

# National Health Federation BULLETIN

NOVEMBER 1979 • 50¢

## CHAD'S MOM



**SAYS  
HE'S  
OFF**

**CHEMOTHERAPY —  
LOOK AT HIM!**

## ILLINOIS PARENTS WANT MIDWIVES!



HOPE DAVIS

**They're in Court to  
Wipe Out Restrictive  
Law; a Legislator's  
On Their Side Too!**

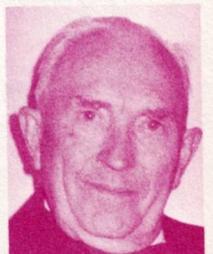


REP. DEUSTER

**WE CAN'T HAVE IT HERE, BUT  
IN FRANCE OPHTHALMOLOGISTS  
TREAT DEVELOPING CATARACTS  
SUCCESSFULLY — WITHOUT SURGERY;  
CRUSADING JERSEY COUPLE FINDS  
NO PROFESSIONAL INTEREST IN U.S.**

**'Much in Common' for  
Promoters of Nuclear  
Power, Fluoridation,  
Says Yiamouyiannis;  
'Politics, Not Science,'  
Their Motivation**

**Memorial Services  
for H. F. Parsons, M.D.,  
Octogenarian, Pioneer  
in Optional Therapies;  
Engineer, Physician,  
Kindly Philosopher**



DR. PARSONS

THE  
NATIONAL HEALTH FEDERATION  
BULLETIN

Protection of Health Freedoms

Published Monthly

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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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**It'll Be Something to Remember!**

**NHF To Celebrate Silver Anniversary at Annual Convention in Long Beach**

The National Health Federation's convention department is "gearing up" for a landmark event — celebration of the organization's 25th anniversary — to be commemorated during the Federation's annual convention in the Long Beach (Calif.) Convention Center the weekend of January 18-20.

At its August meeting, the NHF Executive Committee authorized compilation and printing of a special Silver Anniversary publication. It will feature a history of the Federation, founded in 1955 by the late Frederick James Hart, radio station owner, Salinas (Calif.) farmer, publisher of Farm Bureau newspapers, and head of the Electronic Medical Foundation, San Francisco; Victor Earl Irons, first chairman of the Board of Governors, a man who served a prison sentence in Danbury, Conn., for writing and lecturing that degenerative diseases result from nutritional deficiencies caused by impoverished soil.

The late Royal E. Lee, D.D.S., humanitarian, inventor, and business genius; Dr. William Albrecht, University of Missouri Agriculture professor, author, authority on the relationship between healthy soil and healthy bodies; Henrik Pfeiffer, Spring Valley, N.Y., organic farmer from Holland; and Emmanuel Hugh Tuckey, D.C., San Francisco, who served as secretary of the Board of Governors several years after the first annual meeting in San Francisco in January 1956.

All were members of Natural Food Associates, and at the 1955 NFA convention in Chicago, after Mr. Irons had finished a lecture, Mr. Hart approached him, suggested that while the educational function was important, "we also should be *doing* something about it — we should have a man in Washington,"

**NHF COMMEMORATIVE 1980 CALENDAR**

At the suggestion of NHF Executive Director Clinton R. Miller, the Executive Committee approved a plan to purchase attractive, specially-designed 25th Anniversary commemorative calendars. Divided in the center by a spiral binder, the top half (7½" x 8") consists of photos and pithy quotes, with the lower half, the calendar. They will be available at the annual convention in January, and may be ordered from the Monrovia office, \$2 each.

recalls Mr. Irons. He promised Mr. Hart he would help financially, as did Dr. Lee, and after a conference which included Dr. Albrecht and Mr. Pfeiffer, Mr. Hart took it from there. At the first annual meeting in the Sheraton-Palace Hotel in San Francisco, it was reported that 51 members had voted for officers.

**COLLECTION ITEM**

Also to be included in the Silver Anniversary publication will be congratulatory messages from NHF business and professional friends, and the convention program. A classical piece, it will be available to those attending not only the annual convention in January, but the 18 other conventions scheduled for 1980: Portland, Sacramento, San Francisco, San Diego, Phoenix, Salt Lake City, Honolulu, Denver, Fort Worth, Minneapolis, St. Louis, Chicago, Atlanta, Columbus, Pittsburgh, Baltimore, Hartford, and Orlando, (Fla).

The Long Beach convention, according to the convention department, will be presented in 13 rooms, "and will fea-

## NHF BATTLES FOR DELETION OF \$6,200,000 FEDERAL APPROPRIATION FOR FLUORIDATION

When word was received at NHF headquarters of the \$6,200,000 allocation for fluoridation of more U.S. communities, Science Director John A. Yiamouyiannis sprang into action, presses whirred in the Monrovia, Calif., offices, and the membership was urged by President Charles I. Crecelius to bombard senators and congressmen with a request to delete that item from H.R. 4389, the \$90-billion 1980 HEW/Labor appropriations bill.

The measure, which has been bitterly and successfully opposed in the past, slipped through the legislative process without being detected by anti-fluoridation forces until late in the game.

The Federation mailing in late August included a letter from Mr. Crecelius describing how NHF members can help "stop the \$6.2-million appropriation to promote fluoridation: By signing and mailing form letters to senators and rep-

resentatives, copying them, and influencing friends to do the same."

After noting the proposed \$6.2-million appropriation for promotion of fluoridation, the form letter pointed out: "In a recent Pittsburgh court case to which top experts were summoned from all over the world, the presiding judge, the Honorable John P. Flaherty, ruled that he was 'compellingly convinced of the adverse effects of fluoridation,' and ordered a halt to it as a public health hazard.

"In a recent confirmation of Judge Flaherty's decision, Dr. J.-Benoit Bوندock, senior adviser to the Environment Minister of Quebec, stated that their independent review committee reached the same conclusions as did Judge Flaherty.

"University of Kansas historian, Professor H. Lewis McKinney, terms this case 'the most significant court case in the history of science.'

"While this case is being appealed, the trial court decision has not been reversed, and as a result a similar suit has been filed in New York City.

"It is incredible that in the wake of this historic court decision, the Congress is about to appropriate \$6.2-million to promote a measure which has been shown to create a public health hazard, the ramifications of which your office may not have been made aware.

"I urge you to vote against H.R. 4389 unless this \$6.2-million fluoridation appropriation is deleted. Thank you for your consideration of this request."

Dr. Yiamouyiannis headed a delegation of volunteers who spent several days in the nation's capital lobbying Congresspersons and their aides in an effort to eliminate the fluoridation allocation from the appropriations bill.

After word of the proposed appropriation was publicized, Kansas City

ture nationally-renowned speakers on natural health, nutrition, exercise, herbs, and alternative therapies."

Bill as a "health and energy convention," one entire evening will be devoted to consideration of alternatives to nonrenewable and hazardous energy sources. The opening evening — Friday, January 18 — has been designated "Alternative Energies Night," and will focus on exhibits and speakers centering on that issue. The program will include testimonials and entertainment "by well-known popular entertainers."

In addition to extensive lectures on a broad range of topics related to the general area of health in all its aspects, the Silver Anniversary convention will offer a health-film festival, and "more than 300 exhibits presenting the latest in health-care and natural living. Don't miss this unique and outstanding event. Mark the dates on your calendars now!"

Councilman Manuel Cleaver, a pro-fluoridationist, went to Washington seeking a \$200,000 grant "to educate people about fluoridation."

NHF Member Eloise Dyer, secretary of the Massachusetts Citizens' Rights Association, Inc., 49 Pearl St., Newton, Mass., told the Federation that she had learned "as of August 1, that the federal government has appointed regional directors of operations for the State Public Health Service to proceed to fluoridate, free, about 435 cities and 10 schools with the \$6,200,000 requested by President Carter . . . We understand substantial budgets also will be given to the many Health Planning and Development groups (Health Systems Agencies) which are promoting fluoridation."

She said she was told by the treasurer of a Massachusetts town that she joined

the "Cape Cod Group" (of Health Agencies), in response to an invitation from HEW, "because of the great health benefits to be received . . . without cost." (Fluoridation was "the only subject discussed" at the initial meeting, she reported). Similar letters were sent to "every public official in local, county, state, and federal service," she said, and "many joined."

**HO HUM . . .**

Wouldn't you think that with the vast strides in medical science, they would come up with an American flu? Then we wouldn't have to depend on a foreign import every year.

— ROSE SHIELDS  
*Family Weekly*

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## WE'VE BEEN SAYING IT FOR YEARS — NOW PENTHOUSE HITS 'GREAT CANCER FRAUD'

If you want the unadulterated story of "The Great Cancer Fraud," get hold of a copy of the September 1979 issue of *Penthouse Magazine*. (You may want to extract the story without taking the entire magazine home — *Penthouse* is a "girlie" publication).

But Gary Null and Robert Houston have done a monumental job of tracing the history of the suppression — by organized medicine in league with government — of alternative cancer therapies. Such names as Gerson, Hardin Jones, Koch, Lincoln, Sugiura, Ivy, Scheef, Hofer-Janker, Hoxsey, and others remind the reader that there are choices which include more than radiation, surgery and chemotherapy.

*Penthouse* spent thousands of dollars in full-page ads in the metropolitan press to publicize this story — a feature of the 10th anniversary edition of the 5½-million-circulation magazine.

The ad asked such questions as these:

- "Is the War on Cancer really a War on Cancer Cures?"
- "Is there more profit in looking for a cure than finding one?"
- "Is there a medical conspiracy oppressively squelching the efforts and discoveries of independent scientists and doctors?"
- "Why does the trinity of surgery, radiation, and chemotherapy continue to knife, burn, poison, and in some cases kill, sooner than any cancer could?"
- Messers Null and Houston explain how science writers are made comfortable in lavish resort-type surroundings once or twice a year while the American Cancer Society feeds its guests pufferies which lull the public into believing progress is being made, when it's not. You'll enjoy this expose' to the utmost, and you'll be wiser after digesting it! (Ed.)

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— ROSE SHIELDS  
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## Harmless Medication Successfully Used in France to Treat Cataract

Cataracts are being treated successfully and without surgery, in France — and have been for decades. But the medication is not available in the United States, and apparently won't be unless the Food and Drug law is changed, or until an ophthalmologist in this country decides to ask for an Investigational New Drug permit.

This — and much more — has just been learned from an American couple who spend summers in France, winters in Lebanon, N.J. (*The Bulletin* learned about their experience from Charles J. Santora of Ventnor, N.J., who read about it in *Fellowship*, a Quaker magazine).

So if you are afflicted with incipient cataract, or have friends or relatives who are — here's how surgery might be avoided — if you can get to France:

Charles Colvin, who was 86 last March 4, became aware of impaired vision in his right eye in December 1973. On March 5, 1974, he consulted with Dr. Alan Norton, 640 So. San Vicente Blvd., Los Angeles, who diagnosed the problem as cataract.

Quoting now from the *The Pursuit of Happiness — the Personal Journal of Marjorie and Charles Colvin* (Nov. 1975 issue) — a newsletter published intermittently by the couple when they have something important to say:

"By July, Charles' right eye was so 'fogged' that he ignored it and read only with the left eye. On August 1 he consulted Dr. Charles Girard, (17 Boulevard Fosh, 83000 Draguignan, France, telephone 94-68-03-68), who confirmed the cataract diagnosis and prescribed medicines (drops and pills) to dissolve it."

### IN 3½ MONTHS

"By mid-November the vision was completely restored. On Nov. 22

Charles visited Dr. Pierre Girard (son of Dr. Charles, same address), who confirmed that the vision was again normal. He advised continuation of the medication, and told him to buy enough of the medicines to last until his return to France, as they were not available in the United States, where the medical treatment of cataracts was unknown.

