National Health Federation BULLETIN

JANUARY 1978 • 50¢

Dr. Privitera Wins His Laetrile Appeal; Quackery Law Held Invalid In 2-1 Decision

DR. PRIVITERA

ATTEND OUR 23rd ANNUAL!

DR. CHERASKIN

Exciting Three Days of Health Lectures, Exhibits, Demos, Workshops Scheduled; Dr. Manner, Dr. Cheraskin Among Top-Flight Speakers Slated for Pasadena Event

DR. GOFMAN

CARTER ENERGY PLAN IGNORES 45% WASTE FACTOR; SOLAR IS SOLD SHORT

CONSTRUCTION STARTS ON HOLISTIC HEALING AND RESEARCH CENTER IN HEMET, CALIF.; IT'S 'DREAM COME TRUE' FOR EVARTS LOOMIS, M.D., PIONEER IN FIELD

DR. LOOMIS

The Hoxsey Persecution Story
FDA Seeks Food Ad Control
Circumcision Held Unneeded

Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — *Published Monthly*

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CONTENTS

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

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Ban on State-Sanctioned Treatments Ruled Invalid

Down Goes California Law Banning Laetrile Therapy

The most significant legal victory to date in the "Laetrile war" occurred last November 10 when an appelate court ruled 2-1 that the California law banning the sale or prescription of Laetrile in cancer therapy was unconstitutional.

The decision was the culmination of an appeal by Dr. James R. Privitera, Covina, Calif., convicted in San Diego Municipal Court Dec. 16, 1975, on charges of conspiring to sell Laetrile.

The landmark opinion, which gave the California attorney general's office the right to appeal on or before December 10, declared that the state had no "compelling interest" to prevent doctors from experimenting with other forms of cancer treatment besides chemotherapy, radiation, and surgery.

Under Section 1701.1 of the California Health and Safety Code, it is a misdemeanor to sell, deliver, prescribe or administer any drug or device to be used in the diagnosis, treatment, alleviation, or cure of cancer which has not been approved by the designated federal agency or by a state board.

This section, contended Dr. Privitera, is "an unconstitutional invasion of the cancer victim's right to obtain and use amygdalin in violation of rights guaranteed by the U.S. Constitution (Amendments I, IV, V, VI, VII, VIII, and XIV), and Article I of the California Constitution.

"It is an invasion of the patient's right of privacy , his or her right to be left alone in choice of orthodox versus unorthodox treatment of cancer, of the physician's right to prescribe and administer the therapy, and of the person who furnishes the essential components."

A majority of the three-judge court agreed, citing U.S Supreme Court decisions as to right of privacy, and a doctor's right to administer medical care.

"No compelling interest of the state," they wrote, "requires Dr. Privitera's 19 cancer patients to endure the unendurable — to die, even forbidden hope . . . the statute, when sought to be applied to a licensed medical doctor, does not pass the test as a rational means of accomplishment of the announced legislative purpose."

(If it is implied by the Legislature that) "ineffective cancer remedies are more hazardous than the state-sanctioned alternatives (surgery, irradiation, chemotherapy), then the patient is denied the exercise of one of the most fundamental rights. He instead has the choice of 'state-sanctioned' treatment by the doctor, or no treatment from the doctor at all. If this be the legislative purpose, it misses its mark.

"Diminishing fraudulent cures, punishing quackery in cancer treatment, is a laudable objective. The means chosen by the Legislature is bureaucratically-predetermined treatment or none, injected into a constitutionally-protected area of privacy. This fundamental right of privacy, this right to be left alone, is 'older than the Bill of Rights, older than our

Agreement with NHF-Dilling Position Implied in Landmark Court Opinion

On behalf of the National Health Federation, NHF General Counsel Kirkpatrick W. Dilling in late October 1974 filed a memorandum of amicus curiae in the Privitera case by citing points of federal law regarding physicians, which had not previously been presented to the court.

The memorandum pointed out that the Federation is a staunch supporter of freedom of choice as opposed to "medical dictation," and described as the "basic issue in this cause":

"1. When the state licenses a doctor to treat the sick, by any and all means whatsoever, can he use his best judgment and discretion for the treatment and welfare of his patient?

"2. Or, does a bureaucratic instrumentality, unaware of the needs or condition of the patient, dictate what the physician shall do?

"History has shown that men of medicine can be narrow and uncompromising . . . (and that) many discoveries we now consider significant were rejected by the 'orthodox' and their discoverers hounded. . . ."

Charging that Section 1701.1 of the State Health and Safety Code was "illegal, outdated, and unconstitutional," Mr. Dilling told the court that regulation is "in irreconcilable conflict with provisions of Section 2137 under which Dr. Privitera was licensed by the state, and directed by his certificate of practice 'to use drugs or what are known as medical preparations in or upon human beings, or to sever or penetrate the tissues of human beings, and to use any and all other methods in the treatment of diseases, injuries, deformities, or other physical or mental conditions.'

"Does not this clear and concise statutory provision prevail over any other authority as to what Dr. Privitera or any other physician may do in treatment of cancer patients? This proposition seems so fundamental that to further argue the point would insult the intelligence of the Court...

"As a physician Dr. Privitera took the Hippocratic Oath, dedicating himself 'for the good of the sick to the utmost of my power.' He is not charged with violation of that oath, but with allegedly using substances displeasing to California authorities (who want him to) suffer criminal penalties. The State of California has become an instrument of oppression, placing itself in the position of stamping out those who disagree with its dictates. As it today hounds Dr. Privitera, it would yesterday have hounded a Lister, a Pasteur, a Jenner, a Koch, an Oliver Wendell Holmes, Sr. And the day before, it well could have accused and convicted those

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political systems.' It cannot be swept away, denied by the processes of compelled acceptance of 'state-sanctioned alternatives.'

"To require prior state approval before advising, prescribing, administering a new treatment modality for an informed consenting patient is to suppress innovation by the person best qualified to make medical progress," said the majority opinion. "The treating doctor, the clinician, is at the cutting edge of medical knowledge.

"To require the doctor to use only orthodox 'state-sanctioned' methods of treatment under threat of criminal penalty for variance is to invite a repetition in California of the Soviet experience with 'Lysenkoism.' The mention of a requirement that licensed doctors must prescribe, treat, within 'state-sanctioned alternatives' raises the specter of medical stagnation at best, statism, paternalistic Big Brother at worst. It is by the alternatives to orthodoxy that medical progress has been made. A free, progressive society has an enormous stake in recognizing and protecting this right of the physician."

Understandably elated with the ruling was Dr. Privitera who had been sentenced to six months in custody as part of five years' probation.

He told a *San Gabriel Tribune* reporter: "We've been so tired of being stepped on by bureaucrats who are trying to practice medicine that it's just a nice feeling. The basic effect of the decision, which my lawyers say will have far-reaching effects throughout the country, is that any doctor in the state can prescribe Laetrile for cancer. They always could prescribe it for anything else, but now it can be legally used for cancer in California."

He added that he knows of "no person who has been able to obtain a cure with Laetrile alone, but that in conjunction with other substances it may have great value. Usually a patient using Laetrile is also trying other things, like enzymes, vitamins, minerals. The problem is that you can't just point directly at Laetrile and determine that it is the cause of a stoppage of cancer. It's likely that it is part of a combination of treatments that can be useful." He cited the work of Dr. Harold W. Manner of Loyola University where Laetrile, Wobe-Mugos enzymes and Vitamin A have been used successfully to obtain a high rate of remission of mammary tumors in mice.

Attorney Daniel F. Bamberg of Bamberg and Flanigan, San Diego, hailed the appelate decision as "a resounding victory for cancer-ridden patients who want to try other-than-state-sanctioned medicines."

INVITED TO APPEAR ON CONVENTION PROGRAM

The National Health Federation has invited Dr. Privitera and an associate in his practice, William Baker, who uses highly-sophisticated dark-field microscope and video equipment to analyze blood, to appear on the program at the January convention in Pasadena.

Dr. Privitera, who spent thousands of dollars and much time, first in defending himself, then in filing the appeal, has become something of a martyr-celebrity in the Laetrile movement. The Gestapo-like character of his 2 a.m. arrest by State Health Department officials in July 1974, and that of Carroll Leslie of West Covina, charged with selling Laetrile, was graphically described in the July/August 1975 *Bulletin*.

Dr. Privitera doesn't scare easily, and he practices medicine strictly within the guidelines of a philosophy based on the Hippocratic Oath. He has been involved in nutrition since he was a medical student with allergies, and credits his wife Roseann with the encouragement that moved him gradually into that approach to health-maintenance.

Attorney Dilling Enters Rutherford Laetrile Case

He Says Denial of Sworn Testimony Made a 'Charade' of Proceedings

At the request of the Executive Committee of the National Health Federation, NHF General Counsel Kirkpatrick W. Dilling of Chicago has entered the Glen Rutherford class action Laetrile case before Judge Luther Bohanon in Oklahoma Federal Court.

Mr. Dilling's law firm has prepared detailed proposed findings of fact, and conclusions of law, (filed by Attorney Kenneth Coe on behalf of Glen Rutherford and other plaintiffs), the essence of which is contained in these points:

- That failure of the Food and Drug Administration to comply with a court mandate for conduct of a hearing in which witnesses give sworn testimony, and the right of cross-examination is provided, turned the proceedings into a "charade."
- That Laetrile (amygdalin) is not a "new drug" as contended by FDA, but that in fact it is exempt under the "Grandfather Clause" of the 1962 Federal Food, Drug and Cosemtic Act.

In pointing out the "inadequacy" of FDA's Administrative Proceedings, the documents state that "Both the U.S. Court of Appeals and (District Court Judge Bohanon) anticipated that a hearing (as held May 2, 1977) would afford an opportunity to determine the issues before an impartial, unbiased, and fair tribunal. However, the Food and Drug Administration ignored the Court's mandate by selecting a type of hearing totally inadequate to afford an opportunity for a full and complete resolution of the issues . . .

