

National Health Federation

BULLETIN

JUNE 1980 • 50¢

LAETRILE MEASURE PASSES FIRST HURDLE IN SENATE COMMITTEE

AMERICA'S RUNNERS — 30 MILLION OF THEM!



*Nutritionists 'Can Learn'
From These Exercisers
Euphoria for Some, But
Madness for Uninitiated
Coalition Fitness Drive
for 'Healthy America'*

DR. ULLYOT

DEPRESSION YIELDS TO RUNNING
THERAPY, RESEARCHER FINDS

ANOTHER STUDY SHOWS JOGGING
BENEFICIAL TO YOUNG WOMEN

BUT STANFORD STUDY CAUTIONS
NO INSURANCE AGAINST DEATH



STEPHEN CLAPP

POLLUTION ELITISTS' WAY OF CONTROLLING POPULATION

**Kansas Cities Reject Fluoridation
IOWA HOUSE OKAYS RAW MILK BILL**

Dedicated to the Protection of Health Freedoms

THE NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms

Published Monthly

Volume XXVI — Number 6

June 1980

CONTENTS

Dr. Royal Moves from Oregon to Las Vegas	1
A Close Call, But S.B. 1480 Got Committee Okay	2
Bakersfield Daily Urges Passage of Laetrile Bill	3
Two Perspectives on Campbell-Torres Bill	4
Dairyman's Jailing Helped Raw Milk Cause in Iowa	7
Jack Challem Answers Critics on Nuclear Issue	8
But He's 'Gullible,' Says Minnesotan	9
'Planned Pollution' As Population Control Tactic	10
Nutritionists Can Learn from Runners, Says Clapp	13
'Healthy America' Coalition Goal	15
The Pluses and Minuses of Running for Heart Patients	16
A Cardiologist Marathon Runner Offers Insight	19
Another Doctor's Life Was Changed After Becoming Runner ...	21
Sudden Death Can Happen While Jogging	23
Running Is Therapy for Depression, Doctor Demonstrates	24
But If You're Not Interested — Try Walking!	25
Another Study Shows Young Women Gain by Jogging	26
Tips on Caring for 'Runner's Knee'	27
'Stay Off Hard Surfaces,' Chiropractor Suggests	28
A Runner Discusses Abuses from Haters	29
Bragg Collection in Memorial Library	31
Max Huberman 'Sets Record Straight' on Insurance Issue	32

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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National Health Federation Bulletin, published monthly January through December, except July-August which are combined, at 212 West Foothill Boulevard, Monrovia, California 91016, by National Health Federation, a non-profit corporation. Don C. Matchan, Editor. \$7.50 of the \$12.00 annual membership is paid as a yearly subscription to the National Health Federation Bulletin. Single copies, 50 cents. Second-class postage paid at Monrovia, California 91016.

Oregon's Loss Is Nevada's Gain

Dr. Royal Leaving Metabolic Practice in Eugene for New Center in Las Vegas

After an eight-month ordeal which cost him \$12,000 in legal fees plus loss of time in his practice, F. Fuller Royal, M.D., the knowledgeable and determined nutrition practitioner (Jan. 1980 *Bulletin*), has closed his practice in Eugene, Ore., and with two other physicians and a dentist, opened the Nevada Clinic of Preventive Medicine in Las Vegas. He serves as medical director.

Dr. Royal leaves behind, many loyal patients who have been appalled at the dictatorial tactics employed by the Oregon Board of Medical Examiners, a body of orthodox doctors who resent the emphasis he places on metabolic medicine.

He also leaves the blueprint for legislation designed to change the law which permits the board to order any Oregon physician at any time to take any kind of examination without giving any reason.

Section 677.420, subparagraph 1, gives the board what can be termed "tyrannical powers," because it can be used to eliminate doctors who don't practice conventional medicine. Several legislators have expressed interest in revising the law so it cannot be used prejudicially, at whim. Also being considered for change is Section 677.425 of the health code which provides that informants for the board be protected to the point the accused doctor is powerless to obtain information necessary for defense against unsubstantiated charges.

