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*A. J. Schmitt
Always*



**The American Health
Foundation Newsletter**

Vol. 4/No. 2 • Published for the Advancement of Preventive Medicine • October 1972

**AHF Trustees Appoint Dr. Edmund D. Pellegrino
New Chairman for Scientific Consultants Board**

Edmund D. Pellegrino, M.D. and head of the Health Sciences Center for State University of New York at Stony Brook, has accepted an appointment to serve



Dr. Pellegrino

The American Health Foundation as chairman of its 16-member Board of Scientific Consultants. The announcement was made jointly by William J. Levitt, chairman of AHF's Board of Trustees, and Dr. Ernest L. Wynder, president of the Foundation. Dr. Pellegrino succeeds Dr. George James, dean of The Mount Sinai School of Medicine,

who died last March. Dr. James had held this post since AHF was founded in 1968 as the first non-profit organization devoted solely to preventive medicine.

Role of Chairman: It is through the Board of Scientific Consultants (see membership listing on P.2) that AHF plans its many medical research and public education programs, reviews the progress of current projects, and formalizes its position on critical health maintenance issues. Dr. Pellegrino, as chairman, will be responsible for recommending new research programs and helping to coordinate the various committees into which AHF's consultants are now organized.

"This is one of the most important positions that our Foundation can offer," said Dr. Wynder, "and we are extremely pleased that Dr. Pellegrino is joining our Board. He is an outstanding scientist, distinguished in many fields, and will be a great asset to our work in preventive medicine."

Professional Background: Last spring, Dr. Pellegrino was being sought by the Administration to assume the position of assistant secretary for health and scientific affairs in the Dept. of Health, Education, and Welfare. Because of the severe fiscal crisis in the State University of New York, which imperiled the development of the Health Sciences Center he is heading at Stony Brook, Dr. Pellegrino and HEW Secretary Richardson agreed to discontinue the discussions.

Dr. Pellegrino has been at Stony Brook since 1966. There he has served as vice president and director of the Health Sciences Center, dean of the school of med-

icine, and professor of medicine. Other positions held earlier in his career include: chief of medical service, army air force regional hospital, Montgomery, Ala.; director of internal medicine and medical director, Hunterdon Medical Center, Flemington, N.J.; professor and chairman, department of medicine, University of Kentucky Medical Center.

After receiving his M.D. from New York University in 1944, Dr. Pellegrino interned at Bellevue Hospital and completed residency at Goldwater Memorial Hospital, both in New York City. He holds four honorary degrees, and is a fellow or member of more than 20 scientific, professional, and honorary societies.

Dr. Pellegrino has authored some 200 articles on scientific research, medical education, and philosophy. He also is a member of the editorial board of several scientific journals. His current research interests are in the fields of calcium metabolism, physiology, and chemistry of calcified tissues.

**AHF Participating in NHLI Intervention Trial
For the Prevention of Coronary Heart Disease**

A contract awarding \$385,990 to The American Health Foundation has been received from the National Heart & Lung Institute. It was granted to authorize and underwrite AHF's participation in the first year of a new six-year research project called the "Multiple Risk Factor Intervention Trial for Prevention of Coronary Heart Disease."

AHF is one of eight medical research centers around the U.S. which, along with a coordinating center, were enlisted by NHLI to initiate this large-scale intervention trial. Ultimately, an additional 12 centers will participate in this joint effort to determine the exact role of each high risk factor in the development and prevention of coronary heart disease.

Directing the AHF research team on this project will be Dr. Ernest L. Wynder, principal investigator; and Dr. Peter B. Peacock, project director. Dr. Peter Hill of the AHF Health Research Institute will head a group responsible for blood chemistry determinations, which includes specialists in the following health care areas: Donald T. Fredrickson, M.D., smoking cessation; Herbert Spiegel, M.D., behavioral aspects; Mrs. Jane Baldwin, M.S., nutrition; and Richard P. Ames, M.D., hypertension.

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The American Health Foundation Newsletter

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New Chief of Epidemiology Division Announced

The appointment of Peter B. Peacock, M.D. and D.P.H., as chief of the division of epidemiology in the AHF Health Research Institute has been announced by The American Health Foundation's board of trustees. Dr.



