

# National Health Federation BULLETIN

JUNE 1979 • 50¢

## CALIFORNIA CHIEF JUSTICE BIRD'S

ELOQUENT  
DISSENT  
FROM  
MAJORITY  
RULING  
AGAINST  
PRIVITERA, LAETRILE



C.J. ROSE BIRD

## RADIATION: INSIDIOUS CRIPPLER, KILLER; BOSTON DOCTOR TELLS HOW



DR. CALDICOTT

In Big Doses It Destroys  
Life Instantly; in Lower  
Doses — Officially Held 'Safe' —  
It Takes Longer to Die

'Dr. Y's' Views on Nuke Plant Disaster  
Sternglas Warning on Radioactive Milk  
Reactor Not Designed to Handle 'Bubble'  
'Industry Has Abused Its Trust'

- ★ ● INSURANCE MUST COVER LAETRILE THERAPY  
IN ILLINOIS — WHY NOT EVERYWHERE?
- ★ ● VACCINATION: MILLER AND LDS. CHURCH; TURNER  
FLAYS GOVERNMENT VACCINE REGULATORS

THE  
NATIONAL HEALTH FEDERATION  
BULLETIN

Protection of Health Freedoms

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

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# Radiation: 'Unsafe at Any Level'; So What Will We Do About It?

BY HELEN CALDICOTT, M.D.

Radiation — the particles and waves emitted by unstable elements — has saved the lives of thousands of persons when used to diagnose and treat disease. But little more than 30 years after its discovery in the late 1890s, scientists began to find that radiation had a schizophrenic nature: It could kill as well as cure. Working with primitive, high-dose x-ray machines, many early roentgenologists died of radiation burns and cancer. Marie Curie and her daughter, Irene, well-known for their pioneer work with radium, both died of leukemia.

Studies conducted over the past 40 years have shown that many persons irradiated in infancy and childhood for such minor maladies as acne, enlarged thymus, bronchitis, ringworm, tonsillitis, and adenoids have developed cancers of the thyroid, salivary glands, brain, pharynx, and larynx as much as 30 years later.

Studies of uranium miners and people engaged in commercial activities, as well as of Japanese survivors of atomic explosions, have yielded enough evidence to demonstrate beyond doubt that cancer of the blood, lung, thyroid, breast, stomach, lymph

glands, and bone, occur in human beings as a result of exposure to radiation. Today, therefore, it is an accepted medical fact that radiation causes cancer.

To understand the dangers posed by nuclear power generation, nuclear weapons production, and nuclear warfare, we must acquire a basic knowledge of the nature of radiation and its biological impact on human body cells.

## NATURE OF RADIATION

All matter is composed of elements, and the smallest particle of an element is an atom. Each atom has a central nucleus consisting for the most part of protons (particles with mass and positive electric charge) and neutrons (particles with mass and neutral charge). Around the nucleus revolve electrons, particles with very little mass, and negative charge.

The number of protons in the nucleus gives us the element's "atomic number." The sum total of both protons and neutrons in the nucleus gives us the element's "atomic weight." All the atoms of a given element have the same atomic number, but because some atoms contain more neutrons than others, not all of an element's atoms have the same atomic weight. Atoms of the same element with different atomic weights are called "isotopes." Uranium, for example, with an atomic number of 92, appears in nature in two forms: uranium-235 and uranium-238.

All elements with an atomic number of 83 or more are unstable or "radioactive," which means their atoms can spontaneously eject — or "radiate" — particles and energy waves from their nuclei. This emission process, during which an element disintegrates into other nuclear forms, is referred to as

*Dr. Helen Caldicott, formerly an anti-nuclear activist in Australia, now practices pediatrics at Boston Children's Hospital Medical Center. This article, first excerpted in The Progressive, is adapted, by permission, from her book Nuclear Madness: What You Can Do, published in December by Autumn Press, where it is available at \$4.45 pre-paid, through Autumn Press Order Department A, 25 Dwight Street, Brookline, Mass. 02146.*

"radioactive decay," and the rate at which it proceeds is calculated in terms of "half-life."

The half-life of an element is the period of time it takes for the radioactivity of any amount of that element to be reduced by half. The half-life of strontium-90, for example, is 28 years. Starting with one pound of strontium-90, in 28 years there will be one-half pound of radioactive material; in 28 more years there will be one-quarter pound; in 28 more years there will be one-eighth pound. After approximately 560 years, the radioactivity of a given sample of strontium-90 will be reduced to one-millionth of its original potency.

In the course of this decay, atoms give off three major forms of radiation: alpha, beta, and gamma, named after the first three letters of the Greek alphabet.

An alpha particle — the equivalent of a helium nucleus — consists of two protons and two neutrons. Because of its relatively great size and weight, such a particle can be stopped by a sheet of paper, tends to lose momentum quickly, and can penetrate only short distances into matter. Nevertheless, it is very energetic, and if moving fast enough when it comes in contact with a living body cell, can burst through the cell wall and do serious damage to the interior. In fact, for the same amount of total energy delivered, alpha radiation has greater biological effects than any other form of radiation.

Almost 2,000 times smaller than an alpha particle, a beta particle, when negatively charged, is identical to an electron. Emitted by the nucleus, beta particles can penetrate matter much further than alphas: They can travel through a number of body cells before they lose energy and come to a stop.

Gamma radiation — electromagnetic energy waves emitted by the nucleus of a radioactive substance — has the greatest penetrating power and often accompanies alpha and beta emission.

X-rays are similar to gamma rays.

### 'INSIDIOUS'

Radiation is insidious, because it cannot be detected by the senses. We are not biologically equipped to feel its power, or see, hear, touch, or smell it. Yet gamma radiation can penetrate our bodies if we are exposed to radioactive substances. Beta particles can pass through the skin to damage living cells, although, like alpha particles unable to penetrate this barrier, their most serious and irreparable damage is done when we ingest food or water — or inhale air — contaminated with particles of radioactive matter.

Radiation harms us by ionizing — that is, altering the electrical charge of — the atoms and molecules comprising our body cells. Whether the effects of this ionization are manifested within hours or over a period of years usually depends on the amount of exposure, measured in terms of *rem* (roentgen equivalent man) units. Nevertheless, even the smallest dose (measured in millirems) can affect us, for the effects of radiation are additive. If we receive separate small amounts of radiation over time, the long-term biological effects (cancer, leukemia, genetic injury) may be similar to receiving a large dose all at once.

A very high dose of ionizing radiation (say, of 3,000 rems or more) causes acute encephalopathic syndrome — an effect scientists sought when they designed a "neutron bomb" to be used against invading forces. The explosion of such a bomb will leave buildings intact (although they may remain radioactive for years). What is destroyed is the human brain and nervous tissue. Within 48 hours of exposure, the brain cells swell and enlarge, producing increased pressure inside the skull. Confusion, delirium, stupor, psychosis, ataxia (loss of neurological control of the muscles), and fever result. There follows a period of lucidity, then sudden death.

A dose of 600 rems or more produces acute radiation illness. Thousands of Japanese A-bomb victims died from this sickness within two weeks of the bomb explosions. Such exposure to radiation kills all actively-dividing cells in the body: hair falls out, skin is sloughed off in big ulcers, vomiting and diarrhea occur, and then, as the white blood cells and platelets die, victims expire of infection and/or massive hemorrhage.

Lower doses of ionizing radiation can cause leukemia five years after exposure; cancer, 12 to 40 years later; and genetic diseases and abnormalities in future generations.

### 'MOST SUSCEPTIBLE'

Of all the creatures on Earth, human beings have been found to be one of the most susceptible to the carcinogenic effects of radiation. The mechanism by which radiation causes cancer is not completely understood. It is currently believed, however, that it involves damage to the genes. Our bodies are made up of billions of cells. Inside each cell is a nucleus, and inside the nucleus are long, beadlike strings known as chromosomes. Arranged on these strings are genes consisting of DNA molecules. Genes control every aspect of the individual's hereditary characteristics: hair color, eye color, personality factors, brain development, and so forth. Half of one's genes are inherited from one's mother, half from one's father.

Genes also control cellular activities, and within every cell there is thought to be a regulatory gene which controls the cell's rate of division. If our bodies are gamma-irradiated from the exterior, or if we inhale a particle of radioactive matter into our lungs and one of its atoms emits an alpha or beta particle, this radiation can collide with a regulatory gene and chemically damage it, sometimes killing the cell, sometimes leaving it alive. The surviving cell continues to function normally, until one

day, five to 40 years later, instead of dividing to produce two new cells, it goes berserk and manufactures billions of identically-damaged cells. This type of growth, which leads to the formation of a tumor, is called cancer.

Cancer cells often break from the main mass of a tumor, enter the blood or lymph vessels, and travel to other organs. Here again, they divide uncontrollably to form new tumors. Because they are more aggressive than normal body cells, cancer cells utilize the body's nutrients, causing normal tissues to waste away and die.

### GENETIC CHANGES

In addition to giving rise to cancer, radiation also causes genetic mutations, sudden changes in the inheritable characteristics of an organism. In 1946, Dr. H. J. Muller was awarded the Nobel Prize for his discovery that x-radiation causes an increase in the number of such mutations in fruit flies. Muller's findings have since been confirmed by many other researchers. The genes and chromosomes of the scores of animals tested have been found to be vulnerable to radiation.

The reproductive organs of human beings are believed to be equally susceptible. Moreover, the number of mutations has been shown to be in direct ratio to the total amount of radiation exposure to the gonads, whether that exposure be a single large dose or many very small ones.

A mutation occurs whenever a gene is chemically or structurally changed. Some body cells die or become cancerous when mutated, others survive without noticeable changes. A genetically-mutated sperm or egg cell may survive free of cancer, but can seriously damage the offspring to which they give rise.

There are two kinds of genes: dominant and recessive. A child formed from an egg or sperm cell mutated by radiation in a dominant way will show the results of that mutation. It may spon-

taneously abort, or if it survives pregnancy, may turn out to be a sickly, deformed individual with a shortened lifespan.

If this person then reproduces, statistically, half of his or her children will inherit the dominant gene and its deformities. Approximately 500 such dominant genetic diseases have been identified. A typical example is achondroplastic dwarfism: individuals suffering from this disease are born with abnormal bones, resulting in short arms and legs and a relatively large head.

A radiation-induced recessive mutation might not make itself immediately apparent. A child might seem normal but carry the deleterious gene and pass it on to the next generation. Since the disease caused by a recessive gene will not manifest itself unless a child inherits the gene from both parents, it might not show up for generations. Diabetes, muscular dystrophy, hemophilia, certain forms of mental retardation, and cystic fibrosis are among the 1,500 recessive genetic diseases now known.

#### **CHROMOSOMAL DAMAGE**

Radiation can also cause chromosomal breakage in a sperm or egg cell, leading to seriously deformed offspring. One disease associated with chromosomal damage is mongolism, or Down's syndrome.

Deformities also can occur even when the sperm and egg cell are genetically normal, if radiation kills specific cells in the developing embryo during the first three months of intrauterine life. If a cell destined to form the septum of the heart is killed, a baby may be born with a hole in the heart. Such intrauterine damage, known as teratogenesis, can produce deformities similar to those caused by the drug Thalidomide.

#### **BACKGROUND RADIATION**

We are all constantly exposed to the natural, "background" radiation to

which the earth has been subject for billions of years. When the ozone layer of the atmosphere was thinner, ultraviolet rays from the sun and cosmic rays from outer space — two natural forms of radiation — streamed in unhampered to cause genetic mutations in every species. As a result, the simple single-celled organism found in the ocean evolved into more complex creatures adapted to living in the sea, on land, and in the air.

