

●  
**Minimum Safety  
Standard for  
Salmonella Is  
NHF Solution  
for Permanent  
End to Raw  
Milk Cut-Offs**

**'ORAMEDICS' FOUNDER HOUNDED**



BOB NARA, D.D.S.

**Innovative Dentist  
in Michigan Stripped of  
ADA, MSDA Memberships  
and Practice Suspended  
for Pushing Prevention**

**YOU DON'T HAVE TO LOSE THOSE  
TEETH, HIS SYSTEM PROVES  
Colleagues, Patients Praise  
Work Condemned by Hierarchy**

*Rep. Waxman, Laetrile Foe,  
Won't Help Constituent – a  
Cancer Patient – Get Mineral  
Prescribed by Dr. Nieper  
Past Food and Drug Network*



JOHN RUST

# THE NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms

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

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## GRAHAM SEES PITTSBURGH CASE AS 'ARMAGEDDON OF FLUORIDATION'

For the first time, the issue of fluoridation has reached a court in this country, and NHF Science Director John A. Yiamouyiannis, Ph.D., believes it is "of national significance, precedent-setting."

Attorney Jack Graham of St. Paul, Minn., who entered the case being tried in Pittsburgh in response to an urgent appeal from his friend, Dr. Yiamouyiannis, views it as "the Armageddon of the fluoridation fight."

It came about when a group of citizens filed suit to halt fluoridation on grounds it is unsafe. Their attorney, says Dr. Yiamouyiannis, was able to get the issue into court — something which did not happen in Brainerd, Minn., nor in Cincinnati, where it was "thrown out."

Testimony was taken in April and May. Witnesses included Dr. Dean Burk, Dr. George Waldbott and Dr. Yiamouyiannis, against fluoridation, and Dr. Marvin Schneiderman of National Cancer Institute and Dr. Donald Taves, University of Rochester, testifying on the alleged safety of fluoridation. All were cross-examined. Also appearing against fluoridation was Professor Aly Mohamed of St. Louis who presented findings that fluoride causes chromosomal damage.

Dr. Yiamouyiannis described the judge as "very good," and said that in his opinion, Dr. Schneiderman's testimony did not help the case he was trying to prove — the safety of fluoridation. In fact, he said, the testimony "just killed 'em."

The case revolves around the one question, "is fluoridation safe?" And Dr. Yiamouyiannis (although probably prejudiced!), said he believed "our side is way ahead!"

## LEUKEMIA TAKES LIFE OF A-BLAST VIEWER

Paul Cooper, a former serviceman who charged that his leukemia was caused by his close-range observance of an Army nuclear explosion in 1957,

died Feb. 9 in Veterans' Hospital, Boise, Idaho. Mr. Cooper was the first of several veterans to contend that witnessing the atmospheric tests in Nevada resulted in leukemia. His fight to obtain disability benefits activated a national

search for hundreds of soldiers exposed to radiation during the detonations.

(Ed. note: Four California doctors believe the underground A-blasts result in aberrant physical states in persons as far west as Los Angeles. Kathleen Power, D.C., Pasadena, says her patient-load increases abnormally after tests are made).

## PRIVATE SCHOOL DIRECTORY PUBLISHED

Compiled by Gretchen Choate acting as editor of a three-year research project involving educators from the University of California, State Department of Education, and more than a score of school associations, a directory of independent schools in California and Nevada is available in libraries, or from Private Schools, Western Area Bureau,

P.O. Box 1683, Beverly Hills, Calif. A \$25 volume, the 864-page directory lists private elementary and secondary schools throughout the two states.

Schools are listed by community, sponsor, association membership, religious affiliation, special education programs, and the directory includes information on accreditation and enrollment.

# License Suspension His Reward For Championing Prevention

BY DON C. MATCHAN

Because he has challenged American dentistry's concept of treating the symptom rather than the cause of dental disease, a "radical" dentist in a small Michigan city has lost his right to practice for 15 months, and has been stripped of membership in the American Dental Association, the Michigan State Dental Association, and the local Copper Country Dental Association.

Forty-two-year-old Dr. Robert O. Nara opened a practice in Houghton, Mich., in 1961. About five years later he went whole hog into preventive dentistry — or what he prefers to call Oramedics — the prevention and control of decay and gum disease.

A brilliant analyst, administrator, and psychologist, he has put together a methodology now used by some 600 doctors of dentistry across the nation. The non-dues-paying members subscribe to the principle that unless organized dentistry focuses on keeping a mouth free of plaque-forming bacteria and food particles — the source of periodontal disease — the profession, as he says in the foreword of his book, *What Makes Johnny Run* (\$18.87, Oramedics International, 200 E. Mon-tezuma Ave., Houghton, Mich. 49931), "is perpetuating a hoax and a fraud on American citizens."

You can see from that declaration why the powers-that-be have moved in to cripple him economically, discredit him, silence him. You can see why Dr. John Nolen, executive director of the Michigan State Dental Association, author of the "Michigan Plan" for gagging "dental evangelists," was reported by *Dental Currents* (Rochester, N.Y.) as the "pivot

point" of opposition to Dr. Nara's efforts to promote a turnaround in the profession's concept of its responsibilities to the public.

In 1973 Dr. Nara was arrested for permitting the practice of dentistry by unlicensed personnel. (A young assistant had inserted, at his direction, a cotton pledget soaked in zinc oxide-eugenol in the cavity of a tooth in the mouth of the chief of investigation of the Bureau of Regulation, Michigan Department of Licensing and Regulation). The charges eventually were dropped, but the vendetta continued.

It climaxed in November 1977 when he was cited by the State Board of Dentistry on two counts: advertising "an unrecognized specialty," and permitting an unlicensed office assistant to polish teeth.

What did his two-line ad in the yellow pages say? "Specializing in Oramedics — for people with teeth who want to keep them." His phone number followed.

As for the other charge — he maintains that competently-trained staff can and should perform routine services, with the doctor using his time and energy for more creative areas of treatment to permit maximum utilization of training, knowledge, and experience.

Dental advertising is not prohibited in Michigan. The catch is — it must conform to ADA/MSDA doctrine. And there's no room in the traditional concept of dentistry for the kind of preventive dentistry Dr. Nara teaches and practices. It is labeled "unrecognized specialty."

There could be other reasons the

## 'Can't Even Get Case Into Court of Appeals'

Dr. Nara told *The Bulletin* he fears his license may never be restored. "I'm afraid I'm too big an antagonist to get it back," he said. "The Court of Appeals has refused to hear our petition for a stay of sentence, so we are now preparing to go to the state Supreme Court. If that fails, the federal court will be next. But I really have no hope of getting it heard by a court. They want me out — my stand on fluoridation is a big part of it."

"Since I am denied the right to practice in Michigan, it's unlikely I'll be able to get a license elsewhere, as the first question on the application is: 'Have you been denied license to practice in any other state?'"

An appeal for intervention by the governor was unsuccessful. "The governor says the Dental Board is autonomous, and I can't help you."

But in spite of the string of reverses and the stonewall opposition from the Dental Association, Dr. Nara promises to "hang in. We are going to change things in dentistry!"

heavy hand of authority weighs against the Houghton crusader. Tired of the harassment and petty politics — which he says have their roots among a handful of local dentists — he filed suit late last year against the ADA, MSDA, and CCDA seeking damages of \$8 million. He dropped a \$3-million suit against the Michigan State Board of Dentistry after learning the state cannot be sued without its permission.

By working within the power structure, Dr. Nara tried to persuade the dental hierarchy to accept the Oramedics concept. In 1971 he was elected to the board of trustees of the Michigan Dental Association by defeating the incumbent

officer who was in line to become president.

Up for reelection in 1974, he was opposed by four candidates, and lost his seat. Two other incumbents ran unopposed in the same election.

That's one of the reasons, he told the daily *Mining Journal* of Marquette, Mich., that he charges "organized dentistry is perpetuating a hoax and a fraud on American citizens," and that "the corporate mind of American dentistry is at least irrational, if not unbalanced."

As far back as 1971, Dr. Nara was given two full days on the program of the Chicago District Dental Society, known as the largest and "most significant" of dental meetings. He has conducted pre-convention seminars at meetings in several states, introducing Oramedics to dentists, some of whom have adopted the program.

One such dentist, Dr. Dean Jones of Akron, Ohio, commented: "People say, 'I hate the dentist sticking a needle in my mouth.' They have been educated to believe their teeth will have to come out sometime. Oramedics is a 180-degree turn. Anyone who ever takes it, never goes back. There is everything to gain and nothing to lose. It's the best thing that ever happened to help people keep their teeth."

Another, Dr. David Anderson of St.

### A SHOW OF SPITE?

Transcripts of the meeting of the Michigan State Board of Dentistry at which the board voted 6-2 to suspend Dr. Nara's license reveal that the board also voted to not use, in any future hearings before the board, Hearing Examiner Wayne Lusk who in his findings said the charges against Dr. Nara "failed to establish a violation."

Mr. Lusk's findings were arrived at following hearings at which he served as examiner for the Board of Licensing and Regulation.

Paul, Minn., agrees that "the concepts of Oramedics are completely sound." He was unable to accomplish his goals using traditional "preventive dentistry," and after attending Dr. Nara's seminar prior to the Minnesota Dental Association convention in 1977, he became an Oramedics practitioner.

#### MOMENT OF TRUTH

How'd he come to be in all this trouble now? It goes back to the early days of his practice when, he says, "I faced the fact that our profession derives its income from dental failure — treating symptoms but not diseases. I realized it was necessary to establish a healthful oral ecology before attempting to restore or replace missing teeth. It is only common sense that to fix teeth before establishing a clean healthy mouth with good gum tissue is 'like pounding sand into a rat hole.' It is a waste of the patient's time and money to treat the results of a disease process without first straightening out the factors causing the disease. . . . If the dentist does not insist on proper oral hygiene before restoring or replacing, he becomes *partially responsible* for that patient's future dental disease and probable loss of his or her teeth. To do so is unthinkable for the socially-responsible dentist."

He frankly believes that dentists' guilt feelings and frustrations — evidenced by the highest suicide rate in the medical-related professions — are brought on at least in part because the practitioner knows the "drill, spit and fill" concept is grossly unfair to patients who, under preventive dentistry can expect to keep their natural teeth throughout their lifetime.

The conviction that a dentist should practice disease-prevention instead of reparative dentistry led to creation of Oramedics International, in the words of its founder, "a unique worldwide study group and fellowship . . . with concepts, ideology, and psychological delivery systems for preventive dentistry — a whole new world for dentists."

## HE STOOD UP TO BE COUNTED

Interviewed by Carl Peterson of the *Daily Mining Gazette*, Houghton, Mich., the day after the State Board of Dentistry ordered suspension of his license for 15 months (and two years' probation after that), Dr. Nara said he believes the action stemmed from his testimony several months earlier before Michigan's Joint Commission on Rules and Regulations. The only dentist of 5,000 in the state to testify, he spoke against the State Board's promulgations, insisting the new rules and regulations are "the most restrictive of any in all 50 states."

Dr. Nara told the press: "It's not really me they want to stop. It's Oramedics."

