

Approved 3-29-88 Date _____

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at _____
Chairperson

10:00 a.m./~~p.m.~~ on March 23, 19 88 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research
Bill Wolff, Legislative Research
Norman Furse, Revisors Office
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Richard J. Morrissey, Director, Bureau of Adult and Child Care, Department
of Health and Environment
Bill R. Fuller, Assistant Director, Public Affairs Division, Kansas Farm
Bureau
Virginia Benton, Rural Health Chairman, Coffey County Farm Bureau
Bob Williams, Executive Director, Kansas Pharmacists Association
Darrel W. Corson, R.Ph, Georgetown Health Care Center, Shawnee Mission,
KS 66204
Gary Thudium, R.ph., Homecare Medical Equipment Center, Inc. Wichita, KS
John Renner, MD, Editor, Greater Kansas City Medical Bulletin
John C. Peterson, Kansas Dietetic Association, Inc.
Jeffrey Harsh, National Health Federation, Oakley, KS
Mildred Lowry, Eldorado, KS
Dr. James Briggs, Leawood, KS
Keith R. Landis, Christian Science Committee on Publication for Kansas
Barbara Lukert, MD, University of Kansas Medical Center
Judy Johnston, MS, RD, CDE
Ann Hunter, M.S., R.D.
Peter L. Beyer, M.S., R.D., Associate Professor, Dietetics and Nutrition
John Paul Smith, Jr. D.P.
Don Richards, MSRRT, Director of Respiratory Care, Riverside Hospital,
Wichita, KS
Vonnie Sappenfield, Hutchinson, KS
Patricia Stein
Dick Hummell, Executive Director, Kansas Health Care Association

Richard J. Morrissey, KDHE, testified in support of HB-2464 and presented written testimony. Mr. Morrissey suggested a change of wording in Section 1 from "provisionally licensed" to "temporary licensed dietitian" to preserve conformity throughout the bill. Mr. Morrissey also stated that as research shows that continuing education does not make a significant difference in the actual practice of most health professionals it should be excluded and voluntary continuing education be supported. Attachment 1

Bill R. Fuller, Kansas Farm Bureau, testified in support of HB-2464 and presented written testimony. Mr. Fuller stated that his organization had developed and adopted policy 10 years ago supporting nutrition education for health care professionals. It was further stated that it was felt that anyone who does nutritional counseling should meet some required standards. Attachment 2

Virginia Benton, Coffey County Farm Bureau, testified concerning lessons by Nutrition Specialists at Kansas State University. Ms. Benton served as lay person on the Technical Committee for Licensure of Dietitians. Ms. Benton stated harm can be caused by unqualified persons disseminating the wrong information and the public needs a way to identify the qualified dietician from a person seeking to enhance their own wealth. Attachment 3

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 526-S Statehouse, at 10:00 a.m./~~p.m.~~ on March 23, 1988

Bob Williams, Kansas Pharmacists Association, testified in support of HB-2464. Mr. Williams stated many health agencies are working with a group of nutrition support teams, consisting of physician, dietitian, pharmacist and nurse. It was further stated that approval of this credentialing application will help protect the public against unqualified or unethical practitioners. Attachment 4

Darrel Corson, R.Ph. presented written testimony in support of HB-2464. Mr. Corson stated he served as a member of the Technical Committee that reviewed the professional dietitians' application for credentialing. It was further stated that the committee found a need for dietitians to be credentialed. Mr. Corson stated his belief that licensure is necessary to protect the public's health, safety and welfare in this area. Attachment 5

Gary Thudium, R.Ph. testified and presented written testimony in support of HB-2464. Mr. Thudium further stated that nutrition affects every healthy individual in this nation and when unqualified people provide nutritional counseling they can affect our health. When the patient with chronic illness receives "advice" it can have life threatening results. Attachment 6

John Renner, MD testified in support of HB-2464. Dr. Renner stated that nutrition is a science and because of that we have ongoing controversies within legitimate nutrition. Much nutritional advice given is extremely dangerous. Dr. Renner stated that it would be in the public's best interest to have a licensed dietitian law in order that truth may be separated from fiction. Attachment 7

John Peterson presented two items for the committee's perusal, one a list of states which have enacted either licensure or registration of Dietitians and nutritionists. Mr. Peterson stated that those examining the need for credentialing opted for decisions of either licensure or registration. A balloon bill of HB-2464 was also presented with proposed amendments. Attachment 8

Jeffrey Harsh testified in opposition to HB-2464, stating objections to two prominent parts of the bill, Section 6 which states "The secretary may contract with investigative agencies, commissions or consultants to assist the secretary in obtaining information about courses of study to be approved by the secretary under Section 7" and Section 13, (5), which states "nothing in this act shall be construed to apply: to any person, including persons employed in health food stores, furnishing general nutritional information as to the use of food,"etc. Attachment 9

Mildred Lowry testified in opposition to HB-2464 stating that people become involved with the health food and alternative care industries because they have found alternative care effective. Ms. Lowrey presented a brief bill which, in her opinion, would fulfill the needs of the dietitians and permit others to continue having freedom of choice. Attachment 10

Dr. James Briggs testified before the committee in opposition to HB-2464. It was pointed out that very few hours of nutrition are required for a degree in dietetics. It was also pointed out a real nutritionist was not included on the proposed board. It was further stated that he felt HB-2464 is a vehicle for special interest groups to gain control of the total vitamin/mineral supplements industry. Attachment 11

Written testimony was presented by Keith R. Landis, Christian Science Committee on Publication for Kansas, stating that an amendment was needed to make clear that this act does not apply to Christian Science nurses, who, within the scope of their practice, sometimes prepare meals for patients. Attachment 12

Written testimony was presented by Barbara Lukert, MD in support of HB-2464. Dr. Lukert cited cases in which people have been harmed by the

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on March 23, 1988

advice of "nutritionists" who were not qualified. Attachment 13

Judy Johnston, MS, RD, CDE, presented written testimony in support of HB-2464 citing incidents where individuals had been vulnerable and nutritionists have taken advantage of that vulnerability. Attachment 14

Ann Hunter submitted written testimony in support of HB-2464 citing several case histories where it appeared difficulties appeared or were narrowly averted due to unqualified information received. Attachment 15

Peter L. Beyer, M.S., R.D. presented written testimony in support of HB-2464. Mr. Beyer cited several cases where harm from nutrition misinformation was evidenced. Attachment 16

John Pual Smith, Jr., D.O. presented written testimony in support of HB-2464. Reference was made to effects of misinformation and poor education by unqualified nutrition practitioners on the general public. Major concern was expressed for the elderly who are extremely vulnerable. Attachment 17

Don Richards, MSRRT presented written testimony in support of HB-2464. Mr. Richards stated that due to the ever growing levels of responsibilities and the fact that Dietitians also deal with sophisticated patient care items, and with patients that range from moderately ill to critically ill, it is imperative that this be a well-regulated and licensed profession. Attachment 18

Vonnie Sappenfield presented written testimony opposing HB-2464. Ms. Sappenfield stated that the real truth of this legislation is that if this seemingly innocent bill becomes a law, it will be altered, added to and built upon until the already powerful AMA will be strong enough to make criminals of intelligent, independent American people. Attachment 19
Patricia Stein presented written information concerning vitamins and supplements. Attachment 20

Dick Hummel, Kansas Health Care Association presented written testimony concerning HB-2464 and how unlicensed adult care home employees who provide meals to nursing home residents would be affected. Attachment 21

The meeting adjourned at 11 a.m. and the committee will meet on Thursday, March 24, 1988 in room 526-S at 10:00 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 23, 1988

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

ANN HUNTER, MS, RD, CDE Wichita, Ks.	Faculty Wichita State University Kansas Dietetics Assoc. - President
Patricia Freund, R.D., M.A.	Faculty - Kansas State Univ. Kansas Dietetics Assoc.
PETER L Beyer R.D.	Assoc Professor K.U. Med Center
Virginia Newboles	Health Club
Naomi M. [unclear]	San Bernardino Health Club Hickman, Mo.
Stanley E. Abbott KCKs	Mulick Dist oppose BILL 2464
John Paul Broadbeck 15c Ks	oppose Bill 2464
Ralph Frigelka Save our freedoms Defeat HB 2464	Health Food Mart Topeka KS
Sharon Bolyard	HR Personnel
[unclear]	self
E dna Johnson	Health organization
J.F. Johnson	WICHITA TRANS.
John Davis	Counsel Kansas
Louise Basil HB 2464 (Defeat Bill)	Topeka, Ks. 66611
Esther Pearson	Health Club
Dyanne Lewis	Health Club
Conce Mosimon	San Beautiful
Ellis Hopkins - 1300 Tyler St apt C-3 Topeka Kan	
Jin 17-Bridge Topeka	observer

SENATE
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DATE March 23, 1988

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KETH R. LANDIS	TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
John Petersen		Ks Dietetic Assn
James Bruggs	Lawrence KS	Metabolic Health Resources
Ken Behr	Topeka	Ks Dietetic Assn.
Jeffrey Harsh	Oakley KS	National Health Federation
Elizabeth Murray	Lyndon, KS	Concern Citizen
Ardeella T. Naman	Mound City KS	" "
Cathy Rooney		KDHE
M. M. M. M.		KDHE
John Renner	M D City	Midwest Council ^{on Health Fraud}
Patricia Stein, R.D.	Olathe	Ks. Diet. Assn.
Jeanne K. Nephling	M.S. RD.	Ks. Dietetic Assoc
Alma Lindstrom		
Harold Pitts	Topeka	KCOA
Cynthia Hill	MS RD	KS Dietetic Assoc
Dary Shudwin		PHARMACIST
Melinda Lewis	614 N. Main Edwards KS	
Abrienne Mae (Dexter), RD, CDE		Kansas City Dietetic Association & Olathe Medical Center (Olathe, Mo)
Jud. J. Johnston	Wichita KS MS, RD, CDE	Kansas Dietetic Assoc & Riverside Hospital Wichita

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PUBLIC HEALTH AND WELFARE COMMITTEE

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ORGANIZATION

<u>Carol Niles R.D., M.S. Lyndon Kansas Athletic Assoc.</u>	
<u>Mae J. Adridge (Censorious Refinement Group K.C., Ks)</u>	
<u>Billie Briscoe, Edwardsville, Ks</u>	<u>concerned citizen for freedom</u>
<u>Evelyn Bainbridge, Lake Quivia, Ks</u>	<u>Concerned citizen for freedom</u>
<u>Betty Kisk K.C. Kans.</u>	<u>concerned citizen for freedom -</u>
<u>Floyd Bester Lebo, Ks</u>	<u>concerned for victims</u>
<u>Virginia Denton Lebo Ks</u>	<u>Farm Bureau Coffey Co. ^{Beulah Health} Chairman</u>
<u>Jean Glad Topka Ks</u>	<u>concerned citizen for freedom.</u>
<u>Ruth Lundstrom Ottawa, Ks</u>	<u>concerned citizen for freedom</u>
<u>Fachleen Smerchek Topka Ks</u>	<u>concerned citizen for freedom</u>
<u>Angela Tady Wy K.C.K.</u>	<u>(Kill the Bill) Concerned citizen for freedom</u>
<u>Lee Tady Wy K.C.K.</u>	<u>opposed The Bill (Kill)</u>
<u>Cecilia Brewer</u>	<u>Rt. 1, Perry, Ks 66073</u>
<u>Helen McManis Manhattan Ks.</u>	<u>Kansas Dietitians Assoc</u>
<u>Irving R. Niles</u>	<u>Lyndon, Ks 66451</u>
<u>Ruth Walker</u>	<u>Topka</u>
<u>Frances Kestner</u>	<u>Ks Food Dealers Assn</u>
<u>Margo Homonczyk ma, RD</u>	<u>Professional Nutrition Services Topka 66614</u>
<u>Mary P. Clarke PhD, RD</u>	<u>Ks Cooperative Extension Service ^{K 5 Univ.}</u>

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 23, 1988

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Barbara Scheule, M.S., R.D.

Kansas State Univ.

Kenise Sappanfield Hutchinson KS

Self interest

Lee King M.S. R.D.

Manhattan

Bill Miller Manhattan

Kansas Farm Bureau

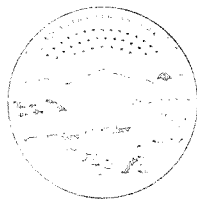
Raymond C. Dunston RR#4 Ottawa

concerned citizen

Marvin A. Bisel Topeka KS

concerned citizen against bill

STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field

Topeka, Kansas 66620-0001

Phone (913) 296-1500

Mike Hayden, *Governor*

Stanley C. Grant, Ph.D., *Secretary*

Gary K. Hulett, Ph.D., *Under Secretary*

TESTIMONY PRESENTED TO

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

BY

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

House Bill 2464

The Secretary of Health and Environment recommends licensure of dietitians and supports the amendments made to the bill by the House Public Health and Welfare Committee. House Bill 2464 would offer the identification of appropriately trained dietitians and provides state recognition of the profession.

At this time we would like to suggest some changes to the bill:

For clarification purposes, we suggest under Section 1 (definition section) that the wording "provisionally licensed dietitian" be changed to "temporary licensed dietitian" to be consistent with terminology used elsewhere in the bill. The term "temporary licensed" is used throughout the bill rather than "provisionally licensed."

We would like to raise the issue of the mandatory continuing education requirements. In the 60s mandating continuing education for health professionals began in effort to assure continuing ability. Today, research shows that continuing education does not make a significant difference in the actual practice of the health professional. Many states are moving away from mandatory continuing education and groups, such as the American Hospital Association, are supporting voluntary continuing education.

House Bill 2464 requires for renewal of a license that a dietitian complete 15 hours of continuing education every two years. KDHE questions whether continuing education requirements are necessary. A majority of the states that license dietitians do not require continuing education (see attachment).

In regard to the fiscal note associated with regulating dietitians, the bill states that the fees collected from the dietitians must cover the cost of administering the program. To do so, the applicant fee would be around \$265; the renewal fee, \$200; and the temporary license renewal fee, \$25.

Thank you for this opportunity to speak about this bill.

Presented by: Richard J. Morrissey, Director
Bureau of Adult and Child Care
Department of Health and Environment

March 23, 1988

EXAMINATION REQUIREMENTS OF STATES WHO
LICENSE OR REGISTER DIETITIANS - 1987

Licensed Dietitian Laws

<u>State</u>	<u>Continuing Education Required</u>	<u>Exam Required</u>
Iowa	Yes	Yes
Maryland	Yes	Yes
Mississippi	No	Yes
Montana	No	No
Ohio	No	Yes
Oklahoma	No	Yes

Registered Dietitian Laws

<u>State</u>	<u>Continuing Education Required</u>	<u>Exam Required</u>
Alabama	No	No
California	No	No
Louisiana	Yes	Yes
Maine	No	No



PUBLIC POLICY STATEMENT

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

RE: H.B. 2464 -- Providing for Licensure of Dietitians

March 23, 1988
Topeka, Kansas

Presented by:

Bill R. Fuller, Assistant Director
Public Affairs Division
Kansas Farm Bureau

Mr. Chairman and Members of the Committee:

My name is Bill Fuller. I am the Assistant Director of the Public Affairs Division for Kansas Farm Bureau. Even though policy development in Farm Bureau is the exclusive responsibility of farm and ranch members, H.B. 2464 is important to all 120,702 families who are now members of the 105 county Farm Bureaus across Kansas.

Our concern on this issue is not new. The members of Kansas Farm Bureau developed and adopted policy 10 years ago supporting nutrition education for health care professionals. The Voting Delegates representing the 105 county Farm Bureaus at the 69th Annual Meeting of KFB on December 1, 1987 adopted this resolution:

Dietitian Licensing

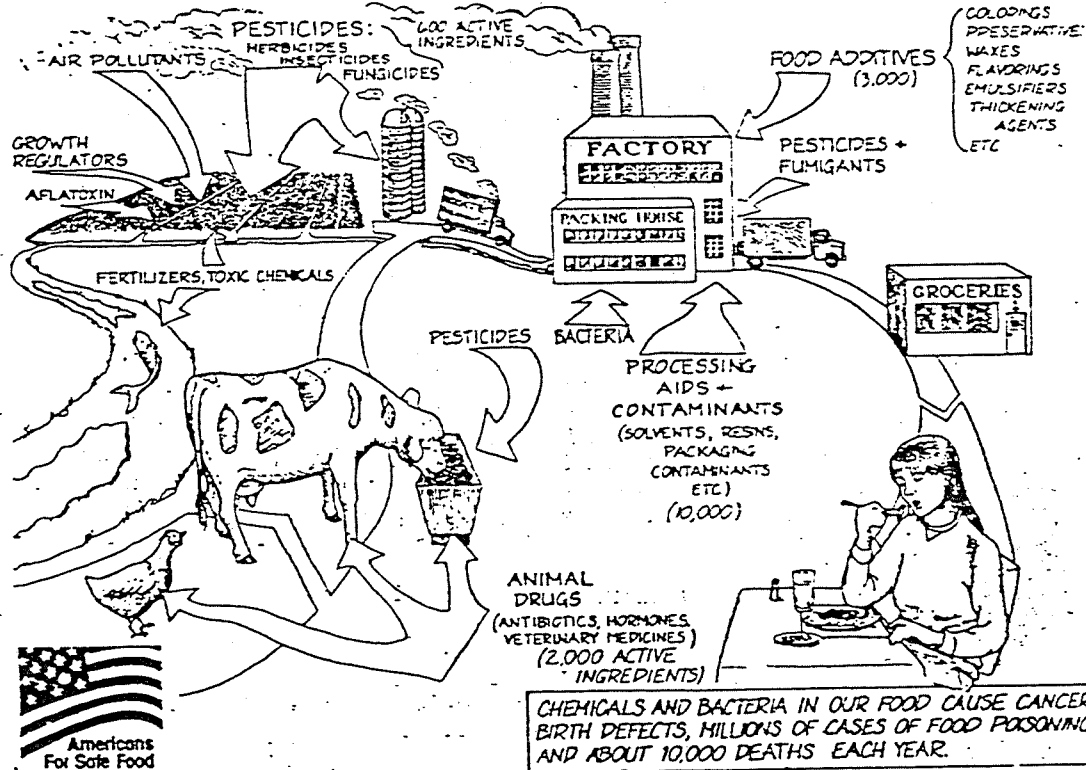
Accurate and complete consumer information on the nutritional value of the pure, wholesome food produced by American farmers and ranchers is vital to our industry. We believe dietitians, properly trained and licensed, could, using scientific and fully documented information, provide consumers with helpful guidance on nutrition and a balanced diet.

We are not opposed to the production, processing, manufacture or sale of any food or nutritional product. However, we do believe anyone who is in the business of assessing nutritional needs or providing nutritional counseling for clients should have to base that advice on scientific research, rather than on fads and gimmicks. We believe the education and examination required in the bill will enhance the likelihood of creditable advice. Our desire is for consumers to receive factual nutritional information and assistance. We want to prevent undocumented claims in the form of advice, counseling and advertising. (As an example, see attachment A.)

We realize H.B. 2464 as amended is limited to dieticians. Frankly, we believe anyone who does nutritional counseling should meet some required standards.

Thank you for allowing us to express the support of H.B. 2464 by the members of Farm Bureau. We will attempt to respond to any questions you may have.

GUESS WHAT'S COMING TO DINNER...



Coleman Natural Beef.

Why raise cattle the old fashioned way? So you can have a natural choice. Coleman Natural Beef is raised without any chemicals, stimulants or feed additives. Their cattle graze on unfertilized mountain pastures, are fed corn with no chemical residues, drink from snow-melt streams and breathe the crystal clear air of the Rockies. That's why we call Coleman Natural Beef "100% Rocky Mountain Pure". It's beef with a natural flavor you haven't tasted in a long time: tender, juicy and delicious. And government certified natural.

MEAT, SEAFOOD AND CHEESE SPECIALS			
	REG.	NOW	
Hallibut steaks	LB 4.98	LB 3.99	Fresh ground beef
Swiss cheese	LB 5.28	LB 4.78	Coleman Natural Beef
Imported from Switzerland			LB 1.98
Fresh chicken breasts	LB 1.59	LB 1.19	Rib Eye Doniders
Fresh chicken legs & thighs	LB .98	LB .88	U.S. Choice round or steaks
			LB 4.98
			LB 4.49
			Marina Steaks
			LB 3.98
			LB 2.98



LARCHER'S

2929 E. CENTRAL 682-5575

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

RE: H.B. 2464 - Providing for Licensure of Dieticians

March 23, 1988

Topeka, Kansas

Presented by:

Virginia Benton
Rural Health Chairman
Coffey County Farm Bureau

Mr. Chairman and Members of the Committee:

My name is Virginia Benton, and I have been Rural Health Chairman for Coffey Co. Farm Bureau for 11 years. My husband and I were dairy farmers for 40 years and we are still farming. I have always had an intense interest in nutrition, and in the promotion of commodities we farmers produce. This started 42 years ago when I joined an Extension Homemakers Unit, and with lessons taught by Nutrition Specialists at Kansas State University, I learned about nutrition for my family. I served as a lay person on the Technical Committee for Licensure of Dieticians.

Farm Bureau has worked for 10 years for adequate nutrition courses to be required in medical and health related curricula. I have been involved in this and in Health Fairs for Coffey County and I believe in what I am doing. You may ask, "Why is Farm Bureau involved in the promotion of this bill?" Farmers produce good food yet the public is often misled in how to use good food wisely. Where can a person go for correct information? This is why it is so important for H.B. 2464 to be passed in the original form.

Harm can be caused by an unqualified person disseminating the wrong information and the public needs a way to identify the qualified dietician from a person who is only seeking a way to enhance their own wealth.

I feel as the Technical Committee voted, that dieticians should be licensed in Kansas.

Thank you for allowing me to express support for H.B. 2464.

Are there any questions?



THE KANSAS PHARMACISTS ASSOCIATION

1308 WEST 10TH

PHONE (913) 232-0439

TOPEKA, KANSAS 66604

ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.
EXECUTIVE DIRECTOR

TESTIMONY

Senate Committee on Public Health and Welfare

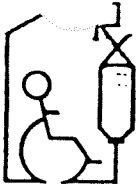
March 23, 1988

MR. CHAIRMAN, COMMITTEE MEMBERS: Thank you for this opportunity to address the committee regarding this issue. My name is Bob Williams. I am the Executive Director of the Kansas Pharmacists Association. Since many of our members work with dietitians, this issue is of interest to us. Hospitals, nursing homes and home health agencies are making more and more use of nutrition support teams consisting of four persons: Physician, dietitian, pharmacist and nurse. Each has its own important role and expertise. Minimum standards and credentialing for dietitians is just as important as it is for the other three professionals. Health professionals are concerned that anyone can legally advertise as a dietitian and charge fees for nutrition advice and counseling. Approval of this credentialing application will help protect the public against unqualified or unethical practitioners. We support this bill and hope the committee will vote favorably. Thank you.

Senate Public Health & Welfare

March 23, 1988

Attachment 4




Georgetown Health Care Center

Georgetown Pharmacy

MY NAME IS DARREL CORSON. I AM A PHARMACIST AND CO-OWNER OF GEORGETOWN HEALTH CARE CENTER IN SHAWNEE MISSION, KANSAS. MY WORK INVOLVES INTERACTION WITH DIETICIANS ON A REGULAR BASIS. I ALSO SERVED AS A MEMBER OF THE TECHNICAL COMMITTEE THAT REVIEWED THE PROFESSIONAL DIETICIANS' APPLICATION FOR CREDENTIALING. THE COMMITTEE FOUND THAT THERE IS A NEED FOR DIETICIANS TO BE CREDENTIALLED. IN MY OPINION, LISCENSURE IS THE APPROPRIATE LEVEL OF CREDENTIALING.

THERE IS EVIDENCE THAT THE PUBLIC IS SEEKING NUTRITIONAL COUNSELING FROM PRACTITIONERS WITH NO TRAINING AND FROM PRACTITIONERS WITH TRAINING OF A QUESTIONABLE NATURE. NUMEROUS CASES OF NUTRITIONAL COUNSELING BY UNQUALIFIED PRACTITIONERS RESULTING IN HARM TO THE PATIENT WERE PRESENTED DURING THE COMMITTEE MEETINGS. THE GENERAL PUBLIC CANNOT ALWAYS DISTINGUISH BETWEEN QUALIFIED AND UNQUALIFIED PRACTITIONERS. REGISTRATION OF DIETICIANS WOULD PROTECT THE TITLE BUT WOULD NOT PREVENT AN UNQUALIFIED PRACTITIONER FROM ASSUMING ANOTHER TITLE AND SUPPLYING NUTRITIONAL EDUCATION AND/OR COUNSELING TO THE PUBLIC. I BELIEVE LISCENSURE IS NECESSARY TO PROTECT THE PUBLIC'S HEALTH, SAFETY AND WELFARE IN THIS AREA.

SINCERLY,


DARREL W. CORSON, R.PH

Testimony before the Senate Health and Welfare Committee
regarding HB2464 on licensure of dietitians.

March 23, 1988, 10:00 am.

My name is Gary Thudium, R.Ph., a Registered Pharmacist licensed in the State of Iowa since 1958. I own a Pharmacy in Iowa. I also own HomeCare Medical Equipment Center, Inc. in Wichita, Ks.

I would like to speak to you today as a parent and a member of the health care team.

I am a parent of a child diagnosed as having anorexia nervosa in 1983 at the age of 23 years. From 1974 to 1984 she was hospitalized numerous times for clinical depression, suicidal attempts and nutritional complications. To my knowledge a dietitian was never involved in the case until 1983. At that time a clinical dietitian's assistance was requested by her physician and in my opinion if it weren't for a dietitian she wouldn't be alive today.

Speaking as a member of the health care team I support the licensing of Dietitians for the following reasons. Nutrition affects every individual in this country. When we address illness, the importance of nutrition in restoring our health is well documented. However many people in the country including members of the health care team overlook the important role that nutrition plays in our everyday lives. Add to the magnitude of this problem the unqualified individuals providing "nutritional advice and products." As high as 50% of the patients admitted to hospitals have some form of nutritional problem and 23% of the patients in Nursing Homes are malnourished! Add to the

complexity of the problems the drug-drug interactions, and drug-food interactions. Sound nutritional decisions must be made by members of the health care team and not left to unqualified lay people.

I would like to give you two examples to illustrate my point. A few years ago I received a call from a Nursing Home that is a client of ours. They had been approached by a housewife that was selling a line of Aloe Vera products for their patients. The claims made by this company and the housewife representative were incredible. I pointed out that the protocol of the nursing home stated that all drugs brought into the home had to be approved by the Physician consultant and Pharmacist consultant. The Dietitian consultant approved food products. Foods and Drugs can affect diagnostic tests and the effectiveness of drugs that are given to patients. I explained to the Nursing Home and the aloe vera salesperson that we would require clinical data and Food and Drug Administration approval of these claims before we would allow these products to be added to the approved list of products utilized by the home. That was the end of the discussion as there was no FDA approval or clinical data to support the claims.