Eventually the human species, with its highly specialized brain, developed. Strong or beneficial mutations prevailed, while detrimental mutations died out. Almost all geneticists believe humanity has reached an evolutionary peak in the number of beneficial mutations the species can undergo. Most contemporary and future genetic mutations are therefore thought to be detrimental, causing disease and deformity.

Background radiation continues to affect us. The atmosphere is now protected by a thicker ozone layer, but ultraviolet and cosmic rays still filter in (inducing, for example, skin cancer in some people when exposed to excessive amounts of sunlight). Background radiation also comes from other natural sources such as the radium, radon, potassium-40, and carbon-14 present in rocks, air, and our own body cells.

In Kerala, India, an abnormally-high level of radioactive thorium found in the soil is believed to be responsible for a high incidence of mongolism and mental retardation. The average level of background radiation exposure for people living in both the Northern and Southern Hemispheres amounts to approximately 100 millirems per year (six rems in 60 years). Although the exact percentage is unknown, this radiation is thought to be responsible for a portion of all the cancers and genetic disorders afflicting us today.

Equally hazardous to our health is the human-made radiation to which most of us are exposed. Human-made

radiation, too, can initiate cancer and genetic mutation.

How does it reach us? Medical x-rays are the most prevalent source of radiation for the general toll. The "experts" stand ready to count victims *before* they take remedial action. Meanwhile, the burden remains on the public to prove that the nuclear industry is hazardous, rather than on the industry to prove it is truly safe.

#### **'DANGEROUSLY HIGH'**

Today's safety standards have already been shown by several studies to be dangerously high. When investigations of low-dose ionizing radiation revealed that levels of radiation lower than those permitted were causing cancer, government agencies attempted to suppress the findings.

In February 1978, an illustrative case was vindicated at a hearing before the House Subcommittee on Health and the Environment. In 1964, the United States Energy Research and Development Administration (ERDA) had funded a study to be conducted by Dr. Thomas Mancuso, a physician and professor in the Public Health Department at the University of Pittsburgh. Its purpose was to determine whether low-level radiation induced any discernible biological effects in the nuclear workers at two of the oldest and largest U.S. atomic reactors — the facilities at Hanford, Wash., and Oak Ridge, Tenn.

Dr. Mancuso's study was one of the broadest industrial epidemiological studies ever undertaken. Over a 10-year period he pored through one million files and compiled data from the death certificates of 3,710 former atomic power workers. Because of the long latency period of carcinogenesis, his first results were negative — that is, he did not find an incidence of cancer higher than the norms for the general public.

In 1974 the Atomic Energy Commission began pressuring him to publish his findings. The AEC wanted to use

Mancuso's report to refute an independent study conducted by Dr. Samuel Milham of the Washington State Health Department. After reviewing 300,000 case histories at Hanford, he had found there was indeed a high rate of cancer among former employees there.

Mancuso refused, claiming that his statistics were incomplete and that he needed more time. In 1975, the AEC informed him that his funding would be terminated as of July 1977 and demanded that he surrender his data to the Oak Ridge laboratories at that time.

Dr. Mancuso took advantage of the interim to call in British epidemiologist Alice Stewart and her associate, Dr. George Kneale, a biostatistician, and together the three scrupulously studied the material on the Hanford workers. They came up with results similar to Milham's: a 6% to 7% increase in radiation-related cancer deaths among Hanford workers, indicating that the disease is distinctly related to radiation exposure at today's "acceptable" levels.

In fact, Dr. Mancuso discovered that the radiation "doubling dose" (the dose at which the incidence of a disease is doubled) is 3.6 rads per lifetime for bone marrow cancer, and stands at 33 to 38 rads per lifetime for other forms of cancer. Previous estimates, based on atomic bomb survivor data and human x-ray research, had set these doses at 100 rads for leukemia and 300 to 400 rads for solid cancer induction. Today, every civilian nuclear worker is allowed a radiation dose of 5 rads per year: that is, workers may be exposed to doubling doses for leukemia *each year*, for cancer every 7 to 7½ years. Such figures suggest that the nuclear industry will have to start hiring workers who are over 60 years of age — so they will not live long enough to develop malignancies.

#### **'TRAGEDY FOR MANY'**

The increasing radiation exposure of workers and the general public by

## Yiamouyiannis Critical of Official Handling of Pennsy Nuke Tragedy

Viewing the nuclear accident and release of radioisotopes from Pennsylvania's Three Mile Island nuclear power plant as "a real tragedy, the dimensions of which will not be known for a long time, if ever," NHF Science Director John A. Yiamouyiannis, Ph.D., following consultation with NHF President Charles I. Crecelius and Executive Vice-President Clinton R. Miller, has taken fish specimens and water samples from the Susquehanna River for laboratory analysis to identify specific radioisotopes.

Critical of the failure of utilities' and

the nuclear industries implies tragedy for many human beings. Increasing numbers of persons will have to deal with cancer — or perhaps more painful still — deformed or diseased offspring. In 1969, Dr. John Gofman and Dr. Arthur Tamplin, scientists formerly with the AEC's Lawrence Livermore Radiation Laboratory, announced that if all Americans were annually exposed to the official allowable dose of 170 millirems of radiation (the equivalent of about six chest x-rays a year) over and above background levels, there would be an increase of 32,000 to 300,000 deaths from cancer each year.

It is difficult to predict how many mutated children will be born in the world as a result of nuclear power and weapons production, or what the nature of their defects may be. But it is indisputable that the mutation rate will rise — perhaps far higher than we would care to contemplate. The massive quantities of radiation that would be released in a war fought with nuclear weapons might, over time, cause such

government officials to contain the "entire mess," Dr. Yiamouyiannis said "every attempt should have been made to contain the radioactive water in vats or drums instead of dumping it into the river which flows into Chesapeake Bay.

"I wouldn't argue with the fact they had to flood water into the plant to cool the place down and try to prevent a meltdown," he said, "but it seems unreasonable that they couldn't have captured at least much of it. But no effort was made to contain anything. It was like children with matches — no one even thought of preventing contamination of the river and the bay.

great changes in the human gene pool that the following generations might not be recognizable as human beings.

It is important that we keep in mind the fact that the nuclear industries are relatively young. Nuclear power has been in commercial production in the United States for only 25 years, arms production for 35. Since the latency period of cancer is 12 to 40 years and genetic mutations do not often manifest themselves for generations, we have barely begun to experience the effects radiation can have upon us.

Nuclear power plants and military facilities will continue to release radioactive materials into the environment until public pressure becomes great enough to bring such releases to a halt. Because the effects of these materials on us, our children, and our planet will be irreversible, we must take action now. What we have discovered so far should serve as ample warning that our future as a species is imperiled: We are entering a danger zone — an uncharted territory — from which we may never return.

"And what was released is a Pandora's Box of radioactive isotopes — 20 to as many as 50 different radioisotopes dumped into the air and the river.

"Every effort should have been made to capture the gases also, instead of allowing them to escape into the surrounding area. They tried to dilute instead of contain the radioactive contaminants.

"On top of that, while high levels of radiation already had been monitored at the airport (17 times normal), the Pennsylvania Department of Environmental Resources told the public there was nothing to worry about, that the levels were about the same as always.

"If the government had acted in the people's interest, immediate evacuation of persons around the plant site, then moving into a 10-15 mile radius, would have been ordered. The cost should have been borne by the three utilities companies' owners and the financiers of the fiasco. The governor's decision not to order evacuation immediately was obviously political — how the industry would have howled if hundreds of thousands of persons had been evacuated!

"God only knows what those 20 to 50 radioisotopes — acting individually or in concert — will do to the exposed individuals. Doctors are not trained to handle this type of toxicity. Many of these radioisotopes, after being taken into the body, will be emitting radiation for the next 3 weeks to 5,000 years.

"In addition, certain isotopes such as tritium, or hydrogen 3 — the active radioisotope of hydrogen — can be incorporated into biologically-important molecules such as those which control our genetic makeup. When the tritium breaks down, it transmutes into a helium ion (2+), otherwise known as an alpha particle, which disturbs the chemical integrity of the compound in which it previously existed. This can then result in genetic damage and birth

defects. These changes can occur from 3 weeks to 30 years after exposure. Furthermore, if the genetic damage occurs in the appropriate genetic molecule(s), cancer results.

"Since a sensible evacuation plan was not initiated, arguments could be made that the people within the affected area should be contained, and not allowed to leave. Certainly a record should be made of all those of reproductive age, and fair warning given to their future mates before conception is contemplated.

"And those persons outside the area should be wary of being contaminated by products manufactured in the contaminated area. People should examine a map of the Susquehanna River basin which extends south into Chesapeake Bay — note the cities drawing water from the river (Lancaster is one) — and buy no food products made in any cities on the river or on Chesapeake Bay. I would boycott any product from 10 to 15 miles north of Harrisburg to cities downstream including the Chesapeake Bay area and out.

"It goes without saying that food products will continue to be produced in those cities (like Hershey, home of the candybar), and sent around the country.

"I think food companies should have the right to sue the plant owners because of the contamination of the water."

Dr. Yiamouyiannis said that after checking with "a prominent university" which he declined to name, and checking with "learned men in the field, it is quite evident that no one really knows what we've let out. Not even the most sophisticated scientists will be able to determine the damage that has been done, and will be done, to the persons who've been exposed or will be exposed to the contaminants released during this tragedy."

## Sternglas Warns Against 'Dangerous Level' of Iodine 131 in the Milk

Within days after the Three Mile Island nuclear accident, a quart of milk in the area was carrying 9 to 41 picocuries of iodine 131 — a level which in 20 days doubles the risk of leukemia and cancer when ingested by fetuses in the third to sixth month, according to Ernest Sternglas, M.D., a professor in the Department of Radiology, School of Medicine, University of Pittsburgh.

Dr. Sternglas issued public warnings to mothers to not drink the milk produced in that part of the country, nor to give it to babies aged one to three.

A speaker at the NHF New England convention in Hartford, Conn., and slated to speak at the Great Lakes Regional in Columbus, Ohio, June 2, Dr. Sternglas is well-known in the scientific community as a critic of government nuclear safety standards.

On the basis of a discovery by Dr. Alice Stewart of Oxford University that fetuses exposed to 80 millirems of radiation in the first trimester risk double the rate of childhood leukemia, he said mothers drinking the milk from the Pennsylvania-New York milkshed

received in 20 days enough radiation to reach that exposure level.

He was quoting from the official Nuclear Regulatory Commission report on the amount of iodine 131 in the milk as of April 8, and commented: "There is no question that there is a real and imminent hazard in continued use of this milk.

"The amount of iodine 131 in this milk is dangerous," he said. "It goes to the fetal thyroid, and in the third, fourth or fifth month of pregnancy the fetus' brain is developing. Exposed to radiation, hypothyroidism can develop, and if not detected immediately at birth, it leads to mental retardation.

"Mothers should not be drinking this milk, and children born on the central east coast in the next few months to year should have immunoassay (T-4) tests for thyroid hormone production. It is a simple blood test."

Dr. Sternglas said the amount of strontium 89 and strontium 90 in the milk had not been measured in early April because from three to four weeks are required to measure those isotopes.

