

# National Health Federation BULLETIN

FEBRUARY 1980 • 50¢

## NHF'S DR. 'Y', DR. WALDBOTT INVESTIGATE ANNAPOLIS FLUORIDE SPILL KILLING TWO

### FOR CORRODED ARTERIES: SURGERY OR CHELATION?



GARRY GORDON, M.D.

**Intravenous Injection  
of EDTA, Which Bonds  
With Calcium Deposits,  
Then Excreted, Being  
Used by Many Doctors**



H. W. HOLDERBY, M.D.

- **Preventive for Stroke, Heart Seizure**
- **Senility Conditions Also Respond**
- **Medicare Covers Open Heart Surgery,  
But Not a Dime for Chelation!**

### **HOW RADIOACTIVE IS OUR MILK?** Government 'Deceitful,' Study Concludes

### **BUREAUCRATS WON'T LISTEN, BUT PUBLIC DEMANDS 2, 4-D BAN IN RURAL CALIFORNIA**

**Vets Describe Horrors of Army Tests  
With Hallucinogenic Drugs in '60s, '70s**

**NEW FDA CHIEF WILL OKAY LAETRILE TESTS**

**Rindges Give Stark Collection to Library**

Dedicated to the Protection of Health Freedoms

THE  
NATIONAL HEALTH FEDERATION  
BULLETIN

Protection of Health Freedoms

Published Monthly

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

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Annapolis Reporter Suspects Coverup, Calls Dr. 'Y'

## DEATHS, ILLNESS FOLLOW INPUT OF 20 TIMES 'NORMAL' FLUORIDE IN WATER

After one man had died two days after taking dialysis treatment — and two days after it was learned that an open valve in the Annapolis, Md., water system had permitted contamination of the water by at least 15 times the normal amount of fluoride carried — a newspaper reporter, suspecting a coverup, called NHF Science Director John A. Yiamouyiannis, asking him to fly to Annapolis to aid in an investigation.

Receiving immediate approval from NHF President Charles I. Crecelius, Dr. Yiamouyiannis was at the airport Wednesday afternoon, Nov. 28, and the fur has been flying ever since.

Newsman Gene Bisbee who broke the story of the death of a dialysis patient in the *Annapolis Evening Capital*, met Dr. Yiamouyiannis at the airport, and after an orientation session in a motel room, the two went to the Coca Cola Bottling Company and the Pepsi-Cola plant to get information, and try to persuade management to recall the product made the four days, November 12-15.

Dr. Yiamouyiannis said the Coca Cola manager was "cooperative," told them the 16-ounce no-return bottles of Coke's Sprite and Tab had been bottled during the two days the fluoride was entering the city's water. The Pepsi manager was "hostile" to their questions, he said. Neither company withdrew the product.

There were these developments as of late November 30:

- The Food and Drug Administration turned a deaf ear to Dr. Yiamouyiannis' request that the inventory of the four days be recalled. "FDA said that 20 ppm of fluoride was okay," he told *The Bulletin*. (Drinking water is supposed to carry not more than 1 ppm or 1.5 ppm,

according to Public Health Service policy). Subsequently, however, the Maryland State Department of Health tested several thousand cases of embargoed Pepsi and Coca Cola bottled Nov. 11 and 12. But thousands of cases were consumed before the embargo was invoked.

- Dr. George Waldbott, veteran fluoridation clinical researcher who still practices medicine in Michigan, reached Annapolis the evening of November 28 at Dr. Yiamouyiannis' request, and spent the next days examining patients who believed they had experienced symptoms of fluoride poisoning. (Newspaper, radio and television announcements informed the public he was on hand to examine those desiring it).

- As of the end of the day November 30, Dr. Waldbott had examined 80 persons, and reported that 90% had indeed experienced fluoride poisoning symptoms: vomiting (there were cases of blood being retched from the stomach), nausea, headache, general weakness, chest pains.

- Fish died in pet stores.
- One florist reported that chrysanthemums were dying within a day after being watered with the poisoned water.

The health department coverup of the open valve is documented in this chronology, said Dr. Yiamouyiannis:

The spill occurred November 11. The open valve was found and closed on the 12th. On the 14th, "there were rumors that the health department knew about the incident, but it was not until the 20th that the department acknowledged it, and notified the mayor, who was about to depart for a Las Vegas meeting and said he would take up the matter upon

his return a week later."

It was not until the evening of the 27th that Reporter Bisbee had assembled enough data to write the story, and called Dr. Yiamouyiannis, asking him to go to Annapolis.

"We have learned that while the Associated Press story reported a maximum reading of 23 ppm," said the science director, "on November 13 the fluoride content actually was recorded at 36 ppm, and could have reached as much as 50 ppm. On the 14th, it had receded to 23 ppm.

"By suppressing the information at the start, the health department, headed by Dr. J. Howard Beard, effectively prevented us from doing any meaningful analyses of blood and urine. They killed it for us. All we can do now is a retrospective study, interviewing people trying to recall symptoms."

Dr. Yiamouyiannis said that upon reaching Annapolis, he called the health department asking that a room be provided for the interviews. Dr. Waldbott would conduct with persons believing they had suffered fluoride poisoning. The health department refused to pro-

vide such facilities, so it had to be done in a motel room.

While one death had occurred as of November 30, and seven other dialysis patients had been reported ill, Dr. Yiamouyiannis said that "one or two more deaths" could occur as a result of the accident. A 93-year-old woman who drank the water vomited, developed severe diarrhea, collapsed, was hospitalized and was being kept alive with a heart pacemaker. (She died within a few days. Ed.)

A 14-year-old girl was in critical condition, suffering from proteinuria, a condition causing severe kidney damage.

The science director has been busy day and night, and part of his time has been working with the press. The afternoon *The Bulletin* editor talked with him, 10 media persons were in the room with him and Dr. Waldbott — all seeking information, interviews.

Dr. Yiamouyiannis said he expected to return to Annapolis early in December to consult with attorneys for members of the family of the deceased dialysis patient who intend to sue.

## Suit Seeks Laetrile Insurance Coverage

Charging that "if insurance carriers . . . cover the toxic orthodox modalities of surgery, chemotherapy, and cobalt, why not Laetrile therapy also?", Greg Kaye, a Laetrile dealer and chairman of a Freedom of Choice group in New Jersey, has filed suit to force Prudential Insurance Company to provide such coverage.

Damages of \$40,000 are sought by five plaintiffs seeking insurance coverage for Laetrile therapy — claims which Prudential refuses to honor because, according to Prudential Spokesperson Joseph Vecchione, "the overwhelming weight of medical and other scientific opinion indicates it is of no therapeutic value whatsoever in treating cancer."

The decision on what is "reasonably

necessary for the care of a cancer patient should be left to a physician, not an insurance-claims reviewer," contends Mr. Kaye. "Since we are dealing with terminal cancer patients, not hypochondriacs — persons who have had the full gamut of orthodox modalities to no avail — I cannot think of a logical medical reason to deny them coverage for Laetrile metabolic therapy when the only alternative is death."

Use of Laetrile was legalized in New Jersey in 1977.

Nothing doth so innocently provoke new graces as gratitude.

— JOHN DONNE

(From *Pacific Churchman*)

## Why Is It So Difficult to Get the Message Across?!

# HEART, STROKE VICTIMS TURN TO CHELATION THERAPY — AND GLAD!

BY DON MATCHAN

When *The Bulletin* (October 1975) carried a story about Dr. Ray Evers' practice of chelation therapy, with experiences of patients who took the treatment, little did I think that four years later there would be another story based on interviews with patients undergoing treatment, with me "in the same boat."

After a physical by Dr. Robert Hill in Palo Alto Medical Center — "my doctor" for several years when we lived in northern California, I was told there was "a narrowing of the internal carotid artery. We don't want you to have a stroke." . . . Surgery was recommended, but I shy away from that — except for some conditions. Not a plugged artery. I decided to have it done in San Diego where William J. Saccoman, M.D., a skillful physician, and friend, has been doing chelation therapy for six years. To date, all such patients are still living, despite the histories of heart and vascular disease. (Incidentally, the doctor does not know this item would be published. He is a modest person, who has been "low-key" in his chelation work. He recently moved his offices to 505 No. Mollison St., El Cajon, Calif.)

It is the experiences of some of those patients that are recorded here, in the sincere hope the information will motivate others — and there are so many who would benefit from it! — to investigate it, take advantage of it.

It is immensely frustrating to learn about the plight of people who are heart patients, stroke victims, or in various stages of senility, memory loss, to know they would be the gainers if they'd take chelation, and to have them say, "Thank you, it sounds interesting. I'll talk to my doctor(s)." One knows what the aver-

age doctor will say: "Dangerous, unscientific, quackery."

The words are said in ignorance. They know only what some biased, uninformed colleague has said or written. Or what some surgeon who waxes fat on by-pass surgery, has said about chelation. And it pains me, emotionally, to know what it is doing for people, to hear it from their own mouths, and still not be able to communicate to the many who need it, would live longer, happier lives if they availed themselves of it.

There are a fair number of doctors around the country using this method of ridding arteries of plaque, but the group is tiny in relation to the total number of practicing physicians. And that is a pity!

Chelation therapy (also known as chemical endarterectomy) was used during and after World War 2 to remove lead from the bodies of military personnel. Someone discovered that ethylene diamine tetra acetic acid (EDTA) also combines with calcium in the bloodstream, and is carried out through the kidneys. That's how its value in arteriosclerosis became established.

The chemical, in a pint of saline solution, fed intravenously into the body, bonds with calcium in the blood and exits via the kidneys. Nature so constructed us that the blood demands a fixed level of calcium. When extracted by EDTA, the blood grabs calcium from plaque-lined arteries. (The calcium is the binder that makes cholesterol become cement-like).

Calcium attached to a protein molecule — as in bone, cartilage, and serum — is not normally removed. But "free calcium" in the joints — such as arthritis — or in tendons, or kidney stones, is removed through chelation.

The only persons to whom chelation

cannot be administered are those with weak kidneys, or former T.B. patients, since EDTA removes the calcium from the coated tubercular lesion, and the disease would recur. And the liver must have a functional capacity great enough to rid the body of the excreted fat and cholesterol.

It takes years to accumulate the deposits that finally plug arteries in millions of adults. And removal of the calcium is not done overnight — nor is it permanent. Many patients require at least 30 treatments to obtain results that are subjectively and objectively positive. A few — like Lorene (Mrs. George) Cunningham whose story you're about to read — take as many as 80. She has had 300 in the last four years.

But almost without exception, when individuals take the number recommended by their physician, the results are positive, convincing — except to the doctors with closed minds.

#### SAVED HER LIFE

Lorene Cunningham, who lives in Spring Valley, Calif. (9465 Lamor St.), in 1946 was diagnosed by Scripps Metabolic Clinic, San Diego, as having an advanced case of atherosclerosis (hard-



CHELATION brought her "back to life," affirms Lorene Cunningham, Spring Valley, Calif., retired school teacher who probably has set a record with more than 300 treatments. Outspoken in her praise of the therapy, she told the California Medical Quality Assurance Board doctors using it should not be harassed.

ening of the arteries).

An elementary school teacher, she retired in 1973 but continued to tutor. Gradually her energy was sapped to the point that after an hour of tutoring, she was exhausted, and went back to bed — where she spent much of her time. She was also overweight — 225 pounds. She had glaucoma, severe anemia, was taking three B<sup>12</sup> shots a day, but "continued to feel worse."

It was a great day in her life when she read one day in a health-food store about a lecture to be given by Dr. Saccoman on chelation therapy. A phone call arranged for an appointment, and when she got there, she "could hardly answer the doctor's questions."

"The doctor told me," she recalls, "that if I made it through 15 treatments I probably could avoid a stroke. I started on the therapy at once. And it brought me back to life, literally!"