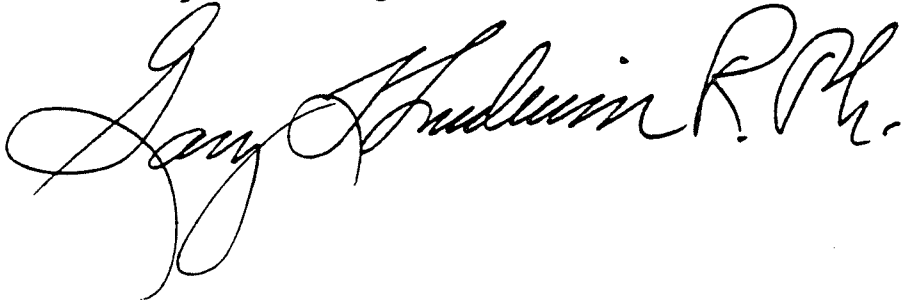
The second example occurred in the last 30 days. A new nutritional product has been developed for patients suffering with pulmonary disease. This product is Pulmocare and may also be appropriate for the diabetic patient with pulmonary disease. A patient with pulmonary disease and diabetes was placed on Pulmocare in one of our Wichita nursing homes and was doing fine. Without approval from the patient's Physician the nursing home

switched the patient to another product at the suggestion of a "nutritional company". The patient was admitted to the hospital in a comotose condition and expired within 3 hours after admittance to the hospital.

Nutrition effects every healthy individual in this nation and when unqualified people provide nutritional counseling they can effect our health. Add the individual patient with chronic illness and the "advice" can have life threatening results!

In the interest of Public Health I support and urge the Licensing of Dietitians/Nutritionists by the State of Kansas.

I appreciate the opportunity to present my views for this public hearing. Thank you.

Handwritten signature of Jay Sudwin R.Ph. in cursive script.

FDA = Food and Drug Administration

Drug = Any substance that when taken into the living organism may modify one or more of its functions.

Nutrition: The sum total of the processes included in the taking in and utilization of food substances by which growth, repair, and maintenance of activities in the body as a whole or in any of its parts are accomplished. Includes indigestion, digestion, absorption and metabolism. Nutrients are stored by the body in various forms and drawn upon when the food intake is not sufficient.

TESTIMONY OF JOHN RENNER, MD
BEFORE KANSAS HEARINGS ON DIETITIAN LICENSURE

Over the past two years I have made an intense study of health and nutrition fraud and abuse. I am currently the Editor of the Greater Kansas City Medical Bulletin and I have written several editorials and several articles about nutrition and quackery and many aspects of it. I will submit some material for your reading.

Nutrition is a science, and because of that we have ongoing controversies within legitimate nutrition. The problem is many hucksters and many people that want to make a profit have seized upon some of these legitimate debates and they have exaggerated the claims of nutrition and they have taken advantage of a large number of people. I consider the nutritional advice that many of these groups give out to be extremely dangerous.

I have only brought a few copies of examples of this, but here is one that is filled with "health secrets from Europe" written by a naturopath who is now expired from a preventable illness cause. This is a magazine written by Kurt Donsbach's industry, which sells phony PhD and Master Degrees in nutrition. Victor Herbert has registered his dog and cat there, they were able to get a certificate showing that they had some nutrition competency. In Kansas City we have something called The Kansas City Nutritional Institute which, about 1-1½ years ago a reporter for one of the papers registered their dog or cat, and they added a new twist - their dog or cat graduated in the upper 10% of the class. Here is a group selling flower remedies, inhaling and smelling things will help you get better. We have had a U.S. Senate investigation this past year on diet fraud. Congressman Claude Pepper had hearings on quackery, much of it aimed at the elderly and different minority groups. Consumer Reports had the May, 1985 edition completely on this particular topic - "Food, drugs or Frauds". And we are starting to see indictments now in different states for people who call themselves "nutritionists". The public has no way to separate a person with good dietetic training as you would in a state that licensed dietitians, and when so-called "nutritionists" start to sell their advice, all kinds of trouble can

take place. The New York Attorney General has just indicted a "nutritionist" by the name of Pace who was thought to be a scientist because he had the word "nutritionist" on his door and advertised in health food stores. He was using a technique called "hair analysis" and "herbal crystallization" where he would put saliva on a slide and analyze it and tell people what "herbs" they needed. He has been indicted in New York.

This kind of activity is going on all over the United States and I am sorry to say many of the complaints that we get about nutritional ripoffs do come also from the State of Kansas.

I think that it would be in the public's best interest to have a licensed dietitian law, someone that they know has credentials and testing and competency in this field, to separate the truth from the fiction.

If you would look at the billions of dollars that are spent nationally and the harm done, the lives lost, the delay in legitimate treatment, you would find out that this would be a very cost effective, good for the public interest type of proposal to consider. I strongly support the attempts to look at all sides of this issue and to get dietitians properly licensed.

Thank you.

Cytotoxic tests fall short in search for allergies

Health bulletin

By Dr. John H. Renner

Have you heard about the cow that was warned not to drink its milk?

There was a good reason: It was found to be allergic to cow's milk as well as cottage cheese and yogurt. At least that's what its cytotoxic test showed.

Usually this expensive food allergy testing program is limited to humans, but last year a suspicious investigator for the Food and Drug Administration decided to check it out by submitting cow's blood as his own. He filled out the necessary questionnaire, sent in \$350 and quickly received back the promised analysis.

The testers apparently did not recognize that the sample was not human blood, but they did report that the customer (the cow) was allergic to 22 of 187 substances tested. When another investigator sent in a sample of blood from a woman physician who was in excellent health, she was reported to be sensitive to a variety of common foods that had never caused her any problems.

Although the operations of that particular cytotoxic testing company have since been slowed by legal and professional repercussions, the issue of cytotoxic testing is not closed.

It is worth your while to recognize the approach. The newspaper ad that caught the attention of the FDA investigator was headlined "Disaster linked to the food you eat!" Telltale signs of a questionable health product were obvious throughout the promotional material:

● A long list of health problems for which the test offered answers, including headaches, stomachaches, sinus troubles, skin problems and rashes, overweight difficulties, stress, fatigue, water retention or "any combination of the above."

● A "new, revolutionary" answer, in this case, a nutritional blood test that showed "how an individual's system may react poorly to certain food." ("Cytotoxic" is defined as poisonous to cells.)

● An extravagant testimonial.

"I was feeling sluggish and awful until I applied the cytotoxic test. Then within three days I felt an incredible increase in my energy level and mental attitude," one woman said. "I no longer get tired or moody and I'm back to a normal life."

● Traveling salesmen or a mail-order system to serve customers. The cytotoxic test was available through a special nutritional team that visited various cities. For those who could not attend the session, the test was sent through the mail. Other cytotoxic tests are available at franchised "allergy test clinics," where the customer is frequently advised to take vitamins and minerals sold at the clinic.

● A little scientific language to make the treatment sound plausible. The advertised test was described as a microscopic exam of the reaction of leukocytes (white blood cells) with individual extracts of nearly 200 commonly eaten foods and additives.

An incompatible food supposedly caused your white blood cells "to wrinkle, crack, burst

open and die . . . your immune system is caused impairment and your white blood cells release a powerful and destructive enzyme. This means potentially greater susceptibility, not only to serious disease, but to a host of lesser symptoms. In short, the door is thereby opened to poor nutrition and a possible multitude of unpleasant ailments and symptoms." This explanation is medical double talk.

For the record, cytotoxic testing—also known as food sensitivity testing, leukocyte antigen testing and Bryan's test—is not an accepted clinical procedure, and no significance has been established for the test results, according to the FDA.

The American Academy of Allergy and Immunology states that controlled trials have shown this kind of testing to be ineffective for diagnosing food and inhalant allergies. In addition, cytotoxic testing is not reimbursed by medical insurers and may be covered under Medicare only as an adjunct to regular clinical allergy tests.

If you think you have a food

allergy, don't rely on cytotoxic testing programs and the panaceas they offer. See a physician for a complete medical exam. It often is helpful to keep a food diary, listing in detail what you eat and what symptoms you experience over a period of time.

You may need to undergo skin testing and/or blood testing to determine the presence of specific antibodies, followed by food challenge tests, which involve eliminating foods, then reintroducing them, one at a time.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For more on cytotoxic testing, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on cytotoxic testing. Please do not send cash.

Chelationists offer everything

Health bulletin

By Dr. John H. Renner

Chelation therapy is touted as a universal treatment—good for dozens of conditions that might ail you. That's the first reason to view it with suspicion. There are at least a half dozen others.

Yet more than 300,000 Americans reportedly have undergone this therapy, in which the chemical ethylenediaminetetraacetate, known as EDTA, is given intravenously over several hours.

Chelation promoters say that a series of these treatments is the answer to hardening of the arteries and offers an alternative to coronary bypass surgery.

The theory most frequently put forth by chelationists is that EDTA chelates or binds to calcium and removes it from the bloodstream to be excreted by the kidneys; this, in turn, causes calcium to dissolve out of the plaques that clog arteries and results in improved blood flow. Other chelationists reject this rationale and offer instead a free-radical theory involving the removal of toxic materials by chelation.

No chelation theory has won acceptance from most of the medical community, but this has not slowed down the chelation proponents who say that unclogging arteries is just one benefit. According to their literature, the therapy can also prevent senility; reverse blindness; treat diabetes; improve liver function, blood cholesterol ratios and memory; lower blood fats; reduce blood pressure; decrease leg cramps; relieve the pains of angina and the symptoms of arthritis, Parkinson's disease and multiple sclerosis; heal ulcers caused by poor circulation; forestall heart attacks; reduce the incidence of cancer and combat a host of other ills, including the effects of Agent Orange.

Although no treatment has ever accomplished even half of these results, some people are willing to give chelation a try. After all, what do they have to lose?

● Some have lost their lives. In 1976, chelation therapy was implicated in the deaths of 14 persons at a Louisiana clinic.

● Others have lost the health they had, and they have coun-

tered with malpractice suits against chelation clinics. Kidney failure, stroke and diabetic complications are among the side effects cited by patients in suits pending in several states.

● All chelation patients part with a considerable amount of their money. A series of treatments costs \$3,000 to \$6,000. Patients must pay it all because insurance companies and Medicare refuse to reimburse for this controversial treatment.

Meanwhile, chelation turns a high profit for the practitioners who administer it. While patients pay \$70 to \$110 for each treatment, materials and labor actually cost less than \$15, the *Harvard Medical School Health Letter* reported last year.

● People who try chelation often lose time. While they delay seeking conventional therapy, their medical problems worsen and their chances of effective treatment lessen.

Patients who are considering chelation should be aware of several other facts:

● Two states have taken action against chelation therapy, and several others are developing legislation to regulate chelationists. In Michigan, chelation therapy is legally defined as a substandard medical practice and in Arizona, its practice is partly controlled.

● Forms of EDTA are approved by the Food and Drug Administration only for treating several specific problems: heavy metal poisoning, an excess of calcium in the blood and irregular heartbeats attributed to an overdose of the heart medication digitalis. The loophole for chelationists lies in federal law, which permits physicians to use drugs for other than the approved purposes.

● The manufacturers of EDTA specifically warn that the drug is not indicated for treating the general hardening of the arteries that comes with advancing age.

● Numerous medical and health organizations have spoken out against chelation therapy for unapproved uses—which is the way it is promoted and practiced today. The organizations include the American Heart Association, the American Medical Association, the American College of Cardiology, the National Insti-

tutes of Health and the FDA. Medical groups point to the lack of real clinical trials of chelation therapy.

● The research that has been done on the treatment does not answer the serious concerns which most of the medical community has about the safety and effectiveness of chelation therapy. Dr. Peter Frommer, an official of the National Heart, Lung and Blood Institute, said the only research that involved patients and used "somewhat reasonable methodology" took place in the early 1960s.

"Their first report showed preliminary favorable results, but their follow-up and more extensive studies did not show benefit, and they concluded that chelation was not a useful tool in the treatment of coronary artery disease."

● In place of scientific research, chelationists usually offer testimonials by patients. Although most of these patients sincerely believe that chelation has helped them, there is no way to know whether an improvement is due to the worthwhile lifestyle changes (a low-fat, low-cholesterol diet, an exercise program and no smoking) which chelation therapists usually combine with the intravenous treatment, to a normal fluctuation in the symptoms of their disease, or to the placebo effect, which causes patients who think they are being treated to report improvement.

● Some of the leading promoters of chelation across the United States are doctors who formerly promoted laetrile, which cost many lives before it was discredited as a cancer treatment.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For more on chelation, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on chelation. Please do not send cash.

Fad diets will trim only your checkbook

Health bulletin

By Dr. John H. Renner

Wonder diets promise to transform you from fat and flabby to thin and trim with little or no effort on your part. The staple fare of these diets is fantasy.

A healthy dose of skeptical thinking is necessary to avoid weight-loss schemes that are as likely to lighten your pocketbook as your body and may also prove costly to your health.

You do not need to be a nutrition expert to judge whether a diet is fantasy- or reality-based and whether it is dangerous or safe. A few basic questions will give you the answer.

- Does the diet promise to melt away your fat, burn off your bulges or flush calories out of your body? Is it guaranteed to increase your metabolism for easy weight loss? Does it allow you to eat all that you want?

These claims appeal to wishful thinking at its worst. The scientific truths are clear: Excess weight results from using less energy (calories) than you consume. To lose fat, you must expend more energy than you take in.

- Does the diet promise a weight loss of more than 2 pounds a week?

If you are shedding more than 2 pounds a week, it's most likely that you are losing water, which you will quickly regain with normal eating, or you are losing lean body mass, including muscle and organ tissue that you cannot afford to lose.

- Does the diet consist main-

ly of pills or a "secret formula"?

When someone stands to make money by selling you a weight-loss product, it is especially important to exercise caution. Many of these "revolutionary discoveries" are just another in the lengthy line of fad diet products that will not work for long. If any of them had proved to be the ultimate solution, there would be no need for the new crop of diets that appears each year.

Most fad diets can produce quick weight loss, but you can lose weight temporarily on any kind of diet. The lasting effect of pills and formulas is often the "yo-yo" cycle in which a quick weight loss is followed by a rebound weight gain as soon as you return to normal eating habits.

- Does the diet focus on one or two foods or food groups and ignore the others?

Unbalanced diets are unsafe, and most fad diets are unbalanced in some fashion. An extreme form of unbalanced diet—a liquid protein diet of fewer than 400 calories a day—was linked to 17 deaths in the late 1970s. Irregular heart rhythms and cardiac arrest occurred in the dieters. As a result, the Food and Drug Administration requires warning labels on weight loss products whose calories are more than 50 percent protein.

Most fad diets pay little or no attention to generally accepted guidelines for nutrient proportions, such as the U.S. Senate Select Subcommittee's Dietary

Goals, which recommend that 58 percent of total calories come from carbohydrates, 30 percent from fat and 12 percent from protein.

Fad diets also often overlook the need for selections from the four basic food groups: meat, poultry and fish; eggs and dairy products; fruits and vegetables; and grains and cereals.

- How many calories does the diet allow you to take in each day?

If the reducing regimen does not limit your calories, it is not likely to be successful. Calories definitely count: It takes 3,500 calories to burn a pound of body fat. To lose a pound of fat a week, you can take in 500 fewer calories a day, expend enough energy to burn 500 more calories a day, or combine the two efforts for a daily reduction of 500 calories.

If a diet calls for a calorie intake of less than 1,000 to 1,200 calories daily, check out its safety with your physician. With a lower intake, you run the risk of not getting enough of the necessary nutrients.

- Does the diet recommend exercise?

The benefit of exercise goes beyond burning calories. Even on a sound diet, exercise is necessary to avoid losing lean body mass.

Also, strenuous physical activity is valuable because it increases your basal metabolic rate—the number of calories your body uses each day to maintain vital functions. This change helps to counteract the effect of dieting, which lowers

your basal metabolic rate. Exercise also is believed to decrease your appetite and to make you feel better.

- Can you stick with the diet?

Most fad diets are too monotonous, difficult or expensive for long-term use, which results in many dropouts.

- Does the diet provide guidelines for maintaining your weight after you rid yourself of extra pounds?

Very few dieters keep off the bulk they lose. You need a maintenance plan to steer clear of the eating habits that caused you problems in the first place and to replace them with eating and exercise strategies for lifetime weight control.

Detailed information on many popular diet plans is offered in a useful book, *Rating the Diets*, by the editors of *Consumer Guide* and Theodore Berland. A paperback edition was published in 1983 by Beekman House, a division of Crown Publishers Inc.

Questions about health matters? Write to Dr. John H. Renner in care of *Star Living*, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For more on dieting, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of *Star Living* at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on diets. Please do not send cash.

Nutrition reports have watchdog

Health bulletin

By Dr. John H. Renner

You can trust popular magazines to give you reliable information about nutrition:

- A. Most of the time.
- B. More than half of the time.
- C. Less than half of the time.

The right answer could be any of the three choices, depending on which publications are involved. When it comes to accurate information about healthful eating, magazines differ greatly.

If you are looking for good, safe information, you need to know which magazines offer more facts and which offer more nutrition fiction. The same is true for all other health advice you are given: Consider the reliability of the source, whether it comes from a publication or a person.

In most cases, it will be up to you to check out a source. In the case of magazines, you can benefit from the work done by the American Council on Science and Health, a highly respected, non-profit educational organization devoted to scientific evaluation in health and environment.

There was good news and bad news last year when the council reported the results of its second survey of nutrition coverage in 30 popular magazines.

The good news was that some magazines showed tremendous improvement from the first survey, which had covered several years of issues through most of 1981, to the second survey covering 1982 and 1983.

The most dramatic improvements were achieved by *Essence*, which jumped from 37 percent to 93 percent accuracy in nutrition articles, and *Mademoiselle*, which rose from 46 percent to 84 percent accuracy.

The bad news was that you could not believe even half of the nutrition articles in five of the magazines—all of which had covered nutrition topics extensively or moderately in the period.

The council called these magazines "unreliable" for nutrition

information because of their low percentages of accurate articles: *Harper's Bazaar*, 18 percent; *Let's Live*, 20 percent; *Prevention*, 31 percent; *Saturday Evening Post*, 36 percent; *Cosmopolitan*, 47 percent.

Dishonors for "the greatest output of bad nutrition information" went to *Let's Live* and *Prevention*, both of which devoted most of their content to nutrition.

At the opposite end of the scale were five magazines with extensive or moderate nutrition coverage that earned them ratings of "excellent." The magazines with the highest percentages of accurate articles were *Good Housekeeping*, 95 percent; *Self*, 94 percent; *Health*, 93 percent; *Essence*, 93 percent; and *Glamour*, 90 percent.

Overall, 15 magazines were doing an excellent job in presenting accurate articles (90 percent or better). Unfortunately, the nutrition coverage of the 10 others was limited. These included *Changing Times*, *Fifty Plus*, *Redbook*, *Parents*, *Better Homes & Gardens*, *Science '82 and '83*, *Reader's Digest*, *Scientific American*, *Seventeen* and *Consumer Reports*.

Fewer magazines were in between the extremes. Ranked as "generally reliable" (accuracy of 80-90 percent) in nutrition coverage were *American Health*, *Mademoiselle*, *Consumers' Research*, *Vogue* and *Consumers' Digest*.

Readers could put less stock in the nutrition coverage of five other magazines, which were rated "inconsistent" by the council (accuracy of 60-80 percent). These were *Runner's World*, *Family Circle*, *National Enquirer*, *McCall's* and *Ladies' Home Journal*.

er, McCall's and Ladies' Home Journal

The council used basic nutrition principles as guidelines in its survey and judged the articles in each magazine according to four criteria:

- Is the nutrition information scientifically sound and factual?
- Are inaccurate claims of special health benefits made for certain foods or nutrients?
- Do the writers or sources for articles have legitimate credentials?
- Are featured weight-loss diets safe, sensible and effective?

The most common inaccuracy found by the council involved unproved claims. In some cases, unproved claims were stated as fact; in others, they became the basis for nutritional advice.

Overall, however, magazines appear to be publishing better information on nutrition. The council thinks this is because of the demand from consumers, who are more interested in nutrition and health.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For a copy of the complete magazine survey report published by the American Council on Science and Health, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on the magazine survey. Please do not send cash.

You can get stung on bee pollen diet

Health bulletin

By Dr. John H. Renner

When a 1972 Olympic champion runner from Finland credited his athletic success to bee pollen, it was not long before promoters latched onto the possibilities for commercial success with this "health food."

Since then, hundreds of coaches have put their teams on bee pollen and testified to its wondrous effects.

Pollen pushers do not limit their claims to increased stamina and enhanced athletic performance. They say that pollen cures or eases numerous illnesses, provides perfect nutrition, revitalizes the body and relieves allergies, asthma and hay fever.

In reality, bee pollen users can get stung several ways:

- No solid, scientific evidence has been produced that bee pollen improves health or athletic performance. Its fame rests on testimonials, the same technique once used to sell snake oil.

- Bee pollen is a high-priced way to get nutrients. The very same nutrients can be obtained easily and much more cheaply from a balanced diet of conventional foods.

- Bee pollen is potentially dangerous for persons who suffer from allergies (10 percent to 20 percent of the population). Severe and even life-threatening reactions have been documented from the use of bee pollen.

Each of these issues deserves a closer look.

In 1975, the National Association of Athletic Trainers sponsored a six-month test involving the Louisiana State University swimming team.

Half of the team took 10 pollen tablets a day; 25 percent took 10 placebo tablets (which looked the same but contained no pollen), and another 25 percent took five pollen and five placebo tablets. No measurable difference was found in the performance of the three groups.

When the test was repeated with 30 swimmers and 30 high school cross country runners, bee pollen again was shown not to be a significant aid in metabolism, workout training or performance.

As for claimed health benefits, a leading authority on plant drugs and nutrients gives bee pollen a rating of "ineffective." Varro Tyler, dean of the pharmacy, nursing and health sciences schools at Purdue University in West Lafayette, Ind., and author of *The Honest Herbal*, points out that none of the identified constituents of pollen has been linked to any significant treatment benefits.

Mr. Tyler says that a few studies have reported favorable results but the research needs to be repeated and re-evaluated before it can be accepted.

Consumers also need to be aware that products sold as "health foods" and "nutrition supplements" are free of legal requirements for proof of effectiveness and safety. (These requirements apply to drugs marketed in the United States.)

What does the buyer of bee pollen get when he purchases this "perfect food"?

Bee pollen is a mixture of plant nectar, pollen and bee saliva. It consists mainly of carbohydrates, some fats and protein with amino acids, vitamins and minerals. All of these nutrients are readily available in conventional foods.

Bee pollen is costly for at least two reasons. One is its promotion as a "miracle food." The other involves the elaborate method of collecting pollen with mesh devices placed at the entrance to beehives. These devices serve to scrape off some of the pollen that the bees pick up from plants and carry back to the hives on their hind legs.

For most people, bee pollen may be just an overpriced and unnecessary product, but for some, it is truly hazardous. Although it has served as a home remedy for hay fever and allergies, it is most dangerous for persons who have these conditions.

Various instances of significant allergic reactions have been reported by medical practitioners. One research group described three patients, all with seasonal allergies, who suffered acute reactions after taking imported or domestic bee pollen. Most of the pollen was found to be from the plant family that includes dandelion, ragweed and sunflower.

Other researchers in the Southwest reported several patients who experienced strong reactions to bee pollen that was composed mainly of mesquite pollen. They suggested that bee pollen products should include a warning to alert consumers who have allergies.

Of course, there also is a general danger. Anyone who believes the claims made for bee pollen may rely upon this product, which has no proved effectiveness, to maintain their health instead of seeking necessary medical treatment.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For more information on bee pollen, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on bee pollen. Please do not send cash.

Analysis of hair is unreliable practice

Health bulletin

9/1/85

By Dr. John H. Renner

Hair analysis has some merits, but if you believe that the mineral content of your hair can reveal your state of health, you are letting yourself get clipped.

It was estimated in a recent *Health* magazine article that more than 200,000 Americans fall for this gambit each year and snip their locks to send a sample (a couple tablespoons) to a hair analysis laboratory. They order through chiropractors, "nutritionists," health food stores or magazine and newspaper ads. Some do so on their doctor's or dentist's advice.

If you are the customer, for an average cost of \$35, you will get back a computer printout that looks properly scientific and analytical, according to the Food and Drug Administration. You will probably be advised that you have "toxic levels" of some minerals and serious deficiencies of others. According to the FDA, this is the typical report made to healthy individuals.

Your lab report may include a listing of the varieties of ill health associated with your "imbalances." Some labs will even tell about vitamin deficiencies, but this is quite a trick because hair contains no vitamins except at the root below the skin surface.

Up to this point, if you can afford to part with your hair and your money, hair analysis is harmless nonsense. The chances are good that you also will be counseled to "correct" your problems with some "healthful" products, which happen to be available through the lab or a related company. The FDA reports on one lab which recommended virtually the same daily regimen—15 different vitamins, minerals and other food supplements—to all of its customers.

If you take these supplements based on hair analysis, you may end up causing yourself serious health problems. Too much vitamin A, for example, can cause liver damage. Too much vitamin E can cause fatigue.

The fast-growing commercial enterprise of hair analysis is a good example of a pseudoscience. Its promoters tell you all about the scientific basis for the procedure but they neglect to mention the reasons why the results are worth little to you.

The unreliability of hair analysis has been documented by numerous investigators, the latest being Dr. Stephen Barrett of Allentown, Pa., in the *Journal of the American Medical Association* issue of Aug. 23-30, 1985. When duplicate hair samples have been sent to several labs, results differed sharply from one lab

to another. For example, the same individual was reported to be high, slightly low and normal in sodium levels by three different labs. In one case involving analysis of 23 minerals, the three responding labs made similar interpretations of findings for only five substances.

Perhaps even more astonishing is the fact that when duplicate hair samples have been submitted separately to the same lab, different results have been reported for one individual.

There is some scientific basis for hair analysis. Minerals are found in hair, and the levels of some minerals in the hair reflect the levels of the same minerals in the body. Hair analysis is useful in detecting heavy-metal poisoning, such as lead, cadmium, mercury and arsenic, and in studying environmental exposure to certain pollutants.

However, for other minerals, the evidence to date is that the levels which exist in the hair do not provide an accurate gauge of minerals in blood or tissues.

This is just one of several major problems with hair analysis. Consider what happens to your hair on a regular basis. It is shampooed, conditioned, sprayed, bleached, dyed, permanent waved and straightened. Hair also may be affected by the action of environmental pollutants. Minerals may be added or removed by these processes.

The chemical makeup of your hair also varies with its location on your scalp, its color and diameter; with your age, sex and race; with the medications you take, diseases you have and even the season of the year.

Still another drawback of hair analysis is that no standards exist for normal ranges of most minerals in hair. When a lab reports that your minerals are normal or abnormal, all they are saying is that they are normal or abnormal compared to other samples they have processed.

If and when all these problems are overcome, hair analysis may hold some promise for evaluating your health status.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For more on hair analysis, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on hair analysis. Please do not send cash.

STAR LIVING

The Kansas City Star, Sunday, August 25, 1985 Page 3G

Hair tonics leave pate, pockets bare

Health bulletin

By Dr. John H. Renner

The worthlessness of over-the-counter baldness remedies is well known to the many thousands who have tried them. Yet these salves, lotions and creams advertised to "grow new hair" and "prevent hair loss" have remained on the market, costing Americans untold dollars along with the humiliation of being taken in.