## Farmer Blames Radiation for Health Problems

When the nuclear power plant was built within sight of his stone farmhouse in Yocumtown, Pa., Joseph Conley "never gave it a thought in the beginning," he told an Associated Press reporter.

"Then my cattle started getting sick. Breeding problems, nervousness, miscarriages. I said it was the radiation. They said, 'Can you prove it?' I told them I couldn't, but that we never had the trouble before."

A hard-working 51-year-old member of the Old Order River Brethren, Mr.

Conley said that in the last eight years he has had problems with "mysterious ailments" in his cattle, and that the Metropolitan Edison Co. checks the milk for contamination, finding none.

He believes members of his family, including his wife, have been affected by radiation. A brother left the area because of "nerves" and won't come back, he said. Others who suffered from "nerves" and other ailments had shown improvement after leaving the area, he said.

## Contamination Coverup Being Exposed

# Nuclear-Power Industry Has 'Abused Its Trust'

BY COLMAN McCARTHY

Like a catchpan beneath a barrel of troubles, the nuclear-power industry is suddenly overflowing with problems.

To make a long story longer:

- Five plants have been closed by the Nuclear Regulatory Commission because of design errors.

- HEW says that radiation cancer risks are more uncertain than ever.

- A committee representing 14 federal agencies reports that the ease of radioactive waste disposal has been oversold.

- The Nuclear Regulatory Commission, once a cheerleader for nuclear power, has now dropped the pompons by saying that an earlier estimate on safety — the touted Rasmussen report — was based on sketchy information.

- The opening of the Karen Silk-

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*This article by Colman McCarthy, who writes a syndicated column in Washington, appeared a few days before the nuclear power plant "event" near Harrisburg, Pa., late in March. The Los Angeles Times headline for the column: "Nuclear-Power Industry Quakes Under Attack: Hard Questions, Skepticism, Anger Besiege It." Since the Three Mile Island plant failure, these emotions have multiplied — throughout the country. Some believe the Pennsylvania experience may be the coup de grace in the long struggle to outlaw its use as an energy source. Banning nuclear weaponry will be more difficult. The February 13 issue of Betty Lee Morales' and John T. Clark's Organic Consumer Report dealing with radioactive isotopes concluded with the call: "Civilization Should Outlaw Atomic Warfare!" (Ed.)*

wood damage trial in Oklahoma focused public attention on the possible dangers of radiation and possible corporate wrongdoing.

- On television, a critically-acclaimed documentary by the late journalist Paul Jacobs offered new information on accidental contamination and government coverup.

- In movie theaters, "The China Syndrome," with Jane Fonda, is offering a powerful dramatization of the uncertainties of nuclear power.

This blowup of direful publicity has left the nuclear boosters without an atom's worth of intelligent rebuttal. Fulminations against Fonda may be the best that we can expect. A diehard nuclear defender wrote in the *Baltimore News American* that Fonda and Gov. Brown — that other antinuclear zany from California — "can always draw a crowd by opening their mouths."

With such cheap ridicule easily seen for what it is, the nuclear lobby finds itself being chased down by the hard questions, skepticism, and anger that have long been pursuing it.

It is a quirk of the times, for sure, that nuclear power should be getting this kind of going-over. Why are we being picked on, the industry wonders, when all those other menaces are out there, and some of them causing much more death and disease: cigarettes, unsafe cars, pesticides, coal mines and more.

Actually, the current criticism and doubts about nuclear power aren't the result of a random ganging up against the industry. The critics — whether lone scientists like Dr. Alice Stewart of Britain or researchers at the Environmental Policy Center — have been on hand for a long time. It's only that their calls to resist the "we know what we're doing" line pushed by the nuclear lobby

## 'People Not Being Honest With People . . .'

During the news coverage of the breakdown of the nuclear power plant in Pennsylvania, Americans had opportunity to learn how management tried to suppress information. Initially, news of the equipment failure was withheld for at least four hours.

Reports from company representatives and federal and state officials varied noticeably in many details. (This lack of candor is dramatized in "The China Syndrome," in which Jane Fonda stars with Jack Lemmon.)

The people in the immediate area of the plant heard conflicting reports on radio and television, didn't know who or what to believe. The frustration was summed up by Reporter Bryce Nelson of the *Los Angeles Times* who wrote on the second day of the incident: ". . . (Some people) could not control their anger at the conflicting information from Metropolitan Edison Co. and state and federal officials about what was happening at the nuclear plant.

"I think it's going to kill nuclear energy in this country," Jack Minnich, chairman of the Dauphin County Board of Commissioners, said. 'It's more than just the accident. It's that people are not being honest with people.'

haven't been heeded.

What's happening now is that the government itself — long the chummy partner of the industry — can no longer avoid the evidence that we have been flying blind. The flight is far from over, but at least the country now knows that the nuclear industry, despite its desires to be left alone to police itself, has abused its trust.

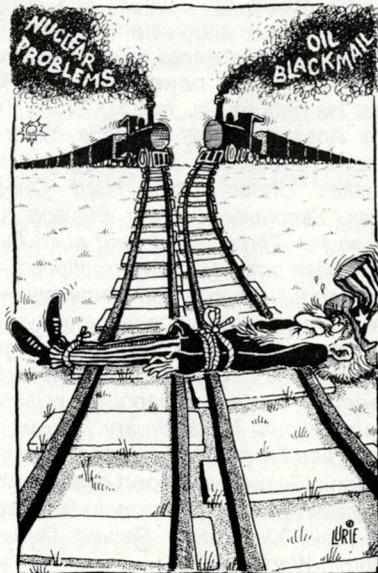
National pride, it is said, suffers at moments like this. America, the scene of the earth's most ardent adoration of the idols of technology, isn't used to the bother of second thoughts about health and safety, once the first thoughts of profits and progress glisten so brightly.

A line from *Children of Power*, a new and engrossing novel by Susan Shreve, captures the American attitude: "One of the dangers of a rich land is carelessness, because the wealth promises a permanence which is ultimately false."

Instead of being wounded in our pride because our carelessness about nuclear power has been discovered, we need to be asked to shift our pride to achievements that mean something. The President's Council on Environmental Quality, for example, says that through conservation and efficiency

the nation could operate on 30% to 40% less energy. Few nuclear power plants would be needed, the council said.

Taking pride in prudence would be a new sensation for America. And it would fill the vacuum created by the imprudent years when the country passively allowed the nuclear industry to get carried away with its hubris.



## Nuclear 'Bubble' Was Emergency the Planners Did Not Foresee

Although time and the good Lord were on the side of a vulnerable population in the Harrisburg, Pa., area when a huge hydrogen bubble developed at the top of the reactor vessel, it was further evidence that an industry which has been assuring the public there is no danger in production of nuclear energy, does not, indeed, know all the answers.

An April 2 Associated Press account reported:

"In an industry devoted to stringent safety features and voluminous contingency plans, the dangerous bubble lodged in the roof of the Three Mile Island nuclear reactor is one emergency the emergency planners did not foresee.

"The crisis caught nuclear technicians off guard. They had not anticipated such a bubble, had not designed the reactor to handle it, and had no plans for dealing with it.

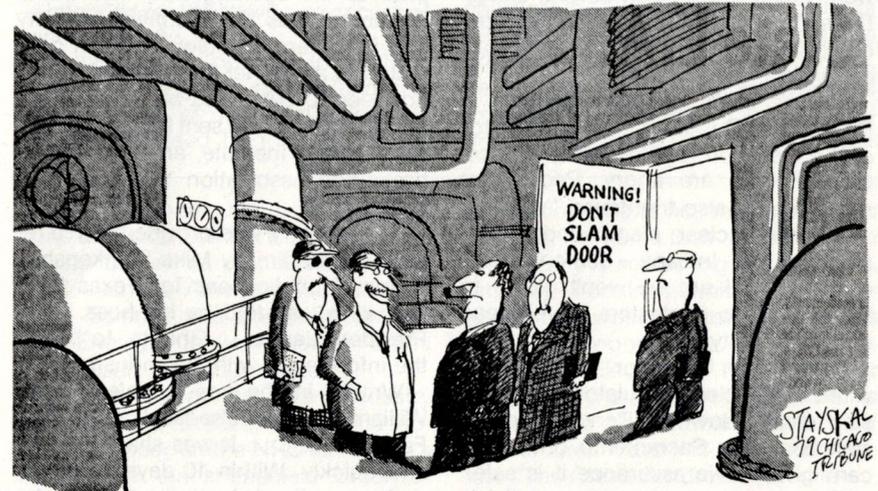
"It's a new twist . . . It is not a standard assumption," conceded Harold Denton,

Nuclear Regulatory Commission reactor operations chief, in discussing the accident with reporters at Harrisburg. 'We've not rigorously analyzed the situation previously.' But, he said, engineers were 'working overtime now to analyze the situation.'

The radioactive fuel of the nuclear reactor is contained in rods suspended inside a thick steel tank about 56 feet tall that should be filled at all times with water, circulating to carry away the heat. During the accident, a chemical reaction between the metal of the rods and the water allowed the bubble to collect in the top of the sealed vessel — estimated at one time to occupy an estimated 820 cubic feet despite pressure in the reactor of nearly 1,000 pounds per square inch.

BETTER ACTIVE today than radioactive tomorrow.

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3900 Grand View Blvd.  
Los Angeles, Calif. 90006



"We welcome your inspection, gentlemen . . . I think you'll find our nuclear plant capable of withstanding any earthquake possible!"

## HARRISBURG 'NIGHTMARE' CAUSING SECOND THOUGHTS AMONG SOME PRONUKE LEADERS

While Energy Secretary James R. Schlesinger stubbornly maintains that nuclear power still is a must for the United States, the Harrisburg, Pa., accident has changed the opinions of some leaders.

Rep. Edward P. Beard of Rhode Island, an advocate of nuclear power, has withdrawn his support of an atomic plant in Charlestown, saying: "I wouldn't want that nightmare in my state. It's obvious they just don't have the technology to avoid such a thing."

Rhode Island Governor J. Joseph Garrahy said the Harrisburg accident has raised "all kinds of questions" about nuclear power.

The weekend following the Harrisburg "nightmare" was marked by demonstrations opposing nuclear energy "from Plymouth Rock to the Golden Gate," according to Associated Press.

"Wary residents near atomic generating plants in other states were wondering if the same thing could happen to them," said AP. "Radiation levels were being checked in several states. Lawsuits were being prepared. Debates raged about the future of America's atomic energy program."

On the steps of the statehouse in Providence, R.I., Irwin Becker, director of the Coalition for Consumer Justice, said: "People are angry. People are mad. They're also frightened."

At two nuclear plants under construction in Indiana, demonstrators chanted "Hell no, we won't glow." In San Francisco, protesters played dead outside a utility office.

California's Governor Jerry Brown wired the Nuclear Regulatory Commission to close down the Rancho Seco installation near Sacramento until NRC can "give public assurance it is safe." He was being asked by some activists to shut down the plant without waiting

for NRC action.

Also in California, during a weekend press conference, Jane Fonda and husband Tom Hayden urged President Carter to review the Administration's energy policy and to fire Secretary Schlesinger.

"If that doesn't happen, there will be a credibility gap like there was in the Vietnam war," said Mr. Hayden.

Ms. Fonda said nuclear power must be made an issue in the 1980 presidential campaign. She said she was not surprised by similarities between the Three Mile Island nuclear accident and one depicted in her recently-released movie, "The China Syndrome."

That movie, incidentally, carries a potent message, and is recommended viewing for those concerned about the potential for damage.