"After we returned to New Jersey, Dr. Seymour Van of Morristown, N.J., an old friend and former neighbor who had cared for Charles' eyes for many years, confirmed that his vision was again normal, as did Dr. Martin Strassman, (Hunterdon Medical Center, Flemington, N.J.).

"On April 4, 1975, Charles again visited Dr. Norton who, completely skeptical of the medical treatment of which he had never heard, tested Charles' eyes and found both normal. (The year before, Charles could read three lines more with the left eye than with the right. At this visit he read to the bottom line with each eye). He is using glasses prescribed by Dr. Van on March 3, 1970, having discarded glasses of higher magnification prescribed in 1973.

"On June 4, 1975, Charles again visited Dr. Charles Girard, who found his vision normal. He advised continuing the medication, but in reduced amounts. Asked about the possible side-effects of the medicines, Dr. Girard said all side-effects were beneficial: to general health, and for hair and fingernails. He confirmed that medical treatment of cataracts has been generally used in France for decades."

This was four years ago. Mr. Colvin continues to enjoy good vision, no

cataract. He and Mrs. Colvin have related their experiences through their *Journal*, and have reprinted a few issues because of the demand for copies. (Printing is a hobby with him since his father gave him a printing press on his seventh birthday in 1900. Mrs. Colvin does the writing and proof-reading).

### THREE OTHERS

Their November 1975 *Journal* (No. 19) told about three Americans who went to France for treatment:

"Although Drs. Girard have said the medical treatment may be effective only on relatively recent cataracts, one of our friends whose cataracts have been developing for many years went to France for treatment. She was told the medicines should stop the deterioration of her vision and delay the need for surgery. After three months, she had noted no gain or loss of vision.

"Another friend, treated in late July 1975, was told the medicines should be effective. After three months, she reported her vision so much improved that she has resumed the needle-work she had had to abandon.

"A third friend who has had a cataract in one eye for many years and a recently-noted cataract in the other eye, saw Dr. Girard in September (1975). He was told that the old cataract would not respond to medical treatment and should be operated promptly, but that the new one should be eliminated by the drops which had so quickly restored Charles' vision. (In the few weeks since treatment started, as of the time of publication of that issue of the *Journal*, no change in vision had been noted).

"Queried as to why drops only had been prescribed for that patient, Charles was told that for him, drops were supplemented with pills because of his advanced age" (81 when treatments started).

Despite availability of medication to dissolve recently-formed cataracts, many cataract surgeries are performed in France because people either do not

## SURGERY FOR TINY HAWAIIAN BABY?

A court in Hawaii was asked by an attorney for Mr. and Mrs. Ernest J. Knight, 1330 Hoohui St., Pearl City, to permit experimental use of the French medication before forcing 6-month-old Leon Knight to undergo surgery to remove cataracts. The motion was denied.

Two ophthalmologists have stated that only surgery — permitting entry of light to the eye — will save the child from permanent blindness.

Mr. Knight called the National Health Federation and the name of the physician in France was given him by NHF Executive Director Clinton R. Miller who termed it "an answer to prayer" to be able to advise the Hawaiian couple there might be an alternative to surgery, although that had not been confirmed at press time.

know about the nonsurgical treatment, or simply neglect to act until the growth has gone too long to be dissolved, it is pointed out.

The Colvins are born crusaders. They were active in the peace movement during the Vietnam days (as Quakers, that could be expected), and their experience with elimination of the cataract impelled them to get the word out to professional, industry, and government people in the United States, in order that others might also benefit.

After becoming a patient of the Girards in August 1974, and being told by Dr. Girard that "treatment was not known in the U.S.A., and the medicines unavailable," Mr. Colvin "found this hard to believe," wrote his wife. But upon checking with two ophthalmologists in New Jersey after returning to this country, they learned that indeed, "nonsurgical treatment of cataracts is not practiced — nor known — in the United States."

## OFFICIAL LINE

At the local medical center they were given a folder published by the American Association of Ophthalmology containing this information:

"The majority of cataracts are progressive and eventually will need to be treated surgically. Recent advances in eye surgery have made good technical results the rule in 90% to 95% of cataract operations.

"Cataract surgery usually involves removal of the lens from the interior of the eye. The actual operation from start to finish ordinarily takes only 30 to 45 minutes. Hospitalization time is normally about a week. Following hospitalization, the patient must limit activity for four to six weeks, as determined by condition of the eye, and by the ophthalmologist's judgment.

"After surgery, the patient should take things easy, avoiding stooping and straining. The eye is usually dressed and inspected daily. The wound after surgery is not at full strength until after six to eight weeks of healing. Thereafter, the patient can be more active and can expect to change glasses less often, once permanent glasses are prescribed.

"Since the lens of the normal eye helps to focus light rays, the cataract patient's vision will be markedly blurred after surgery, and stronger spectacle lenses must be prescribed to compensate for this loss. With cataract glasses, side vision is somewhat impaired, and colors may appear a bit distorted, especially around the outer edges of the lenses.

"With cataract glasses, one must learn to walk and judge distances anew because of the high (25%) magnification of cataract lenses."

After digesting this info, the Colvins commented in their *Journal*: "One more reason for being happy we live in France part of each year!"

## THE CAMPAIGN STARTS

About six months after Charles Colvin's sight in the right eye had been

restored, the Colvins decided it was important to inform institutions in the United States about their discovery. So they wrote letters to the Food and Drug Administration, the Pharmaceutical Manufacturers' Association, the *Journal of the American Medical Association*, and the American Association of Ophthalmology, enclosing copies of their "cataract *Journals*."

"From FDA came two responses to their July 14, 1975 letter:

"This will reply to your letter . . . regarding the nonsurgical treatment of cataracts.

"There are no approved medications for the treatment of cataracts, nor are any being investigated in the United States at this time. Cataracts are treated in the United States solely by surgery."

Another FDA letter stated in part: ". . . As you may be aware, a new drug may not be marketed in this country in compliance with the Federal Food, Drug, and Cosmetic Act until appropriate evidence of safety and effectiveness is presented to this Administration in the form of a new drug application, and the application is approved.

"We do not ourselves test drugs or conduct investigational studies with them. The sponsors of the products, generally manufacturers, arrange for such studies.

"Although the drugs mentioned in your letter may be on the market in France for a good number of years, no one has taken the time or had the interest required to present the necessary evidence of safety and effectiveness for use of the drugs in the treatment of cataracts for our review, and therefore we are not in a position to comment."

In their letter to the Pharmaceutical Manufacturers' Association describing the French medication, the Colvins asked why Association members "do not produce equivalents of the French medicines." They offered to include Association comments in a later *Journal*. Their letter "evoked no reply."

## WHY THE CURTAIN OF SILENCE FROM THE PROFESSION?

After noting that "for several decades, cataracts have been treated medically in France," Marjorie and Charles Colvin, Box 380, Lebanon, N.J., in one of their 1975 *Journals* asked some rhetorical questions, and offered a suggestion to persons interested in the subject of cataract treatment:

- "Why are American doctors (with a few exceptions) unaware of this treatment?"
- "Why does the American Medical Association have no information on the French treatment of cataracts?"
- "Why are American ophthalmologists (with a few exceptions) unaware of this nonsurgical treatment of cataracts — so tell their patients they must expect continued deterioration of vision until their cataracts become 'ripe' for an operation?"
- "Why does the American Association of Ophthalmology ignore repeated requests for comment on this treatment?"
- "Why does no American manufacturer of pharmaceuticals submit to the FDA for evaluation medicines such as Dulciphak — a specific for cataracts — which is sold on prescription in every French pharmacy?"
- "Why does the Pharmaceutical Manufacturers' Association not respond to requests for comments on the failure of American manufacturers of pharmaceuticals to produce such medicines?"

"We suggest: To those who have been told — or who suspect — the deterioration of their vision to be due to a cataract: See your ophthalmologist and secure from him a report on the cataract, its age and present state. Send the report to Drs. Girard, or to any other French ophthalmologist, ask for an opinion, and if medical treatment is indicated, for an appointment (which may take as long as two months).

"A single two-hour examination should suffice. The doctor's fee, the medicines, and the round-trip air fare will cost very much less than an operation — with a French holiday as a bonus!"

The Colvins' *Journal* No. 23 (Feb. 1977) offers tips as to how to contact the Drs. Girard (Pierre speaks English), and the address and phone number of a nearby hotel, as well as how to reach Draguignan by car from Nice, Cannes, or Aix-en-Provence.

Nor have their letters to the American Association of Ophthalmology been acknowledged.

The *AMA Journal* responded with these words: "Replying to your letter of September 2, 1975, the American Medical Association has no information that it can evaluate on the nonsurgical treatment of cataracts, and therefore can make no comment on your correspondence."

## SOUND REASONABLE?

Two years later, in August 1977, the Colvins tried another approach with the Food and Drug Administration. If the

agency would not accept the French experience with the medication as to safety and efficacy, would its officials at least permit patients who had gone to France for treatment, and returned to this country, to obtain prescription refills to pass through Customs?

Their letter to then Commissioner Donald Kennedy follows:

"Dear Doctor Kennedy,

"You can resolve a problem which is affecting many Americans.

"An increasing number of our citizens, particularly those of advanced age, come to France for nonsurgical

treatment of their cataracts. Most patients take home a year's supply of the prescribed medicines, which are stocked by French pharmacies but which are not yet available in the United States.

"Those who can afford it, return to France each year for a recheck of their eyes and secure a new supply of medicines, but many are unable to do so. French pharmacies are unwilling to ship the medicines to the United States, knowing they have not been approved by the Food and Drug Administration.

"The National Eye Institute has been provided with analyses of the five most usually-prescribed medicines, and we understand they are being studied. A list of these medicines is enclosed, with the names and addresses of the laboratories which produce them, and the date each was first put on sale in French pharmacies.

(The Colvins reported in *Journal* No. 23 (Feb. 1977) that a National Eye Institute publication (No. NEI 73-404) of March 1976 stated: "Cataracts cannot be treated with drops or other medications, and there is no known way of preventing the most common form of cataract — those associated with advanced age." Said the Colvins: "That statement simply is not true. Fact A: Five different prescription cataract medicines are stocked by the pharmacy in Lorgues. Fact B: Charles' cataract has been eliminated and his vision restored. Between age 81 and age 84. The names of the five medicines, with identification of the laboratories which make them, have been sent to the American Association of Ophthalmology, 1100 17th St. N.W., Washington, D.C.; American Medical Association, Chicago; Better Vision Institute, 230 Park Ave., New York; National Eye Institute, 9000 Rockville Pike, Bethesda, Md.; and Pharmaceutical Manufacturers Association, 1155 15th St. N.W., Washington, D.C.")

"We have been told that the F.D.A. has two criteria for approval of new

medical products: that they contain nothing injurious, and that they are effective.

"The National Eye Institute or any pharmacist can assure you that these medicines have no ingredients which may not be prescribed in the United States.

"These medicines have been in use in France for many years. Hence the presumption, though not the proof, of their efficacy.

"But for those Americans, like ourselves, who have used the medicines and have had their cataracts eliminated or their development reversed or stabilized, the efficacy of the medicines has been firmly established.

"We ask you to authorize importation of additional supplies of these medicines by those Americans for whom they have been prescribed, and who require them to assure continued good vision.

"For your information we enclose copies of our *Journals* Nos. 19 and 23, and an excerpt from *Journal* No. 15 . . ."

The letter to Dr. Kennedy also contained names and addresses of four French laboratories, along with the names of the medications and the year the products went on the market — the first dating back to 1957.