"Part 12 of 21 Code of Federal Regulations sets forth the requirements regarding the hearing procedures to be followed in conducting a formal evidentiary public hearing. Such proceedings provide for cross-examination; swearing in of witnesses; an impartial hearing examiner; and other administrative safeguards to insure that issues are fully and impartially explored.

"The Commissioner elected to conduct the hearing pursuant to other provisions of 21 Code which deny an opportunity for cross-examination and sworn testimony, and which permit introduction of material inadmissible in any court."

At the hearing, when Attorney Coe objected to the nature of the proceedings and denial of cross-examination, FDA Hearing Officer Jennings "refused to discuss or consider the objection."

"The Food and Drug Administration also elected to act not only as judge," said the proposed findings of fact, "but also as an anti-Laetrile advocate . . . Since the early 1960s the FDA has demonstrated bias and prejudice against Laetrile and its proponents. The FDA's anti-Laetrile position remained unchanged even after the judicial determination by the 10th Circuit Court of Appeals . . . that there was no administrative record upon which to base the FDA position.

"As evidence of FDA's disregard of the claims of Laetrile proponents and the 10th Circuit Court of Appeals which determined that the FDA decision on the new-drug status of Laetrile was made without benefit of a sufficient administrative record, the Food and Drug Administration in January 1977 published a pamphlet entitled *Laetrile, the Making of a Myth,* which not only continued the unsupported allegation that Laetrile was a 'new drug,' but also evidenced the continuing anti-Laetrile attitude of the Food and Drug Administration.

"It is obvious that the Food and Drug Administration arrived at its conclusions regarding the status of Laetrile prior to instituting the hearings, and selected a format for conducting the hearings which would be most suitable for creating a record capable of supporting its position. It is unfortunate that this format deprived all parties of procedural safeguards which would have created a record capable of impartially and fairly determining the issues presented."

The plaintiffs maintain that Laetrile "is not a new drug as defined in Section 201 of the Federal Food, Drug and Cosmetic Act because it was subject to the Food and Drugs Act of June 30, 19as amended, and its labeling contained the same representations concerning the conditions of its use then, as presently.

"The burden of proof is on FDA to prove that Laetrile (amygdalin) is a 'new drug' and not exempt by virtue of the 1938 Grandfather Clause . . . (and) the FDA has not met the burden of proving it is a new drug . . ."

Concluding, the proposed conclusions of law state:

"The decision by the FDA Commissioner that Laetrile is a 'new drug' denies plaintiffs—terminal cancer patients—any opportunity of legal use of Laetrile, and operates as a deprivation of their Constitutional rights to choose a medication of their choice . . . The safety and efficacy provisions of the Food, Drug and Cosmetic Act do not apply to these plaintiffs, because the reason for inclusion of safety and efficacy requirements in the act have no meaning when applied to terminal cancer patients."

ILLINOIS 13TH TO LEGALIZE LAETRILE

With override of Governor James Thompson's veto of the Laetrile bill, Illinois in late November became the 13th state to legalize its use. The House voted 123-43 to override the veto, and the vote in the Senate was 44-9. Governor Thompson, a medical doctor, in September was awarded the National Health Federation's Anti-Humanitarian Award for his veto of the measure sponsored by Rep. Donald Totten.

PETROLEUM — CANCER

A government study has found abnormally high cancer death rates in 39 counties with petroleum refineries which employ at least 1% of the population, the National Cancer Institute reports. Deaths from cancers of the nasal cavity and sinuses were 48% higher in petroleum counties than in counties without that industry.

who dared refuse to bleed during illness, or use leeches. From this, progress does not come. From this, man in control may be more comfortable and secure in his comparative ignorance, but he does not learn."

Implicit in the appelate court's decision was full agreement with the conclusions expressed in the amicus curiae memorandum by the National Health Federation through Attorney Dilling.

Laetrile Breaks 'News Barrier' — *Washington Post* Features Meeting

Laetrile is no longer a dirty word at *The Washington Post*.

When the second annual Cancer Victory Convention sponsored by Arlin J. Brown was held in the nation's capital, *The Post* assigned one of its top writers — Sally Quinn — to cover the affair, and sent photographers two different days. What came out was a top-of-column spread over two pages of the *Post's* "Style" section.

The unprecedented coverage was a direct result of gentle but persistent prodding of the news editor by Public Relations Specialist Trudy Engle, who also does p.r. for Bob Hoffman's "Save the United States," is syndicated by Liberty News Service, and Washington correspondent for *Let's Live*.

Attendance at the session reached 1,000. And Sally Quinn did a skillful job of describing the "personality people," who included, in absentia, Red and Alicia Buttons and Fred MacMurray (testimonials).

The convention was the scene of the organization's Cancer Victory Award to Carey A. Reams, Ph.D., for his research in ionization ("It lets us know what's in our body.") He told the assemblage he is "not against drugs or medical doctors, I am against their abuse. But the Bible has the best health message. In the 11th chapter of Leviticus it says you must not eat those meats which are unclean. And if they'll burn up a Jew in the Old Testament, they'll burn up a gentile in the New. If you want a shortcut to the cemetery you just break the rules of the Bible."

Other speakers attracting attention were Dr. John Richardson, author of *Laetrile Case Histories;* Mohammad Khan, the Hunzakut who has launched an apricot import business in the U.S.; Glen Rutherford, the man whose court case finally won him and many others the right to bring Laetrile back from Mexico; Carolyn Hedden, cancer patient who gave a testimonial for Laetrile and performed a handspring to prove her fitness; Mr. Brown, who established the Arlin J. Brown Information Center to inform the public about cancer and its causes and cures; George Arrington, Jr., a palmist; and 75-year-old Lizallota Valeska (Miss Finland 1930), dressed in orange leotards and tights doing headstands to demonstrate what her "health program can accomplish."

Mrs. Engel, whose interest in cancer is personalized by the fact her husband has had cancer surgery four times, emceed.

X-RAY, PREGNANCY, AND LEUKEMIA

Dr. Irwin D. J. Bross, head of the biostatistics department at Roswell Park Memorial Institute, Buffalo, N.Y., and fellow researcher Nachimuthu Natarajan have completed a study showing that children of mothers X-rayed unnecessarily during pregnancy face a 50-fold increase in the risk of developing leukemia, and a five-fold increase in the likelihood of contracting asthma, skin rash, eczema, pneumonia, dysentary, and rheumatic fever.

The Passing of 'a Great Humanitarian'

Research/Scholarship Fund Memorializes Dr. Calvin

The death of Helen Calvin, M.D., moving spirit in the successful effort to legalize use of Laetrile in Indiana, caused shock-waves throughout the country.

Her husband, Dr. O. Walter Calvin who has indicated he will carry on her practice, blames Food and Drug Administration harassment of her patients, along with "many, many other factors," for her death by suicide.

According to Dr. Calvin's 19-year-old daughter, Cindy, FDA officials interviewed patients, and tried to obtain from families of deceased Laetrile patients signed statements against Dr. Calvin. "They were looking for a way to stick her," said Cindy, "and in a way I'm just glad they can't do it." Dr. Calvin's husband said he believes FDA was endeavoring to obtain evidence by which his wife's medical license could be revoked. The same procedure was used in California prior to the revocation of the license of Dr. John Richardson.

FDA Attorney Paul Ragan denied however that this was the intent of the FDA probe. He told the *South Bend Tribune* that "Everything Dr. Calvin had done was totally legal. There was no prosecution effort against her by the FDA that I know of. She . . . sincerely believed in Laetrile. She was not motivated by the chance of amassing great wealth."

Both Cindy Calvin and Jean Kulwicki, an associate of Dr. Calvin during the political struggle to legalize Laetrile in Indiana, said Dr. Calvin had been "physically and emotionally exhausted" since beginning the Laetrile therapy in June 1977. She often skipped meals because she was so busy treating patients, said her daughter, who spent four hours talking with her mother, trying to ease her depression the night before the tragedy occurred.

As a registered nurse, Dr. Calvin worked her way through medical school at University of Indiana. A brilliant student, she was a member of Alpha Omega Alpha Honor Medical Society. She was married to Dr. O. Walter Calvin while the two were still in medical school and they became the parents of two daughters, Cindy, 19, and Tammy, 16, and two sons, Olin, 17, and Conrad, 14.

She organized the Michiana Committee for Freedom of Choice in Cancer Therapy in December 1973, and was politically active, twice a candidate for Congresswoman. She was president of the Indiana chapter of the Association of American Physicians and Surgeons at the time of her death.

In a tribute to Dr. Calvin, Mrs. Kulwicki said in part:

"Dr. Helen M. Calvin is dead . . . and with her passing goes the hope of many cancer patients . . .

"We all owe her a debt of gratitude for the hard work she did in getting Laetrile legalized in Indiana. After Laetrile became legal, Dr. Calvin started treating cancer victims. I have watched her concern for her patients. I have seen her holding a small child, whispering to him that she would do all she could to make him well. I have seen her on her knees trying to ad-

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Why Dr. Manner Chose Unorthodox Route

In the following statement, Dr. Harold W. Manner, chairman of the biology department at Loyola University, Chicago, explains why he chose to disclose results of his research on Laetrile at the National Health Federation convention in Chicago rather than to first publish in a scientific journal:

"There can be no doubt that this method of presenting scientific data departs from traditional scientific protocol. In a similar manner, this presentation at a convention of the National Health Federation is viewed by some as an improper platform for the dissemination of scientific data.

"We have been chastised for both, and to both we must plead guilty. I feel strongly about this, for in 25 years of publishing research and conducting data, I have never before strayed from the accepted scientific procedure.

"However, as all scientists know, a lag-time of 12 to 18 months from the time a manuscript is submitted to the time it is published in a scientific journal, is common today. Any laboratory wishing to reproduce these results and publish it in the accepted manner would have the same time-lapse. This total of three years or more is a luxury that those suffering from cancer cannot afford. It is solely for this reason that we have chosen this method of releasing our results.

"Our techniques must be considered unorthodox by modern medical standards. The National Health Federation is committed to national health, regardless of the orthodoxy or nonorthodoxy of the methods used. It is for this reason that we chose this meeting for the presentation. . . ."

