National Health Federation
BULLETIN

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Gov. Brown Signs Law Legalizing Nutrition Counseling

YIAMOUYIANNIS REBUTS C.U. SERIES

DR. YIAMOUYIANNIS

NHF Science Director Offers Facts — Not Slander — in Refuting 'Distortions, Inaccuracies, Omissions' in Hatchet Job on Fluoridation and NHF

Shows How NCI Coverup of Burk-Yiamouyiannis Cancer-Fluoride-Link Studies Was Exported to England, Embarrassing Scientists There; Fluoridation Has 'Suffered Scientific Defeat,' He Says, Following Pittsburgh Trial

DR. BURK

DR. WOLFE

PEOPLE SHOULD BE TOLD WHEN A DRUG THEY'RE USING CAUSES CANCER, SAYS NADER OFFICIAL

IS YOUR SMOKE DETECTOR RADIOACTIVE? MILLIONS ARE, BUT NUKE AGENCY REFUSES TO RESCIND ITS ENDORSEMENT OF SUSPECT PRODUCT

THE
NATIONAL HEALTH FEDERATION
BULLETIN

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CONTENTS

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CU Writer 'Incompetent, Dishonest, Or Both'

Fluoridation Articles Hit by NHF for 'Inaccuracies, Bias'

BY JOHN YIAMOUYIANNIS, Ph.D.
and
DON MATCHAN

Late last spring, hearings opened in the Allegheny Court of Common Pleas in Pittsburgh in a case destined to have a dramatic impact on the future of fluoridation. People in the western boroughs of Pittsburgh were suing the West View Water Department to halt fluoridation, on grounds it created a threat to their health and safety.

Top experts from around the world were brought in to testify at the hearing, before Judge John P. Flaherty, Jr., which closed July 19. What emerged, we believe was a clear and decisive scientific defeat of fluoridation. Briefs and transcripts are available through the National Health Federation's Delaware, Ohio, office. In this article we summarize major portions of the testimony.

When placed under oath and cross-examined, the defendants were unable to substantiate claims that fluoride is safe. Attempts by the National Institute of Dental Research were unable to refute the findings of Dr. Aly Mohamed, cytogeneticist and professor of biology at the University of Missouri, Kansas City, which showed that as little as 1 part per million (ppm) of sodium fluoride in water increased genetic (or chromosomal) damage.

Likewise, scientists from the National Cancer Institute (NCI), Oxford University, the Royal College of Physicians, Royal Statistical Society, and the University of Rochester were unable to refute the findings of Dr. John Yiamouyiannis and Dr. Dean Burk, one of the founders and for 35 years chief of the Cytochemistry Section of the National Cancer Institute, showing a link between fluoridation and cancer. (Dr. Burk is one of the world's leading biochemists. His classic paper coauthored with Dr. Lineweaver on Lineweaver-Burk enzyme kinetics is cited more extensively than any other paper ever published in the history of biochemistry. Dr. Burk's list of over 200 publications, some coauthored with Nobel prize winners, contains more than 150 articles in cancer research). Their study covered the cancer-fluoridation experience of 18 million Americans over 30 years. It also included controls for known and unknown variables, such as geographic and environmental factors; double-blind design to control for bias; and adjustments for age, race, and sex.

The defendants did not even attempt to refute the medical testimony concerning the allergic, intolerant, and toxic reactions, or even the gradual death of sensitive individuals exposed to fluoridated water as reported by Dr. George Waldbott, internationally-recognized pioneer in the fields of allergy and internal medicine. In short — a highly significant part of this case went completely unanswered and uncontested.

Titled "Fluoridation on Trial," this article first appeared in the August 27, 1978 issue of the New Bedford (Mass.) Standard Times. *In accordance with an agreement with Editor James Ragsdale, it was published "side by side" with the fluoridation articles appearing in the July and August 1978 issues of* Consumer Reports – *articles which form the basis of a libel action brought against Consumers Union by Dr. Yiamouyiannis.*

FLUORIDE AND GENETIC DAMAGE

Last April 14 in Pittsburgh, Dr. Mohamed testified that he had authored nine scientific papers revealing that fluoride causes chromosomal (genetic) damage in plants and animals. (Chromosomes are the cell-components which contain genetic information).

According to Dr. Mohamed: "All these papers showed that either sodium fluoride or hydrogen fluoride gas was able to produce chromosomal abnormalities . . . as well as the production of lethal or sublethal genes."

In a more recent paper, "Cytological Effects of Fluoride on Mitotic and Meiotic Chromosomes of Mice," presented at a symposium of the American Chemical Society in August 1976, Dr. Mohamed looked at chromosomal (genetic) damage in bone marrow and testes cells of mice given 0, 1, 5, 10, 50, 100, and 200 ppm sodium fluoride in their drinking water, along with a low-fluoride diet. In both bone marrow and testes cells of the mice sacrificed after 6 weeks of exposure, the chromosomal abnormalities increased as the fluoride content of the water increased.

PPM SODIUM FLUORIDE	% CELLS WITH CHROMOSOMAL DAMAGE	
	Bone Marrow	Testes
0	19.3	15.8
1	32.1	21.1
5	41.3	22.8
10	46.0	29.7
50	46.1	41.3
100	47.9	48.2
200	49.2	50.3

Regarding this study, Dr. Mohamed testified: "So our conclusion from such studies was that sodium fluoride was able to produce chromosomal abnormalities either in the bone marrow or in . . . testes. And the final conclusion is that sodium fluoride in a concentration of 1.0 ppm was considered to be a mutagenic agent."

When asked, "You are saying that under laboratory conditions you had water fluoridated at 1 ppm able to produce genetic damage in mice?", Dr. Mohamed replied, "That's right."

HE DIDN'T QUALIFY

It is interesting that during the hearings, Dr. George Martin, one of the principal witnesses for the defense, chief biochemist for the National Institute of Dental Research, and senior author of the "joint study" cited in the August 1978 issue of *Consumer Reports* ("The Effects of High and Low Fluoride Diets on the Frequencies of Sister Chromatid Exchange," *Mutation Research 57*: 51-55 [1978]), was unable to qualify as an expert in cytogenetics, the area of biology concerned with chromosomal abnormalities.

It was pointed out that the paper he authored was not even concerned with chromosomal damage, but instead measured a phenomenon known as sister chromatid exchange, a normal process in nature, which is neither a cause nor an effect of chromosomal damage.

This paper also purported to use the "Ames Test" to show that fluoride is not mutagenic. However, Dr. Bruce Ames, professor of biochemistry at University of California, Berkeley, and originator of the Ames Test, had this to say: "I understand that the question of the possible mutagenicity of fluoride in our test system came up . . . We have not tested fluoride because our test didn't seem appropriate for it . . . and we haven't spent the time to work out the special conditions needed for . . . fluoride to be adequately tested for mutagenicity in our test." (Fountain Hearings, p. 243)

In another paper (unpublished) authored by Dr. Martin, an examination of chromosomal damage was conducted. In contrast to Dr. Mohamed's observation of 7,261 cells with chromosomal damage, Dr. Martin observed only 42 such cells. Even Dr. Martin's data, insufficient as it was, indicated a possible dose-dependent mutagenic potential of fluoride.

ABOUT THE AUTHORS

Dr. John Yiamouyiannis, internationally-known fluoridation expert, has been science director of the National Health Federation since 1974. He received his B.S. in biochemistry from the University of Chicago, and his Ph.D. in biochemistry from the University of Rhode Island. Before joining the NHF staff, he was associate biochemical editor of Chemical Abstracts, *the world's largest chemical information center, until forced through pressure by HEW to resign becaue of his opposition to fluoridation – a position he arrived at because of the many research papers he had read on the damaging effects of fluoride. He is co-editor of the scientific journal,* Fluoride. *His work with Dr. Dean Burk revealing a relationship between fluoridation and cancer triggered full-scale hearings before Congressman L. H. Fountain's Subcommitte of the Committee on Government Operations Sept. 21 and Oct. 12, 1977 (available without charge from your Congressman). He is headquartered at NHF's eastern office, 6439 Taggart Road, Delaware, Ohio.*

Don Matchan, editor of the NHF Bulletin, *is a former newspaper editor-publisher, and former publisher of* Herald of Health *magazine. For three years he was editor of the Alameda (Calif.) daily* Times-Star, *and before joining NHF was West Coast editor of* Prevention, *and a contributing editor of* Let's Live *magazine. He is coauthor with Phyllis Harrison of* Helping Your Health Through Handwriting; Mirror of the Body, *with Anna Kaye; and author of* We Mind If You Smoke.

While 15-20 studies confirm the conclusions of Dr. Mohamed, not one study confirms the conclusions of Dr. Martin. Studies confirming Dr. Mohamed's conclusions include "Cytogenic Effect of Inorganic Fluorine Compounds on Human and Animal Cells," by S.I. Veroshilin, et al., *Genetika 9*: 115-20 (1973); "Sodium Fluoride As a Potential Mutagen in Mammalian (breast-feeding animal) Eggs," by G. Jagiello and J. Lin, *Archives of Environmental Health 29*: 230-35 (1974); "Mutagenic Effects of Sodium Fluoride and Stannous Fluoride on Drosophila Melanogaster (fruit fly)," by B. Mitchell and R. A. Gerdes, *Fluoride 6*: 113-7 (1973).

RED FLAGS

Dr. Mohamed testified as to the relevance of his studies: ". . . if experimental animals show a mutagenic potential due to a drug or any agent, we have to be aware of the possibilities that such agent may also be harmful to the human."

It is generally agreed that the mutagenic activity of a substance in such systems is a warning of its possible cancer-causing (carcinogenic) activity.

Indeed, even Dr. Donald Taves, Associate Professor of Pharmacology and Toxicology, University of Rochester, N.Y., and a witness for the defense, admitted: "If it were shown that it (fluoride) were a mutagen, it would raise the probability that, if an association were shown epidemiologically, that would increase the probability in one's mind that there was in fact a causal association."

Even more convincing of a chemical's cancer-causing activity is its ability to induce tumors. In 1963, Drs. I. H. Herskowitz and I. L. Norton of the Department of Genetics, St. Louis University in Missouri, induced tumors in 5%-90% of the fruit flies exposed to 20-50 ppm fluoride, ("Increased Incidence of Melanotic Tumors in Two Strains of Drosophila Melanogaster Following Treatment with Sodium Fluoride," *Genetics 48*: 307-310 [1963]).

After fighting hard to avoid answering a direct, unambiguous statement, Dr. Marvin Schneiderman, chief statistician of the National Cancer Institute and a major defense witness, was asked, in

relation to the work of Drs. Herskowitz and Norton, "If a substance has a tendency or an apparent tendency to cause melanotic tumors, wouldn't that be a red flag for cancer even though you didn't know more than that?", he was forced to acknowledge, ". . . the answer is probably yes."

This is the same Dr. Schneiderman who appeared with Dr. Yiamouyiannis in a debate on ABC's "Good Morning, America," last year, and implied that melanotic tumors were merely "harmless little brown spots."

THE TAYLOR STUDIES

In 1965, Drs. Taylor and Taylor of the Clayton Foundation Biochemical Research Institute, University of Texas, Austin, observed a 13%-17% increase in tumor growth rate in mice fed 1 ppm fluoride in drinking water ("Effect of Sodium Fluoride on Tumor Growth," *Proceedings of the Society of Experimental Biology and Medicine 119*: 252-55 [1965]).