Dr. Peacock

Peacock joined AHF on September 1, after serving as professor and chairman, department of public health and epidemiology, at the University of Alabama Medical Center in Birmingham since 1967. During his tenure there, he also was in charge of public health programs at the Schools of Optometry, Dentistry, and Community and Allied Health Resources.

In addition to being a member of three National Advisory Committees (stroke epidemiology, cancer epidemiology, and bio-radiation effects) and the National Board of Health Examiners, he has served as project director or consultant on various state health programs, and was regional director for Third National Cancer Survey.

Born in Kenya, South Africa, Dr. Peacock graduated (M.B. and Ch.B.) from the University of Cape Town in 1945. He later received seven advanced degrees from various universities in South Africa, England, Canada, and the U.S. Dividing his career mostly between medical officer positions (S. Africa and Canada) and university appointments (S. Africa, Canada, and U.S.) he is a frequent lecturer, has authored numerous medical and scientific papers, and contributes extensively to epidemiological research in many fields.

Dr. Peacock, now a naturalized citizen of the U.S., is certified by both the American and Canadian boards in public health. Among many other professional affiliations, he is a member of the American, Canadian, and S. African public health and medical associations, a Fellow of the Royal College of Physicians (Canada) and the Royal Society of Tropical Medicine and Hygiene, and is listed in *Who's Who in America*. In his new position at AHF, his responsibilities will include serving as project director of a large-scale coronary heart disease study (see P. 1) now being organized.

New AHF Cigarette Study for USDA Now Underway

A contract to refine existing analytical techniques for the quantitative determination of traces of carcinogenic nitrosamines in cigarette smoke has been awarded to The American Health Foundation by the U.S. Dept. of Agriculture. The procedure developed will be applied to 32 different cigarette brands, thus assuring a comprehensive study of the various tobaccos used in the manufacture of blended cigarettes available on the market today.

AHF's principal investigator on this project is Dietrich Hoffmann, Ph.D., chief of the Environmental Carcinogenesis Division. Funding of \$25,011 is provided for in the contract received from the Crops Research Division of USDA.

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AHF Moving to Forefront in Health Maintenance Field

Something had to be done to improve the delivery of health care and, after a decade or more of claims and counterclaims, the U.S. now seems ready to accept the Health Maintenance Organization (HMO) concept as a viable and visionary solution to problems which many had feared were insurmountable.

Three major bills have already been introduced in Congress, each proposing the development of organized medical practices through HMOs. More than 110 grants have been made—via HEW—for the funding of HMOs across the nation. An Administration goal of making HMOs available to 90% of the U.S. population by 1980 was announced.

Although the Congressional committees considering HMO legislation are controlled by Democrats, bipartisan support is evident. Senator Richard S. Schweiker (R-Pa.) recently spoke for many Republicans in Congress in saying:

"That HMOs are needed in the health care delivery system of the future is a foregone conclusion. Changes are needed...but our existing system does not need to be replaced lock, stock, and barrel. Significant improvement will occur if a real alternative is introduced. The concept of the HMO is the real alternative."

Resistance Fading: While the resistance once prevalent has given way to respectability, HMOs have not yet achieved reverence. Demonstrations that HMOs can be operated with minimal federal assistance are much needed. The role of HMOs in a pluralistic system of health care delivery requires better definition. Consumer understanding of HMO services and objectives is still inadequate.

Senator Schweiker has raised another troublesome question: "The real issue is whether HMOs should be the exclusive component in the health care system, or should we allow more flexibility to encompass the prepaid group practice, as well as the medical care foundations?"

Learn the Language: For those not familiar with the distinctive terminology being spawned by HMO advocates, a series of articles written last summer by Sylvia Porter, nationally-syndicated newspaper columnist, were most helpful. After stating, "The HMO is becoming the hottest part of an emerging new era of health care," Miss Porter urged readers to remember these key terms:

- **Comprehensive Health Care:** generally includes, both in and out of hospital, preventive, primary, specialty, restorative and extended care. The whole works.
- **Group Practice:** practice by a group of physicians, typically six; some groups are highly specialized, others cover a variety of specialties. Traditional is a fee for

each service rendered. More than 40,000 physicians are now in group practice against 15,000 in 1959.