Mrs. Cunningham underwent 43 treatments before the calcium "really started being released." (This is one of the measurements used to determine the number of treatments to be taken. A 3+ to 4+ is considered "normal,"



EARNEST LEE of Colton, Calif., after two coronaries in the early sixties, with two blocked coronary arteries, decided to take chelation treatments after observing "unbelievable" improvement in his brother's health, following the treatment.

although some bodies release as much as 6+).

Mrs. Cunningham now walks five to seven miles a day, on hills. Her weight has dropped to 158 pounds. The glaucoma has cleared up, she says. Her memory is no longer foggy. In short — she's living again! On one of her walks a few months ago, she was stung in the leg by an insect. Infection set in. It was Saturday, no doctor available till late afternoon. By Monday the leg was a reddish black, extremely painful. She was at Dr. Saccoman's office at 7 a.m., he ordered a vitamin C infusion, told her that had it not been for the chelation, and opening of the arteries, she may have lost that leg.

Mrs. Cunningham is not afraid to express herself, and when the California Medical Quality Assurance Board conducted a hearing in San Diego to obtain views of doctors and patients on the value of chelation therapy, she was there.

She admonished individual board members during an intermission that they "should not stop the doctors from using this therapy, and there should be no more harassment. If it hadn't been for this therapy and Dr. Saccoman," she

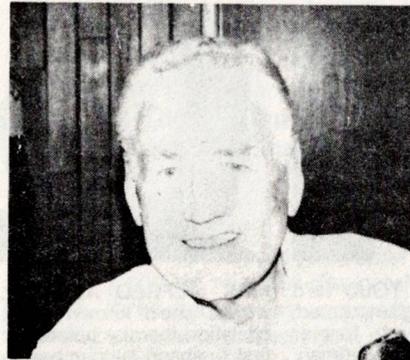
asserted, "I wouldn't be here today." The Board, consisting of some consumer-oriented members, subsequently decided not to halt the treatments in California — much to the elation of thousands of patients.

#### FIRST, HIS BROTHER

Another "believer" is Earnest Lee, 12135 Michigan Avenue No. 2, Colton, Calif., who became a patient after he saw the transformation in his brother, Homer, of Yuma, Ariz., whose heart stopped three minutes during an attack six years ago, and who was returned to life through electric shock.

"Earnie," as his friends call him, does not have a lot of extra cash — at 66 he lives prudently but comfortably with his wife on retirement income — so he wanted to be sure he was doing the right thing before he committed to the treatments.

"I waited until I saw how Homer came out before I started," he said. "My brother had been told while in intensive care after a coronary that there was nothing more they could do for him. So he went home. He was so bad he just couldn't do anything. And when I went to see him after he had finished 20 treatments of chelation, he was working in the gar-



ANDY ANDERSON, wealthy Yuma Ariz., businessman, became a chelation patient at the urging of friends. He suffered a slight stroke two years earlier. For him, angina pains disappeared after therapy was started, and life looks brighter.



49-YEAR-OLD Tommy Armbruster, also of Yuma, from a family with a history of heart disease, suffered a coronary when he was 38, underwent bypass surgery at 40, and became a stroke patient in 1973. He views chelation as a preventive, and is glad he decided to take that route.

den. And he also returned to his work as a carpenter contractor. He was a different person!"

Earnest's first coronary was in 1962. Four years later he suffered a second one, and an angiograph showed that two coronary arteries were "totally blocked, and a third one was severely diseased." He was forced to quit his job as maintenance superintendent for the Crane Corporation, and endured considerable pain with angina pectoris from that time on.

It took a number of treatments before Earnest concluded he was being helped. But gradually he noticed his vision was improved, he was "not cold all the time," and finally — his outlook on life was more positive. Before he was through, his face reflected contentment. The self-pity state had disappeared. He was "happy I came here, glad the doctor let me continue with treatment when I almost gave up one day."

#### GLAD HE TOOK IT

After a slight stroke on the left side of the face and arm, a heart attack while on a doctor's treadmill two years ago, later "a severe heart attack," and after his doctor advised only "rest," E. W. "Andy"

Anderson of Yuma took the advice of Homer Lee, Earnie Styles, Mel Weber and others (all former chelation patients living in Yuma), and made an appointment to see Dr. Saccoman.

He was 69 last June, runs a busy paint, refrigeration, and wholesale distribution business, and has extensive real estate holdings. Usually even-tempered, he lost it one day upon learning the store was out of white paint — that's when the stroke occurred 2½ years ago.

He knew he wasn't getting any better by following the doctor's advice to "stay put, don't do anything." His wife, a registered nurse, "put me on vitamins, and that did more good than the trips to the doctor."

Becoming disenchanted with those trips, he made up his mind to see if chelation would help. It did. He has found increased energy, angina pains are gone, and the world — which has always looked good to him — looks even brighter these days.

#### CORONARY AT 38

Another Yuma resident became a chelation patient after a coronary at 38, bypass surgery at 40, and a severe stroke in 1973. He is Tommy Armbrus-

ter, 11479 Avenue D, Yuma, 50 years old now, and plenty glad he decided to take chelation.

This man holds down a heavy-stress job as a department manager in an automotive parts business, and there's a family history of arteriosclerosis on his mother's side. A sister has had open-heart surgery, five bypasses, an uncle died of hardening of the arteries.

After he started losing use of the left side of his body following the bypass surgery, Mr. Armbruster made the decision to go the chelation route. He reasoned that "my heart medicine is not cleaning the arteries and veins, it's keeping me alive but it is not preventive. It made sense to me that getting rid of the calcium buildup was the way to go."

After his heart attack, he said "your temperament and your whole lifestyle changes. One can live a normal life while remembering he is a heart patient, but I figure an ounce of prevention is worth a pound of cure."

After about 20 treatments, Tommy Armbruster became aware of a personality change. His staff told him he was easier to get along with, and one day he found himself whistling. These are some of the effects of the treatment — and GH-3 may have something to do with it, too. Dr. Saccoman's patients get Procaine Hydrochloride, the "rejuvenator" chemical made famous by Dr. Anna Aslan of Rumania.

#### FELT 'LIKE SUPERMAN'

Roger Paulson, 53, manager of a moving business (United Van Lines) in San Diego (4070 Kearny Mesa Rd.), was 41 when he suffered his first coronary. He's a good-natured "character" — says, "I chelate so I can dissipate!" He's a three-pack-a-day cigarette smoker, puts away "at least half a pint" of alcohol a day, and carries a pot indicating he likes to eat. He's about 6'6", however, and doesn't look overweight.

He was a Saccoman patient long before he started on chelation — in fact after his second coronary when he was

### CHELATION CHAPTERS IN TWO NEW BOOKS

Although many scientific papers have been written on the chelation process, not much is available in the popular press. Two books contain chapters dealing specifically with it: **Richard Passwater's *Super-Nutrition for Healthy Hearts*, Jove Publications (\$2.50 in paperback); and Morton Walker's *Total Health*, Everest House (\$9.95 hardcover). Both books are excellent volumes, covering many areas of the holistic healing approach.**

48, Dr. Saccoman told him it was time he was getting that treatment.

After the first heart attack he was hospitalized a month, was off work three months. He described the second attack as "relatively mild," was hospitalized 10 days, and went back to work in six weeks.

He says an uncle "dropped dead" from a coronary when he was 40 years old, and although Roger is highly philosophical about life/death, and says he "decided I was not going to live the life of a cripple — if I'm going to go, I go," he still enjoys life enough to take preventive measures, such as chelation, to stay alive.

He has had 75 treatments, returns for "boosters" — 6 to 10 — every six months. After his first 20, he "started to feel some effects, and after the next 10, "I started feeling like Superman. I could really tell the difference. There's no question in my mind — I'll be doing it the rest of my life. It's like tuning up the car . . . I can tell when I need it — get tense, and feel the angina."

#### H'E'D FIGHT

Joe Wellman, retired used-car dealer now living in Tecate, Mexico, is a rugged individualist who says he "would fight to the death for the doctor and his treatment. If they try to close him down, I'll fight with money and everything else



**WISE-CRACKING** Roger Paulson, San Diego, says he chelates "so I can dissipate." He had experienced two heart attacks by the time he was 48, and agreed to go on chelation at the doctor's urging after his second attack. He still smokes heavily, and drinks (more than he should! Ed.).



**AFTER BEING TOLD** he'd have to have a leg amputated, or bypass surgery, former used-car dealer Joe Wellman, Tecate, Mexico, has shown marked improvement following chelation treatments. Before starting this therapy, he said he "couldn't walk more than 40 or 50 feet without resting."



**MRS. ALFRED ALVAREZ** wishes she'd known about chelation therapy before her first husband succumbed to a heart attack at an early age. She had a mild stroke several years ago, her pains were diagnosed as "psychosomatic." Chelation has made her a believer in the therapy.

to defend him!"

Why so emotional? If he hadn't learned about Dr. Saccoman — and chelation therapy — he almost certainly would be walking with a "peg-leg" — if indeed he were still alive. He's 76 years old, but you wouldn't know it.

Ten years ago he started having circulatory problems in the left leg. The condition became progressively worse, he couldn't walk more than 40 to 50 feet without stopping to rest. The condition was diagnosed as "severe peripheral vascular disease, arteriosclerosis obliterans," and bypass surgery was advised after a translumbar aortogram confirmed an "advanced degree of disease." In fact — it was to be that — or amputation.

"They wanted \$12,000 for a plastic artery, then would do the bypass," he said. "I had read about a doctor who used vitamins and food — unorthodox methods — and I went through my cards till I found his name."

That was in December of 1978. After the fourth treatment, he could walk "fairly well." He took 20 treatments, and in April was getting his boosters. The day I talked with him, he had walked "at least two miles."

#### HAD THEY KNOWN . . .

Another pleased patient is Mary (Mrs. Alfred) Alvarez, 48, 6363 Caminito Marcial, San Diego who lost her first husband at a fairly young age from a heart attack. In 1960, a small artery in Mrs. Alvarez' left leg ruptured, creating numbness in the leg, mouth and jaw. It was not diagnosed for three months, and the doctor then told her it had been "healed by Nature."

"I was not aware it was a stroke," she recalled. "Then a swelling developed on the left side of the neck, and there was intermittent pain in the center of the arm. Under any form of action, it got quite severe. Always it was diagnosed as a psychosomatic condition, nerves. Then I started feeling intense pressure on the left side of the head, in the temple

and left jaw. Oral surgery was performed, and the dentist sent me to an ophthalmologist."

Through a friend, she learned about chelation therapy and Dr. Saccoman, and like so many others, after a series of treatments she experienced noticeable improvement. Mrs. Alvarez is convinced that had they known about this therapy "back east," the heart attack which took her husband's life (after being treated with antibiotics three times and after every electrocardiogram showed heart "normal"), he would be alive today.

#### HE TOO, IS GLAD

When Insurance man LeGrand Rane, 4850 Oxford St., Chula Vista, Calif., four years ago was told he had a choice between medication and surgery (with a 5% chance of nonsurvival), a friend, Don Arthur, San Diego real estate salesman, told him about chelation therapy, and he opted for that. Today he's glad he did.

Mr. Rane sustained an angina attack in May, 1976. He'd been having chest pains for a month when he decided it was time for a checkup. So from June 1 through July he went through the usual tests — EKG, treadmill, fluoroscopic examinations, and at Sharpe Memorial Hospital an angiograph revealed "90% blockage (stenosis) of the proximal left anterior descending coronary artery, 80% blockage of the anterior trunk of the left coronary artery, and approximately 40% narrowing of the mid-right coronary artery."

So in October 1976, he became a chelation patient of Dr. Saccoman, taking 30 treatments in the initial series. He had had 74 when we chatted. His experience: After five treatments he started "tapering off on medication which enlarged arteries and thinned the blood. The arthritis in my hands has cleared. I had been getting slower, felt lousy. The treatments have made me feel better than for a long time."

And those last words are what you'll find with virtually everyone who undergoes this therapy. It works.