Consumers Union and other profluoridationists prefer to ignore the 1965 study of Drs. Taylor and Taylor, and instead dwell on a study Dr. A. Taylor did back in 1951. They also ignore the 1954 study of Dr. Taylor (*Dental Digest 60*: 170-72) in which he pointed out that the food in his 1951 study "contained 20-38 ppm fluoride, due to a high level of this element in the bone meal supplement." Fluoride from bone meal is not readily absorbed into the body, whereas soluble fluorides in drinking water are readily absorbed into the body.

To check this out, he repeated his earlier (1951) experiments using the same bone meal-supplemented feed in one group, and a mixed grain diet containing a negligible fraction of fluorine in the other. The result: both groups showed the adverse effects of fluoride in drinking water, and to the same degree. (The studies of W. Machle and E. J. Largent [*Journal of Industrial Hygiene and Toxicology, 25 (3)*: 112-23 (1943)], and J. McClure, et al., [*Journal of Industrial Hygiene and Toxicology*] indicate a net *loss* of fluoride from bone meal supplementation rather than any sizable contribution of bone meal to total fluoride intake. In contrast, consumption of sodium fluoride dissolved in water results in a net *gain* in fluoride.)

FURTHER EVIDENCE

Laboratory experiments indicating that 1 ppm fluoride interferes with repair of DNA — a molecule central to the cancer problem — and that low levels of fluoride interfere with the availability of the chemical building-blocks of DNA and RNA provide the possible explanation of how the carcinogenic and mutagenic effects of fluoride may be mediated. ("DNA Repair and Environmental Substances," by W. Klein, et al., *Report of the Austrian Society of Atomic Energy, Seibersdorf Research Center*, pp. 1-8 [1976], and "Effect of Fluoride on Nucleotides and RNA in Germinating Corn Seedling Roots," by C. W. Chang, *Plant Physiology 43: 669-74* [1968].)

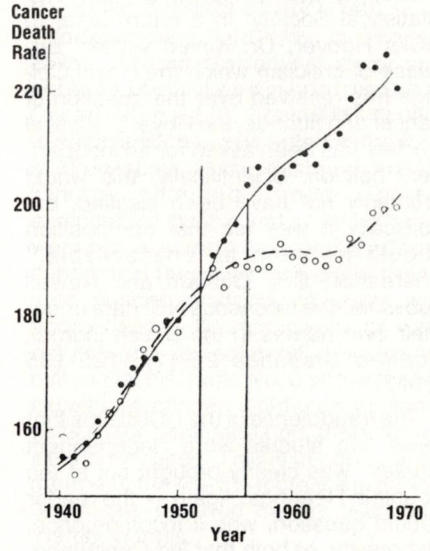
During his testimony, Dr. Waldbott pointed out that fluoride is present in every cell in the body, that it is an extremely biologically-active substance capable of producing long-term damage which is bound to cause cancer in certain individuals.

Studies of the relationship of nonwater-borne fluorides and cancer have reported positive correlations between food fluoride levels and stomach cancer ("The Fluoride Content of Lowland Nonglutinous Unpolished Rice and Its Geographical Correlation with Mortality from Gastric Cancer," by T. Okamura and T. Matsuhisa, *Nippon Sakumotsu Gakkai Kiji 32*: 132-8 [1963]), and a possible correlation between airborne fluoride and lung cancer ("Morbidity and Mortality in Man Caused by Pulmonary Cancer — and Its Relation to the Pollution of the Atmosphere in the Areas of Aluminum Plants," by N.N. Litvinov, et al., *Acta Unionis Internationalis Contra Cancrum 19*: 742-5 [1963], and "Observations on Cancer in a Steel City," *Fluoride 7*: 153-65 [1974].)

THE FLUORIDATION-CANCER LINK

On December 16, 1975, Congressman James J. Delaney urged that "all fluoridation of our public water supplies be suspended immediately," and read into the *Congressional Record* (pp. H12731-H12734) the Yiamouyiannis-Burk study revealing the link between fluoridation and cancer.

In addition to debunking National Cancer Institute studies up to that time, this study compared the year-by-year cancer death rates of the 10 largest cities fluoridated since 1952-56 (Chicago, Philadelphia, Baltimore, Cleveland, Washington, D.C., Milwaukee, St. Louis, San Francisco, Pittsburgh, and Buffalo — represented on the graph by black dots) with the 10 largest cities not fluoridated as of 1969 and possessing comparable cancer death rates from 1940 to 1950 (Los Angeles, Boston, New Orleans, Seattle, Cincinnati, Atlanta, Kansas City, Mo., Columbus, Ohio, Newark, and Portland, Ore. — represented by white dots).



This graphic representation of the results represents approximately 1 million cancer deaths. Note how, after fluoridation of the cities represented by black dots, the cancer death rate goes up dramatically compared with the nonfluoridated cities represented by white dots.

The National Cancer Institute has admitted that the information represented in the Cancer Death Rate Graph is correct (memorandum of Dr. Marvin A. Schneiderman to Phebe Dunn dated Feb. 27, 1976, and subsequent testimony by Dr. Schneiderman April 12, 1978). But NCI claims that the relative increase in cancer death rates in fluoridated cities is attributable to changes in the age and racial composition of the two groups of cities betwen 1950 and 1970 (Fountain Hearings).

The Yiamouyiannis-Burk response to this claim is an extensive study published in the July 1977 issue of *Fluoride 10(3)* 102-123, the summary of which follows;

"Data indicating a more rapid increase in cancer death rate in fluoridated than in nonfluoridated cities were analyzed to determine to what extent the net increase observed in fluoridated cities could be attributed to age, race, or sex. Between 1952 and 1969, no significant fluoridation-linked increase in cancer death rate could be observed in populations 0-24 and 25-44 years of age. In populations 45-64 years of age, a fluoridation-linked increase in cancer death rate of 15/100,000 population was observed . . .; in populations 65+ years of age, an increase of 35/100,000 was observed . . . . The fluoridation-linked increase in cancer death rate could not be ascribed to changes in the racial or sex compositions of the fluoridated and nonfluoridated populations."

This amounts to a 4%-5% fluoridation-linked increase in cancer death rate. At this rate, we can expect 10,000 fluoridation-linked cancer deaths in the United States each year. The probability that these results could have occurred by chance is less than 1 in 1,000.

ERRORS AND OMISSIONS

Using what statisticians call the "indirect method," the NCI claimed that after adjusting for age, race, and sex, there was "no significant difference" in the cancer death rate trends between fluoridated and nonfluoridated cities.

After checking over NCI's calculations, Dr. Burk and Dr. Yiamouyiannis pointed out one mathematical or tabulation error in the NCI calculation that accounted for 3,500 fluoridation-linked deaths. The remaining difference is accounted for by the fact the NCI selectively ignored 80% to 90% of the data available, which when included, showed a 3%-4% fluoridation-linked increase in cancer death rate, using NCI's own method which simultaneously corrected for age, race, and sex.

All this was reported in the Fountain Hearings (pp. 3-17, 61-72, 19-40). Therefore, it is hard to understand how the writer(s) of the fluoridation article in the July 1978 issue of *Consumer Reports* could have read through the Fountain Hearings and still state that "Drs. Burk and Yiamouyiannis had somehow managed to ignore the most fundamental factors involved in cancer mortality rates — age, race, and sex." Are the Consumers Union writers incompetent, dishonest, or both?

The point we emphasized in the Fountain Hearings was that NCI made errors and omissions *which they admitted*, and that after those errors and omissions were taken care of, NCI's "indirect method" of adjustment for age, race, and sex confirmed our "direct" adjustment which took into consideration age, race, and sex, and which showed a 4% to 5% increase in cancer death rate.

'INDEPENDENT STUDIES'— OR SCIENCE FOR SALE

Consumer Reports claims "independent investigations by seven of the leading medical and scientific organizations in the English-speaking world have unanimously refuted the National Health Federation's cancer claims."

Let's take a look at the validity of that statement:

Independent Study No. 1: On June 18, 1976, Dr. Robert Hoover of the National Cancer Institute sent the erroneous NCI data and methodology described above to Dr. Leo Kinlen, Regius Professor of Medicine, Oxford University. In an accompanying letter, he wrote: "If you are queried as to how you obtained the data, I would appreciate it if you would indicate that all of the raw data are available from routine publications available to anyone."

Dr. Kinlen and Sir Richard Doll, also Regius Professor of Medicine at Oxford, did just that. They published NCI's figures, without alteration, in the June 18, 1977, issue of the British medical journal, *Lancet*, pp. 1300-2. They claimed in the article that they had obtained the data from "routine publications."

Independent Study No. 2: Dr. Kinlen then passed NCI's erroneous data and methodology on to Professors P. D. Oldham and D. J. Newell of the Royal Statistical Society. In a return letter to NCI's Hoover, Dr. Kinlen wrote: "Because of criticism which the Royal College has received over the question of cancer and fluoride, the Royal Statistical Society has been asked for an independent opinion. Scientifically, this would ordinarily not have been justified, but politically it was felt that our position should be seen as unassailable." Thereafter, Drs. Oldham and Newell published the erroneous NCI data under their own names in the British journal, *Applied Statistics 26 (2)*: 125-135 (1977).

The fraudulence of the NCI claims that these two studies were "independent studies" was clearly brought out at the Fountain Hearings. Again — the reader should question, was it incompetence, dishonesty, or both that led Consumers Union to perpetuate this fraud?

Subsequently, NCI's Dr. Hoover, in a letter to Dr. Kinlen dated Sept. 26, 1977, wrote: "As I am sure you are aware by this time, the National Health Federation has recently found an error in our tabulation of total number of 1970 observed cancer deaths for the 'nonfluoridated' cities in our reanalysis of the NHF time-trend study . . . .

"I am sorry for this error, particularly since it seems to have been perpetuated by yourselves and the Royal Statistical Society. I am a bit distressed also that neither you nor the Society checked some of the original numbers."

Independent Study No. 3: NCI's Dr. Hoover in 1975 sent the same erroneous data and methodology to Dr. Donald Taves at University of Rochester. Again Dr. Taves used NCI's erroneous methodology, and in addition, added an error of his own, according to testimony he gave at the Pittsburgh trial. While this study has been referred to as the "National Academy of Sciences" study, or "University of Rochester" study, it is in fact another HEW study funded by the United States Public Health Service (Fountain Hearings pp. 121-140).

Independent Study No. 4: The so-called "Oxford University" study was published by Dr. Leo Kinlen in the *British Dental Journal 138*: 221 (1975). Data in this publication is presented in the form of three tables. At the Pittsburgh trial Dr. Kinlen admitted under cross-examination that his first and third tables were not relevant to the study of artificial fluoridation (because they either measured cancer incidence in areas with poorly-defined fluoride levels, or were not age-and-sex adjusted). He also admitted that his Table No. 2 showed a 5% excess of cancer incidence in fluoridated over nonfluoridated areas for the sites considered. This is in good agreement with the 4%-5% increase in cancer death rate reported by Drs. Burk and Yiamouyiannis.

Independent Study No. 5: The so-called "Royal College of Physicians' " study — again authored by Dr. Leo Kinlen — in which he merely includes Tables 1 and 2 of his *British Dental Journal* article (see "Independent Study No. 4".) In addition, he includes information from a personal communication from NCI's Dr. Hoover. This "study" was published as Chapter 10 in a book titled *Fluoride, Teeth, and Health* (Royal College of Physicians, 1976).

