and at public expense).

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Titled "The Shame of Phillippe Shubik," this article by David M. Rorvik, a free-lance writer, appeared in the last of his monthly reports on the politics of cancer while a fellow at the Alicia Patterson Foundation, 535 Fifth Avenue, New York City.

And Shubik *continues* to serve as a member of the cancer army's high command, the National Cancer Advisory Board, whose members are appointed by the President. Shubik should be asked to resign forthwith. To ask for anything less is to endanger (further) the welfare of all of us.

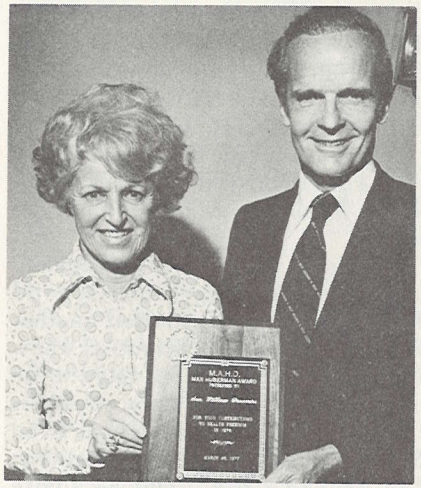
Rauscher, as expected, given his own uninspiring track record, was a staunch Shubik supporter. But Dr. Samuel Epstein, a prominent and widely-respected cancer researcher at the University of Illinois School of Public Health, has characterized Shubik's action on the cancer alerts as irresponsible. "Shubik," he said, "clearly was wearing two hats." And the director of the health and environment department of the AFL-CIO, Sheldon Samuels, has said "Shubik is not an independent scientist. The fact is that his attitude toward science was forged by his need to be acceptable to his clients."

FDA Secrecy to Protect Industry May End

The panel that spent two years investigating charges of corruption and abuse in the Food and Drug Administration has issued a report that "can lead to important improvements in procedures," FDA Commissioner Donald Kennedy said during a farewell reception for the panel, and press conference.

Aides of Senator Edward M. Kennedy say he expects to include some of the panel's recommendations in his push for major new drug legislation this year. Among proposals by the panel:

- That FDA be opened to public scrutiny, ending its secrecy policy on industry data on testing of new drugs.
- That drug industry contacts with FDA be in writing and open to public review.
- That consumers have "a voice in deciding whether the social benefits of new drugs outweigh their risks."
- That independent laboratories spot-check company testing of their drugs' safety and effectiveness.
- That FDA professional standards and salaries be upgraded to improve science quality and staff morale.



Addy Post, Beloit, Wis., presented the Max Huberman Award to Senator William Proxmire in appreciation of his work on the food supplement bill passed by Congress last year after a long-drawn-out hassle with the Food and Drug Administration. Ms. Post, a member of the Mid-American Health Organization board of directors, largest regional group within the National Nutritional Foods Association, made the presentation on behalf of MAHO. She is an active member of the Southern Wisconsin/Northern Illinois NHF chapter.

Editorial

Protect Those Whistleblowers!

The January 1977 *Bulletin* contained a story from *Federal Times* in which President Carter, in an election-eve statement of his views on government reorganization, "vowed to seek strong legislation to protect government whistleblowers from official retaliation."

The case of Ernest Fitzgerald, Air Force analyst who was fired after he told Congress about the two-billion-dollar cost overrun on the Lockheed C5A, "must never be repeated," Mr. Carter said.

Many Americans took heart from those words. And we who believe that honesty in government is important, expect the President to do something about implementing them.

Last July some 170 federal whistleblowers and sympathizers held a two-day conference sponsored by the Institute for Policy Studies' Project on Official Illegality. Mr. Fitzgerald was there. So was Dr. J. Anthony Morris, the FDA microbiologist fired after he blew the whistle on swine flu vaccine. So was John E. Coplin, who has spent more than 25 years fighting corruption in the Department of Agriculture meat-grading service. (His insistence on integrity resulted in the firing or resignations of 70% of the Department's meat graders in the Chicago area).

Also present were aides of Representatives Patricia Schroeder of Colorado, John Moss of California, and Morris K. Udall of Arizona, all of whom support the Schroeder bill titled "Federal Employee Administrative Hearing Rights Guarantee Act."

Although invited, the White House staff was not represented, and this raised questions as to Administration interest. It has now been learned, however, that the Administration indeed has instructed the Civil Service Commission to introduce legislation to protect whistleblowers.