Finally, a ban on these products appears likely as a lengthy federal review of non-prescription drugs nears its last stages.

The problem with baldness remedies is not safety. Manufacturers have been careful to avoid ingredients that could pose a danger to health. Indeed, most of the products are essentially shampoos, conditioners and clear lotions with preservatives, according to officials of the Food and Drug Administration.

The problem is simply effectiveness: The products do not work.

It has been well established that most cases of hair loss can be attributed to male pattern baldness, which is hereditary, and that no over-the-counter products are effective for curing this.

(In some cases, when baldness occurs because of illness, medication or emotional stress, hair does grow back, but this happens because of a change in the individual's condition, not because of a hair-growth product.)

Yet many cannot resist the promise of a "sure thing"—for example, a "scalp follicle cleanser" that allows trapped scalp hair "to be free once again," or a secret formula that thins the

membrane covering the crown of the head and thus "grows hair on bald heads."

Strangely, the FDA gets very few complaints from people who try these phony treatments. Perhaps those who are gypped realize they should have known better, so they do not register protests.

It has been more than a decade since the FDA first called for data on over-the-counter products advertised to grow hair and prevent hair loss. This information was reviewed by an expert advisory panel, which originally suggested a ban on the products in 1980. After interested parties were given opportunity to comment, the FDA independently evaluated the report and the comments received.

Early this year, the FDA tentatively adopted the panel's conclusions and recommendations. Again, interested parties have been asked to comment, and new data may be presented until January.

After another round of comments on any new information, due by next May, the FDA will issue final regulations. If a ban takes effect, those who sell the products will have a six-month grace period to remove them from the market.

Any new product will have to undergo a legitimate study, requiring solid evidence from controlled clinical investigations, to establish its safety and effectiveness. Testimonials and reports that cannot be scientifically evaluated will not be accepted.

The FDA's ban would not apply to prescription drugs nor to other methods of combatting baldness, including electrical

stimulation and hair transplants.

Currently, a prescription drug that shows some promise for growing scalp hair is undergoing tests. The drug, minoxidil, is a potent high blood pressure medication, taken orally, that has had a side effect of growing hair on the scalp, body and face. A solution of minoxidil is being applied to scalps in tests conducted by the manufacturer, Upjohn Co.

The fact that the safety and effectiveness of the drug are still under investigation has not stopped numerous clinics across the country from seizing on this new possibility. Promotions for minoxidil have proliferated in the last six months, according to the FDA.

In another current come-on, newspaper ads have appeared in several parts of the country seeking persons to be part of a "market test" of a new product billed as a "Canadian hair research breakthrough." Unlike participants in legitimate studies, the person who replies will discover he has to pay to participate, and the tab runs about \$240.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For more on questionable treatments for balding, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on balding. Please do not send cash.

'E' stands for excess of vitamin fallacies

Health bulletin

By Dr. John H. Renner

Special to The Star

No other vitamin can compare with E—at least not in the breadth of powers claimed for it, as a cure-all and as a preventive.

If you suffer from diabetes, heart disease or ulcers, vitamin E is held up as the answer to your problems. How about warts? Infertility? Sexual dissatisfaction? Proponents of vitamin E say it can handle those conditions, too, as well as aging, cancer and air pollution. E is the superstar among vitamins, according to its enthusiasts.

In truth, vitamin E doesn't live up to its billing, but it does have one important phenomenon going for it. E has not been thoroughly researched, so its mystique lives on. Vitamin E also benefits from a widespread misunderstanding that equates sterility, sexual potency and arousal.

Let's look at the basic facts about vitamin E:

- E is an essential nutrient that maintains the stability of outer membranes of cells. Whether it has other functions is yet to be determined.

- Vitamin E is found in many ordinary foods and is especially plentiful in vegetable oils and margarine. Other rich sources include many vegetables and whole-grain cereals.

- An ordinary diet supplies adequate quantities of vitamin E (10 to 20 international units daily), a fact that has been made clear by the National Research Council. Moreover, the body stores vitamin E, uses it slowly and in small quantities, and can regenerate it.

- Researchers have found it almost impossible to produce vitamin E deficiency in humans through dietary restriction. Deficiencies in adults have been found only in patients who have rare inabilities to absorb fat during the digestive process. These persons cannot absorb vitamin E, which is dissolved in fat.

Persons with cystic fibrosis, celiac disease, non-tropical sprue, chronic pancreatitis and several other diseases have very low levels of vitamin E. But it is the disease that causes the low levels of the vitamin, and these persons do not appear to suffer from their lower E levels. It also seems that their conditions are not helped by higher levels of E, although some doctors prescribe a vitamin E supplement for them.

Vitamin E's original claim to fame came in the 1920s, when it was found necessary for successful reproduction in rats. Since then, many of the claims made for vitamin E have rested on a basic fallacy: They assume that the results of animal studies are applicable to humans. In the process, they ignore the fact that deficiencies of vitamin E have been produced in animals but are very difficult to produce in humans.

There is a second fallacy. Although the most striking result of vitamin E deficiency in animals has been reproductive failure, vitamin E enthusiasts have incorrectly transformed this into virility or sexual performance in humans.

If animal studies are to be accepted, it is important to mention those that have shown that long-term, high-dose vitamin E can cause degeneration of the testicles and low sperm counts in males and infertility in females.

In humans, vitamin E deficiency has been found in premature infants suffering from a type of anemia. When vitamin E supplements were given to these infants, the condition cleared up. Since this finding in 1967, vitamin E has been required in commercial formulas.

Although most physicians have rejected vitamin E as a treatment for heart diseases and other common ailments, this vitamin does hold promise for some medical problems. These include intermittent claudication, a circulatory problem in the legs; cystic breast disease; sickle-cell anemia; and exposure to high levels of oxygen.

More research is needed, and it must be carefully structured. Because subjective evaluation plays a role in some of these conditions, it is important that studies be set up so that neither the physician nor volunteer knows who is receiving vitamin E and who is receiving a placebo (dummy pill).

Meanwhile, a strong warning is necessary: High-dose vitamin E is not safe for everyone.

A study at the National Institutes of Health is frequently cited as evidence for the relative safety of E. The study indicated that some adults can take up to 400 international units and probably up to 800 international units of vitamin E daily for at least a year without ill effects. However, the research failed to report on people who had tried taking vitamin E supplements and stopped because of ill effects.

More than 25 possible harmful effects of high-dose vitamin E in humans have been reported by biochemist Charles W. Marshall in his book, *Vitamins and Minerals: Help or Harm?* This volume was named the best book of 1983 by the Science Writers of America.

Beyond such discomforts as nausea, diarrhea, headache and extreme fatigue, the list of vitamin E's possible effects includes dangers for persons with high blood pressure or heart disease for diabetics taking medication. Among general risks are lowered resistance to infection, muscle damage and increased blood fats and cholesterol.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.

For more on vitamin E, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on vitamin E. Please do not send cash.

Desire for cure-alls fuels lucrative business of quackery

Health bulletin

By Dr. John H. Renner

Are you overweight, out-of-shape, arthritically crippled, chronically ill, underdeveloped, bald or just plain old?

If so, you don't have to look far for a magic cure. Promoters of quackery offer a host of devices, drugs and schemes guaranteed to solve your problem.

Americans are grabbing for the cure-alls. Despite common sense and education about health and nutrition fraud, Americans spend an estimated \$10 billion each year on quackery. That figure was reported last spring by a House subcommittee concluding a four-year investigation of fraudulent and unproved medical treatments. It probably doesn't include victims who keep quiet about losses because they don't want to admit that they have been duped.

Quackery is big business for good reason: It is immensely profitable and carries little risk.

No matter how outlandish the

claims that a quack makes and no matter how harmful his product may be, it is rare for any level of government to launch a vigorous investigation and prosecution under criminal statutes, according to the subcommittee's report.

Federal efforts to combat quackery were found to be minimal, and state and local enforcement efforts were reported to be not much more substantial. On the federal level, anti-quackery efforts have declined over the last 20 years and particularly during the last four years, according to the report.

Among federal agencies, the Food and Drug Administration has the broadest authority to control quackery, but it spends less than one-thousandth of 1 percent of its budget for that purpose.

The picture is also bleak on the state level. There are no criminal sanctions against promoting quack remedies in two-thirds of the states. Kansas and Missouri

are no exception.

Some do not see a need for change because they view quackery as basically harmless and perhaps even amusing.

Paying \$250 for a weight-loss contraption that "melts pounds away" may seem laughable. However, about 400,000 Americans believed the claims and spent that on their own Relax-a-cisor, touted to rid them of weight by using mild shocks to provoke muscle spasms.

Later, a judge found the device to be hazardous and potentially harmful, capable of causing miscarriage and aggravating several conditions including epilepsy, ulcers and varicose veins.

It may seem incredible, too, but others believed an ad that promised an at-home, self-administered cancer cure. Respondents who paid \$25 for the Woods Cancer Cure received a syringe and three sheets of information. One recommendation was to remove cancerous atoms from the body by applying a vacuum near

the skin. Users were told to place a small amount of fresh beef inside the vacuum so that it could work through the magnetic attraction of flesh and blood. After a complaint from postal authorities, the promoter admitted fraud.

Several years ago, the Postal Service received complaints about a pill advertised to make people smarter for just \$20. Investigators discovered that the product was essentially a multivitamin, which had been found in numerous studies to have no effect on intelligence. Perhaps those who shelled out \$20 for the pill were at least made smarter about falling for hoaxes.

It is the fortunate person who loses only money to quackery. There are two more serious consequences. An individual who succumbs to the claims of a huckster often delays seeking proper treatment for his illness or quits medically prescribed therapy that probably requires effort and patience. The result

may be irreversible damage which could have been avoided.

And, of course, some quack remedies are inherently dangerous. No one knows how many persons pay with their lives.

If you don't want to be among those who are hoodwinked each year by quackery, keep these points in mind:

- Don't count on others to protect you. It's up to you to be alert about health and nutrition information.

- You may not be able to recognize the modern-day quack as easily as the snake-oil salesman of the past. Some of today's hustlers go to considerable effort to develop their "scientific" appeal. They speak in terms of your freedom to choose "alternative therapies" not accepted by the "overly conservative" medical community.

- Be aware of your own vulnerabilities. You may be highly knowledgeable in your professional field, but if you are overweight and not well in-

formed about your problem, you may be tempted by a quick and easy weight-loss plan that sounds reasonable.

- Learn what resources you can rely on to help you evaluate what you hear and read. As a consumer, you are bombarded with information about health and nutrition. You need to be able to determine what makes sense and what should cause you to be skeptical.

Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo 64108.

For more on medical quackery, send \$2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on quackery. Please do not send cash.

Doctor strives for strong awareness of medical field among consumers

By Marjean Busby

Staff Writer

One of Dr. John H. Renner's professional goals is to get people to become "active partners in their health care"—the kind who ask a lot of questions and are choosy about what answers they will accept.

"I've been aware that people need accurate health information, and that is not easy to come by," said Dr. Renner, a Kansas City family physician who has been a full-time educator and health advocate for 15 years.

His column, Health bulletin, is intended to help fill that need. The column, which makes its debut today, will appear each Sunday in Star Living of The

Kansas City Star

"We will compile things from a variety of literature and put it in a readable format so that consumers and readers can have some of the information brought to their attention," he said.

Readers who have health questions may write to Dr. Renner in care of The Kansas City Star. If readers request more information about a topic, the patient education library at St. Mary's Hospital of Kansas City will send out reprints of articles that are "more in depth about the subjects we write about," Dr. Renner said. Readers will be asked to pay \$2 to cover postage and the costs of copying the material.

Dr. Renner, the director of St.



Dr. John H. Renner
... dangerous remedies

Mary's Regional Family Practice Residency Program since 1980, isn't afraid to stir up controversy.

"If we're going to look at topics in all areas, we're obviously going to rattle a few cages—both in and around the health profession, and in some of the commer-

cial world of health care," he said.

He will write about "people trying to sell certain products" and "some of the sacred cows inside the medical profession, such as doctor-patient relationships and doctor-pharmacist relationships," he said.

The 52-year-old doctor grew up in Indiana. He lives in Blue Springs with his wife of 31 years, Diana. The couple has a 24-year-old daughter, Andrea, and 22-year-old son, Craig.

Dr. Renner received his medical degree from George Washington University in Washington and practiced general family medicine in Fairfax County, Va.

In 1970, he joined the University of Wisconsin in Madison where

he organized the Family Practice Department. Later, he was chairman of the Department of Family Medicine and Practice and also assistant dean for physician retention and distribution.

Five years ago, he moved his family to Missouri so he could develop the family practice residency program for the Sisters of St. Mary, he said.

His affiliations include American Academy of Family Physicians and American College of Preventive Medicine.

He is chairman of the Kansas City Council Against Health and Nutrition Fraud and Abuse; chairman of the Professional Communications Task Force of the National Council on Patient Education and Information; and

president of the Kansas City Civic Health Foundation.

About 20 years ago, Dr. Renner observed through his practice that some patients had a particularly strong awareness of health.

"I found that helping them to increase their medical knowledge laid the groundwork for a health partnership that was mutually rewarding," he said. "I realized that an appropriately educated patient could have a positive effect not only on his own health, but also on family and community health. That was a turning point for me."



EDITORIALLY SPEAKING

John H. Renner, Editor

Helping Patients Resist Quackery's Allure

They may or may not be telling you, but some of your patients are turning to quack treatments for their medical problems.

How can you determine whether a patient is likely to be lured by the appeals of unorthodox care? How can you help your patients make good decisions about therapy? And how can you act as a patient's advocate in the face of obviously harmful "cures"?

It's well known that chronically ill patients are highly vulnerable to promises of miracle cures. But others are also susceptible. You can get an indication by asking patients—in a nonjudgmental way—what vitamins and nutrition supplements they take. The patient who takes unnecessary vitamins, particularly megavitamins, is likely to be poorly informed about health in general. Talking with a patient to determine his beliefs about health will also provide you some clues about gullibility.

Do not assume that certain groups of patients are immune from health hoaxes. While those who turn to alternative care are commonly stereotyped as poorly educated terminally ill patients who have exhausted conventional therapy, a recent study of unorthodox cancer treatments found just the opposite to be true: The persons using unorthodox treatment were well educated, frequently asymptomatic and in the early stages of the disease.

Remember that a good patient-physician relationship is a primary factor in helping people to stay with proven, traditional therapy. Always communicate to patients that you care about them as people and that your interest extends beyond their diagnosis and treatment.

Once this kind of groundwork is laid, there are several specific steps you can take:

1. Encourage your patients to think about prevention of illness and healthy lifestyles.

2. Educate your patients and their families about any diseases they have. Provide them with ways of gaining additional information and support, for example, through the Cancer Society, the Heart Association, the Arthritis Foundation, or Tel Med.

If you do not fulfill the patient's need for information, others with less understanding and few scruples will be able to move into the vacuum. While quacks lack scientific knowledge, they are experts at relating to people and offering attention, hope and sure answers.

3. Be honest and thorough in informing your chronically and terminally ill patients about their diagnosis and prognosis, but keep the focus on what can be done for them. When these patients believe that traditional medicine has nothing more to offer them, they become prime targets for quack promotions.

Help your patients to make the best of their situations and warn them to be skeptical about miracle cures. Let them know that you are available to offer practical suggestions and support.

4. Involve your patients in decisions about treatment by exploring various options and consequences with them. As part of this process, provide them a chance to discuss alternative approaches to care. Be ready to explain why you believe that these unproven methods are poor choices.

5. Assure patients who try alternative methods of care that you will always be willing to talk with them

about any aspect of therapy.

As physicians, we are all teachers. It is important to educate our patients so they can recognize health fraud and resist it. This requires that we become aware of health fraud ourselves. We need to listen to talk shows on radio and TV to be sensitive to messages the public is hearing. We need to look through newspapers and widely-read magazines to pick up this kind of background.

We can offer patients a valuable service by providing handouts focused on self-protection. As a possibility, consider two Food and Drug Administration (FDA) *Consumer Memos*, one titled "Quackery—Paying for Miracles That Never Happen," and the other, "The Voice of the Quack." Both are available from FDA offices for distribution to patients.

Finally, we need to remember our responsibility to "do no harm" to patients. When we recognize health fraud, we must speak out. If we cannot be advocates for our patients, who will be?

We can summon the help of many allies in this effort:

If drugs, nutritional supplements or medical devices are involved, the FDA can take action. The Better Business Bureau can provide information about suspect companies, and the local health department can furnish information about dubious products.

If advertising appears false or misleading, the Federal Trade Commission will investigate complaints.

If a fraudulent product is promoted through the mail, the U.S. Postal Inspector can act.

If a fraudulent remedy is promoted by a doctor or other licensed practi-

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tioner, the appropriate state licensing department is authorized to play a role.

In addition, most state or county prosecuting attorneys have special branches to investigate complaints of consumer fraud.

Within the past year, the Kansas City Committee Against Health and Nutrition Fraud and Abuse has been formed to pool the efforts of the local physicians and other health professionals in dealing with the significant problem of quackery. To learn more about this effort, contact the Civic Health Foundation at 931-0956.

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EDITORIALLY SPEAKING

John H. Renner, Editor

Health Quackery Is Expensive Foolishness

Health quackery is all around us. What can we do about it? What *should* we do about it?

Many physicians remain silent about quackery because they do not want to offend a patient. Perhaps the patient is taking megavitamins, or someone in the patient's family is selling an herbal "wonder" drug. In other cases, physicians accept the testimonies that they hear for products or treatments, and they may stop relying upon traditional, scientifically controlled clinical studies.

I prefer to take a hard line against quackery. At best it is expensive, non-scientific foolishness. But often, the results are more serious, and quackery causes considerable harm by delaying or detouring a patient from obtaining legitimate treatment. Some quackery is dangerous; some is life-threatening; some is life-destroying.

Big Business

The first step in combatting quackery is to recognize the dimensions and nature of the problem. Quackery is big business because it is immensely profitable and carries little risk. In a 1984 report, a U.S. House subcommittee estimated that Americans spend \$10 billion a year on quack health products and treatments.¹ (Another \$10 billion reportedly is spent on fraudulent diet and nutrition products.)

A second finding was equally disturbing: Despite the outlandish claims made by some quacks and despite the harmfulness of the products they push, it is rare for government at any level to vigorously investigate and prosecute quackery under criminal statutes. Federal efforts to combat quackery were reported to be minimal and declining notably over the last several years. Local enforcement efforts were found to be not much more substantial.

Among the most common present-day health frauds are cancer and

arthritis cures, anti-aging formulas, hair analysis, megavitamin therapy and fad diets.

The perpetrators of quackery include health professionals as well as those outside the field. Some act out of ignorance, and some, out of a need to be avant-garde. Most act out of pure greed. The victims of quackery—contrary to general opinion—are not limited to the poorly educated. Most people have blind spots and areas of error which make them vulnerable to quackery under certain circumstances, according to James Harvey Young, Ph.D., a historian of quackery.²

Appeals of Quackery

A second major step in confronting quackery is to understand why patients turn to unorthodox treatments. There are numerous reasons, but one of the most important involves misinformation and misunderstanding.

Consumers are bombarded with misleading information about health. Unlike the hucksterism of the past, however, much of this information is packaged in sophisticated forms and transmitted via television talk shows or newspapers and popular magazines.

The misinformation problem is compounded by a widely-held belief that government regulations somehow protect the public from false claims for health products and services.

In reality, almost the opposite is true. False claims are illegal only if they are made on a product label, in an ad, or in connection with a sale. There is little need for claims on labels when the media offer so much opportunity for promoting health products and treatments.

Of course, people turn to quack remedies for other reasons. Chronically ill persons become highly susceptible to promises of a miracle cure, and the same is true for patients who fear growing old, experiencing pain

and dying.

Impact of Physicians

Unfortunately, physicians may play a role in a patient's decision to try a quack therapy. In a study of 660 cancer patients, University of Pennsylvania researchers found that the quality of patients' relationships with their physicians was related inversely to their propensity to seek unorthodox care.³

The authors note that some features which lure patients to unorthodox treatment are not available in conventional medicine, including simple explanations of the cause of disease based on common experience such as eating, elimination and stress; remedies which are mostly pleasant and free of side effects, and home-based therapy.

However, the researchers point out that several other features are potentially available within the framework of conventional medicine. These include nutritional and dietary factors, the opportunity for patients to participate actively in their own care, and the chance for them to develop a continuing relationship with a primary physician whom they perceive to be caring and involved.

Next month: Ways for practicing physicians to deal with quackery as it affects individual patients.

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EDITORIALLY SPEAKING

John H. Renner, Editor

Nutrition and You

Although we know that nutrition is a vital aspect of good health, we often remain silent on the topic unless a patient's therapy requires dietary management. Yet this is an area where physicians can and should make a difference, and it presents an opportunity that touches most specialties.

Our responsibility is twofold and clear-cut:

- We need to offer sound advice. If we don't have the answers, we must fill in the voids by using consultants or by educating ourselves.

- We need to counteract the nutritional nonsense which is so prevalent in this country—for example, the myths which give credence to megavitamins and "health foods."

American consumers are bombarded with information about nutrition, but sorting the good from the bad is no small challenge. In a recent survey, the American Council on Science and Health found that among popular magazines which offer extensive coverage of nutrition, there were as many publishing inconsistent or unreliable information as there were publishing excellent or generally reliable information.¹ While the publications *Self* and *Health* were deemed excellent with accuracy ratings of better than 90 percent, three other publications with extensive coverage—*Let's Live*, *Prevention* and *Cosmopolitan*—were judged unreliable because less than half of the nutrition information in each was accurate. It's no wonder that surveys of the public consistently reveal widespread misinformation, ignorance or confusion about nutrition.²

The Physician's Role

Do physicians know enough about nutrition to offer sound advice? After all, nutrition has not been sufficiently emphasized in medical education although basic science and clinical

courses have incorporated aspects of the subject.

Frederick J. Stare, a highly respected author in the field of nutrition, says that most of us know far more than we are given credit for. "We know there is no such thing as a nutritionally perfect food. We know that variety in foods consumed is the key to good nutrition. We know that good nutrition is an important part of convalescence. We know that obesity in the presence of other risk facts is an added hazard. We know that fortified convenience foods contribute to good health and make life easier for those who prepare meals. We know that the woods are full of food faddists, nutritional charlatans, and peddlers of nutritional nostrums, whose scare tactics and sensationalism often sway the uninformed."³

Sadly, a small number of physicians have succumbed to the sales pitches of these promoters and some uninformed doctors have even sold megavitamin and health food products.

The Physician's Resources

When patients ask what we think about new diets or nutrition supplements, we can offer basic guidelines to help them in making evaluations. Sometimes, though, we will be confronted with questions that we cannot answer, or we will lack the time to provide detailed assistance. In these situations, we will benefit our patients and ourselves by turning to other professionals for help.

Some large groups employ a dietitian on a part-time basis. Others must seek consultants, and it's essential to choose them wisely:

- Avoid self-styled "nutritionists" who usually operate by selling expensive products or pushing costly diet plans. The professionals to rely upon are registered dietitians, who are educated in the field of nutrition and trained to apply and individualize their

knowledge base for patients.

- Start with the dietitians at your hospital. The clinical dietitians can provide valuable help in counseling patients, and the dietitians in food systems management can furnish answers to basic nutrition questions, especially about food storage and preparation.

- If you're interested in using the services of a dietitian in private practice—either for individual counseling of patients or for teaching groups of patients—consult the Kansas City District Dietitians Association (234-3468).

- Voluntary health associations do a creditable job of nutrition education. The American Red Cross offers a good general nutrition class, and such organizations as the American Heart Association, the American Cancer Association and the American Diabetes Association can provide excellent materials on nutrition for specialized groups of patients.

Self-Education

The information overload in the nutrition field affects physicians as well as patients. More than 50 nutrition journals are published along with frequent major articles on nutrition in medical journals. New books on the topic appear at a rapid pace. Both physicians-in-training and physicians in practice need help in evaluating this information. Our medical schools should be encouraged to offer more coursework in nutrition, and our medical societies to present more programs dealing with this important topic.

Physicians who want to develop a personal library on nutrition should give consideration to the following books, journals and newsletters:

Dear Dr. Stare: What Should I Eat? A Guide to Sensible Nutrition, Frederick J. Stare and Virginia Aron-

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son, R.D., George F. Stickley Co., 1982.

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Dieting fad vs. dieting fact: a weighty issue

By ROSANNE KOHLMAN

It seems that just as we get used to winter's heavy coats and bulky sweaters hiding that extra bit of excess baggage we've delightfully earned during the holiday season, the fashion industry changes directions and starts showing off spring clothing and cruisewear lines highlighting the skimpiest of all necessities, the swimsuit.

The swimsuit can bring some degree of panic to those of us who have been hiding the weight we've gained since last summer ended and we settled into more sedentary lifestyles. It reminds us that we need to begin working on that New Year's resolution we made to lose weight.

In a momentary state of distress, we rush to the book store's health section to begin selecting the perfect diet to help us lose those extra few pounds in a matter of days or weeks. But then comes the moment of true confusion — which diet to choose. The Beverly Hills Diet? The Doctor's Quick Weight-Loss Diet? The Carbohydrate Craver's Diet? The list goes on and on.

Before selecting a diet, however, individuals should take a close look at their intended method of weight loss and be wary of "quick weight-loss diets."

"Fad diets are just that — fads. They come and go," says Dr. John H. Renner, director of the Family Practice Residency Program at St. Mary's Hospital of Kansas

City. Renner is also president of the Kansas City Civic Health Foundation's Committee on Health and Nutrition Fraud and Abuse.

Americans are spending millions of dollars annually to lose weight. They are looking at countless methods that promise miraculous results that "are anywhere from silly to extremely dangerous, and in some cases even fatal," says Renner. Renner advises individuals that the safest thing they should do before selecting a diet is to make sure they are getting advice from someone who has "legitimate training from a bonafide school." He adds that these individuals should preferably be a registered dietician or a personal physician.

sensible and effective. The credentials of supposed experts who wrote or acted as sources of information were also considered.

Only two magazines that provide extensive coverage, *Self* and *Health*, were rated with an excellent percentage of accurate articles. Three magazines — *Cosmopolitan*, *Prevention* and *Let's Live* — were rated as "unreliable" in terms of total accuracy. Each of these magazines had less than 47 percent of their articles rated as accurate.

The question remains how consumers can guard against such frauds and be able to determine fact from fallacy.

Most experts agree that some of the "red flags" that should alert consumers to a diet that may unhealthy are plans that promise quick weight loss, are very restrictive, or those that omit foods from one of the four major food groups.

Patricia Stein, owner of Nutrition Counseling and Education Services in Overland Park, says that she sees many individuals who are overweight who come to her with a food diary consisting of a diet of less than 1,000 calories a day and yet are still not losing weight.

"The body doesn't know a diet from famine, so the more severe diets cause a drop in the metabolic rate," says Stein, who is also a member of the Kansas City Committee on Health and Nutrition Fraud and Abuse. A person's metabolic rate is the rate at which calories are used by the body. The slower the metabolic rate, the fewer the calories burned, thus causing an inability to lose weight.