Independent Study No. 6: The so-called "Center for Disease Control" study was authored by Dr. J. D. Erickson, *a dentist*. The fatal flaw in the CDC study is that it is incapable of determining increases in cancer death rate due to fluoridation. In order to determine such increases, one must look at cancer death rates of fluoridated areas *over a number of years, before and after fluoridation,* and compare these cancer death rates before and after fluoridation. The CDC study failed to do this.

Independent Study No. 7: The so-called "National Heart, Lung, and Blood Institute" study was published in the *American Journal of Epidemiology 107 (2)*: 104-112 (1978), by Dr. E. Rogot, et al.

This study suffers from the following major defects: (1) a city of 25,000 is given as much weight as a city of 5 million; (2) if a city such as Seattle was fluoridated in December 1969, the city was considered as having been fluoridated from 1950 to 1970; and (3) while even after obscuring results via 1 and 2 above, the fluoridated cities still had a higher cancer death rate than the nonfluoridated cities which the authors were able to eliminate only by a further "adjustment of an adjusted figure."

In short, HEW through three of its agencies — CDC, NHLBI, and NCI — published reports attempting to exonerate fluoridation which it has endorsed and promoted for the last 27 years. In addition, NCI sent its erroneous data and methodology to the Royal College of Physicians, the Royal Statistical Society, Oxford University, and the University of Rochester in order to make it *ap-*

pear that "independent investigation by seven of the leading medical and scientific organizations" have refuted the fluoridation-cancer link.

THE NCI COVERUP

During the Fountain Hearings, the refusal of NCI to supply Drs. Burk and Yiamouyiannis with the step-by-step data necessary to check NCI's calculations was brought out by Dr. Yiamouyiannis (pp. 63, 65):

"Congressman Delaney through Congressman Flood asked the NCI to reveal the step-by-step procedure it had used in formulating its results. The NCI refused to answer, NIH's Donald Frederickson stating only that 'Every number on which our reanalysis was based is available from the routine publications of the Bureau of the Census and the National Center for Health Statistics.'

"While we were aware of the availability of the raw data, we did not know whether the NCI group was using weighted or unweighted averages, whether they were using an age-sex or an age-sex-race breakdown, or the size of their age-groupings . . . .

"The behavior of the National Cancer Institute has been strange. While refusing Congressional requests for detailed data, the NCI has passed this data on to scientists in England. May I remind this committee that the NCI is funded with monies derived from American taxpayers. You would think that American taxpayers, with the help of Congress, should be able to receive the same data. We weren't. If we had, we might have saved the NCI the international embarrassment they have brought upon themselves by sending their erroneous data overseas and having it published under the names of other scientists."

Commenting on NCI's refusal to supply the necessary data, Rep. Clarence Brown said (pp. 268-9, Fountain Hearings): "The only conclusion one can come to, I think, on this logic, is this: You did not give it to him (Dr. Yiamouyiannis) because you did not agree with what he wanted to do with it. I do not think that makes sense for a scientist . . . . With all due respect, I think that does come fairly close to arrogance in terms of saying to one party, 'You cannot have the information because you do not agree with us.' And to another one, 'You want to do a study and apparently it supports our position, then you can have the information we have accumulated.'

"I find that rather unscientific . . ."

Compare this with the distorted Consumers Union account of the NCI Coverup.

DR. WALDBOTT'S TESTIMONY

Dr. Waldbott was the first M.D. to report a death from penicillin. Among physicians in the United States, he is the undisputed leading expert on fluoride poisoning and the treatment of patients so afflicted. He testified in Pittsburgh that fluoride in drinking water at 1.0 ppm gradually causes death in certain individuals.

Dr. Waldbott first became interested in fluoride poisoning in 1954 when two patients from Bay City, Mich., were referred to him for supposed allergies. Upon examination, he found they were not suffering from allergies, but apparently had been poisoned by something in the water. Symptoms included headaches, gastrointestinal disorders, stomach pains, diarrhea, general weakness, thirst, and numbness in hands and arms. These disappeared when the patients left Bay City, and recurred when they returned. He observed that Bay City at the time was one of the few fluoridated cities in Michigan.

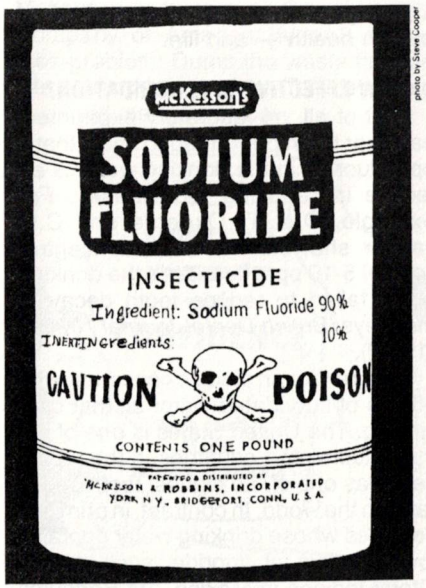
Later he saw a patient with mottled teeth — a deformity commonly occurring in high-fluoride areas — and noted the same symptoms as those of the Bay City people, only much more severe and extensive. Dr. Waldbott then enlisted a team of nine specialists, none of whom could diagnose what was wrong. Clinical observations and biochemical determinations led him to conclude that this case was caused by fluoride poisoning. Again — the patient lived in Highland Park, Mich., a fluoridated city. When placed on fluoride-free water, her symptoms disappeared. On several occasions thereafter, with the informed consent of the patient, Dr. Waldbott administered small doses of fluoride, only to note that the symptoms returned.

Other evidence supporting his conclusions about fluoride-induced illness included the appearance of the same symptoms among many persons in Windsor, Ontario, after its water was fluoridated, as well as the disappearance of those symptoms among patients in Saginaw, Mich., and Charlottesville, Va., when those cities discontinued fluoridation.

His own personal experience with patients afflicted with fluoride poisoning is extensive. He estimated that since 1958 he has seen about 400 such patients, and now sees one or two each month.

Dr. Waldbott cited a number of reversible and irreversible adverse effects from drinking water fluoridated at 1.0 ppm. He also pointed out that kidney, diabetes, and allergy patients are more susceptible to fluoride poisoning and allergies.

He emphasized that 0.5 milligram fluoride tablets, containing the equivalent of about a half-day's consumption of fluoridated water for a normal adult, are *prescription drugs*, and that sensitive individuals can suffer the same adverse effects from these tablets as from fluoridated water. In fact, *Physicians' Desk Reference* (1978, p. 1637), points out: ". . . In hypersensitive individuals, fluorides occasionally cause skin eruptions such as atopic dermatitis, eczema or urticaria (hives). Gastric distress, headache and weakness have also been reported. These hypersensitive reactions usually disappear promptly after discontinuation of the fluoride."



While *Consumer Reports* and other proponents of fluoridation prefer to compare the toxicity of fluoride with essential nutrients such as iron and vitamins A and D, how many of you buy your food supplements in containers marked like this?

FACT: FLUORIDE IS A POISON

Contrary to the claims of *Consumer Reports,* the National Academy of Sciences has not found fluoride to be an essential nutrient. As a matter of fact, the National Academy of Sciences' 1971 publication, *Fluorides* (pp. 66-7), points out that even when dietary fluoride levels are reduced as low as is humanly possible, no signs of deficiency are observed. The Canadian Research Council in its publication, *Environmental Fluoride 1977*, concurs with the National Academy of Sciences (p. 49).

The concept of chronic fluoride poisoning is more sophisticated than typical cases of acute poisoning. No one is going to die from drinking one glass of fluoridated water, just as no one will die smoking one cigaret. It is the longer-term chronic effects of glass after glass of fluoridated water — as with cigarette

after cigarette — that takes its toll of human health — and life.

HOW EFFECTIVE IS FLUORIDATION?

First of all, no laboratory experiment has ever been performed to show that 1 ppm fluoride in the drinking water is effective in reducing tooth decay. For example, Drs. T. Okoerse and C.L. Jaeger showed that even concentrations of 5-10 ppm fluoride in the drinking water failed to reduce tooth decay in monkeys (*British Dental Journal 102*: 93 [1956]).

Nor are human studies concerning the effects of fluoridated water all that convincing. The United States is one of the most fluoridated countries in the world, yet it has one of the highest tooth decay rates in the world. In contrast, in primitive societies whose drinking water contains low amounts of fluoride, such as the Otomi Indians in Mexico, the Bedouins in Israel, and the Ibos in Nigeria, 80% to 90% of these people go through life without one decayed tooth.

Looking more closely, we observe that the consumption of refined carbohydrates — i.e. white sugar, etc. — is extremely low in those areas compared with that of the United States. Furthermore, we note that the average American consumes more than 1 teaspoon of sugar every half hour, 24 hours a day. It is a well-accepted fact that increased consumption of carbohydrates is responsible for increased tooth decay rates.

Data from the National Center for Health Statistics indicate, if anything, an *increase* in tooth decay rates as the U.S. has become progressively more fluoridated. Furthermore, if tooth decay rates are in any way reflected in the cost of dental care, it should be noted that from 1960 to 1972 — a time during which an additional 50 million persons were forced to drink artificially-fluoridated water — per capita dental costs went up 112%, compared with only a 60% increase in the cost of living.

Proponents of fluoridation cite studies showing that people living in areas whose water contains high levels of fluoride naturally, show reduced tooth decay rates. High-fluoride water also contains high levels of calcium, magnesium, phosphate, and other tooth-building minerals. They are also rural areas which, at the time those studies were made in the 30s and 40s, had not yet been victimized by the junk-food industry. As a matter of fact, the well-known Bartlett-Cameron study found "no difference in the dental health" of residents in Bartlett, Texas, consuming water with 8 ppm fluoride, and residents of Cameron, Texas, consuming water with les than ½ ppm fluoride.

Proponents also cite two or three studies which they maintain show that addition of fluoride to the water system reduced tooth decay. One such is the Grand Rapids-Muskegon study, originally designed as a 10-year study. Grand Rapids was fluoridated in 1945. Muskegon was the control city. Five years later, in Grand Rapids a sharp decrease in tooth decay rate was observed. However, also observed was a corresponding decrease in the rate of tooth decay in Muskegon. At that point, the protocol of the study was changed and Muskegon was fluoridated. Final results pointed out only that there was a significant reduction in tooth decay in Grand Rapids following fluoridation.

The tooth decay rate in Newburgh, N.Y., was compared with that of nonfluoridated Kingston. However, in choosing the children whose teeth were to be observed in Newburgh, only life-long residents were observed. In Kingston, transients were included. Furthermore, the data on filled and unfilled cavities in Kingston and Newburgh indicated a substantial improvement in dental care in Newburgh relative to Kingston. It also should be pointed out that even 33 years after the fluoridation of Newburgh, the residents of Kingston are still unaware of the "benefits" of fluoridation, since Kingston still is not fluoridated.

The Antigo, Wis., study is probably the most clever study of all. Now watch closely: Antigo was fluoridated in 1949. No records were ever kept to learn whether tooth decay rates went up, down, or remained the same during the period of fluoridation — 1949-1960.

In 1960, Antigo voted to discontinue fluoridation, and a dental survey was taken. Sound strange? Four years later another dental survey was made which revealed that tooth decay rates had increased significantly from 1960 to 1964.