The nuclear industry was downgrading the film even before it opened in movie houses. An executive of Southern California Edison told the *Los Angeles Times* in a letter nine days prior to the opening that "The China Syndrome" has "no scientific credibility and is, in fact, ridiculous." When contacted by a reporter, he admitted he had not seen it, but based his review on a synopsis of the film sent him by the Edison Electric Institute, an electric utilities' trade association based in New York.

The industry was provided with a review of the film by Mike Blankenship, editor of publications for Texas Utilities, who was told by his boss, Vice-President James L. Ghiotto, to "share the information with our industry."

Writing in the *Los Angeles Times*, William K. Knoedelsedar Jr., and Ellen Farley said: ". . . It was shared widely and quickly. Within 10 days, reporters and news directors across the country were reporting that they had received

Although Supreme Court Rules Against Dr. Privitera

## Chief Justice Rose Bird Strongly Dissents, Cites Right of Privacy

In total disagreement with the five-justice majority on the California Supreme Court which ruled against Dr. James R. Privitera in the famous "Laetrile case," Chief Justice Rose Elizabeth Bird found that "a compelling state interest" was not served by imposing "criminal sanction of the doctor for prescribing amygdalin (Laetrile) as a cancer treatment for an informed, consenting cancer victim, without first seeking governmental approval of its safety and effectiveness."

Joining Ms. Bird in her 56-page dissenting opinion was Justice Frank C. Newman who accused his colleagues of condoning "cruel and inhuman treatment."

Section 1707.1 of the state Health and Safety Code is the law under which Dr. Privitera and four others were convicted of "conspiracy to sell and prescribe an unapproved drug — Laetrile — intended for the alleviation or cure of cancer."

In the majority opinion, the justices held that the right to obtain (and prescribe) drugs "of unproven efficacy is not encompassed by the right of pri-

vacuity embodied in either the federal or state Constitutions."

This, issue, said Ms. Bird in her dissenting opinion, is "the pivotal question." Addressing that point, the Chief Justice wrote in part:

"Without question, Health and Safety Code Section 1707.1 is an attempt at exercise of legislative power in the area of public health to protect the cancer victim. The legislative concern expressed in Section 1700 reflects a well-founded and appropriate concern for misleading and false claims of cures for cancer. The section . . . finds: 'Various persons . . . have represented and continue to represent themselves as possessing medicines, . . . skills, . . . for the effective diagnosis, treatment, or cure of cancer, which representations are misleading to the public. . . .'

"However, upon what factual basis duly-licensed doctors in California are chargeable — let alone found guilty of the strictures made in the legislative finding — is not clear. Why doctors, 'recognized by the State as capable of exercising acceptable clinical judgment,' are honored by being encom-

similar communiques from corporations and local utilities with nuclear interests, as well as pronuclear associations such as American Nuclear Society, Science and Engineers for Secure Energy, Atomic Industrial Forum, and Edison Electric Institute."

Commenting on the wave of industry protests, Bob Pollard, formerly a nuclear engineer on the NRC staff, now a member of the antinuclear Union of Concerned Scientists, observed: "If they (pronuclear groups) believe the

production of one fictional feature film is going to harm their industry, then there really *is* something wrong with it. I mean — I couldn't think of another industry that would go into convulsions like this over one movie."

General Electric, a heavy nuclear equipment manufacturer, withdrew its sponsorship of a Barbara Walters TV special aired March 13, three days before "The China Syndrome" premiered, in which Jane Fonda mentioned the movie in an interview.

passed within that invidious class of 'various persons' who 'mislead' the public is obscure. 'The . . . suggestion is necessarily somewhat degrading to the conscientious physician, . . . He, perhaps more than anyone else, is knowledgeable in this area of patient care, and he is aware of human frailty, . . . and needs.' (Doe v. Bolton, supra . . .).

"The legislative finding gives no hint of what rational classification includes medical doctors within the ambit of quacks."

#### **'RIGID QUALIFICATIONS'**

"The doctor in California is licensed to practice only after meeting long, rigid education, experience qualifications. He is bound by oath to preserve, to prolong, the life of the patient. He is under a legal duty . . . to act in accordance with the generally-accepted standards of medical practice . . . He is required under threat of malpractice to treat only after receiving the informed consent of the patient . . .

These are the 'rational means' society, through law, has imposed to insure a high standard of performance by the California doctor. It follows, after such rigid standards are met, the matter of choice of treatment of the informed consenting patient becomes 'a purely medical determination, which is within a doctor's professional judgment.' (Alden v. Younger, supra . . .).

"Limiting this exercise of the doctor's professional judgment on some vague suspicion that 'various persons' in California are engaging in quackery does not follow as a matter of logic."

#### **EFFICACY NOT AN ISSUE**

"Dr. Privitera is charged under Section 1707.1 of the Health and Safety Code. This statute requires for its breach, an intent to prescribe the unauthorized drug or medicine for treatment of cancer. Efficacy of treatment . . . is not an issue under this statute . . .

"The criminal liability attaches because the doctor — in the exercise of

### **ROSE BIRD IS ALSO CANCER VICTIM**

**Chief Justice Bird is herself a cancer victim. In February 1976 she submitted to a modified radical mastectomy at Stanford University Hospital. Last December she underwent surgery for removal of what was described as a "small, cancerous growth."**

his medical judgment — has prescribed a drug for treatment of cancer not yet approved under Section 505 of the federal Food, Drug, and Cosmetic Act, or which has not yet received approval of the state board.

"Whether the doctor, in his best medical judgment believes he has a miracle drug, a food supplement, or a hope-giving placebo is not an issue. The governmental agencies have not given approval — therefore the doctor cannot prescribe.

"The patient's right to receive medical care, and the doctor's right to administer it are substantially limited, not because of some established defect in the medication, some danger to the public if this patient is so treated. The doctor becomes a criminal because the government agency has not given its prior approval to the exercise of his best medical judgment . . ."

#### **INNOVATION DISCOURAGED**

"The statute must be measured against the legislative purpose of frustrating cancer quacks, and for the promotion of the early effective care, diagnosis, and cure of cancer. Instead, the immediate and most direct effect of the prohibition of Section 1707.1 is to chill, to prevent, innovative treatment by a licensed doctor — the person, or in the class of persons — most likely to make the hoped-for breakthrough against dreaded cancer. How logically this threat to the innovative physician will increase early effective diagnosis and

## **Drug Efficacy Study Shows Innovation Halved**

Chief Justice Bird maintains that for doctors to be restricted to "state-sanctioned alternatives" is stultifying, and deters innovation in medical research.

"Lest the reader suspect these conclusions are alarmist — without relevance to here and now," she wrote, "reference is made to *Drug Regulation Innovation — Empirical Evidence and Policy Options*, by Henry G. Grabowski (1976). He researched and drew conclusions on studies dealing with cost-versus-benefit analysis of the effects of the 1962 amendment which clothed the federal Food and Drug Administration with authority to test new drugs for their 'effectiveness' before permitting general prescription.

"One study surveyed was that by Sam Peltzman, who researched the effect of the 1962 amendment on drug innovation: 'In effect, Peltzman's . . . suggests that the rate of innovation in the post-amendment period is more than halved as a result of the 1962 amendments.'

"Did the Food and Drug Administration effectively weed out ineffective drugs? Peltzman's study shows: ' . . . analysis of evaluations by medical experts suggests that the proportion of ineffective drugs has remained roughly the same in the pre-1962 and post-1962 periods. Given the rate of new drug introductions was more than halved in the post-amendment period, his analysis therefore suggests that a large decline took place in effective drugs.'

"Professor Grabowski concluded: "A consistent finding is that regulation has had a significant negative effect on the rate of innovation. While each of the individual studies has shortcomings, taken together they would seem to provide considerable support for the hypothesis that regulation has been one of the principal factors responsible for the observed decline in innovation." . . .

cure of cancer is difficult to perceive."

#### **THE STATE CONTENTS**

The state contended in its brief to the Supreme Court that "compelling state interest" is supported in Section 1707.1 by this reasoning: ". . . ineffective cancer remedies are more hazardous to the patient than the state-sanctioned alternatives."

To which Ms. Bird responded: "The Legislature has not made such an express finding, and if such finding should be implied, then it denies the patient the exercise of one of his most fundamental rights. He instead has the choice of 'state-sanctioned' treatment . . . or no treatment at all.

"If this be the legislative purpose, it misses its mark. Diminishing fraudulent cures, punishing quackery in cancer treatment, is a laudable objective. The means chosen by the Legislature is bureaucratically predetermined treatment or none — injected into a consti-

tutionally-protected area of privacy. This fundamental right of privacy, this right to be left alone, is 'older than the Bill of Rights, older than our political systems.' It cannot be swept away, denied, by the processes of compelled-acceptance of 'state-sanctioned alternatives.' . . .

"We conclude that not only is there no compelling reason shown to override the patient's or the doctor's fundamental right of choice in the treatment setting, but that the statute, when sought to be applied to a licensed medical doctor, does not pass the test as a rational means of accomplishment of the announced legislative purpose."

#### **PATIENTS AWARE**

Observing that "there remains one further concern," Chief Justice Bird continued:

"The evidence in this case shows without exception the cancer victims . . .

were knowledgeable persons fully aware of the nature of the 'state-sanctioned alternatives' before seeking treatment from Dr. Privitera.

"Many were unwilling to accept the orthodox alternatives, many unwilling to accept the verdict of 'terminal.' These are not wide-eyed country bumpkins seeking to be conned.

"The class actions filed against governmental authorities to compel availability of the drug in question illustrate the desperate seeking of the cancer victims. We need cite only one witness as a basis for a composite picture:

"The patient is a 'senior' citizen with diagnosed cancer of the prostate. Treatment recommended — prostate removal and castration, female hormone treatment for the rest of his life. The victim simply refused to accept these alternatives, and sought amygdalin treatment.

"The 19 witnesses testifying for Dr. Privitera conveyed a felt-imminency of death. One senses a mortal fear of both the disease, and the orthodox alternatives. This is a desperate, utterly-human seeking to avoid the pain, and to prolong life.

"These elements form the unspoken rationale of the Rutherford and Carnohan decisions (in lower courts). The Matter of Quinlan, supra . . . , states the premise eloquently: ". . . no external, compelling interest of the state could compel Karen to endure the unendurable, only to vegetate a few measurable months with no realistic possibility of returning to any semblance of cognitive or sapient life. We perceive no thread of logic distinguishing between such a choice on Karen's part, and a similar choice which, under the evidence in this case, could be made by a competent patient terminally ill, riddled by cancer, and suffering great pain. Such a patient would not be resuscitated or put on a respirator . . . and a fortiori, would not be kept against his will on a respirator."

### 'ORWELLIAN INTRUSION'

"To the 19 cancer victims, the enforcement of Health and Safety Code Section 1707.1 — the denial to them of medical treatment, albeit unorthodox, albeit unapproved by a state agency — must surely take on a Kafkaesque, a nightmare, quality. No demonstrated public danger, no compelling interest of the state warrants an Orwellian intrusion into the most private of zones of privacy.

"The state, in the name of protecting the cancer victim, has criminalized the doctor who is willing to innovate, willing to try an unapproved drug with the consent of his patient. From the terminal patient's viewpoint, a new depth of inhumanity is reached by a broad sweep of this law so interpreted. No compelling interest of the state requires Dr. Privitera's 19 cancer patients to endure the unendurable, to die, even forbidden hope." . . .