A diet that is particularly high in proteins and limits the amount of carbohydrates causes deficits in our bodies' glycogen stores. After a certain amount of time, the individual will have difficulty in keeping the blood sugar level up and will crave something sweet, putting an end to the diet, Stein explains.

Stein says that one of the key factors in losing weight is a good aerobic exercise program that increases this rate of burning calories on a long-term basis. "No matter how good a diet is (it won't work) unless coupled with aerobic exercise," says Stein. In fact, she believes so strongly in this method that she advises many of her clients to begin some type of exercise program, even if just five to 10 minutes a day.

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Countless number of "paper mills" throughout the country grant degrees to individuals with no training and allow these people to call themselves "nutritional counselors."

Renner suggests that individuals "invest time rather than money in a good nutritional program." One of the first things people should do when considering a weight-loss program is to begin by educating themselves about nutrition and their own personal eating habits.

Some of the better places to get sound nutritional advice are from local hospitals, the American Red Cross, dietetic associations and libraries. St. Mary's Family Practice Center, 2900 Baltimore, has an extensive education center with various publications on health and fitness. The center is open to the public.

Consumers also should be wary of articles they read in magazines relating to health and diet. In a 1984 survey published by the American Council on Science and Health, popular magazines were rated as to the accuracy of the nutrition articles they printed. The magazines were placed into three categories based on whether they published an extensive, moderate or limited amount of articles on nutrition.

The criteria used for determining accuracy in the articles included: if the information in the articles were scientifically sound and factual; if the articles made inaccurate claims that certain foods or nutrients had special health benefits; and if the featured weight-loss diets were safe.




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Before selecting a diet, individuals should take a close look at their intended method of weight loss and be wary of "quick weight-loss diets."

prior to working on their weight problem so that they can get their metabolic rate "humming along."

In addition, Stein states that exercise helps insure that the weight lost is fat rather than muscle, explaining that on some of the more restrictive diets, the weight lost is usually water or muscle versus fat. When there is a deprivation of calories, a body process occurs which converts the protein to glucose, breaking down muscle tissue to be used for energy. The muscle tissue is metabolically active and helps our bodies to burn the fat.

Some good aerobic exercises include brisk walking, aerobic dancing, cycling, racquetball and jogging.

Many physicians refer overweight patients to organizations such as Weight Watchers. There, participants learn to restructure their eating habits so they keep weight off once they lose it.

A potentially successful diet also should contain no "forbidden foods" unless a person is a diabetic or has some other health problem, says Barbara Bean, administrative dietician at the Shawnee Mission Medical Center. The medical center offers a weight loss clinic that provides an individualized program that caters to various medical and personal needs. Bean explains that if individuals deprive themselves of a specific food for too long, such as a cookie, they are more apt to eat six at one sitting as opposed to just one. The key is moderation and learning to control your intake to only one cookie.

The weight loss clinic tries to avoid using the word "diet", emphasizing instead a way to eat for the rest of your life. While an individual is attempting to lose weight, they are on a "reduced calorie meal plan," says Bean. The meal plan is based on a food exchange system that emphasizes a balanced diet with contributions from the four major food groups.

Before beginning on the program, permission from a physician is needed. This ascertains if there are any restrictions that must be included in the diet because of pre-existing medical conditions, such as diabetes and hypertension.

In addition, when an appointment is made, initial information is taken regarding height, weight, goal weight, and current level of exercise. This information is needed to calculate calorie needs before the client comes in, says Susan Larcom, assistant director of nutrition services at the Shawnee Mission Medical Center. During a client's first visit, past eating and dieting habits are discussed and a rate of weekly weight loss is determined.

"We try to make it as easy to follow as possible, so....there is a better success rate," she says.

The program is a three-step process:

1. Reduction of calories
2. Exercise
3. Behavior Modification

Bean explains that behavior modification consists of making sure the client realizes that they need a lifestyle change and cannot go back to their old eating habits. A close look is taken at their reasons for overeating. These reasons could include boredom, tenseness, anxiety, stress and depression.

Some of the techniques used to change eating behavior and patterns include:

- Don't do anything else while eating such as reading or watching television.
- Avoid second helpings.
- Avoid waste eating. In other words, don't eat leftovers from someone else's plate; leave that privilege to the garbage disposal.
- Toward the end of the meal, interrupt

"Fad diets are just that — fads.

They come and go"

—Dr. John H. Renner

eating for several minutes at a time. Take time to enjoy your meal.

- Don't prepare the next bite while you're still chewing the last one.

- Plan three regular meals. Skipping a meal isn't beneficial. It simply leads to being overly hungry at the next meal.

- Make small portions appear large.

Use a smaller plate at mealtime instead of a dinner plate.

The only real secret to losing weight is "taking in less calories every day than you are using up through exercise and basic metabolic needs," says Renner.

Renner does believe that in the last several years, the American public has become consumed with the idea of losing weight, causing some individuals to "become extremely depressed if they cannot be one of the perfect people."

"We've done terrible things to a lot of fat people by creating this superthin image," says Renner. "(It) has created a prevalence, especially among young women, of anorexia nervosa and bulimia." Anorexia nervosa and bulimia, although technically different, are eating disorders created by the individual believing they are still "fat," even though they may be seriously underweight.

Although Renner says it is good for an individual's health to be an appropriate weight, he urges people to use more of their creative time for other things than concentrating on losing weight.

Rosanne Kohlman is a Kansas City freelance writer.

Now the old Immanuel School is at the Top of Its Class.



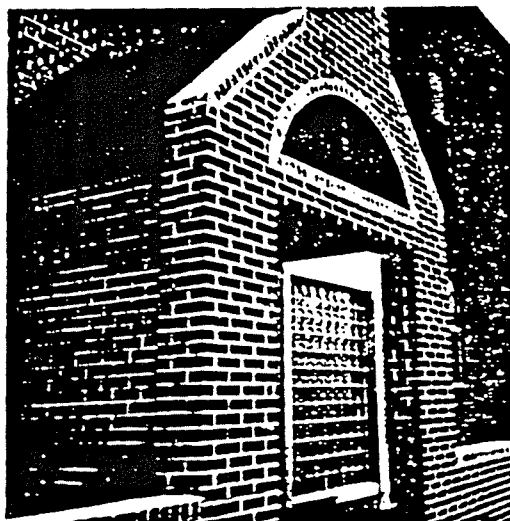
The old Immanuel School has graduated with honors to become

Immanuel Manor, 47 units of senior citizen and handicapped housing.

At the Kansas City Missouri Redevelopment Authority, we're proud to have joined The City of Kansas City, Neighborhood Housing Services, Kansas City Neighborhood Alliance, McCormack, Baron Associates, architects Fredenck S. Truog and contractor J. E. Dunn Company in the conversion of this facility to a beautiful and functional housing complex.

We're working hard to help make Kansas City neighborhoods a better place to live. But we want you to know, it's just the beginning.

Board Members of the Kansas City Redevelopment Authority:
Jack R. Hammack, Chairman;
William H. Worley, Kenneth T. Bacchus,
James Tomlinson, Larry E. Sells,
Brian H. Collins, Executive Director



Kansas City Missouri Redevelopment Authority

Puerto Rico	1974	Licensure	Dietitian and Nutritionist
California	1982	Registration	Dietitian
Louisiana	1982	Registration	Dietitian
Montana	1983	Registration	Dietitian
Texas	1983	Registration	Licensed or Registered Dietitian
Georgia	1984	Registration	Dietitian
Oklahoma	1984	Registration	Licensed Dietitian and Nutritionist
Alabama	1984	Registration	Dietitian and Nutritionist
Maine	1985	Licensure	Dietitian Technician and Registered Dietitian
North Dakota	1985	Registration	Licensed Registered Dietitian and Licensed Nutritionist
Iowa	1985	Licensure	Licensed Dietitian
Maryland	1985	Licensure	Licensed Dietitian
D.C.	1986	Licensure	Dietitian and Nutritionist
Utah	1986	Registration	Dietitian
Ohio	1986	Licensure	Dietitian
Mississippi	1986	Licensure	Dietitian and Nutritionist
Tennessee	1987	Licensure	Dietitian and Nutritionist

FFP011180K19

HOUSE BILL No. 2464

By Committee on Public Health and Welfare

2-23

0018 AN ACT providing for licensure of dietitians; providing for
0019 administration of the act by the secretary of health and envi-
0020 ronment; creating the advisory board on dietetics; prohibiting
0021 certain acts and providing penalties therefor.

0022 *Be it enacted by the Legislature of the State of Kansas:*

0023 Section 1. This act shall be known and may be cited as the
0024 dietitians licensing act.

0025 Sec. 2. For the purposes of this act:

0026 (a) "Secretary" means the secretary of health and environ-
0027 ment.

0028 (b) "Department" means the department of health and envi-
0029 ronment.

0030 (c) "Board" means the advisory board on dietitians.

0031 (d) ~~"Degree" means a degree received from a college or~~
0032 ~~university that was regionally accredited at the time the degree~~
0033 ~~was confirmed.~~

0034 (e) (d) "Licensed dietitian" means a person licensed under
0035 this act.

0036 (f) (e) "Provisionally licensed dietitian" means a person pro-
0037 visionally licensed under this act.

0038 (g) (f) "Dietetics practice" means the integration and appli-
0039 cation of principles derived from the sciences of nutrition, bio-
0040 chemistry, food, physiology, management and behavioral and
0041 social sciences to achieve and maintain the health of people
0042 through the provision of nutrition care services.

0043 (h) ~~"Nutrition care services" means:~~

0044 (1) Assessing the nutritional needs of individuals and groups
0045 and determining resources and constraints in the practice setting
0046 clients;

8-2

0047 (2) establishing priorities, goals and objectives that meet
0048 nutritional needs and are consistent with available resources and
0049 constraints;

0050 (3) providing nutritional counseling in health and disease;

0051 (4) developing, implementing and managing nutrition care
0052 systems; and

0053 (5) evaluating, making changes in and maintaining appro-
0054 priate standards of quality in food and nutrition care services.

0055 (i) "Nutritional assessment" means the evaluation of the nu-
0056 tritional needs of individuals and groups based upon appropriate
0057 biochemical anthropometric, physical and dietary data to deter-
0058 mine nutrient needs and recommend appropriate nutritional
0059 intake including enteral and parenteral nutrition of clients; and

0060 (j) "Nutrition counseling" means (3) advising and assisting
0061 individuals or groups on appropriate nutritional intake by inte-
0062 grating information from the a nutritional assessment with infor-
0063 mation on food and other sources of nutrients and meal prepara-
0064 tion consistent with cultural background and social economic
0065 status.

0066 (g) "Nutritional assessment" means the evaluation of the
0067 nutritional needs of clients based upon appropriate biochemical,
0068 anthropometric, physical and dietary data to determine nutrient
0069 needs and recommend appropriate nutritional intake including
0070 enteral and parenteral nutrition.

0071 (k) (h) "Dietitian" means a person engaged in dietetics prac-
0072 tice.

0073 Sec. 3. (a) ~~Only~~ On and after July 1, 1989, only a person
0074 licensed or otherwise authorized to practice under this act shall
0075 practice dietetics. Only a person licensed under this act shall use
0076 the title "dietitian," ~~"nutritionist,"~~ or "licensed dietitian"; alone
0077 or in combination with other titles or use the letters L.D. or any
0078 other words or letters to indicate that the person using the same
0079 is a licensed dietitian.

0080 (b) Violation of this section is a class C misdemeanor.

0081 (c) In lieu of or in addition to prosecution under subsection
0082 (b), the secretary may bring an action to enjoin an alleged
0083 violation of this section.

0084 Sec. 4. There is hereby created the advisory board on dieti-
0085 tians which shall be advisory to the secretary with respect to the
0086 initial administration of this act and with respect to the develop-
0087 ment of the rules and regulations necessary to commence the
0088 initial regulatory activities under this act. The board shall consist
0089 of five members, three of whom shall be licensed dietitians
0090 under this act and two of whom shall be members of the public
0091 or, for members appointed to such board prior to July 1, 1989,
0092 eligible for licensure under this act, one of whom shall be a
0093 person licensed to practice medicine and surgery and one of
0094 whom shall be a licensed pharmacist. All members shall be
0095 appointed by the governor and shall serve terms of three years
0096 except that for the initial appointment, two shall be appointed for
0097 a term of three years, one for a term of two years and two for a
0098 term of one year as specified by the governor which expire on the
0099 expiration date of this section. Each dietitian appointed to the
0100 board shall have been engaged in the practice of dietetics for not
0101 less than five years. Members of the advisory board on dietitians
0102 attending meetings of such board or attending a subcommittee
0103 meeting thereof authorized by such board shall be paid amounts
0104 provided in subsection (e) of K.S.A. 75-3223 and amendments
0105 thereto.

0106 This section shall expire on July 1, 1991.

0107 Sec. 5. The secretary may adopt rules and regulations nec-
0108 essary for the implementation of this act including the adoption
0109 of a code of ethics, setting standards to determine the qualifica-
0110 tions and fitness of applicants, setting standards for approval of
0111 educational programs under this act, setting procedures for the
0112 issuance and reissuance of licenses, for the revocation, suspen-
0113 sion or denial of licenses, for the receiving and processing of
0114 complaints and for the providing of examination for applicants.
0115 Standards established under this section to determine the quali-
0116 fications and fitness of applicants shall be established at a level
0117 adequate to assure the competent performance by licensed die-
0118 ticians of dietetics practice, but not limited to, setting standards
0119 for approval of courses of study under this act, setting standards
0120 for approval of planned, continuous programs of dietetic experi-

0121 ence and establishing procedures for the examination of appli-
0122 cants.

0123 Sec. 6. The secretary may contract with investigative agen-
0124 cies, commissions or consultants to assist the secretary in ob-
0125 taining information about courses of study to be approved by the
0126 secretary under section 7.

0127 Sec. 6 7. (a) No person shall be granted a license as a dieti-
0128 tian unless such person has:

0129 (1) Filed an application and paid the required application
0130 fee;

0131 (2) received a baccalaureate or post-baccalaureate degree

0132 ~~from a college or university~~ with a major course of study in → from a regionally accredited college or university

0133 human nutrition, food and nutrition, dietetics or food service

0134 management approved by the secretary as meeting the standards

0135 for approval of educational programs such course of study under

0136 this act;

0137 (3) (A) completed a planned, continuous program of dietetic

0138 ~~experience~~ approved by the secretary of not less than 900 clock → practice

0139 hours under the supervision of a licensed dietitian ~~which is~~

0140 approved by the secretary; or (B) received a master's degree or a

0141 doctor's degree from a college or university in nutrition or a

0142 related course of study approved by the secretary as meeting the

0143 standards for approval of educational programs under this act;

0144 and

0145 (4) passed an examination approved by the secretary.

0146 (b) Licenses shall be issued for a period of two years.

0147 Sec. 7 8. (a) A ~~provisional permit~~ temporary license to prac-

0148 tice as a dietitian may be issued by the secretary upon the filing

0149 of an application, payment of the required application fee and

0150 submission of evidence of successful completion of the educa-

0151 tion requirements for licensure under this act.

0152 (b) The ~~provisional permit~~ temporary license shall expire

0153 ~~one year~~ six months from the date of issuance. The ~~provisional~~

0154 ~~permit~~ temporary license may be renewed for one period of not

0155 to exceed six months if the secretary determines that a ~~satisfac-~~

0156 ~~tory explanation exists for the applicant's failure~~ applicant has

0157 failed to become licensed within the original period and if the

0158 applicant has paid the required renewal fee.

0159 (e) A provisional permit shall permit the holder to practice
0160 only under the supervision of a dietitian licensed in this state.

0161 Sec. 8 9. For one year beginning on the effective date of this
0162 act date the rules and regulations first adopted under this act
0163 become effective, the secretary shall waive the examination
0164 requirement and grant a license to a person who pays the
0165 renewal fee and who:

0166 (a) Meets the educational and ~~experienced~~ experience re-
0167 quirements set forth by this act on the effective date of this act
0168 July 1, 1989; or

0169 (b) meets the educational requirements and on the effective
0170 date of this act has been employed as a dietitian in dietetics
0171 practice for at least three of the five years immediately preceding
0172 the effective date of this act July 1, 1989.

0173 Sec. 9 10. Licenses may be renewed upon payment of the
0174 required renewal fee and successful completion of at least not
0175 more than 15 hours of continuing education during the licensure
0176 period as specified by the secretary by rules and regulations.

0177 Sec. 10 11. The secretary may license, without examination,
0178 any person who is duly licensed in another state if the standards
0179 for licensure in such other state are not less than the standards for
0180 licensure under this act.

0181 Sec. 11. So long as the following persons do not hold them-
0182 selves out to the public to be a licensed dietitian, nutritionist, or
0183 use the abbreviation L.D., or any combination thereof, nothing
0184 in this act shall prohibit:

0185 (a) A student enrolled in an approved academic program in
0186 dietetics or nutrition, or both, from engaging in dietetics practice
0187 under the supervision of a person licensed under this act as part
0188 of such academic program;

0189 (b) a licensed health care professional from engaging in die-
0190 tetics practice if the licensing or regulatory statutes of such
0191 health care professional provide for or allow the giving of diete-
0192 tie or nutritional advice within the scope of professional practice
0193 of such health care professional; or

0194 (c) any person who holds a baccalaureate degree in home

0195 economies from engaging in dietetics practice insofar as the
0196 services and activities are within the scope of that person's
0197 education and training.

0198 Sec. 12. (a) The secretary may deny, refuse to renew, sus-
0199 pend or revoke a license where the licensee or applicant:

0200 (1) Has obtained a license by means of fraud, misrepresenta-
0201 tion or concealment of material facts;

0202 (2) has been guilty of unprofessional conduct as defined by
0203 rules and regulations adopted by the secretary;

0204 (3) has been convicted of a felony if the acts for which such
0205 person was convicted are found by the secretary to have a direct
0206 bearing on whether such person should be entrusted to serve the
0207 public in the capacity of a dietitian;

0208 (4) is mentally ill or physically disabled to an extent that
0209 impairs the individual's ability to engage in the practice of
0210 dietetics;

0211 (5) has used any advertisement or solicitation which is false,
0212 misleading or deceptive to the general public or persons to
0213 whom the advertisement or solicitation is primarily directed;

0214 (6) has violated any lawful order or rule and regulation of the
0215 secretary; or

0216 (7) has violated any provision of this act.

0217 (b) Such denial, refusal to renew, suspension or revocation of
0218 a license may be ordered by the secretary after notice and
0219 hearing on the matter in accordance with the provisions of the
0220 Kansas administrative procedure act.

0221 (c) Upon the end of the period of time established by the
0222 secretary for the revocation of a license, application may be made
0223 to the secretary for reinstatement. The secretary shall have
0224 discretion to accept or reject an application for reinstatement and
0225 may hold a hearing to consider such reinstatement. An applica-
0226 tion for reinstatement shall be accompanied by the application
0227 fee established by the secretary.

0228 Sec. 13. (a) Nothing in this act shall be construed to require
0229 any insurer or other entity regulated under chapter 40 of the
0230 Kansas Statutes Annotated or any other law of this state to
0231 provide coverage for or indemnify for the services provided by a

0232 person licensed under this act.

0233 (b) So long as the following persons do not hold themselves
0234 out to the public to be licensed dietitians or use the abbreviation
0235 L.D., or any combination thereof, nothing in this act shall be
0236 construed to apply:

0237 (1) To ~~any person licensed to practice the healing arts, a~~
0238 ~~licensed dentist, a licensed dental hygienist, a licensed profes-~~
0239 ~~sional nurse, a licensed practical nurse, [a licensed psychologist,~~
0240 ~~a registered masters level psychologist]~~ a licensed pharmacist or
0241 an employee thereof, a physician's assistant, ~~[a registered profes-~~
0242 ~~sional counselor]~~

prevent

or a registered physical therapist from engaging in the practice of dietetics incidental to the normal practice of such person's profession or as otherwise authorized by law,

0243 (2) to any unlicensed employee of a licensed adult care home
0244 or a licensed medical care facility as long as such person is
0245 working under the general direction of a ~~licensee in the healing~~
0246 ~~arts, nursing or a dietetic services supervisor as defined in~~
0247 ~~regulations adopted by the secretary of health and environment~~
0248 ~~or a~~ consultant licensed under this act;

leaves

0249 ~~[(3) to any dietetic technician or dietetic assistant;]~~
0250 (4) to any student enrolled in an approved academic program
0251 in dietetics, home economics, nutrition, ~~education or other like~~
0252 ~~curriculum, while engaged in such academic program;~~

prevent from

0253 (5) to ~~any person, including persons employed in health food~~
0254 ~~stores,~~ furnishing general nutrition information as to the use of
0255 food, food materials or dietary supplements, nor to prevent in
0256 any way the free dissemination of information or of literature as
0257 long as no individual engaged in such practices holds oneself out
0258 as being licensed under this act;

0259 (6) to ~~any individual [who markets or distributes]~~ food prod-
0260 ~~ucts, including dietary supplements, or to prevent any such~~
0261 ~~person from providing information to customers regarding the~~
0262 ~~use of such products;~~

prohibit from marketing or distributing

0263 (7) to prevent any employee of the state or a political sub-
0264 ~~division who is employed in nutrition-related programs from~~
0265 ~~engaging in activities included within the definition of dietetics~~
0266 ~~practice as a part of such person's employment;~~

0267 (8) to any person who performs the activities and services of a
0268 licensed dietitian or nutrition educator as an employee of the

or

0269 state or a political subdivision, ~~an elementary or secondary~~
0270 school, ~~[an educational institution], a licensed institution, or a~~
0271 ~~not for profit organization;~~

0272 (9) to any person serving in the armed forces, the public
0273 health service, the veterans administration or as an employee of
0274 the federal government;

0275 (10) to any person who has a degree in home economics
0276 insofar as the activities of such person are within the scope of
0277 such person's education and training;

0278 ~~(11) [to any person who counsels or provides weight control~~
0279 ~~services as a part of a franchised or recognized weight control~~
0280 ~~program or a weight control program that operates under the~~
0281 ~~general direction of a person licensed to practice the healing arts,~~
0282 ~~nursing or a person licensed under this act;]~~

0283 ~~[(12) to any person who holds at least a baccalaureate degree in~~
0284 ~~nutrition or other related field;]~~

0285 ~~[(13) to any person who is acting as a representative of a trade~~
0286 ~~association and who engages in one or more activities included~~
0287 ~~within the practice of dietetics as a representative of such asso-~~
0288 ~~ciation;]~~

0289 ~~[(14) to a registered physical therapist who makes a dietetic or~~
0290 ~~nutritional assessment or gives dietetic or nutritional advice in~~
0291 ~~the normal practice of such person's profession or as otherwise~~
0292 ~~authorized by law;]~~

0293 (15) to a dietitian licensed, registered or otherwise authorized
0294 to practice dietetics in another state who is providing consulta-
0295 tion in this state;

0296 (16) to any person conducting a teaching clinical demonstra-
0297 tion which is carried out in an educational institution or an
0298 affiliated clinical facility or health care agency;

0299 ~~[(17) to any person conducting classes or disseminating infor-~~
0300 ~~mation relating to nonmedical nutrition;]~~ or

0301 (18) to any person permitted to practice under K.S.A. 65-2872a
0302 and amendments thereto.

to any person who provides weight control services provided the program has been reviewed by, consultation is available from, and no program change can be initiated without prior approval by a licensed dietitian, a dietitian or nutritionist licensed in another state or a dietitian registered by the Commission on Dietetic Registration of The American Dietetic Association.

} for a period not exceeding 30 days

nor to prevent any person from caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

0303 (c) Nothing in this act shall be construed to interfere with the
0304 religious practices or observances of a bona fide religious orga-
0305 nization;

0306 Sec. ~~12~~ 14. The secretary shall fix by rules and regulations
0307 fees for applications for and renewal of licenses ~~and special~~
0308 ~~permits, examination fees and reinstatement fees~~ under this act.
0309 Such fees shall be fixed in an amount to cover the costs of
0310 administering the provisions of this act. The secretary shall remit
0311 all moneys received from fees, charges or penalties under this act
0312 to the state treasurer at least monthly. Upon receipt of each such
0313 remittance the state treasurer shall deposit the entire amount
0314 thereof in the state treasury and credit the same to the state
0315 general fund.

0316 Sec. ~~13~~ 15. This act shall take effect and be in force from and
0317 after its publication in the statute book.

March 1988

Kansas State Senators:

My Kansas colleagues and I, along with the National Health Federation, object to two prominent parts of House Bill #2464.

Firstly, we object to Section 6 which states: "The secretary may contract with investigative agencies, commissions or consultants to assist the secretary in obtaining information about courses of study to be approved by the secretary under Section 7." The National Health Federation and us Kansas colleagues would request some sort of wording in the Bill which will prevent the Dietitians' Secretary from using state investigators for the ulterior motive of investigating someone or some company for the purpose of prosecution. We don't want a small minority group in Kansas to have that sort of power and reign terror in the Health Field.

Secondly, we object to Section 13, number 5, which states: "...Nothing in this act shall be construed to apply: to any person, including persons employed in health food stores, furnishing general nutritional information as to the use of food," etc.

GENERAL nutritional information is what's on the bottle, box, etc. "This is wheat. It is made from wheat." But if a person said "This is a wheat product. It will help prevent you from developing colon cancer -- then that is SPECIFIC information, and under Kansas House Bill #2464 as it is now written, that person would be guilty of a Class C misdemeanor. That is, unless House Bill #2464 is changed to state that general and SPECIFIC nutritional information can be given.

If the wording of the Bill is NOT changed, then YOU will be helping to ban the #1 Industry of Kansas, which is wheat. You will have to ban Kellogg's products from the Kansas market, for Kellogg will be in violation of the Bill. It gives SPECIFIC nutritional information. On the package of Kellogg's Bran Buds and Kellogg's All-Bran, which are all wheat, the information reads: "Eating the right foods may reduce your risk of some kinds of cancer.... Eat high fiber foods. A growing body of evidence says high fiber foods are important to good health. That's why a healthy diet includes high fiber foods like bran cereals."

These are the two main objections we have to House Bill #2464. Also consider, if this bill is passed, will it be changed to give the Dietitians a monopoly when the sunset laws are enacted?

However, let it stand for the record, that I am not against the Dietitians being licensed as long as they do not enlarge upon their authority and pontificate over other Health groups. As long as they are not against Naturopaths being relicensed or certified by the State of Kansas. In other words, what is fair to one group, is fair to all groups. And that is -- to life the grandfather clause of the Naturopaths who are restricted in the State of Kansas. Many of these Naturopaths have seven to ten years of college.