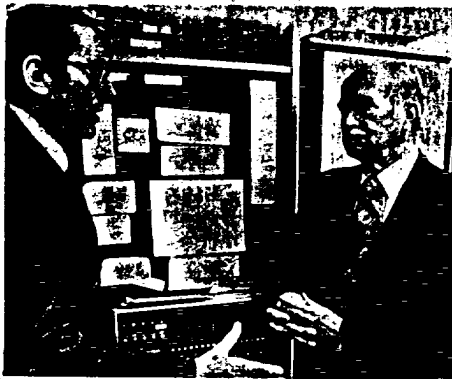
- **Health Care Provider:** a HMO, Health Care Corp., hospital or other institution, physician group, etc., providing health care services.
- **Health Cooperative:** group practice plan involving prepayment for a full set of services and also ownership of the plan by the subscribers who supervise the plan.
- **Health Maintenance Organizations:** typically prepaid group practices with dual goals of comprehensive continuous health care and more health care per dollar and with stress on early disease detection and prevention. Some 8-million Americans now enrolled, getting high quality care at cost as much as one-third lower than traditional forms.
- **Multiphasic Screening:** battery of tests and exams to determine person's state of health and detect signs of illness. Tests usually performed by specialists in lab work, not doctors.
- **Peer Review:** continuing evaluation by medical staff of a HMO, hospital, group practice, etc., of quality of care being given by all providers involved and of appropriateness of the services for a patient's best interests.

In a subsequent column about HMOs, Miss Porter wrote: "typical cost range for a family is \$35 to \$60 a month. Normally included are full, comprehensive services with strong emphasis on preventive care as opposed to "crisis care." Because of this, HMO members tend to go to hospitals less frequently and get out faster."

Recommended Reading: If everything you've always wanted to know about HMOs can't be found in newspaper or magazine articles, a reading of *The proposed Health Maintenance Act of 1972* will fill in most of the gaps. Written by Congressman William R. Roy, M.D., and published (\$13.50) by The Science & Health Communications Group, Inc., 1730 Rhode Island Ave., Washington, D.C. 20036, this 300-page sourcebook provides a comprehensive introduction to HMOs for laymen and health professionals alike.

In this excellent book, the only one yet published on HMOs, Congressman Roy (D-Kan.) presents the text of major HMO legislative proposals now before Congress, reviews arguments for and against them, draws a systematic analysis of issues involved, and offers suggested solutions. Of special interest to readers are sections dealing with positions on HMOs taken by the Nixon Administration, American Medical Association, American Hospital Association, AFL-CIO, Association of American Medical Colleges, and many other key health care organizations. From an opening review of existing U.S. health care problems to the financial con-

(Continued P. 4)



COMPUTER SYSTEM used in automated multiphasic health screening is explained to Dr. Hollis S. Ingraham (right), N.Y. State Commissioner of Health, by Stevens de Clerque, president of American Health Corporation. The two men are shown before a computer terminal station during recent tour of facilities at the Health Maintenance Center, which officially opened on June 12 and is now being jointly operated by American Health Corporation and The American Health Foundation.

siderations he concludes with, the author has clearly and precisely stated the case for HMOs as the emerging delivery system for health services.

The HMO at AHF: Our own American Health Foundation has, of course, done much to pioneer the HMO concept. As the first nonprofit organization devoted solely to preventive medicine, AHF has long advocated such good health practices as regular medical checkups, cessation or moderation of smoking and drinking habits, proper nutrition, physical fitness, and numerous other disease prevention strategies. Earlier this year, moreover, AHF moved directly into the forefront of HMO developments by announcing:

- 1) The opening in April of our Health Maintenance Institute, a public service facility comprised of four "intervention" clinics where people can come and learn how to stop smoking, reduce and control weight and hyperlipidemia, reduce and control hypertension, and develop general physical fitness.
- 2) The opening in July of The Health Maintenance Center, a joint facility of AHF and The American Health Corporation. Here the preventive approach to health maintenance is practiced through automated multiphasic health testing (AMHT). This Center will serve as the prototype for AMHT programs which will be established later in many other locations.