In 1965, Antigo was again fluoridated. However, only one more study (in 1966) has been done since then to determine whether adding fluoride to the water had any effect in reducing tooth decay. The tooth decay rates after fluoridation (1966) were even higher than the tooth decay rates before fluoridation. In other words — *the Antigo study never did show that fluoridation reduced tooth decay in that city.*

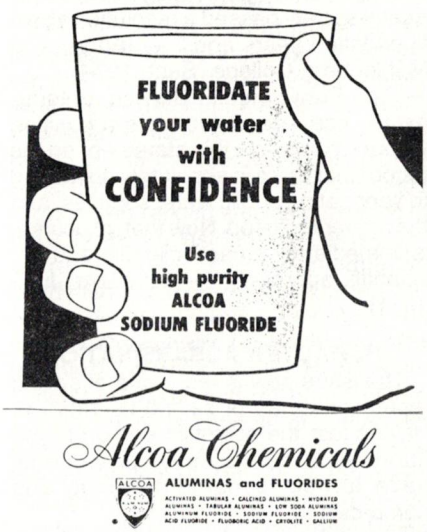
POLLUTION FOR SALE

If fluoride is unsafe and its effectiveness in question — then why the big push?

Fluoridation is an industrial waste product. The 20s and 30s saw the astronomical growth of the aluminum and phosphate ferilizer industries. Their rapid growth however gave rise to unexpected pollution problems. The pollutant — fluoride.

Fluoride pollution of air damaged wildlife, crops, and livestock. Initially, the industries bought up the surrounding devastated areas, but when fluoride began to take its toll in human health, lawsuits and action by health officials forced the companies to install pollution control devices to trap the fluoride waste products. Unfortunately, this just shifted the problem from airborne fluorides to waterborne fluorides and solid fluoride waste products, which were left to pollute rivers, streams, and ground waters.

Dr. Gerald Cox of Mellon Institute (the Mellons are owners of the Aluminum Company of America [Alcoa]) solved their problem: Dump the waste fluoride into public drinking water. Tell the people it will reduce tooth decay.



Source: *Journal of the American Waterworks Association,* July 1951.

Joined by the American Dental Association, the aluminum and fertilizer industries began to promote the sale of fluoride to public water systems as a means to reduce tooth decay.

Nonetheless, aluminum and phosphate fertilizer manufacturers from Bellingham, Wash., to St. Petersburgh, Fla., continue to be a health hazard to citizens in surrounding areas. Spencer County, Ind., population 18,000, is a case in point. From Jan. 1 to May 28, 1978, 79 persons in the area have died, many of them from a disease called "sudden death syndrome." The coroner is convinced that fluoride emissions from the local aluminum plant are to blame.

Due to intensive lobbying from the dental-fluoride industrial complex, the U.S. Public Health Service of HEW prematurely endorsed fluoridation.

Ralph Nader points out: "With the

Public Health Service, the fluoride companies and the dentists on one side, and the consumers on the other side — fluoridation has been promoted without giving consumers their free choice. The average dentist goes along because his dental society passed a resolution about fluoridation years ago." — (Address at Muhlenberg College, Sept. 1974).

"The Public Health Service, unfortunately, has locked itself into a position where it has made this statement on the record that there is absolutely no hazard to fluoridating public water supplies, and the matter is closed. Now that, of course, is immediately an antiscientific and unscientific approach." — (*Let's Live*, June 1971).

CHARACTER ASSASSINATION

The issue now is more one of saving reputations than of saving fluoridation. Having lost the scientific portion of the fluoridation controversy, proponents have turned to name-dropping and name-calling.

Not only have they unscientifically promoted water fluoridation using a list of endorsements of organizations, most of which have never conducted original research in this area, but they have also ruthlessly maligned the reputations of their opponents, classifying them as "food faddists," and "cultists," people who "misunderstand what fluoridation is." They tell unsubstantiated anecdotal "stories" about people who complain about ill effects of fluoridation before fluoridation even started, and then imply that these, like all the other ills attributed to fluoride, are "imaginary."

They have tried to impugn the character and reputation of Dr. Yiamouyiannis as a scientist, via guilt by association — attempting to discredit the National Health Federation and pointing out that Dr. Yiamouyiannis is its science director.

While NHF *is not* the issue here, a few points to vindicate its reputation are in order:

Claim: NHF promotes unproven remedies.

Fact: The National Health Federation is a nonprofit consumer-oriented organization devoted exclusively to health matters. Having no vested interests whatsoever, it is free to act on behalf of the people — consumers of health services and products. In action, NHF is a health-rights organization advocating the absolute right of the individual to enjoy the civil liberty of freedom of choice in matters of personal health where such choices do not infringe upon the liberties of others. Although the Federation encourages everyone to live a health-oriented life by adopting a sensible health-promoting program, *it does not advocate any particular system of therapy or health philosophy*. Rather, its work is in the preservation of the freedom which permits personal choice.

Claim: NHF opposes pasteurization.

Fact: NHF does not oppose pasteurization, but it does support state certification of raw milk to make safe raw milk available to those believing that pasteurization of milk takes something away from its food value.

Claim: NHF opposes vaccination.

Fact: NHF has supported vaccination as a *voluntary* method, contending that it is not an absolute necessity, and that the individual has the right to weigh benefits and risks based upon his or her personal health priorities. In cases such as the swine flu vaccination fiasco, NHF took the lead in warning of its dangers.

Claim: NHF is not a reputable organization.

Fact: In its 23-year history, the Federation has often been attacked and its board members persecuted because it fights for the health rights of people, against the bureaucracy. In one bout with the Food and Drug Administration, NHF played a key role in stopping vitamins and minerals from becoming prescription items. NHF is given credit for passage of federal legislation preventing experimentation on human beings without their informed consent. Incidentally — membership in NHF is $10 a year.

When defense attorneys in the Pittsburgh case attempted character assassination of Dr. Yiamouyiannis as NHF science director, this is what Judge Flaherty said in reply:

"The issue I am eventually going to have to decide is whether or not fluoride is carcinogenic . . . . (the NHF) isn't on trial . . . .

"I don't care what . . . . (the NHF) is advocating or not advocating . . . . I am not going to be prejudiced in my decision because of innuendoes cast against organizations pro or con of this issue . . . . Can you show any evidence that (Dr. Yiamouyiannis) was part and parcel of these alleged frauds? Can you do that, counsellor?"

Defense Counsel: "No, I can't."

The Court: "Then, my goodness, why would you be here impugning the reputation of this individual due to some other individuals' alleged fraudulent activities? That flouts in the face of due process of law and everything we stand for in this Court."

EPILOGUE

We owe readers an apology for beleaguring them by inclusion of the extensive documentation in this article. While not customarily done, we felt it necessary to include the references because of the misinterpretations, distortions, half-truths, and untruths contained in the unreferenced articles published in the July and August 1978 issues of *Consumer Reports*. The documentation contained in our article supplies the evidence verifying our assertion that the staff at Consumers Union responsible for the fluoridation reports is either incompetent, dishonest, or both. If Consumers Union is capable of putting out such an inaccurate and biased report on this matter, it certainly raises the question as to the accuracy and impartiality of articles published by Consumers Union on other issues.

CHICAGO CONVENTION A WINNER: 300 NEW MEMBERS

A "historically-memorable weekend of excitement," is the way NHF Convention Manager Allen T. Goldman described the annual Midwest Regional Convention at the Holiday Inn O'Hare Kennedy Airport in Chicago Sept. 1-3.

More than 4,000 persons attended. There were 120 exhibitors. A "record-setting" 300 new members, and 10 Life members and one Perpetual member, were enrolled in the Federation.

"Substantial money" was contributed to the Hofbauer Legal Defense Fund, Mr. Goldman reported, and to the work of Dr. Harold W. Manner who will continue his Laetrile research with a Memorial Library grant of $15,000 for a new study, "The Mechanism of Action of Amygdalin, Vitamin A, and Enzymes in Mammary Tumor Regression."

"There was tremendous coverage of the event by the local media, including television and radio tapings aired throughout the weekend, making thousands of others unable to attend, aware the event was happening," continued Mr. Goldman. "Special thanks go to Jo Szczesny for her great job in public relations, and to Gus Heidemann, president of the West Suburban Chapter, a dedicated worker for the cause. We cordially thank all who participated."

Contracts and dates for the 1979 convention at the same hotel have been confirmed for Aug. 31 — Sept. 2.

FDA WON'T ADD MORE IRON TO FLOUR

FDA Commissioner Donald Kennedy has withdrawn a proposal of several years to require addition of iron to flour and bread products. He said the increase in iron had not been proved "necessary, safe, or effective." Iron and vitamins now added to "enriched" flour and bread will be continued, he said.

Abrams, Hart, Pioneers in Electronic Healing, Vindicated in Frequency Theory

Pilloried and persecuted by establishment medicine and its henchmen in government for their advanced work with short-wave pulsed energy in healing processes, the late Albert Abrams, M.D., and Fred J. Hart, founder of the National Health Federation, now have been vindicated.

An article by Science Writer George Alexander in the Aug. 23 issue of the *Los Angeles Times* tells how scientists at the University of Southern California's Center for Laser Studies have produced a burst of light lasting less than two-tenths of a trillionth of a second. It is important because it will permit scientists to illuminate the very fast chemical reactions occurring in such processes as photosynthesis and thermonuclear fusion.

The portion of the story significant to the Abrams work — followed by that of the Electronic Medical Foundation which Mr. Hart was forced by the Food and Drug Administraton to close down — lies in this sentence:

". . . every compound absorbs or emits radiation at very specific, characteristic frequencies . . ."

This is the principle the brilliant San Francisco M.D. invoked in development of a diagnostic instrument, and the treatment instrument known as an oscilloclast, further refined while Mr. Hart was president of Electronic Medical Foundation.

Every organ has its own specific "wave length," or radiation frequency, said the San Francisco researchers. These frequencies were determined for healthy tissue, and low-pulse energy was used to restore normal frequency to a diseased organ.

Perhaps because the diagnostic instrument required application of radiesthesia (a highly-sensitive human detects frequency in other persons' organs as reflected by their blood), and because the entire concept of electronic medicine was half a century ahead of its time, the American Medical Association branded Dr. Abrams, and his successor, Fred Hart, as quacks and frauds.

And the smear still is being used by the same groups to try to discredit the National Health Federation for its activist role in supporting and pushing for the right of scientists to explore new avenues in the natural realm, and to permit people to use treatments not necessarily approved by the medical hierarchy.

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

"THE TRUTH ABOUT FRED J. HART"

In a "smear job"on NHF Founder Fred J Hart, *Consumer Reports* (July 1978) quoted FDA Historian Wallace Janssen as saying "the gadgets" (produced by Electronic Medical Foundation) "contained circuits resembling those of an electric doorbell or a small radio transmitter. None could cure anything."

The full story of the harassment of EMF and Mr. Hart is available from NHF, Monrovia, in a reprint (M-1, $1) titled"The Truth About This Man Fred J. Hart." If Consumers Union had wanted to learn the facts abut his work, rather than reproducing the jaundiced FDA version, it could have contacted the National Health Federation before publishing what it did about a man who no longer can respond. Mr. Hart died in March, 1975.

DR. VANN LAUNCHES MEMORIAL CANCER RESEARCH FUND HONORING HIS WIFE, WITH $1,000 CHECK

Having watched his wife experience the agonies of death by cancer, and intent upon encouraging independent research of that disease, John C. Vann, D.D.S., 5028 Avenida del Sol, Laguna Hills, Calif., has established, in her memory, through the National Health Federation, the Lillian J. Vann Memorial Cancer Research Fund, Box 688, Monrovia, Calif., 91016.