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minister Laetrile to the ankle of a young girl whose veins had been ruined by chemotherapy to no avail. I have seen her holding an old man's hand to comfort him in his pain. Yes — it is we cancer patients who are the losers by her death.

"And after a long day of treating people, she turned to her desk to do all the paper work, the charts, the affidavits required by the government to obtain Laetrile legally. She spent many night hours typing letters to encourage other people in other states to press for freedom of choice. Many times she would work all day and board a plane to go to testify before a legislature or make a speech in the evening, and be back the next day to see her patients.

"And then there was the responsibility of a family, and the matter of her health. (She suffered from an ulcer and back pain).

"We will never know what caused her to take her life.But even in death she is giving of herself. Today two very grateful people each have the promise of a good kidney. Her body, at her request, was given to Indiana University School of Medicine, her alma mater. Several times she spoke of the debt she owed the state of Indiana for providing such a good place to get an education.

"Dr. Helen was a great lady, and a real humanitarian. (She was presented the National Health Federation Humanitarian Award Sept. 11 in Chicago). She has laid down the gauntlet, and it is for us to pick it up and continue to carry on the fight until everyone in this great country has the freedom of choice to obtain the kind of medical treatment he or she desires. This would be her wish. And we are determined to do it. May she find peace with God."

The Calvin family asked that instead of flowers, contributions be made to the Helen Calvin Memorial Research Fund, 61570 Brightwood Lane, South Bend, Ind. The money will be donated in her memory to a research project or a medical scholarship as designated by the Michiana Committee for Freedom of Choice in Cancer Therapy.

Illustrious Speakers' Roster, Hundreds of Exhibits

Exciting Program Readied for NHF's 23rd Annual

A "world's fair of health" is the way NHF Convention Manager Allen Goldman describes the 23rd annual convention to be held the weekend of Jan. 27-29 in Pasadena Center, Pasadena, Calif.

Purpose of the show, he says, "is to promote health through education. The show will attract thousands interested in discovering how they can look, feel, and function at optimum levels at all times. Visitors will be able to experience specific holistic health systems, and preventive medicine, and proven philosophies to develop the vast reservoir potential that lies within each of us.

"Throughout the three days, panels and lectures featuring well-known health specialists, entertainers and celebrities are planned. More than 200 organizations will exhibit products and services directly related to promoting invigorating health, superior beauty, and overall self-improvement. There will be thousands of samples and prizes. Virtually every aspect of the healing art will be represented in one form or another — professionals, manufacturers, distributors and retailers of health-promoting products and services will be on hand.

"Delicious health foods, exotic beverages, herbal products, and nutritional supplements, exercise institutes, new dimensions in kitchen appliances, beauty supplies, cosmetics — organic of course! — publishers, healing spas, resorts, and alternative energy systems and products are some of the wide range of businesses participating.

"Also planned are workshops, demonstrations and classes in massage, body therapy programs, iridology, chiropractic, natural-food cooking, sprouting, bread-baking, exercise, yoga, face and skin-care improvement, meditation, and positive thinking. Exciting educational films will be shown. We promise you — it's a show you won't want to miss!"

HEADLINE SPEAKERS

Among the headline speakers slated for the convention is Dr. Harold W. Manner, chairman of the biology department of Loyola University, Chicago, who will report on his latest laboratory findings in animal experiments with amygdalin-enzyme-emulsified Vitamin A therapy under a grant from the National Health Federation Memorial Library. Dr. Manner's work first was publicized

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nationwide when he was a featured speaker at the Midwest NHF convention in Chicago in September.

A panel moderated by NHF Executive Vice-President Clinton R. Miller will include Dr. Manner, Betty Lee Morales, and Bruce Halstead, M.D., who will present "The Biochemical Basis of Laetrile Therapy."

Dr. Halstead also will participate in a panel on oxygenated colon therapy, moderated by Dr. Jack Lane, with Drs. Gary Couture and Andi Mascolina participating.

The Federation is bringing again to its annual convention the well-known Emanuel Cheraskin, M.D., D.M D., Chairman of the Department of Oral Medicine, University of Alabama Medical Center. Author of numerous books pertaining to disease and nutrition, Dr. Cheraskin will focus on his latest book, *Psycho Dietetics*, now in its eighth printing (available at NHF, Monrovia, $1.95). In a nutshell, it is the story of "food and mood — how to eat one's self out of emotional problems." A fascinating discussion of the discoveries of the relationship of diet to emotional and physical health, its acceptance has been "phenomenal." The author has just finished a circuit in Australia promoting the volume. Readers are urged to complete the questionnaires in each chapter, in ink — an exercise that can be highly illuminating, to say the least.

Dr. Cheraskin in 1966 was cited in *World Who's Who in Science*. In 1964 he received the Samuel Charles Miller Memorial Lecture Award from the Academy of Dental Medicine. Among his more recent recognitions are mention in *The Two Thousand Men of Achievement* in 1970, and in *Dictionary of International Biography*, 1971. He received an M.D. degree from the University of Cincinnati College of Medicine in 1943, and later earned a D.M.D. at the University of Alabama School of Dentistry, in 1952.

Dr. Paavo Airola, a frequent guest on NHF convention podiums, will share nutrition information with the audience, as will other popular and informative speakers Dr. Kurt Donsbach, Dr. Bernard Jensen, and Dr. Richard Passwater.

"How to Slow Down the Aging Process" is the title of a lecture to be presented by well-known writer Dale Alexander. And the effervescent and knowledgeable Betty Lee Morales will present "Health Secrets From Around the World." Scheduled for the closing Sunday night session is Dick Gregory, famed humorist-crusader who has used the fast to dramatize causes.

"Iridology — Its Role in Preventive Health Care," will be the topic of a panel discussion followed by questions and answers from Dr. Rafael Aneurz, Drs. A. and V. Cordova, and Ray Yancy.

The importance of exercise in a total-health program will be highlighted by Fawn O'Connor, and Susie Smith Jones.

NHF Executive Vice-President Clinton R. Miller will conduct "Early Bird" sessions at 6 a.m. each day of the convention — sessions aimed at informing, inspiring, inciting to action those staunch souls who can rise that early. A yoga workshop is to be conducted by Larry and Elsa Jacobs; Phyllis Harrison is scheduled for a workshop on *"Helping Your Health Through Handwriting,"* title of her book; Victor Kulvinskas will speak on "Survival Into the 21st Century"; Dr. John Christopher, famous herbalist and author, will lecture on "The Miraculous Healing Power of Herbs"; NHF Board Vice-Chairman V. Earl Irons will speak on "Vibrant Health Through Intestinal Hygiene"; Dr. David Carmos will lecture on isokinetus; "Sports and Athletics" will be covered by Corwin West; General Counsel Kirkpatrick W. Dilling will speak on legal aspects of issues on which he represents NHF, and Attorney James S. Turner, NHF Washington representative, will speak.

John Cattone and Stan Malstrom will conduct a "Self-Massage Healing Workshop"; "Kinesiology — Muscle-Testing," is the topic to be dealt with by Dr. John Thie; Diane Diemel will speak on "Eyesight Improvement;" Paul J. Virgin will present an address, "Certified Raw Milk vs. Pasteurized"; Bill Emmerton will speak on "Cardiovascular Endurance and Inner Power"; Dorothy Joyce will speak on "Beauty Vitality and Youth Through Cycling.

Dr. John A. Yiamouyiannis, NHF science director, will bring the audience up to date on his research in fluoridation/cancer, with an address titled "Fluoridation — One Cancer Death Every Hour." "The Poisons We Are Putting in Our Bodies" is the subject of a speech by Consumer Activist and NHF Board Member Ida Honorof, who recently coauthored with Eleanor McBean, *Vaccination, the Silent Killer*. The movement of nonsmokers for smoke-free air will be discussed briefly by *NHF Bulletin* Editor Don C. Matchan, whose book, *"We Mind If You Smoke*, was published in July.

EXHIBITORS

A partial list of exhibitors who had signed for space as of that date follows (there will be many more by convention time): Shiloh Farms, Sulfur Springs, Ark.; Watkins Enterprises, Garland, Texas; Weight and Health Control, Kalispell, Mont.; National Institute of Reflexology, St. Petersburg, Fla.; Food Science Laboratories, So. Burlington, Utah; Miracle Juicer Ultramatic, Sioux Falls, S.D.; Yoho's Cones and Coney's, Columbus, Ohio; Saladmaster, Manchester, Mass.; American Ginseng, Chicago; 4-D Marketing, Phoenix; and Solar Products, Ogden, Utah.

The following exhibitors are headquartered in California: Dr. Gary Couture, Newport Beach; Neo-Life, South Pasadena; Norwalk Mfg. Co., Santa Monica; Total Life Nutritionals, Long Beach; M.V.C. Nutritional, El Segundo; Tony's Health Foods, Hollywood; Acme Juicer Co., Sierra Madre; Summit University Press, Paradise; Lifetime Housewares, Arcadia; Neuro-Optic, Anaheim; Outreach Enterprises, Whittier; Number 1, Inc., San Diego.

Alta Dena Dairy, City of Industry; De Silva Health Products, Glendale; Gides Inc., Long Beach; Ferraro's, Monrovia; Total Medical Systems, San Diego; Nutri-Dyn, Santa Monica; American Media, West Lake village; Graham Bell Industries, Santa Ana; Champion Juicer, San Bernardino; Bio-Feedback Training Institute, Hollywood; M & D Cole Enterprises, Paramount.

Sophia Holzgreen, Linwood; Orangematic, Irvine; Earth-Co, West Lake Village; Woodbridge Press, Santa Barbara; Crawford Therapy Equipment, West Covina; James Brugman Enterprises, Long Beach; Natural Necture, Culver City; Nutri-Homo, Redondo Beach; Mettronix, Pomona; Concept Now Cosmetics, Anaheim; General Research Laboratories, Van Nuys; Life

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A Cataract-Producer in Animals

CASE HISTORY OF SLOPPY FDA DRUG ACCEPTANCE

By INDERJIT BADHWAR
(Federal Times)

I would highly recommend one of the HEW New Drug Review Panel's interim reports as must reading for Donald Kennedy, the new commissioner of the Food and Drug Administration.