Jeffrey Harsh
HCR #1, Box 117E
Oakley, KS 67748
913-672-3428, or 3117

Senate Public Health & Welfare
March 23, 1988
Attachment 9

NEWS -- FOR IMMEDIATE RELEASE

For further information contact National Health Federation Spokesman:

Jeffrey Harsh 913-672-3428

Now for the rest of the story you're not getting at the National Conference Against Health Fraud Symposium in Kansas City, MO, March 13th, 14th, & 15th, 1988. The reason for the timing of the NCAHF symposium is for the express purpose of a concerted effort to attract news media coverage of the event so that a new rash of anti-nutrition "scare" stories can be disseminated to the general public. It is not a coincidence that the Kansas Legislature is at this very time considering a bill introduced at the behest of the registered dietitians to make it a crime for anyone but a registered dietitian to give nutritional advice in Kansas. (See attached article from HEALTH FREEDOM NEWS, May 1986, by Al Mason where he states that symposiums of this type are simply SHOWS, TRAVELING AROUND THE COUNTRY, PLAYING THE SAME THEME for the express purpose of getting the Dietitian's Bill passed -- ex.: Colorado and California.)

The Professional Media Experts, Fleishman Hillard Inc. of Kansas City, MO., have not informed you of the rest of the story. They have not informed you that the mailing list of the symposium in CO was obtained by using the letterhead of the State of Colorado Dept of Health, thus creating the impression that the symposium was somehow being sponsored by the State of Colorado which it was not. (See Exhibit A attached.) It's these types of manipulation that the Professional Media Experts, Fleishman Hillard Inc. of Kansas City, MO, have not told you. They are also not telling you that the 400 billion dollar a year drug industry

ON THURSDAY, AUGUST 27, 1987
FEDERAL JUDGE

SUSAN GETZENDANNER
IN U.S. DISTRICT COURT

FOUND

THE AMERICAN MEDICAL ASSOCIATION,
THE AMERICAN COLLEGE OF SURGEONS, AND
THE AMERICAN COLLEGE OF RADIOLOGISTS

GUILTY

**OF CONSPIRING TO DESTROY THE
PROFESSION OF CHIROPRACTIC**

And with the full knowledge and continued support of their executive officers, the AMA paid the salaries and expenses for a team of more than a dozen medical doctors, lawyers and support staff for the expressed purpose of conspiring (overtly and covertly) with others in medicine to first contain, and eventually, destroy the profession of chiropractic in the United States and elsewhere.

21541 SURVEYOR CIRCLE, HUNTINGTON BEACH, CALIFORNIA, 92648
TELEPHONE (714) 960-6577

NEWS --- FOR IMMEDIATE RELEASE !!!

For Further Information Contact:

Jeffrey Harsh 913-672-3428

I am a Homoeopathic Practitioner, receiving my degree from the British West Indies Medical College. I have interned with other two dozen medical doctors in the United States and in Europe. I do not practice medicine in Kansas; I am a researcher. I have travelled extensively throughout the world documenting modalities and answers in the natural health field. I have packed twenty thousand dollars worth of video equipment, recording many of my findings on 3/4 inch video tape. No one is paying me to do this. Because I care about people, I pay for this out of my own pocket. I have not charged anyone for my work; yet I have been investigated extensively in the state of Kansas. The following is one of the main reasons why.

The National Health Fraud Conference, in their quest to stamp out what they term the "quack" industry, is very concerned with the different types of treatment in the Alternative Health Field for AIDS. The NHFC will expound from their left brain rationalism about the evils of these alternative treatments which are all bad and must be stamped out by the FDA. The NHFC will insist that several laws must be passed to imprison offenders differing from their convictions. They will media blitz the evils of natural health practitioners who supposedly bury their AIDS patients up to their necks in mud.

However, what kind of answers does the Orthodox Medical Establishment offer? The Hope that they alone will find a cure? Yet, until then the AIDS patient face a death sentence. Within two to five years the AIDS victim's brain often turns to mush and he/she can't find their way out of the bathroom. Often the victim begins to bleed profusely and the blood filled diarrhea covers the walls of the bedroom. If not constrained, contamination occurs to anyone coming in contact with it. If the victim wants to have sex, just use a condom?? as if the other person is supposed to trust life to a balloon?

Then the victim dies. But don't worry. If this is you, or a loved one, or a friend, people are trying to pass laws which will allow the victim to be put to sleep so the AIDS victim can have death with dignity. These orthodox prosecutors then have the audacity to set themselves up as censors.

In my opinion, from the research and information gleaned from previous conferences, the National Health Fraud Conference is trying to persuade the news media, State Attorney Generals, and State Legislatures against any alternative procedure which does not fall under the police regulatory system of the FDA and the Orthodox Medical establishment. Eradication of any alternative, cutting edge, modality which does not directly or indirectly finance their future endeavors. This type of terrorism and subtle malignment is not new to the National Health Fraud Affiliates. We see strong, undeniable evidence in the recent Court case which gave a crystal clear victory to the Chiropractors against the Orthodox Medical Establishment.

WHEN IT COMES TO QUESTIONS OF QUACK MEDICINE...

By Maureen Kennedy Salaman

When it comes to a question of who is practicing quack "medicine" in America, the National Health Federation asks why the practitioners of orthodox medicine as approved by the American Medical Association (AMA) always are allowed to make the accusations while the practitioners of alternative, "holistic" medical care are asked to go on the defensive?

In late January, 1986, *The Reno Gazette-Journal* ran a seven-part series entitled "Nevada's Medical Dilemma", investigating "controversial forms of medical treatment" which flourish in Nevada but have frequently been persecuted and prosecuted in other states. It is the intent of the NHF to hereby set the record straight on several points in that series of articles and to shine a spotlight of scrutiny on the very real quackery that goes on in and is sanctioned by the AMA and other defenders of the Orthodox Medical Establishment.

UNPROVEN THERAPIES

"At some Nevada clinics, where desperate people search for cures to the ravages of cancer and arthritis, patients are being used as human guinea pigs, subjected to unproven therapies, unapproved drugs and folk remedies." (Sunday, Jan. 19, 1986)

Fact: Some 60% of all drugs now commonly used by orthodox medicine are not "proven" because they have not been subjected to "double blind tests", the very same tests which orthodoxy demands for "alternative therapies". What is sauce for the goose, should be sauce for the gander.

PREYING ON THE HOPES OF THE HOPELESS

"The staff (of one alternative medical clinic) 'preyed on those whose hope for cure was born of desperation'..." (Sunday, Jan. 19, 1986)

Fact: While we in the NHF have low regard for the particular clinic about which this statement was made, we recognize this criticism as one that is widely used to attack all practitioners of alternative health care modalities. Those who wield such charges paint with a very broad brush. The same could be said of any orthodox medical clinic. What else but a desperate hope for a cure makes people go to an orthodox drug doctor when they know how slim chances of cure must be. All of us have had relatives or friends who have died during treatment by orthodox medicine — not from the disease but from the treatment itself. The chemotherapeutic drugs employed by orthodoxy to treat cancer in humans have been conclusively proven to cause cancer in laboratory animals.

LETTING THE FOX GUARD THE HENHOUSE

"In addition, the Legislature has given policing authority over unorthodox medicine largely to the same people who practice it." (Sunday, Jan. 19, 1986)

Fact: The article correctly notes that the licensing board for orthodox physicians is dominated by orthodox physicians. This is as it should be. Who else but members of the same profession would be competent to pass judgement on their peers? Asking a homeopath or naturopath to be

judged by a panel of "drug dealing" doctors is tantamount to asking Martin Luther to subject his theology to the rule of a panel of Roman Catholic Cardinals. We are talking about entirely different systems of approaching the same situation. Doctors whose entire training has been in drugs will defend that system out of pride, prejudice, vested interest and plain ignorance, thereby making fair, objective judgement of homeopaths, naturopaths and chiropractors a virtual impossibility.

WASTING TIME AND MONEY

"Some doctors warn the state's liberal stance on unconventional medicine endangers the public's health because patients waste precious time and money on unproven treatments." (Sunday, Jan. 19, 1986)

Fact: The decision one makes over his own life and how to save it when disease threatens is the most important decision a person will ever make in his or her lifetime. This is no time to narrow their options.

PEOPLE ARE DYING

"And if legislators need a compelling reason to crack down on unorthodox medicine, the doctors say, it is simply this: People are dying." (Sunday, Jan. 19, 1986)

Fact: An estimated 485,000 Americans will die this year of cancer. Most of these people will have had the chemotherapy, radiation and surgery the orthodox medical establishment urges them to rush to and they will still die. All of the billions of dollars spent on orthodox medical treatments and the billions more spent

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QUACK MEDICINE

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on establishment cancer research amount to a river of gold flooding into the coffers of the Orthodox Medical Establishment. Despite these expenditures, more Americans will die of cancer this year while undergoing orthodox medical treatment than died in the Korean and Vietnamese wars combined.

A SINGLE TRAGEDY AMONG MANY

"Karen (Ziegler) continued to undergo treatment at the Nevada Naturopathic Medical Center in Reno and at American Biologics, a 'holistic medical center' in Tijuana, Mexico, while cancer specialists here predicted that without conventional treatment the disease would prove fatal. Karen died on Christmas Day, 1984...." (Sunday, Jan. 19, 1986)

Fact: It is tragic that Karen Ziegler died of cancer on Christmas Day. That same day 1,100 other Americans also died of cancer, most of whom underwent conventional therapy. If all of the patients who died not of cancer but of the dangerous chemotherapeutic drugs administered at the hands of orthodox therapists were singled out, there would not be enough columns in any newspaper in the world to detail them all. The fact that she died in a sub-standard Mexican hospital long held in disrepute by Americans and Mexicans alike lends all the more urgency to the need to give Americans freedom of choice in the land of the free where there is accountability. We are now witnessing the abomination of American citizens having to flee their own country and live and die as fugitives in a foreign land for no other crime than that they became ill.

THE MONEY THEY SPEND

Congressman Claude Pepper of Florida is quoted: *"Every year thousands of older Americans spend millions of dollars in search of miracles that never happen."* (Sunday, Jan. 19, 1986)

Fact: U.S. expenditures for medical care now exceed the money spent on national defense. If medical costs continue to escalate at their present rate, within 10 years they will have exceeded the gross national product. In the past 10 years alone, during which the American Cancer Society has collected more than \$1 Billion from the cancer-phobic American public, the cancer death rate climbed 12 percent. In that same 10 years the orthodox cancer industry has collected over \$10 billion a year! Sidney M. Wolfe, M.D., in his excellent book *Pills That Don't Work* (pp. 194-195), informs us of 610 drugs used by the Orthodox Medical Establishment which have either never been tested or have been tested and found totally worthless. Billions of dollars worth of these ineffective, worthless drugs continue to be sold by the Orthodox Medical Establishment to patients

who are "in search of miracles that never happen."

VESTED FINANCIAL INTERESTS

"Others view traditional doctors and particularly the powerful AMA as part of a conspiracy to limit competition. Especially suspect, they say, is the doctors' relationship with large pharmaceutical companies whose profits rely on the public's dependence on prescription drugs." (Sunday, Jan. 19th, 1986)

Fact: We thank *The Gazette-Journal* for quoting NHF spokesman Hal Card on this point and repeat it here for emphasis: "The average cost of putting a new drug on the market is \$60 million to \$70 million and it takes at least 10 years of research. If I'd just spent that kind of money and I found out people were being treated

(Continued on page 14)

ORTHODOX MEDICINE MAY BE HAZARDOUS TO YOUR HEALTH!

"Iatrogenic" illness is the term for an illness caused by a doctor. A 1981 article in the *New England Journal of Medicine* (Vol. 304, pp. 638-642) entitled "Iatrogenic Illness on a General Medical Service at a University Hospital" by Dr. Knight Steele, et. al, reports a study of such illnesses at Boston University Medical Center: "36% of patients on a general medical service of a university hospital had an iatrogenic illness." This did not include surgery patients!

From the *Bulletin of Johns Hopkins Hospital*, Vol. 119, pg. 299 (1966): Dr. L.G. Seidl reported "17% of Johns Hopkins Hospital admissions suffered one or more drug reactions."

"Twenty percent of hospital admissions have at least one medical or hospital induced complication before discharge." Dr. Oscar Thorup, *Mao Clinic Proceedings*, 1971.

"Only 10 to 20% of present day scientific medical procedures have been shown to be of benefit by controlled clinical trial." This according to the Office of Technology Assessment, U.S. Congress, *Assessing the Efficacy and Safety of Medical Technologies* (U.S. Government Printing Office, 1978, page 7). Translate: 80 to 90% of modern scientific medicine consists of *unproven* remedies.

"Chemotherapy and such invasive procedures as radical mastectomy, hysterectomies to prevent cancer, and surgery for fibrocystic breast disease often are overused or used inappropriately." — Stephen K.

Carter, M.D., adjunct professor of medicine, New York University School of Medicine

"We have learned how common it is for an overly radical cancer treatment to remain in use long after published studies have disproved its worth... Two hundred thousand cancer patients are receiving chemotherapy annually, despite the fact that less than five percent can possibly hope for a cure." — Maryann Napoli, associate director, Center for Medical Consumers, quoted in *American Medical News*

"Treatment with female hormones (estrogen) increases the risk of death from cancer." (*The Medical Letter*, Vol. 22, #14, July 11, 1980)

"Surgery for breast cancer does not prolong life and may actually increase mortality." (*New England Journal of Medicine*, 292:707, 1975)

"Bypass surgery is usually ineffective, sometimes fatal, and often permanently debilitating." (*Medical Tribune*, p. 15, Feb. 22, 1984)

"Neck blood vessel surgery (carotid endarterectomy) is causing 2,000 unnecessary deaths a year and may cause more strokes than it prevents." — Dr. Mark L. Dyken, Dept. of Neurology, Indiana University School of Medicine.

"It sounds like a joke, but a hospital is no place for a sick person to be." — Dr. Lowell Levin, professor of public health, Yale University

QUACK MEDICINE

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successfully without drugs, I'd do everything I could to suppress it." No one is going to invest that kind of money in a natural substance that cannot be patented. The result? There will never be another natural substance allowed by the FDA and the FDA acts as a protection racket for the drug industry.

WHY DON'T THEY DO STUDIES TO PROVE EFFICACY?

"If unconventional medicine has cures for human suffering, (orthodox doctors) ask why don't they do studies and publish the results in a respectable scientific journal like the rest of the medical world does?" (Sunday, Jan. 19, 1986)

Fact: The article quotes Dr. Thomas Scully, former State Board of Medical Examiners secretary, on this point. Why doesn't Dr. Scully go after some of the 610 drugs being used daily which Dr. Wolfe has revealed have never been tested or have been tested and found to be worthless? It costs millions of dollars for the kind of testing the AMA and the FDA will accept. These sums are not available for natural substances because they cannot be patented so as to yield a return on the investment. Nobel Prize winner Linus Pauling applied four times for grants from the National Cancer Institute to do studies on cancer and vitamin C and was refused. On his fifth attempt, he was finally granted \$50,000, a sum considered miniscule in research circles.

Dr. Harold Manner, former head of the biology department at Loyola University and a 35 year tenured professor, did studies with Laetrile in which he found 89.3% remission in mammary cancers in mice. The harassment which followed was ruthless. He was finally fired from Loyola after orthodox medical schools refused to accept Loyola students if they had studied biology under Dr. Manner.

In addition, "respectable" medical journals steadfastly refuse to publish articles from doctors which deal with nutrition and its relationship to degenerative disease.

LAETRILE'S SPONSOR ON THE TAKE?

"... (It was revealed that (State Assemblyman Danny) Demers was living in a Lake Tahoe condominium owned by a man who was under indictment for smuggling Laetrile into the country from Mexico. Demers rented the lake-front home for \$300 a month while neighboring condos went for an estimated \$800 to \$1,000." (Monday, Jan. 20, 1986)

Fact: Demers, a prominent sponsor of Laetrile legalization, was acquainted with the owner of the Tahoe condo long before that person was indicted for anything. At the time he rented the condo, it was "off season" at Tahoe and \$300 per month was a reasonable rent. Says the owner: "We have lent it out to scores of friends for nothing. We deliberately charged Danny rent instead of giving it free so there would be no false charges of vested interest."

HOMEOPATHY "UNFOUNDED"?

"Mainstream medicine considers much of what these doctors do 'quackery', a particularly frequent accusation when naturopathy and homeopathy are used to treat such serious illnesses as cancer. 'They're using unfounded things, off-the-wall things, treatments from different countries that haven't been tested here,' says Kathleen Lewis, executive secretary of the Nevada State Board of Medical Examiners." (Tuesday, Jan. 21, 1986)

Fact: Homeopathy has been used by the Royal family of England for over 150 years, and is very popular in Europe. All doctors were homeopaths before the drug industry claimed a monopoly over the healing arts. Talk about the dangers of "proven" drugs versus "unproved" natural remedies. Consider that a combination of Vitamin K and Vitamin C has been in the

medical literature since 1953 as being effective in curing nausea in pregnant women and having no adverse side effects. Yet the "proven" drug Bendectine was being widely used by drug-oriented medicine as a cure for nausea until very recently. As a result, thousands of children were born with birth defects caused by Bendectine and the drug was finally only removed from the market because of the resulting law suits. If a natural substance prescribed by a homeopath ever caused a single child to be born with birth defects we would be hearing about it forever.

LAETRILE & THE F.D.A.

"The FDA considers Laetrile unproven.... No one has ever applied for FDA approval of the substance." (1/23/86)

Fact: Andrew McNaughton applied for a "New Drug Investigative License" for Laetrile in 1970. It was granted and 10 days later rescinded for what appear to be political reasons.

FAULTY TESTING

"The National Cancer Institute sponsored a study of Laetrile.... The conclusion: 'No substantive benefit was observed in terms of cure, objective response, improvement or stabilization of cancer, improvement of symptoms... or extension of life span.'" (Jan. 23, 1986)

Fact: Before NCI performed the tests, Dr. Vincent DeVita, NCI's Director of Cancer Research, declared: "If people have to have clinical tests carried out in order to prove to them that Laetrile doesn't work, maybe we will have to do it that way." He lacked the first ingredient of scientific testing — objectivity. The tests were designed to fail. Subsequently Dr. Hans Nieper re-evaluated the statistics of the NCI testing and found that they proved efficacy.

NOT OUR HERO, THANK YOU

"Mildred Miller of Las Vegas is considered a folk hero of unorthodox"
(Continued on page 15)

QUACK MEDICINE

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medicine. The federal government disagrees, however. She has been indicted on 66 counts of defrauding the Medicare program." (Jan. 24, 1986)

Fact: While we congratulate *The Reno Gazette-Journal* on their basically objective coverage, we must note that since reporter Kate Santich apparently had no background in the field of natural healing she had no way of knowing that Mildred Miller is not only NOT a "hero of unorthodox medicine" but that the NHF has long been on record as warning people about her and her companions, American Biologics in Tijuana. In fact, Mildred Miller is not only suing all the orthodox medical establishment agencies mentioned in this article, she is suing NHF President Maureen Salaman over just such a warning. There is nothing in the philosophy of the alternative health care movement that condones fraud, and laws do and should exist to protect the public from such crimes. On the other hand, 130,000 Americans will die this year from drugs prescribed for them by orthodox doctors. What laws will protect them?

WHO SHALL DECIDE?

"The public is vulnerable....And in this state the lawmakers just say, 'Hey, we can't protect everybody from everything' and they throw up their hands. There's nobody out there to protect the consumer." (Jan. 25, 1986)

Fact: Nevada's lawmakers are not negligent. They clearly see that the doctor who has spent years in school preparing for his profession, and whose livelihood depends on whether the medications he gives are effective, is better able to judge efficacy than a third party bureaucrat in Washington, D.C., or in Carson City.

GIVING UP HOPE

"If you're an advanced cancer patient, you should be told there is no cure, says Dr. H. Treat Cafferata.... 'It's unfortunate that we have to take

away hope, but it's better than misleading you and taking away your last dime."

"The Laetrile injections will cost \$30 or \$40 each time...." (Jan. 25, 1986)

Fact: Because orthodox practitioners reach the end of their knowledge, they insist on destroying the patient's hope. Who takes the last dime? The average cancer crisis cost under orthodox therapy is anywhere from \$1,800 to \$3,800. According to

the American Cancer Society *Fact Book* for 1973 (the last time they listed cost), using 1973 pre-inflationary figures the cost of dying from cancer under orthodox medical therapy was between \$19,000 and \$24,000 with the mean falling at \$21,000. Present day costs are far in excess of these pre-inflationary figures.

Nevada is to be congratulated on its pioneering efforts for Freedom of Choice. ■

Journal of American Medical Association

August 8, 1980

The area of Nutrition has been neglected by the medical profession. Most medical schools devote less than three hours of total instruction to nutritional deficiency in therapy.... In short, physicians in the U. S. are not required to have any understanding of nutrition to be licensed to practice medicine.... It goes on to state that "About 50% of the persons in the medical wards of the private and public hospitals are at various states of starvation. Does malnutrition really make any difference?" It does. Then say, "Yes, it does." What it does, it lowers the lymphoid count, it lowers the T cells which means that you have abnormalities in your immune system. They go on to say that both abnormalities of the T cell and of the low white count can be reversed by nutritional repletion.

is not doing the job. We know the dietitians plan hospital food. Following is an excerpt from the "Journal of American Medical Assn," August 8th, 1980: "The Nutritional Assessment of M. D. Allopathic Medicine":

"The area of nutrition has been neglected by the medical profession. Most medical schools devote less than three hours of total instruction to nutritional deficiency in therapy.... In short, physicians in the U. S. are not required to have any understanding of nutrition to be licensed to practice medicine.... About 50% of the persons in the medical wards of the private and public hospitals are at various states of starvation. (Does malnutrition really make any difference? They say, 'Yes it does!' What does it do?').... It lowers the lymphocyte count; it lowers the T cells which means that you have abnormalities in your immune system.... Both abnormalities of the T cell and of the low white count can be reversed by nutritional repletion."

Are these the kind of people we want having a monopoly on nutritional information? If this conference is successful and Kansas House Bill # 2464 passes, people working in Health Food Stores or selling vitamins like Shaklee, Amway, Golden Pride, etc., could NOW ONLY GIVE GENERAL nutritional information. As a seller, or a friend, or a neighbor, people could no longer LEGALLY give SPECIFIC nutritional information: "This is a bottle of garlic. Taking four of these daily has helped many people get their high blood pressure under control."

Ohio has already passed this bad bill. Should Kansas pass it, then only a licensed dietitian could LEGALLY give SPECIFIC nutritional information -- only a licensed dietitian could LEGALLY recommend taking seven grams of Vitamin C daily to build up the immune system and thus get rid of a cold. And -- quite frankly WOULD a licensed dietitian, indoctrinated and educated by the Orthodox Medical Establishment, recommend such a natural, simple, inexpensive remedy as Vitamin C?

Is only a licensed dietitian intelligent enough, caring enough to recommend good foods, helpful vitamins, and herbs? Surely you and I,

the ordinary person who takes time to study and listen, can effectively achieve health for ourselves and for others -- except in emergency situations.

The main goal of the National Health Federation is that Americans may have the choice to choose whatever health care they desire. Freedom of choice is the foundation of Our Country. To monopolize Health Care to one organization is the same as legislating One National Church or One National Newspaper. This is why we're against the rubber stamping by the NCAHF of just one side of the story.

NEWS -- FOR IMMEDIATE RELEASE

For further information contact National Health Federation Spokesman:

Jeffrey Harsh 913-672-3428

Now for the rest of the story you're not getting at the National Conference Against Health Fraud Symposium in Kansas City, MO, March 13th, 14th, & 15th, 1988. The reason for the timing of the NCAHF symposium is for the express purpose of a concerted effort to attract news media coverage of the event so that a new rash of anti-nutrition "scare" stories can be disseminated to the general public. It is not a coincidence that the Kansas Legislature is at this very time considering a bill introduced at the behest of the registered dietitians to make it a crime for anyone but a registered dietitian to give nutritional advice in Kansas. (See attached article from HEALTH FREEDOM NEWS, May 1986, by Al Mason where he states that symposiums of this type are simply SHOWS, TRAVELING AROUND THE COUNTRY, PLAYING THE SAME THEME for the express purpose of getting the Dietitian's Bill passed -- ex.: Colorado and California.)

The Professional Media Experts, Fleishman Hillard Inc. of Kansas City, MO., have not informed you of the rest of the story. They have not informed you that the mailing list of the symposium in CO was obtained by using the letterhead of the State of Colorado Dept of Health, thus creating the impression that the symposium was somehow being sponsored by the State of Colorado which it was not. (See Exhibit A attached.) It's these types of manipulation that the Professional Media Experts, Fleishman Hillard Inc. of Kansas City, MO, have not told you. They are also not telling you that the 400 billion dollar a year drug industry

ON THURSDAY, AUGUST 27, 1987

FEDERAL JUDGE

SUSAN GETZENDANNER

IN U.S. DISTRICT COURT

FOUND

THE AMERICAN MEDICAL ASSOCIATION,
THE AMERICAN COLLEGE OF SURGEONS, AND
THE AMERICAN COLLEGE OF RADIOLOGISTS

GUILTY

**OF CONSPIRING TO DESTROY THE
PROFESSION OF CHIROPRACTIC**

And with the full knowledge and continued support of their executive officers, the AMA paid the salaries and expenses for a team of more than a dozen medical doctors, lawyers and support staff for the expressed purpose of conspiring (overtly and covertly) with others in medicine to first contain, and eventually, destroy the profession of chiropractic in the United States and elsewhere.

21541 SURVEYOR CIRCLE, HUNTINGTON BEACH, CALIFORNIA, 92648
TELEPHONE (714) 960-6577

NEWS --- FOR IMMEDIATE RELEASE !!!

For Further Information Contact:

Jeffrey Harsh 913-672-3428

I am a Homoeopathic Practitioner, receiving my degree from the British West Indies Medical College. I have interned with other two dozen medical doctors in the United States and in Europe. I do not practice medicine in Kansas; I am a researcher. I have travelled extensively throughout the world documenting modalities and answers in the natural health field. I have packed twenty thousand dollars worth of video equipment, recording many of my findings on 3/4 inch video tape. No one is paying me to do this. Because I care about people, I pay for this out of my own pocket. I have not charged anyone for my work; yet I have been investigated extensively in the state of Kansas. The following is one of the main reasons why.

The National Health Fraud Conference, in their quest to stamp out what they term the "quack" industry, is very concerned with the different types of treatment in the Alternative Health Field for AIDS. The NHFC will expound from their left brain rationalism about the evils of these alternative treatments which are all bad and must be stamped out by the FDA. The NHFC will insist that several laws must be passed to imprison offenders differing from their convictions. They will media blitz the evils of natural health practitioners who supposedly bury their AIDS patients up to their necks in mud.

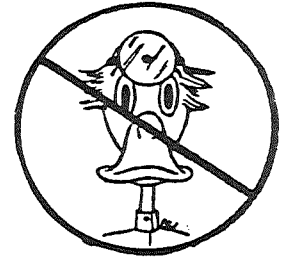
However, what kind of answers does the Orthodox Medical Establishment offer? The Hope that they alone will find a cure? Yet, until then the AIDS patient face a death sentence. Within two to five years the AIDS victim's brain often turns to mush and he/she can't find their way out of the bathroom. Often the victim begins to bleed profusely and the blood filled diarrhea covers the walls of the bedroom. If not constrained, contamination occurs to anyone coming in contact with it. If the victim wants to have sex, just use a condom?? as if the other person is supposed to trust life to a balloon?