How AMHT Works: "The logic is irrefutable," said *Time* magazine (7/31/72) shortly after our new Center began operations. "If a man has a thorough medical examination every year or so, doctors should be able to pick up the earliest signs of incipient disease or disability, and thus treat his condition most effectively and

economically. But until recently, the omnibus 'multiphasic health testing' approach was confined largely to corporate executives and high-echelon employees whose companies considered them valuable enough, in balance-sheet terms, to justify annual expenditures of \$200 each or more for checkups.

"Now, multiphasic testing is being made available to more people. The state of Rhode Island is running a federally financed program that costs only \$40 per patient. Many large corporations are also offering the checkups to an increasing number of employees down through the ranks.

"One man who is convinced that the value of periodic examinations is provable is Dr. Ernest L. Wynder, the first physician to produce firm evidence that cigarette smoking is a major cause of lung cancer, who is now a crusader for preventive medicine. As a director of the New York-based American Health Foundation, Wynder has persuaded six corporations to finance the Health Maintenance Center, which opened early this month in mid-Manhattan. It is the last word not only in multiphasic testing but also in automation.

"Any individual can make an appointment for a checkup at the Health Maintenance Center, but for the present, says Co-Director E. Stevens DeClerque, the operation will rely mainly on employee groups contracted by their companies. First, the candidate must fill out a 378-item questionnaire on his own and his family's medical histories. That chore over, things are made as easy as possible for him. His questionnaire is fed into a computer. If the electronic brain finds inadequate or conflicting answers, it demands: 'More data!' The computer prescribes the test schedule for each individual patient, based on age and sex.

"After that, the process works like a luxurious assembly line. A technician takes blood and sends it to the adjacent laboratory for both blood-cell and chemistry readings. The results, along with those of urinalysis, are fed into the computer, which is programmed to rerun any tests that show questionable results. The electrocardiogram, usually elaborate, is also checked by the computer and can be double-checked if any abnormality appears.

"At the end of an even hour for a man or 1½ hours for a woman (because of additional breast and genital examinations), a physician at the end of the line has a print-out of the full report. The center physician will send the report to the examinee's personal doctor or company medical department or provide him with a list of private physicians. If an examinee has a problem with smoking, nutrition (meaning, in most cases, overweight), high blood pressure or physical fitness, he can be referred immediately to one of four 'intervention clinics' maintained on the floor below by The American Health Foundation. 'When the Center detects a health risk factor,' says Wynder, 'we like to intervene immediately. We don't want to lose patients—we want to get them while they're still hot.' Eventually, Wynder hopes, there will be a dozen or more such examination centers across the U.S."

**Statement on HMOs at Congressional Hearings
by Ernest L. Wynder, M.D., President of AHF**

*May 16, 1972, for House of Representatives
Committee on Interstate & Foreign Commerce*

One of the obligatory—let me stress “obligatory”—components of any HMO that should be considered in any legislation proposed is the provision, and the appropriate incentive, for measures that can contribute to the prevention of disease and disability.

Disease prevention falls into two categories: primary and secondary prevention. Primary prevention relates to the reduction of risk factors at a time when disease is not detectable—either clinically or, at times, on a cellular basis. Secondary prevention relates to the early detection of disease. The HMO must take responsibility in both areas, the detection and the appropriate remedial measures.

How to Begin: HMOs should start off by establishing a health profile on each of their members. This country possesses the technical ability to undertake such a profile on all—I emphasize “all”—Americans and repeat them at regular intervals. HMO programs or associated federal tax reforms should offer incentives for the correction of high-risk factors, and besides the treatment of symptomatic illness, should include clinics to help people who have problems in excessive smoking, malnutrition, hypertension, alcoholism, drug abuse, and physical fitness to reduce these high risk problems. All of this would put the emphasis on primary disease prevention.