I. BADHWAR

This interim report was put out some months ago by the panel — a top priority blue-ribbon group charged with investigating allegations of mismanagement at FDA, as well as recommending top-to-bottom reform of the entire drug approval process.

It is recommended reading for Dr. Kennedy for two reasons: First, because the report traces step-by-step how an important drug meets FDA's approval for marketing. The drug — tolmetin, an anti-arthritic preparation — is "important" because the interim report described it as one of a small number of economically significant drugs approved by FDA in the last two years. It has the promise of making the best-seller list, and that is why the panel chose to make it a case study.

And second, the commissioner should read the report because it will introduce him to the brave new world of government doubletalk and doublethink.

Having reviewed the approval process, the panel concluded that "overall, the FDA appears to have handled the approval of tolmetin in a responsible manner," and that questions about the drug's safety and efficacy "appear to have been carefully considered."

But you read the report and you conclude that *just the opposite is true.* In fact, the report seems to document gross mishandling of the drug application. And while FDA "carefully considered" the drug's safety and efficacy, it did not act when it encountered serious problems during this period of careful consideration.

Arthritis is one of the so-called degenerative diseases for which there is no apparent cure. All that modern chemotherapy can do for people with the disease is to ease pain and stiffness. And most experts will admit that the prescription drugs on the market so far have no advantage over simple aspirin in treating the disease.

If anything, the prescription anti-inflammatory drugs are more toxic — ulceration being the most common side effect — and they cost up to 10 times more than aspirin.

Why FDA continues to rubber-stamp newer and newer drugs (with fancier and fancier side effects at 10 times the price) when cheaper and just as effective remedies are available is another matter, and one that goes to the heart of why FDA is sometimes referred to as the guardian of the economic interests of the drug industry. I might add here that FDA fell flat on its face after approving a previous anti-arthritic agent — naproxen — which later was shown to have been approved on the basis of deliberately fraudulent test data submitted by the lab which tested the drug.

And there is no reason FDA should not fall flat on its face again over tolmetin — except that the panel report says the agency handled the New Drug Application for tolmetin "responsibly."

A point on which the panel and I must differ. And my conclusions are based on the same report from which the panel drew its conclusions.

One of the most troubling statements made in the report is that discrepancies in data generated from eye tests performed on rats during toxicity studies, indicating strongly that the drug produces cataracts, never were resolved or explained.

If a drug causes cataracts in animals it probably does so in humans too, medical experts aver. This was certainly the case with MER/29, an alleged cholesterol-lowering drug yanked from the market several years ago — and its sponsors criminally prosecuted — after it was discovered the drug produced cataract blindness in humans. FDA had approved the drug on the basis of falsified data which hid the fact the drug, when tested on rats, had produced cataracts.

The failure of FDA to learn from the MER/29 experience and to take action to resolve the cataract problems raised by tolmetin raises serious questions about the validity of the studies on the basis of which the drug was approved for marketing.

In addition, according to the report, the test animals were dosed only five days a week instead of seven. This was a crucial, long-term toxicity study. If the rats developed eye problems on five-sevenths the planned dose, what would the full dose have done to them?

And certainly FDA had no business approving this drug for marketing without resolving questions . . . in both humans and animals.

An FDA medical officer recommended that FDA write a letter to the lab testing the animals to incorporate eye examinations in its protocol. The letter never was sent. Why and who made the decision not to send it is not part of the panel report.

Nor were human subjects given the drug during clinical trials, followed up with eye examinations when the drug was approved.

The panel report itself reveals that FDA's own written record of the approval process was ambiguous or incomplete, copies of important memoranda and correspondence concerning the drug's safety and efficacy were missing from the file, FDA did not thoroughly review the materials submitted by the private lab doing the drug testing, and written recommendations of FDA medical officers often were not communicated to the sponsor of the drug.

The process of drug approval also was marked by FDA's tolerance of the drug company's failure to comply with FDA requests on time, contacts

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Force, San Bernardino; Herb West, Newport Beach; Skip-Jogger, Linwood; Gibsons Magic Mill, Riverside; Luxury Products, Watsonville; and International Institute of Natural Health Sciences, Huntington Beach.

And these Los Angeles firms: Touch for Health, T. H. Enterprises, Rheo H. Blair & Co., The Garden of Eatin, Fortune Enterprises, Vegetrates, *Let's Live* Magazine, American Iridology Institute, Libin and Associates, Cosco Distributing, and Golden Temple Conscience Cookery.

'A Dream Come True' for Hemet's Dr. Loomis

Holistic Health Center Construction Underway

"A dream come true" for Evarts Loomis, M.D., is the way friends describe events culminating Oct. 15 in ground-breaking ceremonies for construction of the first units of Friendly Hills Holistic Health Center in Hemet, Calif.

Dr. Loomis, who with his wife Verna and 96-year-old mother, Amy, founded Meadowlark more than 20 years ago — the first holistic healing center in this country — accepted the principle of "wholeness of the person" three decades ago, and has practiced this kind of healing at Meadowlark for two decades.

Facilities include housing, meals, and special counseling by a dedicated staff under direction of Dr. Loomis who believes physical health is dependent upon spiritual and emotional health.

He has envisioned a research center for many years, and that dream is materializing on property adjacent to Meadowlark. When completed, the new complex will consist of 10 buildings (modules) and an auditorium, Amy Loomis Chapel, a library-conference room, laboratory, reception, examining, and counseling rooms, a cloister garden, and three pools.

Dr. Loomis will be the first tenant. C. Norman Shealy, M.D., of the Pain and Health Rehabilitation Center in LaCrosse, Wis., will be available part-time from the start, as will Dr. Joe Connelly, San Diego dentist, a specialist in orthodontics and nutrition.

As the center develops, other professionals will be attracted into what Dr. Loomis calls "the dawn of a new day" in healing. In brief remarks during the ceremony, he said the healing concept at Friendly Hills Holistic Health Center will embody autogenic training, and polarity therapy as part of the body-mind-spirit healing process.

"We've got to change the thinking to the feeling (heart) level," he said. "We plan at the new center to have modules for herbs and homeopathy, and perhaps some surgery, but the new dimension will be in teaching people — and training professionals — how to take care of their own health through nutrition, exercise and mind-spirit processes."

Dr. Loomis says "the wholeness is always there. It may be blocked, but it is there. It is formless — our thoughts and feelings impress themselves on the formless substances, and it is mirrored back to us. To change our body, our world, we change our consciousness. We must never lose sight of the fact that the Divine Energy is whole . . ."

The new building program is being financed by individual gifts, and construction is on a pay-as-you-go basis. At the time of the ground-breaking, pledges had reached $130,000, with about $85,000 cash. The goal for Phase I is $250,000.

Responsibility for financing has been assumed by the MA-200 Club, 26126 Fairview Ave., Hemet, Calif. (714-927-1343). Gifts are tax-exempt, and while smaller contributions are welcomed, the MA-200 Club encourages $1,000 gifts payable at one time or in four annual payments or less.

The circular complex is being designed by Don Hoppen of Santa Barbara who worked with Frank Lloyd Wright. Superintendent Joseph Graff will use volunteer labor when feasible to keep costs down, and general contractor fees will be bypassed since Friendly Hills Fellowship, as owner-builder, will act as its own contractor.

The design created by Mr. Hoppen consists of a series of petal-shaped buildings surrounding an 80-foot-diameter cloister garden. Each building will contain about 1,000 square feet, with smaller connecting rooms nestled between the modules.

Natural building materials will be used. Solar energy will be incorporated, aided by thick walls and a sod roof to conserve heat and energy for air-conditioning.

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between the drug sponsor and FDA officials that never were officially recorded, and unscheduled visits by representatives of the firm, causing a disruption in the work schedule.

Commissioner Kennedy should read this interim report for a third reason. Spelled out — and yet covered up in its final judgement — are the very examples of sloppy drug approval practices which caused scientists such as John Nestor, Marion Bryant, Carol Kennedy, and Burton Appleton to conclude that FDA officialdom must be in bed with the drug industry or how else could such unscientific and totally irresponsible behavior have been condoned.

The few questions I have raised on tolmetin are precisely the kind that Nestor et al raised when reviewing any number of drugs now on the market. For this they were harassed, branded troublemakers, called "adversarial" and "nitpickers," and hounded out of their jobs.

NHF MEMBERSHIP DUES GO TO $10 JANUARY 1

With the advent of 1978 on January 1, membership in the National Health Federation became a modest $10 per year. Checks written on or before Dec. 31 and mailed by that date will be honored at the old rate of $8.

The Executive Committee, in taking the action increasing the membership fee, did so "with reluctance, forced to face the reality of rising costs."

"We know our members will understand the necessity for this increase," said Board Chairman Kurt W. Donsbach. "Without a sound financial base, no organization — nonprofit or otherwise — can do an effective job in meeting goals. We intend to continue in our role of leadership in the growing consumer movement to regain the right to freedom of choice in matters related to health. We hope you will help us in that struggle by inviting others to join with us by becoming members — either regular members at $10, sustaining members at $25, life members at $100, victory members at $500, or perpetual members at $1,000."

Ten important two-letter words: If it is to be, it is up to me.

— WILLIAM H. JOHNSEN
(Reader's Digest)

Persecution of Hoxsey, Others Recalled

Nontoxic Cancer Therapy Harassment An Old Story

BY ELIZABETH KITZMAN

Twenty-five years ago the Hoxsey treatment for cancer went through the same systematic harassment that Laetrile is going through today. Doctors using the Hoxsey treatment were ridiculed and persecuted. One doctor in particular was unable to renew his medical insurance, making it almost impossible for him to carry on his practice.

In order to continue using the Hoxsey method without persecution and pressure, Mildred Nelson, as owner-manager, opened the Bio-Medical Clinic in Tijuana, Mexico, in 1963.

Just as is happening today to Laetrile — only back in the 1940s — interested U.S. senators and doctors recommended, after thorough investigation, that the government look into the Hoxsey treatment.