## Senility — Caused by Clogged Arteries — Responds to Nonsurgical Treatment

Senility is a distressing disease condition affecting substantial numbers of elderly Americans. Conventional medicine does not have an answer, beyond recommending placement of the bewildered patients in "rest homes."

H. Ray Evers, M.D., a pioneer in the field of chelation therapy, who also happens to be a member of the Board of Governors of the National Health Federation and recipient of the 1979 NHF Humanitarian Award, has helped many persons suffering from senility during his years of practice.

Before moving to the Bahamas late last year, he operated Ra-Mar Clinic in Montgomery, Ala., and was interviewed by Carol Dunn, long-time secretary of Liberty Lobby Board of Policy, a cancer patient whose husband, Jerry, after hearing Dr. Evers speak at a Cancer Victory Convention in Washington, insisted she go to Ra-Mar for treatment.

The story of her experiences at Ra-Mar, with interviews of other patients, appeared in the January 2, 1978, issue of *Spotlight*, under the title, "Emphasis Is on Healing at 'Unorthodox' Ra-Mar Clinic."

Mrs. Dunn was "fascinated" by the case of Elsie Mitchell, 68, of Walterboro, S.C., who arrived at Ra-Mar after she had developed an advanced case of senility following formation of a blood clot after hip surgery. She had become so confused she could not find her way out of the bathroom, said Mrs. Dunn, continuing:

"When (Mr. and Mrs.) Mitchell arrived at the Ra-Mar Clinic Nov. 22, Dr. Evers told them he could not guarantee anything, since he did not know how much brain damage may have occurred. Mrs. Mitchell was dazed, glassy-eyed. The doctor asked her to write him a note every night and give it to him in the morning.

"The first note made no sense. She couldn't even spell 'doctor.' She wrote on the extreme right side of the paper, and was unable to follow the ruled lines. Two weeks later, she started putting words together, and using words she had not used for years.

"Now she is bright and cheerful, cracking jokes and politely correcting her husband when he doesn't remember the correct date or place when telling a story.

"Dr. Evers says hundreds of thousands of persons suffer from senile degeneration. The primary cause is arteriosclerosis. It involves the carotid arteries in the front of the neck, on either side of the larynx, and the vertebral arteries in the back of the neck.

"In lay language," Dr. Evers said, "the inside diameter of these arteries is one-quarter inch in the average adult. Over a period of years, this vessel becomes corroded . . . it stops up like rust in a water pipe, so the artery's diameter is decreased to the point insufficient blood gets to the brain. Without an adequate blood supply to provide nutrients and oxygen, the brain's nerve cells deteriorate or degenerate — in short, they begin to slowly die.

"It starts with very mild symptoms, and over a period of years — or perhaps one year — the blood supply is so diminished that the brain cells deteriorate to the point if something isn't done to reverse the process, the patient may lose his mind.

"These patients have no memory recall. They forget current happenings, and their memory of the past leaves them, to the point they can do nothing for themselves. They just sit, like a vegetable . . .

"Although the treatment at Ra-Mar usually takes 30 days, most patients do not reach maximum improvement until 90 days after discharge. The treatment

continues to work in the body.

"At Ra-Mar, we call the treatment chemo-endarterectomy. Surgeons perform an endarterectomy on the neck arteries by scraping out the plaque. We remove it with minerals and vitamins, so it's actually chemicals removing it. This treatment removes the plaque from every part of the circulatory system, while a surgical endarterectomy and/or bypass corrects one tiny portion — three, four, maybe six inches at the most.

"And the bypass uses a vein to do the work of an artery. The good Lord made a vein with a wall only one-fourth as thick as that of an artery. So when a vein is expected to do the work of an artery, it is overloaded. That is why so many bypass operations are failures — actually the vein is a foreign object, so to

speak, and is rejected. Often they leak, or as in the case of (Oliver L.) Clark (a Ra-Mar patient), become clogged after three months. A bypass usually lasts two to five years.

"Here at Ra-Mar, we are not doing what is commonly known as chelation therapy. We have eliminated the use of the drug EDTA, and use only a calcium EDTA for heavy metal poisoning removal. Other than that, everything we use is natural minerals and vitamins. This is why we get better results now than we did when using the drug EDTA.

"This new formula, which we put together 12 months ago and have used on approximately 500 patients, has been spectacular in results — even better than with the formula known as chelation therapy." . . .

## IF BRAIN HAS SHRUNK. CHELATION WON'T OVERCOME SENILITY

If shrinkage has occurred in the brain tissue, senility cannot be successfully treated by chelation therapy, according to Dr. William J. Saccoman of El Cajon, Calif., who told why:

Brain shrinkage can occur from (1) aging; (2) oxygen deprivation (because of corroded vessels); or (3) because of genetics, or heredity.

Dr. Saccoman was visited by a patient suffering from advanced senility, and he ordered a "CATSCAN" (computerized axial tomography). The instrument detects clots and tumors in the brain. It also revealed that this patient's brain had shrunk, and that was when he advised that chelation therapy could not help her.

## 'Young Arteries in Old Men' Result of Diet

Dr. Wesley Price was saying it years ago, a small band of professional mavericks has been saying it for almost as long — now comes a study by two scientists who have confirmed that there is virtually no coronary disease among the elderly members of a village in rural South Africa.

A. R. P. Walker and B. F. Walker of the South African Institute for Medical Research reported in the *British Medical Journal* that the diet, high in fiber and low in animal protein and fat, "produces old men with young arteries instead of . . . young men with old

arteries."

Exercise also may play a role in the condition of rural blacks' arteries, the Walkers said. Their diet consists principally of corn, legumes, vegetables, fruits, and wild greens. Meat and milk are ingested "only infrequently." Few smoke.

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

## Dr. Holderby Describes What It Is, How It Works

# It Doesn't Have AMA Okay, But Chelation Therapy 'Unmatched' for Arteriosclerosis

BY H.W. HOLDERBY, M.D.

Chelation is a new approach to the practice of medicine. In these rapidly-changing times when an astronaut riding 150 miles above the earth sees four sunsets in less than a day. . . , we have to concede we are living at a rapid pace.

We in the medical field might be stimulated to do something more dramatic for our patients than we have in times past, especially in the field of degenerative diseases, which have not responded to traditional treatments — such disorders as coronary heart disease, arteriosclerosis, arthritis, multiple sclerosis, muscular dystrophy, strokes, and other blood-vessel diseases. . .

. . . I do not imply that great progress has not been made in the fields of medicine and biology during the past 20 to 30 years. Certainly great strides have been made, particularly in surgery and infectious disease.

But while concentrating on everyday ailments, the physician has had far too little time to research the causes and treatment of the devastating and crip-

pling degenerative syndromes. . . . The elaborate medical facilities in nearly every crossroad community of America have not brought us better health — which would have come from the *prevention* of these metabolic disasters. There are definite reasons why we are losing this battle:

- Too often we have approached these problems from preconceived notions of hereditary factors.

- We have neglected the biochemistry of the etiology.

- We have largely ignored the research and treatment of these diseases in foreign countries, which in many instances is superior to our own.

- Too often we have described these disease changes as a normal process of growing old.

Let us do some self-examination:

How often in our hospital meetings do we discuss the makeup and functions of thousands of enzymes that control body functions?

Where is the voice that emphasizes the role of various minerals in catalyzing this multitude of enzyme systems?

What medical journals keep us abreast of the times by publicizing the new discoveries relating to cellular metabolism — with explanations of how chelation processes may be the determining factors between health and disease?

Why all the emphasis upon treating symptoms when the remedies lie in an understanding of the biochemistry of the body? To understand diseases, we first must acknowledge the role of biochemical reactions implicated therein — especially in comparison with those that maintain conditions of optimum health. With this in mind, let us

*Dr. Holderby practices medicine in Blythe, Calif. He received an M.D. degree from Loma Linda University in 1946 and did graduate work at Brentwood Hospital, Los Angeles. After two years in Los Angeles, he practiced 21 years in Goldendale, Wash., before moving to Blythe. He is a past president of the Washington State chapter of Natural Food Associates, and author of the booklet, Food, Fat and Fate. The article here is excerpted from a more comprehensive one published in the June 1979 issue of Natural Food and Farming, Atlanta, Texas.*

turn to chelation and its role in life processes of plants, animals, and man.

### DEFINITIONS

The word chelate comes from the Greek word "chele," which refers to the claw of a crab or lobster — a pincer-like binding of certain chemical substances to a bivalent metal or other mineral. Chelation is specifically defined as the incorporation of a metal or mineral ion into a heterocyclic ring structure.

Certain chemicals are used in chelation to grasp metals or calcium with this claw-like action so that these minerals are encircled or sequestered by a complex ring structure, thereby losing their physiologic and toxic properties.

Thus, when chelation takes place, the calcium or heavy metal comes in contact with a chelating agent, becomes imprisoned in the chelating chemical, and then is excreted from the body in a bound, inert form.

Chelation therapy is a form of treatment aimed at reducing calcium deposits in the arteries and other parts of the body. The treatment involves injecting small amounts of an amino acid, disodium ethylene diamine tetracetic acid (EDTA), into the blood stream.

The amino acid is not absorbed by the body, nor metabolized. It has the unique and valuable property of being powerfully attracted to ionic calcium. When EDTA comes in contact with ionic calcium in the body, it binds itself to it.

The EDTA calcium complex then is excreted through the kidneys into the urine, and through the liver into the intestinal tract, and finally passes out of the body. It is this dystrophic calcium that gets us into trouble. It lines the arteries but cannot be seen even by arterial photography. It clogs body tissues in general, and disrupts functioning of the enzymatic processes.

### CHELATION IN NATURE

Chelation is one of the most important natural functions taking place in

the bodies of living organisms. It is the means by which plants and animals are able to utilize inorganic minerals. Chlorophyll — the green matter of plants — is a chelate of magnesium. It has much the consistency of blood, but hemoglobin, the oxygen-carrying pigment, is a chelate of iron.

Chelating is involved in the formation and function of enzymes — the protein substances which control most of the body's vital functions. Most of the successful drugs used in treating diseases are dependent upon the chelation process for their action.

Chelation processes comprise some of the most complex chemical reactions found in nature, and are the mechanisms which control many body functions. These same principles are used in chelation therapy to treat arteriosclerosis and related diseases.

In plant life it is known that fungi and other enemies may be thwarted in their attacks upon vegetation by the synthesis in plants of chelating substances that rob the fungi of minerals needed for development. Plants also use chelating factors to improve their growth.

### IN BACTERIAL LIFE

Bacteria, of course, carry many enzyme systems which depend for activity upon the availability of minerals. Hence, certain antibiotics are effective because they are chelating agents that trap the metals required by the bacteria — thus killing the bacteria by starvation. It is quite likely that gram-negative bacteria utilize zinc and copper chelates, whereas gram-positive bacteria require cobalt. Magnesium may also be a factor in both these relationships.

An interesting development in the treatment of tuberculosis depends upon removing the metals needed by the tubercle bacillus for growth by trapping them through the chelation process. It is reported that chelation agents in general increase the power of bacteriocides.

While chelates and chelate com-

plexes are not in themselves enzymes, apparently the thousands of enzymes which regulate the trillions of body cells are formed through the chelation processes, and generally carry their metal or mineral components in chelated or complexed form.

An explanation of a poison then, is that the damage is due to the disrupting of enzyme systems, accomplished by displacement of the needed chelate or complex metal, by a metal or mineral. Arsenic, for example, is poisonous to humans for it can displace phosphorous in many of the chelated nutrients upon which human life depends.

Lead is not only toxic, but a strong metal, and therefore can displace calcium, magnesium, and other weaker metals from their chelated positions. In case the calcium or magnesium is not in chelated form in the blood or tissues, lead very easily displaces these weaker metals, and thus ruins bodily reactions which require calcium and magnesium. Likewise, lead replaces cobalt and zinc in vital tissue metabolism.