Dr. Nara has put together a series of eight pamphlets and two books — *Changing Idealism Into Realism*, and *What Makes Johnny Run* — for professionals considering joining the ranks of those practicing preventive dentistry — a term he doesn't like — "negative to the dentist." Hence the coined name, "Oramedics."

Perhaps the most electrifying volume in the library is the classic *What Makes Johnny Run* (paper, spiral binder, 77 pages). In excruciatingly candid, but nonvituperative terminology, the author has created a brilliant treatise, in down-to-earth language, of the dynamics of organized dentistry, covering in exquisite detail his perception of the psychological makeup of the "average" dentist.

#### PSYCHOLOGICAL PROFILE

That individual, he writes, before deciding on dentistry as a profession, is motivated as a dental student by "environmental pressure to succeed." He quotes surveys showing that most in-

coming students "specified prestige and financial success as a primary inducement to enter dentistry . . . one study showed no consistent correlation between interest in the dental profession and desire to help others."

"The dental student is a loner . . . he has been found to be very conservative, with an aversion to change or chance. Such personalities are sensitive to what others think of them, and tend to pattern their lives to rigid habits. These characteristics appear to be reinforced by the curriculum of dental school, so the senior student is often less idealistic — humanitarian — than the freshman."

"He does his most satisfactory and productive work when he can concentrate on highly-skilled or mechanical or technical routines. He prefers working serially, or step-by-step, through an organized and systematic routine. He functions best when working with a tightly-organized schedule, moving from Point A to Point B to Point C in definitive stages, with the timetable under his control."

"Such characteristics mitigate against his being an outgoing person with noticeable charm or charisma. Indeed, in testing designed to measure social skills, the freshmen dental students scored significantly lower than freshmen medical students in possessing 'social dynamic skills.'

"In four years he has learned that the application of routine technical methods will result in acceptable repair and restorative dentistry. He has learned to use his mind and hands, working alone, usually in the same room, preferably small, where is able to concentrate on discrete routine tasks, following a regular schedule. In that direction lies success: the sort he was programmed to achieve: money and prestige, more than his father or grandfather had."

"To a degree far greater than he would care to admit, he is ready to do anything he is told to do — by anyone representing authority — to maintain the status quo. This attitude is illustrated in

the language of a 'leadership bulletin' from the American Dental Association: 'No dentist will extract a tooth which can be saved — if he is given the option.'

"If he is given the option? . . . by whom? Such garbage! How many 'real doctors' would permit an insurance company, a welfare state, or a patient to prescribe and carry out treatment? The doctor has *all* the options. We are trying to determine in this analysis, whether he has the psychological background — or the guts."

#### 1974 SURVEY

Dr. Nara quotes a 1974 survey with the question, "Does your office now devote the proper emphasis and time to the prevention of dental disease?" Only 13% believed themselves to be practicing preventive dentistry, he says. Of the others, 23% replied "no," and 62% were "not sure."

Those in the latter groups were asked to list the reasons for not practicing prevention, and, continues Dr. Nara, "five of those reasons scored an average of more than 90% — let's look at them: "Uncertain of my ability to make it work. (90%)

"Not sure of the financial aspects of a preventive program. (88%)

"Afraid of what failure would mean to my patients and staff. (96%)

"Not sure I have the right personality to manage a preventive program. (96%)

"I'm confused by the behavioral problems. (97%)

"Earlier we examined the personality of the dental student, now become dentist, who responded to this survey. What do we find? 'Uncertain of ability — not sure of finances — afraid of failure — not sure of personality — confused.'

"The pattern is plainly established. Repairing and replacing teeth is an orthodox, safe and usually profitable approach to dentistry. In fact, the *Journal of the Michigan Dental Association* applauded one dentist who had practiced 59 years, but now in semi-retirement worked only mornings, is able to see 'about 15 to 20 patients per morning.' Even if he works like a Trojan,

how can he afford each patient more than 15 minutes? How much 'doctoring' does he have time for? This same man once bragged at a dental meeting that he had 'never owned an X-ray machine,' and had extracted 3 million teeth in his active career.

"If we were looking at dentists like this semi-retiree and applying the survey results above, it might make sense. The tragedy is that the survey was limited to dentists under 40. How is it that young dentists score such startling 'negative characteristic' scores in a survey about their own profession? The answer probably lies in the composite psychological makeup of the 'average' dentist. He is a product of personality, home environment, dental school training, and professional association 'guidance.' So many of these contributing factors are similar with so many dentists that a pattern emerges."

#### 'RESISTS CHANGE'

"This 'Dr. Average, D.D.S.', married with at least one child, will tend to be authoritarian in his home, a bit on the humorless side. . . . His practice is at the same time his income, and his haven from the world. He resists change. He belongs to his local, state and national chapters of ADA, and considers their pronouncements to be unequivocally 'right.'

"He finds it difficult to think big. He is not a mental lightweight. His intelligence and capability are above average. What he lacks is the imagination and mental conditioning to think big thoughts. . . .

"This description of the dentist as a 'small thinker' is not a disparagement. As a professional he is doing his best — which is considerable — to address himself to a career he believes in. He made many personal sacrifices to get where he is.

"He resists innovation unless it originates elsewhere and is presented to him through a channel he trusts almost implicitly. He himself is not an innovator. His personal orderliness, his aversion to change, his discipline and regimenta-

tion, all mitigate against seeking new horizons.

"He is, however, a professional. Innovation which comes via established, traditional channels . . . is readily accepted. Any innovation which is untested or contains an element of chance is flatly rejected, particularly if in his judgment it could in any way jeopardize his income.

"Consciously, our dentist thinks of himself as a practitioner of medicine to a large degree — a humanitarian and servant to his fellowman. Subconsciously, what really motivates him is his programming to succeed in money and status. What unconsciously quarrels with his peace of mind is a haunting awareness of his public image as a second-class doctor. And what really triggers his negativism and resistance is his deep-seated fear of failure. . . .

"Is he happy? Probably not. He may not think of himself as unhappy, but there is less enjoyment of life and professions for dentists than for other professions. Statistics on suicide, from many sources, show the dental practitioner to be more prone than any other medical-related profession. . . .

"Why, when introduced at a social gathering as Dr. Jones, does the dentist cringe when the newly-met stranger asks: 'Doctor, eh? — what do you specialize in, Doctor?'

"How much damage does it do when he answers, 'I'm a dentist,' and the other man says lamely, 'Oh. . . .

"This is the practitioner, the professional, the dentist, in a capsule examination of 'what makes Johnny run.' This is the man who makes the decisions at the firing line as to what dentistry is all about. He is programmed by character, training, and input from his professional association, affording him minimal opportunity for any genuinely innovative thinking . . . and yet he remains our first and final hope for bringing dentistry into the 20th century. . . ."

#### WHAT'S WRONG?

In part 2 of *What Makes Johnny Run*,

Dr. Nara examines "What's Wrong with American Dentistry." Recalling that less than 100 years ago it was "practiced by the town barber," he sees the profession as "successors to Painless Parker, we have fine-tuned the science of drilling and filling, with a minimum of pain to the patient. . . . Dentists can work quite painlessly, but the public doesn't know that. . . .

" . . . the American public has come to accept toothache pain as unavoidable, agony in the dentist's chair as inevitable, and ultimate loss of all natural teeth as 'the way it is.'

"Does American dentistry really try to combat these public relations horror stories? The institution of dentistry makes it a point to look elsewhere for 'the blame.' Parents and school teachers are blamed for creating and reinforcing incorrect attitudes toward dental health. Third-party payment plans are blamed for their refusal to provide funds for anything except reparative dentistry.

"What public relations involvement actually does, for all practical purposes, is to lead Americans to think that if the government would fluoridate all drinking water, we could eliminate the dental profession. Even if it had been totally effective, fluoridation alone will not prevent massive dental failure."

#### BACTERIA

"The real source of dental disease is bacteria, isn't it? Is there any way to check this, to stop needless loss of human teeth? Can preventive dentistry do it, or is it too new and untried? A letter in JADA (Feb. 1976) said in part: "In 'A Practical Guide to the Management of the Teeth' (1819), Dr. L.S. Parnly writes of cleaning the teeth: 'The third part is the waxen silken thread, which though simple, is the most important. It is to be passed through the interstices of the teeth, between their necks and the arches of the gums, to dislodge that irritating matter which no brush can remove, and which is the real source of disease.'"

"There is an attitude prevalent among dentists that if 100% effective, preventive dentistry could reduce the dentist's income to zero. Another article in JADA points out that 'On the contrary, every patient who is taught how to maintain his own health is so grateful that ordinarily he sends to the dentist much more work to be done for other persons than his own work could possibly amount to . . . a comprehensive teaching service to all people needing this service will earn us just as great rewards in money and a vastly-greater reward in the health, friendship and appreciation of the people we serve.' This was written nearly 50 years ago by Dr. Thomas B. Hartzell!"

#### 'NO WAY'

"The point is, preventive dentistry is neither new nor untried. Although dental colleges continue to place a premium on technique, or the mechanics of closing the barn door after the horses are gone, there is no way a dentist can graduate without really knowing the cause of the problems he drills, fills, caps, or ultimately replaces with plastic.

"The dentist knows it; the ADA knows it. American dentistry operates with the comfortable assumption that everything possible is being done to educate the public and to improve the level of dental service in America. And just how is this program accomplished? Who is doing this p.r. job, this educating of America? Is it the dentists themselves?

"Dr. Sherwin Z. Rosen in letters to the editor (JADA April 1973) wrote that he participated in the oral health-screening examination provided for dentists at the 1972 ADA meeting in San Francisco. This is what he found in 12 hours of examinations: approximately 5% of normal, healthy mouths. The next 35% had gingivitis. The last 60% had periodontal disease. 'My impression was that their dental health was worse than the average,' said Dr. Rosen, who added: 'These are the men who represent dentistry and make the decisions which will affect the future of the entire

profession. How can dentistry hope to survive . . . when dentists themselves do not understand the importance of prevention? The situation is shameful. American dentists must take steps to become prevention-oriented and to teach prevention at every opportunity. It may already be too late.

"In 1974 a professionally-conducted survey was made of about one-fifth of the dentists graduating from dental school in 1960 or later. One of the questions: 'Do you now have a functioning plaque-control program in your office?' Thirty per cent replied 'no'; 42% said they 'partially' operated such a program. Those who answered, 'yes,' or 'partially' were asked if their mouth presently was free of active disease. Twenty per cent said their mouths were not free of disease; 54% said their mouths were free. Even if none 'fudged' this answer, is 54% an acceptable level of freedom from dental disease among young dentists?"

"But the frightening part of this is the number who responded 'not sure' — 21%!"

### FRIGHTENING STATISTICS

"What is the problem? What's wrong with American dentistry? *It isn't working.* Americans are suffering the ravages of dental disease virtually unchecked. People grow up believing the ultimate loss of all 32 teeth is a natural and unavoidable thing. And American dentistry lets them believe it!"