Dr. Royal told the *Bulletin* he had worked with state legislators to effect changes in the law because "I wouldn't want any doctor to go through this nightmare." The proposed revisions will be introduced during the 1981 session.

HEPATITIS RECOVERY ATTRIBUTED TO VIT. C

Dr. Royal contracted hepatitis while visiting a doctor's laboratory in Mexico, and says he believes massive doses of Vitamin C are what "pulled me through." For 2½ weeks, 5 days a week, he received daily injections of 50,000 milligrams of C. Weekends he took oral dosages of 8,000 to 12,000 units a day. This, along with calcium gluconate, B¹², and other minerals/vitamins, were responsible for his recovery, he believes.

For eight months Dr. Royal had to spend time and energy trying to prevent the board from initiating procedures that could have led to loss of his license. He spent thousands for attorney fees, and countless hours in consultation, and also reviewing for a written examination ordered by the board. He passed with a score of 80.3 (passing grade is 75), and this is considered a high score, particularly since it covered material he had not been exposed to since he left medical school.

For more than a year Dr. Royal had planned to leave Oregon and open a practice in Nevada. Issuance of his Nevada license was delayed by notice from the Oregon Board of Medical Examiners that his "competency" was in question.

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

It Needed 4 Votes — and Got 'Em!

Laetrile Bill Makes It Through Calif. Senate Health Committee

Climaxing a tension-filled three hours, the Campbell-Torres bill (S.B. 1480) to legalize Laetrile in California received the required 4 votes to win approval by the Senate Committee on Health and Welfare.

The measure needed 4 votes for approval. Three committee members had indicated they would be absent, so it meant the 4 present would have to be unanimous if the bill were to pass.

Although Chairman John Garamendi had told constituents — he received hundreds of letters asking for his support — that he would “vote for the bill when it comes before the committee,” he cast the lone “no” vote. The bill then was placed “on call,” meaning that if he decided to change his vote before adjournment, it would pass. Otherwise it would suffer the same fate as in previous years.

The first vote was taken at 2 p.m. March 26. After that vote, the bill's supporters — National Health Federation members from Sacramento and elsewhere in California — reassembled in Senator Garamendi's office to press the senator to change his vote. There was communication between him and staff for a period of time, and at 5 p.m. Senator Garamendi changed his vote to “yes,” after an amendment was included to provide for expiration of the legislation January 1, 1985. At that time it will be reevaluated.

Voting for the measure at the initial roll call were the bill's author, Senator William Campbell (coauthored by Assemblyman Art Torres), and Senators Milton Marks of San Francisco and Paul B. Carpenter of Cypress.

Senator Garamendi told reporters after the final vote that he is “not convinced one way or the other,” as to

efficacy of Laetrile. “The jury is still out on that issue. National Cancer Institute tests of the substance were initiated in late March at the Mayo Clinic, as well as at three other institutions around the nation.

The bill allows licensed physicians to prescribe Laetrile, but requires that patients sign consent forms explaining the risks and benefits of such therapy, and patients must be told that conventional treatment can be used in addition to Laetrile. The state's drug safety laws must be met, also.

AGAINST IT

Appearing in opposition to the measure was Dr. Laurens P. White representing the California Medical Association, who said the purity of Laetrile is “unknown,” its safety is “questionable,” and its efficacy “zero.” Dr. Jerry Lewis of the American Cancer Society testified that Laetrile is “toxic, poisonous.” And Helene Brown, speaking for the UCLA and USC cancer centers said, “I do not think freedom of choice is an adequate discharge of government responsibility. What you are saying is ‘buyer beware,’ and ‘government wishes to take no responsibility.’”

Senator Campbell countered that “the basic issue here is human liberties versus paternalistic big government.”