### ORIGINATED IN DETROIT

Chelation therapy originated in Detroit, Mich., in 1948 as a result of observations of a group of physicians using EDTA to treat lead poisoning. Lead was removed from the blood stream and other body storage areas by means of an intravenous infusion of EDTA.

It was observed that patients with lead poisoning and arteriosclerosis improved markedly following chelation treatments of EDTA. The improvements were related to symptoms of arteriosclerosis rather than those resulting from lead poisoning. These findings were first reported in medical literature in 1960.

Experimentation and usage in Detroit Providence Hospital and other medical centers resulted in development of techniques for the successful treatment of the catastrophic effects of arteriosclerosis involving the heart, brain,

extremities, and the general circulation of patients. . . .

Near-miraculous results have been obtained in the treatment of arteriosclerosis, sclerotic heart valve disease, coronary heart disease, intermittent claudication (leg pains due to lack of circulation), gangrene, angina pectoris, heart attacks, strokes, senility, scleroderma, arthritis, degenerative joint disease, and psoriasis. Studies have shown that the basis of most of these problems is poor circulation, caused by hardening of the arteries by calcinosis.

### CIRCULATION IMPROVES

Clinical studies in chelation therapy have consistently shown a definite improvement in circulation as evidenced by improvement in skin color, improvement in artery pulsation of the feet, regaining the ability to walk long distances comfortably, elimination of angina pectoris (heart pain), improved brain function, and improvement of muscular coordination.

Chelation therapy generally results in a significant improvement in coronary circulation, in most cases to the extent the patient no longer requires nitroglycerin and similar drugs. In a large number of cases, chelation therapy has been found to improve kidney function, reduce prostrate obstruction, decrease the amount of insulin required in diabetics, return patients with emphysema to a more normal breathing pattern, and produce significant improvement in arthritis and some cases of Parkinson's disease. Recent studies have shown chelation therapy to be helpful also in the treatment of multiple sclerosis.

### ARTERIOSCLEROSIS

Arteriosclerosis, or hardening of the arteries is one of the most serious diseases afflicting modern man. In 1973, in the U.S. alone, an estimated one million persons died from the consequences of arteriosclerosis.

Of the several types of arteriosclerosis, the most common is atherosclerosis — the soft mushy sludging inside

arteries. Hardening of the arteries, regardless of type, results in a narrowing and closing off of blood vessels, and may affect every part of the body. Some of the more serious problems include coronary heart disease, stroke, hypertension, diabetes, kidney disorders, senility, thyroid and adrenal disturbances, emphysema, and Parkinson's disease.

The basic issue is interference with blood supply to the organ, failure to deliver adequate nutrients and oxygen, and failure to remove toxic wastes. Disease of the organ and ultimate death are the end results.

Arteriosclerosis, although usually associated with aging, actually begins in childhood. It is not until the diameter of the blood vessel is reduced to 50% of normal that changes are noted. Even up to 70% reduction is tolerated fairly well by the body. It is because of this tolerance that younger people function without symptoms of clinical disease. Unfortunately, the average diagnostic tests fail to reveal the true disease state of many patients.

In arteriosclerosis, the arteries are principally affected. An artery is made of 3 basic layers: the intima — the inner layer; the media — the middle muscle layer; and the adventitia — the outer layer.

In the case of atherosclerosis, yellowish plaques (atheromas) develop within the intima and medial layers of longer arteries. These atheromatous plaques contain first a glycoprotein, then cholesterol and fatty materials (lipids) proteins, polysaccharides, and minerals — especially calcium, which binds and cements the plaques. There is also another type of arteriosclerosis in which deposits of calcium develop within the media of the larger arteries.

#### HOW IT WORKS

Chelation therapy attacks arteriosclerosis by acting primarily on mineral components of diseased arteries. In the plaques it wears away the minerals, thus

taking the rivets, so to speak, out of the plaque, which then gradually dissolves and is excreted.

Calcium exists in the body in several forms. In bones and teeth, it is firmly bound to protein and other molecules and is not easily removed by chelation.

Calcium is also present in the blood, part of which is bound to protein. However, part of the calcium is in a readily-available ionic form. The level of this ionic calcium in the blood serum is rigidly controlled by the parathyroid glands.

As calcium is removed from the serum by chelation, it is pulled out of other areas of the body in order to maintain a constant level. The most accessible form of calcium is in the areas where it has been abnormally deposited.

The dystrophic ionic calcium that plugs the body machinery is usually the first to be removed from the inner walls of arteries around tendons, joints, ligaments, kidneys, pancreas, skin. These abnormal deposits are referred to as metastatic calcium deposits and consist largely of ionic calcium — a form similar to that found in the serum. Thus, abnormal areas of calcification can be gradually reduced over a period of time.

Calcium is not, however, the only material present in the atheromatous plaques of the arteriosclerotic artery. The atheroma also contains other minerals, and some of these are removed along with the calcium.

The calcium and other minerals tend to act as a cement, a binder, and when these minerals are removed the remaining materials consisting of cholesterol, lipids, proteins, and polysaccharides begin to break down and crumble and slowly go into solution.

The calcium and other minerals bound to the EDTA pass through the blood stream and are excreted within the urine by the kidneys. Microscopic particles and molecules of the other portions of the atheroma are consumed by macrophages in the blood stream,

or filtered out by the liver, converted into bile, and excreted through the intestinal tract. Thus the lumen or opening of the blood vessel is enlarged, blood-flow increases, and the patient's general circulation is improved. A singlefold increase in vessel diameter results in a fourfold increase in blood flow.

#### STILL UNKNOWN

EDTA is somewhat like aspirin in that the mechanisms by which it exerts its beneficial effects are unknown. In addition to the simple chemical capture of heavy metals and ions, it appears that other systems and processes are affected.

The quick response of angina pectoris patients, the relief of stroke-paralyzed victims within days, the delayed beneficial results up to several months after treatments, the improvement in blood lipid levels, and many other restorative improvements strongly suggest that EDTA has a greater spectrum of useful therapeutic activity than is presently understood.

#### NUTRITION, EXERCISE

In chelation therapy, the improvement in blood circulation is not limited to merely effects of EDTA, but is enhanced by an intensive nutritional program which accompanies chelation. Chelation therapy is also augmented by the proper use of exercise, hydrotherapy, and electromuscular stimulation which further help to improve circulation. The combined use of these various modalities yields the excellent therapeutic results produced by chelation therapy.

Chelation therapy with EDTA should be considered in any disease in which abnormal deposits of free ionic calcium are present in the skin, joints, or in which circulation is impaired. . . Efficacy varies with the individual, the disease, degree of severity, and cooperation of the patient.

Chelation therapy entails a complete change in health habits. Anyone un-

willing to make a total commitment to developing good health habits should not consider taking this treatment.

It is difficult to accurately predict the extent of chelation therapy's success in any given case. However, the crude clinical data based on the experience of hundreds of physicians over a period of nearly two decades involving hundreds of thousands of treatments indicate that a positive response with good-to-excellent results occurs in about 75% of the cases. An additional 15% show mild improvement, and 10% show no clinical evidence of improvement. No patient is ever given an unconditional guarantee of success.

Before chelation therapy can be started, the patient's health status must be carefully evaluated. This entails a comprehensive history and physical examination, laboratory tests, and a series of diagnostic procedures.

Particular attention is directed to lungs, kidney, and liver. Patients with tubercular calcified lesions in the lungs are generally not acceptable for chelation. To eliminate the waste products resulting from chelation, kidneys and liver must be functioning properly. Persons suffering from kidney and liver disorders usually are not acceptable for this therapy.

Although commonly used as a therapeutic modality, chelation is most effective as a preventive measure: with this therapy it is possible to prevent some of the catastrophic events associated with arteriosclerosis. An ounce of chelation prevention is much better than a pound of chelation cure — and much less expensive in the long run.

#### THE RISKS

Every medical procedure involves some degree of risk, and chelation therapy is no exception, although hundreds of thousands of treatments have now been given without significant untoward reactions. The patient should be informed of the potential risks involved.

When EDTA is properly administered by slow intravenous drip in low concentration, it is essentially nontoxic and generally produces no serious side effects. On rare occasions, thrombophlebitis has been reported. There may be pain at the local site of injection, but this can be promptly controlled. Too rapid an infusion may cause tetany, with muscle cramping. This is another reason the treatment is administered very slowly. Nevertheless, muscle cramps can be quickly and easily eliminated.

Because of the load placed on the kidneys, there may be irritation of the kidney tubules. However, this situation is controlled by spacing out the treatment over a longer period of time. On some occasions there may be a transient fever, accompanied by malaise, joint aches, headaches, loss of appetite, nausea, fatigue, and excessive thirst. These symptoms usually disappear quickly.

On rare occasions an allergic reaction may develop, with sneezing, nasal congestion, lacrimation, dizziness, and a skin rash. Despite the fact serious side reactions may occur with EDTA, the adverse reactions are usually less severe, are reversible, and not life-threatening as compared with the consistently catastrophic and death-dealing effects of arteriosclerosis and related diseases.

#### UNAPPROVED BY AMA

The AMA considers chelation therapy with the use of EDTA for treatment of arteriosclerosis and related disorders not useful "because the effects are not permanently lasting." The organization terms EDTA use "investigational." This was the decision of the AMA Council on Drugs in 1966, and apparently no more recent appraisal has been made.

One of the reasons effects are not permanent is because patients frequently continue to follow poor health habits, and the same disease processes that produced the hardening in the first place continue. One motor tuneup is

hardly adequate for the life of the car. This is the reason patients are advised to take maintenance treatments at least once a year. Periodic checkups are required for humans as well as autos.

EDTA has been approved by the U.S. Food and Drug Administration for use in chelating heavy metals and digitalis intoxication. And it should be emphasized that although the AMA considers the use of EDTA "investigational," this is not to say that humans are being used as guinea pigs and being experimented upon.

#### 'BENEFITS UNMATCHED'

The American Academy of Medical Preventics is the medical specialty group directly concerned with establishment of standards and a continuing evaluation of chelation therapy. Members are accumulating extensive clinical data on the efficacy of EDTA in the treatment of arteriosclerosis and related disease.

Thus far, documented clinical results clearly testify to the fact EDTA is producing health benefits which cannot be matched by any other form of therapy for arteriosclerosis and related disorders . . . . The conventional form of treatment is surgery for severe blockages in the larger vessels. The artery is opened and the atheromatous internal lining stripped away. If there is a localized blockage of a large vessel, surgery is the best answer.

However, for a generalized atherosclerotic problem, surgery offers nothing, where chelation does. Chelation therapy is generally safer than surgery, less expensive, and a more rational approach since it promotes the health of the entire circulatory system, whereas surgery is limited to a single segment of the arterial system. There are 60,000 miles of blood vessels being treated. . . .

**FREEDOM is the right to be wrong,  
not the right to do wrong.**

— JOHN G. DIFENBAKER

## TOO MUCH SALT IS SAID TO BE 'BAD' FOR US: HERE'S WHERE SOME OF IT IS

This tidbit on salt appeared in Vol. III, No. 2, of the *Health Club of the Air* newsletter, published by Elaine and Lynn Willis, 530 Stewart Canyon Rd., Fallbrook, Calif. (Ed.):

Most people are ingesting large amounts of salt without even knowing it. Most of us know that pretzels, potato chips and french fries are salty, but few of us are aware that many other foods such as pastries, cheeses and packaged cereals also contain considerable amounts of salt.

Salt has a corrosive or grating reaction on the body's vitamins. It increases the irritability of sensitive nerve tissues, and brings on tensions and stress. On salt-free programs, vitamins are able to build and rebuild body tissues and nerves to alkalize body fluids and thus quiet your nerves. Salt tends to create an overacid bloodstream destructive to many of the valuable vitamins and minerals, too. In particular, salt appears to drive potassium out of the body, changing the delicate acid-alkaline balance of tissue cells, leading to a tense and constricted nervous system.