Dr. Vann started the fund with a check of $1,000 and other contributions have started arriving.

"With the $15,000 grant from the NHF Memorial Library Fund," said the former member of the NHF Board of Governors and its chairman one year, "Researcher Dr. Harold Manner of Loyola University, Chicago, has observed over 70% regression of breast cancer in mice. Dr. Manner was not restricted by government regulations. Such independent researchers — not government funded — now feel they have a simple, inexpensive test for cancer, long before it becomes catastrophic. Lillian's life might have been saved if we had had this test five or 10 years ago, and had treated her disease at the outset." (Dr. Vann is referring to the Virginia Livingston cryptocide blood test. Ed.)

Mrs. Vann's symptoms first were revealed in September 1977, when her color started becoming yellow. She submitted to surgery Dec. 9, and it was learned the pancreas was involved. Her death occurred August 8 in Laguna Hills.

Burial was private, at sea, and a memorial service was held August 27 in the Fireside Room of Clubhouse 2, Leisure World, with Richard Church, First Church of Christ, Christian Science, and the Rev. H. Harold Leetsma of Lake Hills Community Church, Laguna Hills, officiating.

Born Sept. 20, 1905, in Mt. Vernon, S.D., Mrs. Vann had lived in California many years. The Vanns had lived in Leisure World for six years. She is survived by her husband; two daughters, Marta Retzlaff of St. Louis, Mo., and Linda Hills of San Clemente; one son, John C.Vann, Jr., of Newport Beach, and 11 grandchildren.

In a letter of condolence to Dr. Vann, NHF Board Chairman Kurt W. Donsbach and President Charles I. Crecelius, said: "It is with extreme sorrow that we learned of the passing of your beloved wife, Lillian. Her gracious and courageous spirit must be remembered and accepted as in the days to come you face the poignant realities of her leaving.

"Those of us who knew and loved her can only strive to emulate this kind of spirit and courage.

"On behalf of the Board of Governors and the Executive Committee, we wish to extend to you our kindest personal regards and Christian understanding."

LANDMARK NUTRITION COUNSELING BILL ADOPTED BY LEGISLATURE

With passage of Senator William Campbell's S.B. 1790 in late August, and signature by Governor Brown September 26, it no longer will be illegal in California for a layperson in a health-food store to give nutritional advice.

The landmark legislation, greeted with huzzahs by the health-food industry and freedom-of-choice proponents, first passed the Senate, then was approved in the Assembly 60-8, despite what NNFA President Dave Ajay described as "an impassioned plea" against the measure by Assemblyman Robert C. Cline of Northridge. Mr. Cline urged his colleagues to oppose it, asserting it was supported by the National Health Federation, which he attacked because it pushes for legalization of Laetrile. He said the measure would "open the door" to quackery.

Voting against S.B. 1790 were Assemblymen James Ellis, San Diego; Ken Maddy, Fresno; Dennis Mangers, Huntington Beach; Curtis Tucker, Inglewood; Stan Statham, Chico; James Keysor, San Fernando; Larry Chimboli, Lancaster; and Mr. Cline.

Mr. Ajay, also a member of the NHF Board of Governors, suggests that NHF members make personal calls on these men while they are in their local offices, "not lambasting them for their vote on this, but showing them we are not a bunch of nuts and crackpots, but rational people." He says that in future legislation, it would "be helpful if these legislators can get acquainted with some of our people."

The National Health Federation and the National Nutritional Foods Association spearheaded a letter-writing campaign urging Governor Jerry Brown to sign the measure.

Although it had passed the Senate once, it had to be voted on a second time because of Assembly amendments. Since it was "on call," 21 votes were required for passage, and when that number had voted for it, the bill was declared passed. Twelve senators opposed its passage: Senators Alfred Ahlquist, San Jose; Ruben Ayala, San Bernardino; Dennis Carpenter, Irvine; Paul Carpenter, Santa Ana; Lou Cusanovich, Woodland Hills; John Foran, Daly City; John Nejedly, Walnut Creek; Robert Presley, Riverside; Albert Rodda, Sacramento; Walter Stiern, Bakersfield; Rose Ann Vuich, Dinuba; and George Zenovich, Modesto.

In a letter expressing his "great appreciation for your leadership in the California State Legislature," NHF President Charles I. Crecelius told Senator Campbell: "You have proved to be a champion for freedom and fair play. As a result of your leadership, many sincere Californians will not have to face the threat of needless harassment — now assured with passage of S.B. 1790. We are proud of you and what you have done."

The bill provides that stores in which nutritional advice is given must post a sign at least 8½ by 11 in size, with the word 'Notice' in one-inch letters, and the following statement in letters at least half an inch deep: "State law allows any person to provide nutritional advice or give advice concerning proper nutrition — which is the giving of advice as to the role of food and food ingredients, including dietary supplements. This state law does *not* confer authority to practice medicine or to undertake the diagnosis, prevention, treatment, or cure of any disease, pain, deformity, injury, or mental or physical condition, and specifically does not authorize any person other than one who is a licensed health professional to state that any product *might* cure any disease, disorder, or condition."

A Determined Lady Paved the Way

Several individuals and organizations — including the National Nutritional Foods Association and the National Health Federation — lobbied vigorously for passage of S.B. 1790. But the bill may have had tougher sledding had it not been for the successful efforts of Georganna Elliott, volatile Sacramento health-food store owner, to fight to the finish a state charge of "practicing medicine without a license."

The case was extensively covered in *The Bulletin* issues of November 1977, and March 1978. It received considerable newspaper coverage in the state capital, and both the *Sacramento Union* and the *Sacramento Bee* came to her support editorially, with the *Bee* calling for a rewriting of the law.

Legislators are not insensitive to the kind of coverage the Elliott case received, newswise and editorially, and the case created the political climate necessary for such a measure to be adopted by such overwhelming majorities. *The Bulletin* editor salutes the intrepid Mrs. Elliott, along with all the others who testified before committees, wrote letters to legislators, and signed petitions for an end to the restrictive law used for years to silence and harass conscientious individuals trying to help others to better health "the natural way."

When the measure was being considered by an Assembly subcommittee, the lone member voting against it — Assemblyman Curtis Tucker of Inglewood — said,"Freedom of speech does not involve giving medical advice. . . ."

Mrs. Elliott disagreed, recounting details of the case filed against her, and eventually dismissed after a long legal fight.

HEW Vaccination Push Causing Concern for Many; L.A. District Ignores Law

Because of the push by HEW to require vaccination of school children against communicable diseases, the National Health Federation has been besieged with requests for information as to whether it is compulsory.

The answer is — a few states do not require vaccination if parents object to it on religious grounds (Health departments or legislators can quote the law to those in doubt). One state — California — does not require vaccination if it is contrary to parents' beliefs.

In mid-August the Los Angeles School District asked the *Los Angeles Times* to publish a warning that "students who have not been immunized against certain diseases face suspension this fall."

NHF Executive Vice-President Clinton R. Miller promptly wrote the School District, and *The Times*, reminding them that California law (Chapter 7 [poliomyelitis] Paragraph 3384, Chapter 8 [measles], Paragraph 3404, and Chapter 10 [diphtheria, whooping cough and tetanus], Paragraph 3486) provides:

"Immunization of a person shall not be required for admission to a public or private elementary or secondary school if the parent or guardian or responsible relative or adult who has assumed responsibility for his care and custody files with the governing board of the school district or the governing authority of the private school . . . a letter or affidavit provided by the district or authority stating that such immunization is contrary to his or her beliefs."

Mr. Miller asked that the District "provide the *Los Angeles Times* with an af-

Researcher Says People Might Be Frightened

Should Public Be Told at Once of Cancer Risks?

BY MARLENE CIMONS

The scientist doctor and the public-interest doctor were at odds. The issue: What and how much do you tell the public? And when?

The scientist, Dr. Savitri Ramcharan of Kaiser Permanente Medical Center in Walnut Creek, Calif., had come to Washington to present the preliminary findings of a large study she is conducting — results that reveal an association between oral contraceptives and increased rates of cervical cancer.

But, she said, it is far too early to become alarmed. In fact, she said she has not even notified the estimated 15,000 women subjects of its results.

The public-interest doctor — Dr. Sidney Wolfe, director of Ralph Nader's Health Research Group — disagreed. The findings, he said, are important enough — even now — to alert women and physicians everywhere. And, he said, it is "disturbing" that the women who took part in the research have not been told of the possible danger.

Therein was the basic dilemma that evolved during a day-long discussion on the risks of birth-control pills, and alternatives, the first of a series of sessions on various prescription drugs sponsored by the Nader group.

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fidavit required by state law, together with a clear statement that parents who do not wish to have their children immunized may send them to school after signing this affidavit."

His letter to *The Times* asked that the error be corrected in a later issue, suggesting also that "it would be helpful to include the proper form for parents to fill out if they do not want their children immunized."

What, then, is the answer? Should the public be told about data before the information is definitely conclusive, or should silence prevail?

"It should always be made public," Dr. Wolfe said. "If the data is good — and hers is — and they state there is an increased amount of cancer among a group of women taking the pill, it is the worst form of paternalism to withhold this information, not only from the women in the study but from all affected women — those already taking the pill, and those considering taking it."

The study in question, one of the largest and most comprehensive conducted on pill side-effects, was started in December 1968 under a contract with the National Institute of Child Health and Human Development. It found that cervical cancer was about three to five times as common in women who had used the pill for at least four years as among women who have not used it.

The results implied that the risk increased the longer a woman continued to take the pill, with 17 of the 35 cases occurring in women who had used oral contraceptives four or more years. The rates, calculated and presented by Dr. Ramcharan, per 100,000 "person-years" of use were: up to one year, 63; one to four years, 97; more than four years, 173; and for nonusers, 32.

But in presenting the statistics, Dr. Ramcharan stressed that the frequency of sexual intercourse, particularly the number of partners, could affect the rates considerably. Reportedly, the greater the frequency, the greater the risk. These factors had not been taken into account in her research. "We simply have to do further studies," she said.

Marlene Cimons is a member of the Washington staff of The Los Angeles Times *where this article first appeared.*

She described the link with cervical cancer as a "moderately-strong relationship," adding: "It is confounded by its relationship to sexual behavior — the ramifications of which we just don't know."

Therefore, she said that until further research is conducted, "a warning might unnecessarily frighten women. We are in the process of preparing a newsletter to be sent to the 15,000 women in the study which will contain essentially what I brought here today."

The women, members of the Kaiser Foundation Health Plan, were 15-57 years of age, predominantly white, middle-class, and married. A majority were of child-bearing age.

She said the cure-rate of the disease, occurring in the neck of the uterus, is high and can be discovered through the Pap smear.

Dr. Wolfe, however, said most women taking the pill — he estimates about 6 million — do not belong to prepaid health plans and are less likely to seek more than the usual number of medical examinations.

"It would seem that even with a 'moderate' association, as she calls it, it is very important to get these women in for Pap smears as frequently as possible," he said. "All women taking the pill should be told to get the hell in there and get themselves screened."