Chief Justice Bird agreed with Dr. Privitera that Section 1707.1 "is an unconstitutional invasion of the cancer victim's right to obtain and use amygdalin in violation of rights guaranteed by the United States Constitution — Amendments I, IV, V, VI, VII, VIII, and XIV, and of the California Constitution — Article I, Sections 1, 7, 7(a), and 15."

### RIGHT TO PRIVACY

The right to privacy, said Ms. Bird, "is of a 'fundamental' nature, deriving from its source. It flows from the very nature of man . . . Justice Brandeis (in *Olmstead v. United States* supra . . . ), stated: 'The makers of our Constitution undertook to secure conditions favorable to the pursuit of happiness. They recognized the significance of man's spiritual nature, of his feelings, and of his intellect. They knew that only a part of the pain, pleasure, and satisfactions of life are to be found in material things. They sought to protect Americans in their beliefs, their thoughts, their emotions, and their sensations. They conferred, as against the government, the right to be

## John Stuart Mill's Classic 'On Liberty' Recalled

Philosopher John Stuart Mill was quoted by Chief Justice Bird in further support of her contention that Dr. Privitera's case is a valid example of the "recently-enunciated right to be let alone."

In his classic work *On Liberty* (George Routledge 1905), the venerated Mr. Mill wrote in part: "(T)here is a sphere of action in which society, as distinguished from the individual, has, if any, only an indirect interest; comprehending all that portion of a person's life and conduct which affects only himself, or if it also affects others, only with their free, voluntary, and undeceived consent and participation.

" . . . the appropriate region of human liberty . . . comprises first, the inward domain of consciousness; demanding liberty of conscience in the most comprehensive sense; liberty of thought and feeling; absolute freedom of opinion and sentiment on all subjects — practical or speculative, scientific, moral, or theological.

" . . . Secondly, the principle requires liberty of tastes and pursuits; of framing the plan of our life to suit our own character; of doing as we like, subject to such consequences as may follow: without impediment from our fellow-creatures so long as what we do does not harm them, even though they should think our conduct foolish, perverse, or wrong . . .

" . . . The only freedom which deserves the name is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it. Each is the proper guardian of his own health, whether bodily, or mental and spiritual. Mankind are greater gainers by suffering each other to live as seems good to themselves, than by compelling each to live as seems good to the rest."

Mr. Mill concludes: ". . . over himself, over his own body and mind the individual is sovereign. (Pages 13-18).

let alone — the most comprehensive of rights, and the right most valued by civilized men. To protect that right, every unjustifiable intrusion by the government upon the privacy of the individual, whatever the means employed — must be deemed a violation. . . .

"The right to control one's own body is not restricted to the wise, it includes the 'foolish' refusal of medical treatment. Nor is this right limited in its recognition to any single segment of the political, economic, or social thought spectrum. In commenting upon Justice Brandeis' most valued of rights, — the right to be left alone — now Chief Justice Burger, in his dissent in *Application of President and Directors of Georgetown Col.* . . . stated: 'Nothing in this utterance suggests that Justice Brandeis thought an individual possessed these rights only as to *sensible* beliefs, *valid* thoughts, *reasonable*

emotions, or *well-founded* sensations. I suggest he intended to include a great many foolish, unreasonable, and even absurd ideas which do not conform, such as refusing medical treatment even at great risk.' . . .

### 'THE FINAL SAY'

" . . . In *Erickson v. Dilgard* . . . a New York court sustained the unwilling Jehovah's Witness' objection to a needed blood transfusion despite risk of death. The court there said . . . 'it is the individual who is the subject of a medical decision who has the final say, and this must necessarily be so in a system of government which gives the greatest possible protection to the individual in the furtherance of his own desires.' . . .

### DOCTOR'S . . . PRIVACY

Dealing with the contention of Dr. Privitera that a doctor possesses "a separate and distinct constitutionally-protected right — a zone of privacy —

to prescribe, to treat patients whether in the orthodox mode — free from unjustified state interference," Ms. Bird noted her agreement, based on three different court decisions.

"Reason," she said, "based on history, experience, supports the doctor's premise. To require prior state approval before advising — prescribing-administering — a new treatment modality for an informed consenting patient is to suppress innovation by the person best qualified to make medical progress. The treating doctor — the clinician — is at the cutting edge of medical knowledge.

"To require the doctor to use only orthodox 'state-sanctioned' methods of treatment under threat of criminal penalty for variance is to invite a repetition in California of the Soviet experience with 'Lysenkoism.' Soviet geneticist T. D. Lysenko, controversial dictator of 'communistic' biology during the Stalin period, stultified the science of genetics in the U.S.S.R. for at least a generation. He imposed the 'state-sanctioned alternative' — the curious idea that environmentally-acquired characteristics of an organism could be transmitted to the offspring through inheritance . . .

"The mention of a requirement that licensed doctors must prescribe, treat, within 'state-sanctioned alternatives' raises the specter of medical stagnation at best, statism, paternalistic Big Brother at worst. It is by the alternatives to orthodoxy that medical progress has been made. A free, progressive society has an enormous stake in recognizing and protecting this right of the physician." . . .

#### THE RUTHERFORD CASE

"Reported cases specifically involving the authority, the right, of either the federal government or state to penalize, prohibit amygdalin transportation, possession or use are rare. In *Rutherford v. United States* . . ., a class action was brought by cancer victims seeking

to compel the Food and Drug Administration to desist from precluding administration of amygdalin to patients suffering from cancer. By its nonaction, it was contended, the FDA made amygdalin not available.

"Mr. Rutherford sought medical advice in the United States. He was advised of the necessity of abdominal resection, removal of his rectum. He rejected these alternatives and sought Laetrile treatment at a medical clinic in Tijuana, Mexico. There he was treated for a period of weeks and was returned as cured. He alleged that without the continued use of the amygdalin, he faced the prospect of escalation of the carcinoma.

"The District Court . . . found that the FDA . . . had: ' . . . abdicated its duty to make a clear determination of whether the drug Laetrile should or should not be placed in commerce, though the drug has been in use for many years, and thousands of persons have been treated with it.'

"The Court further found from the records, testimony and exhibits that: ' . . . Laetrile is not lethal in any sense of the word. It is not harmful to the human body, and when used in proper amounts under proper control and supervision, can effect relief from cancer disease to the satisfaction of many who are privileged to use the same.'

"In view of this failure of the Food and Drug Administration to act in accordance with the constitutional intent, the court found that Rutherford and others were wholly without means or resources to comply with the provisions of 21 U.S. Code Section 355(b), and further that each had been denied 'the freedom of choice for treatment by Laetrile to alleviate or cure their cancer.'

"Basing its decision upon the *Roe v. Wade*, supra . . . concept of the right of privacy . . ., the Court granted the requested injunctive relief." (That case is now before the U.S. Supreme Court. Ed.)

## In Amicus Curiae Submitted by McNaughton Foundation

# High Court Asked to Approve Use of Oral Laetrile for Terminal Patients

The U.S. Supreme Court has been asked, in its consideration of the FDA appeal of Judge Luther Bohanon's decision in the Rutherford case, to rule that terminal cancer patients may continue to obtain Laetrile (amygdalin), not only in injectable but in oral form.

In a brief filed as amicus curiae (friend of the court), The McNaughton Foundation points out that thousands of Americans are dependent upon Laetrile for treatment of their cancer, and that if the right to obtain it from Mexico upon presentation of a physician's affidavit is rescinded, these patients will have to obtain it, either by smuggling it, or by living in Mexico.

The 20-page brief submitted by Attorney Stephen Tornay of San Diego points out that since 1974, Dr. Ernesto Contreras' Centro Medico Delmar clinic in Tijuana has treated more than 15,500 patients, treats about 3,700 new patients annually. Clinica Cydel in Tijuana has served approximately 3,500 patients since opening, treats about 850 new patients annually.

Eighty percent of the patients, according to staff, have been advised their condition is terminal, and Laetrile treatment is sought as "a last resort."

"Amicus concurs in the decision of the Tenth Circuit Court of Appeals," notes the brief, "but requests that this Court should expend the relief granted to . . . patients to include Laetrile for oral administration.

"Access to Laetrile — intravenous and oral — should not be denied patients until the clinical trials to be conducted under direction of the National Cancer Institute have been completed. We urge continued use of the affidavit system pending outcome of the clinical

trials." . . .

Addressing the FDA contention that Laetrile is a "new drug, not generally recognized by qualified experts as safe and effective for intended use," the brief stated:

" . . . The (Rutherford) decision of the Tenth Circuit Court of Appeals held that 'as a matter of law, the safety and effectiveness requirements of the statute . . . have no application to terminally-ill cancer patients.' . . .

"The Court limited procurement of intravenous injections to persons certified by a medical practitioner to be terminally ill of cancer . . . (and) unfortunately limited acquisition to injectable Laetrile. It is strongly suggested that that portion of the decree which permits only intravenous injections . . . should be broadened to include Laetrile for administration by oral route . . .

"The requirement of safety and effectiveness in new drugs . . . is commendable and should be interpreted and enforced in a rational manner . . . (but) the safety and effectiveness requirements of the Food, Drug, and Cosmetic Act as related to treatment of cancer is and has been more a statement of wishful thinking than a reality.

"Unfortunately, statistics bear out the fact that virtually all methods of treatment of cancerous conditions by accepted modalities are neither 'safe' nor 'effective.' . . . Exceptions to the safety and effectiveness requirements of the Food and Drug Administration (thus) have been carved out when dealing with cancer, since drugs that are neither safe nor effective have been approved."

## 'SAFETY'

"Safety is described in the brief by the United States . . . as '(a) drug is safe when the expected therapeutic gain justifies the risk entailed in using it . . .'

"Therefore, it appears that the term safety is used in the relative context in relation to the risk involved. Effectiveness relates only to general recognition among 'experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs as safe and effective for such use . . .' (21 U.S.C. 321, p.1). . . .

"In enacting a statutory scheme of regulation such as the Food, Drug, and Cosmetic Act, Congress can never be expected to spell out conditions for all circumstances that may arise in the complex nature of our societies. It is for the judiciary, therefore, to sometimes interpret a statute amidst the realities of life, and to base its decision on grounds of reason and principle apart from authority.

"The Tenth Circuit Court of Appeals . . . revealed a depth of understanding of the terminally-ill cancer patient's problems. The decision should be upheld, but it is again suggested that the court expand the relief granted to include access to Laetrile in the oral administration form."

The fact 20 states (Montana is the latest) have legalized Laetrile means that safety has been considered during extensive hearings, and it has been found to be nontoxic when used as prescribed by the doctor, the brief argued.

"Currently, the prestigious Mayo Clinic in Rochester, Minn., is designing a common protocol for the five institutions which have been selected by the National Cancer Institute to carry out the clinical trials of Laetrile. Thus, finally, adequate clinical trials are about to be commenced in which the question of efficacy will soon be answered. The question of efficacy belongs in the clinics, not in the courts." . . .

## 'PRIVACY'

In considering the constitutional right of privacy, the brief continued: ". . . The government claims there is no constitutional right of privacy to use unproven or ineffective drugs. This untenable argument fails to consider the fact there are no safe drugs or treatments, and no effective drugs or treatments for the care, treatment, or prevention of cancer. Cast in this light, denial of even an unproven or ineffective drug that gives the terminally-ill cancer patient hope, and is taken under guidance of a physician, invades the right of privacy as described by Justice Brandeis." . . .