Each side was given 20 minutes to present its case. Senator Campbell opened the testimony with an articulate appeal for passage on grounds of freedom of choice. He pointed out that the bill contains adequate safeguards, patients will be apprised of alternative types of treatment, and the substance must be administered on prescription.

THE COUSINS STATEMENT

The only other person speaking for the bill was NHF Secretary Betty Lee

DECLIMINALIZE LAETRILE, SAYS THE BAKERSFIELD CALIFORNIAN

California hopefully is on the verge of lifting its ban against the sale and use of Laetrile. S.B. 1480 by Senator William Campbell, which would exempt Laetrile from the state's quack medicine provisions of the Health and Safety Code, was approved by the Senate Health and Welfare Committee.

California, along with most other states, has held it illegal to manufacture, for doctors to prescribe, for druggists to sell, and for patients to ingest Laetrile. Culled from apricot kernels, it is considered by some to be a preventive medication useful in fighting cancer.

But some in cancer research contend it is a potentially-harmful substance without curative value. The cancer industry has been instrumental in banning its use and has prevented the federal Food and Drug Administration from testing it. There is concern, too, that cancer patients will take Laetrile instead of conventional therapy and thereby neglect their illness until too late for cure.

This summer, however, four “cancer centers” in the U.S., including UCLA's Johnson Comprehensive Cancer Center, will conduct clinical tests on cancer patients to determine its worth.

Many cancer-afflicted persons in California and neighboring states have undergone Laetrile treatment in Tijuana, Mexico, because of its ban in the U.S.

On Senator Campbell's measure, we urge a favorable vote in the Senate and the Assembly. It will enable physicians to prescribe Laetrile to cancer patients after explaining its risks and potential benefits. Decriminalization of Laetrile in California as a medical therapy option is overdue.

— THE BAKERSFIELD CALIFORNIAN

(Other newspapers, including the influential Sacramento Bee, have supported passage of the Campbell-Torres bill. Ed.)

Morales who read the Norman Cousins statement on Laetrile as published in the October 1, 1977, issue of *Saturday Review*. (Mr. Cousins is the newest member of the Governor's Cancer Advisory Committee, of which Helene Brown also is a member). His statement follows:

“Should the government allow the use of Laetrile even if government researchers believe it has no scientific justification?”

“I have no absolute answers. It is hard to accept the proposition that government and the medical profession have no obligation to tell people what they believe to be true. But I also have to put myself in the position of a cancer victim

or his or her loved ones. I know I would move heaven and earth to try anything that had as much as one chance in a thousand to help me.

“The government has established a connection between cigarette smoking and cancer, but it believes its own responsibility is discharged by requiring the manufacturer to include a notice on the package that cigarettes may be dangerous to human health. Why wouldn't it be logical to pursue the same principle with Laetrile? Why shouldn't government permit its sale, and require the manufacturer to state on the label that scientific research has so far been unable to identify any properties in Laetrile that have an anticancer effect? This puts the decision squarely up to

TWO MEDICAL DOCTORS LOOK AT CAMPBELL-TORRES BILL

The Opinion section of the Sunday *Los Angeles Times* (March 30), carried two points of view on the effort in California to rescind the law prohibiting use of orthomolecular/Laetrile/dietary treatment of cancer.

Expressing strong opposition to the Campbell-Torres bill (S.B. 1480) which would legalize such therapy was Sidney M. Marchasin, M.D., a Redwood City

practitioner whose views reflect those of the medical establishment and the Food and Drug Administration. Taking the viewpoint of the holistic, freedom-of-choice school was James R. Privitera, M.D., Covina, Calif., physician who served two months of a six-month sentence for Laetrile involvement in 1974.

Charging that "freedom-of-choice" should not be an issue (he terms it a

patient and doctor, which is where it belongs.

"Meanwhile, it would seem only reasonable to expect that the government would apply strict standards to all modes of treatment. Chemotherapy, for example, can be highly useful for certain kinds of cancer — as in leukemia. But its efficacy in many other kinds of cancer has yet to be definitively established. Despite this fact, it is now being widely used even where efficacy has not been proved. If the government believes it has an obligation to protect people against uncertain or dubious forms of treatment, it would seem reasonable to expect that it would hold to this position across the board."