Dr. Nara quoted from a 1975 suppressed report, "Dental Services in Michigan," by the State Health Planning Advisory Council and the Office of Health and Medical Affairs, revealing that:

- An estimated 70% of the four-year-olds (about 115,000 of 162,000) had three or more decayed teeth.
- Adolescents on the average, by age 15, had seven decayed, filled, or missing permanent teeth.
- By age 55, 83% of the population suffers from some form of periodontal disease.

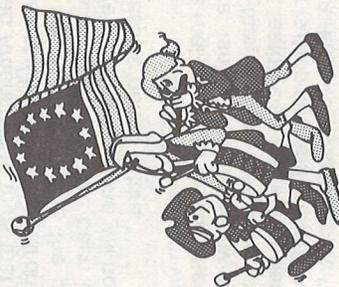
- An estimated one-fourth of all persons over 35 (1,100,000 Michigan residents) have lost all their teeth.
- Of the 2,300,000 children between 5-17, half (1,150,000) have gingivitis, and 12% receive treatment.
- The greatest single indicator of neglected need is missing permanent teeth in school-age children. The underlying assumption is that the only reason for extracting permanent teeth is failure to prevent and/or stop the decay process while it can still be treated in more conservative ways.

"Dr. G. V. Black, founder of modern dentistry, was quoted in the report as follows: 'The day is surely coming, and perhaps within the lifetime of you young men, when we will be engaged in practicing preventive rather than reparative dentistry.' What became of this ringing prophecy? Four generations later, nothing has changed. . . . *That's what's wrong with American Dentistry today!*"

ORAMEDICS is Freedom from Dental Disease

### ORAMEDICS

is Freedom



from

### Dental Disease

DR. NARA received Associated Press coverage January 8 after this ad appeared in *The Mining Gazette* of Houghton, Mich., just two days after the attorney general ruled that bans on advertising by doctors, dentists and other professionals are unconstitutional. The ad was signed: "Oramedics International, 200 E. Montezuma, Houghton, Mich. 49931. (906) 482-1419."

### LIKE A GYROSCOPE

Part 3 of *What Makes Johnny Run* is an analysis of the dental institutions — schools and associations.

While he credits the leadership with being "highly-regarded professionals, highly-principled and well-intended," resistance to progress is part of the dynamic of large groups.

"An institution is capable of errors in judgment that its individual members would not make," says Dr. Nara. "A profession tends to become a monolith. It operates on inertia. Ideas, regardless of value, are ignored if they don't fit into the existing scheme of things."

"Such a social structure can be compared to a gyroscope. Once the wheel begins to turn, the gyro resists any change in attitude. Such an instrument — even a toy — can be balanced upon a string held between two hands, and totally defying gravity will not fall over or lose its balance. If an outside force is applied strongly enough to change the gyro's attitude, it assumes the new attitude as tenaciously as it held the former. There is no sense of 'right' or 'wrong' in the positions a gyro will maintain.

"If a toy can lean sideways on a string without falling over, the position can't be considered 'wrong.' It *looks* wrong, but it doesn't fall over, so it *must* be right! This is similar to the collective attitude of a profession — any profession. Gathering its inertial force bit by minute bit from individual members, a professional organization ultimately has enough motive power to assume near-gyroscopic positions. Once this happens, no single opinion can generate enough counterforce to make the position 'move.'

"Individuals who continue to give the society its vitality may or may not agree with it, but they will find themselves virtually powerless to change it, for either good or bad. . . ."

### CONTROL MECHANISM

"Summing up: A society gets its motive force from its individual members.

### IT'S DIFFERENT IN NEW ZEALAND

In New Zealand, every child sees a dental nurse in school. The nurse is trained to do basic cleaning and help the child establish sound dental-care habits. The program works.

A random sample of 10,000 U.S. school children revealed a total of 6,000 missing permanent teeth. Among 10,000 New Zealand children, only 18 are missing permanent teeth, Dr. Nara says.

Despite official resistance in the United States, he has been invited to speak on Oramedics to dentists in France, Canada, Italy, South Africa, and Rhodesia. He has lectured in more than 30 states from New York to Florida to Oregon.

Once that collective force creates momentum, it begins to control those individual members. In effect, the mores of the society become a gyroscopic compass which steers the entire group.

"Psychologically, a member would be hard pressed to favor an unpopular viewpoint. The society is 'his.' It draws its authority and power from him. Therefore, being 'his,' it is 'good.' When that society then adopts a position or assumes a habitual practice, that is also 'good.' To challenge the society then becomes automatically a challenge to this individual member. This has no bearing on the relative merits of either the old position, or the challenge. Any challenge is resisted *because it is a challenge* . . . not because it is right or wrong, good or bad.

"How many times have you read a bulletin or heard from the society that a new concept is 'not in keeping with our principles'? Isn't it true that you adopted the majority position without giving it any real independent thought based on relative merit? To say that individuals are

shallow, or 'yes men' when they follow the societal lead is incorrect. Professional societies are formed at least in part for the express purpose of keeping the membership informed about anything which could represent a danger to the profession. It would be irrational to maintain a membership in an organization one did not trust.

"Perhaps more important, in the contemplation of dental societies, is the makeup of the individual dentist. He is highly organized and oriented toward regimentation. He opposes change, and is not experimental. He inclines toward conformity. So we find an organization composed of members who are highly conformist, and an organization following the normal pattern — resistance to change. . . ."

#### DENTAL SCHOOLS

As Dr. Nara examines dental schools, he describes the pressures on the schools, "generated by the societies." And he says many believe that curriculum "is deficient . . . not against what is taught, but rather why some vital elements are not taught."

One area neglected by many schools, he says, is practice management. "Students may be taught to be crackerjack mechanics, competent technicians, but they have no guarantee of success."

"Another area the schools ignore is preventive dentistry. A student may learn enough to be familiar with the underlying causes of dental disease, but he is not thoroughly trained in what to do about it. How many young dentists have entered practice, all fired up to prevent dental disease, and soon given up because the patient 'doesn't want to cooperate'?"

"Of course the patient doesn't want to cooperate! He has no idea that he can avoid dental disease and ultimate loss of his teeth. He believes 'common knowledge.'"

"It takes a tremendous amount of understanding and effort on the dentist's part to make preventive dentistry suc-

cessful. Our schools, in this regard, are simply no help at all.

"How about psychology? Our schools could do a real service to the young dentist if they would prepare him for the mental and emotional stresses he will encounter in the field. Most of us know how depressed this profession is, how many of its members are disturbed (if they're lucky), or dangerously depressed (if they're not).

"Why don't our schools prepare the dentist for the public's attitude that they are 'not real doctors', instead of telling these young men how admirable and worthy the profession is?"

"Of course the profession is admirable and worthy, and obviously the dentist is a doctor — but the public simply doesn't let the dentist enjoy this status."

#### CHANGE INEVITABLE

Even if the traditional methods have worked in the past — because the right person was not available at the right time to effectively challenge the system — Dr. Nara sees the day when radical changes will be implemented. He attributes the inevitability of that revolution to changes in American lifestyles affecting dental practice now, with "the outlook for more of the same in the future."

Factors operating to change dentistry, he says, are the state of the economy, the advent of dental health insurance plans, government intervention, proliferation of consumer protection laws and watchdog groups, "and a growing awareness both in government and the public that the state of America's dental health is profoundly wrong."

Addressing himself to that point, Dr. Nara continues: "The fraud being perpetuated by American dentistry is that traditional preparative dentistry, for its very survival, requires a constant supply of patients whose oral health is bad. To provide reparative dentists with an income, there must be clients whose teeth are bad and getting worse."

"Preventive oral medicine can prevent absolutely the ongoing loss of

teeth. We have all the technical and medical knowledge necessary — right today. But the profession has its collective head stuck in the sand, hoping apparently that no one will notice.

"For how long will the public allow us to conduct business in the same old way, making an income from the misfortune of people who suffer the symptoms of dental disease? How long before people learn that as dentists, we are withholding information that could stop dental disease in its tracks?"

"When will dentists learn that it is an abdication of their responsibility as doctors to extract living teeth because the patient won't let the dentist save such teeth? When will we learn to say 'No!' to such diagnostic work performed by patients, insisting instead that we, as doctors, do the diagnostic service and therapy?"

"Of course preventive dentistry is a genuine threat to traditional dentists. Do we really want the public to discover that we've been charging fees for reparative services that could have been prevented? Would you enjoy having an Oramedics lecturer come to your town and tell a civic group that dental disease can be eradicated? What if a member of that audience was your patient, who had paid you many hundreds of dollars for services over the years? Would you be nervous if that person suddenly learned that you knew, since the first day you entered practice, that the services you performed for that person were always a *treatment of a symptom*, and never a cure for the disease?"

#### INDUSTRY ADVERTISING

Alluding to the "sophisticated, full-color advertising" in the *Journal of the American Dental Association*, Dr. Nara asks the rhetorical question of colleagues: "Are the supply houses trying to help you become a better doctor? No — they're trying to get you to buy their brand of dentures, their brand of impression material. They're trying to get you to recommend their brand of denture

## THE ECONOMICS OF PREVENTION

What does preventive dentistry mean to one's pocketbook, as compared with traditional dentistry? Dr. Nara's book contains a chart showing that an early start on the preventive path (infancy, childhood, adolescence), will cost a person \$965 over a lifetime.

"Without Oramedics," he says, from the point of teenage decay peak, through gum disease restorations, bridges, denture time, relines and replacements, etc., one can expect to spend \$16,500 over a lifetime."

adhesive or denture cleanser.

"Do you realize what these people think of you as a doctor? They think all you can do is extract teeth and fit dentures. . . . Why do they place such emphasis on this line of advertising? Because that's what dentists want. If it was profitable to 'sell' products to dentists involved in real oral medicine, these companies would be competing for that market, instead. They'd be falling over each other to bring their research laboratories into the preventive medicine field, instead of trying to develop a stronger, more natural-looking denture material."

#### A NEW 'THREAT'

"Now the profession is reacting violently to a new threat in the dental world: Denture supply houses that will deal directly with the patient. And why not — what's so tough about mail-order impressions and ready-to-wear dentures? Is there as much difference in the quality of a denture if you take the impression and fit the denture, as opposed to a patient following a mail-order instruction, as there is difference in price? How much did you charge for the last set of dentures you fitted? How much did they

(Please turn to page 13)

## How Dr. Nara Gets Message to Patients

The psychology and technique used by Dr. Robert O. Nara in helping patients come to grips with the fact prevention is in the patient's hands — not the doctor's — was described in an interview with the doctor by Paul Facinelli of the Akron, Ohio *Beacon Journal*.

"Motivating the patient is 'the big problem,' he said. "And it's a problem Dr. Nara apparently has solved. He instills in the patient a sense of control over his dental destiny.

"If the patient believes he has control, Dr. Nara says, he will make the effort to keep the plaque and bacterial levels at an absolute minimum. And if the levels are low enough, decay and gum disease cannot occur. The doctor is so sure, he will treat any resulting problem free of charge.

"In the 15 years since I've made the offer," says Dr. Nara, "I haven't had to fill a tooth yet."

"We have what we call a psychological delivery system," Dr. Nara explained. "Eighty to 90% of the people we deal with keep at the correct cleaning procedure afterward. Dentists get discouraged because the patient doesn't take care of his beautiful gold and porcelain, but he's been teaching *how*, and you have to teach *why*.