#### NO DICE, SAYS FDA

In response to the letter to FDA Commissioner Kennedy, Merle L. Gibson, M.D., director of the Division of Anti-Infective Drug Products, Bureau of Drugs, FDA, wrote the Colvins:

"This is in response to your letter of August 6, 1977, to Dr. Donald Kennedy concerning availability in the United States of medicines used to treat cataracts in France. Your letter has been referred to this office for reply.

"We are appreciative of your concern for patients who desire to use medications which have not been approved for use in this country. However, the FDA may not legally permit importation of a new drug into this country for use by a

## 'This Man Has Found . . . Encouraging Future'

Although apparently no American ophthalmologist has wanted to use the French medications to treat cataracts, at least one professional — a New Jersey optometrist — was willing to observe the progress of a patient receiving that treatment. In February 1977 he wrote the Colvins:

"I have been keeping tabs on one of my patients who went over to see and be treated by Dr. Girard. He is a man who at that time (August 1976) was 48 years old, and had severe cataracts . . . he has been undergoing the treatment.

"His visual acuity has changed from: right eye, a very hazy and poor 20/50, to 20/25 clear and sharp; his left eye has changed from a hazy 20/30 to a sharp 20/25, and he is able to achieve 20/20 with both eyes. He is now able to drive at night, and for the first time in years, is able to read without difficulty . . . This man has found a new and encouraging future." . . .

private citizen, or for prescription by a qualified physician, until such drug is the subject of an approved New Drug Application (NDA).

"In order to gain approval for such an application, it is necessary to conduct well-controlled preclinical (animal) and clinical (human) investigations to establish safety and effectiveness. Testimonial data are not acceptable as the sole support for approval of a New Drug Application.

"We do not wish to appear unresponsive to your request, but we are legally unable to permit an importation such as you request. You may, of course, bring into the country medicines which have been prescribed for you overseas (within reasonable limits).

"One other alternative is possible: if a qualified physician in this country is interested in investigating these products (either on his own or as the agent of a pharmaceutical firm) he may do so under a Notice of Claimed Investigation Exemption for a New Drug (IND). This is simply an application that allows testing of unapproved drugs in this country for safety and/or effectiveness.

"We are sorry that we cannot be of more help."

Although the Colvins are gentle people and comment that "We have no medical competence — we have reported our own experience and on that of others whose cataracts have

been treated medically in France" — others, including this editor, believe this is a graphic example of the flaw in the Food and Drug law which prevents American citizens from receiving harmless, beneficial medications successfully used abroad to treat physical disorders, to which older citizens are particularly susceptible.

#### 'CHANGE THE LAW'

And while the Colvins, in the Quaker tradition, are caring people, they also stand up to rigid bureaucracy whether in or out of government. And they have concluded that perhaps the only way to correct the injustice so graphically illustrated in their experience, is via the legislative route. So in June 1978, they proposed in a letter to Senator Edward M. Kennedy and then Congressman Paul G. Rogers that the law be revised to permit importation of medicines prescribed abroad.

"We suggest," they wrote, "that . . . provision be made for the importation of such medicines as have been prescribed abroad. Present regulations which permit the importation of foreign medicines by those who can afford to go abroad to buy them but deny them to those who cannot afford to do so is a discrimination based on wealth which seems to us intolerable."

They repeated a paragraph of an earlier letter to Dr. Kennedy:

". . . we believe that under the present

## Howard F. Parsons, M.D., Innovative Practitioner, Loses Life to Cancer

With the passing last August 6 of Howard Farnham Parsons, M.D., D.O., the art of healing has lost another innovative, creative, and highly-precocious practitioner.

At 88 (he would have been 89 October 18), Dr. Parsons took "the ferry," as he often referred to physical death, in the home he and his wife, Lyn-dall Schiller Parsons (an Oxford graduate at 21, who became an important part of the nutritionally-oriented practice) have occupied since the early 1960s when they moved from San Francisco to 1274 Orange Avenue, Menlo Park, Calif. For many months Dr. Parsons had suffered from advancing stages of cancer originating in the prostate.

Memorial services were held Sunday, Sept. 16, in Menlo Park. At his request there was no burial service. He had donated his body to the University of California Medical Center, San Francisco. The family has asked that those wishing to remember him, may do it through gifts to the just-established Ken Starke Memorial Fund, NHF Memorial Library. Besides the widow, he is survived by

one son, David, of Menlo Park.

Dr. Parsons was an independent thinker who prized freedom of conscience, and who resented social injustice. He started his adult life as a civil engineer, holding county and city positions in Oregon four years; two years with Southern Pacific Railroad as a bridge engineer; then joining Standard Oil Company — a position from which he resigned some time after being ordered to dismiss personnel who were approaching retirement age — orders he refused to carry out.

In his mid-forties, he became a medical student, and was graduated as a licensed physician and surgeon from UC Irvine 50 years ago — in 1929.

For 22 years, he practiced medicine in England, and among his patients were many socially and politically-prominent persons. Endowed with a rich sense of humor, he enjoyed life because he loved people, with all their idiosyncracies.

There was of course a very serious side to this talented person — he never stopped learning. Among the branches of the sciences in which he demon-

law which permits one to *bring with* him/her medicines which have been prescribed abroad, the FDA can also logically and legally permit one to *have sent* to him/her medicines which have been prescribed abroad. One small example of the effect of the existing rule: We shall fly back to the U.S. on October 1 *bringing with us* four suitcases on the airplane. We shall also *have sent* to us three suitcases by ocean freight. We must accordingly pack our medicines in one of the suitcases which will accompany us on the airplane, but cannot pack them in one of the suitcases which will follow by ship. How absurd!"

### WATER CLEANUP RULES RELAXED BY E.P.A.

What it terms "unreasonably stringent" clean-water regulations affecting 64 industries including food-processing, glass-manufacturing and iron-alloys plants, have been withdrawn by the Environmental Protection Agency to save the industries \$200 million.

Cleanup requirements for industry categories dealing with asbestos will be maintained, the agency said.

ted special interest were hypnosis, and electronics — energy impulses. Hundreds of hours were spent building an instrument designed to treat through invisible energy sources . . .

For a number of years he practiced on Van Ness Avenue in the building also occupied by the National Health Federation. He was a longtime friend of the late Fred J. Hart, founder of the National Health Federation — and shared Mr. Hart's inquisitive nature.

A glimpse of his philosophy may be gleaned from this brief summary of remarks he made during a March 1974 Esalen symposium in San Francisco:

"... Attitude is . . . the most important single constituent of our makeup. Any accomplishment depends upon *directive*, and *directive* is a function of *attitude*. Our bodies are under *our* control. Our first responsibility in this life is . . . to ourselves, to build up and maintain capability for usefulness to ourselves and to society . . .

"The basic unit of all life as we know it is the single cell . . . and to understand the workings of the great complex combination of cells we call a human being, we must begin with the consideration of the behavior of the single cell.

"All matter as we know it — including living structures — is a part of our solar system. The revolution of electrons about the nucleus of the atom, the movements of the atoms in the molecules, the revolutions of the planets about the sun — this is a pattern peculiar to all forms of matter . . . within the realms of our experience. The sun as the nucleus of our planetary system becomes the center of energy, light, heat, electromagnetic forces, polarity, etc., upon which existence as we know it depends.

"All forms of matter consist of rhythms, emanations or vibrations, and it is upon these rhythms that the very nature of the different forms of matter are determined . . .

"Health is harmony — harmony in the

existence of the millions of rhythms operating within a given system. Peace is harmony — harmony within our cellular activity, harmony within the coordination of the many different systems, harmony in our contacts with our environment, harmony within our thoughts, harmony with our neighbors, harmony among nations — *peace!*

"All knowledge which we may acquire must be based upon *experience* — either our own, or that of others. Even *thought* is relative, to experience or experiences.

"Physiological reactions in general depend upon *stimulation* — inherent or internal or external. Stimulation can be either in the form of harmonious modalities in accord with the natural rhythms of that structure or activity, or it may be in the form of an irritation which goads or spurs the activity to *reaction*, and thus may tend to achieve positive results.

"Many physiological acts are due to *reflex* responses. These may be a part of habit patterns, or hereditary tendencies, or responses of the nervous system to environment stimuli . . .

"Education is the summation of experiences into disciplines — in other words, to be able to *make use* of experiences. Much human behavior is due to repetition and habits, which may be the result of random experiences, happenstances, and just plain carelessness.

"The disciplined mind is capable of forming desired and desirable habits. Since basically, habits are the road-maps of behavior, the quality of our behavior is a testimonial to *the use we make* of nature's laws. Success in any achievement is obtained by conforming with nature's laws. If we are but willing to work, success . . . is a certainty as long as we preserve our health.

"Natural laws do not change — break them, and pay the price! Everything has a price — neglect the laws of health, and resultant ill health is the price." . . .

## Determined Parents' Group Would Legalize Midwifery in Illinois

Illinois — famous for many contributions to American history — is the scene of an epic battle which may give the state yet another claim to fame: the right of midwives to practice in childbirth cases.

For two years a determined group of mothers and fathers, banded together in a group known as Home Opportunity for the Pregnancy Experience (HOPE), P.O. Box 78, Wauconda, Ill. 60084, has been engaged in a two-pronged effort to break the stranglehold of conventional medicine on the baby-delivery system.

Midwives were legal in Illinois until 1965, when for reasons better known to the establishment, the legislature passed a law phasing out midwifery. A "grandfather clause" prohibited issuance of new midwifery licenses under the Medical Practice Act. (The archives in Springfield show that from 1877, when midwifery was first licensed, until 1965, there never was any complaint against any midwife. As Mrs. Davis says, "M.D.s should have as good a record!")

No one paid too much attention to the phasing out of midwifery until July 1977 when a practicing midwife — Hope Valora Davis, 5 Ironwood Court, Lake Zurich, Ill. — was informed by the Illinois Department of Registration and Education (IDRE) that she was being investigated for allegedly "violating the Nurse Practice Act."

Mrs. Davis, mother of four, widowed in 1977 through a plane crash, is a registered nurse with a degree from the Philadelphia General Hospital in 1961, and a B.S.N. from University of Pennsylvania in 1970. From 1960 to 1964 she was a psychiatric nurse with the U.S. Army Nurse Corps.

### WHY THE STATE DID NOT PROSECUTE

**Charges of violating the Nurse Practice Act, lodged against Hope Davis by the Illinois Department of Registration and Education, were never formally filed for these reasons, relayed to her attorney by the Attorney General's office:**

1. There were "more important criminals to prosecute."
2. The doctor reporting her "seemed to be motivated more by loss of revenue" than for what she was doing.
3. Investigators could find no one who was personally involved to testify against her.

A member of Sigma Theta Tau (national nursing honor society), she is a member of the Perinatal Services Task Force of the Health Systems Agency of Kane, Lake, and McHenry counties; a member of the board of directors of Family Services of South Lake County, Ill.; and liaison between Good Shepherd Hospital and Messiah Lutheran Church, Wauconda.

Her first baby, Jennifer Lou, was delivered by conventional methods. It was not an experience she particularly likes to think about — a urinary tract infection developed, there was an episiotomy but she "also tore," the stitches fell out when the tissue sloughed off, and she "ended up with a decubitus of the perineum."

### THE LEARNING STARTS

Almost by chance, she and her husband, Bruce, three years later were

invited by a friend to attend childbirth preparation classes being started (a minimum of five couples was required and she had only four signed up). The Davis' agreed, and it became a turning-point in her life: "What a revelation!" she later wrote. "Childbirth was not just something to be endured, but an event to be enjoyed and participated in together!"

She started educating herself in natural childbirth, and by 1970, with the second child (Theresa Christine) on the way, "We knew the options we wanted." Dr. Arnold Goldberger, an obstetric gynecologist in Philadelphia "who did innovative things" went along with most of the Davis requests, insisting only on "a pubic shave, enema, and episiotomy."