Representative Schroeder says "The law as it now stands leaves the whole matter of pretermination hearings for federal employees without constitutionally-inspired standards, and thus opens the door to agency abuse of employees who in good conscience criticize agency procedures or disclose agency wrongs and coverups. As long as Congress continues in its inaction, federal employees will not be protected against arbitrary and capricious dismissal for speaking out. The public interest and pocketbook are badly served by stifling creative criticism from employees of our government. . ."

The problem of truth-telling in government is not exactly a new one. In 1912, the Lloyd-LaFollette Act first declared that the "right of persons employed in the civil service of the United States, either individually or collectively, to petition Congress or any member thereof, or to furnish information to either House of Congress or to any committee or member thereof, shall not be denied or interfered with."

But 65 years later, honest government employees who put the finger on waste or illegality are still being pilloried by self-serving bosses who should be subject to prosecution for betraying the public trust.

— D.C.M

Book Review

Another Winner by Beatrice Trum Hunter

Food Additives and Federal Policy: The Mirage of Safety, by Beatrice Trum Hunter (Charles Scribner's Sons, New York. Obtainable from Wellington Books, R.F.D. 1, Hillsboro, N. H., or NHF, Monrovia; 302 pages, index, hard cover, $9.95 plus 50¢ postage, Californians add tax).

This book is the most recent of a number of notable books by Beatrice Trum Hunter. Among health seekers, Mrs. Hunter is already well known for the *Natural Foods Cookbook,* the *Natural Foods Primer, Gardening Without Poisons, Consumer Beware!* and other books valuable to consumers concerned about their health and well-being.

In *The Mirage of Safety,* Mrs. Hunter exposes the failure of the Food and Drug Administration to protect the welfare of Americans by permitting use of many food additives inadequately tested for safety. The dilemma is analyzed in a scientific presentation of facts, fully documented in more than 60 pages of notes and references.

Chapter headings include: "The Consumer Is Misinformed," "The Tip of the Iceberg," "The Toxicological Imponderables," "The Intricate Relationships," "Interference With Vital Processes." Contents of each chapter are as intriguing as their titles. Three chapters are devoted to the irreversible effects of carcinogens, of teratogens which produce birth defects, and of mutagens which affect our genetic structure: matters of vital consequence to our present health, that of our immediate offspring, and of future generations.

Mrs. Hunter explains in considerable detail how vital body activities are hindered or deranged by the actions of specific food additives; the constant proliferation in the number of additives tolerated by official regulatory agencies; and the influence of the food industry in gaining approval for new additives.

This is a book which all concerned consumers should read thoroughly. It could very well lead to protests to Congressional representatives by public-spirited readers. Strict surveillance over the activities of FDA and USDA is the best hope for more adequate control of food safety. Americans depend on these agencies for their own well-being as well as that of generations yet unborn.

—LEE HARDY

NUTRITION ACTION GROUP IN MARYLAND

Consumers for Nutrition Action, Inc., recently formed in Baltimore, Md., is "concerned with the chemical additives in the food supply and possible carcinogenic effects, and with 'junk foods' in the schools." The group is working with the American Friends Service Committee to effect changes in the school lunch program for the area.

Lou Maresca, 3404 St. Paul St., Apt. 1B, Baltimore, is president of CNA. Membership is $5.00. Meetings are held the first Tuesday of each month at 7:30 p.m. in the Boys' Latin Upper School, 822 W. Lake Ave., Baltimore, according to Janet Unfried.

12 States Have Adopted Laetrile Legislation

Twelve states have adopted legislation legalizing the use of Laetrile, and in most cases, its manufacture as well.

The score to date: Alaska, Arizona, Delaware, Florida, Indiana, Louisiana, Nevada, New Hampshire, Oklahoma, Oregon, Texas, and Washington.

The Illinois legislature approved a bill legalizing use of Laetrile by terminally-ill cancer patients, and Governor James Thompson vetoed it Aug. 24, saying he "could not justify its use without becoming a hidden partner in deception. I will not become an unwitting coconspirator in a nationwide consumer fraud."

Pennsylvania's legislature also approved a bill and it was awaiting action by Governor Milton J. Shapp.

In New York, Governor Hugh L. Carey, after sitting on it for several weeks, vetoed the bill which went to his desk early in July. He had threatened to veto a Laetrile measure even before it was approved by the legislature, saying he would not support any measure "that puts upon the family in a terminal-cancer case additional expense for something that has not been proved to be therapeutically effective, and which has resulted evidently in profits of enormous size that benefit a few individuals." Mrs. Carey died of cancer in 1974. An opinion poll conducted by the *New York News* showed that 43% of metropolitan-area residents oppose the government ban on Laetrile, 31% agree with it; 39% favor the legislative decision to legalize its use, while 30% oppose it.