"The cancer patient is left upon the horns of a dilemma: he is offered either unsafe and ineffective remedies sanctioned by the federal government, or a nontoxic naturally-occurring substance which has been present in the diet of man since before the dawn of history.

"Faced with these alternatives, the terminally-ill patient has — and understandably — frequently selected Laetrile as the method of treatment.

"Little has been said about the improved quality of life achieved by the patient receiving Laetrile. Appetite is restored, weight increases, pain reduces, and the patient experiences an increased sense of well-being. These are findings of the (official) *California Laetrile Report* of 1953.

"Within this framework, the patients represented by Amicus assert a right of privacy to make this 'important decision.' To deny this right is truly an invasion of an area of privacy long recognized by this Court in case after case . . .

"It must be remembered that the specific subject-matter before this Court is Laetrile in its application only to terminally-ill cancer patients under supervision of a licensed physician. The Tenth Circuit Court's decision, based upon reason and principle, held that 'safe and effective' requirements have no meaning to terminally-ill pa-

# Freedom-of-Choice Bill Introduced in California by Senator William Campbell

Senator William Campbell has introduced a freedom-of-choice bill in California modeled after the Symms Bill which would legalize certain drugs and medications, including some available in Europe but prevented from use in this country because of the efficacy clause in the 1962 amendment to the Food, Drug, and Cosmetic Act.

NHF Executive Vice-President Clinton R. Miller met with Senator Campbell, Senate minority leader, March 28, and was advised of this latest development.

Mr. Miller pledged the all-out support of the National Health Federation to obtain passage of the measure, and has issued a call to NHF members to contact, by mail or telephone or both, their senator asking for support as coauthor of S.B. 1011, and for an affirmative vote when it reaches the Senate.

Although the original bill did not include legalization of Laetrile, Senator Campbell has amended the measure to specifically repeal the Cancer Quackery Act (Section 1707.1 of the Health and Safety Code), and to provide for freedom of choice in health-care. A hearing was held in Sacramento May 2, during which a strong case was presented.

Senator Campbell twice has intro-

duced legislation to legalize Laetrile. Last year it died in the Senate on a 25-9 vote.

"The bill being pushed this year," said Mr. Miller, "is more far-reaching than our Laetrile bills have been. I cannot urge too strongly that those who believe in the principle of freedom of choice in health-care, get behind the Campbell measure at once. There are only a few weeks to go, so time is of the essence."

After the Supreme Court ruling that overturned the Appeals Court decision supporting the right of Dr. James R. Privitera to use Laetrile when requested by patients, Senator Campbell found himself in the same corner with Chief Justice Rose Bird who argued eloquently against the majority decision banning Laetrile use in California.

"It seems to me a doctor ought to be allowed to prescribe those things he thinks will assist the people he is helping," said Mr. Campbell. "Forcing families to violate the law to save the lives of loved ones speaks of 'big brotherism.' It speaks of the 1984 Orwellian concept, oppressiveness, tyranny — all those things that would thwart the concept of freedom."

Mr. Miller spent two days in Washington late in March and is confident of obtaining sponsorship of amendments to the Food, Drug, and Cosmetic Act freeing Laetrile from FDA control as a "new drug," and permitting its use, through interstate commerce, in states which have legalized it, "without interference from FDA or any other federal agency."

tients. Whether the restriction on government regulation of Laetrile is thus obtained on a rule of statutory construction or on the constitutional grounds of right of privacy makes little difference to the suffering cancer patient who is told he is about to die. The relief requested is what is needed.

"Cancer patients should not be required to go to foreign jurisdictions to obtain Laetrile treatment — a treatment of their own choice." . . .

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

## UNLESS SPECIFICALLY EXCLUDED, ILLINOIS INSURORS MUST COVER LAETRILE THERAPY

Unless specifically excluded in the policy, insurance companies in Illinois must reimburse cancer patients who choose Laetrile (amygdalin) therapy, the Illinois Department of Insurance has ruled.

In a memorandum issued last November, Jack C. Fisher, technical services supervisor of the Consumer Division of the Department of Insurance, stated that "after considerable deliberation with various staff members, a decision was made to issue a Department position regarding the payment of Laetrile by insuring companies . . . the Department's position is that unless Laetrile is specifically excluded by contract terms and conditions, the use and administering of Laetrile in compliance with Public Act 80-1096, shall be payable."

The law to which he referred was passed in November 1977. It legalizes the use of Laetrile in Illinois, but not its manufacture there.

## It's Time Preventive and Nontoxic Approaches to Healing Were Being Covered by Insurance!

The *NHF Bulletin* would like to learn if insurance companies in other parts of the country are covering costs of Laetrile treatment, either because of a voluntary decision, or required to do so by the state.

One of the gross inequities in health-care coverage in this country is refusal of insurance carriers, generally, to include so-called unorthodox treatments in their coverage. Growing numbers of Americans are using such modalities, and are entitled to the same insurance protection as that accorded patients receiving orthodox treatment.

It was a long, uphill struggle (in which the National Health Federation played a crucial role) to win Medicare coverage for some chiropractic services.

Just as entitled to such coverage — not only Medicare but in private policies — are patients using nontoxic treatments for cancer, including Laetrile, but not excluding other nontoxic treatments, and patients taking advantage of the benefits of chelation for vascular disease.

And it should not be too difficult to build a case for insurance coverage for persons using preventive measures, such as nutritional therapy. Preventive, metabolic, and holistic approaches to healing have every right to be included in insurance coverage. (Ed.)

According to Attorney Collis M. Hennelly of Rockford, Ill., president of the Rockford Cancer Club, some companies in the past have paid for Laetrile treatment, others have not.

Mr. Hennelly was described by the *Rockford Register Star* as "among those spearheading the movement toward wider acceptance of Laetrile as a cancer-treating measure" He points to "two important areas in which Laetrile is effective: It is a palliative, a pain-reducer, and (it was shown in tests at Sloan-Kettering) to prevent metastasis."

He says the reason the "medical establishment refuses to use Laetrile is that anyone using it will not use the expensive products the establishment sells."

The Rockford Cancer Club, 129 Phelps Ave., Rockford, Ill., has a list of places in the area where Laetrile treatment is available.

## Miller Dissents from LDS Church's Position on Immunization

Although a high priest of the Church of Jesus Christ of Latter-Day Saints (LDS), NHF Executive Vice-President Clinton R. Miller is in sharp disagreement with the church's position on immunization.

The May 13, 1978, issue of *Church News* reported a joint statement of three LDS officials which said in part: "We urge members of the Church of Latter-Day Saints to protect their own children through immunization. Then they may wish to join other public-spirited citizens in efforts to eradicate ignorance and apathy that have caused the disturbingly-low levels of childhood immunization."

After referring to this declaration, Mr. Miller's letter to "Brothers Kimball, Tanner, and Romney" noted:

"The sweeping and unqualified statement seems to imply that parents in and out of the Church who do not have their children vaccinated are doing so because they are either ignorant or apathetic, or both.

"These seem to be harsh and unkind words to describe those good members of the Church and responsible citizens outside the Church who are neither 'ignorant' nor 'apathetic,' but who have been advised by their physicians not to have immunizations for medical reasons, or after much study, prayer, and seeking of advice from some of the world's finest physicians and scientists have decided to actively abstain from the 'immunization' programs as presently advocated by federal, state, and now Church officials.

"I hope your immunization position leaves plenty of latitude for aware mothers and fathers in the Church (and there are increasing numbers of them) to disagree respectfully and lovingly, but very strongly with your counsel on this specific point.

"I further trust your statement on immunization allows parents who are members of the Church in good standing to remain members of the Church in good standing, and at the same time not only teach their own children and grandchildren *not* to follow your counsel in this specific case, but rather to actively warn other members of the Church, community, and nation *not* to follow this counsel.

"For more than 30 years I have lobbied against improper compulsory or coercive immunization programs. As Executive Vice-President and Legislative Advocate of the National Health Federation for the past 17 years, and as a private citizen before that, I have tried to protect the free agency of those parents, who for a variety of reasons have decided against vaccination to build immunization for themselves and their children.

"I am a high priest in the East Monrovia Ward of the Arcadia stake in Califor-

### BABES' DEATHS SPUR VACCINE RECALL

Acting out of "an abundance of caution," to use the words of federal officials, a batch of serum produced by Wyeth Laboratories, Philadelphia, was recalled after the sudden deaths of four infants in Tennessee who had been vaccinated against diphtheria, tetanus and whooping cough.

Between 320,000 and 480,000 doses already had been used when the deaths were reported. Most of the vaccine went to Tennessee, but part of it also was sent to state health departments in Philadelphia, Idaho, Montana, Alaska, Hawaii, Iowa, Utah, and Ohio.

## WHITWASH OF BUREAU THAT FIRED DR. MORRIS SCORED BY SCIENTIST

An article by Robert Weltman in *American Medical News* portraying the Bureau of Biologics (responsible for testing and approving vaccines) was "so misleading in tone and erroneous in content" that it drew sharp responses from a scientist and an attorney.

The Weltman story said a General Accounting Office audit of BOB (in the Food and Drug Administration) was so critical of the bureau that "former critics are rallying to its defense."

Dr. B. G. Young, professor of microbiology at University of Maryland, College Park, Md., told *American Medical News* he hoped his letter would be published "so your readers can judge for themselves the article's accuracy and its implications."

"According to Mr. Weltman," said Dr. Young, "an impressive list of physicians are protesting that the GAO audit was the result of a personal vendetta, that it was politically inspired, and that it is harassing an agency of unsullied integrity."

"The article's description of the BOB as 'an agency of unsullied integrity' must be challenged. Your readers

might remember that this is the same agency (although now identified by another name) that in 1972 was transferred from the National Institutes of Health to the Food and Drug Administration in part because:

- "From 1966 to 1968 it approved for marketing millions of doses of sub-potent influenza vaccine.

- "It failed to remove 32 ineffective vaccines from the marketplace.

- "For nine years it failed to acknowledge its congressional mandate to insure vaccine efficacy.

- For internal incompetency and mismanagement (*Science*, March 3, 17 and May 12, 1972).

"Further, this is the same agency whose entire management was recommended for censure in 1972 by a Civil Service Grievance Committee for allowing the harassment of one of its employees, Dr. J. Anthony Morris (mentioned elsewhere in the Weltman article) for an extended period of time without taking remedial action (*Science*, Feb. 25, 1972). From statements in Mr. Weltman's article, it is obvious that the harassment of Dr. Morris con-

mitted to meet with "one of or all of you to discuss the possibility that you might hopefully modify and soften your position, to be more sensitive and tolerant of the views of those Church members who, for good and sufficient reasons, have decided not to deliberately put powerful disease organisms into their bodies in order to artificially stimulate 'immunization.'"

Copies were sent to two local LDS members, Dr. Robert Mendelsohn in Chicago, Dr. J. Anthony Morris in Maryland, Attorney James S. Turner in Washington, and Betty Lee Morales in Topanga, Calif.

tinues even to this day.

"Finally, this is the same agency that, with the Center for Disease Control, most recently promoted the Swine Flu Fiasco and now promotes an extensive Russian Flu vaccine program. Contrast this record to the quote attributed to Dr. June Osborn in her 13-page letter to the GAO: The Bureau 'enjoys enormous respect around the world on the part of its counterpart agencies and the professional community with which it deals. No serious questions have been directed at the BOB's staff of excellent scientists.'