During her third pregnancy with Michael MacLaren Davis, she was determined to have a home birth, and finally located a friendly M.D. through La Leche Leaguer Mary Ann Cahill. It was a pleasant experience. And the same Dr. Clarence Minnema agreed to attend delivery of her fourth child, Donald Zachary Davis, in January 1974. So pleased was Dr. Minnema with results of those deliveries, and Hope Davis' knowledge, that he hired her to assist him with home births, which she did until his death in June 1975.

She then made contact with another M.D., expecting to continue as an assistant at deliveries, but the parents of the next baby she was involved with maneuvered her into doing the delivery without the doctor. After that she "caught" another baby, then a third, and she was "in business."

She insisted, however, that her mothers-to-be see a physician for prenatal care. "I wanted my couples to have the safest experience possible, and thought physician backup would assure that." It proved, though, to be her undoing.

The obstetrician who was rendering prenatal care to the women she was

working with reported her to the Illinois Department of Registration and Education, refused to give Rhogam to an Rh negative new mother with a positive baby, and refused further prenatal care to an 8-month-pregnant woman.

### THEY FIGHT BACK

These two events — the investigation of her activities by IDRE, and the refusal of the M.D. to care for two patients — triggered the decision of a few couples planning to use her services to organize Home Opportunity for the Pregnancy Experience. With that vehicle — some 800 are now enrolled as members — they believed they could more effectively confront the State of Illinois and organized medicine.

They would strike from two directions: File a class-action suit against IDRE charging the Illinois midwifery laws are unconstitutional because pregnant couple's rights are violated under the First, Fourth, Fifth, Ninth, and Fourteenth Amendments, and that rights of midwives or those wishing to become midwives are violated under the Fifth and Fourteenth Amendments; and try for a law invalidating the 1965 statute and legitimizing the practice of midwifery in Illinois.

The class-action suit was filed in federal court Sept. 12, 1977. A judge granted the state's motion for dismissal, an appeals court overruled that decision, the Supreme Court refused to hear the IDRE appeal, so the case now awaits a hearing at which testimony will be presented and HOPE will have opportunity

### MIDWIFERY LEGAL IN A FEW STATES

**A few states have relaxed the prohibition against midwifery. The legislatures in Rhode Island in January 1978, and Arizona in March 1978, passed legislation legalizing lay midwives. California may be inching toward such a goal.**

## 'UNLESS THE REST OF THE DELIVERY IS PAID IN ADVANCE,' SHE'S UNWELCOME AT HOSPITAL

A pregnant 32-year-old mother — Mrs. Gerald Ritchie of Lake Zurich, Ill., received a letter from her physician advising that unless the balance of a \$350 delivery-fee bill was paid "before delivery," Mrs. Ritchie "cannot be admitted" to the hospital "under Dr.....'s name." She had paid \$85, but a balance "owed for delivery" was \$265 as of last May 17. He said he would continue to see Mrs. Ritchie for prenatal care, "but that is all."

Commenting on this, Faith Davis said: "... Mrs. Ritchie was eight months pregnant when she received this. Her husband had been unemployed for six months, and they told the doctor they would pay until the whole fee was paid (even if it took years). But apparently that promise was not as good as cash in hand.

"The disgusting thing about their situation is that they lost their first child 10 years ago because of various congenital defects. Even with such a poor OB history which makes her higher-risk (she is now 32), the fee is more important than humanitarian concerns.

"Part of what makes home-birth slightly more risky is the refusal of many M.D.s to treat women prenatally (if they tell the doctor they will have an unattended or midwife-attended home birth), or refusal to provide medical and hospital backup. Therefore, couples who attempt a home birth and encounter problems have no recourse but to go to a hospital emergency ward — not an ideal situation.

"Midwife-M.D. cooperation works and provides the safest experience for PG women in Great Britain and the Netherlands, why not the USA? I spoke with Dr. Kloosterman, chief of OB at the University of Amsterdam, in April, and he says the Dutch system will never be accepted in the U.S. because of the antagonism of the medical establishment toward midwives. Amen!"

to build its case challenging constitutionality of the 1965 law. Last May 25 Federal Judge Frank J. McGarr told the attorney for the IDRE that the state would have to justify discontinuance of licensing in 1965, and the case was continued pending another hearing.

The second prong of the HOPE attack is to obtain enactment of House Bill 166, introduced by Rep. Donald E. Deuster. Titled the Midwifery Practice Act, it would provide for comprehensive regulation of the education and practice of midwifery in Illinois, repeal provisions of the Medical Practice Act concerning midwifery, and grant hospital-admission privileges to professional midwives.

### 'SO INNOVATIVE'

Mrs. Davis, president of HOPE, in a brief address at the 1978 Atlanta convention of the National Association of

Parents and Professionals for Safe Alternatives in Childbirth, said the proposed Midwifery Practice Act is "so innovative it probably will not pass in its entirety.

"We realize we are fighting an uphill battle — 800 members pitted against the power and resources of the medical community. But if we can identify additional supporters among Illinois legislators' constituents, we believe we can get the legislation passed."

Mrs. Davis hopes Illinois NHFers will write the legislators requesting support of H.B. 166. "Our freedom to have available the health professional of our choice is at stake," she observes.

And anyone wishing to "help the cause" is invited to send a contribution to HOPE, Box 78, Wauconda, Ill., address of HOPE Treasurer Mary Kay Faul, another dedicated crusader.

### ANOTHER CRUSADER

Mrs. Faul was one of those who relied upon Hope Davis for delivery of her second child. "The doctors were charging her with 'practicing medicine without a license,' she recalls, "and she was being harassed despite the fact her husband had just lost his life, leaving her with four young children to support. She stopped functioning as a midwife, but because we are personal friends, did agree to help me give birth.

"We could have stopped there. I had the birth experience I wanted, and she could have gone back to raising her children. But we and several others asked, 'What about other women who want the safety and gratification of a midwife-assisted home birth?'

"We went into federal court in Chicago, and to our state legislature, to change the Illinois law prohibiting licensing of midwives. We have much support among the people. However, we are challenging the AMA, American College of Obstetricians and Gynecologists (ACOG), Illinois Hospital Association, Illinois Nurses Association, and several small groups.

"We are mostly couples with young children who live 100 to 200 miles from our state capital, so the lobbying is difficult. We have worked very hard, very long hours. So far, we are making

headway." (Mrs. Faul and Mrs. Davis, both registered nurses, teach childbirth classes. Ed.)

### COURSE OF H.B. 166

H.B. 166 was heard twice by the House Human Resources Committee, then referred to an Interim Study Committee where, Mrs. Faul said, "the AMA would like to see it die." But a 1978 law mandates hearings on measures referred to Interim Study, and in the next two years, these will be held in various parts of the state.

Key persons in the battle for passage of H.B. 166 are Rep. Deuster, 510 No. Lake St., Mundelein, Ill.; Rep. Eugene Chapman, chairperson of the House Human Resources Committee, State Office Building, Springfield, Ill.; and Rep. Marovitz, chairman of the Interim Study Subcommittee reviewing H.B. 166, State Office Building, Springfield.

At the first hearing on the Midwifery Practice Act in February, presentations were made by David Stewart, Ph.D., executive director of the National Association of Parents and Professionals, Box 1307, Chapel Hill, No. Car.; Hope Davis; Shari Daniels who operates a clinic and home-birth services and a midwifery school, and is a cancer patient on Laetrile/nutritional therapy under the care of Dr. Brown in Jamaica; Mrs. Faul; Rasheeda Mujtabaa who

## '... Renewed Interest in Midwife Practice' ...

When H.B. 166 comes up for consideration next year, its author, Rep. Donald E. Deuster, intends to amend one section as follows:

"Section 2: The General Assembly finds there is a need to improve the prenatal care available to women in Illinois in order to lower the infant mortality rate in this state; and

"There is a renewed and growing public interest in the midwife practice which offers a means of enhancing the freedom of women to choose between alternative methods of maternity care for reasons relating to the quality and cost of health-care, as well as personal preference.

"The General Assembly also finds and declares it to be of public interest and concern that the midwife merit and receive the confidence of the public, and that only qualified persons be permitted to practice as midwives.

"It is the intent of this legislation to provide for the education and training of midwives, for the regulation of the midwife practice as an alternative source of health care within the obstetrical field."

# HOPE

## Home Opportunity for the Pregnancy Experience

### GOALS

- To promote the welfare and well being of pregnant women and new-born infants.
- To facilitate home births for pregnant women.
- To educate the public and the medical profession to the availability and benefits of home births.
- To influence public opinion in favor of home births and the practice of professional and nurse midwifery.
- To advocate the passage of legislation fostering home births and permitting the practice of professional and nurse midwifery.
- To improve the home birth by fostering training and education of midwives and of pregnant women and their spouses.
- To assist with research and development of improved home birth methods and safeguards.

### LETTERS OF SUPPORT AND CONTRIBUTIONS WELCOMED

H.O.P.E

P.O. Box 78

Wauconda, Ill. 60084

Hope Davis (312) 438-5271 Kay Faul (312) 526-7444 Jean Kruse (312) 526-3625

cited the need for midwives in the black community of Chicago; and Diane Madenis. Supportive statements were submitted by Gregory White, M.D., family practitioner and home-birth and midwifery advocate, and Robert Mendelsohn, M.D., pediatrician and midwifery advocate, and member of the National Health Federation Board of Governors.

Angela McLemore, administrative assistant at Roseland Community Hospital, located in a black neighborhood in Chicago, testified that 85% of the patients there have no prenatal care, and their infant and maternal mortality rates are the highest in Illinois. She said if midwives are not licensed, legislators "had better figure out some way to help pregnant black women in Chicago."

On the other side of the issue were Billy Paige of IDRE, who said the agency is opposed to the bill because there are "already too many professions to regulate"; Dr. Patricia Hunt,

Illinois Public Health Association, who said midwives are unnecessary because the Chicago Board of Health has "excellent prenatal clinics conveniently located in the neighborhoods and staffed with highly-qualified personnel." (Rebutting that statement, Rasheeda Mujtabaa commented: "I know hundreds . . . of women who will not go to Board of Health clinics because they are treated cruelly and given dehumanized care").

Kathy Puls read a position paper from the Illinois Nurses' Association alleging "inaccuracies" in the bill; Roger Quick, Illinois Hospital Association, opposed the measure because hospitals "don't want to be responsible for correcting midwives' mistakes"; Jeff Holden, Illinois Medical Association, opposed because "doctors have enough of their own work without taking on supervision of midwives."

Dr. John Roddick, American College of Obstetricians and Gynecologists,

## The Contrast Is Notable

# A Mother Relates the Differences Between Hospital, Home Birthing

BY PAT BURR

My first birthing was in April, 1975.

Labor was already in progress for seven hours when we left for the hospital. The ride was extremely uncomfortable as the car had to stop, start, and ride over bumps. Having to walk into the hospital was equally uncomfortable. Then there was the changing of clothes, shaving and enema, all of which upset labor and robbed me of energy I could have used for the delivery. The nurse examined me about every minute or so during contractions, which made them irregular and interfered with my Lamaz training. She continually asked if I wanted medication, and sat in a chair and watched me until I asked her

testified that home births are "two to five times more dangerous," and Dr. Stewart challenged the statement, calling it a "fraudulent study which includes all out-of-hospital births — 20 weeks' gestation, unattended — not planned home-births with a qualified attendant present."

So goes the good fight in Illinois. It's a freedom-of-choice issue if anything ever was, declared Mary Kay Faul in a letter to NHF President Charles I. Creelius.

"Indeed, is not pregnancy and birth a time when many things affecting future health are set? Drugs in pregnancy and labor, alcohol in pregnancy, malnutrition in pregnancy, specific vitamin deficiencies in pregnancy — all these will affect the health, and possibly the cancer-proneness of a person."