"Oramedics answers the why. If the patient understands why, you have a manyfold better chance that he'll follow up."

"Dr. Nara's gentle psychological nudge begins with the patient's first visit. Teeth are checked and X-rays taken. Then comes the break. The patient is asked to spit into a bottle. That arouses the patient's curiosity because very few dentists make saliva tests.

"Now I have his attention, because nobody's done this before," Dr. Nara continued. "When the patient comes back, the first thing he invariably asks is: 'How was my saliva test?' Now I have his interest, he's asking questions, and I can feed him the information about what's going on, how he got where he is, and how to stop it.

"With adults you can't sit down and say, 'Hey, I'm going to teach you something, cowboy.'" We have to sell ourselves, to sell a philosophy that you must clean your mouth. And you have to have some knowledge of psychology to teach them what to do."

"In addition to the saliva test, the patient's plaque level is determined. (Plaque is a sticky, almost invisible film that clings to tooth surfaces. It is composed of saliva cells from mouth tissues, and live bacteria always present in the mouth).

"It's a test few of us would pass. Because of that, it gives the Oramedics specialist another chance to change the patient's thinking about dental care.

"The Navy Plaque Index is used, and the patient scores between 3 and 18, according to Oramedics therapist Ann Barr who has worked with Dr. Nara. "Most patients get an 18 (the worst possible score), but we don't tell them unless they ask. We just put their folder away. Then they'll ask their score, and I say, 'I'm sorry Mrs. Brown, but you got an 18.' I subtly tell patients they flunked. We tell them it's the highest score the Navy can give, so they blame the Navy, not us.

"Then we tell them how the score can be reduced. They go into the cleaning and the patients usually cut the plaque level in half before their next visit."

"To create a climate in which decay and gum disease cannot occur, the plaque level must be reduced to 3, and the bacterial concentration to 2,000 per milliliter of saliva. Most people have a bacterial count of several hundred thousand per milliliter. This requires several visits to the office, and home maintenance. . . .

"If the process becomes widespread, it probably will reduce the number of dental students," said Dr. Nara. "But there will still be crooked teeth and broken teeth. Dentists would be doing more orthodontal work."

"Although approximately 600 dentists are practicing Oramedics, the American Dental Association has not given its approval to the procedure.

"William Oberg, Materials Development Manager for the ADA's Bureau of Dental Health Education, explained:

"If he (Dr. Nara) wants the statement of scientific accuracy to accompany his printed educational materials, he's got to conform to the ADA policy. The association's policy states that it must be in the best interest of the profession and the public.

"One of the problems with his particular program is his claim that Oramedics is superior, and I don't know if that can be proved. You don't get ahead by knocking somebody else. If he would just take out his references to superiority. It's not in the best interest of the profession to say that most dentists are a bunch of dumb-dumbs."

"Dr. Nara counters Mr. Oberg's statement by saying: "The most frequently asked question I hear from patients is, "Why hasn't somebody told me before?"'"

(Continued from page 11)

cost you? It isn't surprising that people want to take this part of dental 'business' away from dentists. With profit margins like this, the only surprising thing is that it has taken this long for it to happen.

"Of course, the dentist is necessary for the preparation for dentures. A mouth must first be made toothless before dentures will work. A dentist is necessary for these extractions. No matter. Unless the patient learns how to practice oral ecology, unless somebody teaches him how to prevent dental disease, then sooner or later he'll lose all his teeth. All the dentist, or the denturist, must do is bide his time.

"This is one of the most financially-significant differences between a traditional and a preventive dentistry practice. The traditional practice relies on disease to work its damage, so an income is generated through repairing the symptoms. This type of practice is threatened by parodontal technicians who can (and do) sell dentures at discount.

"The preventive practice achieves its income from prevention of disease. Parodontal technicians are no threat to the preventive dentist — his clients don't need dentures.

"The profession has been glossing over the truth with the same old varnish for generations. Whenever the truth begins to show through the cracking, peeling and blistering, we simply slap on another coat of varnish. A day of reckoning is coming. The American public will learn the truth — either from the dental profession or in spite of the dental profession — but people will learn. In this age of mass media, consumer advocates, and increased governmental control, it is only a matter of time before John Q. Public sees our profession as it really is, stripped of its varnish coating. Are you, doctor, ready for that?"

### THE WAY TO PREVENTION

The Michigan prophet then repeats that the dentist can make himself more than a dental technician dependent on diseased mouths for a living. That route

is preventive dentistry, he asserts in clarification prose. How can he make the transition?

"If he follows a practice-management system which has proved successful in other practices, he has a better chance of succeeding, as a preventive dentist than as a traditional dentist," Dr. Nara believes.

"Those ideals, those concepts taught in dental school must one-by-one be discarded in actual practice — a series of compromises which ultimately strips the dentist of all ideals and convictions, leaving him with only an income.

"There is a way to change idealism into reality. It's simple: You enter the dawn of dentistry's coming age by becoming a preventive practitioner. You have probably heard that preventive dentistry is a beautiful ideal, a wonderful concept, a lousy reality. This is not true. There are dentists who are practicing preventive dentistry at a level of personal, professional and financial success they would not have dared dream about in their former traditional practices. They are Oramedics Fellows. Any one of them will tell you that Oramedics is not the only successful guideline to a preventive practice. Any doctor can put together a preventive practice, and if he is an innovator with guts and imagination, he has a pretty good chance of succeeding. But that description doesn't fit the psychological profile of most dentists. The average dentist does have the advantage, however, because of his ability to follow a proven game plan, to conform easily to a 'set of principles' he understands and agrees with."

#### THE PROGRAM

Dr. Nara goes on to explain the Oramedics program, which includes:

- A system for office management, including staff training.
- A method of utilizing staff to teach a comprehensive education program to patients — "for which they gladly pay" — which makes the patient a part of overcoming dental disease.
- Use of testing devices and

Dr. Nara cites the case of the California "business-as-usual dentist" who lost a \$20,000 malpractice suit brought by two patients of nearly 20 years. They successfully proved that the doctor's neglect in diagnosing and treating periodontal disease had resulted in loss of teeth, and the need for extensive therapy and prophylaxis.

Another force which will move the ADA "gyro," he points out, is the Federal Trade Commission, now challenging ADA "ethics" which prevent preventive dentists from telling the public in plain language that dental disease is unnecessary.

"Laws, state by state, are being struck down whenever and wherever they are found to be maintaining antiquated 'professional standards' at the expense of public health," says Dr. Nara. "Some of the 'old ethics' and many of the old laws have only one purpose: to keep dentistry a closed shop wherein the license of dental surgery is a license to make money at the expense of the patient's dental health.

"Such laws and such ethics are and ought to be coming under attack from legislatures and public agencies whose responsibility is to the people, not the profession. To do away with the restrictive laws, rules, and ethics opens the door to competition, and allows full public knowledge of the nature, cause, and result of dental disease. In many areas it will permit paraded technicians to deal directly with denture-wearers.

"Oramedics dentists welcome such wholesome revisions in outdated 'rules.' The preventive dentist knows his practice is helped, not threatened, by these changes. And the changes are coming because the dental profession has abdicated its first responsibility — that of a doctor to his patient's health — in favor of making an income from treating the damages caused by preventable disease. . . .

"Many disagree with that statement, many are enraged by it. The traditionalists will fight against the rising tide

of change. But they will not stop it. The profession is on the threshold of a new era. Dentistry is never again going to be the same."

#### GOOD LUCK — WELCOME

"If, after reading and considering what we have shared with you, you can return to dentistry-as-usual and not be affected by all of this, you have our sincere best wishes. We don't think you can. But if we're wrong — and if you have gained anything of value from this — we have only the best of hopes for your continuing success as a doctor, a fellow practitioner, and a human being.

"If this message has gotten through to you, and you'd like to learn more about preventive dentistry in general and/or Oramedics in particular, we await your call or letter.

"One final thought: Dr. G.V. Black was not wrong when he said 'the time is coming . . . when we will practice preventive rather than reparative dentistry.' He knew that prevention was the only sane path to follow. His error was in daring to hope it would come within the lifetime of the students he lectured.

"Let us hope, and work toward Dr. Black's dream in our lifetime. It is a worthy ambition, a great ideal. It should not be considered by anyone less than a doctor. Even if that doctor happens to be a dentist."

#### NUTRITION CONFERENCE OBJECT OF RESOLUTION

Passage of SCR 61 introduced by Senator Jerry Smith of Santa Clara, Calif., would request Governor Edmund G. Brown, Jr., to call a statewide Governor's Conference on Nutrition this fall. The resolution also asks the governor to name a director and task force to plan and implement the conference.

Smoking among teen-age girls has nearly doubled since 1964. They are now as likely as boys to smoke.

## STOP DECAY BEFORE IT STARTS!

The most critical year in a lifetime for dental health is the first year. "when decay-producing bacteria develop and grow to many thousands per milliliter of saliva."

This is the message in a pamphlet titled "Protect the Precious," published by Oramedics International, dealing with a few basic rules for "stopping the decay process before it starts."

Here are the guidelines:

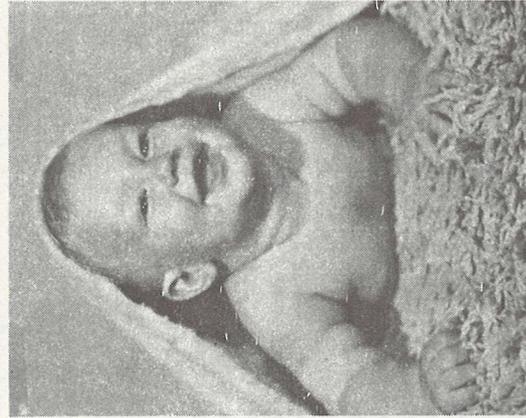
- "Be sure to feed baby a balanced diet — restricting the amounts of sugar. A strong healthy body requires proper nutrition. . . . There is a tremendous amount of sugar in processed foods. Many prepared formulas have excess sugar. Statistics show that the average American consumes 120 pounds of sugar a year, as compared with 10 pounds consumed by early Americans.

- "Avoid putting baby to bed with a bottle. The child falls asleep with a mouth coated with milk, juice or some sweetened liquid, altering the mouth's ecology so it develops higher and higher levels of bacteria by the time teeth appear. . . .

- "Keep the mouth clean, even before teeth arrive. Swab baby's mouth with a 2" by 2" gauze square available at drug stores, *every day after meals*, and *before bed*.

- "When the teeth arrive, continue to wipe out the mouth with a gauze square. Then brush with a small soft-bristled brush, and continue to clean the mouth with a soft brush after meals and before bed.

- "Once a day, preferably before bedtime, clean between each of baby's teeth with Clean Between, available at the drug store. Sitting on a couch or the floor with baby's head in the lap and light from a table lamp shining over one shoulder, start from the farthest tooth on one side, work Clean Between between teeth, using a back-and-forth motion as if polishing shoes. Clean each tooth.



THIS YOUNGSTER is now an adult, and has never required dental treatment. His teeth are and have been completely free of dental disease. Oramedics says "it is possible to keep one's mouth healthy all one's life."