Ms. Morales' testimony ended with this eloquent plea: "This Legislature has given us the right to die. Now please give us the right to live."

THE RALLY

A rally was held in Sacramento the night before the Health and Welfare Committee considered S.B. 1480. Organized by NHF Sacramento Chapter President Earl Fuller and officers, it was attended by about 100 persons.

On hand to address the group was Terri Thomas, deputy legislative secretary to Governor Jerry Brown. She told of the support the governor has given Dr. James R. Privitera, (jailed for dis-

persing Laetrile in 1974), including his recommendation to the California Medical Quality Assurance Board that the physician's license not be revoked, and his final assurance to reconsider the issue of a pardon if S.B. 1480 becomes law.

The doctor's wife, Roseann Privitera, addressed the rally, cautioning those expecting to attend the hearing to be restrained in behavior, even though the temptation "may be great to protest some of the testimony."

Mr. Miller praised "the superstatesmanship of Governor Brown," and credited him with "persuading the legislature to reconsider the bill to legalize Laetrile for the fourth time." He commended him also for refusing to grant a pardon before such a bill passes the legislature. "If Dr. Privitera had been pardoned," he said, "there would be less momentum for passage of S.B. 1480."

Senator Campbell spoke, as did his aide, Jerry Haleva. Mr. Miller also introduced Dave Ajay, member of the NHF board of governors, and president of the National Nutritional Foods Association, who has been active in lobbying for freedom of choice in health care.

After approval in the Health Committee, the bill went to the Finance Committee. If approved there, it would go to the full Senate, then to the Assembly.

"specious" argument), Dr. Marchasin's letter could have been written by the American Cancer Society, the California Medical Association, or the U.S. Food and Drug Administration. Here are excerpted quotes:

"... Performing an appendectomy on the kitchen table is duck soup compared with changing the minds of some lawmakers. Under the specious banner of 'freedom-of-choice,' some legislators are trying once again to legalize Laetrile in California

"Last year at the urging of the American Cancer Society, the California Medical Association and other groups, the Legislature killed a proLaetrile bill introduced by Senator William Campbell. Last week, similar legislation by Campbell was passed out of committee and sent to the Senate.

"Laetrile has been used for more than two decades by at least 70,000 patients for the treatment, prevention, and cure of cancer. This usage has occurred in the face of continuous strong opposition from virtually every reputable cancer specialist, and from every major medical organization in the United States.

"It does not seem to matter to Laetrile users that its tests on animals to date have failed to satisfy the U.S. medical establishment — either because of the conditions under which the studies have been conducted or the failure of other researchers to duplicate results by scientific methods. Nor does it seem to matter that commercial preparations of the substance tested at the National Cancer Institute were 'contaminated and unfit as pharmaceutical products.' . . .

"Because it does not consider Laetrile either safe or efficacious, the Food and Drug Administration attempted to control the sale of this substance by legal action. But a few years ago the governor of Alaska vetoed antiLaetrile legislation in his state, thus paving the way for test cases in other states. To date, 35 state legislatures have debated the issue and

17 (21, ed.) have legalized the prescription of Laetrile in at least some clinical situations

"Today, few people would patronize a charlatan peddling snake oil from the back of a covered wagon. But what about megavitamins? Organic foods? Fad diets? Orthomolecular therapy? Laetrile? The annual take in these nostrums is estimated in the billions. But it is not so much the product being sold as the peddler's ability to influence his market.

"To patients in pain he promises relief, to the incurable, hope. To a public worried about pollution he says, 'buy natural.' To all he promises health and a better life. And through it all he defends the right to exploit the anxieties of the sick and the desperation of the dying.