Below is a chart prepared by Earl Mindell, author of *Vitamins Are Good for You*. It might be useful in helping reduce salt-intake:

#### APPROXIMATE SODIUM CONTENT OF COMMON FOODS

	Amount	Salt (mg)
Pickle, dill	1 lge.	1,928
Frozen turkey three-course dinner (Swanson)	1 (17 oz.)	1,735
Soy Sauce	1 Tbsp.	1,320
Pancakes (Hungry Jack Complete)	3 pancakes, 4 in. each	1,150
Chicken noodle soup (Campbell's)	10 oz.	1,050
Tomato soup (Campbell's)	10 oz.	950
Green beans, canned (Del Monte)	1 cup	925
Cheese, pasteurized, processed American (Kraft)	2 oz.	890
Baked red kidney beans (B & M)		810
Pizza, frozen (Celeste)	4 oz.	656
Danish cinnamon roll w/raisins (Pillsbury)	1 serv.	630
Pudding, instant chocolate (Jello-O)	½ cup	486
Bologna (Oscar Mayer)	2 sl.	450
Tuna, in oil (Del Monte)	3 oz.	430
Frankfurter, beef (Oscar Mayer)	1	425

## PARTIAL DIRECTORY OF 'CHELATION DOCTORS'

The American Academy of Medical Preventives' members are using chelation therapy for treatment of arteriosclerosis, and the organization will supply doctors' names in addition to those listed below. A letter or call to the Academy, 305 So. Doheny Dr., Beverly Hills, Calif. 90211 (213-878-1234) will bring the information. Garry F. Gordon, M.D., of Sacramento is president. Two lay groups are active in supporting the right to chelation therapy: Association for Chelation Therapy (ACT), Collie Greene, executive director, 439 Gerona Ave., San Gabriel, Calif. 91775; and National Educational Society for Natural Healing, Box 15758, New Orleans, La. 70175. They appreciate annual membership contributions of \$5 to \$15.

"Most of our physician members," said Dr. Gordon, "were not personally convinced (of the efficacy of chelation and hyperbaric oxygen therapy, and a vitamin-mineral program) until they utilized these therapies on themselves, or their families. Only then did they begin to offer these approaches to their patients. After all — we had been taught that *nothing* could be done to reverse arteriosclerosis. Now, even the American Heart Association's official journal, *Modern Concepts of Cardiovascular Disease* (June 1977) . . . quotes Dr. Wissler of the University of Chicago, who agrees that on animal studies, low-fat diet, EDTA, and oxygen have been proved to be able to reverse arteriosclerosis. It may be five more years before organized medicine fully agrees and finally recommends these approaches. . . .

" . . . Some of the controversy regarding bypass surgery has been reported in *The Unkindest Cut*, by Marcia Millman (William Morrow & Co., 105 Madison Ave., N.Y.). We urge those considering a surgical procedure because of hardening of the arteries to carefully read this book and our literature before making a decision."

Among physicians administering chelation treatment are the following:

### Arizona

Robert B. Wickman, D.O., 1525 North Granite Reef Rd., Scottsdale 85257, (602-947-5454).

### California

Orville J. Davis, M.D., 4224 Ohio St., San Diego 92104, (714-283-6033).  
William J. Goldwag, M.D., 7499 Cerritos, Stanton 90680, (714-827-5180).  
Bruce W. Halstead, M.D., 511 Brookside Ave., Redlands 92373, (714-793-2616).  
Harold W. Harper, M.D., 11311 Camarillo St., North Hollywood 91602, (213-985-1103).  
Harland W. Holderby, M.D., 500 No. Broadway - Suite 25, Blythe 92225, (714-922-4108).  
Donald E. Medaris, M.D., 638 W. Duarte Rd., Arcadia 91006, (213) 445-0760).  
Frank Mosler, M.D., 11311 Camarillo St. — No. 103, North Hollywood 91600, (213-985-1103).  
Ralph E. Munson, M.D., 1155 Crane St., Menlo Park 94025, (415-325-0084).  
Richardson Center, 514 Kains Ave., Albany 94706, (415-527-3020).  
William J. Saccoman, M.D., 505 No. Mollison St., El Cajon 92021, (714-440-3838).  
Yiwen Y. Tang, M.D., 345 W. Portal 94127, (415-566-1000).  
Mortimer Weiss, M.D., 1580 E. Washington St. — No. 107, Petaluma 94952, (707-762-5533).  
Marion E. Yandell, M.D., 15920 So. Hawthorne Blvd., Lawndale 90260, (213-370-3551).

### Illinois

John L. Snow, D.O., 1008 Main St., Quincy 62301, (217-222-1113).

### Michigan

Adam Frent, D.O., 33611 W. Warren, Westland 48185, (313-728-1212).

### Missouri

Edward W. McDonagh, D.O., 2014 Swift, No. Kansas City 64116, (816-453-5940).

### Nevada

E.J. Maveal, D.O., P.C., 953-35B E. Sahara Ave., ST and P Bldg., Commercial Center — Suite 102, Las Vegas 89104, (702-732-7744).

Richardson Center, 725 So. Center St., Reno 89501 (702-323-0261).  
Elliot Turetzky, D.O., 1401 E. Lake Mead Blvd., North Las Vegas 89030, (702-642-2900).

### New Mexico

Paul V. Wynn, D.O., 1128 University Blvd. N.E., Albuquerque 87102, (505-243-5616).

### New York

Garry Zisk, D.O., 8223 Bay Parkway, Brooklyn 11214, (212-259-1979).

### Ohio

J.M. Baron, D.O., 3101 Euclid Ave. — Suite 201, Cleveland 44115, (216-432-2277).  
James P. Frackelton, M.D., 24700 Center Ridge Rd., Cleveland 44145, (216-835-0104).

### Oklahoma

Leon Anderson, D.O., 121 So. Second St., Jenks 74037, (918-299-5038).  
Sibyl Anderson, D.O., 121 So. Second St., Jenks 74037, (918-299-5038).

### Pennsylvania

Murray R. Susser, M.D., R.D. No. 1 Overbrook Rd., Valencia 16059, (412-898-1521).

### Texas

William W. Halcomb, M.D., 8301 Balcones Dr. — Suite 312, Austin 78759, (512-345-7810).

Steven Cordas, D.O., 813 Brown Trail, Bedford 76021, (817-268-1327).  
Paul McGuff, M.D., 111 Gessner Rd., Houston 77055, (713-461-2933).

### Utah

Robert B. Vance, D.O., 5 So. 7th East St., Salt Lake City 84102, (801-521-2123).

### Washington

Murray L. Black, M.D., 622 So. 36th Ave., Yakima 98902, (509-966-9200).

### Bahama Islands

H. Ray Evers, M.D., Whale Point Retreat, Harbor Island, Eleuthera, (809-333-2148).

## NEW STUDY SHOWS BYPASS HEART SURGERY IS OFTEN UNNECESSARY

A federally-sponsored study by the National Heart, Lung and Blood Institute says controversial coronary bypass surgery is not necessary in many cases in which it is now used.

Released last March at a meeting of the American College of Cardiology, the report said investigators found that mortality is low, and equal, for each type of treatment; that heart attacks occur more often after surgery, and that angina pain persists more after drug treatment than surgery.

In the four-year study, doctors at eight medical centers tested 288 patients of whom 147 received intensive drug therapy, and 141 submitted to bypass surgery.

In the medically-treated group, the death rate in the hospital was 4.1%, and for the surgical patients it was 5.2%. During hospitalization, 18% of the by-

pass patients suffered heart attacks as compared with 10% in the medically-treated group.

Fifteen percent of the surgery patients reported at least one incident of posthospital angina chest pain, as compared with 45% of the medical group. (Angina is chest pain caused when the heart muscle fails to get enough oxygen, usually because one or more major blood vessel is constricted or blocked by fatty deposits).

Dr. Michael B. Mock, the Institute's project officer, told Associated Press it is estimated that as many as 70,000 bypass operations are performed each year in this country. At a cost of \$10,000 to \$15,000, critics say surgery is over-used because it is profitable.

Dr. Mock said the data showed that delaying surgical treatment had "no effect on mortality, and this means that

# MEDICARE PAYS FOR HEART, STROKE SURGERY BUT NOT A DIME FOR PREVENTIVE CHELATION

**Occidental Life**  
A Transamerica Company

## Explanation of Medicare Benefits

Occidental Life Insurance Company of California  
Box 54905 Terminal Annex, Los Angeles, California 90054

**THIS IS NOT A BILL** — THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM. KEEP THIS NOTICE FOR YOUR RECORDS.

YOUR MEDICARE NUMBER  
(HEALTH INSURANCE CLAIM NUMBER)  
549-46-7500-A

ALWAYS USE THIS NUMBER WHEN WRITING ABOUT YOUR CLAIM

BENEFICIARY OR REPRESENTATIVE DATE: AUG 29, 1979

BENEFITS PAID TO BENEFICIARY

NAME  
AVAILABLE  
ON  
REQUEST  
CN 9204-257-070  
CK  
EX 233 406  
RE

NAME AVAILABLE  
ON REQUEST

1. SERVICES WERE PROVIDED BY	2. WHEN	3. AMOUNT BILLED	4. AMOUNT APPROVED	5. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS BILLED AND APPROVED. MEDICARE DOES NOT PAY FOR:	SERVICE CODES (SEE REVERSE)
PHYSICIAN'S NAME AVAILABLE ON REQUEST	FR 05-02-79	180.00	.00	THESE SERVICES BASED ON THE INFORMATION RECEIVED WITH YOUR CLAIM.	1
	TO 05-23-79				
	FR 05-02-79	43.68	.00	THESE SERVICES BASED ON THE INFORMATION RECEIVED WITH YOUR CLAIM.	1
	TO 05-23-79				
	FR 05-02-79	16.32	.00	THESE SUPPLIES OR SERVICES.	1
	TO 05-23-79				
	FR 05-16-79	8.00	.00	THESE SERVICES BASED ON THE INFORMATION RECEIVED WITH YOUR CLAIM.	1
	TO 05-23-79				
	FR 05-23-79	35.00	.00	THESE SERVICES BASED ON THE INFORMATION RECEIVED WITH YOUR CLAIM.	1
	TO 05-23-79				
	FR 05-23-79	10.00	.00	THESE SERVICES BASED ON THE INFORMATION RECEIVED WITH YOUR CLAIM.	1
	TO 05-23-79				
FR 05-23-79	8.00	.00	THESE SERVICES BASED ON THE INFORMATION RECEIVED WITH YOUR CLAIM.	1	
TO 05-23-79					
FR 05-23-79	16.00	.00	THESE SERVICES BASED ON THE INFORMATION RECEIVED WITH YOUR CLAIM.	1	
TO 05-23-79					
FR 05-23-79	14.00	.00	THESE SUPPLIES OR SERVICES.	1	
TO 05-23-79					

TOTALS	331.00	.00	MEDICARE PAID	REMARKS:
INPATIENT RADIOLOGY AND PATHOLOGY PHYSICIAN SERVICES AND CERTAIN LABORATORIES PAID IN FULL				
AMOUNT PAYABLE AT 80% AFTER THE ANNUAL DEDUCTIBLE		.00		
AMOUNT APPLIED TO ANNUAL DEDUCTIBLE DEDUCTIBLE OF IS MET FOR				
BALANCE PAYABLE AT 80%		.00	.00	
TOTAL MEDICARE PAYMENT		.00	.00	

BE SURE TO READ THE IMPORTANT INFORMATION ON THE BACK OF THIS NOTICE. USE THE ENCLOSED "REQUEST FOR PAYMENT" THE NEXT TIME YOU WISH TO CLAIM MEDICARE BENEFITS. MCL-20 ED. 10-78

two-thirds of the medical group was spared surgery."