PUBLIC OPPOSES LAETRILE BAN

In late June, the Harris Poll found that a 53%-23% majority of Americans opposes the ban on Laetrile by the Food and Drug Administration, and a 68%-13% majority would support their own legislatures' legalizing its sale.

Nearly eight out of 10 agree that "since we don't know how to cure cancer, if Laetrile is harmnless, people ought to be able to buy it if they want to use it." A 75%-7% majority agrees that "since some cancer patients believe Laetrile relieves their pain and makes them feel better, it is possible the FDA is wrong in saying it is ineffective."

By a vote of 79-10, the Ohio House approved a measure to legalize Laetrile and permit its manufacture.

A bill moved through one branch of the New Jersey legislature, its passage by the other branch was expected, and the governor is expected to sign it.

Another Laetrile bill has been introduced in Connecticut where an earlier measure was killed. The Hawaii legislature also is considering a bill to legalize the substance.

Senator Ted Kennedy, chairman of the Subcommittee on Health and Scientific Research that conducted a hearing on the Laetrile issue, says if government tests prove the substance effective, he will lead a move in the Senate to legalize it. Laetrile proponents and the FDA are at loggerheads as to how the tests shall be run — neither side trusting the other.

California Laetrile Bill Killed By Single Vote

Despite the earlier optimism of the bill's author, Senator William Campbell, that the measure to legalize Laetrile in California would be passed by the Assembly Health Committee, S. B. 245 instead was defeated in a 6-5 vote August 8.

Senator Campbell's assessment that the measure would pass the Assembly committee was based on the overwhelming support it received in the Senate, public sentiment expressed in mail to legislators, and on reports from those lobbying for the bill that a majority of the committee favored the legislation.

One of the six who votes against the measure, Assemblyman Tom Bates of Oakland, told *The Bulletin* he had been "leaning" in favor of the measure because of the freedom-of-choice issue, but that as the hearing progressed and he heard testimony charging toxicity of Laetrile, and that tests may be made by the National Cancer Institute, he decided to await the outcome of those tests, and voted no.

Senator Campbell, whose skillful handling of the legislation through the Senate won him plaudits from proponents, said Chairman Barry Keene conducted the Assembly hearing "in an eminently fair manner." Also singled out by observers for special mention as an articulate spokesman in the fight for freedom of choice was Assemblyman Art Torres.

In May the measure sailed through the Senate 28-7, after which Dr. Raymond L. Weisberg of San Francisco, head of the American Cancer Society's California public affairs committee, said the Society was considering pumping $25,000 into the campaign to defeat it in the Assembly. Widespread use of Laetrile, he said, "might eventually (result in) a cancer epidemic."

The California Medical Association was on record against it. Also opposed to the bill was the California Health Department whose director, Dr. Jerome A. Lackner, testified against it before the Assembly committee. Another witness against it was Dr. Donald Kennedy, new Commissioner of the U.S. Food and Drug Administration, who has taken an adamant position in line with the long-standing policy of the agency against Laetrile, refusing even to test it on humans.

The six assemblymen lined up against the measure were Republican Assemblyman Frank Lanterman of Pasadena who effectively killed a similar bill late in 1976, and Democrats Gary K. Hart of Santa Barbara, Art Agnos of San Francisco, Curtis R. Tucker of Inglewood, Dennis Mangers of Hungtington Beach, and Tom Bates of Oakland. Voting for it were Republican Assemblyman Gordon W. Duffy of Hanford, and Democrats Leona H. Egeland of San Jose, Herschel Rosenthal of Los Angeles, Art Torres of Los Angeles, and Chairman Keene of Eureka.

The case for the bill was made in testimony before the committee by Senator Campbell, Dr. Gary Gordon, Dr. Leon Soto of Clynica Cydel, Tijuana, Robert Bradford, president of the Committee for Freedom of Choice in Cancer Therapy, Mike Culbert, editor of the organization's publication, *Choice*, and comedian Red Buttons. The National Health Federation was not invited to testify, although Board Member Betty Lee Morales and Executive Vice-President Clinton R. Miller were present.

In his articulate appeal for support of the measure, Senator Campbell told the committee the issue is one of "people versus government." It is a question of whether we are going to vote for the wishes of our constituents, or for the government," he said. "If you vote for this bill you'll be voting in the interest of the people. A vote against it is a vote for the government."