"Although at first glance it may sound rational, there are serious faults with the argument for a patient's freedom of choice. No worthless drug is without harm. When a patient chooses Laetrile, to the extent such a choice delays and interferes with swift diagnosis and prompt, effective treatment, it is potentially fatal. The great dread of course is that cancer patients will take Laetrile instead of conventional therapy and thereby neglect their illness until it is too late for cure.

"The marketing of a medication for public use must be based on scientific analysis of risks and benefits. To raise Laetrile to the status of a prescription drug implies efficacy. Once the law sanctions one useless treatment, the principle could well be extended to other useless therapies. The California Legislature, to its credit, has not yet approved the use of Laetrile. It would be contrary to the public interest for our lawmakers to now support an end-run around normal research and approval procedures for therapeutic drugs. Our laws should continue to reflect the needs of the people and not reflect the power of lobbyists and special-interest groups." (*The CMA and the ACS are not 'special-interest groups'???* Ed.)

SAYS DR. PRIVITERA

Less than 10 days after his release from San Diego County correctional center, Dr. Privitera was asked for a statement, and gave the following one to the *Times*, where it was presented under the headline, "Out of Jail, Back in the Fight": "Last Monday I was released from jail after serving 55 days for conspiring to have Laetrile used in the treatment of cancer. I was put through a 4½-month trial. Then I won an appeal from two Appellate Court Judges — R. O. Staniforth and Gerald Brown — who felt it was cruel and inhuman to inform cancer patients that they must receive state-sanctioned treatment or none at all. But we lost in the higher court.

"If I had to spend two months in jail every five years to be able to practice medicine according to the dictates of my conscience, my ethics and the Hippocratic Oath (which states in part: 'for the good of the sick to the utmost of my power'), then it would be well worth it.

"Over the last decade, I and many other physicians have emphasized improving the nutrition and immunity of patients suffering degenerative diseases. No patient I've ever known has used Laetrile/amygdalin/Vitamin B-17 (these are all synonymous) alone. They have been on a multicomponent therapy, including a wholesome diet, vitamin-mineral-immune stimulants along with the removal of immunosuppressives and toxic substances such as cigarettes, alcohol, white flour and refined sugar.

"Laetrile is a vitaminic substance found in more than 1,200 foods. It is on the federal Food and Drug Administration's list of foods generally regarded as safe — such as garlic and table salt. In 1953, a state-sponsored study found that a low dosage of Laetrile increased appetite and weight, improved mood, and decreased pain in terminal cancer patients.

"Results of studies conducted in the '70s at the Sloan-Kettering Institute in

New York by the late Kanematsu Sugiura showed a 70% inhibition in spontaneous animal tumors. Biologist Harold W. Manner of Loyola University of Chicago has demonstrated that Laetrile increased the anticancer effect on Vitamin A and enzymes in animals from 50% to 90%. Many other studies have been conducted in the United States and abroad.

"However, the real issue is not Laetrile, but freedom of choice. Chief Justice Rose Elizabeth Bird, in her dissenting opinion in my California Supreme Court case, wrote: 'So long as there is no clear evidence that Laetrile is unsafe to the user, I believe each individual patient has the right to obtain the substance from a licensed physician who feels it appropriate to prescribe it. The issue here is human liberty. Can the informed cancer-ridden patient be limited in choice of treatment to sanctioned alternatives? . . . The right to control one's own body is not restricted to the wise . . .

"The evidence in this case shows without exception that the cancer victims were knowledgeable persons fully aware of the state-sanctioned alternatives . . ."

"Columnist James J. Kilpatrick wrote that to imprison a doctor who is willing to try an unapproved drug with the consent of his patient reaches 'a new depth of inhumanity. I cannot for the life of me comprehend the cruelty of the California law.' Nor, as a physician and a human being, can I.

"A bill, introduced by Senator William Campbell is now before the California Senate. It would enable physicians to prescribe Laetrile to cancer patients after explaining its risks and benefits, and those of orthodox cancer therapy; explaining that Laetrile may be used in conjunction with orthodox therapies; and encouraging a patient to consult with a second physician. Californians should urge passage of the bill so that we can all enjoy freedom of choice in medical therapy."