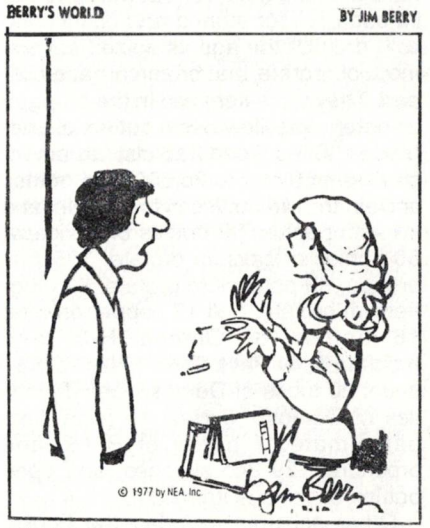
Dr. Wolfe reminded those at the seminar of the conclusions of a drug-industry-sponsored conference in 1962 that said there was no definitive causal relationship between a then-widely-marketed oral contraceptive and thrombosis — formation of blood clots — a judgment which since has been proved false.

"I am increasingly concerned about our reluctance to inform the public about information as it develops," Dr. Wolfe said.

Dr. Robert Hoover of the environmental epidemiology branch of the National Cancer Institute, agreed, saying: "There tends to be a certain paternalism in the medical community, the regulatory agencies, and among scientists. While many say they are concerned, as soon as you suggest telling people you are concerned, they say: 'Oh, no — we don't want to scare them.' We have to get away from this paternalistic attitude and have a little bit of faith in the American public to make its own decisions."

Seminar participants endorsed several recommendations to be sent to the Food and Drug Administration. Outlined by Dr. Wolfe, they are: That the FDA "require a simple, uniform information sheet for patients that would give the comparative effectiveness and risks included in all major forms of male and female contraceptives, including surgery.

"We also want — and need — more followup of people already using common methods of contraception, providing them better information about safety. Finally, the drug industry should start bearing at least some of the costs of government-directed studies."



"Dying because of smoking didn't scare me, either. But NOW they're saying it causes BAD BREATH!"

Carroll Leslie Again Target of Bureaucracy

Laetrile, B-15, Orotate Among Nutrients Seized in FDA Raid

It took nine U.S. Food and Drug Administration agents and deputy marshals 11 hours to seize, inventory, and load into government vehicles thousands of dollars worth of Laetrile and related nutritional supplements belonging to Carroll Leslie, part-owner of S&L's Health Hut, 833 So. Glendora Ave., West Covina, Calif., last August 19.

The seizure was conducted following issuance of a search warrant a day earlier by Federal Magistrate John R. Kronenberg. Mrs. Leslie, on probation following a Laetrile conviction in federal court in 1975, was not immediately charged following the raid. She said, however, that she intended to fight whatever charges might be brought against her.

Although the search warrant specified only Laetrile and pangamic acid (B-15) tablets, along with "various paraphernalia used . . . for storing and distributing said drugs," the agents seized several kinds of orotate, and bromelain and Calpan. They were itemized in the 15-page inventory as follows: 888 bottles of Laetrile — "Bitter Food Tablets," in potencies from 50 mg. to 25,000; 524 bottles of Calpan; 148 bottles of bromelain, and six with papain; 32 bottles of Apricaps; 50 bottles of calcium orotate, 105 zinc orotate, 69 potassium orotate, 63 magnesium orotate, and 12 copper orotate; 16 bottles of Omega H-3, and brochures; 11 Paya-Pine; 1 Natural Balance; 20 tubes of Domoso Gel; 23 bottles of Domoso; 3 Real 15 (with zinc) pangamate; 1 bottle of B-15, and brochures; 29 3cc syringes; and open bottles of various items.

Other seizures included the books, *Cancer, Metabolic Therapy, and Laetrile,* and *Anatomy of a Coverup*; brochures on pineapple enzymes; 16 copies of *Public Scrutiny*; United Parcel Service pickup and receiving books; labels, stickers, miscellaneous papers, and open letters; Security Pacific Bank statements; invoices; files on suppliers, books, mailing lists, Cancer Book House; a folder and plastic cover on Wobe Mugos enzymes; two rolladex files with cards; metal file trays of account cards; and "miscellaneous papers from trash can."

The first time Mrs. Leslie found herself in the clutches of the law for alleged Laetrile distribution was a July night in 1974 when two San Diego policemen broke down the door of her home at 1:30 a.m., arresting her without permitting her to change from a robe into clothes, and locked her up, along with Dr. James R. Privitera — who had been lured to his office by a deceiving phone call — in a tank in a West Covina jail. She described the experience to a National Health Federation convention audience in January 1975:

"I've read many stories about how people are treated when they oppose tyrannies, but I couldn't comprehend how they felt until it happened to me — that sheer terror, helplessness, the inability to do anything to influence the situation you're in. Nothing I could say about slippers or clothing would influence those men, they were robots, and I felt terrible because I was totally out of control, and to one who covets freedom as I do, it was the worst fate imaginable to lose it — if only for 10 or 11 hours. . . . The problem is *power*. Man cannot handle unrestrained power, and those men who arrested me, and their bureaucratic bosses, have too much power. We must stop them . . ."

APPEALS COURT LAETRILE DECISION NOT AS GOOD AS IT MIGHT BE, SAYS DILLING

Although hailed as a "victory" in some quarters, the federal Appeals Court decision in the Oklahoma Laetrile case originating with Judge Luther Bohanon still "leaves a very large vacuum, legally speaking, for all concerned," says NHF General Counsel Kirkpatrick W. Dilling.

In a report to Executive Vice-President Clinton R. Miller, Mr. Dilling described as "wholly unsatisfactory," the decision of the Tenth Circuit Court of Appeals. The case reached that court on an appeal by the Food and Drug Administration from Judge Bohanon's "sweeping decision" of last December.

Said Attorney Dilling: ". . . the Court essentially dodged whether or not Laetrile, generally, was or was not a 'new drug,' Judge Bohanon having held it was not, due to being 'grandfathered' under the 1962 Amendments to the Federal Food, Drug and Cosmetic Act.

"Basically, the Tenth Circuit Court merely held that as to 'terminal cancer patients,' the safety or efficacy of Laetrile was of no import, and therefore Laetrile could be dispensed intravenously for such terminal patients. All the Constitutional issues raised by Judge Bohanon, and the 'new drug' issues, were ignored by the Court. All of which leaves a very large vacuum, legally speaking, for all concerned."

Mr. Dilling reported also that despite "violent opposition" from FDA, Judge Bohanon on August 9 permitted NHF to intervene in the Oklahoma proceedings. NHF, through the Dilling law firm, has filed applications for injunctive relief as to FDA interference with distribution of Laetrile, "based upon the FDA propaganda which has been issued to the public, including posters, pamphlets, and the like." A hearing was set for Nov. 6.

(Ed. note: On Sept. 3 it was reported that the Food and Drug Administration, through the Justice Department, would ask the U.S. Supreme Court to overturn the 10th Circuit Court of Appeals decision, on grounds it is "a foot in the door to permitting the use of other spurious drugs. If the courts allow quacks to use Laetrile, where do they draw the line?")

BEQUESTS AND GIFTS

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

"I give, devise and bequeath to The National Health Federation, a nonprofit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of _____ *($*_____*)*

(and/or property herein described) for its discretionary use in carrying out its general aims and purposes."

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

"The National Health Federation, a nonprofit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of _____ *($*_____*)*

for its discretionary use in carrying out its general aims and purposes."

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

Freedom of Choice Seen As the Issue

California Panel Ponders Changes in State's Medical Practices Act

At least one member of the California Board of Medical Quality Assurance favors rewriting the law defining the practice of medicine.

At a meeting in July in San Francisco, Board Member Michael J Carella, professor of philosophy at San Diego State University, told colleagues he favors changing the law "to force us to come up with a legal definition of the extent to which we can intrude upon people to protect them."

According to *Los Angeles Times* Medical Writer Harry Nelson, "the Board is hung up on a very touchy issue: To what extent can the law protect patients from quacks without infringing upon the freedom of patients to seek the kind of health care they want?"

"The issue of expertise vs. personal choice," Mr. Nelson wrote, "arose during the monthly meeting at which it was revealed the rewriting of the Medical Practice Act will be one of the board's chief objectives.

"At issue is what the board should do about practictioners who use some of the most controversial treatments in health care such as Laetrile for cancer, chelation drugs that allegedly ream out calcium from arteries, bee stings for arthritis, and many others."

Professor Carella asks colleagues to address themselves to the issue: "Can people choose a treatment we don't feel to be scientific?" Noting that the board has traditionally answered this question simply on the "scientific merits" of the treatment under consideration, he suggests that factors other than scientific validity also should be considered.

Dr. John Bunker, Stanford Medical School faculty member, says even scientific questions are not resolved easily. "One-third to one-half of what physicians do is based on poor evidence or no evidence, and the data often is imperfect or contradictory," he asserted. "Researchers often fit the data to fit their own conceptions. We are all biased." He maintains that when experts disagree on a subject, "it seems appropriate to let the public make up its own mind."

Yet, he added, the board is obligated to "protect the public from the greatest abuses because of a sea of uncertainty is an invitation to quackery," and "it is too much to expect individuals to make these horrendous decisions by themselves." In the meantime, "we are charged with carrying out the laws of the state as written. This means we may have to prosecute doctors for something which philosophically we don't think is wrong."

Several board members favor holding public meetings to explore the role of physician, patient, and government in rewriting the legal definition of medicine.

Questions to be considered might be: What has medicine done to promote health? Can health be purchased? Does the public need its health protected? Do patients have a right to be treated by whomever they wish? Does the current law needlessly infringe on individuals' rights to the treatment of their choice?

According to Mr. Nelson's report (July 23, 1978), Dr. Eugene Feldman, the physician who headed the board's division that punishes "erring doctors," believes any change in the system "will result in allowing more incompetent doctors to practice."

Margaret Castro, a public member of the board, believes however, that "the public already is making decisions about the type of care they want, without doctors telling them what to do." She cited the many who go to Mexico for Laetrile treatment, and elsewhere for chelation treatment, neither of which is accepted as "scientifically valid."

MOST PEOPLE WANT FREEDOM OF CHOICE

A freedom-of-choice poll taken last year by the National Health Federation revealed a strong desire on the part of the public to use whatever means the individual considers desirable in treatment of disease.

Here are the results, based on a sample of 2,000 persons queried:

(1) If your doctor told you, "You're dying of cancer," do you believe you have the right to take any vitamin that might save your life?

Yes - 1,974 No - 17 Undecided - 9

(2) Do you believe federal government administrators should have the power to tell you what remedies you can or cannot take?

Yes - 32 No - 1,924 Undecided - 44

(3) Do you believe you should have the right to take Laetrile?

Yes - 1,941 No - 19 Undecided - 39

(4) Do you feel the medical establishment (American Medical Association and National Cancer Institute, etc.) are the sole authorities on medical treatment?

Yes - 81 No - 1,823 Undecided - 96

The poll results have been mailed to all Congressmen and Senators, in a letter from NHF President Charles I. Crecelius, which also urges support of the Symms-Chisholm bill.

"In view of the desire on the part of so many Americans to have Laetrile available for cancer sufferers," he said, "and the willingness on the part of most remaining Americans to permit them to have it, we urge your strong support of H.R. 54, the Symms-Chisholm bill. This measure would prevent many good things from being denied the American people, based on arbitrary bureaucratic decisions that they are not effective.

"We also urge your support of any other measures coming before the Congress which would permit freedom of choice in health matters, provided that decision on the part of an individual does not endanger the health or safety of others."