- "By age one year, visit a dentist who is interested and knowledgeable in preventing dental disease.

- "Devoting five minutes a day to keeping your child's mouth clean will give that child a highly-valuable asset — a healthy mouth."

(Ed. note: Although the doctor uses fluoride in a rinse, he says he would "willingly accept" a substitute chemical if it could be found. He is glad Governor William Milliken has ordered a study on whether Michigan residents are getting too much fluoride in their diets, because "when things are not watched, more fluoride creeps into the diet and there's an overdose." He also is on record (a sore point with the Michigan State Dental Association) as believing "people should have the right to choose whether they want fluoride in their water, or not!" And of course Oramedics recommends against junk foods and too much sugar.)

## Pamphlet Explains 'Why a Saliva Test?'

Dr. Nara has written a pamphlet, "Why Have an Oramedics Saliva Test?" which will be sent without charge to anyone desiring a copy. (Address request to Oramedics International, 200 E. Montezuma Ave., Houghton, Mich. 49931). Available for \$24 is an Oramedics evaluation, with a laboratory saliva test.

"Due to advances of microscopes and microbiology, we know today that lactobacillus acidophilus and strains of streptococcus mutans are the bugs whose waste products when attached to teeth in the form of plaque, cause decay," says the brochure. "Waste

products from other bacteria are associated with calculus and tartar, along with mechanical irritation to cause gum tissue problems. . . .

"The saliva test serves to police the mouth, to indicate conditions of the oral cavity: To test is to know, not to test is to guess. The saliva test gives the doctor the needed information to set up a plan of eliminating the cause of the disease first — even before dental treatment. . . .

"An Oramedics Saliva Test allows a person to learn how to take charge of his or her own dental destiny — the proven route to keeping teeth for life. . . ."

### Treatment of Dr. Nara a Case in Point

## FTC Chief Says Health-Care System Ignores Prevention

The U.S. health-care system was described by Federal Trade Commission Chairman Michael Pertschuk, as "a bizarre market system which rewards the delivery of health-care services — whether or not they are needed — but provides little or no rewards for the prevention of disease — for example, the physician who would devote his life to teaching consumers about the relationship between nutrition and health."

The FTC chairman told the Consumer Assembly '78 that "these are fundamental flaws in our marketing system, and they cannot be addressed adequately by attacking symptoms."

"At the Federal Trade Commission," he asserted, "we are committed to hammering out a coherent program to restore market rationality to both health care and food marketing. This means, first, coherence among the Commission's consumer protection and competition programs. Equally important, it means congruence between the commission's programs and those of other agencies with related responsibilities."

This we are seeking."

Mr. Pertschuk said the commission in December "gave all but final approval to the Eyeglass Rule, which by eliminating advertising restraints on eyeglasses and eyeglass examinations, and by requiring the release of prescriptions to the consumer, should stimulate vigorous price competition."

He said he expects the commission "within the next few months," to consider its proposed Hearing Aid Rule dealing with "Allegedly unfair and deceptive practices that cause substantial consumer loss."

Complaints have been issued by FTC, he said, against the American Medical Association, the American Dental Association, and several state and local medical and dental societies charging that provisions of their ethical codes which limit advertising and solicitation of patients are illegal. The AMA case is now in trial, the ADA case is set for trial in September.

"We are also investigating associational or societal restrictions that prohibit

## They're After Bob Nara Because 'He Wants to Help People'

Dr. Robert "Bob" Nara may be anathema to organized dentistry, but he's a hero in the city of Houghton, Mich. After being cited by the Michigan Dental Association for advertising an "unrecognized specialty," and permitting a nonlicensed staffer to polish teeth, he "went public," and, according to the *Daily Mining Gazette*, "found the response gratifying." Attendance at a meeting sponsored by members of Community Action to Save Teeth (CAST) was over-capacity at the Community Building.

Although invited, the opposition did not show up to present the ADA/State Board of Dentistry case. Testimonials such as these were heard by the overflow crowd:

**Dr. Karl Van Newkirk**, Plymouth, Mich.: "I think you're blessed, having such a dedicated man in your midst. Under present conditions, it's impossible in the dental profession to be dedicated to the latest in dentistry and keep your license. If you buck the establishment — the so-called gods — you stand to lose your license. I applaud those here tonight . . ."

Physicians who are not members of particular specialty groups from performing certain medical services," Mr. Pertschuk said. "The key question here is whether such restrictions are medically justified or merely represent a convenient allocation or 'turf.'"

(Ed. note: Wouldn't it be timely and appropriate for the commission to extend that investigation to dental societies? Dr. Robert Nara has been denied the right to practice dentistry in Michigan for violation of the Michigan State Dental Association's restrictive rules regarding an "unrecognized specialty" in preventive dentistry.)

**Dr. Randall Koepke**, Carey, Ohio: "I flew almost a thousand miles to be here. Dr. Nara has influenced me to better help my patients save their natural teeth. . . . The basic problem is that Bob Nara wants to help people."

**Dr. Donald Hurst**, Marquette, Mich.: "Dr. Nara is gifted with his hands, with his head, and with his heart. I think it's tragic what the powers-that-be are trying to do to him."

**Dr. Roger Beauchamp**, Escanaba, Mich.: "There is a great conflict in our profession right now . . . Bob has been a positive force in dentistry, and I want to see him continue to be that."

**Dr. Leonard Beesley**, Hancock, Mich., said that after he testified in Lansing in Dr. Nara's behalf, he received telephone calls from some members of the local dental society intimating "reprisals against my family, and threats of suits."

He urged citizens to call or write their legislators — "even the governor" — and the State Board of Dentistry. "Tell them what you feel is going on and what you'd like to see changed."

An editorial Jan. 27 in *The Daily Mining Gazette* said it could "only feel sorry for those in the profession if they are gloating over the fact Dr. Robert O. Nara is a dentist without a license.

"The punishment meted out by the State Board of Dentistry seems extremely disproportionate to the 'crimes' . . . . At no time has there been any suggestion of malpractice by Dr. Nara, or even aspersions cast on his treatment of patients, who in the final analysis are the people whose benefit should be held uppermost in the minds of anyone even remotely connected with the profession. . . ."

"Throughout, Dr. Nara has claimed that a 'handful of local dentists' is re-

## Brass 'Worse Than Stupid', Says Editor

The editor of *Dental Currents* (31 Gibbs St., Rochester, N.Y.), in May, 1974, wrote a supportive article on Dr. Nara's work. Titled "Institutions of Dentistry — the Radical Practitioner," Editor Avrum King said in part: "Of course it is not possible for the American Dental Association to accept Bob Nara. (The fact he can accept the ADA is a great embarrassment to them). His membership in the Michigan State Dental Association, and his position as an ADA delegate is not at all desirable. From their point of view, it would be better to label him as a dentist who stands apart from dentistry. (It's much easier for the uptight family of a kooky rich kid to have him join the Peace Corps and live in Panama than become a Zen Buddhist in the old home town). This phenomenon was wonderfully — and picturesquely — illustrated in a recent conversation with a state officer in Michigan. Referring to Dr. Nara's ADA membership, he said: 'What the hell, when you invite the camel into your tent, it's to help him find a place to graze. You sure don't expect him to pee in the corner! . . ."

"If as a matter of principle, a person opposed the utilization of dental office staff as advocated by Dr. Nara, he would neither do, nor permit to have done, what has happened to Nara. It is worse than stupid — it is counterproductive. Dr. (John) Nolen (executive director of the Michigan State Dental Association), is certainly not stupid. Nor are his institutional colleagues.

"Historically, one function of the radical is to bring the ineffectual institution to the point of perceiving reality. The logic of the institutional response to Dr. Nara's office practice suggests that this point may be close, indeed. Nara and a few like him are demonstrating, as radicals have been doing throughout man's history, that progress occurs in quantum leaps. Today, perhaps 15% of the dental profession is well ahead of the ADA. They are seeking more change. The ADA is seeking none. 'They also serve who but stand and wait,' wrote John Milton.

"But while we're waiting, we should be damn glad there is a Bob Nara who isn't."

Responsible for the charges brought against him, his suspension from the three professional organizations, and now, the suspension of his license to earn a living.

"If Dr. Nara's claim is correct — and we have reason to believe it is — professionals throughout the Copper Country must share a measure of the shame that the handful has brought upon us. Those people have allowed their baser instincts to overrule a civilized community's first credo of 'Live and let live,' and — very likely — slowed to a damaging degree the ineluctable advance of dentistry."

In Menominee, Mich., the Rev. and Mrs. Robert Dobson wrote: "We have read and heard the news about the con-

trovery stemming from your claiming you are in the practice of oramedics. We have also read the comments by the president of the state dental association saying that oramedics is not recognized because each dentist should practice preventive dentistry.

"The truth of the matter is, many don't. We can attest to that since we have lived in many places in Michigan. This letter is in support of your practice. You put us on the right track in our own dental care back in 1968. We have appreciated your sound dental procedures, and the advice you gave us at that time. . . ."

Another friend, Dr. Fred Tidstrom of Ashland, Wis., wrote CBS' "60 Minutes" suggesting that "Bob Nara's presentation of Oramedics would be an excellent

## He Taught Her How to Keep a Healthy Mouth

# Former Playboy Exec Angered Over Treatment of Dr. Nara

One of Dr. Robert Nara's staunch friends is Mrs. Marlene Groshong, 3635 E. First St., Apt. 212, Long Beach, Calif., who until moving west nearly three years ago, was a patient of the Michigan doctor, commuting from Chicago — a trip requiring three plane changes.

For 15 years office manager of Playboy International, Mrs. Groshong heard about Dr. Nara's work from a business associate. She "couldn't believe" anyone would commute that distance to see a dentist, but after she became a patient she understood.

She was amazed and pleased that in one sitting he readied "three-fourths of my mouth" for new crowns, "and there was absolutely no discomfort. It took him no longer than an hour and a half. But the important thing was, he taught me how to take care of my teeth, get my gums tight, keep a healthy mouth. I can't say enough good things about his professional expertise. It is terrible what they are doing to him!"

When she learned of "what they are doing to him," she wrote a letter to the

presentation at this time (December 1977). Said Dr. Tidstrom in part:

"Oramedics is the preservation of teeth through doctor/patient teamwork. Dr. Nara is marketing a dental health system. This is a bit sticky in a sugar-consuming society. . . . If health insurance placed a monetary value on prevention, with patient and doctor reimbursement for disease-free patients, the world would beat a path to Bob's door. He is 10 to 15 years ahead of his time in the approach to dental care.

"In the words of Pogo: 'We have met the enemy, and it is us!' Why not visit with Bob Nara on 'Dentistry Today or Tomorrow'?"

problems. I was also amazed to learn that all these costly, expensive, and extensive dental repairs would have been unnecessary, if years ago I had been trained in proper daily home care.

"It was also surprising to learn that prevention of tooth decay and gum disease is not new. Books were written on this subject years ago. I therefore do not understand why it is not compulsory for every dentist to support and advocate proper preventive dental care, just to retain his license.