Dairyman's Jailing Dramatized Issue

Iowa House Okays Raw Milk Bill in 79-4 Vote

It took the gutsy personality and determination of Iowa Dairyman Ray Banowetz (April 1980 *Bulletin*), to create the climate of public opinion which may lead to legalization of certified raw milk in the Hawkeye state.

From his jail cell in Jackson County, Dairyman Banowetz said it would be "worth it" if his 30-day detention for contempt of court finally cracked the opposition to raw milk legislation.

And there was a big crack, indeed, when a measure to legalize raw milk, introduced by Rep. Andy McKean of Morley, in mid-March sailed through the lower chamber of the Iowa Legislature by a vote of 79-4.

The bill then went to the Senate where it was hoped by freedom-of-choice proponents that it would receive similar support.

Despite its passage in the House, the measure, if adopted, is "not expected to encourage large numbers of dairy farmers to begin offering raw milk to the public, because it would impose strict standards on raw milk producers," observed *Des Moines Register* staff writer Charles Bullard.

Standards would be stiffer than those for Grade A pasteurized milk, because bacteria grow rapidly in unpasteurized milk, and unrefrigerated raw milk can sour in hours, Mr. Bullard wrote, noting also that raw milk proponents believe pasteurization "destroys some of the natural vitamins and minerals."

"There are people who very sincerely believe raw milk is a far superior product to pasteurized milk," said Rep. McKean.

But Rep. Kyle Hummel said he is "scared to death" of the possibility that raw milk may be legalized.

Rep. Frank Crabb of Denison told the *Register* reporter however that raw milk

is safe if handled properly. "Lots of people in this room were raised on raw milk," he told colleagues, "and they seem to be doing all right."

Rep. Kenneth DeGroot, a dairy farmer, acknowledged that he was "raised on raw milk, but it was fresh from my farm."

Under the bill, raw milk would be cooled to 40 degrees within two hours of milking time, and maintained at that temperature until sold within 48 hours. It could contain no more than 10,000 bacteria per milliliter as compared with 35,000 for pasteurized milk. Other requirements would regulate daily testing of milk, semiannual testing of cows and goats, and semiannual physicals for persons handling the milk.

The issue which finally led to the lopsided vote favoring adoption of the bill in the House was freedom of choice. Said Rep. Emil Husak: "You don't have to use raw milk. You don't have to buy it. It is just there for those of us who want to buy it."

And Ruhl Maulsby commented: "A little exposure to disease once in a while builds immunity. I am real thankful for the exposure to disease that I had as a child."

TWO CAN PLAY . . .

Tobacco companies are paying Volkswagen owners in some cities \$100 a month to drive around with the entire car painted as a cigarette ad. In Kansas City they're "fighting paint with paint": at least three nonsmokers have offered their cars to be painted with antismoking ads.

—ASH Newsletter

Readers Write

Jack Challem Responds to Critics of His Nuke Views

Editor:

It is a pleasure to see the *NHF Bulletin* is willing to present opposing views on the nuclear power controversy. Since I have "fanned the fire," so to speak, I would like to make a few brief comments on letters that responded to my statements.

Irene Brown writes that nuclear power provides only 3% of our "net energy package if all 72 plants are operating (which they rarely are) . . ."

Irene is half-right and half-wrong, if a person can be that. Nuclear power provides 3% of this country's total energy. But it provides 13% of our country's electrical energy. It provides 50% of the electrical power in northern Illinois and Chicago, and more than 80% in some areas of New England. When nuclear power plants are closed, they are shut down for her safety.

Burning wood, Ms. Brown suggests, is an alternative. It is absurd! I would be the first person to prevent her from depleting our forests to feed our stoves and fireplaces. Secondly, wood is simply not appropriate as a fuel for intensive energy production (and neither is solar). Means of energy production are not generally interchangeable, which means that the best route is to produce energy from as diverse sources as possible.