Then the victim dies. But don't worry. If this is you, or a loved one, or a friend, people are trying to pass laws which will allow the victim to be put to sleep so the AIDS victim can have death with dignity. These orthodox prosecutors then have the audacity to set themselves up as censors.

In my opinion, from the research and information gleaned from previous conferences, the National Health Fraud Conference is trying to persuade the news media, State Attorney Generals, and State Legislatures against any alternative procedure which does not fall under the police regulatory system of the FDA and the Orthodox Medical establishment. Eradication of any alternative, cutting edge, modality which does not directly or indirectly finance their future endeavors. This type of terrorism and subtle malignment is not new to the National Health Fraud Affiliates. We see strong, undeniable evidence in the recent Court case which gave a crystal clear victory to the Chiropractors against the Orthodox Medical Establishment.

'NUTRITION QUACKERY' SHOW HITS THE ROAD

By Al Mason



Official logo of the NCAHF
"Nutrition Quackery" symposium. Great art it ain't.

On March 14, 1986, the National Council Against Health Fraud (NCAHF) staged another one of its regional indoctrination sessions at the Regency Inn in Denver, Colorado. This one was entitled "Nutrition Quackery: A Health Hazard."

As readers of *Health Freedom News* will recall from Maureen Salaman's article in the March issue, NCAHF is the modern-day reincarnation of the old and secretive Coordinating Conference on Health Information (CCHI), a sub rosa alliance of the Orthodox Medical Establishment and certain U.S. government agencies whose avowed aim was to smear, persecute and prosecute practitioners of alternative health care modalities as "quacks".

There are two facts connected with this particular event which distinguish it from a number of other, similar meetings held by NCAHF and its irascible leader, Dr. William Jarvis (that's a Ph.D. "Dr.", not an M.D. incidentally). These facts are that (1) valiant N.H.F. members were on hand to make sure those attending the event and covering it for the press knew there were two sides to the story and (2) we have been allowed to examine certain documents pertaining to the organization of the event which shed considerable light on how these "anti-quackery" propaganda sessions are organized and financed.

We'll let N.H.F. member Jeff Harsh of Oakley, Kansas, who led the demonstration against the NCAHF "symposium" tell his aspect of the story (see separate article on page 10). Hopefully this may inspire other

good people across the country to go and do likewise.

What we will deal with here is the usually un-seen process the "anti-quackery" people use to set up one of these events. While sponsorship of the symposium was initially under NCAHF and the Colorado Public Health Association*, they had help.

We know, for example, that the sponsors used mailing lists from the Nebraska Dietetic Association, the Utah Dietetic Association, the American Dental Hygienists Association, the North Dakota Dietetic Association and the Colorado Home Economics Association to solicit attendance at the meeting. We know that the use

A worthwhile educational purpose is perverted when propaganda sessions are substituted for more technical, "update" seminars.

of several of these mailing lists was obtained after letters were sent to those organizations on the letterhead of the State of Colorado Department of Health, thus creating the impression that the symposium was somehow being sponsored by the State of Colorado, which it was not.

We know that the symposium was intended to be more than "informational." It was a fund-raiser for the primary sponsors, with 70% of the

*NCAHF and CPHA were the primary sponsors. By the time the symposium was actually held, the primary sponsors had added the Tri-County Health Department, the Colorado Medical Society and the U.S. Food and Drug Administration as official co-sponsors.

profits going to NCAHF. Attendees at the symposium paid \$60 each to participate.

Besides revenues from registration fees, the symposium sponsors raked in donations from the Dairy Council, Inc. (Thornton, Colorado), Stouffer's Food Service ("When Quality is the Deciding Factor"), Mead-Johnson (makers of Enfamil), the Colorado Beef Council, Colorado Wheat Administrative Committee and others.

As an inducement to get more people to attend the symposium, the sponsors sought and in some cases obtained approval for the symposium as a "continuing education course" for nurses, medical doctors, registered dietitians, dentists, dental hygienists and social workers. This is, in fact, part of NCAHF's game plan for staging these seminars.

Many professions require their members to participate in a certain number of hours of "continuing education" every year. The purpose of this, of course, is so that professionals may continually update their knowledge in their field so as not to suddenly wake up and find themselves knowing less than younger colleagues fresh out of school. That worthwhile purpose, one might suggest, is perverted when propaganda sessions are substituted for more technical, "update" seminars.

The Colorado Dental Association, for example, approved the NCAHF symposium on "nutrition quackery" for full credit, or one continuing education credit for each hour of the all-day event. Exactly how attending six hours of lectures on how homeo-

(Continued on page 11)

NUTRITION QUACKERY

CONTINUED FROM PAGE 9

paths and naturopaths constitute a "health hazard" because they are "non-scientific" will improve a dentist's knowledge of dentistry has yet to be explained.

Accreditation does, however, make it possible for symposium attendees to write off the \$60 registration fee on their taxes and substitute what amounted to a kind of political rally for genuine professional education in their fields. Dentists who did this in Denver on March 14th may now, we presume, lecture their patients on the evils of quackery while the patients are forced to listen without response as their mouths are stuffed full of cotton and dental instruments.

Quite obviously, the accreditation of events such as this by the Orthodox Medical Establishment is intended not to advance or update the technical skills of orthodox practitioners but to assure that the "party line" of opinion and continuing smear is continually updated within the professions. Left to their own devices, conscientious health care professionals might go astray and actually experiment with alternative modalities and find that (horrors!) they work. Such license inevitably would produce more physicians like William Campbell Douglass, Jonathan Wright, Ray Evers, Ted Rozema, Michael Gerber and others too numerous to list. Since most states leave licensing of a doctor up to a panel of his "peers" it is essential to orthodoxy that deviations from orthodox standards taught in medical school be labelled "quackery" so that when the establishment targets one of these innovative doctors for destruction the case will be cut and dried well in advance.

The sponsors of the "quackery" symposium intended to reach a far wider audience than professional practitioners of orthodox medicine, however. A concerted effort was made to attract news media coverage of the event so that a new rash of anti-nutrition "scare" stories could be disseminated to the general public.

It is not coincidence that the Colorado Legislature was at that very time considering a bill introduced at the behest of the registered dietitians to make it a crime for anyone but a registered dietitian to give nutritional advice in Colorado.

Speakers at the symposium included Dr. Jarvis on "What Constitutes A Non-Scientific Practitioner?"; Vala Jean Stults, Ph.D., R.D., chairman of the home economics department at Whittier College in California, "Nutrition Misinformation: Nonsense and Nonscience"; Fred M. Atkins, M.D., pediatric staff physician, National Jewish Center for Immunology and Respiratory Medicine, Denver, "Controversies in Diet and Behavior"; James A.M. Lowell, Ph.D., professor of life sciences, Pima Community College, Tucson, Ariz., "Nonscientific Practitioners and Their Methods of Operation"; Wallace Sampson, M.D., clinical associate professor of medicine, Stanford University School of Medicine, "Fakes Can Be Fatal: A Discussion of Cancer Quackery"; and James J. Kenney, Ph.D., R.D., a "nutrition consultant" from Santa Monica, California, "Unproven Methods of Nutritional Assessment: A Case of Questionable Diagnosis."

With the exception of Dr. Atkins, all of the speakers are members of

the NCAHF Board of Directors. And Dr. Atkins was a last-minute substitution for William M. Partridge, M.D., professor of medicine at the University of California, Los Angeles.

Note that none of these except Dr. Atkins was from the Denver area. Most were from California. They travelled far for this symposium. Can it be that the orthodox medical practitioners of Colorado have no spokesmen of their own sufficiently eloquent to denounce what NCAHF would have us believe is obvious "quackery?" Or is it more likely that the denunciation of such "quackery" is too practiced a skill in deception to be entrusted to any but the anointed hand full from NCAHF?

If you're sorry to have missed this show in Denver, don't worry. It's a road show. It travels around the country, playing the same theme. Last December they were wowing 'em at the University of California, Santa Barbara. By the time you read this they may be in your back yard. What we need is a few more folks like Jeff Harsh in each community to give them the reception they deserve. ■

Reprint from HEALTH FREEDOM NEWS May 1986



COLORADO DEPARTMENT OF HEALTH

Richard D. Lamm Governor

Thomas M. Vernon, M.D. Executive Director

COLORADO DEPARTMENT OF HEALTH

Richard D. Lamm Governor

Thomas M. Vernon, M.D. Executive Director



January 15, 1986

December 13, 1985

Sherril Hurdy 3757 Fatti Drive West Valley City, Utah 84120

Dear Sherril:

The Colorado Public Health Association - Nutrition Section is co-sponsoring a day workshop with the National Council Against Health Fraud in March, 1986. We are interested in sending the program announcement to the UDA members. I would appreciate a set of mailing labels. Enclosed is a check for \$5.00 to cover the cost. Please send me a receipt so I can be reimbursed.

Thank you very much.

Sincerely,

Margaret Tate

Margaret Tate, M.S., R.D. Nutrition Consultant Migrant Health Program

MT/ln

Enclosure

Check from David E. Tate, Margaret Tate, Aurora, CO, dated 12/16/85, for \$5.00 payable to the order of Utah Dietetic Association.

Phyllis Worden Extension Service Administration #201 Colorado State University Fort Collins, Colorado 80523

Dear Phyllis:

Enclosed is a check for \$17.50 to cover the cost of the mailing labels for the Colorado Home Economics Association.

Thank you very much.

Sincerely,

Margaret Tate

Margaret Tate, M.S., R.D. Nutrition Consultant Migrant Health Program (303) 331-8450

MT/ln

Enclosure

Check from David E. Tate, Margaret Tate, Aurora, CO, dated 1/16/86, for \$17.50 payable to the order of Colorado Home Economics Association.

4210 EAST 15TH AVENUE DENVER COLORADO 80202 PHONE (303) 330-8222



COLORADO DEPARTMENT OF HEALTH

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Thomas M. Vernon, M.D. Executive Director



January 15, 1986

January 16, 1986

Jeanette Volker 2424 Park Ave Lincoln, Nebraska

Dear Jeanette:

I am writing to request the mailing labels for the Nebraska Dietetic Association. The Colorado Public Health Association Nutrition Section is sponsoring a workshop entitled "Nutrition Quackery: A Health Hazard" which we feel would be of interest to NDA members.

Enclosed is a check for \$10.00 to cover the cost of the labels. Please send me a receipt so I can obtain reimbursement.

Thank you very much.

Sincerely,

Margaret Tate

Margaret Tate, R.D., M.S. Nutrition Consultant Migrant Health Program

MT/ln

enclosure

Kim Hepper Box 1151 Beulah, N.D. 58523

Dear Kim:

I am writing to request a copy of mailing labels for the North Dakota Dietetic Association. The Colorado Public Health Association/Nutrition Section is sponsoring a day workshop entitled "Nutrition Quackery: A Health Hazard". We are interested in sending the program announcements to dietitians in states within close proximity to Colorado.

Enclosed is a check for \$7.00 to cover the cost. I would appreciate a receipt so I can obtain reimbursement.

Sincerely,

Margaret Tate

Margaret Tate, M.S., R.D. Nutrition Consultant Migrant Health Program (303) 331-8450

Check from David E. Tate, Margaret Tate, Aurora, CO, dated 1/16/86, for \$10.00 payable to the order of Nebraska Dietetic Association.

Check from David E. Tate, Margaret Tate, Aurora, CO, dated 1/16/86, for \$7.00 payable to the order of North Dakota Dietetic Association.

Exhibit A

WHEN IT COMES TO QUESTIONS OF QUACK MEDICINE...

By Maureen Kennedy Salaman

When it comes to a question of who is practicing quack "medicine" in America, the National Health Federation asks why the practitioners of orthodox medicine as approved by the American Medical Association (AMA) always are allowed to make the accusations while the practitioners of alternative, "holistic" medical care are asked to go on the defensive?

In late January, 1986, *The Reno Gazette-Journal* ran a seven-part series entitled "Nevada's Medical Dilemma", investigating "controversial forms of medical treatment" which flourish in Nevada but have frequently been persecuted and prosecuted in other states. It is the intent of the NHF to hereby set the record straight on several points in that series of articles and to shine a spotlight of scrutiny on the very real quackery that goes on in and is sanctioned by the AMA and other defenders of the Orthodox Medical Establishment.

UNPROVEN THERAPIES

"At some Nevada clinics, where desperate people search for cures to the ravages of cancer and arthritis, patients are being used as human guinea pigs, subjected to unproven therapies, unapproved drugs and folk remedies." (Sunday, Jan. 19, 1986)

Fact: Some 60% of all drugs now commonly used by orthodox medicine are not "proven" because they have not been subjected to "double blind tests", the very same tests which orthodoxy demands for "alternative therapies". What is sauce for the goose, should be sauce for the gander.

PREYING ON THE HOPES OF THE HOPELESS

"The staff (of one alternative medical clinic) 'preyed on those whose hope for cure was born of desperation'..." (Sunday, Jan. 19, 1986)

Fact: While we in the NHF have low regard for the particular clinic about which this statement was made, we recognize this criticism as one that is widely used to attack all practitioners of alternative health care modalities. Those who wield such charges paint with a very broad brush. The same could be said of any orthodox medical clinic. What else but a desperate hope for a cure makes people go to an orthodox drug doctor when they know how slim chances of cure must be. All of us have had relatives or friends who have died during treatment by orthodox medicine — not from the disease but from the treatment itself. The chemotherapeutic drugs employed by orthodoxy to treat cancer in humans have been conclusively proven to cause cancer in laboratory animals.

LETTING THE FOX GUARD THE HENHOUSE

"In addition, the Legislature has given policing authority over unorthodox medicine largely to the same people who practice it." (Sunday, Jan. 19, 1986)

Fact: The article correctly notes that the licensing board for orthodox physicians is dominated by orthodox physicians. This is as it should be. Who else but members of the same profession would be competent to pass judgement on their peers? Asking a homeopath or naturopath to be

judged by a panel of "drug dealing" doctors is tantamount to asking Martin Luther to subject his theology to the rule of a panel of Roman Catholic Cardinals. We are talking about entirely different systems of approaching the same situation. Doctors whose entire training has been in drugs will defend that system out of pride, prejudice, vested interest and plain ignorance, thereby making fair, objective judgement of homeopaths, naturopaths and chiropractors a virtual impossibility.

WASTING TIME AND MONEY

"Some doctors warn the state's liberal stance on unconventional medicine endangers the public's health because patients waste precious time and money on unproven treatments." (Sunday, Jan. 19, 1986)

Fact: The decision one makes over his own life and how to save it when disease threatens is the most important decision a person will ever make in his or her lifetime. This is no time to narrow their options.

PEOPLE ARE DYING

"And if legislators need a compelling reason to crack down on unorthodox medicine, the doctors say, it is simply this: People are dying." (Sunday, Jan. 19, 1986)

Fact: An estimated 485,000 Americans will die this year of cancer. Most of these people will have had the chemotherapy, radiation and surgery the orthodox medical establishment urges them to rush to and they will still die. All of the billions of dollars spent on orthodox medical treatments and the billions more spent

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QUACK MEDICINE

CONTINUED FROM PAGE 12

on establishment cancer research amount to a river of gold flooding into the coffers of the Orthodox Medical Establishment. Despite these expenditures, more Americans will die of cancer this year while undergoing orthodox medical treatment than died in the Korean and Vietnamese wars combined.

A SINGLE TRAGEDY AMONG MANY

"Karen (Ziegler) continued to undergo treatment at the Nevada Naturopathic Medical Center in Reno and at American Biologics, a 'holistic medical center' in Tijuana, Mexico, while cancer specialists here predicted that without conventional treatment the disease would prove fatal. Karen died on Christmas Day, 1984...." (Sunday, Jan. 19, 1986)

Fact: It is tragic that Karen Ziegler died of cancer on Christmas Day. That same day 1,100 other Americans also died of cancer, most of whom underwent conventional therapy. If all of the patients who died not of cancer but of the dangerous chemotherapeutic drugs administered at the hands of orthodox therapists were singled out, there would not be enough columns in any newspaper in the world to detail them all. The fact that she died in a sub-standard Mexican hospital long held in disrepute by Americans and Mexicans alike lends all the more urgency to the need to give Americans freedom of choice in the land of the free where there is accountability. We are now witnessing the abomination of American citizens having to flee their own country and live and die as fugitives in a foreign land for no other crime than that they became ill.

THE MONEY THEY SPEND

Congressman Claude Pepper of Florida is quoted: *"Every year thousands of older Americans spend millions of dollars in search of miracles that never happen."* (Sunday, Jan. 19, 1986).

Fact: U.S. expenditures for medical care now exceed the money spent on national defense. If medical costs continue to escalate at their present rate, within 10 years they will have exceeded the gross national product. In the past 10 years alone, during which the American Cancer Society has collected more than \$1 Billion from the cancer-phobic American public, the cancer death rate climbed 12 percent. In that same 10 years the orthodox cancer industry has collected over \$10 billion a year! Sidney M. Wolfe, M.D., in his excellent book *Pills That Don't Work* (pp. 194-195), informs us of 610 drugs used by the Orthodox Medical Establishment which have either never been tested or have been tested and found totally worthless. Billions of dollars worth of these ineffective, worthless drugs continue to be sold by the Orthodox Medical Establishment to patients

who are "in search of miracles that never happen."

VESTED FINANCIAL INTERESTS

"Others view traditional doctors and particularly the powerful AMA as part of a conspiracy to limit competition. Especially suspect, they say, is the doctors' relationship with large pharmaceutical companies whose profits rely on the public's dependence on prescription drugs." (Sunday, Jan. 19th, 1986)

Fact: We thank *The Gazette-Journal* for quoting NHF spokesman Hal Card on this point and repeat it here for emphasis: "The average cost of putting a new drug on the market is \$60 million to \$70 million and it takes at least 10 years of research. If I'd just spent that kind of money and I found out people were being treated

(Continued on page 14)

ORTHODOX MEDICINE MAY BE HAZARDOUS TO YOUR HEALTH!

"Iatrogenic" illness is the term for an illness caused by a doctor. A 1981 article in the *New England Journal of Medicine* (Vol. 304, pp. 638-642) entitled "Iatrogenic Illness on a General Medical Service at a University Hospital" by Dr. Knight Steele, et. al, reports a study of such illnesses at Boston University Medical Center: "36% of patients on a general medical service of a university hospital had an iatrogenic illness." This did not include surgery patients!

From the *Bulletin of Johns Hopkins Hospital*, Vol. 119, pg. 299 (1966): Dr. L.G. Seidl reported "17% of Johns Hopkins Hospital admissions suffered one or more drug reactions."

"Twenty percent of hospital admissions have at least one medical or hospital induced complication before discharge." Dr. Oscar Thorup, *Mao Clinic Proceedings*, 1971.

"Only 10 to 20% of present day scientific medical procedures have been shown to be of benefit by controlled clinical trial." This according to the Office of Technology Assessment, U.S. Congress, *Assessing the Efficacy and Safety of Medical Technologies* (U.S. Government Printing Office, 1978, page 7). Translate: 80 to 90% of modern scientific medicine consists of *unproven* remedies.

"Chemotherapy and such invasive procedures as radical mastectomy, hysterectomies to prevent cancer, and surgery for fibrocystic breast disease often are overused or used inappropriately." — Stephen K.

Carter, M.D., adjunct professor of medicine, New York University School of Medicine

"We have learned how common it is for an overly radical cancer treatment to remain in use long after published studies have disproved its worth... Two hundred thousand cancer patients are receiving chemotherapy annually, despite the fact that less than five percent can possibly hope for a cure." — Maryann Napoli, associate director, Center for Medical Consumers, quoted in *American Medical News*

"Treatment with female hormones (estrogen) increases the risk of death from cancer." (*The Medical Letter*, Vol. 22, #14, July 11, 1980)

"Surgery for breast cancer does not prolong life and may actually increase mortality." (*New England Journal of Medicine*, 292:707,1975)

"Bypass surgery is usually ineffective, sometimes fatal, and often permanently debilitating." (*Medical Tribune*, p. 15, Feb. 22, 1984)

"Neck blood vessel surgery (carotid endarterectomy) is causing 2,000 unnecessary deaths a year and may cause more strokes than it prevents." — Dr. Mark L. Dyken, Dept. of Neurology, Indiana University School of Medicine.

"It sounds like a joke, but a hospital is no place for a sick person to be." — Dr. Lowell Levin, professor of public health, Yale University

QUACK MEDICINE

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successfully without drugs, I'd do everything I could to suppress it." No one is going to invest that kind of money in a natural substance that cannot be patented. The result? There will never be another natural substance allowed by the FDA and the FDA acts as a protection racket for the drug industry.

WHY DON'T THEY DO STUDIES TO PROVE EFFICACY?

"If unconventional medicine has cures for human suffering, (orthodox doctors) ask why don't they do studies and publish the results in a respectable scientific journal like the rest of the medical world does?" (Sunday, Jan. 19, 1986)

Fact: The article quotes Dr. Thomas Scully, former State Board of Medical Examiners secretary, on this point. Why doesn't Dr. Scully go after some of the 610 drugs being used daily which Dr. Wolfe has revealed have never been tested or have been tested and found to be worthless? It costs millions of dollars for the kind of testing the AMA and the FDA will accept. These sums are not available for natural substances because they cannot be patented so as to yield a return on the investment. Nobel Prize winner Linus Pauling applied four times for grants from the National Cancer Institute to do studies on cancer and vitamin C and was refused. On his fifth attempt, he was finally granted \$50,000, a sum considered miniscule in research circles.

Dr. Harold Manner, former head of the biology department at Loyola University and a 35 year tenured professor, did studies with Laetrile in which he found 89.3% remission in mammary cancers in mice. The harassment which followed was ruthless. He was finally fired from Loyola after orthodox medical schools refused to accept Loyola students if they had studied biology under Dr. Manner.

In addition, "respectable" medical journals steadfastly refuse to publish articles from doctors which deal with nutrition and its relationship to degenerative disease.

LAETRILE'S SPONSOR ON THE TAKE?

"... (It was revealed that (State Assemblyman Danny) Demers was living in a Lake Tahoe condominium owned by a man who was under indictment for smuggling Laetrile into the country from Mexico. Demers rented the lake-front home for \$300 a month while neighboring condos went for an estimated \$800 to \$1,000." (Monday, Jan. 20, 1986)

Fact: Demers, a prominent sponsor of Laetrile legalization, was acquainted with the owner of the Tahoe condo long before that person was indicted for anything. At the time he rented the condo, it was "off season" at Tahoe and \$300 per month was a reasonable rent. Says the owner: "We have lent it out to scores of friends for nothing. We deliberately charged Danny rent instead of giving it free so there would be no false charges of vested interest."

HOMEOPATHY "UNFOUNDED"?

"Mainstream medicine considers much of what these doctors do 'quackery', a particularly frequent accusation when naturopathy and homeopathy are used to treat such serious illnesses as cancer. 'They're using unfounded things, off-the-wall things, treatments from different countries that haven't been tested here,' says Kathleen Lewis, executive secretary of the Nevada State Board of Medical Examiners." (Tuesday, Jan. 21, 1986)

Fact: Homeopathy has been used by the Royal family of England for over 150 years, and is very popular in Europe. All doctors were homeopaths before the drug industry claimed a monopoly over the healing arts. Talk about the dangers of "proven" drugs versus "unproved" natural remedies. Consider that a combination of Vitamin K and Vitamin C has been in the

medical literature since 1953 as being effective in curing nausea in pregnant women and having no adverse side effects. Yet the "proven" drug Bendectine was being widely used by drug-oriented medicine as a cure for nausea until very recently. As a result, thousands of children were born with birth defects caused by Bendectine and the drug was finally only removed from the market because of the resulting law suits. If a natural substance prescribed by a homeopath ever caused a single child to be born with birth defects we would be hearing about it forever.

LAETRILE & THE F.D.A.

"The FDA considers Laetrile unproven....No one has ever applied for FDA approval of the substance." (1/23/86)

Fact: Andrew McNaughton applied for a "New Drug Investigative License" for Laetrile in 1970. It was granted and 10 days later rescinded for what appear to be political reasons.

FAULTY TESTING

"The National Cancer Institute sponsored a study of Laetrile....The conclusion: 'No substantive benefit was observed in terms of cure, objective response, improvement or stabilization of cancer, improvement of symptoms... or extension of life span.'" (Jan. 23, 1986)

Fact: Before NCI performed the tests, Dr. Vincent DeVita, NCI's Director of Cancer Research, declared: "If people have to have clinical tests carried out in order to prove to them that Laetrile doesn't work, maybe we will have to do it that way." He lacked the first ingredient of scientific testing — objectivity. The tests were designed to fail. Subsequently Dr. Hans Nieper re-evaluated the statistics of the NCI testing and found that they proved efficacy.

NOT OUR HERO, THANK YOU

"Mildred Miller of Las Vegas is considered a folk hero of unorthodox"
(Continued on page 15)

QUACK MEDICINE

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medicine. The federal government disagrees, however. She has been indicted on 66 counts of defrauding the Medicare program." (Jan. 24, 1986)

Fact: While we congratulate *The Reno Gazette-Journal* on their basically objective coverage, we must note that since reporter Kate Santich apparently had no background in the field of natural healing she had no way of knowing that Mildred Miller is not only NOT a "hero of unorthodox medicine" but that the NHF has long been on record as warning people about her and her companions, American Biologics in Tijuana. In fact, Mildred Miller is not only suing all the orthodox medical establishment agencies mentioned in this article, she is suing NHF President Maureen Salaman over just such a warning. There is nothing in the philosophy of the alternative health care movement that condones fraud, and laws do and should exist to protect the public from such crimes. On the other hand, 130,000 Americans will die this year from drugs prescribed for them by orthodox doctors. What laws will protect them?

WHO SHALL DECIDE?

"The public is vulnerable...And in this state the lawmakers just say, 'Hey, we can't protect everybody from everything' and they throw up their hands. There's nobody out there to protect the consumer." (Jan. 25, 1986)

Fact: Nevada's lawmakers are not negligent. They clearly see that the doctor who has spent years in school preparing for his profession, and whose livelihood depends on whether the medications he gives are effective, is better able to judge efficacy than a third party bureaucrat in Washington, D.C., or in Carson City.

GIVING UP HOPE

"If you're an advanced cancer patient, you should be told there is no cure, says Dr. H. Treat Cafferata.... 'It's unfortunate that we have to take

away hope, but it's better than misleading you and taking away your last dime."

"The Laetrile injections will cost \$30 or \$40 each time...." (Jan. 25, 1986)

Fact: Because orthodox practitioners reach the end of their knowledge, they insist on destroying the patient's hope. Who takes the last dime? The average cancer crisis cost under orthodox therapy is anywhere from \$1,800 to \$3,800. According to

the American Cancer Society *Fact Book* for 1973 (the last time they listed cost), using 1973 pre-inflationary figures the cost of dying from cancer under orthodox medical therapy was between \$19,000 and \$24,000 with the mean falling at \$21,000. Present day costs are far in excess of these pre-inflationary figures.