"In all my years of dental treatment, never ever, not once, did anyone ever suggest that I needed to clean the surfaces between my teeth where my toothbrush can't reach. No one ever hinted that gums need care too. I feel I have been done a grave injustice by the lack of good professional advice and training. I have many friends and associates who feel the same way."

### SAVED HER TEETH

"So you see I am highly indebted to Dr. Nara because he is responsible for saving my teeth. I commuted between Houghton and Chicago to take advantage of his expert services. I have friends, associates, and employees who did the same. Others too were given this opportunity through his extensive efforts to educate and train. He was performing a most needed and very valuable service. But now I understand that 'somebody' or 'someones' have put a 15-month halt to that service.

"Has this really happened? Has he really been suspended? Why? Poor dental procedures? Shoddy workmanship? Complaints from patients? Cruelty, pain, suffering? Failure to follow proper dental treatment procedures? Is he guilty of incompetence, negligence, malpractice? A friend who lives in Houghton sent me newspaper clippings. I understand the suspension stems from 'unethical practice.'

"If by any stretch of the imagination it is unethical by the rules to teach other doctors, patients, school children, adults

— even the whole world — how to save teeth, then I say 'Thank God for Unethics.' Unethics saved my teeth, and someone needs to take a good look at the standards by which the state board and the dental societies operate.

"My past experience shows, by comparison, that 'ethics' is a program of controlled neglect — the old 'come-back-in-six-months-and we'll-patch-'em-up-again' game. No wonder so many doctors can't take new patients — they haven't used up the damage potential of the old ones yet. Then a new cycle can begin — 'good old dentures.'"

### WHOSE INTEREST?

"After going to the same dentist for years and years, and repeatedly spending money on every tooth you manage to retain, and then finally having them all pulled so you can have a new set of dentures, has to make one wonder if these ethics are in the patient's best interest — or the doctor's!

"Fortunately for a few patients, some doctors are quietly practicing prevention. Many have been to Dr. Nara's office, many have attended one or more of his lectures. I have talked with several who are afraid to promote their preventive programs for fear of repercussions from their dental societies.

"Can you imagine in this country today, fear — fear to tell people of a way to eliminate the most common of all physical problems? Fear of repercussions from their own dental societies? I am now forced to believe their feelings must be justified, that they do not have the power to fight the 'dental system.' It seems to me that the bureaucracy has successfully made an 'example' of Dr. Nara — a warning to all who try to force prevention.

"Since it appears that dentists as a group cannot be depended upon to deliver proper dental care, it's beginning to look as though we as patients, will be forced to demand it. It is unfortunate that radical action is too often required to bring about greatly-needed changes in our society."

# A Fence Or An Ambulance

By JOSEPH MALINS

"Twas a dangerous cliff, as they freely confessed,  
Though to walk near its crest was so pleasant;  
But over its terrible edge there had slipped  
A duke, and full many a peasant.  
So the people said something would have to be done,  
But their projects did not at all tally;  
Some said, "Put a fence around the edge of the cliff,"  
Some, "An ambulance down in the valley."

But the cry for the ambulance carried the day,  
For it spread through the neighboring city;  
A fence may be useful or not, it is true,  
But each heart became brimful of pity  
For those who slipped over the dangerous cliff.  
And the dwellers in highway and alley  
Gave pounds or gave pence, not to put up a fence,  
But an ambulance down in the valley.

"For the cliff is all right, if you're careful," they said,  
"And, if folks even slipped and are dropping,  
It isn't the slipping that hurts them so much,  
As the shock down below when they're stopping."  
So day after day, as these mishaps occurred,  
Quick forth would these rescuers sally  
To pick up the victims who fell off the cliff,  
With their ambulance down in the valley.

Then an old sage remarked, "It's a marvel to me  
That people give far more attention  
To repairing results than to stopping the cause,  
When they'd much better aim at prevention.  
Let us stop at its source all this mischief," cried he,  
"Come, neighbors and friends, let us rally,  
If the cliff we will fence we might almost dispense  
With the ambulance down in the valley."

"Oh, he's a fanatic," the others rejoined,  
"Dispense with the ambulance? Never!  
He'd dispense with all charities, too, if he could.  
No! No! We'll support them forever.  
Aren't we picking up folks just as fast as they fall?  
And shall this man dictate to us? Shall he?  
Why should people of sense stop to put up a fence,  
While the ambulance works in the valley?"

# Another Testimonial for Oramedics

Among the patients who have been under Dr. Nara's care since inception of Oramedics are the three children of Pat Salani, Hancock, Mich. Fourteen years ago Mrs. Salani took 4-year-old Deborah, 3-year-old LuAnne, and 2-year-old Joey to Dr. Nara.

"Their baby teeth were riddled with decay," he recalled. "Had we not changed their oral ecology, they would have needed fillings, extractions, root canals, and everything else. Now the kids don't need a thing."

Now in their teens, each has a mouthful of pearls, thanks, their mother says, to that trip to Dr. Nara.

"It works," Mrs. Salani told a newsman in a telephone interview. "There's no crying in the night, no mother's worry. It halted the disease and now there are no more problems. My kids sometimes tell me they saw an ad on television where the kid was saying, 'I had only one

cavity.' They said, 'if we had one cavity, you'd kill us, wouldn't you?' And I answered, 'Yes, because you know what to do.'

"I used to keep the tape in an end table in the livingroom, and the children would lay their heads on my lap while I taped their teeth. It doesn't take any time at all. When they were 12 or so, I let them take over. They had the dexterity to do it. Now if they find something interesting on TV, they might do it for 15 minutes."

Mrs. Salani said the only dental cost she's had for her children — and herself — since Oramedics, has been the fee for checkups, needed periodically to be sure the plaque and bacterial count levels are low enough.

"I have nothing but good things to say about it," she continued. "The problem with people accepting it is that it seems too easy. But once you do it, your problems are over."

But a sensible few, who are practical too,  
Will not bear with such nonsense much longer.  
They believe that prevention is better than cure,  
And their pity will soon be the stronger.  
Encourage them then, with your purse, voice, and pen,  
And while other philanthropists dally,  
They will scorn all pretense and put up a stout fence  
On the cliff that hangs over the valley.

Better guide well the young than reclaim them when old,  
For the voice of true wisdom is calling,  
"To rescue the fallen is good, but 'tis best  
To prevent other people from falling."  
Better close up the source of temptation and crime  
Than deliver from dungeon and galley;  
Better put up a strong fence around the top of the cliff  
Than an ambulance down in the valley.

(Ed. note: Dr. Nara's wife, Ruth, sent The Bulletin a copy of this poem, written many years ago by Joseph Malins. It's a privilege to be able to pass it on to others).

## Book Review

# 'It's a Honey,' Says Linda Clark of New Book — *Mirror of the Body*

BY LINDA CLARK, M.A.

A new book, *Mirror of the Body*, written by Anna Kaye with Don C. Matchan, has made its appearance at a time when it is most needed, since the majority of the public is now looking for natural, safe therapies to improve health, instead of questionable drugs, unnecessary surgery, and the like. This book qualifies, since it is a self-help book as well as one for open-minded professional physical therapists. It is a honey!

The book deals with the method of reflexology, an ancient art of treating the feet to increase circulation and stimulate the body's organs and glands. Reflexology, practiced by the Chinese for over 5,000 years, is based on the premise that when one part of the body suffers, the entire body suffers. You have heard the statement, "When your feet hurt, you hurt all over." So true.

Reflexology, after it was adopted by a few doctors in this country, was previously known as *zone therapy*; and later, *compression massage*. It is not unlike acupuncture which is acupuncture without needles (fingertip pressure is substituted for needles, with great success).

In acupuncture, acupressure and reflexology, the body is envisioned as made up of parallel "imaginary zones" extending from head to feet. On these zonal lines the acupuncturist and acupressurist find points which relate to every part of the body, and when any of them becomes congested, trouble results. When congestion at those spots is removed — either by needles or fingertip pressure — congestion and tension is relieved, and related areas such as eyes, ears, heart, liver, and other body parts start functioning again, and the body heals itself.

The principle of reflexology differs from acupuncture and acupressure in that the zones terminate in the feet, and congestion is concentrated there. Foot "maps" show the location of each part of the body, and remarkable results have occurred when the congestion is rubbed or massaged away, allowing circulation to be reactivated in disturbed areas so that body function can improve. Pain has been eliminated, weight problems and even joint pains in many cases, have been relieved by this method. Hemorrhoids have disappeared, and other benefits, too many to list here, have occurred.

As a reporter in nutrition and health, I believe I have read every book published on the subject of reflexology. But when I read this newest one, *Mirror of the Body*, I learned much new information I did not know existed, and for which I feel enriched. I recommend it wholeheartedly for professionals as well as those who wish to treat themselves.

The authors of this book are very special: Anna Kaye for her exceptional experience and expertise in this field (her clients are, like the proverbial cup, "running over" with gratitude and joy). Many say, after a treatment, that they feel as if they are walking on air, and numerous health troubles reach the vanishing point. As for Don Matchan, editor of the National Health Federation *Bulletin*, his brilliant ability with words is already known.

In my opinion, everyone needs this excellent book, *Mirror of the Body*. (Available NHF, Monrovia, \$5.95 plus 75¢ handling, Californians add tax).

But this is not all. Keep your eye on the publisher of this book: Strawberry Hill Press, 61644th Ave., San Francisco. Of the many new, smaller publishers

## FDA Calls it 'Unapproved New Drug'

# Waxman No Help to Patient Trying to Get Coppergluconate

When faced with the choice of helping a cancer patient obtain a mineral — coppergluconate — prescribed by Cancer Specialist Hans Nieper, M.D., of Hannover, Germany, or accepting the Food and Drug Administration position that it is an "unapproved drug" and banned for such use, Congressman Henry A. Waxman sided with the FDA and refused to turn over the substance to the patient, Mrs. John Rust of North Hollywood, Calif.

To have done otherwise, said an aide, would have placed him in the position of becoming a party to "illegally channeling contraband material." Although in common use in this country in preparations of vitamins, the FDA considers coppergluconate, when used in cancer treatment, "an unapproved new drug."

In March the FDA seized in Brooklyn, N.Y., a shipment of bromelain, coppergluconate, and paraaminobenzoic acid sent by Dr. Nieper to Mrs. Rust. Her supply of coppergluconate was low and Mr. Rust called the doctor, asking that a bottle be sent to him, or Mrs. Rust, in care of Congressman Waxman's Los Angeles office.

The Congressman was advised by Mr. Rust by telephone that the package would be coming to Los Angeles, and asked his cooperation in obtaining it on arrival.

In a letter dated March 31, Mrs. Rust explained to Congressman Waxman that she is an ovarian cancer patient of

the world-renowned German physician, having been diagnosed after major surgery in Burbank last October. Noting that the Congressman in March issued a *Special Health Bulletin* describing his interest in health legislation (he is a member of the House subcommittee on Health and Environment), Mrs. Rust said: "... impressed by your achievements and goals in the health field, I write you personally because my problem falls right into your territory and I am in desperate need of your help. ..."

"(The enzymes and minerals seized in New York) are prescribed by Dr. Nieper, one of the world's eminent cancer specialists. As you will note from the copy of Dr. Nieper's certificate, 'All of the prescriptions are in keeping with the health laws in Germany, and none concerns narcotics or related drugs.'"