Steve Gadler used Dr. John Gofman and Dr. Ernest Sternglass as references when he said that Three Mile Island-related cancers will take 10-30 years to show up.

Sternglass and Gofman are scientific outcasts because their research has been shown to be downright sloppy. All the TMI studies, public and private, estimate that 1-10 cancers may appear as a result of the accident. That may sound awful — except for the fact that these would be in the context of 325,000 pre-

dicted cancers from other causes in the same population in the same time-span.

What is causing all those other cancers? Well, there are the hydrocarbons and radiation released from coal- and oil-fired power plants that no one seems at all concerned about. There are thousands of food additives, fluoride in water, ad infinitum. There is also — and this may surprise many — radioactive radon gas which is found in dangerous levels in heavily-insulated conventional houses and passive solar homes. If you can't imagine where *that* comes from, it's a sign that you should read up more on the subject. The radon gas comes from the house itself, demonstrating that low-level background radiation occurs naturally.

Patrick Stewart and others seem to confuse nuclear bombs with nuclear energy. A nuclear bomb is designed to disseminate radiation and destruction; a nuclear power plant is designed to contain radioactivity. And a nuclear power plant will not explode. A bomb requires 90% U-235; nuclear power plants use only 3% U-235, with the rest being mainly U-238.

Glen Peterson seems to focus on nuclear politics in New Mexico, suggesting there is something very wrong in my own backyard. He notes the spill of uranium tailings (the part of the ore mined, but not used) in New Mexico, and the fact that the spill "contaminated" the Rio Puerco. Mr. Peterson would be very hard-pressed, I imagine, to explain why the Rio Puerco is more radioactive upstream than downstream from the spill. Navajo children who were exposed to this were examined in the most sophisticated battery of tests at Los Alamos. Absolutely nothing was found wrong with them, and no radiation could be found that might hurt them 20 years later. Dr. Marlene Haff-

ner, who directs the Navajo Area Indian Health Service, said that nothing could be found wrong, and that there was no reason to be worried.

Peterson seems to be woefully ignorant about other things in New Mexico. He says that "white and red Americans pay dearly for cheap energy in New Mexico . . ." Obviously, he has never lived here. Electric rates are four times higher than what I paid when I lived in northern Illinois, which received half of its electricity from nuclear power plants. There is no nuclear power in New Mexico.

(Peterson's ignorance goes beyond just the subject of energy. He observes that Navajos "left the country virgin" when they dominated North America. The Navajos are traditionally nomadic raiders, wrought havoc to the native Pueblo Indians, and can hardly be thought of as living in harmony. Peterson also states that the Navajo never had a word for cancer until now. But the Navajo did have cancer in the past, and they did have a word for it. It translates roughly to mean "the sore that does not heal.")

If some of the *Bulletin's* readers

'Gullible,' Says Gadler of Challem

Editor:

I am of the opinion that Jack Challem is sincerely interested in organic foods, gulping the correct vitamins, eschewing salt, sugar and the thousands of food additives, drinking spring or distilled water without chlorine or fluorine, refusing to eat meat contaminated with chemical fertilizers, pesticides, and herbicides, doing his exercises, and always taking a positive approach to all the problems facing the environment.

However, for some reason or other he is a gullible fellow for he uses the carbon copy regurgitation of the nuclear establishment's policies and methods:

(1) Character assassination procedures against Drs. Gofman and Sternglass (two great American scien-

who seem displeased by what I have written would take the time to reread my original contribution to the controversy, they would realize that radiation from nuclear power plants is insignificant compared to naturally-occurring levels of background radiation. I am not suggesting that radiation is safe — only that the safeguards are sufficient to protect people and the environment. In spite of problems at Three Mile Island, the worst accident demonstrated that virtually all of the radiation could be contained.

Readers interested in improving their lifestyle and environment would do much better by changing the significant things that may cause harm: eating organic foods, taking the right food supplements, exercising, and so forth. Such would surely be a much more positive approach than unnecessarily raising their anxiety levels over something which they need not fear — if they knew a little more about the advantages of and safety features inherent in nuclear power.