Near Quarter-Billion Sugar Subsidy Sweet Deal for Growers

Did you know the federal government is subsidizing sugar growers to the tune of $240 million a year? The government pays a maximum of 2¢ a pound whenever the price falls below 13½¢.

Meanwhile, the Senate Committee on Nutrition and Human Needs recommends that consumption of sugar and sugar products be reduced by about 40%. How can the government officially urge us to eat 40% less sugar while it pays out $240 million yearly to the sugar industry to coax them to stay in business? It's about as absurd as the government's health officials urging us not to smoke, while another government branch continues to pay huge subsidies to tobacco growers.

—Nutrition Action

Thanks to Lobbyist Trudy Engel

FDA Won't Be Able to Overrule States on Drug Legislation

Gertrude "Trudy" Engel, executive director of Save the United States Movement, founded by Bob Hoffman of York Barbells Co., York, Pa., can take a bow. As legislative advocate for Mr. Hoffman, she was responsible for eliminating a section in the Drug Regulation Reform bills (S. 2755 and H.R. 11611) which would have empowered the Food and Drug Administration to nullify the action of 17 state legislatures which have enacted laws to permit the sale of Laetrile to terminally-ill cancer patients.

While hearings were being held on the measure, Mrs. Engel spotted the clause, written into the legislation at the request of FDA. She went to work at once, and the story of how the restrictive clause was changed makes interesting reading.

When she told Senator Edward M. Kennedy, chairman of the Health and Scientific Research Subcommittee of the Committee on Human Resources, that this section should be removed or rewritten, he was sympathetic — in fact told her, "I am thinking along with you."

In her report to *The Bulletin*, Mrs. Engel said: "That was music to my ears. Then Senator Lowell Schweiker said, 'I'll go along with it.' The two senators appeared like two giants on the dais," she recalls.

"As the proceedings continued, we submitted more up-to-date valuable data concerning the proposed legislation, and Senator Jacob K. Javits strongly advised the FDA staff that the section on 'intrastate and interstate' be rewritten. Senators Kennedy and Schweiker concurred, and discussions ensued. Kennedy asked the committee staff to change the language of the findings, and revised the part which would have nullified states' rights.

"Senator Kennedy scheduled another markup session of his committee which is comprised of Senators John Chafee and Claiborne Pell of Rhode Island, William Hathaway of Maine, and Gaylord Nelson of Wisconsin. Mr. Kennedy made a statement with a heart full of kindness on behalf of the revised paragraph, whereby enactment by state legislatures of law pertaining to drug products would not be preempted by the federal government.

"Senator Javits, expected in New York for a tennis elbow operation, nevertheless made an early morning appearance to effect the changes in the intrastate revision. He requested the changing of certain words and deletion of several sentences from the findings, okayed the revised version and went on his way. We shook hands, and I told him I would pray for his speedy recovery."

Within 24 hours, Mrs. Engel attended a markup session with Chairman Paul Rogers of the House Health Subcommittee, and Dr. Tim Lee Carter and members James Florio of New Jersey, Richard Ottinger and James Scheuer of New York, and Henry Waxman of California.

"After many hours," she continued, "page 98 of the issue papers — the last proposal on the agenda — was read by General Counsel Stephan Lawton, in a well-modulated voice. Once again the discussion of the relationship of the proposed legislation to state law occurred.

" 'What did the Senate do?' asked Mr. Rogers.

"Mr. Lawton replied that the Senate had revised the section, whereupon Mr. Rogers and Dr. Carter approved, and instructed the staff to include this paragraph: 'Tentative agreement (has been reached) to allow state legislatures to approve drug products solely for distribution within that state and not in interstate commerce unless the HEW Secretary defines that the product constitutes an imminent hazard.'

"One mission accomplished. I congratulate and respect our leaders, Senators Kennedy, Schweiker, and Javits, and Congressmen Rogers, Carter and others. We now look forward to action by the full committees, and final vote by members of Congress.

"Senator Schweiker made it perfectly clear, and stated emphatically, that vitamins are not to be classified as drugs. He asked for clarification of the words 'other condition' affecting an individual's health. He certainly created a topsy-turvy turmoil for the FDA technicians, asking the agency's Bill Vodra to come up with a more definitive explanation of their assertions, which they promised to do.

"While awaiting a scheduled session to begin in the Rayburn Building, Bill Vodra, Dr. Mark Novich (of FDA) and I discussed the meanings of such words as *disease* and *condition*. Mr. Vodra defended the word 'condition' with reference to pregnancy, puberty, mental malady, and menopause. I told him I believed he had made a mistake, that he should have agreed to delete the words 'or other condition' from the bill when Senator Schweiker severely criticized the FDA for the action. Why open a Pandora's Box?

"Mr. Vodra and Dr. Novich asked me to convey the following announcement to the Save the United States Movement and to anyone else interested: 'We have made it clear that FDA has no intention of altering the vitamin-mineral amendments of 1976.'

"Our heartfelt thanks to the legislative assistants and staff aides for their wis-

Pleased with the outcome of her lobbying effort to prevent the Food and Drug Administration from gaining the power to superimpose its will over intrastate drug legislation, Trudy Engel, executive director of Save the United States Movement, has a big smile as she poses with Senator Edward M. "Ted" Kennedy (center) and Bob Hoffman, founder and national chairman of SUSM.

NEW DEVICE TESTS SUGAR LEVEL IN BLOOD

Development of a pocket-sized device to aid diabetics in checking sugar level in the blood has been announced by Dr. P.H. Sonksen and a team at St. Thomas' Hospital Medical School, London, according to a Reuters dispatch.

A finger prick with a fine disposable needle draws enough blood to dab onto a pad treated with an enzyme that darkens according to the level of sugar in the blood. The pad is placed in a slot in the "Gluco-chemical" calculator where light is shown on it. The amount of reflected light registers as a number.

Four years of tests showed patients were able to achieve "much greater" control over their blood sugar than with the conventional urine sugar tests, said Reuters.

Diabetes mellitus, affecting five million persons in the U.S., is a disorder in which muscles are unable to use sugar for nutrition, and it accumulates in the blood.

'FAR FROM HARMLESS'

Marijuana is "far from being a harmless substance, either for the individual or for society," said the International Narcotics Control Board. Its annual report said use of the drug is "massive and may still be increasing."

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dom, patience, helpful attitudes, understanding, and common sense: David Abernethy, Margery Colloff, Paul Cooksey, Dack Dalrymple, Roz Davidson, Frances de Peyster, Allan Fox, Peter Harris, Kathy Henderson, Larry Horowitz, Jon Jewett, Stephan Lawton, Mary Frances Lowe, David Mead, Fran Paris, Tom Southwick, Bette Anne Starkey, Marie Steele, and Jerry Sturgis."

Between hearings and markup sessions, Mrs. Engel met with members of Congress, legislative assistants, and other concerned individuals. She submitted research regarding nontoxic therapy for cancer. In fact, she says she did so much walking that "six pairs of shoes went to the shoemaker for repair."

She also called Comedian Red Buttons who was leaving to take his wife, Alicia, to Dr. Hans Nieper in Germany for another checkup. "He was so glad to get the news report about the legislation," she says, "and he enthusiastically thanked Senator Kennedy, calling him 'great.' "

In testimony before Rep. Paul Rogers' Subcommittee on Health and Environment, Mrs. Engel expressed her concern over the section in H.R. 11611 which would give FDA authority to overrule the state legislatures which have approved use of Laetrile.

She said the clause was "unethical, unfair, unkind, and unreasonable," and that "freedom of choice should be allowed . . . taking Laetrile or other nontoxic therapies . . . is a right a person who is dying should have. If people feel this is the answer, psychologically or philosophically, they should be given that privilege."

She told the Committee members of her conversation with Alicia Buttons who said in January that she believes she has been "cured" of lymph node cancer through metabolic treatment administered by Dr. Hans Nieper after being told six years ago that she was a terminal case. Mrs. Engel also quoted Fred MacMurray, who after seven weeks of radiation for throat cancer, became a patient of Dr. Nieper.

After testifying before the House committee, she received a note of thanks from Congressman Rogers who told her "the information you provided will enable us to more effectively consider this complex piece of legislation. Thank you for taking the time to make your views known to the Subcommittee."

RADIOACTIVE SMOKE DETECTORS FLOOD AMERICAN MARKET

BY GWENDA BLAIR

"If a fire broke out in your house tonight, could you get your family out in time?" Next to this question, printed in large letters across the front of the Home Sentry smoke alarm package, stands a smiling, pajama-clad family, saved by the bell from the flames devouring their suburban home.

What that family doesn't know is that the same device may have exposed them to an even greater hazard: exposure to a deadly radioactive substance called americium-241.

The same problem may be facing millions of other Americans. During the past two years, the number of companies making smoke detectors has grown from a handful to well over 100. More than 14 million smoke detectors have been sold, making them — after Citizen Band radios and electronic calculators — the hottest consumer item going. Eighty to 90% of the detectors on the market, including General Electric's Home Sentry, are the ionization type, which contains radioactive material.

In September 1976, a report calling ionization smoke detectors a "mindless and dangerous technology" and charging that they unnecessarily subject makers, sellers, and users to the danger of exposure to radioactivity, was released by the Health Research Group. This report by the Nader-affiliated public-interest group was accompanied by a petition to the Nuclear Regulatory Commission requesting an immediate halt to the manufacture of the detectors and the recall and safe disposal of those already sold.

One of the HRG complaints was that the studies upon which the NRC based its license to manufacture detectors did not include fire tests. A few months later, *New Scientist,* a British scientific publication, reported that the British National Radiological Protection Board found that some ionization detectors released excessive amounts of radioactive material when fire-tested. Shortly afterward some 110,000 American-made ionization detectors were recalled when the manufacturer, the Pittway Corporation, discovered that an incorrectly-rated resistor could cause the detectors to self-ignite. So far only 40,000 have been located.

NRC WON'T BUDGE

Although a number of prominent American scientists have expressed serious concern over ionization detectors, the NRC has refused to qualify its endorsement. But it has commissioned Oak Ridge National Laboratory to perform fire tests of currrently marketed units — one of the few tests the NRC has ever ordered of a product already licensed.

"The fallout will have to be in the marketplace," states NRC license examiner Nathan Bassin. "That's what will determine whether smoke detectors succeed, not the NRC." Spokespeople for General Electric and Pittway, manufacturers of the leading brands, denied that there is any connection between the on-going tests and the rebates now being offered on many detectors, attributing them instead to "normal competition."

There are two kinds of smoke detectors available in the United States. First on the market was the ionization model, which uses a tiny amount of radioactive

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This article, titled "The Fire Next Time May be Radioactive," is reprinted by permission of Politicks & Other Human Interests, 271 Madison Ave., New York.

material — most frequently americium-241 — to monitor the surrounding air for smoke particles. A more recent development is the photoelectric model, which costs a bit more and works like an "electric eye" door. It emits a constant light beam which, in the presence of smoke, will be reflected into a sensor which in turn sounds an alarm.

In the growing controversy over smoke detector use, there is one basic fact on which everyone agrees: the drastic need to reduce the 12,000 annual American fire deaths, the highest per capita rate in the world; a yearly total of 750,00 residential fires; over $3 billion in property damage, and — as a G.E. sales manual points out — widespread guilt about not providing enough fire protection for one's family.