The mail to legislators ran 4-1 in favor of the legislation, the Committee staff reported. In addition, some 45,000 Californians had signed petitions asking for legalization of Laetrile.

Although the measure is dead for this session, the issue is far from deceased. A new bill will be brought up for consideration in 1978, Senator Campbell promised, adding that until it is legalized in California, "people will either have to break the law to get it or go to another state where Laetrile is legal."

Red Buttons Thinks They're Murderers!

"The people who are harassing the people against using Laetrile or being involved with Laetrile should be indicted for murder," said Comedian Red Buttons in impassioned testimony before the Assembly Health Committee.

The popular comedian told the committee his wife, Alicia, five years ago was diagnosed carcinoma of the lymph gland, "a fast-traveling squamous cell," and that there was "no chance" for survival. He heard about Laetrile, met Andrew R. L. McNaughton who suggested she be taken to Dr. Hans Neiper in Germany who "completely turned her entire system around" with the metabolic approach, and prescribed Laetrile.

To the committee members he said: "Gentlemen and ladies, I want you to see a woman who was condemned to death five years ago and who has been on Laetrile ever since, and without any side effects at all. And every time I read about Laetrile being a hoax and a fraud, I swear to God I think I'm living in Nazi Germany. The people who are harassing the people — I know this is an inflammatory remark and I'm going to make another one — those who are harassing people against using Laetrile or being involved with Laetrile should be indicted for murder. Our family doctor and the surgeon — both who said no chance, no hope, maybe six to nine months, maybe a year — never once called us to find out what my wife had done to stay alive. And that ought to tell you something."

LAETRILE BILL IN MASSACHUSETTS

The Massachusetts Senate Health Care Committee has heard witnesses for and against S. 381, in a measure prohibiting interference with the physician-patient relationship in use of Laetrile, and making it unlawful for a doctor to be disciplined by the Massachusetts Medical Society for prescribing Laetrile. Gilbert Perron, 1594 Carew St., Springfield, Mass., spearheaded a petition drive to generate legislative support for the measure.

Doctor Control Behind California Antiquack Law, Says Ms. Morales

A little-known motive behind passage of the California "cancer quack bill" legislation which became a model for other states — is being revealed by NHF Board Secretary Betty Lee Morales during appearances before health committees in state legislatures considering measures to legalize Laetrile.

The purpose behind the California legislation, she points out, was "to control medical doctors who would not go along" with the establishment (AMA) position.

In testimony presented via mailgram to the Delaware House Health and Social Services Committee which was considering a bill to legalize Laetrile, she stated: ". . .The National Health Federation urges this honorable committee to pass this bill, and congratulates its sponsors for bringing the issue before the public.

"Legislation of this nature originated in California in 1957, when I appeared before the Senate Public Health Committee representing the National Health Federation in protest.The bill was called 'the cancer quack bill,' a psychologically clever name because everyone is against quackery. But it was obviously an anti-Laetrile bill, which was openly discussed in the press.

"In our testimony we showed that California had adequate laws to protect against quacks, no more laws were needed. As the hearing was to be concluded, with no opposition to our arguments, a man arose and asked to be heard. He introduced himself as the then head of the California Medical Society. He told the committee that he agreed with the Federation's claim that there were adequate laws to control quacks, but added that under the definition of 'quack,' there was no way in which to control licensed medical doctors who would not go along with the AMA.

"There was no consideration of the possible efficacy of Laetrile, nor of the toxicity or nontoxicity — simply concern with protecting medical and drug monopoly.

"As the cancer death rate rose each year — and continues to rise — the demand for Laetrile also has risen, and hundreds have gone to foreign countries to get the treatment they want, which has been denied them at home.

"Then the attorney general of California instigated a suit against the National Health Federation and the International Association of Cancer Victims and Friends who were educating the public about nontoxic cancer therapies, and jointly sued them in Superior Court, petitioning the court to declare it illegal for anyone to give the name or address of any doctor or clinic anywhere in the world offering cancer therapy not permitted in California. Fortunately, Judge Max Wisot ruled against the attorney general, stating in his decision that the Constitution guarantees not only freedom of speech, but freedom of the right of advocacy.

"The importance of bringing this testimony before this committee is to show the length to which medical orthodoxy already has gone in order to protect its monopoly in the treatment of disease.

"At this point in time, after the past 20 years have consistently given the world truth of the efficacy of Laetrile (and it cannot be denied), there can be no humane reason to restrict physicians from employing nontoxic Laetrile in the treatment of cancer when patients desire it.