Nevada is to be congratulated on its pioneering efforts for Freedom of Choice. ■

Journal of American Medical Association

August 8, 1980

The area of Nutrition has been neglected by the medical profession. Most medical schools devote less than three hours of total instruction to nutritional deficiency in therapy.... In short, physicians in the U. S. are not required to have any understanding of nutrition to be licensed to practice medicine.... It goes on to state that "About 50% of the persons in the medical wards of the private and public hospitals are at various states of starvation. Does malnutrition really make any difference?" It does. Then say, "Yes, it does." What it does, it lowers the lymphoid count, it lowers the T cells which means that you have abnormalities in your immune system. They go on to say that both abnormalities of the T cell and of the low white count can be reversed by nutritional repletion.

I am Mildred Lowry. My son, Austin, and myself have been partners in a health food store for over ten years. Austin has a masters degree in nutrition from Kansas State University. I am a graduate of Emporia State University and have fifty graduate hours in education, psychology, and sociology. I have been in the health and disease field for over forty years. My husband was a medical doctor. I still keep up on medicine and the medical profession by reading at least a dozen medical journals every month.

I will assume that you have read the information which you have received, so I will not touch on much of that. You also have a copy of my testimony before the House Public Health and Welfare Committee.

Why do people become involved in the health food and alternative care industries? Some do so because they have a serious infirmity, have found alternative care effective, and are so elated over their new-found health that they want to spread the good news to others.

We are in the health food business, not because of any serious disease, but because we found something good and wanted to tell others about it. People do not get into the health food business because they want riches or free time, for there is little of either. I call it a 72-hour-a-day job. One never gets through all of the literature.

In Kansas: 15,000 consumers shop in health food stores every week.

Health food stores do \$10,000,000 in retail business annually.

Health food stores employ hundreds of people.

They pay close to \$100,000 in property taxes.

They pay rent and utilities and use the services of other businesses.

They pay \$400,000 in sales tax.

These statistics apply only to health food stores. Individual distributors of Shaklee, Amway, Nature's Sunshine and others do millions more and pay sales, property, and income taxes.

Chiropractors, naturopaths, weight control centers, reflexologists, and others add further millions.

This may not be big business, but it is certainly significant business. These are the businesses which you will destroy if you vote for this bill.

Who shops at health food stores? Surveys show that, nationwide, 10% to 15% of the population shops at health food stores. These statistics do not include the people who buy their food supplements from individual distributors or use other alternative therapies. These same surveys indicate that the people who shop at health food stores are the better educated people. This is logical because a person who does not think for himself is out of place in a health food store.

Even the Council Against Health Fraud admits that the people who use alternative therapies are the better educated.

If I stumble over a word here and there, I am not losing my faculties, and I don't have a speech impediment. I am a victim of special interest legislation.

Special interest legislation seldom, if ever, benefits anyone other than the special interest group seeking the legislation. Generally, the special interest legislation is passed at the expense of the general public. Most of us do nothing about special interest legislation until it affects us. Some years ago there was a bill in the state legislature in which the dental labs were pitted against the dentists. The labs wanted the privilege of making and repairing dentures. The dentists did not want them to have it for obvious reasons.

I have worn dentures for 44 years due to an undiagnosed vitamin C deficiency. A few weeks ago, half of a front tooth broke off. If it

had not been for this special interest bill, I could have taken my denture to a lab, had a tooth put in, and had it back in a few days. But the labs cannot touch my denture without a prescription from a dentist. So I'm still wearing dentures which don't fit too well. I haven't had time to go to a dentist, and I greatly resent having to pay a dentist for nothing.

At the time I read in the newspaper about this bill, I knew it was a bad bill, but I was busy, and it didn't affect me at the time, so I did nothing.

House Bill 2464 is a special interest bill. It has nothing for anyone except the dietitians (and I think I can show later that it has nothing for them either). It will take money out of the pockets of the people in the form of higher insurance premiums, which are so high now that people cannot afford them. They will receive nothing in return.

I'm sure the dentists used the same argument that the dietitians are using: We must protect the people even though they don't want our protection. I don't appreciate the "protection" of the dentists, and I'm sure there are many others in my position.

And people do not want the protection of the dietitians. They have made that plain by their petitions, letters, and phone calls.

Patrick Quillen, Ph.D., R.D., says in "Who is the Real Nutritionist?"

"This is another needless law creating more governmental regulations with few anticipated benefits to the public. RD licensure will merely provide a financial cartel for a select group of individuals -- RDs.

"Some RDs spend an inordinate amount of time in witch hunts for hucksters. Every other word from these radical RDs is "charlatan", "huckster", "quack", and "debunking myths". These highly visible RDs create a public image of being eccentric "McCarthyites". If these RDs

spent as much time reviewing the current scientific literature as they do "head hunting", then they would be better able to help the public with applied nutrition."

Mr. Quillen also says, "There is a professional schizophrenia among many RDs when it comes to the subject of nutritional supplements. RDs are, ostensibly, against the general use of supplements. The official position of the ADA is that most people can obtain all of their needed nutrients through food, and that supplements pose a health risk. The ADA also hold that supplements providing anything more than 100% of the USRDA should be given only with a physician's prescription. Yet the sum total of all morbidity and mortality from nutritional supplements in this country's history would not equal one day's morbidity and mortality from influenza. Therefore, it is ironic to note that while 35% of the American public take supplements (especially those who are affluent and well educated), more than 60% of RDs take supplements. For a group that is visibly scornful of supplements, this is a major disparity."

You all have a copy of "Who is the Real Nutritionist?" It is must reading.

Now I wish to look at the bill. First DIETETICS PRACTICE is defined.

DIETETICS PRACTICE MEANS

the integration and application of principles derived from the sciences of

- | | |
|--------------|---------------------|
| nutrition | behavioral sciences |
| biochemistry | social sciences |
| food | |
| physiology | |
| management | |

to achieve and maintain the health of the people through

1. assessing the nutritional needs of clients
2. establishing priorities, goals, and objectives that meet nutritional needs
3. advising and assisting individuals or groups on appropriate nutritional intake by integrating information from a nutritional assessment with information on food and other sources of nutrients and meal preparation.

First DIETETICS PRACTICE is defined. Later, it is said, "only a person licensed or otherwise authorized to practice under this act shall practice dietetics. Dietetics is not the entity defined.

"Dietetics practice" is the entity defined. Are they synonymous? I do not believe so. Dietetics may be practiced when a person plans his morning meal.

Then we need to look at the definition of "nutritional assessment."

NUTRITIONAL ASSESSMENT MEANS

the evaluation of the nutritional needs of clients based upon appropriate data

- | | |
|----------------|----------|
| biochemical | physical |
| anthropometric | dietary |

to determine nutrients needs and recommend appropriate nutritional intake including enteral and parenteral nutrition.

"Nutritional Assessment" is not something that can be nicely defined, wrapped up and handed to one group any more than "nutritional counseling" can be. Nutritional assessment may take place from the school classroom to the football field to the counselor's office.

As the bill is now written, not even a medical doctor could engage in nutritional assessment.

No. 5 on page 7 says "nothing in this act shall be construed to apply to any person, including persons employed in health food stores, furnishing general nutrition information as to the use of food, food materials or dietary supplements . . ."

How shall general information be defined in contrast to specific information?

When a customer comes into my store and says, "Mrs. Lowry, I have a question for you", what he is saying is, "I know you have read much on nutrition and its relation to health and disease. What do the writers say about this _____?" He/she wants to know what Dr. Joe Nichols, Dr. H.W. Newbold, Dr. Robert Atkins, Dr. Roger Williams, Dr. Jeffrey Bland, Dr. Earl Mindell, and others have to say. He/she is asking for second, third, or fourth opinions. Customers have often already been to the doctor. They may have tried drugs for several or many years without good results. They may want to try nutrition first. They may want to try nutrition along with their medical treatments. Customers go to the health food store for specific information -- not general information -- if it is possible to definitely differentiate between specific and general information.

In addition to passing along information that I read, I also pass along information that I get from other customers. A short time ago, a customer said, "After I took the first capsule of this (an herb she had in her hand), I never had another hot flash." A few days later, I told this to another customer so that she could decide whether or not she would like to try it. There are no side effects. It's a perfectly safe herb which has been used for many many years. The cost of trying it is practically nothing.

Her freedom to try this method of treating her problem would be taken away if this bill becomes law.

I want to say here that food and food supplements are not drugs. They do not act as drugs do. They enhance the body's natural resources while drugs interfere with the body's natural pathways. That is why there are serious side effects with the use of drugs. We do not say that this herb cured the problem. The herb helped the body to use its natural resources to cure the problem.

This is a copy of Arthron News, the publication of the Kansas Chapter of the Arthritis Foundation. Here on the front is a picture of a 13-year old girl who has suffered from juvenile arthritis since she was three years old. I happen to believe that most, if not all, of that suffering and deformity was not necessary. It would have cost so little to try supernutrition. It is criminal to treat a child like that.

We believe people should have the right to make their own decisions as to how they wish to take care of their bodies. They are the ones that have to live in them.

The next page is a bill which would be quite satisfactory, would give recognition to the dietitians if they believe state recognition has value above that given by their professional association.

This bill as written is detrimental to the dietitians as well as to you and me as I will point out later.

8

For many years, people have been told how to address their elected legislators. Don't do this; do do this; only hand-written letters are acceptable communication. I don't know why type-written letters suddenly become a no-no when they are acceptable for all other kinds of letters. You wouldn't think of handwriting an important business letter. We are told not to write a letter with more than two sentences because the legislator wouldn't be able to understand it.

I don't know why the egos of successful business, professional, and trades persons become so frail the minute they are elected to a legislature. Nor do I know why their ability to comprehend suddenly becomes so low. But that is what the people are told.

If I were a Kansas legislator, I would say to the people of Kansas, "Send me your petitions, send me your form letters, send me your hand-written or type-written letters, call me on the telephone, or come to see me -- just keep in touch. And since I don't have a personal research staff, if you have some information that I should have, for goodness' sake, send it to me. Question my vote. I have an obligation to explain it to you. If you say something I don't agree with, I won't vote against a bill just because you are for it."

A legislator told me that another legislator voted for a bill on the basis of who she was or wasn't mad at. I have two letters here in my hand confirming that this isn't true just of one or a few legislators, but that it is true of most or all legislators. I hope this isn't true. If it is we are in a sorry state.

These are the petitions signed and sent to each member of the House Public Health and Welfare Committee just from El Dorado. Thousands of petitions, letters and telephone calls went to the Committee. Yet the bill passed.

It was difficult to tell the people that we had to start all over again. However, the people feel so strongly about this bill that they willingly signed again. They really become indignant and angry when they see this assault on their freedom.

This is a form letter which I am asking them to read carefully because it has very important information. We are sending the petitions and letters to Frank Gaines who is the senator from our district.

When you vote away my freedoms, you vote away your own freedoms, and the freedoms of the dietitians.

Let's consider what licensure means. What is a license? A license amounts to official permission to engage in some activity. The individual or organization that gets the license is, by definition, inferior in authority to the individual or organization that grants it.

In Romania, pastors are being licensed. Why would the Romanian government license pastors? To control them, of course. The dietitians' desire for licensure is an invitation to greater control by the government. Licensure always leads to control. That is its purpose. Dietitians want this bill to eliminate all of their competition and to get third-party pay from insurance companies, Medicaid, and Medicare. They hope to eliminate all of the competition by restricting the freedom of speech of everyone employed by the health food industry, consumers of health foods, in fact everyone. That includes you, me, and the dietitians. Their freedom of speech and action will be curtailed. They will be required to follow the "company line". Any deviation from the "company line", any new ideas they might have and try to use, any innovations they might wish to make would be subject to censure and could cause them to lose their licenses. They would be subject to malpractice suits just as physicians are now.

Today there are 30 physicians being investigated, being prosecuted, or are in jail for having used innovative therapy not "approved" by the American Medical Association. Their patients didn't complain; they were satisfied. Their colleagues complained.

Dietitians will begin to spy on dietitians just as doctors spy on doctors.

I assume that each of you either now or at some time has had a business or trade from which he received remuneration. You know your business, its relation to the other businesses in the community, You know who your competitors are. You know the big problems and the little ones.

I know my business and part of my business is to know the source -- the origins -- of this bill. I suggested to my colleagues that I should give you this information. They said, "They won't understand, and because they won't understand, they won't believe you." So I'm just going to reiterate what you have already read in the information you have received. For nearly fifty years, the American Medical Association, the pharmaceutical industry, the big chemical companies and the people behind them have been attempting to destroy all alternative health and disease therapies. They have been attempting to do this by way of federal legislation and by attacks on the character and reputation of the health food industry. Despite these constant, vigorous, and vicious attacks, the health food industry has continued to grow. Attempts at federal legislation have failed. So they went to the states. If they can get these laws passed in the states, they will have a foot in the door. Alternative therapy will have been destroyed, and from there they will go back to the federal government. What will be next? Perhaps euthanasia? As legislators, you have the opportunity to deter this attack on our freedoms by defeating this bill.

Is what you see what you get? The answer is NO. There is much more to House Bill 2464 than appears on the surface.

One of our problems is the huge number of bills that is introduced into each legislative session, be it federal or state. No legislator is able to know the real significance of any bill because of what is really mass production.

House Bill 2464 should never have been tackled until the entire legislature had spent at least one month in full-time study on it or at least two to five years part-time study.

This is not a dietitians bill. The dietitians are tools of a larger group. Have you asked yourself why some persons somewhere would be willing to spend millions and millions of dollars to get these monopolistic bills passed in all fifty states almost simultaneously? Were these people really interested in the dietitians, the low men on the totem pole? Were they really interested in protecting you and me from the big bad vitamin salesman? Third-party pay is the carrot dangled before the dietitians to get them to go along with higher fees and more control. These people have much bigger fish to fry. This is a step in the right direction for them.

"A government that can, and does punish even one of its citizens for exercising the most basic element of liberty, the freedom to choose, is not only capable, but will eventually deny that freedom to all."

I recommend that this bill be defeated here and now or that it be referred to a committee for a 2 to 5 year study before a definite decision is made. Other states have followed this procedure. Michigan in 1984 and Virginia in 1987 conducted studies. Both came to the conclusion that the bill was not needed.

An act providing for registration of dietitians and providing for administration of the act by the Secretary of Health and Environment.

Section 1. This act shall be entitled Dietitians Registration Act and shall be administered by the Secretary of Health and Environment.

Section 2. Only a person registered under this Act shall use the title, Registered Dietitian.

Section 3. (a) Anyone graduating from a regionally accredited school with a baccalaureate or graduate degree in food science may become a registered dietitian upon filing an application and paying the required fee.

(b) Registration shall be issued for a period of two years and shall be renewable upon the payment of the required renewal fee.

Section 4. The Secretary of Health and Environment shall set the fees for application and renewal of licenses. Such fees shall be fixed in an amount to cover costs of administering this act. The Secretary of Health and Environment shall remit all money received from fees to the state treasurer at least monthly. The state treasurer shall deposit the entire amount in the state treasury and credit the same to the state general fund.

House Bill No. 2464,
The Watered-down Version
of the Original Dietitian's Bill

Credentials:

Ph. D. in Nutrition, Biochemistry
and Physiology (Cornell University)
plus 25 years of Internship in
teaching, fundamental and practical
nutrition research in animals,
poultry, and humans; lecturer,
Nutrition counselor; author of
research papers in nutrition at
both the college and field
clinical level. During the
last 10 years most of the
time has been devoted mainly
to human nutrition.

Driggs' Metabolic
Health Resources

May 23, 1988

The Bill as it now stands placed freedom of health choice in great jeopardy. The reasons, based in facts, are many. Let's separate the wheat from the chaff.

Fact 1. It is unfair, predatory, monopolistic, (in restraint of fair trade--Federal Anti-Trust Law) and discriminatory because it places the nutritional health control under special interest groups who should not be allowed to make the choice for others through legislation. The Dietitians lack the research experience, educational background and know-how, adequate nutritional, well-balanced diet programs so essential for modern health demands so that the Nutritional health of the consumer should not be left up to the Dietitians and the M.D.'s. The latter has been labelled as totally inadequate in nutritional training by the Nutrition Board of the National Academy of Sciences and experience. The Dietitians and M.D.'s do not recommend vitamin-mineral supplements, but rather a variety of foods. Apparently they do not read the Nutritional Journal literature which supplies documented evidence of the need of supplementation. See my paper article on Balanced Nutrition.

Let me go on. If the exemptions stand up the above argument is less applicable.

Exhibit No. 1. Let's examine the comparison of the Dietitian's curriculum at Kansas State University (K. State Catalogue '87-'88)

(Table I) and Park College, K. City ('87-'88) (Table II). The actual nutrition courses at K. State University are 3 hours, Principles of Nutrition and 3 hours, Life Cycle Nutrition plus 3 hours of Biochemistry (only a basic introduction course) and 3 hours of Food Science (not really nutrition). Contrast this to the Park College curriculum which includes 18 hours of nutrition plus 31-42 hours of pre-nutrition for a total of 49 to 60 hours. Quite a difference.

Now, let's examine (f) under Sec. 2 of the Dietitian's Bill. There is no way that the Dietitian can fulfill the qualifications laid down for Dietetics Practice as shown above. So it remains ambiguous and impractical despite the intent.

Sec. 2 (d) - "Licensed Dietitian". Why license a Dietitian and take away their freedom? Much better to register them. I believe in fair enterprise for all who are interested in promoting greater nutritional health. Dr. Quillin, Ph.D. and R.D., wrote on Dietitian licensing: "Against or who is the real Nutritionist" in J1. of Applied Nutrition, 1987. She supports very forcibly what I have been purporting--many R.D.'s are not competent in applied human nutrition and have not contributed to any major nutritional advancement in research. Besides the track record of R.D.'s is not good in the eyes of the American Public. The author (R.D. and Ph.D.), is definitely against licensing. She concludes that there is need for to improve the dietetics profession and the general nutrition health level. Interestingly, Dr. M.K. Rees, M.D., writes in Modern Medicine (1988), that there is a great need for improving the nutritional health level of hospital patients. Previous writings of prominent M.D.'s attest to malnutrition present in the hospitals. What does that tell you about the conspiracy to stop medical alternatives so well described by Dr. William C. Douglas, M.D., in Health Freedom (1987). He further laments "Of course it's unconstitutional for the government (FDA), to join with private industry to stamp out the competition".

Fault No. 2 - Sec. 2 (G). Nutritional Assessment -- the Dietitian is totally unprepared and undertrained to do an adequate job of assessment as described in glowing, high sounding, phraseology such as biochemical, anthropometric, physical and dietary data to determine nutrient needs, etc. This is very unreal.

Fault No. 3. Sec. 4 describes the creation of an Advisory Board made up

of 3 licensed Dietitians, 1 licensed M.D., and 1 licensed Pharmacist. Why not a real nutritionist on the Board? Sorta stacking the deck? Furthermore, the worst part is that it reads in part that the Advisory Board shall make for all intent and purposes the rules and regulations necessary to commence the initial regulatory activities under this act. Often times this can allow a loophole for allowing them to make other amendments, changes, or interpretations that would jeopardize the whole purpose of the bill to give equal opportunity to all persons involved in health foods, supplements, and dispensing useful health information. This really should be tightened up to include "only" so as to eliminate any fear and restrict the power of the Board.

Fault No. 4. There is a growing trend in certain circles that only registered professionals can pass out nutritional information to the customer, of which I am in great favor of in passing out proper nutritional information. Does this mean then that only registered Dietitians can pass out such nutritional information? I am fearful of this possibility which will handcuff the Health Food Stores, the independent food distributors, the suppliers of vitamin-mineral supplements, chiropractors, and all of those listed in the Exemptions in the Bill -- another loss of freedom. My experience in working with the Heartland Health Foods and the Health Hut of the Kansas side of the K.C. metroplex does not support the general contention that quality health foodstores make extravagant claims and generally never pass out useful nutritional information. The opposite is true with the two stores above and I also know that other stores, plus independent suppliers, do likewise. They (the two I know about) pass out understandable nutritional information to the customer without making claims for prevention or cure-- use the words enhance, support or improve the healthy cell. These handed-out materials carry documented research facts by nutritional authorities and researchers in the field of supplements. It may be of great interest to you that I have developed a balanced weight-loss plan for customers of the Heartland Health Foods in a complete release over my name. It is

available to the customer. Other programs open for inspection are offered in my name to help the customers that come to the store. Incidentally, it states right on the program that the client should see the M.D. for any diagnosis of an organic problem. Do you want to stifle this approach? My two year's experience as Nutritional Counselor at Heartland has revealed some very interesting facts -- many a customer has come to the store for my counseling and I find that they are seeking nutritional help improvement after experiencing failure of improvement during sufficient visits to the M.D.'s office. In a high majority of the cases, great health improvement has been realized after a brief time on the individual plan. I am also sure that other quality health food stores in Kansas are doing a similar creditable job. I have an exhibit of typical examples of the type of quality literature being passed out, for your inspection.

So protect all of the Health Food Stores and the independent suppliers of food supplements from ever losing this freedom. I fear that loopholes in the present act won't do that job.

Why are the pharmaceutical houses so interested in the Bill?

Are we to believe that all of the lobbying and other expenses are being expended for the benefit of 600 Dietitians, only one third of which would be in practice? Incidentally, pharmacists and M.D.'s are poorly equipped as real nutritionists so why protect them to be the only counselor to the customer?

Summary:

1. It is apparent that the Dietitian's Bill is a vehicle for special interest groups (but unqualified) for nutritional counseling to gain control of the total vitamin-mineral supplements industry, thus eliminating small businesses who are doing a respectable job in helping our persons

with nutritional problems. Those same persons could not afford vitamin-mineral supplements under prescription which is the ultimate objective of the special interests groups promoting the Bill.

The Bill has political overtones. So you had better pay attention as to what is the best for the ordinary citizenry.

Yes, I hear about the dangers of overdosages of vitamins and minerals. They are rare, overexaggerated, and often reported by our opponents on the basis of one isolated report. There is a wide range between safe and toxic doses based on sound research on nutritional formulas. The M.D.'s cannot say the same about drugs which never build tissues. Nutrients do build tissues. M.C.'s never tell all of the bad side effects of drugs which are vitamin and mineral robbers.

The real Nutritionists and the "Nutritionists with considerable nutrition knowledge" in the field, have been labelled in bold headlines as Charlatans and Quacks, who are only out for economical gain, by at least 2 medical professionals in the Kansas City Star during the past year and a half. We resent this condemnation, but we will not resort to such character assassinations because we do not believe in such things. Rather, we need to work together as Nutritional and Medical professionals for the promotion of the optimum Health Care of the citizenry. We have offered to do so, but no reply as yet. But there are hopeful signs as prominent M.D.'s, Dr. Whiltaker, Dr. Shute, Dr. Pfeiffer, Dr. Cheraskin, Dr. Huemer, Dr. Atkins, among others, are putting nutrition in as part of the Healing Arts with great results. I am encouraged with the trend.

Thos. E. Edison stated "The Dr. of the future will give no medicine but will interest his patients in the care of the human frame and in

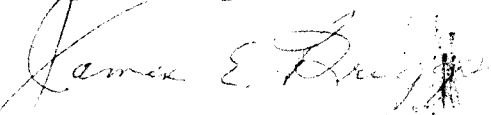
the cause and prevention of disease". Dr. Al Schweitzer "There is a Doctor residing in each of us that will heal if given the opportunity". That is where we in the Nutrition Industry, if left unshackled, can contribute nutrition to the Healing Arts.

We all want the Freedom of Health Choice preserved where it is right now.

To best serve that purpose, we believe that the Bill serves no useful purpose and should be killed in Committee. A better answer to the problem is for closer cooperation between the Nutrition and Medical professions and not an abridgement of the Freedom of Health Choice.

Drastic changes need to be made as suggested to make it even as a fair bill with no loopholes, to all.

Respectfully Submitted,



Dr. James E. Briggs, Ph.D.
Brigg's Metabolic Health Resources

P.S. I want to thank the Committee for being so thorough in setting up the 18 exemptions which I trust will hold true.

J.E.B.

Table I. Sciences For Dietitians
 Ref. Kansas State College
 Catalogue 1978-88

	<u>Hours</u>
General Biology	4
Anatomy & Physiology	6
General Chemistry	5
Organic Chemistry	3 (+ 2 Hour Lab)
Elements of Biochemistry	3
Microbiology	3
Bacteriology	3
Public Health	3
Total	<u>30</u>

Nutrition Courses

Food Science	3	(not really nutrition)
Principles of Nutrition	3	
Life Cycle Nutrition	3	
or Diet Therapy	3	

3 Hours of Organic Chemistry theory is insufficient for any understanding of Biochemistry -- 3 hours of Biochemistry is a bare introduction to the Biochemistry of Nutrition.

Food Science is not nutrition, Diet Therapy for weight loss is not nutrition.

The actual Nutrition courses are:

Principles of Nutrition	3 Hrs.
Life Cycle Nutrition	3 Hrs.

Table II. Bachelor of Science Requirement in Nutrition

Source: Park College Catalogue (1987-88)

General Biology	2 terms --	6 hrs. without lab. 8 hrs. with lab.
General Chemistry	2 terms --	6 hrs. without lab. 8 hrs. with lab.
Organic Chemistry	2 terms --	6 hrs. without lab. 8 hrs. with lab.
Biochemistry	1 term --	3 hrs. without lab. 5 hrs. with lab.
Physiology	3 terms --	10 hrs. without lab. 13 hrs. with lab.
		<u>Hrs.</u>
Introduction to Nutrition		3
Nutritional Status		3
Biochemistry of Nutrition		3
Clinical Nutrition		3
or (Clinical Ecology		3)
(Research Methods		3) or
or (Nutrition and Behavior		3)
(Vitamins and Minerals		3) or
Total of 18 hours Nutrition plus 31-42 hours of prenutrition for a total of 49 to 60 hours.		

Christian Science Committee on Publication For Kansas

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

To: Senate Committee on Public Health and Welfare

Re: House Bill 2464

House Bill 2464, as presently drafted, provides for the licensing of dietitians and restricts the activities of others who are not licensed by this act.

An amendment is needed to make clear that this act does not apply to Christian Science nurses who, within the scope of their practice, sometimes prepare meals for patients.

It is my understanding that the preferred wording is included in a balloon amendment to be presented to the committee by John Peterson for the Kansas Dietetic Association. The amendment would add in lieu of the period in line 0305:

nor to prevent any person from caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

This wording also is presently used to exempt Christian Science nurses from the Kansas nurse practice act (K.S.A. 65-1124).

Your consideration of this request is appreciated.



Keith R. Landis
Committee on Publication
for Kansas

February 28, 1988

Testimony for Public Hearing

I want to present to you today cases of real live people who have been harmed by following the advise of "nutritionists" who were not qualified.

The first case is a 44 year old woman who came into the hospital because of headaches, nausea, and vomiting. On physical examination, she had swelling of the optic nerve, her liver was quite enlarged, and the anterior portion of her lower legs were severely tender to touch. The patient gave a history of having had carcinoma of the breast four years prior to admission. At that time, she had no signs of metastases. Following her diagnosis of carcinoma of the breast, she had been advised by a nutritionist in a health food store to take vitamin A 50,000 units to prevent recurrence of her cancer.

Since it was recognized that this large dose of vitamin A can produce toxicity, the vitamin A level of the blood was measured and was found to be markedly elevated. The liver biopsy revealed that the liver enlargement was due to the increased amounts of vitamin A in the liver and all of her symptoms were on the basis of her vitamin A intoxicification.