As a result, G.E. and other manufacturers have an eager market of 71 million residences, many of which are said to need two or more detectors. In the two years that home detectors have been available, building codes have been adopted in 29 states calling for detectors in all new homes. Chicago and Montgomery County, Md., have required them in existing residences. The Department of Housing and Urban Development has made them a standard in new federally-financed homes and in mobile homes, and Congress has considered making their purchase tax deductible.

Meanwhile, the debate over smoke detectors' safety continues. Consumers Union, the National Bureau of Standards, and major manufacturers consider the danger of exposure to radiation to be negligible. "You could eat 10 ionization smoke detectors a day and no harm would occur," says one industry spokesman. In the words of the NRC, "The annual exposure to a person who sat 10 inches away from a detector for eight hours a day would be less than one-tenth what that person would get flying round-trip across the country."

GAMMA RAYS

"Those are gamma rays the NRC is talking about," responds HRG director Dr. Sidney Wolfe. He explains that americium gives off two kinds of radiation: gamma, which form part of general background radiation, and alpha. The latter could not be measured from 10 inches away but would be highly dangerous, Wolfe claims, if an americium fragment is touched, inhaled, or ingested — all of which could happen in the course of routine maintenance or malfunction.

The NRC based its decision to license ionization smoke detectors upon tests commissioned by the manufacturers, a practice that the HRG deplores. "It's a total contradiction to have the company that wants to market a device be the one to test it," declares Wolfe. One notable example is the Velsicol Chemical Corporation, indicted in mid-December for suppressing test results that allegedly showed that two of its pesticide products may cause cancer in humans.

DISPOSAL A PROBLEM

Another problem raised by critics of ionization detectors is their disposal in the event of removal, building demolition or replacement after their estimated 10-to-15-year life span is over. Manufacturers suggest that units be returned to suppliers or manufacturers, but procedures to insure that this be done "are not considered necessary for the small amounts of radioactivity in the detectors," according to the NRC.

In practice, since the outside packing of the two leading models and the instruction booklet of one of them do not even mention the presence of radioactive material, the small notice telling owners to return them to the manufacturer is not likely to be heeded. Americium from old units discarded in incinerators and dumps will get into soil, water, and eventually the human food chain, charges health physicist Karl Z. Morgan, former director of the Health Physics Division at Oak Ridge National Laboratory.

If the United States is ever to make a significant reduction in the number of home fire deaths, what is needed are not products that exploit effects, but rather measures directly related to causes. For example, the major single cause of all fire deaths in the United States is tobacco smoking, in particular cigarettes which, because of special additives and design, can smolder for over 20 minutes. One area for research and development would be self-extinguishing matches and cigarettes, as well as ways to reduce the national smoking habit.

Another important project would be to study why other countries, particularly industrialized ones, have so many fewer fires. And a third is greatly expanded educational efforts on the prevention of the home fires that Americans now take such risks to escape.

There *Are* Alternatives

INHUMANE TREATMENT OF ANIMALS IN HALLOWED NAME OF RESEARCH

In the years since World War II, the National Institutes of Health has funded research in which animals were frozen, boiled, blinded, shocked, dehydrated till death of thirst, starved, deprived of sensory organs, suffocated, subjected to pain neurology research of all kinds, tortured.

What are the alternatives to research on animals?

Tissue culture research, gas chromatographs, computer modeling, collation of existing research, cadaver research, genetic research.

At the University of California, San Diego, pigs are shocked into running on a treadmill until they die of exhaustion.

At the University of Rochester, a Blalock press was used to test the pressure an animal's bones can take before breaking.

At Wayne State University, primates were put in crash cars to test the effect of death by concussion.

In burn wards across the country, animals are burned (despite available tissue culture methods).

At NIH there is a room in which monkeys, after being deskulled, are permanently screwed into high chairs so their exposed and electroded brain tissue can be part of experiments.

At hospitals, animals are debarked or otherwise devoiced so the neurology of pain experiments (which become invalid if the animal is anesthetized) will not be delayed by animals' shrieks of pain. The drug curare immobilizes an animal's muscular system, while not interfering with nervous response. This makes it possible for animals to lie on tables and suffer agonizing responses without making a movement. . . .

Before he died, Hubert Humphrey said the cancer research industry in the United States had been a waste — that the cancer rate had increased despite 40 billion dollars on research. . . . Senator Humphrey throughout his life fought to end animal suffering. Virtually alone, he pushed through the Humane Slaughter Act of the late 50s, and initiated bill after bill to end needless animal suffering in research. . . .

Leonardo da Vinci, the great anatomist, refused to use living creatures for his research, and wrote in his *Notebooks,* "One day the world will look upon research upon animals as we now look upon research on humans."

— AMERICAN VEGETARIANS
Box 4333
Washington, D.C.

NHF Memorial Library News

AN AFTERNOON WITH GAYELORD HAUSER

BY STEPHANIE SHANE
Librarian

On a Sunday early in June, hundreds of eager people crowded outside the Scottish Rite Temple in Los Angeles, hoping to buy a ticket to hear Gayelord Hauser that afternoon. Many were turned away. I arrived three hours early, and was fortunate enough to get a front-row seat.

It is hard to believe the man's chronological age. Tall (6 feet 3 inches), with a strong handsome face, Gayelord Hauser has an abundance of vitality, energy and humor. Throughout his lecture, he walked back and forth, then demonstrated an exercise used by the Japanese to maintain small waistlines. One statement I particularly liked, and that put the audience into hysterics:

> "I am going t talk about cereals. I am sure you have heard — I forget which cereal it was — one of those the kiddies buy. A chemist in Tennessee analyzed the stuff in the box, then he analyzed the box itself. And he found more nourishment in the box."

Mr. Hauser also happens to be one of the nutritionists who highlights the film, *Action for Survival*, produced by The National Health Federation. Topics covered are pollution, natural foods, fluoridation, book-burning, the Delaney Food Amendment, and the Vitamin Bill. Other famous personalities included in the film are Ralph Nader, Adelle Davis, Eddie Albert, and Congressman James J. Delaney. Narrated by Betty Lee Morales, the movie can be rented from the Memorial Library for $50, of which $25 is refunded when the film is returned in good condition.

Gayelord Hauser urges people to join him in achieving and maintaining a healthy life by becoming a member of NHF. In the film and at his recent lecture in Los Angeles, he enthusiastically talks about all aspects of nutrition. He is 83 years young, and for the better part of the century has been a marvelous, consistent example of his teachings.

His books, which have sold more than forty million copies in 27 languages, are in NHF Memorial Library:

- *Types and Temperaments* - 1930
- *Harmonized Food Selection* - 1930
- *Diet Does It* (revised ed.) - 1951
- *Look Younger, Live Longer* (6th printing) - 1950
- *Mirror, Mirror on the Wall; an Invitation to Beauty* - 1950
- *Gayelord Hauser's Treasury of Secrets* (revised ed.) - 1963
- *New Guide to Intelligent Reducing* - 1970
- *Dictionary of Foods,* by Hauser and Berg - 1970

Our author, lecturer and nutritionist also has been an advisor to such Hollywood stars as Greta Garbo, Jean Harlow and Mae West. His products are sold world-wide, and he has written many articles on health for magazines. In Vol. 2, No. 1 of *The Health Quarterly,* is his story, "Making Your Own Beauty Retreat," and in the June 1978 issue of *Let's Live*, "Gayelord Hauser in Japan."

Dr. Hauser is known and loved throughout the world. His philosophy is to eat the freshest, and least-processed foods possible. All the material mentioned here is available for your reading enjoyment, or if you would like to rent the film — for your viewing pleasure from the library.

CHRISTMAS IS COMING

And we suggest that one way to avoid harrowing shopping experiences — giving more "things" which may become white elephants some day — is to sit down and write a check for

NHF Gift Memberships

A gift that lasts the whole year through, a gift that enlarges the influence of The National Health Federation in places where such a counterforce is sorely needed in today's high-pressure special-interest environment.

Each membership, new or renewal, includes a subscription to the *NHF BULLETIN.* We notify recipients of gift memberships.

NHF MEMBERSHIP PER PERSON/FAMILY IS $10 PER YEAR

Membership means participation in a movement dedicated to broadening freedom of choice in health care. Members receive not only the *Bulletin*, but action-alerts when pressing issues are being debated by decision-makers in Washington, and sometimes in state capitals. Many feel it is "a privilege to belong to the National Health Federation" — the consumer organization in the front lines against arrogant bureaucracy which seeks to deprive citizens of basic human rights in the area of personal health choices.

(PLEASE SEE OTHER SIDE OF PAGE FOR ORDER FORMS)

HEALTH DEPARTMENT ASKS BROWN VETO OF RAW MILK BILL; CONSUMERS WANT IT

Whether Governor Jerry Brown would sign S.B. 2214 — the so-called raw milk bill — let it become law without his signature, or veto it, was not known when this issue of *The Bulletin* went to press.

The measure removes from the state Health Department control over certified raw milk except in event of an "epidemic." It had strong bipartisan support — was introduced by 14 Senators and coauthored by 29 Assemblymen. S.B. 2214 places certified raw milk under jurisdiction of a milk commission, with full authority to inspect and police its production.

At one point the Health Department succeeded in restoring its authority over raw milk, but during consideration by a Conference Committee, that amendment was deleted, along with one requiring a label that raw milk "may contain a potentially-harmful bacteria."

After it reached the governor's desk, Health Services Director Beverlee Myers urged a veto, and Hans Van Nes of the Food and Agriculture Department expressed "serious reservations" about the bill. The governor was being asked by thousands of California consumers, on the other hand, through form letters prepared by the National Nutritional Foods Association and the National Health Federation, to approve the legislation.

To National Health Federation — Box 688, Monrovia, CA 91016:

Enclosed is check of $_____ to cover cost of _____ Gift Memberships. Please send to:

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City State Zip	City State Zip

(Use another sheet of paper for additional names)

SAFE NUKE WASTE DISPOSAL STILL 'YEARS AWAY'

A solution to the nuclear waste disposal problem is "still years away," John M. Deutch, head of a White House task force, told a House Interior Subcommittee in Washington.

Challenging the long-range suitability of nearly all the sites proposed for underground storage of nuclear wastes, the report discounted the safety of deep salt beds, because of heat from radioactive wastes or water that might leak into the site, dissolving the salt and allowing wastes to leak out.

Salt is corrosive and may enter into chemical reactions with either the nuclear waste or its container, the report also pointed out.

Granite formations — another possibility for burying nuclear wastes — are easily fractured by natural forces, requiring extremely deep disposal sites, the report said. And shale often undergoes structural changes when subjected to the kind of heat given off by decaying wastes. The report said there also are problems with using basalt, volcanic rock, or anhydrite (calcium sulphate) formations as burial sites.

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 devitalization and adulteration of our foods, restriction of certain types of treatment, banning of certain health books from the mails, the harassment of those who advocate natural methods of healing and natural foods, the poisoning of our air, water and soil through greed and carelessness, and many other health-related issues.

The NHF opposes monopoly and compulsion in things related to health where the safety and welfare of others are 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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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.

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Thank you for your cooperation!

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

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

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

UPCOMING NHF CONVENTIONS

Southeast Regional — Nov. 18-19
Marriot Hotel — Atlanta, Ga.

24th Annual — Jan. 19-21
Pacific Terrace Convention Center
300 E. Ocean Blvd. — Long Beach

HELP SAVE OUR HEALTH FREEDOMS