"The practice of medicine is as much an art as a science, where politics has no place. The question must be asked, why only cancer treatment — among all other degenerative diseases — should be controlled? It is just possible the AMA-FDA will see the opportunity to save face, when enough states reclaim their rights in legalizing the use of Laetrile.

"The National Health Federation urges passage of this bill without delay. When passed, no one will ever know how many cancers may be controlled or reversed because of it, but the country will know that the state of Delaware did not stand in the way of freedom of choice. Thank you, and may God bless you and give you courage to act."

'The Great Cancer Ripoff' Reviewed by Tom Valentine

Editor Tom Valentine has put together a 64-page issue of the new magazine *Newsreal* (Box 147, Morton Grove, Ill., ($12/year) which takes the lid off the Great Cancer Conspiracy — but he titles it "The Great Cancer Ripoff."

In the issue, devoted exclusively to that topic, are the Laetrile story, a bit of history about the cancer establishment's monopoly dating back to the late eighteenth century by Nat Morris, one of the early writers in the U.S. about the subject, and author of *The Cancer Blackout Amended;* brief reviews of the way the establishment treated Harry Hoxsey and Dr. William F. Koch; the Gerson therapy as presented by his daughter, Charlotte Gerson Straus; the work of Dr. Virginia Livingston of San Diego; a revelation by W. T. Black of Georgetown, Ky., of how the NCI and the American Cancer Society lied about the testing of glyoxylide; and other relevant goodies.

Those who have lived through the period will enjoy reminiscing on the facts presented by Mr. Valentine. For the younger generation, there are plenty of eye-openers. A highlight of the issue is a Valentine editorial directed not only at the establishment, but suggesting that "as the pendulum begins its swing, those of us who advocate unbiased research and can sense victory for nutritional and immunological approaches to cancer treatment may rejoice, but we must caution ourselves that our position may become subject to dogma. Let us hope we can make changes without ourselves changing from truth-seekers to oppressive suppressors of still-newer ideas."

CCS EXPLANATION

In a statement issued by the Cancer Control Society's president, Betty Lee Morales, regrets were expressed that Dr. Edward L. Carl was not among the speakers as announced in the program for the July convention in Los Angeles.

"Unfortunately," said Ms. Morales, "this came about at the last moment as a result of a flood of protests. The Society felt obligated to make further investigations."

Another Way to Block Laetrile Use?

Even though the Nevada Legislature has legalized the manufacture and use of Laetrile and Gerovital, the substances will not be included in coverage offered by the Nevada Medical Liability Insurance Association which writes malpractice policies for more than half the state's doctors, according to Insurance Commissioner Dick Rottman.

NMLIA directors decided to exclude from coverage "any prescription or administration of drugs not approved by the U. S. Food and Drug Administration," he told Associated Press, adding that he agreed with the decision because the pool insurance program authorized by the 1975 legislature "is trying to offer as good coverage as possible to a large number of Nevada doctors, while keeping their fund solvent."

NMLIA directors, he said, "felt it would be extremely difficult to defend a doctor who happened to be prescribing or administering non-FDA-approved drugs, in that the courts may well hold that doctors shouldn't have done so in view of the FDA nonapproval," said Mr. Rottman. "The FDA is recognized as the leading regulatory body in the area of drug usage. They definitely have some clout. Their policies would be used as a standard in a court of law. . ."

Judge Rules Against Laetrile Makers

U.S. Pharmaceuticals and Mosinee Research Corporation, Laetrile manufacturers, Manitowoc, Wis., were served with a temporary injunction to stop the manufacturing of any products, by Federal Judge John W. Reynolds following a trial at the end of July.

The injunction decreed: ". . .We will continue to consider your manufacturing of amygadalin as the basis for their (FDA's) belief that it would cause irreparable injury and damage to the public. . ."

The judge accepted the contention of the government prosecutor that "Laetrile is not effective as a cancer treatment, and is not safe because it contains cyanide." The company also was ordered to turn over its products and to pay the costs of destruction by U.S. officials. Seizure of products by U. S. marshals and FDA agents started immediately after the court ruling was issued. The company, according to Attorney Kirkpatrick W. Dilling who represents it, may appeal the decision.

DR. JONES CONVICTED ON LAETRILE CHARGE

Dr. Stewardt Jones of Palo Alto, Calif., and book store proprietor Charles D. Hoiles of Mountain View were convicted by a Superior Court jury in San Jose of prescribing and selling Laetrile. They could face maximum penalties of five years' imprisonment and $10,000 fines.