"As Dr. Osborn should know, the serious questions have been directed, not at the BOB's nonpolicy-making middle-level scientists, but at the BOB's managerial competence, its regulatory policies, its personnel policies, its alignment with industry, its conflicts of interest, and its incredibly poor record in protecting the public. (*Science*, Feb. 25, Mar. 3, 10, 17, April 7, and May 12, 1972).

"Perhaps, most incredible of all in the Weltman article is the quote attributed to Dr. J. Garrott Allen concerning the six *Science* articles: 'These men made a similar attack on the old Division of Biologics Standards in 1972 and were thoroughly discredited in a series of six articles in *Science*.'

"Your readers are invited to read those six articles and to judge that incredible statement for themselves. Suffice it to say, that last article in the series (*Science*, May 12, 1972) reports the demise of the DBS and the transfer of its responsibilities to the FDA by then-HEW Secretary Elliot Richardson.

"This action followed a previous GAO report — requested by Senator Abraham Ribicoff — which detailed the agency failures mentioned previously in this letter. Ironically, the present director of the BOB, Dr. Harry Meyer, was one of six laboratory chiefs reporting directly to Dr. Roderick Murray, former director of the DBS. Therefore,

### THEY'D RATHER WE DON'T KNOW

**You'd think that after the 1976 swine flu shots fiasco, during which nearly 50 million U.S. citizens were inoculated against a phantom epidemic — and hundreds were officially recognized to have been killed or crippled as a result — that the government would keep an accurate track record of the devastation caused by Guillain-Barre paralytic syndrome.**

**The inoculation program was called off December 29. But scientists, researchers and reporters who would like to know how many cases of Guillain-Barre were reported in the 12-month period following December 1976 are in for a rude shock.**

**The Center for Disease Control — the Health, Education and Welfare agency responsible for compiling such data — has no records for that period.**

— FEDERAL TIMES

the managerial continuity was continued.

"Finally, I raise the question of possible conflict of interest revolving around members of the Virology and Rickettsiology Panel mentioned in the Weltman article. At the conclusions of the hearings by that panel, in a letter to its chairman, I characterized that hearing as an inquisition. I hold that view today.

"Members of that panel — all paid consultants of the BOB — enjoyed a total of \$11,149,526 in NIH contracts and Public Health Service grants during the years 1972-76. The panel's chairman, Dr. Saul Krugman, received \$2,646,158, and one of its members, Dr. June Osborn — apparent designate-apologist for all previous DBS and BOB sins — received \$245,076.

"While it does not necessarily follow

## 'Health-Endangering' Policies of Vaccine Regulators Hit by Turner

From Attorney James S. Turner who represents Dr. J. Anthony Morris in his protracted effort to be reinstated to his position with the Bureau of Biologics, the *American Medical News* received this letter:

"I have read your article on the Bureau of Biologics with interest. As the attorney representing Dr. Morris in his debate with the Bureau, I feel it is of importance to point out a number of inaccuracies contained in your references to that case.

"First of all, the article implies that widespread incompetence has been found in Dr. Morris' activities. In fact, various hearing examiners in the case have thrown out all charges of inefficiency in all but one study conducted by Dr. Morris. That study involved 130 mice in a laboratory which in the same period of time used 15,000 small animals.

"That study, as well as many others in Dr. Morris' laboratory, involved influenza virus vaccines. Dr. Morris' argument against the widespread use of influenza vaccines was based on their unproven effectiveness, and serious safety problems — problems he was exploring when fired. It was a study involving the attenuated influenza virus vaccine strain TS(1)e, which triggered the current attack on Dr. Morris. This study remains at the heart of the controversy between Dr. Morris and the BOB. Incidentally, the Civil Service Commission has just ordered that Dr.

that their judgments were influenced by this support, responsible reporting by Mr. Weltman would have included this information.

"P.S. The Dr. Jane Osborn mentioned in the article is Dr. June Osborn; the Bill Turner mentioned in the article is Mr. James S. Turner."

Morris' case be reopened, and the one remaining study at controversy is to be reevaluated. (Dr. Morris was reinstated by CCC after this was written. Ed.)

"The ongoing developments in the case of the BOB versus Dr. Morris continues to be a profound debate about the very foundations of scientific, regulatory, and public-health assumptions in this country. The committee referred to as having been critical of Dr. Morris' work has been refuted in every instance (except the one remaining issue at the Civil Service Commission which has been put under independent scrutiny).

"In addition, several independent examinations of the vaccine regulators (HEW management review, GAO reports to Congress, the General Counsel Office of HEW, as well as Congressional hearings) have revealed serious, health-endangering policies and practices of the vaccine regulators. This is a record of unacceptable performance known to a wide range of individuals, transcribed in a number of hearing records, and which is inexorably moving to the center stage of a large national debate.

"It might be interesting for the *American Medical News* to spend more time on the issues and bring more of the facts to the attention of its readers. If doctors in this country knew how widespread is the abuse of authority by the policy-makers who regulate vaccines, they might be less surprised at the degree to which individuals resist vaccination.

"Incidentally, the accuracy of your

*Attorney James Turner, Washington representative of the National Health Federation, is author of the best-selling Chemical Feast (NHF, Monrovia, \$1.25).*

Undaunted by Swine Flu Fiasco, They Try Again

## Hopes Someone Will Tell CDC 'Just Where They Can Stick That Needle'

BY INDERJIT BADHWAR  
(Federal Times)

Califano's Public Health Service boys are out to loot us again. Undeterred by the kicking they got in Congress last year when they tried to dip into the till to finance a mass flu immunization program, they're after the moola again — 15 million bucks to shoot people up with the flu vaccine.



They tried like the devil last year to armtwist and brainwash Congress into handing them the same amount. But it was too soon after the Swine Flu Caper that cost \$135 million to finance and ended up with a billion-dollars' worth of damage suits against the government from survivors and victims of that scientific horseplay.

So Congress slashed the request by half. But the boys from the brave new world of the Center for Disease Control are at it again — palms itching and outstretched.

And once again, Congress ought to send them packing — and this time without a dime. These public healthniks — albeit without the dramatically-disastrous consequences of their previous immunization caper — have done another swine flu to the unsuspecting American public.

You may recall that the swine flu

report of those aspects of the vaccination situation with which I am familiar bears the same relation to accuracy as your reporter's reference to me as Bill when my name is James, or to Jane Osborn when her name is June."

scare never materialized and yet some 50 million Americans were inoculated against this phantom epidemic. Instead, the flu strain to visit our shores that year was the A-Victoria.

Well, the 1978-1979 flu season (roughly October of last year until February of this year) our healthniks predicted would be A-Russian. Yep, the Russians are coming!

So, CDC got busy. With the eight million bucks that Congress grudgingly gave it, HEW's health plutocracy bought millions upon millions of doses of A-Russian strain vaccine with the idea of pumping it into the bodies of about 20 million Americans, mostly older people, considered to be in the "high-risk" group.

But the public is smarter than the bureaucracy thinks it is. Despite HEW propaganda leaflets and radio and TV exhortations to expose arms to the needle, the public wasn't buying. Of the millions of doses of A-Russian acquired for the shots, health officials have been able to use up only 770,000.

The millions of unused dosages will have to be dumped or stored at tremendous cost to the taxpayers. But wait, there's more!

The current strain of influenza is not A-Russian as the healthniks predicted but a totally different one — A-Brazil. So we've got millions of doses of unused A-Russian shots lying around which are totally useless against the Brazilian virus.

### TOTALLY USELESS

Actually, the flu vaccine is totally useless. Period. And that's the fundamental issue. For more than a decade, international studies conducted by the World Health Organization as well as inde-

pendent studies done by U.S. scientists have shown that all strains of influenza vaccines made from the killed virus are worthless. And yet, the flu vaccine, pushed by HEW's drug salesmen, has continued to be the vaccine that sells most in the market. And each year newer and newer research confirming these older studies continues to be ignored by PHS's health apparatchiks.

*Lancet*, the prestigious British medical journal, reported in February this year that not only are flu vaccinations ineffective, but also that if you are inoculated against one flu strain, chances are the vaccine will actually lower your resistance to a subsequent flu attack. The practice of offering yearly flu shots to the so-called "high-risk" population, *Lancet* said, should be discontinued.

The previous month *Lancet* carried a detailed report on research conducted by Dr. T. W. Herskin showing that annual vaccinations offer "no long term advantage."

Perhaps CDC doesn't subscribe to *Lancet* because of scientific xenophobia. But surely the CDC boys must read *Research Resources Reporter* published by their mothership HEW. Its December 1978 issue carried a front-page story in which it was stated, among other findings, that "inactivated influenza vaccines aren't good enough," and "protection against the diversity of virus types has, to date, been technically impractical."

And now let's turn to a bigger gun, the medical giant Albert Sabin, discoverer of the Sabin polio vaccine. He recently excoriated HEW for spreading the "dogma" that various strains of influenza viruses (usually A strains) are responsible for the major problems of influenza.

#### SABIN'S RESEARCH

Dr. Sabin's research shows that most cases of what we loosely call influenza — fever, sore throat, chest congestion, headaches, body aches — are not caused by the influenza strains we have

been able to isolate and identify but by viruses whose etiology and origin are unknown. In other words, even if we had a 100% effective flu vaccine, it would be useless in preventing the majority cases of what we call flu because, as Sabin says, most of these so-called flu symptoms are caused by non-influenza viruses. Most flu is really undiagnosed viral disease.

Dr. Sabin also points out that most of the excess deaths associated with what is called influenza occur because of secondary invaders — complications of pneumonia, various types of heart disease, emphysema, asthma. But he notes that since 1971, perhaps because of better primary care, excess deaths from these high-risk conditions — notwithstanding an epidemic — have declined dramatically.

As for inoculating older people, Dr. Sabin notes that 80% of the relatively small number of deaths associated with influenza occur in the 65 years and older age group — with or without an epidemic. And of these, 60% of the deaths occur in the much smaller group aged 75 years and over. He suspects that most of these deaths occur among debilitated and bed-ridden people who are sick and, perhaps, already dying.

There is no information available to show whether these so-called influenza-related deaths occur in older persons who were previously healthy.

Dr. Sabin has made many other points. But I think the three cited above rip apart the very foundation of the government's influenza program and destroy the case for inoculating the CDC-created "high-risk" group.

I hope Congress is listening. And when Califano's boys go before the appropriations committees to justify their flu shot program, I hope some congressman or congresswoman will have the guts to tell them just where they can shove their hypodermic needles.

## Proposed FDA Regulations Opposed by NNFA

A Food and Drug Administration proposal calling for limitations on the sale of certain nonprescription drugs containing vitamins and minerals has been published in the *Federal Register*, and the industry and public have until June 16 to respond.

The National Nutritional Foods Association, according to NNFA President Dave Ajay, is preparing a response opposing the regulations, necessary, contends the review panel, because adding vitamins and minerals to diet should be done "only when the need for such therapy has been determined by a physician."

Restricted to prescription sale only would be Vitamin K because of its hazard to individuals taking anticoagulant drugs.

Restricted from sale as single-ingredient products "because deficiencies are virtually nonexistent" would be biotin, choline, Vitamin E, and pantothenic acid. Vitamin E was called "safe,"

but "without proven therapeutic value as a single-ingredient drug." But the agency would permit it to be added to multiple-vitamin products at a daily dose of 30 International Units.

Approved for sale as over-the-counter drugs would be Vitamin C, niacin, Vitamin B<sup>6</sup> (pyridoxine), Vitamin B<sup>2</sup> (riboflavin), Vitamin B<sup>1</sup> (thiamine), Vitamin A, B<sup>12</sup>, D, and folic acid.