Since all of us have difficulty in relating today's bad habits with our health status 20 or 30 years in the future, it is also incumbent on us to modify hazardous products now. For example, we need measures to establish less harmful smoking products. Food products can be modified to be healthier for all society, for the affluent as well as the impoverished. And we need to strive for safer highways and stricter law enforcement against the drunken driver.

Incentives to Motivate: We have learned much in recent years about the natural history of diseases, as well

as about therapeutic measures. Our health insurance organizations at present place almost exclusive emphasis on therapy. The natural history of most common illnesses and disability suggest that emphasis on therapy alone is both economically and medically the poorest way of utilizing our resources. While future HMOs obviously need to be well staffed and experienced in therapy, we urge that they give proper emphasis to prevention of disease and disability, both through their expertise and by offering appropriate incentives.

The German insurance system, one of the oldest in the world, has recently given an incentive to early detection of cancer by reimbursing the physician for examinations to detect cancer of the cervix and breast and for cancer of the prostate and large bowel. Whatever HMO system is proposed in this country, it should advocate no less. In fact, any American health insurance system should provide appropriate incentives to motivate physician and patient alike toward preventive health practices.

HMOs so conceived will contribute to reducing avoidable disease and disability and, simultaneously, will free medical professionals for the treatment of diseases which are not avoidable at present. In this way, HMOs also offer us a real chance of saving resources that can be put to better advantage for the pursuit of happiness and the health of our society.

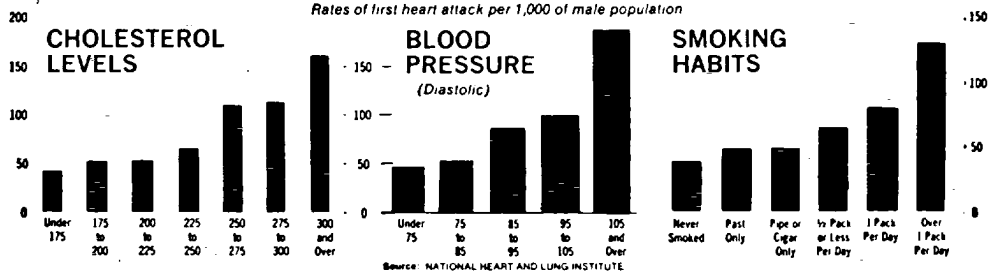
Much to Gain: Our current knowledge of disease and disability indicates that we can be successful in this endeavor. The early detection of cancer is a case in point. Such programs have been successful against certain types of cancer, notably cervix, breast and large bowel, but have proved relatively unsuccessful for cancers such as lung, pancreas, and stomach.

Similarly, hypertension is a disease which, if treated early, has been shown to reduce the risk for stroke and congestive heart failure. If detected and treated still earlier in life, it is likely to reduce the risk for heart attacks as well.

Yet, in the U.S., some 50% of us have never had our blood pressure measured, and when checked and found elevated, only about 20% of the cases were properly

Three Major Coronary Risk Factors

Rates of first heart attack per 1,000 of male population



Newsweek 5/1/72

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GUEST OF HONOR at luncheon held to announce the opening of AHF's four new Health Maintenance Clinics was Congressman Paul G. Rogers (D-Fla.), chairman of the House Subcommittee on Public Health and Environment. Shown here on tour of new facilities with Dr. Ernest L. Wynder, president of AHF. Congressman Rogers told those attending the luncheon: "I think that Congress is going to write more preventive medicine concepts into law," and he predicted the U.S. would see a great increase in health maintenance organizations by 1975.

HMO Statement (Cont.)

treated. In view of our inability to treat effectively many stroke victims—because of catastrophic health insurance rates; and because of the established role of hypertension, myocardial infarction, and other cardiovascular diseases—it is imperative we improve our techniques for the early identification of high blood pressure and its therapy.

Much to Remember: As my friends know, I enjoy reading about the history of medicine. What we talk about here has been talked about by physicians for centuries. For instance, in 1653, Thomas Adams wrote: "Hee is a better Physician that keeps diseases off us, than he that cures them being on us. Prevention is so much better than healing, because it saves the labour of being sick."