Back issues of *The Bulletin* assorted in bundles of 20 (NHF assortment 1972-1975) are available at $2 from the National Health Federation, Box 688, Monrovia, CA 91016.

Ed Keene, Laetrile Crusader, Dies

The death of O. Edward Keene, 62, Huntington, W. Va., who spent most of the last two years of his life crusading for revocation of the FDA ban on Laetrile, was reported in June by Dr. Donald C. Thompson of Morristown, Tenn.

Mr. Keene, an electronics salesman, was told in March 1975 following exploratory surgery, that he was suffering from terminal cancer of the pancreas. Three months later he went to Mexico, became a patient of Dr. Ernesto Contreras, and made news when he brought a class action suit to end the Food and Drug Administration's ban on Laetrile. He spoke at conventions of the National Health Federation and the Cancer Control Society. He was president of CCS in West Virginia.

He testified at the Kansas City FDA hearing on Laetrile in May. Dr. Thompson said it appeared "he had contracted some viral illness about the time of the Kansas City hearing, developed severe malnutrition, and was not supported by physicians in his home town. He died of cirrhotic-type liver failure because of severe malnutrition," three weeks after being taken into the Thompson home for treatment.

In a letter of condolence, NHF President Charles I. Crecelius told Mrs. Keene: ". . .Although my personal acquaintance with Ed was ever so brief, those of us who knew of his personal commitment to the health-rights issue were notably impressed by his profound determination to help others by exposing the controlled regimentation of the sick and suffering in our land. There is no doubt in my mind that his efforts in this area robbed him of much-needed energy, and perhaps contributed to his death.

"We shall always be grateful for the Ed Keenes of this country, for it is only by their bravery and personal sacrifice that a pathway to truth and freedom of choice in health matters will be made clear and wide for all who already benefit from their work, and for those who will follow. . ."

BEQUESTS and GIFTS

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

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

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

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

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

Connecticut Freedom of Choice Bill

Authored by Jim Mascia, 53 Highland Ave., Wallingford, Conn., a medical freedom-of-choice bill has been introduced in the Connecticut General Assembly by Representative Thomas J. McKenna and referred to the Committee on Public Health and Safety.

H.B. 5304, modeled after the freedom-of-choice initiative in Ohio, provides that the General Assembly "affirm the principles that every person have the right of freedom of choice in matters of personal health provided such choices do not infringe upon the rights of others, that such choices not be denied by law except as may be necessary to assure the safety of health services and products, and that no person be subject to medical or health-care treatment against his or her will; and that no substance be added to public water systems for health purposes except for the treatment of contamination of drinking water."

Petitions requesting action on the bill by legislators are being circulated in Connecticut under the leadership of Mr. Mascia, president of the New England Natural Food and Farming Association, Inc., and president of the NFA Connecticut chapter.

STATEMENT OF

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I certify that the statements made by me above are correct and complete.

Charles I. Crecelius, President

Red No. 40 Carcinogenic — But FDA Says 'Too Early' to Ban

Although two studies have revealed that the last of the red dyes still on the market — Red No. 40 — causes cancer, FDA officials say it is "too early for a ban."

Dr. M. Adrian Gross, a veterinary pathologist in FDA's Bureau of Drugs, Dr. Samuel Epstein, professor of occupationaal and environmental medicine at the University of Illinois School of Public Health, and Dr. Michael Jacobson, a codirector of the Center for Science, a Washington-based public-interest group, are trying to persuade FDA to take the dye off the market.

Their reasons are based on findings of two studies conducted at the request of Allied Chemical Corp., patent owner of Red No. 40. Early in the first study, Allied presented FDA with data showing evidence of premature and unexpected malignancies in six of the 400 mice involved in the testing. Since then, additional animals fed the dye have contracted the disease, according to Dr. Jacobson who has been monitoring test results. A second study started the spring of 1976 is showing similar effects, he said.

"The scary thing is that malignancies are occurring very early," he told the press. "It's like a 10-year-old kid having a heart attack."

But FDA says it is too early for a ban, despite the Delaney Amendment which says any substance causing cancer in animals or humans must be outlawed.

Said FDA spokesperson John T. Walden: "Thus far, Dr. Jacobson and one scientist in our organization say the data are conclusive. But that's just two opinions. Science doesn't work that way. We seldom act on just one scientific opinion. Science is just not that black and white."