Then in 1953, Senator Charles W. Tobey of New Hampshire, whose son had been cured of lung cancer by an "unorthodox" method, wanted to make the treatment more accessible to the public. Senator Tobey, then chairman of the Senate Committee on Interstate and Foreign Commerce, appointed Benedict F. FitzGerald, an attorney with the Department of Justice, to investigate and supervise a study of "individuals, organizations, foundations, hospitals, and clinics throughout the United States which have an effect upon interstate commerce and which have been conducting researches, investigations, experiments and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of the disease cancer."*

Mr. FitzGerald also was asked to investigate "the facts involving the interstate conspiracy, if any, engaged in by any individuals, organizations, corporations, associations, and combines of any kind whatsoever, to hinder, suppress, or restrict the free flow of drugs, preparations, remedies, and information, researches, investigations, experiments and demonstrations relating to the cause, prevention and methods of diagnosis and treatment of the disease cancer."*

Mr. FitzGerald investigated foundations, hospitals, clinics, and government-sponsored organizations specializing in cancer, including the American Cancer Society, American Medical Association, Department of Health, Education and Welfare, the Food and Drug Administration, and the Federal Trade Commission. He went to the Hoxsey Cancer Clinic in Dallas, Texas, where he learned that eight years earlier, in 1945, H. H. Humphries, M.D., of Jacksonville, Fla., had visited the Hoxsey Clinic, then sent the following telegram to Dr. R. R. Spencer, Chief of the National Cancer Institute, a bureau of the U.S. Public Health Service:

"While in Washington on October 19 I accepted invitation of Charles Rodgers to attend preliminary meeting in your office for observation only of Hoxsey method of cancer treatment. This so interested me that I came to Dallas at my own expense to make personal investigation. After spending this week here, I am clearly convinced of superiority of Hoxsey method over radium, X-ray, and surgery, as I have seen cured cases here where all three have failed. In the name of humanity, I trust you will not delay but will give your deepest scientific consideration. Each day's delay puts thousands closer to their graves who could be saved by this method. I heartily endorse and recommend Hoxsey method, as it is the greatest boon to humanity I have seen during my 42 years' practice as physician and surgeon. I know fair investigation of his patients and records will verify this."**

Nothing was ever done in response to this telegram.

Mr. FitzGerald discovered that in February 1947, Senator Elmer Thomas, after personally checking into the Hoxsey Clinic at Dallas, tried to get the federal government to look into the Hoxsey treatment and make a full report. No investigation was ever made. In fact, every effort was made to avoid and evade an investigation by the Surgeon General's office. The Council of National Cancer Institute refused to order an investigation. "The record in the Federal Court discloses that this agency of the federal government took sides and sought in every way to hinder, suppress and restrict this institution in their treatment of cancer. (See testimony of Dr. Gilcin Meadors, pages 1125-1139 Transcript of Records, Case No. 13645, U.S.C.A.)."*

In his report, Mr. FitzGerald stated: "Behind and overall, this is the weirdest conglomeration of corrupt motives, intrigue, selfishness, jealousy, obstruction and conspiracy that I have ever seen."*

Mr. FitzGerald recommended that public hearings be held to determine who was responsible for withholding information regarding the cure of cancer from the American public.

That was more than twenty-four years ago!

Senator Tobey died, and was succeeded by Senator John Bricker of Ohio. Mr. FitzGerald submitted his report, but Senator Bricker refused to see him and halted the investigation. Mr. FitzGerald's office advised him to forget the matter and not to talk to the press. He refused, because he believed the information rightfully belonged to the American public. His job as special counsel over, he went back to the Department of Justice to find that his job there was also over. He knew he was ousted from his government position because of his report on his findings. He left, but not before sending copies of his report to every senator on the committee. The report was read into the *Congressional Record* Aug. 28, 1953, and there it lay, buried.

In 1954, 10 physicians from different sections of the United States met at the Hoxsey Clinic in Dallas for an independent, impartial investigation.

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Elizabeth Kitzman, Morro Bay, Calif., is a writer who shows in this article that those using nontoxic therapies 30 to 40 years ago were subjected to the same type of harassment that Laetrile is going through today. She hopes people will be motivated to resolve that "while it has happened before, let's not let it happen today! Time will tell, although it does appear that Laetrile is making the necessary wedge in that direction. Today's attitudes are drastically different from those of the 40s and 50s."

They inspected the facilities, examined hundreds of case histories, and talked to patients. Then on April 12 of that year they issued the following unanimous statement, (in part):

"We find that the Hoxsey Cancer Clinic in Dallas is successfully treating pathologically proven cases of cancer, both internal and external, without the use of surgery, radium or X-ray. Some have been free of symptoms as long as 24 years.

"We as a Committee feel that the Hoxsey treatment is superior to such conventional methods of treatment as X-ray, radium, and surgery. We are willing to assist this clinic in any way possible in bringing this treatment to the American public.

"The above statement represents the unanimous findings of this Committee. In testimony thereof we hereby attach our signatures."

S. Edgar Bond, M.D., Richmond, Ind.; Willard G. Palmer, M.D., Seattle, Wash.; Hans Kalm, M.D., Aiken, So. Car.; A. C. Timbs, M.D., Knoxville, Tenn.; Frederick H. Thurston, M.D.,D.O., Boise, Idaho; E. E. Loffler, M.D., Spokane, Wash.; H. B. Mueller, M.D., Cleveland, Ohio; R. C. Bowie, M.D., Fort Morgan, Colo.; Benjamin F. Bowers, M.D., Ebensburg, Pa.; Roy O. Yeats, M.D., Hardin, Mont.

Federal harassment of Harry Hoxsey included expensive court trials during which the govennment was compelled to concede that the Hoxsey treatment "can cure external cancer," but "not internal cancer." Mr. Hoxsey finally was forced to give up his Dallas clinic after the state of Texas passed a law, at the behest of the medical monopoly, prohibiting treatment of cancer by any doctor working for a lay individual.

NONTOXIC THERAPY

The Hoxsey cancer treatment is a nontoxic chemotherapy. "It works on the principle that cancer is a systemic disease, and that without exception it occurs only in the presence of a profound physiological change in the constituents of body fluids, and a consequent chemical imbalance in the organism."**

For more than 70 years the Hoxsey treatment has proved that with proper medicine and correct diet, the body can and does fight cancer.

Mildred Nelson, a registered nurse, joined the Hoxsey Clinic in Dallas under unusual circumstances. On vacation one year, she arrived home to learn that her father was undergoing recurrence of cancer in the socket where an eye had been removed. Nor did her mother, who had been operated on for cancer, feel or look well.

Her father had heard of the Hoxsey treatment and was eager to try it. Mildred also had heard of that treatment, believed it worthless, and thought the Hoxsey Clinic was run by a quack. She tried to discourage her father, but his mind was made up, so she drove them to Dallas. While she was waiting in the reception room, Mr. Hoxsey introduced himself and asked if she would be interested in working for him, even though her father had told him she thought he was a quack. He told her that those who, like her, didn't believe in the Hoxsey method were the "best kind." She turned down the offer.

Back home, Mildred kept silent as she watched her parents take the Hoxsey tonic after meals. A few days later, her father said he felt better, and he was positive it was because of the tonic. That was too much for Mildred. She knew she couldn't convince

either of them, especially her father, with just talk. She had to have proof that they were wasting their money. She called Mr. Hoxsey, told him she had changed her mind and would work for him. She left the next day to get proof that the Hoxsey treatment was worthless, but she ended up staying at the clinic for 13 years. That was in 1946.

The first thing that surprised her was the openness of the entire operation. The files were available to all interested medical people. In just a few days she became aware that those who came for the first time were tense, depressed, worried and afraid. But those who came back for the six-months' checkup were cheerful and went out of their way to encourage newcomers, telling them that they, too, soon would be feeling better. It didn't take her long to see for herself that the Hoxsey treatment was helping cancer victims.

People came from all over the United States, Canada and Mexico. In 1959 Mr. Hoxsey was asked if he would consider opening an office in Reno. They even offered the name of a doctor interested in working with a Hoxsey representative. Mr. Hoxsey decided to try it, and felt Mildred was the one to send. Having worked with thousands of cancer patients, she was skilled in using the treatment, and was qualified to manage such an office.

She went to Reno, but unlike Harry Hoxsey who welcomed every opportunity — including going to court — to prove the soundness of the treatment, she found it hard to cope with the constant harassment. At the clinic in Dallas she had been aware of the badgering that never seemed to let up, but there Mr. Hoxsey had borne the brunt of it. In Reno it fell on her shoulders.

She didn't remain long in Reno. When Dr. Mathieson of Long Beach wanted to use the Hoxsey method of treating cancer, Mildred went to work with him. Then when he retired early in 1961, she went to Bountiful, Utah, and worked with Dr. Cate.

In December 1961, Mildred and Dr. Cate sent their patients signed Christmas cards.

Eleven months later, in November 1962, a state officer from Davis County issued a "cease and desist" order to close the office. It was Friday, and everyone but Mildred had left. Monday, November 11, was a holiday, but by Tuesday she was able to reach an attorney. During the conversation she mentioned the Food and Drug Administration.

The attorney told her he felt she was "prejudiced." He informed her that the "cease and desist" order was not dictated by the Food and Drug Administration but had been issued by a Utah office charging that she had advertised. She tried to tell him he was wrong. She was familiar with the laws relating to medical advertising, and insisted she had never advertised. The attorney finally learned that Mildred and Dr. Cate were accused of "advertising" because they had signed their Christmas cards. He also learned that the FDA wanted her out of the state, and intended to invoke an old long-unused law that no one could dispense medicine from an office except in an emergency — all medications must come from a drugstore.

She had no idea that she and Dr. Cate were breaking the law by dispensing medicine from their office. She also had no desire to get involved in a court case, and made arrangements to close the office. She later

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learned from Dr. Cate that a representative from FDA went to his home in Tawilla, Utah, asking him to sign a statement against her. Dr. Cate wanted the attorney to see what they were up against, and arranged a meeting with the FDA representative and the attorney. They met in the attorney's office where the same proposition was made to Dr. Cate. Again he refused in the presence of the attorney who told the government representative to get out of the office and never return.

