PEARSON

The Merry Go Round

By DREW PEARSON and JACK ANDERSON

WASHINGTON — Come May, the birth control pill will have been on the market for nine years. Yet the Food and Drug Administration is unable to say how many adverse reactions the pill has caused during this period or how many deaths have been associated with its use.

The matter is so serious that two congressional committees have been quietly investigating reports that at last ten percent of all adverse reaction reports are fatalities and that one-third of the recent reports on one specific pill involve death. But no one can say with any certainty how high the death rate really is.

This column has learned that since October 1968 there are approximately 9,000 adverse reports covering the years 1965 and 1966 which have yet to be included in the overall total. These reports are still piled high in Room 602-C at the Food and Drug Administration.

Meanwhile, an estimated seven million American women are using the pill. It works; but apparently in more ways than one.

So serious are the side effects reported by the British in April of last year that the Food and Drug Administration ordered American manufacturers to relabel, warning that English studies estimate "there is a 7- to 10-fold increase in mortality and morbidity due to thromboembolic (clotting in the blood vessels) diseases in women taking oral contraceptives . . . Statistical valuation indicated that the difference observed between users and nonusers were highly significant."

Furthermore, the British admitted their studies "very likely" underreported the true situation by about 40 percent. This under-report was despite a National Health Service spanning cradle to grave.

This column has now learned, from a medical authority in a position to know, that independent American studies to be published this spring "fully confirm" the British studies.

Besides death and permanent disablement, the pill can cause a number of side effects ranging from rashes, headaches, darkening skin, hair loss, and breast enlargement, to those requiring hospitalization such as blood clots in the lungs or brain, arteriosclerosis, and cancer.

It seems incredible, therefore, that if the pill is not safe we should have to wait till the British tell us so.

So far the pill has led a charmed life. The first pill, called Enavid, was passed by FDA on the basis that 132 women had received it continuously for a year or more. Puerto Rican studies were often quoted in the lay press as establishing its safety, but those studies were directed primarily to its efficacy in preventing conception.

FDA did receive and continues to receive adverse pill reaction reports, but FDA record keeping is so chaotic that advisory committees claim it is impossible to make conclusive judgments. One advisory committee even asked, three years after the pill had been on the market, that certain scientific studies be inaugurated. Such studies are ordinarily done before the drug marketed, not afterward. It is these studies, to be released in the spring, which "fully confirm" the British report.

FDA has now acknowledged to interested congressmen that between January 1966 and Dec. 1, 1968, it had found reports of 1,023 "serious and fatal" cases, of which 115 involved death and 908 were serious. Blood clots accounted for 84 of the deaths and 459 of the "serious" reactions, among which were listed cancer and hepatitis.

By no means were these a total of all adverse reactions reported, but only those FDA considered "serious and fatal," such as strokes.

An FDA spokesman emphasized "that they had only touched the tip of an iceberg" and that the FDA had no way of obtaining full reports of adverse reactions. True, the drug companies are required to report, but not the attending physician. And there is always the question as to the ultimate cause of death in the individual case.

Meanwhile, the outside evidence mounts. Deaths of American women between 20 to 44 due to clotting have increased from 3 to 12 percent each year since the pill was introduced.

CORRECTION — We were in error in recently reporting that Congressman Jim Wright of Texas helped insert an amendment in the antipollution bill requiring the government to prove "willful negligence" before it can collect damages for oil leakage. We now find that Rep. Bill Cramer, R-Fla., was the sole culprit. Our apologies to Rep. Wright.

Migrant Program Held Axed by U.S.

By TOM SAWYER
Staff Writer

A state official said an effort by the state to improve the lot of the migrant worker was axed last year by the federal government.

Robert Roesch, director of the state Division of Comprehensive Health Planning, says his office unsuccessfully sought $135,000 in federal funds to undertake a study of hunger and malnutrition, aimed at improving conditions.

"Here we were trying to help and we were turned down," Roesch said following a meeting of the Florida Health Advisory Council at the Hotel Robert Meyer Sunday.

Recently, the state came under attack from U.S. Sen. George McGovern's "hunger committee" for conditions of the migrant workers.

McGovern said he found conditions here "that one might expect to find in Asia, not America." He also charged that "most cattle and hogs in America are better fed and sheltered than the families we visited."

Roesch said the request for a hunger study was included in the budget his division submitted to the regional office of the Department of Health, Education and Welfare. HEW provides most of the funds to operate his division, he explained.

The budget came back slashed in half, allowing no funds for the hunger study, he said. His division has been seeking alternate ways of financing it.