NHF of course supports the Illinois cause, has helped where it could, mailing to NHF's Illinois members letters supplied by HOPE (who also paid the postage).

to leave us alone. I felt she intruded on our privacy, and she did make me very uncomfortable.

I wasn't progressing as well as the doctor wanted, so he broke my water, sending contractions and comfort into a frenzy. (I later learned he had another patient in labor and wanted to hurry to make both). In between all this, I still had to run back and forth to the bathroom as a result of the enema.

The nurse continued trying to persuade me to take some medication. I felt I had to be aware all the while to avoid being given medication. This ruined my concentration. I had previously told the doctor I wanted no medication, but even so, while being wheeled into the delivery room a hypodermic was being filled, and the nurse said it was for my saddle-block. I told her I wanted nothing and she asked if the doctor knew that. I had thought they all worked together! It left me frightened.

When I was ready to push, the doctor was busy and I asked that he come over because I was afraid the baby would fall on the floor. Being in the position I was in, I was unable to help myself, and my husband was ordered to stay at my head. The doctor said I had lots of time, but as I pushed, the baby's head started to emerge. The nurse hurried over, only to then push the baby out of my

*This account, titled "One Family — Two Contrasting Birth Experiences," was written by a mother who experienced the hostility of an obstetrician who refused to administer RHogam (the person referred to by Hope Davis). Mrs. Burr lives in McHenry, Ill. Her story is one with which many can identify — and from which others may perhaps learn. (Ed.)*

abdomen with her hand. The doctor then caught my son.

I wanted to nurse immediately, but instead my baby lay crying on a table until the placenta was delivered and I was stitched. Then a shot was administered to my thigh to "push" the placenta out in a hurry, instead of nursing to expel it naturally. I was furious that I had been given medication against my wishes. Fighting medication seemed a constant battle. I nursed as long as they permitted, and they then took my son and hustled me off to another room.

I asked repeatedly for the baby until they finally brought him to me. The nurses were informed I was strictly breast-feeding, but again against my wishes, they gave him a bottle in the night. They said I was sleeping too peacefully to be awakened!

I was glad to go home so I could care for my child myself. As the result of stitches, I was still uncomfortable after three weeks, and thought I'd never heal. I felt I was a victim of hospital "routines" and "normal procedures," most of which was totally unnecessary. It was an impersonal experience, because of so many strangers. It seemed they made a very natural experience very unnatural.

## SECOND PREGNANCY

My second pregnancy was in July, 1977.

It was very difficult finding a doctor I believed was genuinely concerned for me rather than a \$450 "routine pregnancy." After finally finding such a physician, I was later denied further medical assistance only three weeks before the due date, because of orders from his "superiors."

Labor was long but easy. I was truly comfortable being in my own home. Tea and light food of my choice were available. My husband and son were with me, and later friends joined in on our excitement. I was relaxed, and had contractions under control, and without interruption. My husband gave me

special attention to see that I was comfortable.

We had done a lot of study about birthing and knew when it was time to call the midwife. I was able to concentrate and focus totally on my body and how I was feeling to determine exactly what phase I was in. When the midwife arrived, she checked the rate of heart tones, blood pressure, and observed me during contractions. She was able to tell what stage I was in without internal disruption. She watched my facial expressions and timed contractions closely.

Then the water broke, naturally on its own, and I was moved to the bedroom. My husband sat behind me for physical support and comfort, and I began to feel the pushes come. Our midwife applied hot cloth on the perianum and massaged the area to help the skin stretch to avoid tearing. Pushing was slow and controlled — quite a difference from when the nurse pushed on my abdomen forcing the baby out, bursting open the perianum area.

The baby emerged slowly, head, then body, and right to my stomach wrapped in a warm towel. The lights were turned out and a bright candle was lit to protect my daughter's eyes. She did not scream or cry, but whimpered as I held her.

I put her to my breast and the placenta was delivered within 15 minutes, without medication. My husband held and admired our daughter as I changed into comfortable clothes and was nestled in my own bed. A friend took pictures of the birthing, and we all laughed and cried, sharing the happiness. I had a delicious meal afterward, and felt relaxed and contented.

The healing came, since there was no tearing, and our daughter never left our side to be handled by strangers. She was born with only love surrounding her.

It was certainly not a "routine" experience for us, but a beautiful, exciting one in all our lives because we shared it together.

## She, Too, Is a Registered Nurse

# 'We Need Midwives,' Says Mother Who Experienced It Both Ways

Dear Hope (Davis),

For a full week now, I have thought about how I would begin this letter and what I would say. It is very difficult because I'm not a letter-writer, and not very good at expressing myself. But I want to help you in any way I can, for in helping you I will be helping other families who want to have their babies safely at home.

I, too, am an R.N., having graduated in 1973. I have worked in the labor and delivery rooms, post partum, and nursery, in two local hospitals.

My husband, Chuck, and I have been married 4½ years. We have two children. Brian, three, was born at Hinsdale Hospital. We did not attend childbirth classes but did read extensively.

We had a pretty good experience there. The staff was pleasant, but offered no help in the way of teaching about breastfeeding or care of the baby. I did not tell them I was an R.N. either.

My labor was short. I reached the hospital already dilated to 7 cm., but the doctor still gave me Pitocin IV — I think because I told them the contractions weren't too bad. Of course, after the Pitocin was started they became much stronger, and I was given a paracervical block to lessen the discomfort. All this did was make me lose the feeling in my left leg so that when I reached the delivery room my husband and the

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*This letter was written in July 1977 by Mrs. Kathy Busch to Hope Davis, following publication of the news that the State of Illinois was "investigating" Mrs. Davis' work with a possible view of prosecuting for violation of the Nurse Practice Act. The state later was persuaded by her attorney that there were no grounds for such action.*

nurses had to lift me onto the table. I was very embarrassed and quite uncomfortable.

I had no urge to push, so the staff had to tell me when to do it. The doctor thought he'd need to use forceps, so he did a huge episiotomy. I begged him not to use forceps, and I pushed with everything I had.

Brian was born an hour-and-a-half after the first contraction. After the initial exam, the doctor circumcised him. I remember very well watching him lying there, held down by two staff members, and crying till he trembled. I just wanted to hold him to me. My husband has told me that is his most vivid memory too. I could kick myself for ever letting them do it.

The rest of the stay was very nice. I had complete rooming-in in a private room (at extra cost), and was released four days later. I feel I was very lucky, and an exception to the ordinary maternity patient. Most women I've spoken to have few good memories of their hospital stay.

My second pregnancy ended in a miscarriage. But during the three short months I carried the baby I began doing some serious thinking about how I wanted to have the next child. After losing the baby, I was terribly disappointed, but determined that the next baby would be born healthy, and surrounded by love.

Four months later I was pregnant again. At this time I was working in the nursery at Ingalls Memorial Hospital in Harvey. I loved working there, but found it difficult to follow many of their routine procedures. I tried — and sometimes succeeded — in changing some of them. Slowly but surely I was getting somewhere with the hospital.

But my O.B. was something else. He refused to let me nurse on the delivery table, to have the baby in the recovery room, tilt the table during delivery, forego the routine IV, or discharge me as soon as possible.

I was terribly disappointed. I thought I'd be able to discuss it with him because we had worked together during the days in labor and delivery, but he was firm. He refused to read any of the literature I brought him on the subject, said he felt I was being "out of line" suggesting he "didn't know his stuff." But I continued seeing him because he knew my history so well.

In the meantime, Chuck and I started attending childbirth classes, and in talking with classmates learned that our instructor was a lay midwife. You wouldn't believe how excited we were to learn this! She was the answer to our prayers. We had wanted to have the baby at home but didn't believe it possible because we had never heard of anyone who would attend home births.

Well, we went through a lot of history-taking and soul-searching but finally it was decided. I knew I couldn't tell my doctor because he would have dropped me as a patient. So I continued on with prenatal exams without saying a word.

On April 2, 1977, my daughter Shannon was born with our midwife, my sister and our best friend (also an R.N.), attending. Brian slept through it all. Chuck and I could not have been happier. She was the picture of health. I had difficulty expelling the placenta, but after a short phone call to Dr. Greg White, the midwife had it under control. Shannon slept with us the rest of the day and nursed as much as her little heart desired. My parents visited later in the day, and were able to hold their granddaughter when she was just 10 hours old!

Brian has shown very little jealousy. He woke up about an hour after her birth and was so very loving to her it

made me cry. I had expected it to be much different.

Two days later I called my O.B. office and told the nurse what had happened. She was furious. I told her I wanted to see either one of the three doctors for my six-week checkup. She told me she would get back to me. A couple of hours later she called. Two of the doctors refused to see me. One said, "If I never see her again it will be too soon."

The doctor I knew well, agreed to see me — but just this once more. After that he said, "find yourself another sucker, Kathy." Sometime later a friend who also goes to him said he had referred to me during a visit as being "mentally ill."

My midwife has moved up north now. If I get pregnant again I don't know where to turn, because I know of no one else in the area who will attend a home birth. I refuse to go back into the hospital unless they change to a family-centered type birth. I know they *could* do it, I worked there.

In the meantime, we need people like you. I want to be a midwife too, so I can give people the opportunity to have the beautiful experience I had. If you know of any way I can help you in your fight for our freedom of choice, please let me know.

Sincerely,  
MRS. KATHY BUSCH

## BILL INTRODUCED TO HALT PSYCHOSURGERY

Congressman Louis Stokes has re-introduced a bill (H.R. 763) making it unlawful for anyone to perform psychosurgery in any federally-connected health-care facility. The Citizens' Commission on Human Rights urges people to "write your Congressman to support this bill to stop the ultimate mind-control of psychosurgery. Your help is needed to stop psychiatry's betrayal of the American public."

SINGER VIKKI CARR will not perform for an audience of smokers.

## AT LEAST CHAD'S LAST DAYS WERE DEVOID OF CHEMOTHERAPY HORRORS

BY DON MATCHAN

"Well, what do you say about Chad Green now?" smirked the skeptic who had no faith in Laetrile or the metabolic treatment of cancer.

He was referring of course to the National Health Federation interest in that case from the time the child's parents were told by a Massachusetts court that he must remain under the care of doctors who use only chemotherapy.

This editor, with so many others, mourns Chad's passing, as we mourn the departure of all whose lives have just started, and who wanted so much to live.

We feel for Diana and Jerry Green. They tried so hard, risked much, to give their young son extended life. In the belief his remission from acute lymphocytic leukemia was permanent, Mrs. Green told a reporter that the Lord had effected a cure (Nov. 1979 *Bulletin*). The fact she took the child off chemotherapy, the fact she expressed her conviction that Chad had received a miraculous healing, will be grist for the mill of the establishment in its condemnation of the Greens and those who encouraged them in their quest for a healing, via natural methods.

But the condemnation, the recrimination, will not bring Chad back. It is our hope and prayer that Mr. and Mrs. Green will not be forced to become fugitives from the wrath of the establishment in Massachusetts, but that they will be permitted to return to the United States from Mexico — if they wish — without threat of harassment.

Chad's death was not a surprise to those familiar with the nature of the disease from which he suffered. Even the Massachusetts doctors gave no assurance, at any time, that chemotherapy would save his life. The best

they could say was that it might prolong it.

Several months ago — shortly after Chad's parents took him to Mexico — Andrew R. L. McNaughton, a veteran of the "Laetrile movement," expressed the opinion at a meeting of the NHF Executive Committee that Chad could not make it over the long pull, that the disease is a killer.

Acute lymphocytic leukemia, according to *Taber's Medical Dictionary*, is a "marked increase in the size of the spleen and lymph glands, with a great increase in lymphocytes, occurring in children and young adults. The lymph cell (white blood corpuscle) may increase to 90%." Acute leukemia is "inevitably fatal."