"Each of these medicines is absolutely essential to the treatment of my cancer. ... The only AMA-approved treatment for ovarian cancer available in the U.S. is chemotherapy, which my own doctors admit is only palliative. After observing on others the horrors of this destructive therapy as typified by the untimely, and I feel unnecessary death of Senator Hubert Humphrey, I decided to avail myself of the advanced and amazingly effective treatment offered by European physicians. I spent three weeks in January with Dr. Nieper who worked out a balanced regimen for me, designed to strengthen my own immunization abilities to fight the disease. Since returning from Germany, I have been gaining health and strength daily. My surgeon and internist in Los Angeles are amazed at my progress."

"I appeal to you, Congressman Waxman, on behalf of myself and others whose very lives may be terminated by

emerging in the U.S., Strawberry Hill Press is rising head and shoulders above many others. They recognize a good book when they see it, are discriminating, and publish unique and helpful books not available elsewhere.

this arbitrary, capricious action of the FDA. I strongly feel it is my right as an American citizen to choose my own health regimen without interference from the FDA, since it does not involve dangerous, untested drugs. If pressure is being put on the FDA to withhold this shipment, I beg of you to remove that pressure so the FDA will release my medicine and allow future shipments of Dr. Nieper's prescriptions to reach me without harassment. My very life depends on it."

On receipt of that letter, the Congressman's office called the Food and Drug Administration, described Mrs. Rust's request, and was told a reply would be forthcoming. Before FDA responded formally, however, the coppergluconate arrived from Germany, but instead of being addressed to Mr. Rust in care of the Congressman's office, was addressed to Congressman Waxman — an error on the part of a clerk in Germany.

The package was opened by Kaaren Berman in the Congressman's Los Angeles office, and a call was made to the FDA district office. An official there told Jeanne Manfred, head of the Waxman office, to "destroy it." This she would not do, but held it for the FDA to pick up.

#### 'THIS IS THE LAW'

Asked by *The Bulletin* editor on May 1 why the package, destined for Mrs. Rust, was turned over to the FDA, Congressman Waxman's Legislative Assistant for Health Affairs in Washington, Margery A. Colloff, said "it was addressed to the Congressman, and we are not authorized to turn over to another person anything that is addressed to the Congressman, particularly if it's contraband material."

When asked who calls it "contraband," Mrs. Colloff said, "The FDA, and they advised our office to destroy the package."

Reminded that Mr. Waxman had been advised the package would be coming,

and that it had been addressed in error to the Congressman, Mrs. Colloff said "it is a violation of a postal regulation to turn over to a private individual a package addressed to a Congressman. It is his mail, it was addressed to him."

"What if it had been addressed correctly?" she was asked.

"You say 'what if.' The question is, you asked me why he did not turn the package over to an individual to whom it was not addressed. I'm telling you what the federal law is."

"Well just a minute," countered the editor. "Aren't you standing on a technicality? Before you ever got the package you contacted the FDA about it, didn't you? Before the package ever arrived in your office, after you got that letter, you contacted the FDA and said, 'What'll we do with this?', didn't you?"

"Mr. Matchan, I've already answered —"

"You haven't answered that question."

"It was the district office in possession of the package, addressed to the congressman — you will have to take it up with them. I'm sorry, I have to pick up on another call. Goodbye."

That was the explanation in Washington.

#### AT DISTRICT OFFICE

In Los Angeles three days earlier, Mr. Rust, accompanied by two newsmen, went to the Waxman office, asked for the package. There he was told, politely but firmly, that he could not have it, the FDA would be picking it up.

Mrs. Manfred said "the problem is that — particularly the Congressman — you have to, you want to obey the laws."

"We don't think the law applies here," declared Mr. Rust. "I can show you, I have it in my bag — this material is used in vitamin/mineral preparations by a great many reputable companies."

"Well, our problem is not with the substance," she replied, "it's with the regulations. You're not allowed to bring it into the country. So we had no option. It was

sent to the Congressman, and labeled 'gift,' so we can't dispense with the FDA labels...."

Asked by *Public Scrutiny* Editor Mark Lockman if it would have "made any difference if it had been sent to Mr. Rust in care of the Congressman, would you have given it to him under those circumstances?", Ms. Manfred replied: "Then I think again, we'd have had to make an inquiry to the postal authorities and the Food and Drug Administration."

"But I will tell you the Congressman is looking into the whole question of drugs other countries like Germany have approved, but that have not been approved by the FDA. He is aware of that problem, and I think his tendency is to think that it isn't right. There may be substances other countries have approved that our country should not be so restrictive about."

Mr. Lockman commented that "there is no law restricting the use of coppergluconate. It's included in vitamins and minerals on sale in this country right now. So what is the legal authority the FDA is using to tell you not to give it to Mr. Rust? Do you just do what the FDA

tells you? Is that how your office operates?"

"Our office operates within the law," she replied. "If postal authorities had opened that, they would have confiscated it."

"On what grounds? What is the law?" asked Mr. Lockman.

"That you can't import coppergluconate," she answered.

He insisted, as did Mr. Rust, that "there is no law that says that. Our position is that this is being illegally withheld."

"But it was addressed to the Congressman," continued Ms. Manfred. "We have no option. I understand, and I can't say to you strongly enough, that I realize the situation and I realize how desperate you must feel to get it. If there was a way we could give it to you without breaking our own country's regulations, we would do so."

When asked by Ms. Manfred "why can't you get it in this country?" Mr. Rust replied, "This is of a higher quality, it is in tablet form, and as far as I can ascertain is not available in this form in this country. I have contacted pharmaceutical



KAAREN BERMAN, an assistant in the Los Angeles office of Congressman Henry A. Waxman, shows John Rust the wrapper on the package of coppergluconate, misaddressed to Congressman Waxman instead of Mr. Rust, and turned over to the FDA by the Congressman's aides.

companies and they don't make it in tablet form which has been prescribed for her by Dr. Nieper. It is made in some kind of granular form which I am trying to see if it's possible to obtain."

When told she would "make some inquiries," Mr. Rust said, "I would like you to, and I would like you to make a strong protest on my behalf, as my Congressman, at this unwarranted interference with my rights as an American citizen. This is vital, not only to my wife's life but to a number of other people. There are a great many patients of Hans Nieper in this country and they're all in the same boat of having enzymes and minerals withheld, we think illegally, by the FDA who is exceeding its authority and acting in a completely arbitrary fashion. We respectfully request that this inquiry be pursued with diligence and speed."

#### ENCOUNTER WITH FDA

Unable to persuade the affable Ms. Manfred that he would be permitted to take the package with him, he then drove to the FDA office where he asked Agent Lloyd Lehrer why the agency had seized the package. He was told that "intended use" determines whether or

not a product is considered "legal."

When told by Mr. Rust that the coppergluconate had been prescribed by Dr. Nieper for Mrs. Rust's cancer, Mr. Lehrer replied:

"A mineral supplement for cancer. I don't believe cancer needs supplements. If used to treat a disease, that is a drug, and as a drug it is unapproved."

"She also takes vitamins," Mr. Rust asserted. "Are they drugs?"

"Vitamins are not drugs unless they are intended for the treatment of a disease," replied the FDA official.

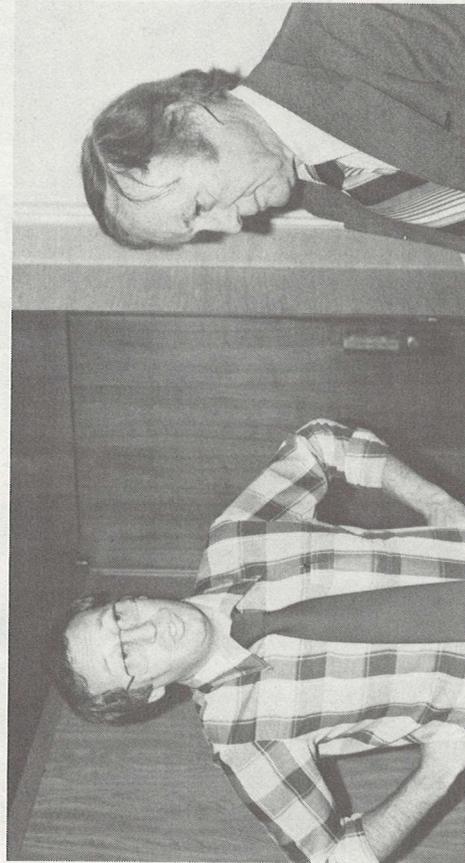
Then followed this exchange between *Public Scrutiny* Editor Mark Lockman and Mr. Lehrer:

**Mr. Lockman:** "What if she takes distilled water to treat her cancer — would you confiscate that?"

**Mr. Lehrer:** "We don't confiscate anything, Sir."

**Mr. Lockman:** "Well, the FDA has. It has taken other substances, bromelain, for instance."

**Mr. Lehrer:** "The Food and Drug Administration has three sanctions which the law allows. They are seizure, prosecution, and injunction. If you are referring to seizure, it is an order signed by the court. We do take seizure actions.



FDA's Lloyd Lehrer of the Los Angeles district office (left) tells John Rust of North Hollywood why the coppergluconate sent from Germany for his wife, a cancer patient, is "an unapproved new drug."

## He Helped Defeat Laetrile Bill in California

A member of the House subcommittee on Health and Environment, Congressman Henry A. Waxman has co-sponsored several bills, including HR 3291 requiring food packages to state on labels the total sugar content; HR 2191, providing for prescription drug pricing; HR 2190, requiring label information as to the date beyond which the potency or effectiveness of a drug declines; and HR 6706, providing health aid for poor children.

He opposes tobacco subsidies and supports the government drive against smoking. As chairman of a committee investigating liquid protein deaths, he asked some interesting questions. And an environmental group gave him a score of 92% on environmental legislation.

But Californians who want to see Laetrile legalized, resent the trip he made to Sacramento to lobby friends in the Legislature and testify against the measure to legalize the substance. This FDA-oriented position may explain why his staff contacted the FDA when confronted with the request of Mrs. John Rust to help clear a shipment of coppergluconate, prescribed by a German physician who uses Laetrile in combination with other materials in treatment of cancer.

We have no authority to confiscate anything."

**Mr. Lockman:** "Are you saying that something that would be legal for something else, if a person wants to take it for cancer, then it becomes illegal?"

**Mr. Lehrer:** "A substance is defined under law, by its intended use. If you take a substance which is totally inert and innocuous, and purport it to be a treatment for a disease, it then becomes a drug. If it's a substance which has not been recognized by the Food and Drug Administration, within the provision of the new-drug section of the law, the agency has the authority, through the Food, Drug and Cosmetic Act, to call that substance an unapproved new drug. And until such time as a new-drug application has been filed for it, or an investigational exemption has been filed for it allowing an investigator to use it, it is against the law to ship that substance in interstate commerce. That's what we have in this situation, as I understand it."

Asked by Mr. Rust how the FDA "can consider coppergluconate a new drug when it is in constant use in this country," the FDA official replied:

"Use has absolutely nothing to do with whether or not your substance purports

to do something."