Countered Dr. Jacobson: "In the first place, if Mr. Walden could count up to three, he'd find that Sam Epstein is an extremely experienced toxicologist. Mr. Walden says science isn't all black and white. I agree. Sometimes issues can be unclear, muddy. This one doesn't fall into that category. The evidence is quite clear. The dye induces malignant lymphomas in mice at an early age. Mice treated with the dye have many times more tumors than those not treated. In this instance, it *is* black and white — pretty black."

"I suppose because cancer takes 10 to 20 years to show up, it's not considered an imminent health hazard. The first hint was in February (1976) when six of the mice got cancer. Since then we have been following the monthly reports and the case gets grislier and grislier each month. At this point (December), 18 of the treated animals have it. That is statistically significant.

"Testing was not according to recommendations of the National Academy of Science and the World Health Organization whose advice was to test two species of animals over their lifetimes. That usually means a two-year rat study or a 1½-year mouse study. Only one study was done, and due to poor laboratory conditions, many of the animals died of pneumonia before the study was completed. A small number of animals was left. None had cancer, and they ended the study three months

(Please turn the page)

earlier than scheduled — and concluded the dye was safe. It was a crummy test. They should have stopped their tests and started again, but they didn't."

Told of these charges, Mr. Walden said: "We say we had adequate data to approve it, and he says we didn't. I'm not going to get into a public debate with Michael Jacobson over whether the test was sufficient. I will send you (the reporter) a resume of what we did, and you can decide for yourself." (That material never arrived).

Questions have arisen over procedures followed in the first of the two most recent studies. After the six mice developed cancer 41 weeks into the 78-week study, FDA ordered the lab to kill additional mice and autopsy them, a decision criticized by Drs. Jacobson, Gross, and Epstein. "It was not only of questionable wisdom," said Dr. Gross — "nothing to gain but much to lose — but it came perilously close to wrecking the usefulness of the entire experiment," Dr. Jacobson agreed. "A lymphoma is a quick tumor. Once it is detectable, the animal is almost dead. You gain nothing by cutting it open. On the other hand, the more animals you have, the more meaningful the study. They could have waited."

Mr. Walden said the agency believes there was sufficient reason to sacrifice the animals. "The intent was to try to get as early as possible a firm, scientific decision as to whether we did or did not have a problem."

Asked repeatedly about the procedures involved in testing Red No. 40, Allied Chemical told the reporter: "We believe the material is toxicologically safe or we would not put it on the market."

Red No. 40, also used in cosmetics, is added to a wide variety of red, brown, purple, and orange food and drug products including soda pop, frosting mix, ice cream, cherries, candy. United States, Denmark and Mexico are the only countries permiting use of the dye.

— MARLENE CIMONS
Los Angeles Times

California Senate Okays Chelation

By a vote of 38-0 the California Senate passed Senator William Campbell's bill (S. B. 246) which would legalize chelation therapy in the state. The action came in late June — earlier than had been expected.

NHF members had been mailing a form letter (A-41) to senators urging support of the legislation. NHF President Charles I. Crecelius has written the senators expressing appreciation for their support and asking that they forward the letters they have received to the Assembly Health Committee where the bill was sent.

The form letter has been revised and is now available for mailings to Assemblymen who will vote on it if it gets through the Health Committee.

Considerable opposition is expected in the Assembly, since the Quality Medical Assurance Board has decided to oppose it. This body has steadfastly refused to permit proponents to present their case, and told Collie Greene and Dr. Gary Gordon that at the June 11 meeting in Los Angeles the matter would not be discussed. It was discussed however, and the decision was made to oppose the bill if it reached the Assembly. No one on the board has used chelation therapy, but the board nonetheless refuses to hear both sides of the issue on grounds a case before it was under consideration and views might be influenced.

When asked by Mrs. Greene why the board had issued a directive against use of chelation therapy, Executive Director Joseph Cosentino, M.D., replied there was "no reason." He said the directive was "enjoined" by Health Director Jerome Lackner, M.D., and himself.

STUDY WILL PROBE EARLY FINDINGS THAT VIOLENCE CORRELATES WITH PRIOR PSYCHIATRIC TREATMENT

The Los Angeles office of the Citizens' Commission on Human Rights (CCHR), 1811 North Tamarind Ave., No. 327, Hollywood, is participating in a national study of psychiatric treatment as a "causative agent in accelerating violence in America."

The study, according to Gene Esquivel, was motivated by preliminary findings by its national office of a "positive correlation between violent crime and previous psychiatric treatment." The commission's interest was aroused, he said, after inspecting the premises and records of mental hospitals throughout the nation.