Mildred closed the Bountiful office on Dec. 15, 1962, and left for Dallas. The mover, with her house and office equipment, was expected to arrive in Dallas a couple of days later. The driver didn't appear until four days later. He told her that after she had left, his van was stopped and he was told to drive to a warehouse. There he watched men unload the truck, inspect the contents, and secretly mark certain envelopes containing pills.

After Mildred's house furniture was unloaded in Dallas, two men representing the Food and Drug Administration approached her. They wanted to know if she was Mildred Nelson and if the equipment on the van belonged to her. She told them yes. Then they pointed out the envelopes containing the pills, asking if they were hers also. She told them they should know better, because she was not allowed to handle pills. She showed them the bill of lading indicating that the pills were shipped to Dr. Lowell from Dr. Cate. They tried to trick her into saying the pills were hers, but failed. When the equipment was unloaded in a storeroom, it was sealed by the FDA. Dr. Lowell never did get his pills, and it was months before she was allowed to touch any of her equipment.

In the meantime, Mr. Hoxsey had a request from a doctor in Mexico who inquired about opening an office in Tijuana.Mr. Hoxsey had gone to Tijuana, investigated, and talked with Mexican authorities.

In 1963 Mildred Nelson opened the clinic in Tijuana (611 General Ferreira, (Colonia Juarez), and has been helping thousands of cancer victims — mostly from the United States — ever since.

*Benedict F. FitzGerald's Committee Report filed August 11, 1953. *Congressional Record,* August 28, 1953, pp. 5690-93.

**_You Don't Have to Die_, Harry N. Hoxsey, N.D. Library of Congress Card Number: 56-6752.

NO OIL — SO PITCAIRN GOES SOLAR

Faced with a continuing problem of obtaining oil to fuel its electricity generator, the 62 residents of Pitcairn Island in the South Pacific have exchanged oil for sunshine as a power source.

A U.N. report says California Boy Scouts, a high school science class, an engineer at Jet Propulsion Laboratory in Pasadena, and members of the Seventh-Day Adventist Church donated the $2,500 required to purchase a solar-powered generator for the islanders.

For every 6½ to 7 hours of daily exposure to sun, the plant generates about 30 kilowatts of electricity — sufficient to fulfill the population's needs.

A Longtime Hoxsey-Cured Patient Speaks Up

She Lost Her Daughter at Age 44 — M.D. Anderson Patient

(Along with the NHF form letter regarding NCI Laetrile testing, this letter was sent by Mrs. Bonnie M. Rainey, R. Rte. 1, Arthur City, Texas, to Congressman L. H. Fountain, chairman of the House Committee on Government Operations. Mrs. Rainey is a longtime Federation member, and has been "through the mill" with orthodox as well as unorthodox cancer treatments).

Dear Chairman Fountain:

I am adding a little personal experience in regard to cancer treatment. I say "little" because that would be the way the National Cancer Institute, the American Cancer Society, and the Food and Drug Administration would classify me. But to *me,* my life and the life of my loved one are not little. They are big.


BONNIE RAINEY

In 1954 I had cancer of the breast. My doctor advised removal of the breast, but I had heard of what the above-mentioned organizations call a quack treatment. I took it, and now, 23 years later, I am in good health — no cancer.

In March 1974 my daughter, Helen Perryman, through an operation performed in Big Springs, Texas, was pronounced by the doctors as suffering from cancer — a big mass lying between the colon and vagina, with many small ones on the intestines.

My son-in-law told the doctor he was "prepared to take her anywhere in the world" to have her cured. The *best* place, he was told, is the M.D. Anderson Cancer Clinic-Hospital in Houston. My son-in-law took Helen there in a few days, and since there were all kinds of degrees hanging on the walls, all kinds of expensive equipment to cut, fry, and bake cancer patients, and they were so much more skilled in brainwashing than I, the treatment was started at M.D. Anderson's. It was a very toxic chemotherapy, making her very ill. She lost all her hair twice, but of course was told that she was Guinea Pig 89. But being sold on the treatment by those salesmen, she took the package. It was many dollars in their pockets — the bill to my son-in-law was $30,700, not counting many other dollars spent to try to make her comfortable. In November 1975 the great M.D. Anderson Cancer Hospital said, "Don't come back any more, we can't do any more for you."

She died June 2, 1976, at the age of 44. I was at her bedside, waited on her more than two months. I know what it is to empty and care for a colostomy bag — change the bed, and her, and bathe her five times in one day. And then see her go to her grave.

In October 1976 one Hugh J. Sweeney of Big Fork, Mont. — a total stranger to me — called me, asking about the treatment I had had — the Hoxsey treatment. I advised him to go to Tijuana, Mexico, where you can get cured of cancer, but not in our good old U.S.A., as Big Brother runs the cancer cures out of our *free* country.

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CIRCUMCISION 'NONESSENTIAL' PEDIATRICS ACADEMY IS TOLD

Should the newborn babe be circumcised? The practice dates back to antiquity, and by many Western mothers is considered "the thing to do."

There is growing belief among professionals, however, that "immediate circumcision of neonates is nonessential," and should be abandoned.

Among those holding this conviction is T. D. Swafford, M.D., Seattle, who has made available to the press a copy of an article in *Family Practice News* (Dec. 1, 1974), and of a paper by Paul J. Zimmer, M.S., "Modern Ritualistic Surgery — A Layman's View of Nonritual Neonatal Circumcision," published in *Clinical Pediatrics* (June 1977).

"The widespread practice of circumcising newborns in the delivery room should be abandoned, and parents should be informed that this common surgery is nonessential," said an interim report by a task force of the American Academy of Pediatrics.

"There are no absolute indications for circumcision," the report concludes. "The procedure is contraindicated in premature, and birth-defective babies, and in the immediate postnatal period in the delivery room," said the report, prepared by medics from the American College of Obstetricians and Gynecologists.

According to Dr. George T. Klauber, director of pediatric urology, University of Connecticut Health Center, Farmington, Conn., about 30 deaths occur annually from cancer of the penis — "so rare in the U. S. that surgery is not a justified preventive."

The report continued: ". . . Many of the traditional arguments in favor of the surgery are found to be invalid. It has been advanced as a prophylaxis for venereal disease and cancer of the penis, cervix, and prostate. It also was said to facilitate hygiene and prevent phimosis. The incidence of cancer of the penis is greater among uncircumcised men, but the link probably is hygienic."

Dr. Lowell R. King, Children's Memorial Hospital, Chicago, told the annual meeting of the American Academy of Pediatrics that the original study indicating cervical cancer is more prevalent in the wives of uncircumcised men "has not been borne out. Several studies have confirmed that the incidence is the same whether or not the husband is circumcised."

Dr. Klauber told delegates that circumcision "lends itself well to the American passion for cleanliness," but that parents should realize its potential complications are not always trivial. They include hemorrhage, meatal stenosis (constriction of the passage or opening), fistulas, meatal ulceration, infection, heart failure in a baby with marginal heart status, cautery burns, penile necrosis, and partial and total penile amputation.

The taskforce report said parents "should be informed that hygiene is an alternative to circumcision, with its attendant risks. Should they choose to go ahead with the circumcision, complications would be minimized by using a trained circumciser, and postponing the procedure until after the first day."

Dr. George W. Kaplan, associate clinical professor of urology, University of California, San Diego, said that in six years of practice he had seen 30 complications of circumcision. These can range from a penile amputation to neonatal septicemia (blood-poisoning) in which infection enters through the circumcision wound.

The article in *Clinical Pediatrics* by Paul Zimmer revealed that he started researching the question of whether or not a boy should be circumcised when he and Mrs. Zimmer were expecting their first child.

"A search of the lay magazines with medical articles published in the last few years gave the unexpected conclusion that circumcision need not be mandatory," he says.

"The historical origins of the operation for removal of a circular portion of the prepuce or foreskin have not been fully traced, but evidently the procedure originated at several locations, and for various reasons, throughout the world."

Some of the reasons for circumcision:

- A means of tribal and slave identification.
- In an adolescent male, proof of manhood.
- A religious rite widely practiced by Moslems and Jews. But, says Mr. Zimmer, "even the Law of Moses excuses its followers from circumcision if two members of the immediate family have died during the rite."

Mr. Zimmer quotes the literature (there are 23 references) as the basis for discussing in his article the fear of cancer, the need for cleanliness, risks of circumcision, and the role of the physician as teacher.

Expectant parents, child-birth education classes, and physicians may obtain sample copies of the article free by writing Mr. Zimmer, P. O. Box 48, Village of Saint Peter, Pennsylvania 19470. He also will provide copies of other documented medical articles on circumcision of the newborn, and care of the uncircumcised penis to those sending a large self-addressed stamped envelope.

CLINICAL EXPERIENCE

In a chapter on circumcision *(Care of the Well Baby*, J. B. Lippincott Co., 1968), Thomas E. Reichelderfer, M.D., and Juan R. Fraga, M.D., said in part:

". . . Generally speaking, circumcision is not practiced to any great extent in Europe, England, Scandinavia, South America, or Japan. In the United States, however, there has been wide acceptance of this procedure to the point where, in many areas, aside from ritual circumcision, it is almost routinely performed with little thought or consideration. . . .

"Phimosis (a too-tight foreskin) is normal in the newly-born infant. Our studies have shown that fewer than 1% of newly-born infants could retract

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I visited my son in Kalispell, Mont., and Mr. Sweeney came to see me. He said he had just returned from the Mayo Clinic in Rochester (this was May 2, 1977). After a thorough examination, Mayo pronounced him cured, whereas in October 1976, he was called incurable. Mr. Sweeney had cancer of the lymph system, intestines and liver.

He took both the Hoxsey treatment, and Laetrile, in Tijuana. Do you have any idea how I, the mother of a beautiful and lovely daughter, feel? No! You can't.

We need Hoxsey, Laetrile, Krebiozen, Lincoln, and the Gerson treatments for our own America. I am 75, God grant me to live to see the day we have freedom of choice for cancer treatment!

the prepuce.