This case points out the dangers of mega-vitamin dosage prescribed by a person who has not recognized all of the potential side-effects. The woman did not appear to have any recurrence of her cancer and it would have been unlikely that she would have in view of the negative nodes at the time of her operation, however, she underwent a long period of pain and suffering because of the vitamin therapy.

The case is a 72 year old black woman who entered the hospital in a semicomatose state with severe nausea and vomiting. The patient had a diagnosis of arthritis for many years and 8 years prior to admission she had been advised by an unqualified nutritionist to take 20,000 units of vitamin D daily and calcium and cod-liver oil. She had continued to take this medication for 8 years. On admission to the hospital, the calcium in her blood was markedly elevated and the patient was suffering from vitamin D intoxicification. Her kidney function was also markedly abnormal and it was found that she had large amounts of calcium deposited in her kidneys because of the longstanding high blood calcium levels. All of these were due to the excessive amount of vitamin D that she was taking in the form of vitamin D and cod-liver oil.

In a recent issue of the New England Journal of Medicine there were reports of severe nerve degeneration in a patient who was taking excessive amounts of vitamin B₆ for general preventive medicine purposes. Several cases of degeneration of peripheral nerves have been reported as an effect of excessive intake of vitamin B₆.

These cases illustrate that very bad things can happen to real people when they, in good faith, follow the advise of nutritionists who do not have the depth of knowledge required to serve in an advisory position.

Barbara P. Lubert

*Barbara Lubert, MD
KU Med Center*

Testimony before the Senate Health and Welfare Committee regarding HB2464
on licensure of dietitians.

March 23, 1988, 10:00 am.

In the fall of 1978, this RD was counseling an obese 16 year old boy on a regular basis. His mother generally accompanied him on these visits. On one occasion, the boy's father also came to the session to seek my advice. This 52 year old man appeared thin and pale and reported that he had been losing weight, was extremely weak and tired and was experiencing increased thirst.

The man had sought help for low back pain and had also received a diet which he had attempted to follow. He produced the "diet sheet" which had been provided to him. The sheet was a "zero CHO diet" and listed as foods to avoid: all fruits, vegetables, starches, cereals and breads. It allowed only meat, eggs, cheese and a limited amount of milk. The diet was grossly inadequate in all essential vitamins and minerals and included approximately 30 gm CHO per day.

When I questioned Mr. P. about the diet, he stated that he had sought help for a sore lower back and the individual had done a urine test and found sugar in the urine. He was then placed on this diet and told to report back several times per week for urine analysis. The man reported that he was unable to follow the diet and had continued to feel weak and lost weight.

I advised the man to seek help from his family physician. I explained to him that it is abnormal to spill sugar in the urine and he should have further tests to determine the cause of the problem.

Mr. P. did consult his family doctor and was diagnosed as a Type II diabetic, insulin dependent. He was placed on a diabetic diet containing approximately 50% of calories from carbohydrates. He also takes two insulin injections daily.

Testimony for HB2464 - continued.

This is a classic example of how people are given unsolicited nutrition advice that is not only incorrect, but harmful. People with all types of chronic diseases, including those with diabetes, are constantly given this type of advice, usually along with a sales pitch for one product or another. Such individuals are vulnerable because of their chronic conditions and unqualified "nutritionists" often take advantage of that vulnerability. Licensure would narrow the scope of practice of unqualified individuals so that they could not do nutritional analysis or advise or assist individuals on appropriate nutritional intake, since these practitioners are not in any way trained for such practice.

Please support HB2464 for licensure of dietitians.

Judy Johnston, MS, RD, CDE

Case History #1

Female age 27 who had been overweight to obese for 16 years. She indicated that she gained weight during puberty and continued to vary between 15 to 30 pounds over her ideal weight of 130 lb. (She was 5' 6" and medium frame.) According to the client, she had been on many diets and would lose weight, but never succeeded in keeping the weight off.

After marriage and three pregnancies, her weight was 232 lbs. On the advice of an unqualified professional, she began using the Cambridge Diet Plan and lost 50 pounds in approximately three months. However, she was having severe stomach pains and acute constipation. She was seen on an emergency basis by a physician who recommended discontinuing the Cambridge Diet and began a series of tests to identify the cause of her pain. As soon as she began eating, a very rapid weight gain occurred. When seen by a registered dietitian two weeks later, she had regained 25 of the lost pounds and was still gaining. No pathology was identified in the tests, so the assumption made by the doctor was that the absence of fiber in the Cambridge Diet had caused the cramping and spasms of the colon.

Treatment of an adequate diet and exercise which extended over a prolonged period resulted in a weight loss of approximately 1.5 pounds per week. She has returned to the registered dietitian every 4 to 6 weeks and is nearing her goal of 140 pounds. Behavior modification is being stressed so that she will be able to maintain the loss.

Case History #2

This case involves a healthy 30 year old male who was sold a bottle of vitamins and a bottle of enzymes by an unqualified professional. This client was concerned about taking these and rather angry at himself for purchasing them and brought them to his doctor. The doctor and a registered dietitian evaluated them and found the vitamins were megadoses, varying from 2 to 20 times the recommended daily dietary allowances. The enzymes were not those known to be needed in the digestive process. The promise made for the products included increased energy and vitality. The combined cost was more than \$20.00 per week. Toxicity would be a predictable outcome from the regular ingestion of the products. The high cost would also be an issue.

I recommend licensure of dietitians and recognition of their proper role as nutrition experts.

Ann Hunter, M.S., R.D.



P.L. Beyer
Assoc. Prof., KUMC

**THE UNIVERSITY OF KANSAS
MEDICAL CENTER**

University of Kansas Hospital
Department of Dietetics and Nutrition
39th and Rainbow Blvd., Kansas City, Kansas 66103
(913) 588 - 7681

For Hearings on Licensure

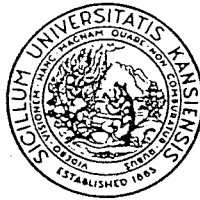
Please find enclosed examples of
Harm From Nutrition Misinformation

- 1) A gentleman came to the family practice clinic because of increasing fatigue, occasional confusion and inability to work. This man had been treated several years before for glomerular nephritis by an internist but had not seen a physician since the medications were exhausted. On the most recent visit, the family physician found an elevated Blood Urea Nitrogen and increased creatinine. Additional tests were to be done with a second visit. The man decided to seek the advice of a "nutritionist" he had heard talk about nutrition and chronic diseases. The "nutritionist" accepted the man as a patient and "treated" him with vitamins and mineral supplements, "sea salt" and a "low uric acid" diet (no organ meats or coffee). The man did not come for his scheduled tests but one day later was brought to the emergency room with severe azotemia, hyperkalemia, edema, hypermagnesemia and obtundation. The patient's kidneys were failing and he had received excessive amounts of dietary protein, potassium, salt and magnesium. Without medical attention he would have died. Appropriate nutrition care and communication with the patient's physician could have prevented the episode and increased costs.
- 2) A patient came to the general medicine clinic with symptoms of malaise, fatigue, and laboratory signs of liver dysfunction and some abdominal pain. He had been taking large doses of vitamins and minerals and large capsules of herbs and unknown mixture for 6 months. These were recommended by a "nutritionist" (without credentials) whom he had heard on a local Baptist radio program. The patient had visited the "nutritionist" 2 times and had spent large sums of money for his visits and for the "supplements." The supplements and herbs were stopped, liver function studies returned to normal and the patient returned to good health.
- 3) A patient was seen in the clinic and subsequently admitted to the hospital who had a long history of congestive heart failure. The patient had been instructed earlier by a registered dietitian on a low sodium diet. The patient however, accepted the advice of a health food store clerk, purchased and used "sea salt" which was supposedly "ok" on low sodium diets. The patient was hospitalized and treated for 6 days.

Senate Public Health & Welfare

March 23, 1988

Main Campus, Lawrence Attachment 16
Medical Center Campuses, Kansas City



**THE UNIVERSITY OF KANSAS
MEDICAL CENTER**

University of Kansas Hospital
Department of Dietetics and Nutrition
39th and Rainbow Blvd., Kansas City, Kansas 66103
(913) 588 - 7681

- 4) A gentleman diagnosed with stiff-man syndrome (a neuromuscular disease of unknown etiology) was admitted to the hospital with increasing fatigue, weakness, confusion, abnormal liver function tests and elevated blood sugar. The patient had been "assessed" by a practitioner in Great Bend who used hair analysis to diagnose several "deficiencies" and subsequently prescribed large numbers of vitamins and mineral supplements. The patient and his wife were charged approximately \$400.00 for the evaluations and were spending approximately \$100.00 - \$200.00 per month for vitamin and mineral supplements. The patient was taking approximately 70 vitamin and mineral supplements while under the guidance of the person dispensing the advice and supplements. The products supplied toxic levels of Vitamin A and excessive amounts of several other vitamins and minerals. With withdrawal of the supplements and proper medical and dietary management, the patient's symptoms, confusion, fatigue, blood sugar, and liver function studies improved. Because of the disease process the patient's muscular and joint flexibility, strength did not improve beyond levels at previous admissions.
- 5) A child, approximately 5 months old, was admitted to the pediatric service with elevated Blood Urea Nitrogen, hypernatremia, hyperkalemia and obvious dehydration. The parents stated that the child got worse after beginning the use of goats milk which had been advised by their nutritionist/health food store operator. The goat's milk was fed to the child after being heated but had not been diluted. No other carbohydrate or fluid sources were advised. (Goat's milk has a very high potassium and protein content; under careful guidance the milk could have been used but in a modified formula.) With the high renal solute load and the high summer temperatures the child became severely dehydrated. The child was hospitalized for approximately 8 days. The parents were instructed by a Registered Dietitian to use a more conventional formula with the correct mixtures of protein, water and electrolytes.

Respectfully submitted,

Peter L. Beyer, M.S., R.D.
Associate Professor
Dietetics and Nutrition

TESTIMONY OF JOHN PAUL SMITH, JR. D.O.
SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
MARCH 23, 1988

I would like to take this opportunity to thank the committee for the time afforded this testimony. As a licensed physician involved in the practice of general surgery, I have had the misfortune of dealing with the severe consequences of malnutrition as it impacts in our patient population. At the same time, I have also had the benefit of being able to use the reputable services of trained dieticians in both inpatient and outpatient settings for the correction and prevention of these devastating effects of disease. I would like to, however, limit my comments to a special subgroup of patients, the elderly, because the effects of misinformation and poor education on the part of unqualified nutrition practitioners can potentially have far reaching effects.

As we are all quite aware, the size of the elderly population in the United States is the largest growing segment of our population. Twenty-five million Americans are 65 years of age or older. By the year 2000 A.D., the size of this group is expected to reach nearly 52 million people, most of whom will be 75 years of age or older. Nutrition is an important but frequently overlooked factor among the many factors that influence the ageing individual. Nutritional assessment of the elderly patient is very difficult and takes a great deal of clinical insight and

training. The effects of ageing on body size alone is one that takes some expertise in the evaluation of changes that occur. Individuals with less than adequate training can take standards or normals that have been developed for the average adult and apply them erroneously to the elderly. This makes inaccurate the assessment of the type and degree of malnutrition present. Laboratory tests are another entire segment that can be utilized to evaluate malnutrition, but in the elderly, the lab values must be interpreted differently due to changes that occur during ageing. Therefore, these two means of assessment can be misused by unqualified practitioners in nutrition, and therefore be the basis for recommendations that are totally erroneous and detrimental to the elderly.

The most striking problem that is encountered from a nutritional standpoint with the elderly individual is that body reserves are gradually depleted with age. This does not cause significant problems unless things such as trauma, infection, surgery, or cancer occur to the elderly. At that point, their demise can be dramatically hastened by improper utilization or inadequate administration of nutritional support.

The incidence of malnutrition is one that is grossly underestimated by all but the most astute practitioners. Only within the last ten years have capabilities developed for the objective assessment of these individuals. The most recent sta-

tistics indicate somewhere between 25% and 50% of all hospital admissions have some degree or type of malnutrition, and a full 10% have severe malnutrition, even within the affluent society of the United States. These figures are all based in the pre-DRG days, and it is anticipated that even higher proportionate levels of malnutrition will exist within our hospitals. The current trend is to decrease the length of hospitalization and, therefore, our elderly patients are being discharged sooner and expected to recover from their stress or illness at home. This is an area where nutritional information and guidance is critical in the assurance that our elderly population are obtaining valid, rational, and accurate nutritional information.

An additional area of concern in the elderly population is the utilization of multiple medications and their effect upon nutrients. Many medications have adverse affects upon the absorption or utilization of nutrients. Likewise, some medications deplete the store of vitamins, trace elements, and nutrients that are extremely important and absolutely essential for good health. The knowledge of these drug-nutrient interactions is critical in the advisement of patients for nutritional concerns.

The point that I am trying to make is that the elderly are walking on a nutritional tightrope. I feel that it is absolutely necessary that we, as a state, take direct control on the

licensure of individuals involved with the provision of dietary and nutritional information. I feel that it is irresponsible for us to allow individuals with little or no training to prevail upon the elderly population within our state, to provide misinformation about nutrition. We are all well aware of the trends towards wellness and proper nutrition and it behooves us to make sure that those individuals providing this information to our population are adequately trained and policed. They, likewise, must be accountable to the population as a whole through its government.

Thank you for the opportunity to make this presentation.



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Public Health and Welfare Committee
The Statehouse
Topeka, KS 66612

Dear Committee:

As the Director of Respiratory Care at Riverside Hospital in Wichita, and a practicing Respiratory Therapist with over 15 years experience I would like to urge you to vote in favor of legalized credentialing for Dietitians for the State of Kansas.

Together with physicians, nurses, and respiratory therapists, the Dietitian is an essential member of the critical care team and provides critical input into the management of the patient. Patients requiring intensive care, whether for medical, surgical or trauma indications are frequently undergoing progressive malnutrition. The provisions of adequate nutrition must not be overlooked, yet, were it not for the intervention of the Dietitian malnutrition many times would become the rule rather than the exception with these patients. In many instances it is the lack of adequate nutrition that retards a speedy recovery, which may be translated into a speedy discharge and the saving of money.

Nutrition intervention by a Dietitian appears to significantly influence the success in weaning a patient from a ventilator, therefore, a Dietitian is an essential member of our critical care team.

Due to our ever growing levels of responsibilities and the fact that Dietitians also deal with sophisticated patient care items, and with patients that range from moderately ill to critically ill, it is imperative that this be a well-regulated and licensed profession.

To hold health care costs down by providing effective and efficient nutritional support, I urge a vote in favor of licensure for Dietitians.

Sincerely,

Don Richards, MSRT
Director of Respiratory Care

DR/jo

I was privileged to attend the House Committee Hearings on HR 2464 last month. Anyone who seriously believes this bill is not going to be detrimental to the livelihoods of several thousands of Kansas businesses with the destructive ripples effecting many national suppliers, is not being realistic.

Most of the proponents for HR 2464 were not dieticians with a concern for policing their ranks or for enriching their credibility. If that were their concern the dieticians would have presented their request for licensing to the area of medical arts. Dr. Renner of Kansas City, a self proclaimed champion for the protection of citizens from health fraud is not concerned about licensing dieticians. His McCarthy tactics are just as disgusting as were those of the McCarthy scourge in the 1950's. If his view is not accepted; if his ideas and opinions are not gospel, then your view is a fraud. He denounced three well publicized authors of a point of view different from his own as 'quacks preying on the ignorance of a desperate for help, gullible buying public'... 'as sellers of pond scum and bee pollen'.

One dietician paraded a large sack of vitamins and minerals that some poor little old lady was bilked into buying by a devious profit minded health food store. Other horror stories were related to show how very ignorant the American public is and how imperative to get these ignorant people into the folds of the dieticians' council. They did mention the various magazine articles that give the American public a little knowledge about a 'dangerous' subject. Surely a little knowledge is better than no knowledge at all ! If you have at least a little knowledge, perhaps you can question a physician's statements rather than accepting them as engraved in granite truth. What 'dangerous subject'? Being aware of the workings of your own body and the needs of that body is dangerous? Are you that ignorant that information must be filtered through a third party and that party is capable of dictating the only way you may travel? I am not and I insist that you are not either.

This state will be poorly served if any legislation is allowed to further the powers of AMA for FDA. As things are now, AMA is closing the doors in the faces of fully qualified, traditionally trained and educated physicians and surgeons. These are not "quacks selling pond scum" as Dr. Renner accuses. Men and women have done their internship and their residencies in fully accredited hospitals. Many are qualified surgeons. They have departed from the "acceptable" path of traditional medicine. These 'renegades' did not start their careers with the intention of straying to other paths but they did follow their consciences to an area that did less harm and was more effective to so many of their patients.

This certainly shoots down Dr. Renner's accusations that the public is having to fend off 'quacks' and uneducated profit-minded vendors of evil vitamins, minerals and herbs. These renegades are just as intelligent, just as educated and certainly less harmful as Dr. Renner. They followed their commitment to an oath that says, basically, "if I can do no good, let me do no harm". I know personally of a physician who has lost his hospital privileges, his license to practice medicine and is now under house arrest ! His crime? Talking to people about herbs and natural healing!

AMA will serve their own interests ! They are life-time members of a good old boy fraternity that closes ranks to preserve and protect their omnipotent images. I worked for a physician who served his community faithfully and unselfishly for nearly 70 years. Long after age had dimmed his eyes and eroded his skills; long after he was prescribing lethal dosages of medications, his two young colleagues protected him. They monitored his charts at the hospital and stayed with him in surgery. Their loyalty was commendable in spirit but the danger of that fraternity is terrifying. Of course the fact that the old man covered for the alcoholic antics of one doctor and of the incompetency of the other young doctor might explain their loyalty.

Ladies and gentlemen, please consider the effects of this proposed legislation. Consider that the dieticians are mere decoys laid out on a pond of half-truths and distorted reflections to delude you into thinking you are saving an ignorant public from themselves. The day the American public accepts a single factions' publications as gospel truth, is the day we take a running leap to drown in the pond of social medicine and biased, narrow minded men and women's ability to pull you right down with them.

Understand this: people who have followed a winding path to this doctor and that doctor and to this specialist and that expert and watched the deterioration of their health and have reached the stage of welcoming death as a release from pain and miseries beyond bearing will go underground as will those who enjoy good health.

If this seemingly innocent bill becomes a law, it will be altered, added to and built upon until the already powerful AMA will be strong enough to make criminals of intelligent, independent AMERICAN people ! It has happened in other states. It will happen here in Kansas if you allow it to.

Vonnie Sappenfield
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Patricia Steen

Total Cost of All Supplements (except Cod Liver Oil)

Per day: \$1.65 \$51.15 per month

Client estimated she spent between \$150-200 per month at the health food stores.

Ingredients in Super Vit-A-Day		%USRDA
Vit.A	25,000IU	500
Vit D	1,000 IU	250
Vit.B-1	100 mg	6666.6
Vit.B-2	100 mg	5882.3
Vit.B-6	100 mg	5000
Vit.B-12	100 mcg	1666.6
Vit.C	250mg	417
Vit.E	150 mg	500
Niacinamide	100 mg	500
Inositol	100 mg	**
Choline Bitartrate	100 mg	**
Pant. Acid	100 mg	1000
Rutin	30 mg	**
PABA	100 mg	**
Citrus Bioflavonid	30 mg	**
Betaine HCL	30 mg	**
Hesperidin Complex	5 mg	**
d- Biotin	100 mcg	33.33
Folic Acid	400 mcg	100
Glutamic Acid	30mg	**
Iodine (Kelp)	150 mcg	100
Iron (Amino Acid Chelate)	15 mg	83.3
Magnesium (A.A. Chelate)	40 mg	10
Manganese (A.A. Chelate)	7 mg	**
Zinc (A.A. Chelate)	20 mg	133.3
Calcium (A.A. Chelate)	60 mg.	6
Potassium	15 mg.	**
Chromium	200 mcg.	**
Selenium	50 mcg.	**

In a base of Alfalfa, Watercress, Parsley, Lecithin, Rice Bran polishings and 72 trace minerals.

** USRDA not established.

Client has been consuming large quantities of supplements for about 40 years. She is now in her early 60's and has bone and joint pain and some demineralization of her upper thigh bone.

Product or Nutrient	%USRDA	Cost	Cost/Day	Description	Comments
Vitamin A	100%			4600 IU in Norwegian Cod Liver Oil	In children, toxicity has resulted from single large doses (30,000-90,000 ug retinyl palmitate) (1 retinol equivalent = 3.33 IU) Subacute or chronic toxicity doses have been found in the 10,000 to 50000 ug/day dose for months to 1-2 years in children. Acute toxicity symptoms: raised intracranial pressure with vomiting, headache, stupor. Symptoms of tox. at all ages: dry skin and mucous membranes, sparse hair, brittle nails, myalgia, bone pain, arthralgia, abdominal pain, splenomegaly, and hypoplastic anemia with leukopenia. Toxic dose for adults: 10,000 RE (can be lower) RDA: 5000 IU
Vitamin A	500%			25,000 IU in Super Vit-A-Day	
Total Intake	600%			29,600 IU (Approx. 9000 RE)	
Vitamin D	133%			533 IU from All-Bone Bone Meal	Can cause severe toxicity at high intakes of 1-2 mg per day. Can cause hypercalcemia and calcification of soft tissues, particularly the kidneys. 10 ug/day = 400 IU. RDA for adults: 200 IU/day
Vitamin D	250%			1000 IU from Super Vit-A-Day	
Vitamin D	115%			460 IU from Norwegian Cod Liver Oil	
Vitamin D	100%			400 IU from Calcium Lactate	
Total Intake	598%				
Vitamin E	1333%	20.49/180	.11	400 IU capsules	RDA: 8-10 mg aTE (8-10 IU)
Vitamin E	500%			150 IU in Super Vit-A-Day	
Total Intake	1830%				
Super Vit-A-Day		18.50/90	.21		A Super potency multi-vitamin w/minerals sustained release.
Garlic & Parsley Capsules		9.45/250	.23	1-2 capsules 3x/day	Nothing is known about optimal intakes.

Product or Nutrient	%USRDA	Cost	Cost/Day	Description	Comments
Super Oxide Dismutase		9.95/100	.30	Derived from 250 mg. freeze dried & buffered bovine concentrate & 125 Mcg. of Catalase.	From the U.S. House of Representatives Select Committee on Aging. Advertised as Anti-Aging in a bottle: "The body does produce an enzyme called superoxide dismutase. There is no evidence that exogenously administered superoxide dismutase will reduce free radicals in the recipient's system. That point notwithstanding, even if such activity were possible the advertised product would be ineffective. Superoxide dismutase is a protein which is destroyed by enzymes in the gastrointestinal tract. ...there is little question, based on current scientific knowledge and standards that the advertisement for the test purchase are blatant misrepresentations of the product and of current scientific and medical knowledge."
Norwegian Cod Liver Oil				Also contained EPA (Eicosapentaenoic Acid) 460-552 mg and DHA (Docosahexaenoic Acid)--420-500 mg	Vitamins A and D discussed previously. From Tufts University Diet and Nutrition Letter, July, 1985 "Dr. Phillipson warns against experimenting with fish oil supplements that you can buy in health food stores even under medical supervision. Indeed, blood-clotting changes have been reported in people on high doses of fish oil supplements. These changes could conceivably lead to bleeding problems in some individuals."
Vitamin A	4600 IU				
Vitamin D	460 IU		?		

Product or

Nutrient	%USRDA	Cost	Cost/Day	Description	Comments
Kelp (Iodine)	100%	3.19/200	.02	Natural Iodine Supplement 150 mcg. (Also contains dicalcium phosphate, kelp, dulse, alfalfa leaf, acacia, cellulose, magnesium stearate, stearic acid, silicon dioxide)	
Iodine	100%				
Total	200%			In Super Vit-A-Day	

All-Bone-Bone Meal & Bone Marrow		3.75/200	.08	Takes 4 tablets daily	See comments on individual nutrients. FDA has found bone meal supplements to be contaminated with lead.
Vitamin D	133%				
Calcium	133%				
Phosphorus	60%				
Iron	15%				
Magnesium	less than 2				
Zinc	"				
Copper	"				
Manganese	"				
Red Bon Marrow (Beef)					

Calcium Lactate					
Calcium	100%	6.95/250	.25	Takes 9 tablets daily Each tablet contains 1000 mg Ca Each tab. contains 400 IU Vit. D	See comments under Vit. D.
Vitamin D	100%				

Calcium	239% total				From the All-Bone Bone Meal, the Super Vit-A-Day, and the Calcium Lactate.
Phosphorus	60%				From the Bone Meal

Product or Nutrient	%USRDA	Cost	Cost/Day	Description	Comments
Iron	417%	6.25/100	.06	75 mg of elemental iron in 648 mg Iron Gluconate Amino Acid Chelate Mineral	RDA is 10 mg for postmenopausal women.
	83.3%			15 mg from Super Vit-a-Day	
	15%			From Bone Meal	
Total	515.3%				
Zinc	333%	8.95/250	.04	50 mg elemental zinc in 385 mg zinc gluconate tas.	The RDA warns that the chronic ingestion of zinc supplements of more than 15 mg/ day, in addition to dietary intake, is not recommended without medical supervision. Excessive intakes of zinc may aggravate marginal copper deficiency.
	133.3%			20 mg. zinc in Super Vit-a-Day	
Total	466.3%				
Vitamin C	2500%	10.95/100	.11	1500 mg C with Rose Hips Sustained RElease From Super Vit-A-Day	Vitamin C dependency has been found in infants of mothers taking in excess of 400 mg/day. Other effects: uricosuria, hypoglycemic effects, impaired bactericidal activity of leucocytes, and excessive absorption of food iron. May precipitate oxalate kidney stones, perhaps interfere with copper metabolism. May also increase requirement for Vit. B ₆ .
	417%				
Total	2917%				
Vitamin B ₆	5000%	4.20/100	.04	100 mg in tab. 100 mg. from Super Vit-A-Day	Sensory neuropathy has been noted in doses of 2g./day for a period of 4 months.
	5000%				
Selenium		6.95/100	.14	2 100 mcg tabs/day	Safe and adequate intake for adults is estimated to be 50-200 mcg per day.
Magnesium	50%	6.25/100	.06	200 mg. elemental Mg from Super Vit-A-Day	
	10%				



DATE: Tuesday, March 22, 1988

TO: Senate Public Health and Welfare Committee

FROM: Dick Hummel, KHCA Executive Vice President

SUBJECT: H.B. 2464 Amended, Dietitians Licensure
-- Adult Care Home Employees Exempted
From Act

Dear Committee Members:

We have taken no position, pro or con, whether or not dietitians should be licensed.

However, we have had a concern that if the bill passes, that unlicensed adult care home employees who provide meals to nursing home residents not be swept under the definitions in this Act.

Accordingly, the House agreed and noted such exemption on line 0243 of the bill.

We respectfully request your consideration in retaining this exclusion.

Thank you very much. I'm available at your pleasure to discuss if you wish the state requirements for dietary services personnel in adult care homes.

"We Care"