"An inexplicably high rate of violence was found in institutions despite the fact only a small percentage of the patients was violent prior to commitment. The national office became intrigued with the idea of treatment causing violence after it studied 125 California murders reported by the press. More than half the murderers had had previous psychiatric treatment.

"We discovered wide agreement within the psychiatric profession that violence cannot be predicted, and little agreement that it can be treated successfully, once observed. But most surprising was psychiatric literature showing that its treatment creates violent behavior . . ."

LIFE MEMBERSHIP'S 'THE PERFECT GIFT'

Did you ever think of a life membership in the National Health Federation as a gift for a friend or relative? The Federation recently received a check of $300 for three life memberships from John A. Thomson, manufacturing chemist and president of Vitamin Institute, 5409-5415 Satsuma Ave., North Hollywood, Calif.

Recipients are two grandchildren and one of his Vitamin Institute staff members. Mr. Thomson previously has contributed life memberships to his daughters and son. In an accompanying note, he said, "Thank you for doing the greatest work being done in any association. Giving memberships in the Federation is a good way to make a donation to the organization when I notice it needs money, and at the same time it helps the life expectancy of those receiving the memberships."

CONVENTION COMING

A Rocky Mountain Regional National Health Federation convention will be held Oct. 30 at the Holiday Inn Downtown, 15th and Glenarm Place, Denver, Colo. Programs and information may be obtained from NHF's Monrovia office. Exhibit space still is available, according to the convention department.

THE WELCOME MAT'S OUT TO THESE NEW NHF MEMBERS

PERPETUAL

Mr. and Mrs. K. M. McLay
Tucson, Ariz.

National Multi Corporation
Provo, Utah

Howard Pollack
Los Angeles, Calif.

Helen Gilfillan
Beverly Hills, Calif.

Mrs. Helen J. Eyler
Beverly Hills, Calif.

Andrew Hallum
San Marino, Calif.

Myrna Smith
Encinitas,Calif.

LIFE

Mrs. J. D. Tooker
Bedford, N. Y.

D. V. Clemens
Redondo Beach, Calif.

Joseph M. Fuoco
Los Angeles, Calif.

Katherine Eckles
Glendale, Calif.

Mary Ellen Abril
Sun Valley, Calif.

Gloria B. Troy
El Monte, Calif.

Mrs. William Fleming
Ft. Worth, Texas

Mrs. Paul Burton
Holly, Mich.

Norma F. Garcia, Ph. D.
Lakewood, Calif.

Frida M. Hochfeld
Jamaica, N. Y.

Mrs. Carl Kauffman
Fairview Village, Pa.

Pat Lawson
Gaithersburg, Md.

M. V. C. Nutritional Lab., Inc.
El Segundo, Calif.

Mrs. Eleanor Pennington
Land O'Lakes, Wis.

Mrs. Mabelle Reifsnider
Allentown, Pa.

Dr. William A. Rupert
Whittier, Calif.

Mr. and Mrs. L.A. Shubert
Glendale, Mo.

James R. Clark
Phoenix, Ariz.

Harold J. McChesney
Phoenix, Ariz.

Kay Weaver
Denver, Pa.

Mr. and Mrs. John Barry
Torrance, Calif.

Dawn L. Christensen
Los Angeles, Calif.

Ethel Elsberry
Idaho Falls, Idaho

Miss Baye C. Lippert
Stroud, Okla.

John L. Mabson
Cleveland, Ohio

Mike Ostgaard
Yorba Linda, Calif.

Gladys Elinor Hall
Ocean Grove, N.J.

Barbara Charis
W. Hollywood, Calif.

John H. Marulli
Chicago, Ill.

Dr. A. R. Messer
Longmont, Colo.

Margaret Ernst
Reno, Nev.

Mrs. Ingrie S. Armitage
Sacramento, Calif.

Fay Pauline Goddard
Fresno, Calif.

Dr. and Mrs. Peter Murphy
E. Lansing, Mich.

Terry Kolomick
Blue Point, N. Y.

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) 357-2181

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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

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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. 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

Southeast Regional — Oct. 8-9
St. Petersburg (Fla.) Hilton Hotel

Midwest Mini — Oct. 15
Port Plaza Inn — Greenbay, Wis.

Rocky Mtn. Regional — Oct. 30
Holiday Inn Downtown — Denver

Northeast Regional — Nov. 19-20
The Roosevelt — New York

HELP SAVE OUR HEALTH FREEDOMS