"(Among 255 circumcised infants), 4 had more than 1 centimeter of skin removed from the shaft of the penis. When this healed, cicatrization (scarring) of the shaft resulted in the penis being bowed and pointing dorsally . . . Fifteen of 25 infants who returned for followup after insufficient removal of the prepuce, had adhesions between the glans and the remaining prepuce. . . . Two had developed hyperbilirubinemia from septicemia that required an exchange transfusion. The same bacterial organism was recovered from the penis as was found in the blood stream. . . .

"In the group of uncircumcised infants who were cultured, there was no evidence of sepsis or hyperbilirubinemia due to sepsis. . . . Of the 255 circumcised, 132 were followed in a Well-Baby Clinic. Some degree of meatal stenosis was seen in 51 of these infants (39%). In some cases, a pinhole opening was all that existed. . . .

"In our experience, we have found cases of staphylococcal pneumonia, ascending urinary infection, and sepsis resulting from infection at the site of circumcision.

"Most pediatricians believe the prepuce should be left alone until it may be retracted over the glans after the preputial space has formed at the age of 3-4 years. The child then should be taught to wash the area and to periodically inspect himself. There is no reason why he should not be taught to keep his penis as clean as his neck. . . ."

Conservation, Solar Energy Deemphasized, Say Critics

'Myths Vs. Realities' of Carter Energy Plan

In a three-part series titled "Jimmy Carter's Energy Plan: Myths Vs. Realities," Dr. John W. Gofman and Egan O'Connor of the Committee for Nuclear Responsibility, Inc. (Box 11207, San Francisco, Calif.), present a critical analysis of the White House "National Energy Plan — Summary of Public Participation."

The Plan, outlined in a booklet by that name, say Gofman and O'Connor, "should not be regarded as discouraging, in spite of its disgraceful discrepancy between good words and little action, because it does admit the correctness of much of what the antinuclear forces have been saying for years about nuclear power, solar energy, and energy efficiency.

"It even admits that every segment of the American community (the general public, business, industry, public-interest groups, state and local governments, labor, education, other) now rate nuclear power as the greatest risk to the environment of any energy source. And it reports great public support for energy conservation and solar energy.

"When the public understands that nuclear power is also the riskiest choice with respect to the economy, jobs, and our standard of living, then Jimmy Carter may be shamed or persuaded into keeping his campaign promise to lessen the people's nuclear burden instead of increasing it."

Part III of the Gofman-O'Connor report deals with nuclear fission — a nine-page refutation of the "myths that (1) Carter is treating nuclear power as 'a last resort'; (2) that Carter's plan is a serious effort to prevent 'worldwide proliferation of atom-bombs'; (3) that the plan rectifies 'the disproportionate share of capital consumed by expansion of energy facilities'; and (4) that the U.S. has a big supply of uranium for light-water nuclear power plants."

In Part I the authors charge it is a "myth that the Carter Plan will give us solar energy much faster than the Nixon-Ford plans, and that Carter is 'aggressively promoting' solar energy."

The "facts" are, they say, that "the plan relegates almost every application of solar energy to 'beyond 1985,' and 'in the next century.'

"Carter is explicitly aware that at least *one-third* of our entire energy-demand can be met by low-grade heat — temperatures below the boiling point of water — and that solar heat is a suitable source of such energy. Nevertheless, the use of solar energy to supply some of the low-temperature heat needed in industry and agriculture is relegated to 'The future beyond 1985' section of the Plan, except for a few government-sponsored demonstrations.

"Windpower is mentioned (*everything* gets mentioned for credit) as a medium-term technology — i.e., after 1985, as are ocean-thermal, and photovoltaic power."

The Plan's goal is 2½ million solarized homes by 1985, through tax-incentives—"truly a drop in the bucket, since there are 74 million 'residential units' in the U.S., and 2.5 divided by 74 equals 3.4%. After issuing the Plan, the administration reduced even that goal from 2½ million to 1.3 million, or 1.8% of the total residential units. Meanwhile, the Solar Energy Industries Association claims 11 million homes could be solarized by 1985."

Under the Carter plan, solar energy will contribute only 0.4 Quad (1 quad equals 10^{15} BTUs — the energy-equivalent of 180 million barrels of crude oil), or 0.44% of the projected energy-need of 91.65 Quads. The Federal Energy Administration in 1974 reported, however, that by 1985 with an "accelerated implementation plan," solar energy could produce 1.44 Quads — three times more than the Carter plan for 1985.

"The FEA . . . said the U.S. could have nearly 40 Quads from solar energy by the year 2000," continued Gofman and O'Connor. "That would be more than half the entire U.S. 1976 energy-consumption of 75 Quads.

"And Barry Commoner, author of *The Poverty of Power* (1976), estimates the U.S. could get up to 20% of

(Please turn the page)

Dr. John W. Gofman, chairman of the Committee for Nuclear Responsibility, is professor emeritus of medical physics, University of California, Berkeley. Among the Committee's 15 board members are Paul R. Ehrlich, professor of biology, Stanford University; Linus Pauling, Nobel Laureate, professor of chemistry, Stanford University; George Wald, Nobel Laureate, Higgins professor of Biology, Harvard University; and James D. Watson, Nobel Laureate, professor of biology, Harvard. The complete CNR report (1977-4) may be obtained from the San Francisco office for a contribution of $1 to help cover costs.

its energy in the next 10 years from solar energy."

45% WASTED

The Gofman-O'Connor analysis is sharply critical of the Carter Plan's energy conservation provisions. The critics point out that the U.S. wastes at least 45% of the energy it consumes each year; that several countries "with living standards as high as ours, use about half the energy consumption per person as in the U.S."

The Carter Plan permits energy consumption to expand from 75 Quads in 1976 to 91.6 Quads in 1985, a 22% increase over nine years.

The Committee for Nuclear Responsibility maintains that instead of planning for added energy consumption of 2.4% a year, the nation can and should reduce consumption by that amount. If this were accomplished, the energy supply would be increased by 40% by 1985.

"A real conservation plan would be based on the principle that a nation which wastes 45% of the energy it consumes, does not 'plan' for any increase in the annual rate of consumption until the waste has been eliminated," say Gofman and O'Connor.

"By energy-efficiency, we could have *from equal amounts of energy consumed*, 57.45% Quads of useful energy in 1985 as compared with 41 Quads in 1976. Emphasis on efficiency would provide more energy for jobs and economic growth than the Carter Plan.

"The Carter Plan is excellent when it comes to *describing* the benefits of energy-efficiency:

" 'Conservation is the cleanest and cheapest source of a new energy supply. Wasted energy is greater than the total amount of oil imports.' (p. 35) . . .

" 'The value (of conservation) can be illustrated by comparing the cost of savings from conservation with the cost of oil imports. Through investment in insulation, lighter cars, clock thermostats, and other capital equipment, conservation reduces the need for imported oil costing about $13.50 per barrel. The costs of the capital equipment can be expressed in terms of the cost of each barrel of oil-equivalent which the equipment saves. The resulting costs vary. For example, the effective cost of a barrel of oil-equivalent saved are:

" 'Less than $2 for co-generation.

" '$3.50 for mandatory standards for new commercial construction.

" 'About $7.50 for tax-credits for commercial and industrial investments in energy-saving retrofits or mandatory standards for new residential construction. In short — conservation pays.' " (p. 47)

"It would be immensely useful," continue Gofman and O'Connor, "if Carter would take all this *good news* about energy-efficiency to the public. Instead, he is undermining even his meager conservation program by talking so much in terms of 'sacrifice,' and by focusing disproportionate attention on the bad (but beloved) automobile.

"In 1976 the auto used only 13% of the country's energy (National Energy Plan, p. 36). There is a whole lot more room for energy conservation *in the other 87%* of the picture, but it gets far less than 87% of the attention.

"Given the fact America wastes about half the energy it consumes, surely it is fair to ask Carter (with his unlimited manpower and computer-power) to give the country a plan which would increase energy-efficiency by 2.4% per year instead of *consumption* by 2.4%. Carter's 'war' against waste could be indeed popular in view of its vast economic benefits — if only he would present it that way . . ."

STILL NO SAFE, PERMANENT STORAGE FOR NUCLEAR WASTE

In a 73-page report to the House Government Operations Subcommittee during a hearing on nuclear energy costs, the General Accounting Office revealed that the U.S. has been accumulating thousands of tons of toxic nuclear waste for more than 30 years and still does not have permanent, safe, storage for it.

Chairman Leo J. Ryan said the cost issue "becomes of major importance when you try to figure out the real expenses of radioactive waste disposal, and how much money will be required to close down a plant and make the site safe for the future."

Much of the waste will remain toxic for 250,000 years. Management of these wastes, said Congressman Ryan, "seems to have been virtually dismissed with the attitude 'American technology will take care of it when the time comes.' And while numerous studies have been made, each study seems to generate another study — but no permanent storage method or sites."

The GAO report said 50 million gallons of high-level waste are stored "temporarily" in steel tanks at the Hanford facility in Richland, Wash., and another 21 million at the Savannah River facility in Aiken, S.C.

"Even if all activities which generate radioactive waste were stopped today, the United States still would be faced with a major radioactive waste-disposal problem," said Monte Canfield, director of the GAO energy and minerals division.

And while the nation faces this dilemma, the nuclear frankenstein poses yet another kind of potential danger — that of misuse of plutonium by politically-motivated individuals bent on blackmailing domestic or foreign populations.

The Energy Research and Development Administration in mid-September confirmed that the U.S. has exploded a nuclear device using low-grade plutonium — meaning that atomic weapons can be made from impure plutonium produced by civilian nuclear power plants.

The information results from secret tests corroborating theoretical studies by nuclear weapons laboratories which concluded that nations seeking to obtain atomic weapons covertly could build them from low-grade plutonium stockpiled for use as civilian reactor fuel.

It has been a widely-accepted belief since advent of nuclear energy in the 1940s that plutonium produced as a by-product of civilian nuclear power is unsuitable for weapons.