A "small percentage" of unstable angina patients require immediate sur-

gery, he said the study showed, but "many others could wait." (Angina is called unstable when first noticed, or if there is a changing pattern of pain in an existing condition).

# Medicare Pays for Expensive Heart Transplants, But Not Chelation

Medical "experts" in the U.S. Public Health Service, agreeing with Stanford Medical Center that heart transplants no longer are "experimental," consented in November to pay for the transplants — but only those performed at Stanford because it has achieved "a high rate of success by carefully selecting patients and vigorously treating the transplant patient for rejection of the donor heart."

Oakland Blue Cross, which handles Medicare claims in northern California, had been paying for transplants by error. Payments were cut off in May, after which Stanford Medical Center officials presented evidence persuading the government that the procedure is "not experimental."

Average cost of a transplant is \$130,000. Stanford has been doing about 24 a year. The survival record:

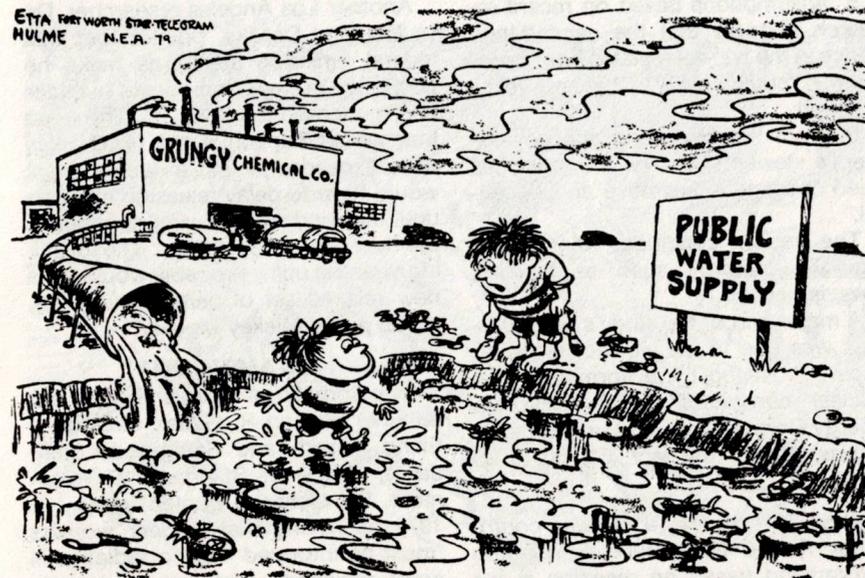
70% of those receiving a new heart live "at least one year, 50% at least five years."

Stanford's transplant team estimates that 75,000 Americans a year could benefit from the surgery, which at present costs would be about \$10 billion annually.

Medicare payments are made only for surgery or treatment "considered standard medical practice."

Because of that criterion, such treatment as chelation is not covered.

(If a \$130,000 heart transplant is covered by Medicare, why not chelation therapy, which costs only a fraction of that amount, and survival factor is at least as good, probably considerably higher? It is valuable as a preventive measure against heart seizure and stroke. Ed.)



"It's no trick to walk on it — what would be amazing is if you could drink it."

## Study Finds Surveillance 'Woefully Deficient'

# RADIOACTIVITY IN WISCONSIN, CALIFORNIA MILK SUPPLIES

BY GLEN PETERSON

*How Radioactive is Our Milk?* is the title of an important study completed in 1979 by a distinguished interdisciplinary panel of experts from Wisconsin and California. The two states are the country's leading dairy producers (16% and 10% respectively of total milk supply), so the research results are relevant to all dairy consumers. The principal findings of the group are summarized here as:

1. The two leading dairy states systematically neglect nuclide monitoring.
2. Present radiological surveillance is woefully deficient.
3. Monitoring data is not available to the public. Data from nuclear utilities is "strictly proprietary."
4. Onsite and offsite monitoring data is fragmentary and unverifiable.
5. Assumptions based on recent research suggest that the cancer incidence in the two dairy states from strontium-90 "could be 400 to 2,500 per year," and that:
6. From the beginning, the government's stewardship over the atom has been "negligent, secretive and deceitful."

The report concludes that major legislative reform, such as labeling laws, is needed.

A major part of the study's early findings was due to the work of radiation expert Dr. Irving Lyon, former special nuclear consultant to the California Energy Commission. Dr. Lyon originally brought out the fact that 50 of 65

*Glen Peterson is a regular contributor to the NHF Bulletin, bringing information based on research in the nuclear contamination field. (Ed.)*

cities exceed NRC guidelines for strontium-90 in milk.

"The Nuclear Regulatory Commission is responsible for protecting the population from radiological health hazards," says Dr. Lyon, "yet the agency routinely permits hazardous effluents from nuclear facilities. I believe these nuclear effluents, and the fact NRC permits them, are illegal under NRC's legal mandate."

Since his work for the Energy Commission, Dr. Lyon has continued his work in educating the public to radiation dangers. Recently he played a part in calling public attention to danger from a research reactor on the UCLA campus — its exhaust vents were near air-conditioning intake vents, causing nuclear gases to be blown into the university's labs.

Another Los Angeles researcher, Dr. L. Douglas DeNike, pointed out that federal emission standards make no difference in the net amount of nuclides finally released from plants: "The worst that would happen if the NRC value were exceeded is that a nuclear plant would have to delay releasing effluents until the wind was blowing stronger or the river was running fuller. The following year the utility probably would get a new relaxed set of permissible levels. It's all pretty Mickey Mouse."

### 'NRC AMBIGUITY'

Symptomatic of NRC ambiguity are remarks by Karl R. Goller, director of Siting, Health and Safeguards Standards, Office of Standards Development. Dr. Goller is quoted in May of 1979 as saying that nuclear workers "must be informed that no radiation is good radiation," and that "all people must be told the same thing."

However, in a reply to my articles, Dr. Goller stated in a letter last Sept. 24, that "strontium-90 in milk is not a level that is considered 'unsafe' of which protective action is required." He also absolved the NRC of responsibility because the contamination "did not come from nuclear plants or other activities which NRC regulates." He referred me to the Food and Drug Administration's seizure levels — from 1/2 rem to 5 rems per liter. One rem ingested by an infant is a doubling dose for cancer incidence, according to earlier Atomic Energy Commission research performed at Lawrence Livermore Laboratories.

After assuring me that strontium-90 measured in milk in my *Environmental Protection Agency Radiation Data* does "not come from nuclear power plants," Dr. Goller, two paragraphs later said, "the amounts of strontium-90 from power plants introduced into the milk of cows on farms near nuclear power plants are generally well below the amounts from fallout. Thus, the measured concentrations of strontium-90

in the milk of these cows have been indistinguishable from the fallout concentration."

There is a big difference between poisons "not from nuclear power plants" and poisons being "well below" or "indistinguishable from fallout."

Dr. Goller's boss at NRC, Dr. Robert B. Minogue, is on record as saying "The NRC's position is that all radiation is bad, no matter how little."

This position contrasts sharply with regulations which permit the potential random murder of from 400 to 2,500 persons annually in Wisconsin and California alone.

After years of research in radiobiology, Nobel Laureate Dr. George Wald noted: "Any radiation dose is an overdose."

The *How Radioactive is Our Milk?* study, financed by the Another Mother for Peace Fund, Beverly Hills, Calif., is the one complete and comprehensive study dealing with radiocontamination of milk. Selected excerpts are available for \$3, with the companion *Nuclear*



"NOTHING CRITICAL FAILED, BUT IT'S A DIRTY PROBLEM. IT'S GOING TO TAKE SOME TIME TO CLEAN UP!"

## SOME COLLEAGUES PRAISE DR. ROYAL'S WORK, BUT OREGON MEDICAL BOARD IS DOWN ON HIM

As reported in the January *Bulletin*, the National Health Federation is solidly behind the efforts of F. Fuller Royal, M.D., Eugene, Ore., physician, to resist an apparent attempt by the Oregon Board of Medical Examiners to strip him of his license.

A delegation of NHF executives was in Eugene Nov. 29 to lend moral support to the cause of the beleaguered holistic practitioner who has been ordered to take an oral examination — which could be tantamount to loss of his license.

At a city hall rally, 250 persons heard NHF General Counsel Kirkpatrick W. Dilling, NHF Secretary Betty Lee Morales, and NHF Executive Director Clinton R. Miller describe the case (covered in detail in a story by Cameron Stauth in the November 1979 issue of *Eugene*).

*Waste, The Time Bomb in Our Bones*, by Gertrude Dixon, from Land Educational Associates Foundation, 3368 Oak Ave., Stevens Point, Wis. 54481.

### 'DISTURBING'

A disturbing piece of information has surfaced from this month's research — a gruesome reminder of how terribly imminent is the health hazard from nuclear pollution. It appears that some water, milk and human bone monitored in my data falls within the federal definition of low-level waste. If, as seems likely, this contention is proved true, then federal law requires that quite a few Americans should be taken off the streets and kept at U.S.-approved nuclear waste repositories such as the Savannah River Atomic Energy Reservation, or Hanford in Washington.

If the nuclear waste problem is going to be solved by turning it into taxpayers, it is the more important that we enact labeling laws, and do grass-roots work

The NHF Committee for Defense of Fuller Royal was organized, and members received a form letter prepared by Mr. Miller, for mailing to Governor Victor Atiyeh asking if he is "aware of the attack by Oregon's medical establishment on Dr. Royal, and is it being conducted with your approval?"

"Both Mrs. Shirley Murray, chairman of the Committee for the Advancement of Preventive Medicine, and the National Health Federation have sent you copies of a shocking article entitled "The Royal Shaft," from *Eugene* magazine. It reports that Oregon's medical establishment is threatening Dr. Royal's right to practice medicine in Oregon.

"If he is stripped of his M.D. license in Oregon, it will be virtually impossible for him to practice anywhere else in the United States because medical authori-

ties in each state routinely turn down candidates for an M.D. license if their license has been revoked in some other state. . . . If Cameron Stauth has accurately reported the facts, this becomes a classic case of medical tyranny." . . .

ties in each state routinely turn down candidates for an M.D. license if their license has been revoked in some other state. . . . If Cameron Stauth has accurately reported the facts, this becomes a classic case of medical tyranny." . . .

During an hour-long television show featuring the three NHFers, Attorney Dilling intimated that Dr. Royal will file suit against the seven members of the Board who earlier rejected his offer to leave the state if charges were dropped. With a group of other physicians, he expects to open a holistic clinic in Nevada.

### NO PATIENT COMPLAINTS

The article by Mr. Stauth points out that there have been "no known patient complaints, and no current or recent malpractice charge," yet "the Oregon Board of Medical Examiners is threatening Dr. Royal's right to practice medicine . . . What gives?"

It also reveals that Dr. Royal, once a member of "the club," drifted away from Eugene's professional/social elites after he became knowledgeable in the practice of metabolic medicine.

Says the doctor: "I knew I was in trouble when I was introduced (to the Board of Medical Examiners) by the Oregon Medical Association's investigator, Ronald McKenzie, as follows: 'Gentlemen, we have here Dr. Royal. Dr. Royal likes to practice on the fringes of medicine. A few years ago he was using HCG (human chorionic gonadotrophin) in the treatment of obesity. On one occasion I went to visit him and found he had a large barrel of pills. Now he has his so-called instrument (a Dermatron biofeedback unit). We're getting a lot of complaints on him, and we're getting tired of it!'

"At that meeting, says Dr. Royal, whatever veneer of professional courtesy that had been protecting him from the scorn of his more conventional colleagues was stripped away. 'I was chewed out,' he said.

"At one point, referring to his practice

of bariatrics (weight control), he was asked by Mr. McKenzie, 'Do you still treat fat patients?'

"I said, 'Doesn't every doctor treat obesity?' To which Dr. Wilbur Larsen, a Board member, replied, 'I don't.' So I said, 'Don't you treat obesity-related problems like diabetes or hypertension?' You know what he said to me? 'Don't get smart with me, sonny.' I said, 'Sir, I'm not getting smart.' He said, 'The hell you aren't!'