Roesch said it is difficult to see how a federal agency could turn down such a study, and then have the state come under attack from the government because it is supposedly not aiding migrant workers.

He said no one from Sen. McGovern's committee was in contact with his division before the Florida investigation started.

Meanwhile, the Advisory Health Committee received a plan which calls for ways to improve the migrant worker situation.

"Immediate steps must be taken to stimulate the development of additional dental clincis, nutrition planning clinics, hearing and vision clincis, and programs and further steps towards the development of a migrant health program," the plan states.

Some 200,0000 migrants and family members need full access to comprehensive health services including preventive health services, out patient services and inpatient services, according to the plan.

In other business, the committee headed by Dr. Samuel M. Day of Jacksonville:

- Recommended to the Legislature that facilities for training doctors, dentists and other medical personnel be expanded, recognizing there is a need for additional personnel.
- Suggested to the lawmakers that at least "minimum requirements" for meeting federal Medicaid programs for public assistance recipients be enacted before Jan. 1, 1970.
- Proposed that in the reorganization of state government agencies all activities involving health be grouped together.

Education Is Key To Feeding Area's Hungry Migrants

FT. PIERCE NEWS TRIBUNE

By RAE TARR
(News Tribune Staff Writer)

"There is some kind of malnutrition among 25 per cent of our migrant workers," said Terry Williams, nutritionist working with the St. Lucie Health Department as a part of a health team seeking to rectify the picture in St. Lucie County.

Williams estimated the migrant worker population at 2,300 during the peak of the season in this county, compared with 100,000 migrant workers in the state of Florida as a whole. These workers are part of the East Coast migrant streams that follows the crops north. There are two other major migrant streams, he explained, one on the West Coast and one starting in Texas and going north through the middle of the country.

Malnutrition is a result, not only of poor food habits—the core of the malnutrition problem in the middle and upper income groups — but it is a product of poor sanitation, mobility (especially among the migrant workers), intestinal parasites, chronic illnesses, and low income.

Williams is working with low income and migrant population in particular, and is attacking the problem in several ways.

He is trying to educate the people through a series of classes in nutrition. But he said the "heart of the problem is to educate the young people in the schools." He is currently holding classes in nutrition for maternity patients at the St. Lucie County Health Center on Tuesday mornings.

Williams also holds class at the Lincoln Park Migrant Health Care Center on Wednesday nights. These classes are for migrant mothers and the ill seen in the Lincoln Park Migrant Clinic on 13th Street. He hopes to enlighten those attending the classes in the areas of sanitation and food preparation in the home.

"They must understand that nutrition is an integral part of health," he said. "It is our hope that in training these migrant mothers, we can get a multiplier effect." This, he explained, is training the leaders to get a larger number of migrants. The mothers learn about nutrition and how to better spend their food budget, and the members of the household are also made aware of the nutrition problem.

"What we need in this county is a greatly expanded nutrition program, especially areas of low income, high risk, and poorly educated groups," Williams said.

High risk prospects, he explained are women with annual pregnancies and pre - school children who are left alone while their mother works. Often the children dotate staying home from school to look after the younger child.

"It is our hope that every pre-school child can eventually be cared for in a day care center when the mother works," Williams said. There they will be given meals and snacks as well as a stimulating environment.

"In addition to my efforts as a nutritionist, the county health nurses are constantly in the community working with the ne edy oppulation. They are trained in nutrition to do a large part of the work in the nutrition program," he said.

Nurses, teachers and other workers in the service component of the community should be alert to the nutrition problem, Williams said. They can direct those in need to the U.S.D.A. (United States Department of Agriculture) commodity foods.

Commodity foods are 23 high-nutrition foods distributed each month to low income families. These are foods that provide a balanced nutritional diet for families without even going to the store, foods such as canned whole chicken, canned beef and pork, instant potatoes, grains and cereals, dry milk, canned vegetables and cheese. These foods are distributed not only at the county welfare office, but at the St. Lucie and Lincoln Park health centers.

Hunger and malnutrition, Williams said, are seen in relation to the food intake. The family resources, and what proportion of it can be spent for food are indicators in the nutrition picture.

Williams, regional nutritionist for the past year for an eight-county area including St. Lucie and Martin, recently testified as to the nutritional status of the population in Southwest Florida with reference to the nutrition services that he and the health team have been able to provide in this area. His testimony was given during the controversial Senate committee hearings held at Fort Myers and Immokalee.

The committee recommended the migrant health program be expanded to include migrant workers and the rural poor and that the program be refunded for another five years. It also recommended that every county in the country have a commodity food or food stamp program to fight malnutrition.

They felt there should be a solid guarantee that no one in the U.S. should go hungry, Williams said.