The November issue of *The Bulletin* carried Chad's picture, with an optimistic story that as of August he was in remission, and doing fine. Then when the news flashed Saturday, Oct. 13, that he was gone — many found it hard to believe.

Death came for Chad in late afternoon October 12, in the home south of Tijuana. Moments before he died, according to *Los Angeles Times* staff writers Robert Montemayor and Ted Vollmer, he told his mother, "Mommy, look out the window. There's a bright light out there, and I have to go to it. Please let me go."

Looking down at her son, his mother, Diana Green, asked, "Do you want to go outside?"

"No," Chad said. "I want to go home. Dad, help me. I want to go there. I want to go."

Seconds later, Chad died in his mother's arms.

For 10 minutes the child's father, Gerald Green, administered cardio pulmonary resuscitation, but it failed,

and Chad was dead on arrival at the hospital.

When told of Chad's death, his former physician in Massachusetts, Dr. John Truman, said he was "deeply saddened," and wished the child had remained on chemotherapy. "The type of leukemia he had — null cell type — has the highest cure rate, especially because he was a child."

Dr. Truman expressed the hope an autopsy would be performed, and the Greens' attorney, William L. Ginsberg of Atlanta, persuaded the couple to permit an autopsy, "for legal reasons." They agreed, he said, "because they felt they were not the last group of parents to face this type of situation."

Mr. Ginsburg wanted the San Diego coroner's office to sit in on the autopsy — to which the Mexican authorities agreed — before the body was sent to Hastings, Neb., Chad's birthplace, for burial.

"The American public will know (after the autopsy) there was no coverup (regarding Chad's death)," the attorney said.

The decision to take Chad off chemotherapy was made against the advice of Dr. Ernesto Contreras and Chad's personal physician, Dr. Julio E. Selva, who told a *Los Angeles Times* reporter last August that without chemotherapy he did not believe the child would "make it. It would be terribly difficult for him to make it." And upon learning of Chad's death, he insisted that "If the boy had remained on chemotherapy, he would still be alive today."

In September, he said, an examination showed signs of anemia and a low blood platelet count that could have indicated a relapse. The Greens would not permit a bone marrow test that might have determined the status of Chad's leukemia, and refused to resume chemotherapy, he said.

The Greens told United Press two

days after Chad's demise that they believe they "did the right thing" when they abandoned chemotherapy treatment for their son.

"What we should be looking at," said Mr. Green, "is a system that forces a child into exile. (This is the issue on which the National Health Federation based its support of the Greens — their right to nutritional therapy in Massachusetts or anywhere else if they wanted it. The Greens fled to Mexico after Judge Guy Volterra late in 1978 ordered Laetrile therapy ended. In Tijuana Chad received nontoxic therapies and chemotherapy and followed a fresh-fruit and vegetable diet until disagreement developed between them and the Contreras doctors over the chemotherapy. Ed.)

Continuing, Mr. Green said: "Chad was depressed. He wanted to go home. This was his sign of going home. He wanted to go home so bad he just stopped doing everything. He didn't want to eat, he didn't want to take his pills."

Mrs. Green said her son was sad and depressed Friday morning, but did not seem sick. "He ate his raisin bran," she said. She told reporters that just before his death Chad laid down and was looking out the window.

When all the talking is over, one thing must be recognized: At least Chad enjoyed his last days to the full. He was not plagued by the debilitating effects of chemotherapy. Whether such treatment would have given him a longer time on earth is moot. He was saddled with an ailment, a medical cure for which at this point still does not exist. Nor in his case, did the miraculous healing occur either. Life is terminal for all of us. In Chad's case, it came early.

*After this issue of The Bulletin had been printed and was waiting to be mailed, news of the death of Chad Green in his home in Mexico was flashed across the continent. To avoid the cost of reprinting the entire magazine, this insert is being carried. Ed.)*

## His Mother Says the Lord Has Cured Him

# Chad Green Off Chemotherapy, Still in Complete Remission

There have been conflicting reports as to the length of time little Chad Green has not been receiving chemotherapy tablets, but he has had none since early August. And according to Dr. Ernesto Contreras, the 4-year-old's case of acute lymphocytic leukemia is "in complete remission, he's in excellent health." A bone-marrow test in late August showed "100% normal lymphocytes."

Although there have been unconfirmed reports that the child was taken off chemotherapy by his mother early in the year, it was acknowledged by Diana Green when interviewed by Dennis L. Breo of *American Medical News* (an AMA publication), that she started "tapering off slowly," first cutting the tablets in half, then in quarters, and finally in slivers. Mrs. Green told *Public Scrutiny* Editor Mark Lockman she started reducing the dosage late in March, and that she told Dr. Contreras about it in May.

She is a born-again Christian and insists Chad has been cured. "I just know the Lord Jesus Christ is the same today as He has been to me in the past," she told Mr. Breo. "I have been with Him through too many bad times not to express my joy when victory comes. I believe the Lord has provided for Chad's healing. It is a matter of faith. Because of my faith and belief in the Lord Jesus, I believe Chad to be cured."

Dr. Contreras, a devout Catholic who plays the organ and sings in his church, says "We have two sides here, the medical and the spiritual. In the strictest medical sense, we cannot yet call this a cure. It will be years before we can say that."

Chad's father, Gerald Green, has become an expert in herbal medica-

tions, and told *Medical News* that in addition to Vitamin A, Vitamin C, and minerals, the child has been getting 20 to 25 different herbs, which they believe help Chad fight off chemotherapy poisons.

Mr. Green added: "There's one rule we follow with this little guy — we always give him more, not less metabolic therapy. And we also are aware that the toxic effects of chemotherapy can kill you, too. That's something the American Cancer Society and the American Medical Association never tell you." . . .

Asked how he felt about the child's complete removal from chemotherapy, Dr. Contreras responded, "It is a risk, yes. But we felt it is a slight risk. And we are monitoring Chad closely."

One of the clinic doctors is not comfortable with the parents' decision to halt chemotherapy treatment. Dr. Julio Edgar Selva told a *Los Angeles Times* reporter he does not believe "the boy can make it without chemotherapy." The chances for survival, he said, "would be terribly difficult. There are possibilities, yes, but remote. And the parents know this."



CHAD GREEN with his mother, Diana.

PETER CHOWKA PHOTO

## Antiquackery Crusader Asks Apology for 'False, Defamatory Statements'

An Allentown, Pa., psychiatrist who has gained his place in the sun by attacking "quackery" and denigrating such organizations as the National Health Federation, apparently fits the category of those in public life who were advised by the late President Harry S. Truman — "If you can't stand the heat, get out of the kitchen."

Dr. Stephen Barrett, who with Gilda Knight edited a 340-page book titled *The Health Robbers* (Dr. Barrett wrote three chapters including the one on NHF, and coauthored a fourth), instructed his lawyer to demand a "retraction and apology" from *Public Scrutiny* Editor Mark Lockman for stating in the June issue of *PS* that Dr. Barrett in his book, "libels and defames individuals who hold views different from his own." . . .

The comment was made in one of a series of stories Mr. Lockman has done on what he terms an illegal contract between Dr. William Jarvis' California Council Against Health Fraud, and the California Dairy Council. That organization, funded by the California Department of Food and Agriculture, agreed in January to pay CCAHF \$5,000 for 10 news releases.

Mr. Lockman contends that the California Food and Agriculture Code stipulates that the role of the Dairy Council is to "promote the sale of dairy products on either a local, state, national, or international basis," and it may cooperate with other groups "engaged in work or activities similar to the work and activities of the Council."

Mr. Lockman charges that the Council Against Health Fraud is set up to pursue the aims implied in its name, not to promote the use of dairy products in California. The fiery editor tried un-

successfully to have the contract invalidated, but was advised by State Senator William Campbell that while it was "too late" to stop the grant, he would insist that the CCAHF "not be allowed to attack Laetrile with the funds."

Laetrile, among other nontoxic substances such as health-foods and virtually any type of therapy frowned upon by orthodox medicine, of course has been a target of the Jarvis newsletter, and press interviews.

Dr. Jarvis refused to accept a National Health Federation check for a year's subscription to his newsletter, telling NHF Executive Director Clinton R. Miller, in effect, that only those whose ideas coincide with CCAHF objectives are permitted membership.

"The membership committee voted unanimously to deny your membership," he said, "based upon your extensive public record promoting unproven health remedies and opposing public health measures of proven value. Examples were your efforts on behalf of homeopathy, raw milk, Laetrile, and your opposition to immunization, fluoridation, vitamin regulation, and the National Congress on Medical Quackery." . . .

Dr. Jarvis was a member of NHF for several years, presumably to monitor the activities of an organization with which he thoroughly disagrees. Likewise, Dr. Barrett has been a regular reader of the *NHF Bulletin*.

### COUNCIL GOALS

After announcing formation of CCAHF in August 1978, the Loma Linda professor, also a profluoridationist, told a Los Angeles reporter his group would "conduct research, investigate claims of cures, and generally 'do the things no one else is doing. We feel there is a

strong need to combat the miracle merchants, health hustlers, medical impostors, and others who prey on the sick, the insecure, and the frightened. The public is now pretty much at the mercy of the marketplace."

He said the American Medical Association has disbanded its investigative wing for lack of money, and the Food and Drug Administration is able to enforce "only a few relevant laws." The group, of which he is chairman, will "try to fill the void and set the record straight."

Nutrition, he said, "is the prime area of health quackery. Megavitamin theories — the idea that huge doses cure or prevent disease — are making money, but in terms of benefits, at this point they line up better with quackery than with science." . . .

As for food additives — he said "actually, only one food additive has ever been proved detrimental to humans — salt."

The health-food industry, he asserted, is based solely on the premise "you can't trust the food in the supermarket. Undermining public trust is what organized quackery is all about."

His group would concentrate, he continued, on "stamping out fake cancer cures," one of which he defines as Laetrile. He opposes legalization of that substance "because it usually is given with the advice to discontinue orthodox treatment — when such treatment might arrest the cancer or ease the pain. When you become seriously sick, you have a tendency to believe things you would never, ever believe if you were healthy. That's one of the key reasons Americans are bilked of millions of dollars each year."

Dr. Jarvis is not a raw milk fan, equates it with quackery. In 1975 he was among dentists campaigning for passage of the fluoridation ballot measure in Los Angeles. He shares the opinion of the National Cancer Institute that the Burk-Yiamouyiannis studies linking

cancer to fluoridation are "worthless."

He contributed one chapter — "Dubious Dentistry — Promoting 'Super-health'" — to *The Health Robbers*.

### BARRETT'S VIEWS OF NHF

Dr. Barrett's chapter on the National Health Federation contained material disseminated by the Food and Drug Administration about past legal encounters of some of its officers. The chapter is titled "The Unhealthy Alliance — Promoters Fighting for the Right to Cheat; Victims Fighting for the Right to Be Cheated."

The Federation was credited with "flooding" Congress with mail "urging it to *weaken* government protection in the field of health." (A reference to the successful effort to prevent FDA from classifying vitamins and minerals as drugs). On that subject, Dr. Barrett wrote: ". . . Millions of Americans waste money on vitamins, minerals, and other 'food supplements' which they do not need." . . .

After quoting from the NHF statement of principles, and its opposition to "monopoly and compulsion in things related to health where the safety and welfare of others are not concerned. . .", Dr. Barrett observed:

" . . . this credo may seem harmless and somehow related to opposing unfair business competition. What NHF really means, however is that scientific methods of treatment should not be allowed to drive quackery out of the marketplace . . . People should be free to decide for themselves which health-care measures they will use . . . in simplest terms — what the National Health Federation wants is for quackery to be made legal."