ALCOHOL FOR TEENERS UPS ACCIDENT LEVEL

After Ontario, Canada, lowered the legal drinking age from 21 to 18 in 1971, alcohol-related traffic accidents involving 18-20-year-olds increased 174% in 1972. The number of alcohol-related accidents among 16- and 17-year-old drivers jumped 16.9% the first year. Four years after the drinking age had been lowered, accidents involving drinking drivers 16-19 had jumped 400% from 1970.

FDA WANTS TO CONTROL FOOD ADVERTISING

In a speech to the national Academy of Sciences, FDA Commissioner Donald Kennedy said he believes food advertising should be considered an extension of food labeling, and brought under the same federal controls.

"That principle already is applied to drugs," he said, "and we should move to that principle with food."

The same month (October 1977) that Dr. Kennedy expressed this opinion, Dr. Alfred E. Harper, a University of Wisconsin biochemistry professor, told the 1977 Newspaper Food Editors' Conference (sponsored by the cereal division of General Mills), that the editors should start questioning "all claims about food and nutrition." (The six-day conference in Chicago Oct. 2-7 was reported Oct. 15 by *Editor & Publisher*).

Said Dr. Harper: "... The consumer deserves to know if claims about relationships between food and health are true or are exaggerations designed to attract attention in order to sell a book or a product or an ego. Food editors are in a unique position in being able to provide this type of information for consumers, but it is not always easy to distinguish between valid information and misinformation."

Dr. Harper, said *Editor & Publisher*, "labeled two recent nutrition claims as sensational: the toxicity of sugar and the presumption that U.S. consumers are suffering from the ill effects of eating 'junk' foods.

" 'No one seems to know what a 'junk' food is,' he said. 'I am not willing to concede that a food should be discarded as 'junk' because it provides mainly calories. It depends on the way food is used in the total diet.' "

What the food editors were not told, presumably, but which National Health Federation members learned more than a year ago (June 1976 *Bulletin)*, is that Dr. Alfred Harper has been a consultant for industry for many years, and the Department of Nutritional Sciences he heads at Wisconsin U. receives about $350,000 of its $500,000 annual budget from federal government grants.

This, and much more information relating to alleged conflict-of-interest charges in his position as chairman of the Committee on Recommended Dietary Allowances (RDA), National Academy of Sciences, was brought into public focus by Miles H. Robinson, M.D., during cross-examination of the Wisconsin scholar at a court-mandated hearing.

Dr. Robinson told the FDA hearing officer that "the Appeals Court in New York has ... taken judicial notice of our charge that companies manufacturing foods have a financial advantage in low RDAs because it costs money to grow vitamins or food with high vitamin content, and to preserve food with high vitamin content. I am attacking Dr. Harper's connection with a food company, in that they conceivably could bring pressure to bear on him through the large income they send him, not only to enable him to serve them on aspartame, but also to bring pressure on him to take the view that is profitable to them, prejudicing him consciously or unconsciously to support low RDAs."

Dr. Harper acknowledged on the stand that "close to 20%" of his annual income was from fees from G. D. Searle and Company, the manufacturer attempting to obtain FDA approval of aspartame as a sweetener, and a company which FDA has been investigating on charges of falsifying test documents in connection with that application.

Dr. Harper also revealed under questioning by Dr. Robinson that he has received consultant fees from Procter & Gamble, Pillsbury, McGaw Laboratories, General Mills, Chattem Drug Co., Abbott Laboratories, and Cutter Laboratories.

He denied on the stand that his relationship with Searle posed any "conflict of interest (in connection with his position with the Committee on recommended Dietary Allowances) because that company does not produce vitamins or minerals or foodstuffs."

Dr. Harper recommends low amounts of vitamins, and supported the unsuccessful FDA attempt to classify vitamins and minerals as drugs. After the hearing in Washington, he told the press that the questioning by Dr. Robinson was "the most horrendous experience of my life." He also "roasted" the National Health Fderation, and accused Senator William Proxmire (chief sponsor of the food supplement bill passed by Congress in 1976 and supported by NHF and other consumer and health-food industry groups) that the bill would "legalize fraud."

Robinson Urges Justice in Nestor Case

Dr. Miles H. Robinson, who has an impressive record of uncovering official wrongdoing in the Food and Drug Administration, angered at the inaction of Commissioner Donald Kennedy in restoring Dr. John Nestor to his FDA position (Oct. '77 *Bulletin),* wired Dr. Kennedy that he had had dinner with Dr. George Clarke, Dr. Kennedy's former professor at Harvard, "who spoke highly of your competence and integrity after I told him the John Nestor story.

"He suggested I contact you as a mutual friend. I do hope you appreciate that Dr. Nestor is a very rare and authentic hero in the great battle against disreputable drugs, and that if you do not at least restore him to his original position, you will have served notice on all FDA personnel for all time that brave whistleblowers must expect the severe punishment of permanent discharge from their field of choice and competence. How could any management policy justify this wrong?"

Whether this telegram had anything to do with it is only conjectural, but a few days later, Dr. Kennedy invited Dr. Nestor and his attorneys for an hour-long session, which according to *Federal Times,* the newspaper which has regularly and accurately reported the injustices done Dr. Nestor, "went off peacefully and with goodwill on both sides."

"But," concluded *Federal Times,* "Dr. Kennedy made no promises, which still leaves Dr. Nestor hanging on by his fingernails."

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

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Institute for Study of Medical Ethics Charges:

FDA 'UNDER PRESSURE' TO OKAY CARCINOGENIC CONTRACEPTIVE

Despite its vigorous efforts to persuade Food and Drug Administration officials to withhold permission to market a cancer-causing synthetic hormone — Depo-Provera — the Institute for the Study of Medical Ethics (ISME), fears the agency will proceed with approval of the marketing application by the Upjohn Company of Kalamazoo, Mich.

The Institute (P. O. Box 17307, Los Angeles, 213-480-0836), in mid-September submitted an opposition brief to Abraham Kleks, district director of the FDA office in Los Angeles.

According to ISME Executive Director Carleen Bridgeman, R.N., P.H.N., the Institute has been contacted by more than 150 women who have used the drug as a contraceptive. They were not told it is experimental for that purpose, has caused malignant breast tumors in dogs, and can cause long-term sterility and perhaps sterility in users.

"It is the Institute's position," said Ms. Bridgeman, "that the drug is not safe as a contraceptive, and its adverse side effects far outweigh its convenience as a form of contraception. Some side effects women have complained about include sterility after halting its use, cervical cancer, breast tumors, depression, severe and irregular bleeding, loss of hair, weight gain, and complexion problems."

The Institute ticks off these additional charges:

- The drug was withdrawn as an animal drug — Promone — because it caused uterine infection and hyperplasis (cellular abnormalities.)
- Depo-Provera users have from 2.67 to 6.1 times the rate of cervical cancer.
- They "seem to have" a higher incidence of breast nodules.
- The effect on the adrenal and pituitary glands, or on estrogen metabolism, is unknown.

"The FDA has no business approving this drug for marketing until its safety has been established by much further testing and research," continues Ms. Bridgeman. "These questions concerning the safety of this drug have been raised in professional papers and in congressional hearings, and have never been satisfactorily answered. It is ironic that the FDA would stamp out a possible cure for cancer — Laetrile-Amygdalin — while moving to approve a drug which definitely causes malignant tumors in animals."

Ms. Bridgeman charges that "pressure from the manufacturer," can be "the only explanation for FDA approval of this drug. Upjohn stands to gain the majority of the estimated one-billion-dollar market."

This pressure was noted by Dr. Bernard Sussman in a 1975 congressional hearing: ". . . It (FDA) has favored the claims of the manufacturer and its licensed investigators over the studies carried out in several independent university laboratories. Unfortunately, it has no facilities of its own for investigating the toxicity of a new drug."

In December 1976, Ralph Nader's Health Research Group petitioned

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FDA to halt plans for approval of Depo-Provera for contraception, warning of potential harm to women using it, and to their future children. The Upjohn studies, said Health Research Group, were "... uncontrolled, making it difficult to evaluate the drug's effect on cervical cancer, breast cancer, infertility, etc. Upjohn compiled very little information on the patients in its studies, and did not provide long-term followup."

Since the drug was demonstrated to cause cancer in animals in 1972, an estimated 240,000 injections have been given women for contraceptive purposes, in the absence of an FDA or company warning to physicians. Only four injections are necessary to halt a menstrual cycle for a year.

"A loophole in FDA regulations allows physicians to acquire the drug," says Ms. Bridgeman. "Depo-Provera is approved for use as a treatment for uterine cancer, and doctors can acquire and prescribe it for any use. FDA says it is outside its jurisdiction to 'regulate medicine,' and that the agency therefore is powerless to do anything about physicians who operate in this manner."

Dr. Daniel Mishell, Jr., of the Obstetrics-Gynecology Department, University of Southern California School of Medicine, testified in 1975: ". . . Depo-Provera should not be given to women unless they do not plan on having any more children."

Geraldine Oliva, M.D., of Planned Parenthood, says: "I'm concerned about possible cervical cancer and breast cancer in women, and if this drug is used indiscriminately, it could lead to another DES catastrophe."

The Institute for the Study of Medical Ethics is sponsoring a bill in the California legislature (AB 1752 authored by Assemblyman Herschel Rosenthal) containing "an experimental subject's bill of rights, believed to be the first such legislation of its kind."

According to the Institute, more than 75% of those receiving Depo-Provera injections are in the minorities' population, causing the Institute to question whether its use is "birth control or eugenics.'

Cigarette Makers Big Advertisers

R. J. Reynolds Industries, Inc., the nation's 11th largest national advertiser, remains the nation's largest national advertising space buyer in newspapers.

And according to statistics compiled and published by *Advertising Age*, Reynolds and four of its tobacco industry competitors — Philip Morris Corp., Loews Corp., American Brands, and Brown & Williamson Tobacco — are five of the nation's top 10 national buyers of newspaper space.

Reynolds spent $55.6 million in newspapers during 1976, *Advertising Age* said. During 1975, the company bought $47.4 million in newspaper space. The number-two position was held by Philip Morris, which increased its newspaper ad spending by a whopping $20.4 million during 1976, to $44.6 million. . . .

— Publishers' Auxiliary

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.

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?

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PLACE
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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.

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