The concept of disease prevention is also well expressed in a Greek adage which has become the motto of The American Health Foundation: "It should be the function of medicine to help people to die young as late as possible."

In the 1970's, we should have the ability in this country to make these ancient sayings a reality. With the help of the medical profession, allied health professionals, the health insurance industry, society as a whole, and above all with the help of the Congress, we should succeed in making disease prevention the first step in our health care delivery system—and thus make us a healthier nation. A well-designed and well-conducted HMO in which meaningful preventive services must play an integral part will contribute much to accomplishing this goal.

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(In the discussion period following his statement, Dr. Wynder answered a number of questions about HMOs which will of interest to our readers.)

Question: I wonder if you would address yourself to the economics of preventive medical practices with regard to annual examinations and multiphasic screening and so forth?

Dr. Wynder: As you may know, we are establishing in New York City a health maintenance center which is fully automated and computerized and which, together largely with allied health professionals, can do a meaningful health screening in one hour and have all results available for the physician's examination at the end of the hour. By utilizing all of this technology, we can conduct health screening on a massive basis in a relatively inexpensive fashion.

I cannot tell you what the system will cost once it is fully in operation. Even in this early demonstration period, it will cost not more than \$85 per person. I would suggest that the cost on a mass basis, once it is duplicated from city to city and from center to center, will be much less, even as little as \$50.

Let me emphasize that a HMO that does health screening without the appropriate intervention would be wasteful. The intervention must be an integral part of the identification of these risk factors.

Question: As outlined by legislation before us, is the concept of HMOs a viable form of a comprehensive delivery system of health care? Are you completely in favor of the Congress' progress in the direction that we have gone in creating HMOs?

Dr. Wynder: I am now speaking as an individual, because I have not reviewed this with our scientific board. As an individual, I favor the concept of the HMO. In fact, in most hospitals we do already have some kind of group practice simply because medical knowledge has become so complicated that there are very few physicians who are so wise that they can fully comprehend all existing medical knowledge.

Beyond that, I favor the HMO concept because only in that way can we cover the whole range from prevention to therapy. The HMO should say, "Your health is my obligation." I said your *health*, not your disease problem. HMOs should incorporate the incentive to keep you well, to keep you out of the hospital and to save you money, because money saved by you is money saved by the country. The HMO concept, provided it is humanized and is well integrated in our total medical care delivery system, is a viable way in which curative medicine and preventive medicine can be practiced in this country.

Question: Do you see HMOs being successful in the rural and ghetto areas?

Dr. Wynder: Obviously, if we are for HMOs and for advancing the health of the country, we must include all socio-economic components of the country. But when we

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NCI Grant Extends Range of AHF Cancer Studies

Funded with a new award of \$312,908 from the National Cancer Institute, research into four additional areas of environmental carcinogenesis is now being conducted by investigators from The American Health Foundation. Major areas of the NCI project are:

- Epidemiological investigations of cancers of the kidney, large bowel, breast, and gynecological sites.
- A program concerned with the metabolic epidemiology of mammary cancer.
- Studies dealing with the biological effect of dietary fat on rat tumor development.*
- Quantitative analysis of insecticides in adipose tissue, and the role of smegma in carcinogenesis.

AHF Awarded Air Pollution Study Grant by EPA

The American Health Foundation has recently received a one-year research grant from the U.S. Environmental Protection Agency. Funded at \$38,735 and covering the period from 5/1/72 to 4/30/73, the objective is to develop a method for the profile analysis of carcinogenic polynuclear aromatic hydrocarbons in polluted urban air. Principal investigator on the EPA project is Dietrich Hoffmann, Ph.D., chief of AHF's Division of Environmental Carcinogenesis.



OBVIOUSLY DELIGHTED at learning AHF's first Life Line Award had been bestowed on the National Football League is NFL Commissioner Pete Rozelle (left). Shown with him are Mrs. Milton Rackmill, co-chairman of the award luncheon, and David J. Mahoney, chairman of the board and president of Norton Simon Inc. and honorary chairman of AHF, who presented the award to Mr. Rozelle. The award was given for participation by NFL and its players in a national TV campaign to curb drug abuse among the nation's youth.