The Pennsylvania psychiatrist continues: ". . . Nutritional fads, myths, and gimmicks are given favorable mention by *NHF Bulletin* articles, by the convention speakers, special mailings, and by pamphlets available at conventions and by mail. Worthless cancer treatments such as Laetrile and Krebiozen are promoted in the same ways. *Bulletin* arti-

cles look with disfavor upon such proven health measures as pasteurization of milk, smallpox vaccination, polio vaccination, and fluoridation of water. Use of 'natural' products is encouraged by exaggerated claims that our food supply is 'poisoned.' Chiropractic is regarded favorably. Books which promote questionable health concepts are reviewed favorably in *The Bulletin*. Underlying all these messages is the idea that anyone who opposes NHF ideas is part of a 'conspiracy' of government, organized medicine, and big business against the little consumer."...

(Dr. Barrett fed information about NHF's antifluoridation activities to the American Dental Association, obtaining the data by feigning an antifluoridation position. This is documented in a letter to ADA, a copy of which is in possession of NHF).

The doctor concludes the chapter with an acknowledgement that "... Its leaders probably hold sincere beliefs in their health methods. Its followers sincerely believe they can improve their health by following the methods of their leaders. Sincere or not, however, NHF may be dangerous to your health!"

#### THE LOCKMAN 'APOLOGY'

Editor Lockman's response to the demand for a retraction and apology was carried in the October 1979 issue of *Public Scrutiny*.

Titled "We're So Sorry, Dr. Barrett," Mr. Lockman said in part: "... It is regrettable that Dr. Barrett is so thin-skinned that he cannot take criticism from anyone, particularly when he has made repeated false and scurrilous attacks against the National Health Federation and various scientists in the field of public health. Some people like to do their own thinking. Dr. Barrett has found an easy out. He lets the AMA and the drug companies do it for him.

"We are sorry that Dr. Barrett has a long history of distorting the truth in matters of public health. We are sorry he labels those who oppose mass fluorida-

tion of public drinking water as 'poison mongers,' and sorry that this cohort of Dr. William Jarvis continues to spew his diatribe against natural health professions through press releases and public appearances.

"We are indeed sorry that he is so misinformed as to libel the chiropractic profession as 'spine salesmen supreme,' and sorry any self-professed expert would villify the vitamin industry as 'pill peddlers,' while ignoring the widespread abuse of physician-prescribed and AMA-approved toxic drugs.

"We are sorry that the health bigotry preached by Barrett is believed by anyone, even though he is a self-professed public figure. Finally — we are sorry we didn't say more about Barrett in the June issue. For this we apologize, both to Barrett personally, and to you, our readers. This apology marks the first in a series of articles dealing with Barrett and his ilk."

Accompanying his "apology," was a reproduction of the apology demand from Attorney Robert E. Donatelli in Allentown, and opposite the letter, a photo of Dr. Barrett, with these words: "How to spot 'the health hustlers, the food quacks, the con men, and the charlatans,' by Dr. Victor Herbert:

"He is legally belligerent. If a nutritionist travels with a lawyer and threatens libel actions against those who disagree with him, he is probably a quack." — *The Health Robbers*, pg. 117."

#### FOREST DECIMATION

No one can contemplate a forest today without a sense of foreboding or even dread. It has been calculated that the tropical rain forest is disappearing at the rate of 50 acres a minute, night and day, every day of the year.

— ROGER KARAS, Naturalist in his *The Forest*, Holt, Rinehart & Winston

#### Promotion Is 'Political, Not Scientific Decision'

## NUCLEAR POWER AND FLUORIDATION HAVE 'MUCH IN COMMON,' SAYS YIAMOUIYANNIS

BY JOHN YIAMOUIYANNIS, PH.D.  
NHF Science Director

Nuclear power and fluoridation — two extremely controversial issues — have more in common than is portrayed to the American public by the establishment-dominated media. Some segments of the press would have us believe that all antifluoridationists are right-wing radicals who view fluoridation as a "Communist plot," and that antinuclear activists are left-wing radicals bent on slowing down the U.S. economy and making this country a "second-rate" power.

By means of its influence with the media, the establishment has successfully used this left/right polarization to gain acceptance of fluoridation and nuclear power. Here's how it works: View the electorate (or political body) as comprised of three factions of equal size: the establishment (which includes the vested interests, their lackies, and others who believe everything Walter Cronkite says; the right; and the left.

The establishment wishes to defeat an antinuclear measure (as in California), so it stresses that without nuclear power the economy will come to a grinding halt. And at the same time, it paints opponents of nuclear power as nothing but left-wing radicals.

What is accomplished? The right wing joins establishment forces, and the antinuclear measure fails by a 2-to-1 vote.

A similar attempt at polarization was made to defeat an antifluoridation measure in Los Angeles. The establishment tried to portray antifluoridationists as right-wing radicals. In that case it didn't work. The reason: a solid left/right coalition was soldered from the start, and

included Republicans, Democrats, Socialists, Birchers, Communists, and others. Members in the coalition began to realize that while the "left" called it "civil rights," and the "right" called it "individual liberties," they were fighting for the same thing. Result: fluoridation was defeated in Los Angeles, 58% to 42%.

#### COMMON TACTICS

The tactics used by advocates of fluoridation and advocates of nuclear power are very much the same. Claims are made that fluoridation and nuclear power are "absolutely safe," and that every "reputable" scientist and/or scientific group agrees on this. They point out that every study showing adverse health effects from fluoride or nuclear contamination has been "discredited" or "refuted." Reports of increased cancer death rates in fluoridated areas, as well as increased leukemia rates around nuclear facilities, are covered up by the U.S. Public Health Service. Scientists opposing those measures promptly lose government funding and find their jobs in jeopardy. They find it impossible to publish their studies in "reputable journals," which again are establishment-controlled.

#### COMMON ENEMIES

During the fluoridation trial in Pittsburgh, representatives of the National Cancer Institute and the National Academy of Sciences tried unsuccessfully to "discredit" the fluoridation-cancer link. When Dr. Irwin Bross, chief epidemiologist at Roswell Park, submitted his work on low-level radiation hazards, again it was representatives of the National Cancer Institute and National Academy of Sciences who tried to discredit Dr. Bross's work.

After we had won the court case in Pittsburgh, showing that fluoridation created a public health hazard, it was the Pennsylvania Department of Environmental Resources (DER) who ineptly attempted to cover up the adverse effects of fluoridation and nullify the court's decision. This same DER later tried to cover up the contamination of

#### FLUORIDATION

American Academy of Pediatrics  
 American Assn. for the Adv. of Sci.  
 American Chemical Society  
 AFL-CIO  
 American Legion  
 American Medical Assn.  
 American Public Health Assn.  
 Department of Defense  
 H.E.W.  
 National Academy of Sciences  
 NBC  
 National Cancer Institute  
 Surgeon General  
 U.S. Dept. of Agriculture  
 U.S.E.P.A.  
 White House

Most of these organizations lack the expertise to make an independent evaluation of the problem. Those that are capable — NAS, NCI, Surgeon General, U.S.E.P.A., and the White House — try to cover up the dangers. In addition, the American Chemical Society and the American Public Health Association, through their journals,

#### FLUORIDATION

Am. Pharmaceutical Assn.  
 Amer. Soc. of Den. for Children  
 Amer. School Health Assn.  
 Amer. Assn. of Pub. Health Dentists  
 Amer. College of Dentists  
 Amer. Water Works Assn.  
 Amer. Assn. of Dental Hygiene  
 Amer. Assn. of Ind. Dentists  
 Am. Assn. of State & Territorial Health Officers  
 Amer. Dental Assn.  
 Amer. Dental Health Soc.

air with radioactivity during the Three-Mile Island disaster, despite the findings by the National Regulatory Commission to the contrary.

Listed below are the organizations used by the establishment to promote fluoridation and nuclear power, and to suppress reports of their dangers:

#### NUCLEAR POWER

American Academy of Pediatrics  
 American Assn. for the Adv. of Sci.  
 American Chemical Society  
 AFL-CIO  
 American Legion  
 American Medical Assn.  
 American Public Health Assn.  
 Department of Defense  
 H.E.W.  
 National Academy of Sciences  
 NBC  
 National Cancer Institute  
 Surgeon General  
 U.S. Dept. of Agriculture  
 U.S.E.P.A.  
 White House

have attempted to cover up the adverse effects of fluoridation and low-level radiation from nuclear power plants. The decision on the part of these organizations to promote fluoridation, or nuclear power, is *political*, not *scientific*.

In addition to these organizations, are the special-interest groups that promote fluoridation and nuclear power:

#### NUCLEAR POWER

National Assn. of Manufacturers  
 Amer. Inst. of Aero. & Astronautics  
 Amer. Inst. of Chem. Eng.  
 Amer. Inst. of Mining Metallurgical & Petroleum Engineers  
 Amer. Inst. of Physics  
 Amer. Soc. of Civil Engineers  
 Amer. Soc. of Heat, Refrig. & Air Cond. Eng.  
 Amer. Soc. of Mechanical Eng.  
 Institute of Elec. & Electronic Eng.  
 National Soc. of Prof. Eng.  
 Health Physics Soc.

## Labeling Law for Radiated Dairy Products To Be Sought in California

BY GLEN PETERSON

"An advantage of nuclear warfare is that the bulk of the casualties is borne by future generations, though I wouldn't want to have to defend this view in the give-and-take of a public debate," wrote Herman Kahn in a Rand Corporation report to the U.S. Joint Chiefs of Staff entitled "On Thermonuclear War."

His report was completed in 1963, at the end of U.S. atmospheric testing. Now the results of testing are becoming evident in sharply-rising cancer rates, and confirmed body counts.

U.S. Environmental Protection Agency radiation data, first published in the *National Health Federation Bulletin* (Oct. 1979), prove that strontium-90 fallout already has contaminated American milk in concentrations up to many times an amount found to be hazardous by the Nuclear Regulatory Agency. Fall-

*Glen Peterson and his wife, Jan, Avalon, Calif., have spent years researching contamination of food by radiation.*

The dental organizations realize that support of fluoridation adds credibility to and increases demand for fluoride treatments administered in dental offices, and brings in hundreds of millions of dollars to members for a treatment which is not only worthless, but hazardous to boot.

The engineering societies realize that support of nuclear power means more jobs for their members for construction, operation, and maintenance of facilities which are not economically feasible, and are hazardous to boot.

Only through a joint effort of "left" and "right" against the establishment can we put an end to insane self-serving policies such as fluoridation and nu-

clear power, which threaten not only our health and lives, but along with other such programs, threaten the very existence of mankind.

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clear power, which threaten not only our health and lives, but along with other such programs, threaten the very existence of mankind.

*Please send us a postcard with your response to Dr. Yiamouyiannis' article. Has he convinced you that there is a similarity in the establishment's promotion of fluoridation, and nuclear power? If you agree with him, just write, "Yes, I believe there is a similarity in the establishment's promotion of fluoridation, and nuclear power."*

*If you disagree, simply write, "No, I do not agree there is a similarity in the establishment's promotion of fluoridation and nuclear power." (Ed.)*

torney Enid G. Ballantyne after hearing the facts.

Referring to the recent Oklahoma Karen Silkwood judgment which established high awards for contamination victims, a Beverly Hills personal-injury lawyer said: "At \$10½-million per contamination, we may break the nuclear industry before we get through one Pittsburgh suburb."

These legal actions hold vindication for those whose struggles were best summed up by actor-activist Alan Alda who wrote: "For nearly 20 years I have been writing, speaking and lobbying the government on the nuclear issue. So far, the only answer I have gotten has been in my soup and my milk (referring to fallout). It's a personal reply, but not the one I had in mind. And I'm not the only one to get it, either. I want them to stop poisoning my children and threatening their future."