Also proposed is a ban on OTC sales of copper, fluoride, iodine, magnesium, manganese, phosphorus, and potassium.

"After analyzing the proposed regulations," said Mr. Ajay, "Attorney Milton Bass said he thinks it is worse than we first believed. We intend to oppose it."

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## CANCER CONTROL SOCIETY CONVENTION SLATED

More than 30 speakers will address the 7th Annual Convention of the Cancer Control Society set for the weekend of June 30-July 1 and 2 in the Ambassador Hotel, Los Angeles, according to Lorraine Rosenthal, secretary. A doctor's seminar will be conducted the following day, Tuesday.

Among those scheduled to appear on the program are Dr. Dean Burk, Ernst T. Krebs, Jr., Ida Honorof, Richard Passwater, Dr. Harold Manner, Charlotte Gerson Straus, Mike Culbert, Dr. Bruce Halstead, Dr. Kurt W. Donsbach, Dr. Mario Soto, Dr. Richard Welch, Dr. Marco Brown, Dr. H. Ray Evers, Mark Lockman, Dale Alexander, Clinton R. Miller, Attorney Kirkpatrick W. Dilling, Dr. Virginia Livingston, Dr. Willem Khoe, Dr. John Ott, Dr. Harold Harper, Eydie Mae Hunsberger, Dr.

Anton Schenk, Betty Lee Morales, Robert Stickle, Dr. John Richardson, Ed Griffin, Dr. Bernard Rimland, Dr. Frank Watts, Dr. Hal Huggins, and Dr. Roy Smudde.

Programs are available from CCS at 2043 No. Berendo Ave., Los Angeles, (213-663-7801).

### FASTER MAIL SERVICE TO FARAWAY MEMBERS

To speed delivery of *The Bulletin* to Alaska, Hawaii and abroad, it will be mailed first class after July 1. To compensate for the additional postage, membership in those states and foreign countries (except Canada and Mexico) will be increased to \$15, the NHF Executive Committee decided at its April meeting.

# NHF Memorial Library News



## Dr. Miller's Collection Added to Library

BY STEPHANIE SHANE  
Librarian

Dentistry is the separately-organized specialty of medicine concerned with the prevention, diagnosis, and treatment of disorders of the teeth and adjacent tissues of the mouth.

The first record of dental disease was found on Sumerian clay tablets (5000 B.C.), but it was not until the 16th century that the first specialized works devoted entirely to the subject of dentistry appeared.

One of the most valuable additions to the National Health Federation Memorial Library are the books on dentistry — given to us by the late Dr. Fred D. Miller, known to thousands for his accomplishments in that field.

Some special titles:

*The Dentist In Art*, by J. J. Pindburg and L. Marvitz.

*The Dental Radiogram and Science of the Interpretation*, by Frank Earl Browning.

*Nutrition In Clinical Dentistry*, by Abraham E. Nizel.

*The Dental Assistant*, by Emma J. McCaw.

*The Dental Art: A Practical Treatise on Dental Surgery*, by Chapin A. Harris.

*Open Door to Health*, by Dr. Fred D. Miller.

*Psychobiologic Foundations In Dentistry*, by Edward J. Ryan.

Dr. Miller was a pioneer in preventive dentistry. Born in Altoona, Pa., he lived

there all his life. He was in practice nearly 50 years, and under the careful eye of the National Apple Institute produced a film in 1954 titled "Gateway To Health."

He was a patient, persistent person with a zest for life. Because he once was afflicted with dental problems, he decided to devote himself to teaching others how to eat properly. "For over 20 years it has been my conviction that proper nutrition results in healthy mouths," he said.

Dr. Miller willed his entire collection to the Memorial Library. Besides the literature on dentistry, there are also reprints, pamphlets, films, periodicals, and books related to the health field.

Magazines on dentistry:

*The Journal Of American Dental Association* (bound copies).

*The Dental Digest.*

*Dental World.*

*Dental Management.*

*Dental Economics.*

*International Dental Journal.*

Dr. Miller's offices and affiliations included: Past president, Pennsylvania State Dental Association; Fellow, American Association for the Advancement of Science, and International College of Dentistry. He was a member of the American Academy of Applied Nutrition, American Dental Association, Gerontology Society, Friends of the Land, and Natural Food Associates.

## Publicity Has Swelled Trainee Enrollment

### Her Students Are Not Authorized to Teach DMT, Therese Pfrimmer Notes

As a result of recent articles in *Healthview Newsletter*, the March *NHF Bulletin*, (and originally, in *National Exchange*), the demand for an opportunity to learn deep-muscle therapy has skyrocketed to the point that in mid-February 90 persons were enrolled to take the course from Therese Pfrimmer, Route 2, Bayfield, Ontario, Canada.

She has enlarged classes to eight students, and among those who have signed up are a few medical doctors, many chiropractors, nurses, masseuses, and masseurs.

Mrs. Pfrimmer said she has learned that one former student has started giving classes in DMT, and she warns the public that such classes are unauthorized. That person reportedly charges \$550 for a six-hour course — a situation which distresses the originator of deep-muscle therapy.

"Those who take the course from me," she said, "are taught only how to do it, why to do it, and when to do it. Unqualified people should not be doing this work. And no patient should be treated for more than one hour at a time, because too much toxic substance can be released." She urges those wishing the therapy to get it only from persons who have taken the course from her.

If her facilities were enlarged, she said she would employ two more therapists, and the number of trainees could be expanded to meet the growing demand.

The list of persons who have taken the course from Mrs. Pfrimmer — first published in *Healthview Newsletter* — follows:

#### East of the Mississippi:

**Slim Recchio**, 11711 Broadway, Alden, N.Y. 14004 (715-937-9224).

**Richard A. McIntyre**, 5074 Thurston Ave., Blasdell, N.Y. 14219 (716-825-0719).

**Robert Becker**, 4125 West St., Cass City, Mich. (517-872-4002).

**Stanley J. Howard**, 1011 Lake Ave., Elyria, Ohio 44035 (216-322-7044).

**Julia K. Muller**, RD 2 Box 202A, Campbell Hall, N.Y. 10916 (914-294-7553).

**Andrew K. Lewis, D.C.**, 343 Depot Dt., Soddy, Tenn. 37379 (615-332-4407).

**Claude K. Hoff**, 157 Main St., Souderton, Pa. 18964 (215-287-9227).

**Mary Rose Popovich**, 4930 So. 124th St., Greenfield, Wis. 53228 (414-429-6820).

#### West of the Mississippi:

**Catherine Clausing**, 2408 Nob Hill N., Seattle, Wash. 98109 (206-285-1177).

**Kathleen M. Power, D.C.**, 151 So. El Molino Ave., Suite 301, Pasadena, CA 91101 (213-793-7161).

**Jack Beauchamp**, 4600 Snyder Ave., Carson City, Nev. 89701 (702-883-2606).

#### Canada:

**Therese C. Pfrimmer**, Rte. 2, Bayfield, Ontario N OM1G0 (519-482-9335).

**Jennifer Bontekoe**, Neustadt, Ontario NOG 2 MO (519-799-5564).

**Theodor J. Godron**, Site #13, Camp 10, R.R. 7, Vernon, B.C. MIT 723 (604-766-3870).

**Harry P. Kastrukoff**, Box 35216, Station E, Vancouver, B.C. V6M 4G4 (604-263-0921).

**George Swetlikoff**, Box 1462, 280 Colombia Ave., Castlegar, B.C. V1N 1G4 (604-365-6721).

**Grace Thain**, Midnight Lake, Saskatchewan SOM 1Z0 (306-342-4911).

**David Blakely**, 58 Lyon Ave., Guelph, Ontario N1H 5C6 (519-824-2766).

**Ann Cano**, Apt. 118, Highway Terraces, 2314 Islington Ave., Rexdale, Ontario M9W 5W9 (416-746-0009).

**Faustina Tugwell**, % Brian Surrett, 9836 Auburn Rd., S.E., Calgary, Alberta (403-255-8404).

**Doreen May Dickie**, 47 Lewis Rd., Apt. 13, Sault Ste. Marie, Ontario (705-942-1675).

**Edith Bell**, 65 Heather, London, Ontario (519-451-6259).

**Mary Kish**, 3453 Cottell Dr., Niagara Falls, Ontario L2G 6N4 (416-295-3190).

**Gerard P. Cox**, 36 Monk St., Ottawa 1, Ontario KLS 3Y8 (613-233-7800).

**Mary Geddes Walker**, 42 Picton St., West, Goderich, Ontario N7A 2C2 (519-524-9645).

**Suzel Richard**, 2540 Prospect St., Sherbrooke, Quebec (819-563-3040).

**Joyce Gaidamasciuk**, 208 Ogden Dr., Riverview, New Brunswick E1B 2S4 (506-386-1638).

## Teach DMT, Miller Urges Chiropractic College

NHF Executive Vice-President Clinton R. Miller was so impressed with the work of Therese Pfrimmer that he has suggested that the National College of Chiropractic, Lombard, Ill., institute a graduate course in deep-muscle therapy.

"I was so fascinated by Mrs. Pfrimmer's book (*Muscles — Your Invisible Bonds*) and the report (in the March NHF *Bulletin*) that I couldn't lay them down until I had finished reading them," he told NCC President Joseph J. Janse, D.C.

"Mrs. Pfrimmer is 70 years old now, and is trying to teach her technique to others. I suggest you invite her to the National College of Chiropractic and institute a graduate degree in deep-muscle therapy, using her techniques. I predict if you do so, your college will be overwhelmed with applicants for the post-graduate course and degree."

## NEW AGE AWARENESS FAIRS SCHEDULED

A New Age Awareness Fair is scheduled in the San Francisco Cow Palace Arena June 22-24, and in Long Beach Convention Center August 3-5, according to sponsors, The Griffin People, Inc., 4300 Stevens Creek Blvd., San Jose, Calif.

Among concepts to be presented are alternative energy, astrology, biofeedback, body-mind therapies, environmental conservation, health and nutrition, kirlian photography and research, meditation techniques, physical fitness, holistic health.

## DIESEL EXHAUST FUMES CARCINOGENIC?

Although he said there is "no need for panic," the government is concerned that the exhaust from diesel-powered automobiles may be carcinogenic.

Dr. Del Barth of the Office of Research and Development has disclosed that tests show that diesel exhaust caused changes in bacteria. And sci-

entists fear this could mean cellular changes (cancerous) might occur in human bodies.

Dr. Barth, deputy assistant administrator for health and ecological effects, said it is unwise to let diesel engines idle for long periods in improperly-ventilated enclosures.

## 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?

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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. Support ecological research and practices which have beneficial effect and impact on the health of the people.
6. Support the restriction, and elimination of chemical contaminants, additives, and colorings to foods—used for extending shelf-life and extension of profits—regardless of so-called "safety factor."
7. Seek the repeal of unfair food and drug laws, labeling, and regulations, as are exemplified, approved, and implemented by FDA or the Federal Trade Commission.
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**

Great Lakes Regional — June 2-3  
Neil House Hotel — Columbus, Ohio

Southern California — June 8-10  
Convention Center — San Diego

Northwest Regional — July 14-15  
Convention Center — Seattle

Northern California — Aug. 11-12  
Jack Tar Hotel — San Francisco

**HELP SAVE OUR HEALTH FREEDOMS**