SHARING HONORS for their world renowned work in identifying high risk factors that lead to heart disease are Dr. Thomas R. Dawber (right) and Dr. William B. Kannel (left), director and deputy director of the Framingham Heart Study, who were recently named co-recipients of AHF's first annual Eleanor Naylor Dana Award. With them is William J. Levitt, chairman of AHF's board of trustees, holding one of the awards presented in recognition of their distinguished contributions to preventive medicine.

AHF Proposes Ten Golden Rules for Good Health

As a basic element of its national health education campaign, The American Health Foundation recently formulated a list of "Ten Golden Rules for Good Health." Brief and easy to remember, each rule is a kind of triggering mechanism, designed to encourage, motivate, and focus attention on highly desirable health maintenance practices. The rules are:

- 1) Have a check-up every year.
- 2) Be a non-smoker.
- 3) Drink in moderation.
- 4) Count each calorie.
- 5) Watch your cholesterol.
- 6) Learn nutritional values.
- 7) Find the time for leisure and vacations.
- 8) Adjust to life's daily pressures.
- 9) Develop an exercise program.
- 10) Understand your physical assets and limitations.

Through repetition in various media and literature, AHF believes that its Ten Golden Rules can contribute to the general public awareness of what preventive medicine is all about. AHF began distribution of the new health rules last spring when — printed on cards and inserted in plastic cubes — they were given as souvenirs to guests attending the Eleanor Naylor Dana Awards luncheon.

Congressional Attention for New AHF Journal

For those who may have seen either of the first two issues of *Preventive Medicine*, AHF's new quarterly journal, and those who will be reading it for years to come, we are happy to report that the initial response has been gratifying beyond all expectations.

In fact, somewhere in the musty volumes that record what transpires at Congressional health hearings, the following dialogue (datelined May 16, 1972) has been preserved for posterity:

Hon. Paul G. Rogers: "I think it would be well to note for our committee that The American Health Foundation now is responsible for publishing the first journal on preventive medicine. Dr. Wynder, I think I see a copy of it with you, do I not?"

Dr. Ernest L. Wynder: "Yes, you do. The main objective of this new Journal is to try to educate physicians in the practical application of disease prevention. We would like to tell our medical colleagues that to prevent disease is to treat it. This is a difficult thing for a physician to get excited about, particularly because disease prevention only happens over a period of years.

"It should be the function of the physician to identify the risk factors early in life, and to reduce them as early in life as possible. This nation cannot afford to treat all of these unnecessary illnesses, not only because of economic costs but because many illnesses are not curable once they have developed."

JAMA Likes It, too: Among many others to comment favorably about our new magazine was the *Journal of the American Medical Association*. In its "editorials" page, JAMA said: "*Preventive Medicine* is off to an excellent start....To Dr. Wynder and The American Health Foundation, *The Journal* extends greetings and best wishes for continued success with an outstanding publication."



AMONG THOSE ATTENDING presentation ceremonies for the first annual Eleanor Naylor Dana Award were Mrs. Dana (second from right) and (L-to-R) Mrs. John Bruce, Mrs. G. William Moore, and MacLean Gander, president of The Charles A. Dana Foundation, Inc. Mrs. Dana is a member of AHF's board of trustees, and the award given in her name is for honoring "the most significant contributions" to the field of preventive medicine.

HMO Statement (Cont.)

...speak of health, it probably means one thing to the educated individual, and another thing to someone who is impoverished. If you go into a poor community and you speak about health care, that is the least of the problems they have. They are first concerned about malnutrition, and they are concerned about overcrowding and its effects.

We have to realize that whatever HMO we have, for certain populations it is not sufficient. We have to look at disease prevention from the viewpoint of the whole society, and recognize that there are certain diseases related to malnutrition or to poor housing, and these issues also have to be our concern if we want to eliminate unnecessary illnesses in the U.S.



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