The California legislature is now being presented with a labeling law to show consumers which dairy products are in excess of permissible limits for infants and pregnant mothers. The legislative effort has gotten positive response from a number of lawmakers who welcome it as a means of keeping consumers informed, and also from some dairies who realize they will have a near-monopoly on class "A" and "B" milk until cattle-feeding practices in other areas are changed.

The California effort for a radioactive labeling law may become a model for a broader national law to cover all food and consumer products.

The need for such legislation is incontrovertible in the light of evidence produced in research by Dr. Lester B. Lave which indicates that each picocurie causes 12 infant deaths per 100,000 births, in addition to its contribution to leukemia, breast cancer, and bone cancer. (The Nuclear Regulatory Commission's *Office of Standards Development Guide 1.109* indicates that 2½ picocuries per liter is the maximum

permissible dose for an infant).

The radiation data indicate nuclear industry pollution, as well as weapons fallout. Analyses of plutonium and uranium in milk showed Oklahoma City to monitor an astonishing eight times the average national level. After reviewing the Oklahoma reports, radiation researcher Dr. Rosalie Bertell said: "That's Kerr-McGee."

Kerr-McGee Corporation five years ago closed its Cimarron facility in which the company manufactured plutonium fuel pellets for experimental breeder reactors. Today, monitoring of air, rain, drinking water and milk still show levels averaging eight times the national average. Kerr-McGee is now appealing the \$10½-million judgment for the off-site contamination of Karen Silkwood.

According to *Environmental Radiation Reports*, U.S. Environmental Protection Agency, the following cities sold milk with annual averages of strontium-90 contamination above the maximum permissible dose for infants as determined by the Nuclear Regulatory Commission:

Helena, Mont.	2.5
Tampa, Fla.	2.9
Laramie, Wyo.	3.0
Manchester, N.H.	3.0
Denver, Colo.	3.0
Kansas City, Mo.	3.1
Chicago, Ill.	3.6
Washington, D.C.	3.7
Idaho Falls, Idaho	3.7
Wichita, Kan.	3.7
Rapid City, S.D.	3.9
Dallas, Texas	3.9
Spokane, Wash.	3.9
Milwaukee, Wis.	4.0
Montgomery, Ala.	4.1
Norfolk, Va.	4.2
New York, N.Y.	4.2
Indianapolis, Ind.	4.3
Burlington, Vt.	4.4
Syracuse, N.Y.	4.4
Minot, N.D.	4.5
Charleston, S.C.	4.5
Omaha, Neb.	4.6

## NUKE DEBATE CHANGES NO MINDS, CRYSTALIZES ISSUE FOR A FEW

Approximately 1,000 persons packed the auditorium to hear Drs. Petr Beckmann and Ernest Sternglass debate the pros and cons of nuclear energy during the Chicago NHF convention September 1.

A survey of opinion was taken by the convention department, visitors being asked to register their attitudes "before" and "after" hearing the two scientists.

A total of 418 persons filled out the questionnaire. And when it was over, 15 in the "undecided" group had made a decision on the issue. Eleven became "antinuke" as a result of the debate, four went the other way, agreed with Dr. Beckmann that nuclear power is the

way to go.

Here are the figures:

### Opinion Before Debate

Oppose nuclear energy	228
Undecided	86
Favor nuclear energy	104

### Opinion After Debate

Oppose nuclear energy	239
Undecided	71
Favor nuclear energy	108

DID YOU KNOW that more than 200 children were poisoned in a North Carolina school in April of 1974, due to malfunctioning fluoridation equipment?

Cincinnati, Ohio	4.7
Seattle, Wash.	4.7
Hartford, Conn.	4.8
Trenton, N.J.	4.8
Minneapolis, Minn.	4.8
Philadelphia, Pa.	4.9
Detroit, Mich.	4.9
Des Moines, Iowa	4.9

Pittsburgh, Pa.	7.6
Little Rock, Ark.	8.8

Quarterly and annual reports of regional strontium-90 monitoring by EPA indicate that nine of 10 national regions exceeded the NRC maximum dose. EPA Region No. 9 — California, Oregon, Hawaii and Nevada — was the only region within NRC permissible doses. Nevada passed because it is desert and much of its milk is imported from California.

Here are the January 1978 EPA monitoring reports:

REGION	STRONTIUM-90 LEVEL
1.	5.3
2.	3.0
3.	3.5
4.	4.5
5.	4.4
6.	4.3
7.	3.9
8.	2.8
9.	.6
10.	3.0

The following cities more than doubled the maximum dose, as reported in the Oct. 1979 *NHF Bulletin*:

Baltimore, Md.	5.0
Grand Rapids, Mich.	5.2
St. Louis, Mo.	5.3
Wilmington, Del.	5.3
Oklahoma City, Okla.	5.5
Charlotte, N.C.	5.5
Chattanooga, Tenn.	5.5
Knoxville, Tenn.	5.7
Jackson, Miss.	5.9
Memphis, Tenn.	6.0
Louisville, Ky.	6.0
Portland, Me.	6.0
Providence, R.I.	6.1
Boston, Mass.	6.1
Charleston, W.V.	6.6
New Orleans, La.	6.7
Cleveland, Ohio	6.9

# NHF Memorial Library News



## CONTINUING FLOW OF NEW BOOKS, PAMPHLETS

BY STEPHANIE SHANE  
Librarian

Don Matchan, editor of the *National Health Federation Bulletin* and co-author of *Helping Your Health Through Handwriting*, *Mirror of the Body*, and author of *We Mind if you Smoke*, has donated these books to the Memorial Library, and these titles from his and his late wife Geri's collection:

### Pamphlets:

- The Master Cleanser*  
— Stanley A. Burroughs.
- Lecithin And Health*  
— Edward R. Hewitt.
- Vitality Superb*  
— Hale Food Co.
- Plan And Survive*  
— Stuart Wheelwright.
- Craniognathology*  
— Manumit Institute.

### Books:

- You Must Relax*  
— Edmund Jacobson, M.D.
- Our Earth, Our Cure*  
— Michel Abehsera.
- Human Sexuality: A Preliminary Study*  
— The United Church of Christ.
- Grapho — Therapeutics*  
— Paul de Sainte Colombe, Ph.D.

Highway Book Shop, Cobalt, Ontario, POJ ICO, has sent us a copy of *Sprouts For Dieters*, written particularly for the person with a "weight problem." Author Douglas C. Pollard says he

covers aspects on sprouting not usually mentioned in other books on the subject. The easy-to-follow instructions make this little treasure a welcomed addition to any private or health library.

The Cancer Control Society, effective crusaders for the use of nontoxic cancer therapies, has donated *Enzyme Therapy*, by Karl Ransberger, to the library. This book represents the first comprehensive work on the subject of proteolytic enzymes, and is kept within a practical framework by confining itself in large measure to the most important enzymes — the proteases.

Exposition Press has given us *Heart Attack (Mine...? Yours)*, by Kenneth E. Geary.

"Geary candidly and vividly recounts his experiences as a heart attack victim — the events and physical sensations immediately preceding the attack itself, and the pursuant medical procedures of open-heart surgery and postsurgical rehabilitation, which for him involved the careful restructuring of his daily regimen."

Compliments of Publishers Johnny Reads, Inc., St. Petersburg, Florida: *Fatigue: What Causes It, What It Does To You, And What You Can Do About It*, by Ray C. Wunderlich. This booklet is a must for any person interested in looking forward to a long, productive life. The booklet discusses: "Fatigue and the Family"; "Causes of the Problem"; "Conclusions and References."

And from the Mary Manwaring estate have been added these titles to the Memorial Library collection:

## Christmas Is Coming

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

## NHF Gift Memberships

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

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

**Regular Membership Per Person/Family - \$10 (Alaska, Hawaii, and Foreign - \$15)**  
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**Senior Life Membership (65 and over) - \$100**  
**Perpetual Membership - \$1000 (Cash or installment)**

**(PLEASE SEE OTHER SIDE OF PAGE FOR ORDER FORMS)**

## Label Claims for Vitamin E Must Be Met, Says NNFA

Under direction of its Standards Committee, the National Nutritional Foods Association is conducting analyses of various Vitamin E brands for sale in the United States.

According to Committee Chairman

*Home Health Library, V. 1 and V. 2*

— Bernarr Macfadden.

*Sex Problems Solved*

— William Lee Howard.

*Over Seventy* — Gail Cowley.

*Forever Young, Forever Healthy*

— Indra Devi.

*The Natural Way to Reduce*

— Paul C. Bragg.

*An Introduction to Foods and*

*Nutrition* — Henry C. Sherman

and Caroline Sherman Lanford.

I would like to thank those who have sent in funds to the Memorial Library. With continued financial support, and the donation of materials, I can continue to catalog the new books received, and the library can continue to offer an ever-growing source of health and nutrition information to patrons.

Danny Wells, samples are being analyzed on a polarimeter "to determine the correct optical rotation of the Vitamin E present." Results will be published so retailers and consumers may be made aware of the amount of natural and synthetic Vitamin E in each product.

To "make the study as complete as possible," retailers have been invited to suggest product names and manufacturers.

After the lab tests have been completed, manufacturers will be advised if a product analysis does not meet label statements.

The NNFA membership will be advised which companies agree to change the product to meet label statements, or change the label to meet product analysis. If companies fail to respond to the NNFA communication about inaccurate labeling, this information also will be made available to the membership, Mr. Wells said.

TEMPER IS WHAT gets most of us into trouble. Pride is what keeps us there.

— BITS & PIECES

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

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(Use another sheet of paper for additional names)

## Paralyzed by Rabies Shot, Woman Wins Award

Margaret L. Hitchcock, 57, wife of Foreign Service Officer Wilbur W. Hitchcock, has been awarded \$469,051 by U.S. District Judge Louis F. Oberdorfer in Washington as a result of paralysis suffered after she was inoculated in 1972 against rabies by a State Department nurse.

The judge said the vaccination — no longer given by the State Department — was unnecessary for the couple being transferred to Argentina from a previous assignment in Quebec. The judge ruled

that Mrs. Hitchcock was not warned of the risk involved before being given the injection of the drug manufactured from duck embryos.

Because foreign service officers are expected to "contribute to their husbands' careers," Judge Oberdorfer said Mrs. Hitchcock should receive half of what her husband would have received had he been disabled in the line of duty. Mr. Hitchcock also was awarded \$50,000 for the trauma occasioned by Mrs. Hitchcock's condition.

## 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 drawing bills to protect the individual's health freedom.

Will you join us in this worthy effort?

## ELECTED FEDERATION OFFICERS

Unless otherwise indicated, address all officers and staff members: P.O. Box 688, Monrovia, Calif. 91016. Phone (213) 357-2181 or 359-8334.

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

**NATIONAL HEALTH FEDERATION**

P.O. Box 688

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**Thank you for your cooperation!**

PLACE  
STAMP  
HERE

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

1. Support the principle of freedom of choice and liberty in health matters.
2. Be a part of a strong and united consumer's voice in all health matters.
3. Work for beneficial and needed health legislation and, at the same time, oppose proposals which are detrimental to the health interests of the people or which do not provide for equality of recognition of all legally established health professions.
4. Support a united effort to reduce the cost of health care.
5. 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.

PLEASE ALLOW 6 TO 8 WEEKS FOR DELIVERY OF FIRST ISSUE OF THE BULLETIN

**UPCOMING NHF CONVENTIONS**

South Central Regional — Nov. 10-11  
Fairmont Hotel — New Orleans

25th Annual — Jan. 18-19-20  
Pacific Terrace Convention Center  
300 E. Ocean Blvd. — Long Beach

**HELP SAVE OUR HEALTH FREEDOMS**