"This doesn't purport to do anything any more than a vitamin or mineral purports to do," Mr. Rust continued. "You allow the use of vitamins and minerals in this country —"

"Sir," replied Mr. Lehrer, "I am not the slightest bit interested in bantering semantics with you. I've explained the general conditions of the law, the specific conditions as you related them to me, and when I've gotten the facts we will get back to you. Now if there's anything else I can do for you, I'd be happy to."

Mr. Rust said he would like a copy of the law, and "a written statement as to why and under what authority you are confiscating, withholding — whatever term you choose to use — this package."

"I will give you a copy of the law, which is Congress' statement as to why, and I won't write you anything, Sir," was the response.

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

# NHF Memorial Library News



## Thanks to Miles Robinson!

BY STEPHANIE SHANE  
Librarian

For several months the National Health Federation Memorial Library has received gifts from Miles H. Robinson, M.D. His donations include books, pamphlets, *Prevention* magazines, and the long-drawn-out Vitamin Hearings.

Deeply concerned with the welfare of the American people, Dr. Robinson spoke before the House Committee on Agriculture in 1969. His talk centered on why humanity is suffering from many adversities, and that poor nutrition is the cause of a variety of diseases.

The *Vitamin Hearings* sent us by Dr. Robinson consist of 250 transcripts, totaling 32,145 pages on the sessions involving the Food and Drug Administration's proposal that vitamins be classified as drugs. Had this happened, a doctor's prescription for vitamins would have been required. NHF joined with other organizations and fought 14 years to prevent that from happening.

With the help of Senator William Proxmire and Congressman Craig Hosmer, the measure finally became law April 22, 1976, after President Ford placed his signature on the Heart and Lung Bill, which gave legal status to minerals and vitamins as dietary foods rather than drugs.

All the material Dr. Robinson has sent us has a valuable store of information for the conscientious student, or anyone interested in freedom of choice in matters of health. The literature is available to be used at the library.

The books he sent us deal with health and related fields, with special emphasis on cancer:

Herbert Bailey — *A Matter of Life and Death*

Charlotte Carter — *Cancer Smoking*

Heart — *Disease — Drinking*

Solomon Garb — *Cure for Cancer*

Max Gerson — *A Cancer Therapy*

George W. Holmes, Chairman — *A*

*Cancer Manual for Practitioners*

A.C. Ivy — *Observations on Kre-*

*biozen in the Management of Cancer*

Glen D. Kittler — *Laetrile, Control for Cancer*

Cyril Scott — *Victory Over Cancer*

Dr. Robinson is appalled by our synthetic environment. He stresses that technology dominates our society, and that myriad conveniences detract from a natural lifestyle. He is not content to just speak about the rights of an individual — he gets involved! He represented NHF at the Vitamin Hearings for 16 months, and wrote penetrating articles for *The Bulletin* about what went on.

To add to the list, Dr. Robinson also has written three special reports on the FDA for the *Congressional Record*, and his research, while teaching at University of Pennsylvania Medical School, has been published. He taught pharmacology at Vanderbilt, was a general practitioner for more than 25 years, and was medical advisor on the staffs of Senator Paul Douglas and Senator Edward Long. Now retired, he and Mrs. Robinson have made their home in Potomac, Md., for 20 years. They plan to move to Santa Barbara, Calif., in late summer.

## Certified Raw Milk Back on the Market

### NHF Pushes for Reasonable, Safe Standard for Salmonella in Milk

Four days before the case was to be presented in court, an agreement was reached between Alta-Dena Dairy, the California Department of Food and Agriculture, and the State Department of Health under which certified raw milk and raw milk products again became available.

The agreement is in the form of a preliminary injunction stipulating that the dairy must follow rigid guidelines in production of raw milk, meeting certain requirements to ensure that (1) "certified raw milk is free from contamination with salmonella; (2) Grade A milk for pasteurization cannot be mixed, accidentally or intentionally, with certified raw milk; and (3) no certified raw milk contains milk from cows with evidence of salmonella infection."

Upon 15 days' notice, either party may request the court to "modify or dissolve" the preliminary injunction.

The day the agreement was worked out, NHF Executive Vice-President Clinton R. Miller was conferring in Sacramento with Governor Brown's legislative secretary, Anthony Dougherty, and representatives of the Department of Food and Agriculture. Present were Gladys Lindberg, Dave Ajay, and Ivan Tiholiz, M.D., presenting the case for raw milk consumers, and Hans Van Nes, deputy director of Food and Agriculture, and John S. Orsborn, Jr., D.V.M.

Mr. Miller described the governor's aide as "a gentleman all the way — he is on our side." Mr. Van Nes, he said, is the Department official "who glories in the fact he was author of the clause in the law requiring a dairy to pasteurize milk if 'salmonella infection' is found in milk or cow. Unfortunately, the law does not define what a salmonella infection is."

It is the NHF position that a "reasonable, safe standard" of salmonella in

milk and other food products be established to prevent a recurrence of the ban on certified raw milk products.

"It is well known," says Mr. Miller, "that salmonella is found in chickens, eggs, shellfish, raw meat. And they're allowed to be marketed with no industry ban when salmonella is discovered."

"Both federal and state agencies threaten the food industry with salmonella action, while pretending to enforce the zero detectable level on all food. They just don't enforce it in poultry, eggs, shellfish. This amounts to a hidden standard — one for raw milk, another for poultry, shellfish, etc."

The "raw milk delegation," according to Mr. Miller, told Mr. Dougherty that the Department of Food and Agriculture has been "interpreting salmonella infection as any detectable salmonella — even a single bacteria. The tolerance level is in the thousands — Cornell University says 10,000 before human illness occurs. To set this zero detectable level is like setting the speed limit at zero miles per hour."

"Under this set-up, the state engages in what I call selective enforcement — letting the poultry, meat, and shellfish get by, but coming down on Alta-Dena Dairy."

After the point had been made that raw milk is taking the brunt of salmonella enforcement, Mr. Dougherty asked Mr. Van Nes if he thought this Department regulation is "reasonable." The question was evaded by Mr. Van Nes who asked if the matter should be further discussed since it was to be heard in court shortly.

"During the discussion," Mr. Miller reported, "the Department admitted it had not considered setting a 'reasonable standard.' And at the close, the Department assured Mr. Dougherty that negotiations were under way that would

put milk back on the market."

When Mr. Ajay asked if the 12 small raw milk dairies in the state are subject to the same rigid enforcement as Alta-Dena, he was told all dairies are tested equally, and the bacteria had not been found in other herds.

Under questioning, the Department said more than 1,500 protests about the Alta-Dena raw milk ban had been received, "95% of them from the National Health Federation." Several "strong protests" also had been received from members of the Assembly and Senate, it was stated.

Mr. Dougherty noted that "the present governor of California, and the previous

governor," are raw milk users.

Mr. Miller told *The Bulletin* upon his return from Sacramento that NHF was "preparing to ask the court to let us intervene in the suit against the state's ban on raw milk, when we learned a preliminary injunction had been agreed to by the dairy and the state."

He predicts "it will be only a matter of weeks or months before the regulations will become so intolerable the dairy and consumers will have to go back to the court, and the legislature, for some type of permanent relief, by setting a reasonable safe standard for salmonella in raw milk as well as other foods."

## Library Considering Raw Milk Research

The possibility of funding a study to demonstrate the nutritional difference between raw and pasteurized milk is being explored by the National Health Federation Memorial Library.

At a meeting April 28, the board of directors discussed a proposal by NHF Executive Director Clinton R. Miller, and supported to the tune of \$660 as a starter from Dr. E. H. Bronner, that a study be conducted, perhaps by University of California, Davis, using newborn calves as subjects. The control group would be fed only pasteurized milk, the other calves would receive only certified raw milk. The feedings would continue until death ensued. Calves are fed solid food from three months of age, and since this would be withheld in the study, the animals eventually would die. One specialist predicted those on pasteurized milk would not live past six weeks.

NHF Science Director John A. Yiamouyannis, Ph.D., has been asked to draft a suggested protocol. The work would be funded by the Memorial Library. Anyone interested in contributing to such research is asked to contact John T. Clark, chairman, Paul J. Virgin, president, or Helena Biava, secretary.

## CANCER CONTROL CONVENTION JULY 1-3

The sixth annual convention of the Cancer Control Society will be held the weekend of July 1-2-3 in the Ambassador Hotel, Los Angeles. A doctors' seminar is set for Tuesday, July 4.

According to Secretary Lorraine Rosenthal, speakers will include John Ott, Dr. Harold W. Manner, Clinton R. Miller, Ernst T. Krebs, Jr., Dr. Dean Burk, and Charlotte Gerson Straus. Talks also will be given by cancer patients who have found success in nontoxic therapies.

ROASTED UNTIL it cracks open, lemon may be given to cough and cold-sufferers of all ages. The juice, with brown sugar and fresh pineapple juice, produces "digestive" enzymes that aid in clearing throat mucous.

## 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, consumers exploitation by leading industries, excessive devaluation 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 concerned. NHF does not oppose nor approve any specific healing profession or their methods, but it does oppose the efforts of one group to restrict the freedom of practice of qualified members of another profession, thus attempting to create a monopoly.

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

Will you join us in this worthy effort?

## ELECTED FEDERATION OFFICERS

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Phone (213) 357-2181 or 359-8334

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Dorothy B. Hart — Vice-President

Betty Lee Morales — Secretary

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Opinions expressed in *The Bulletin* are those of the writers of the articles and are not necessarily the opinion of the National Health Federation.

**NATIONAL HEALTH FEDERATION**

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**Thank you for your cooperation!**

PLACE  
STAMP  
HERE

Every family in America should belong to the National Health Federation to —

1. Support the principle of freedom of choice and liberty in health matters.
2. Be a part of a strong and united consumer's voice in all health matters.
3. Work for beneficial and needed health legislation and, at the same time, oppose proposals which are detrimental to the health interests of the people or which do not provide for equality of recognition of all legally established health professions.
4. Support a united effort to reduce the cost of health care.
5. Oppose insults upon our ecology which have an impact on health.
6. Oppose the use of chemical food additives which have not been proved absolutely safe or which are not needed.
7. Secure fair and impartial enforcement of food and drug laws and regulations.
8. Insist that all monies raised for health research and care be used exclusively for these purposes.
9. Compel all health fund-raising organizations to disclose in an annual report, the amount of funds collected and how the funds were expended.

THESE ARE THE THINGS THE NATIONAL HEALTH FEDERATION IS ORGANIZED TO DO — JOIN ITS RANKS AND TAKE PART IN THIS VITAL EFFORT ON BEHALF OF YOURSELF AND OF ALL AMERICA.

**UPCOMING NHF CONVENTIONS**

No. Calif. Regional — July 8-9  
Jack Tar Hotel — San Francisco

S.W. Regional — Aug. 12-13  
Hyatt Regency — Houston

Midwest Regional — Sept. 1-4  
Holiday Inn — O'Hare/Kennedy  
Rosemont, Ill.

Northeast Regional — Sept. 23-24  
Convention Hall — Asbury Park, N.J.

**HELP SAVE OUR HEALTH FREEDOMS**