"After that I tried to be as brief as possible."

Dr. Royal is a devoted family man, a Mormon, and now a controversial physician who is up before dawn, reading nutrition and allergy journals until 7, according to Writer Stauth who says Dr. Royal's priorities are "his family first, involvement with his church second, and his medical practice third. Some doctors would deem this a scrambled order of priorities."

### WHAT OTHERS SAY

Mr. Stauth interviewed other doctors for the story, got some pithy comments from such well-known professionals as Dr. Lendon Smith, Portland's renowned pediatrician (and a speaker at NHF conventions): "The Board is leaning heavily on Dr. Royal because he is not following the party line. He is a valid, honest, creditable physician, but the party line is very strong."

Dr. Smith has himself "run afoul of the Board," continued Mr. Stauth in the *Eugene* article. "He was treating hyperactive children for chemical imbalance, and even though results were excellent enough to gain international attention, 'the Board thought I should be sending all these kids to a psychiatrist instead. They told me what I was doing was dangerous clinical experimenting. I showed them the literature on the subject, but they did not see fit to read it.'

"Dr. Smith, Oregon's premiere physician, was put on probation.

"The Board members, says Dr. Smith, are 'sometimes arbitrary in their judg-

ment. In this case involving Dr. Royal, they certainly could be. They just don't like his way of practicing medicine. They're hard on doctors who use a holistic approach.'

"Randall B. Lee, executive director of the American Society of Bariatric Physicians, says: 'I'm surprised Dr. Royal is having problems with the Oregon Board, and then again, I'm not surprised. I'm surprised because Dr. Royal is very definitely a first-rate physician with a national reputation among bariatric physicians. He's thoroughly committed to his patients and practice, and is involved in upgrading the practice of bariatric medicine and trying to provide new answers.'

"I'm not surprised because there is a general prejudice in many states, Oregon being one, against physicians doing weight control, partially because of their involvement with nutrition, which many doctors aren't that well-versed in. Some state boards are just unbelievable in how they try to regulate the practice."

Continuing, Mr. Staught wrote: "A Portland physician, who wished to remain anonymous out of fear for his own practice, says: 'Fuller scares hell out of the Board. He's holistic. They're not. I wish it wasn't that simple, but it is.'"

## NEW FDA CHIEF SAYS HE'LL OKAY CLINICAL TESTING OF LAETRILE

The recently-installed Commissioner of the Food and Drug Administration, Dr. Jere Goyan, on November 28 said he intends to approve a National Cancer Institute study of Laetrile.

This is the word from Trudy Engel, public relations director of Bob Hoffman's Save the United States movement. Mrs. Engel attended an FDA "consumers' question-and-answer session" at HEW at which he indicated these intentions.

FDA has been holding up approval of such a study for months. But Dr. Goyan — who has not concealed his personal disapproval of Laetrile — nevertheless now says he will not stand in the way of clinical testing of the controversial substance used in cancer therapy, along with diet and a vitamin-mineral program.

### PEER OPPOSITION

The opposition to Dr. Royal, according to Mr. Staught, is believed centered in the Lane County Medical Society.

"Over the past year or so," he reported, "the Society accumulated a list of 10 areas concerning Dr. Royal's practice. The list includes his use of an instrument called a Dermatron, which measures bio-electric skin response, use of under-the-tongue and under-the-skin testing for allergy, use of hair analysis to determine mineral levels, use of dietary programs for anemic patients, a blood test to measure possible potential for malignancy, herbal preparations as part of a dietary/lifestyle program for reducing hypertension, and having offered to sell a patient a water-purifier at his physician's-discount rate.

"None of these items seems unusual in the practice of a physician who endorses the holistic approach. All these medical practices are common among hundreds, if not thousands, of American medical doctors. Some are even more common among health professionals such as nutritionists, naturopaths, and chiropractic physicians, all of whom compete for the health-consumer's dollar, and all of whom the AMA officially disdains. With exception of the hair analysis for mineral content, considered 'experimental' in some states, none of these practices strays awfully far from the medical mainstream."

## Get Your Souvenir Reference Book Now!

The National Health Federation's *Silver Anniversary Souvenir Reference Book* is being "widely accepted as a dynamic, stimulating, and educative publication," says Consultant Marshall McNott, who compiled it.

"It graphically portrays the key points of such vital freedom-of-choice issues as vitamins, Laetrile, fluoridation, immunization, nuclear energy, raw milk, and more," he asserted. "Also included are specially-written articles on nutrition by such well-known authors as Betty Lee Morales."

Also covered in detail are NHF purpose, program, goals, and the Board of Governors. "A favorite with convention-goers," continued Mr. McNott, "are the original cartoons depicting the lighter side of some heavy issues. And of course, a good cross-section of the natural-health industry purchased advertising space — with new and exciting products offered."

"Bulletin readers unable to attend an NHF convention this year, or those who want to get the book while the supply lasts, may send \$1.00 to NHF in Monrovia for *The Silver Anniversary Souvenir Reference Book*."

### Readers Write

## MIDWIVES REQUIRED AT ALL BIRTHS IN FRANCE

Editor:

... We are impressed with the job you did on our activities. In fact, we find only one small (and understandable) error. We are not Quakers, but have been close to them: very longtime members of the Fellowship of Reconciliation, and one of our daughters was for four years in a Quaker high school, then another four in a Quaker college.

We found of great interest your pieces on midwifery. In France it is *required* that a midwife be present at every delivery, whether at home or in a hospital or clinic. In France, the words are used in just the reverse from in the U.S. A clinique, is, in most cases, private, where substantial fees are charged. In a hospital, fees are minimal or nonexistent.

As hospitals or clinics are now available within driving distance of most homes, few babies are delivered at home. But as I said, a midwife *must, by law*, be present at every delivery.

We think you will also find of interest our *Journal* No. 30, of which I enclose a photocopy. (A review of the differences in the quantity of health-care services in

France where "medical costs are covered from birth to death," and in New Jersey. Ed.)

Also enclosed is a check to cover a year's membership in the NHF. It is our present plan to remain at our French home until next July, then back to New Jersey.

CHARLES COLVIN  
Villa Bonheur  
Quartier du Pin  
83510 Lorgues, France

### 'SHOT-IN-THE-ARM'

Editor:

Thank you for the beautiful layout you gave us in the November 1979 *Bulletin*. When 1,000 parents are fighting such powers as the AMA, ACOG, and Illinois Hospital Association, we sometimes feel very lonely and impotent. Your articles gave us a needed shot in the arm.

Please send us 100 more copies for our libraries, and a bill . . .

MARY K. FAUL,  
Treasurer, H.O.P.E.  
Box 78  
Wauconda, Ill. 60084

# NHF Memorial Library News



## Rindges Donate Kim Stark Collection to Library

BY STEPHANIE SHANE  
Librarian

I am delighted to report that the library of the late Kim Stark of Binghamton, N.Y., has been donated to the National Health Federation Memorial Library. And to help defray the cost of packing and transportation of the books to California, the Kim Stark Memorial Fund has been established.

The first check of \$50 to that Fund has been received from Mrs. Howard F. Parsons of Menlo Park, in memory of her late husband, Howard Farnham Parsons, M.D.

Linda Clark, former editor of the *NHF Bulletin* and author of 16 books dealing with nutrition and healing, has seen the Stark collection, describes it as "magnificent — perhaps the finest single collection of books on healing in existence."

Before his death, Mr. Stark gave his library to The Human Dimensions Institute, then located in Buffalo, N.Y., after negotiation with Jeanne Rindge, founder and president, who has given it tender, loving care, and lent some of the books to interested persons.

Fred and Jeanne Rindge, with Human Dimensions Center, have moved to North Carolina (Rte. 1, Box 394, Columbus, N.C. 28722), and they turned the library over to a group of friends, among them Dr. Paul Buck, former Cornell University professor, and long interested in nutrition.

Dr. Buck, now teaching at Thompson County Association for Retarded Children, Ithaca, N.Y., found a place in that school where the books could be tem-

porarily housed. But he and some of the other close friends of the Rindges and Starks, believe they "really belong in the NHF Memorial Library. That is the long-term solution."

So the NHFML Board decided to accept the responsibility of transporting the books to California to give them a permanent home.

This of course costs money. We know there are many who would like to give a tax-exempt gift to the Library for such a worthy purpose, and the opportunity is now wide open for gifts — large or small.

"The addition of the nearly 2,000-volume library of Mr. Stark to our collection is a significant and welcome development," said Library Board Chairman John T. Clark. "We will welcome cash gifts to the Kim Stark Memorial Fund, NHF Memorial Library. And we promise the volumes — many of them rare and out-of-print books — will have a safe repository and be available for research purposes. We understand that one of the books was banned by the FDA from the Library of Congress and ordered destroyed. We will be proud to give it an honored place in our facility."

Kim Stark, one of the early radio engineers, was long interested in nutrition. Collecting the books was his life-long hobby. Marrying late, he had no children to leave his books to, and shortly before the Rindges met him he began to lose his eyesight. It was Linda Clark who recommended he give the books to Human Dimensions.

## In Kansas, Crop-Duster Threatens Cameraman

### Aroused By Poison Spraying, Activists Mount Protests

While the bureaucracy, in league with the chemical manufacturing giants, blandly ignores the warnings of concerned scientists and the pleadings of human beings affected by massive spraying operations of field, stream and forest, there is evidence that the protests are escalating.

Activists, young and old, motivated by such leaders as Ida Honorof, tireless crusader against use of poisons on crop and forest, are translating frustrated feelings into action.

For example, public protests blocked, temporarily at least, the 2,4-D spraying of 2,673 acres of Six Rivers National Forest in Humboldt and Del Norte Counties, Northern California. The Forest Service was challenged by Humboldt County Supervisor Eric Hedlund and California Indian Legal Services, representing Karok and Yurok tribal groups.

Mr. Hedlund said that while he lacked specific information, there were "rumors of armed opposition" to the aerial spraying. "No possible benefit, no money, no increased yield of timber can justify any injury to a human being," he told the *San Francisco Chronicle*. "Whether or not the reputation of 2,4-D for causing birth defects and miscarriages is true, the people of the Orleans community are concerned that it might be — and their concern is justified by the high incidence of such abnormal pregnancies in their area."

Park Supervisor Joe Harn disagreed: "I believe 2,4-D is safe. Our research and investigation indicate that the amounts of herbicide we would apply could not cause birth defects and miscarriages."

Spray opponents converged on the Humboldt County Board of Supervisors asking a ban or moratorium on aerial

spraying until a referendum is held. Among those seeking such relief is Dave Woods, organic poultry farmer, near Garberville.

The antispray activity in Northern California was duplicated in Oregon where demonstrators took to the woods near Medford, and demonstrated at the U.S. Bureau of Land Management office in an attempt to halt another spraying project.

Spraying is not confined to any one part of the country. Wherever crops are grown on agribusiness scale, you'll see the small airplanes spewing out clouds of poison.

#### ON FILM

The September issue of *Acres, USA* carried three large photos of such activity in Kansas where Photographer Larry Miller spent six hours with his camera and narrowly escaped a violent encounter with an angry crop duster.

The page-one spread was headed with a quote from Dr. Jerome Wiesner, a science adviser to the late President John F. Kennedy, who after quoting Rachel Carson on radiation and environmental chemicals, told a U.S. Commission examining *Silent Spring*: "Using agricultural pesticides is more dangerous than atomic fallout."

Continued *Acres*: "These dire warnings have been translated into 'indifference' by scientists whose knowledge of toxicity is little more advanced than it was in the Stone Age. Recently Cameraman Larry Miller of Caldwell, Kans., captured a small measure of that indifference in photographs... Here are the captions":

"'Dangerous chemicals such as parathion are often left in the open with no one around to watch them. (The photograph showed two planes, with chemical tankers, parked at the Cald-

well, Kans. airport during June 1979).

"Dozens of spray planes sprayed thousands of acres of wheat land, as well as cars, towns, rivers, and many people during May and June 1979 in Kansas and Oklahoma. This plane (shown in *Acres*) was photographed the afternoon of May 19, 1979 when it was spraying near the Chikaskia River between Braman and Blackwell, Okla., in Kay County."

The final photo was "the last of a series of photographs I took the afternoon and evening of May 29, 1979, in Kay County, Okla., near the small town of Braman. In about six hours (between 2 p.m. and 8 p.m.) that Tuesday I observed and photographed about a dozen different spray planes working near Braman.

"I was told they were spraying for army worms, and the chemicals included parathion and toxaphene. I found dead fish, frogs, and other small animals near the Kansas and Oklahoma state line north of Braman the same day."

#### 'SPRAYING EVERYTHING'

"Some of the planes I observed seemed to be doing careful work, but

some were spraying everything. I watched several spray over the Chikaskia River. Blackwell, Okla., (downstream a few miles) gets its drinking water from the Chikaskia.

"I talked to one farmer who told me a sprayer had sprayed over his field. I talked to two pipeline workers who had been sprayed on a few minutes before as they worked on a public road near Braman.

"I watched planes spray over roads with reckless abandon. I took this photo (shown) as I drove west on a public road near Braman. I took it through the front window of my pickup as the plane landed and came at me. I had been photographing this plane and another as they sprayed a few minutes before. When this plane landed, blocked the road, and stopped, the pilot jumped out and ran at my truck yelling something like 'I will get you — you son-of-a-bitch.' I turned around and just got away as he got to within a few feet of my truck. My mother (Zeda Miller of South Haven) was with me. I filled out reports for the Kay County Sheriff, the FAA, and the Ag Department, but nothing has been done to my knowledge."

## Veterans Describe Effects of Army Hallucinogenic Drug Tests

Powerful hallucinogenic drugs were released by the U.S. Army on soldier volunteers between 1960 and 1973, it has been disclosed.

Although disputed by Army officials, some veterans sustained after-effects, according to Brian Anderson of American Citizens for Honesty in Government, a Church of Scientology group which has obtained documents from the Army under the Freedom of Information Act.

These documents report that eight enlisted male volunteers were subjected to open-air doses of BZ in November 1964 at the Dugway Proving Grounds in Utah.

Purpose was to determine "validity of the laboratory estimates . . . of BZ in man by measuring the pharmacological effects . . . at a distance of 1,000 yards . . . and collect additional information concerning effectiveness of treatment of BZ-induced delirium with eserine (physostigmine)."

Mr. Anderson said BZ is "10 to 100 times more potent than LSD," and that ACHG has been contacted by "more than three dozen individuals who underwent tests with BZ and related drugs, and now complain of after-effects."

#### THE 'GUINEA PIGS' TALK

At a news conference in Washington

## \$40 Billion Suit Centers on Agent Orange

A Vietnam veteran, Charles E. Hartz III of Spring City, Pa., who says he represents 40,000 GIs allegedly exposed to Agent Orange, has filed a suit seeking up to \$40 billion against Dow Chemical, Hercules, Diamond Shamrock, Monsanto, and North American Phillips Corp.

His attorney, John Schniper, told the Associated Press his client has a brain tumor attributable to Agent Orange, although it may have been activated by a car accident in September 1977.

During most of his tour of duty, Mr. Hartz was in front-line combat in Vietnam, frequently entering areas treated with the defoliant, the complaint said. About 49 million pounds of Agent Orange were sprayed over 5 million acres of Vietnam jungle during the war, according to Frank McCarthy, president of Agent Orange Victims International, a New York-based nonprofit organization. Approximately 1,500 veterans have filed federal court suits against the five companies which made and sold the chemical to the U.S. military, said Mr. McCarthy.

the day after release of this information, nine guinea-pig veterans said they or their children suffered "lasting, harmful effects from the secret drug experiments conducted at the Army's Edgewood Arsenal in Maryland.

They appeared after seeing advertisements and news stories generated by ACHG offering assistance to former military personnel subjected to drug tests.

All said they had suffered "long-lasting mental problems," and some of their children were born with defects they attribute to the drugs.

The Army has refused to identify the drugs administered, and the veterans have taken their case to the Justice Department.

One veteran, William Selig, Rockland, Mass., told about experiments he underwent in 1967: "Another test was in an air duct with a hole where you would put your head. The hole had a rubber collar that fit snugly around your head . . . When you put your head in, there was a cloud of vapor of the chemical coming at you. It was a matter of seconds before your eyes were burning and running wildly, your nose was running wildly, your mouth had a choking sensation, and you were drooling."

Describing an injection "in a padded room," he said: "It seemed to obliterate (sic) me almost instantly. I don't remem-

ber leaving the room, or how long it was, or how it ended."

Steve Bonner of Fayetteville, N.C., said he didn't remember his actions after being injected in 1967 and suffering frequent memory lapses and hallucinations before leaving the Army in 1973. His first daughter was born in 1974 "with multiple defects," he said. "I suffer extreme depression and fits of anger, have gone through four or five jobs, and spent in excess of \$40,000 on medical expenses for my daughter."

Gary S. Wagner of Royal Oak, Mich., told of an experiment conducted on him in 1966: "I was put in a bed . . . my right arm was tied down, and a needle the size of a thin pencil was inserted into the arm. I was terrified and asked the nurse and doctor what was happening to me and what drug were they going to use on me. I was told it was top secret. My 9-year-old daughter has physical deformities, and I attribute them directly to the drugs I was given at Edgewood."

Congressman Ronald Dellums of California says he has written Defense Secretary Harold Brown and Attorney General Benjamin Civiletti asking for "a full explanation as to why there has been no medical follow-up," and the Justice Department's policy "regarding prosecution of alleged illegalities in human experimentation programs."

# Many Note Changes in Way They Feel in Ionized Room at NHF Convention

An impressive number of persons attending sessions in the Center Theater of the Long Beach Convention Center during NHF's 1979 annual convention said they noticed a difference in the way they felt, as compared with other areas in the building.

The reason? Center Theater was charged with negative ions by Energy Masters, Inc., Irvine, Calif., and Executive Jerry Fisher likened the atmosphere to that in "Yosemite National Park." (The January 1979 *Bulletin* announced that Center Theater was to be ionized). The room was fitted with an ISS Series 300 negative ionizer, with 30 remote emitter heads suspended from the ceiling.

With the equipment in operation, the ion count was plus 45,000 negative ions per cubic centimeter, and 200 positive ions per ccm. Before the ionizer was installed, the ion count was 400 ccm negative, and 600 ccm positive.

At the entrance to the theater, questionnaires were passed to visitors to obtain a reading as to how people felt in a negatively-ionized room. From the 705 persons who responded, these were the answers:

	YES	No
Breathe easier?	530	57
Tension relieved?	380	89
Better concentration?	373	93
Increased alertness?	364	91
Does the air feel refreshed?	629	34
Improved respiratory ailment?	204	89
Increased general sense of well-being?	449	66
No difference		18

Mr. Fisher said more than 200 persons wrote additional responses on the back of the cards, and that "each of these went into detail about the good effect they received."

He says that in general, about 50% of those exposed to ionized air report

feeling better, and the other half say they feel no different.

The National Health Federation building has been equipped with ionizing equipment for the past year.

An article in *Human Nature* (July 1978) by two specialists — Albert P. Krueger, M.D., emeritus professor of biometeorology at U.C. Berkeley, and Sheelah Sigel, Ph.D., said recent studies on the effects of small air ions on people suggest that "ions exert their influence through serotonin. Levels of this chemical found in the brains of mammals appear to fluctuate with changes in ion concentration."

Serotonin, a neurohormone implicated in changes in metabolism, circulation, and endocrine function, produces powerful biochemical effects. It has been learned in animal experiments, according to Drs. Krueger and Sigel, that positive ions cause the release of serotonin from brain and body tissues, causing diarrhea and muscle spasms, while negative ions increase the oxidation of serotonin and speed its removal from the blood. Thus, it was concluded that changes in blood serotonin levels induced by air ions account for significant changes in the functioning of the endocrine glands and central nervous system, which in turn alter basic physiological processes.

## JERSEY'S SMOKE RULE

The New Jersey State Department of Health has passed a comprehensive no-smoking rule restricting smoking in restaurants and many other public places. It is reportedly the first time such restrictions have been achieved statewide through action by an administrative agency rather than by a state legislature.

## THIS IS THE NATIONAL HEALTH FEDERATION

The National Health Federation is America's largest, organized, noncommercial health consumer group. It is a nonprofit corporation founded in 1955. Its membership is comprised of men and women in all walks of life, belonging to a variety of religious faiths and political persuasions, and engaged in nearly every profession and trade.

Its members believe that health freedoms are inherently guaranteed to us as human beings, and our right to them as Americans is implied in the words, "life, liberty and the pursuit of happiness." Yet, frequently, these freedoms and rights have been and continue to be violated. Too often, as a result of the unopposed pressures from organized medicine, the chemical industry, pharmaceutical manufacturers, and others, laws and regulations have been imposed which better serve these special-interest groups than the public at large. We see and hear of new instances daily. To name a few: spiraling health-care costs, consumers exploitation by leading industries, excessive devitalization and adulteration of our foods, restriction of certain types of treatment, banning of certain health books from the mails, the harassment of those who advocate natural methods of healing and natural foods, the poisoning of our air, water and soil through greed and carelessness, and many other health-related issues.

The NHF opposes monopoly and compulsion in things related to health where the safety and welfare of others are concerned. NHF does not oppose nor approve any specific healing profession or their methods, but it does oppose the efforts of one group to restrict the freedom of practice of qualified members of another profession, thus attempting to create a monopoly.

The public needs a strong voice, such as the NHF provides, to speak and act in their behalf in these health-related matters. Legislators need your support to balance the pressures exerted upon them by the special interests. The National Health Federation, through a special legal and legislative staff in Washington, keeps its members apprised of all health legislation, opposes inadequate or undemocratic health legislation, while supporting or drawing bills to protect the individual's health freedom.

Will you join us in this worthy effort?

## ELECTED FEDERATION OFFICERS

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

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

**NATIONAL HEALTH FEDERATION**

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

1. Support the principle of freedom of choice and liberty in health matters.
2. Be a part of a strong and united consumer's voice in all health matters.
3. Work for beneficial and needed health legislation and, at the same time, oppose proposals which are detrimental to the health interests of the people or which do not provide for equality of recognition of all legally established health professions.
4. Support a united effort to reduce the cost of health care.
5. Support ecological research and practices which have beneficial effect and impact on the health of the people.
6. Support the restriction, and elimination of chemical contaminants, additives, and colorings to foods—used for extending shelf-life and extension of profits—regardless of so-called "safety factor."
7. Seek the repeal of unfair food and drug laws, labeling, and regulations, as are exemplified, approved, and implemented by FDA or the Federal Trade Commission.
8. Insist that all monies raised for health research and care be used exclusively for these purposes.
9. Compel all health fund-raising organizations to disclose in an annual report, the amount of funds collected and how the funds were expended.

THESE ARE THE THINGS THE NATIONAL HEALTH FEDERATION IS ORGANIZED TO DO—JOIN ITS RANKS AND TAKE PART IN THIS VITAL EFFORT ON BEHALF OF YOURSELF AND OF ALL AMERICA.

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

**UPCOMING NHF CONVENTIONS**

Southeast Regional — March 1-2  
Sheraton Twin Hotel — Orlando, Fla.

Grand Canyon Regional — April 19-20  
Civic Center — Phoenix, Ariz.

Rocky Mtn. Regional — May 10-11  
Salt Palace — Salt Lake City

**HELP SAVE OUR HEALTH FREEDOMS**