— JACK CHALLEM
2309 Calle Pacifica
Santa Fe, N.M. 87501

tists who believe in people and not in nuclear profits).

(2) Deception of the public as to the inherent danger in the nuclear fuel cycle (let Mr. Challem reread my letter on the number of nuclear accidents that already have occurred throughout the world.)

(3) Concealing from the people the amount of radiation dumped into the environment — both water and air — by the 'so safe' nuclear facilities.

(4) Compounding the criminal act by operating nuclear facilities without having a place to put the radioactive waste that will endanger humanity for tens of thousands of years.

(5) Keeping secret the real costs of

Elitists See Pollution As Population Control Tactic

BY GLEN PETERSON

"Peterson's ignorance goes beyond just the subject of energy," writes nuclear apologist Jack Challem. Bernard Baruch advised never to answer a critic unless he's right, but against this good advice I feel a responsibility to invade Mr. Challem's special field with a few remarks on the subject of ignorance.

Will Rogers said we are all ignorant, only about different things. But then Will, who died before the nuclear age, also said he never met a man he didn't like.

Galileo remarked that he never met a man so ignorant that he couldn't learn something from him. Mr. Challem taught me the value of specious argument: it wastes your adversary's time and energy.

Marcus Cato noticed that wise men learn more from fools than fools from wise men. Let me list some of the things I have learned from Mr. Challem:

1. That he does his thinking in his backyard.

2. That either the Rio Puerco runs uphill, or Anaconda and Gulf/Western's effluents from Bluewater and Thoreau exceed 100,000 picocuries per liter, or that Mr. Challem gets his information from United Nuclear Corporation's press releases instead of federal radiation monitoring data.

nuclear power.

Always there is hope that the misinformed will eventually find enlightenment, and that is my hope for Jack Challem.

STEVE J. GADLER, P.E.
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3. That Los Alamos doctors can predict what radiation will or will not produce health or genetic effects 20 years later — i.e., Chinese weapons tests create bad radiation and radiation from United Nuclear is harmless.

4. That an Indian Health Service official could see no reason to be worried. This is a litany recited previously to Bikini Islanders prior to their refusal to be "guinea pigs" for Department of Energy doctors last year. Now nine out of ten island children have developed thyroid tumors from radioactive iodine.

5. That people in New Mexico will, as I said, be paying dearly for "cheap energy" whether it is Mr. Challem's Illinois utility bill subsidized by the health of New Mexico residents, or the health effects of being the largest uranium-producing state in the U.S. New Mexico industry has a higher percentage of dollars in nuclear weapons, mining and milling than any state. This is why New Mexico residents pay dearly for "cheap energy."

6. That the Navajo now have a word for cancer. I don't doubt it, but what I wrote was that they *didn't*.

7. That we can't prove that Karen Silkwood was murdered because she knew too much. Or that Chad Green was killed by the nuclear industry, or John Wayne or any of the 400,000 cancer victims to die this year are in any way linked to documented nuclear industry effluents.

8. Lastly, and most importantly, I learned from Mr. Challem that Three Mile Island proved that "virtually all the radiation could be contained." Not to mention the original release, venting of krypton gas began March 12. Krypton becomes strontium-90 within 10 to 200

years. Perhaps it could have been contained, but it wasn't, isn't, and won't be.

Again, the Environmental Protection Agency environmental radiation reports say: "Krypton gas is released into the atmosphere by reactor operations, fuel fabrication, fuel reprocessing, and nuclear detonations." Yes, TMI was exaggerated out of all proportion. Every nuclear installation is an ongoing accident, a planned accident.

Health damage is a planned, built-in component of nuclear power production. Krypton and tritium — the most common routine effluents of reactors — because of their gaseous and liquid nature tend to be global travelers. Only about 1½% of our nuclear industry pollution lands on the United States. Well over 98% is exported to the world.

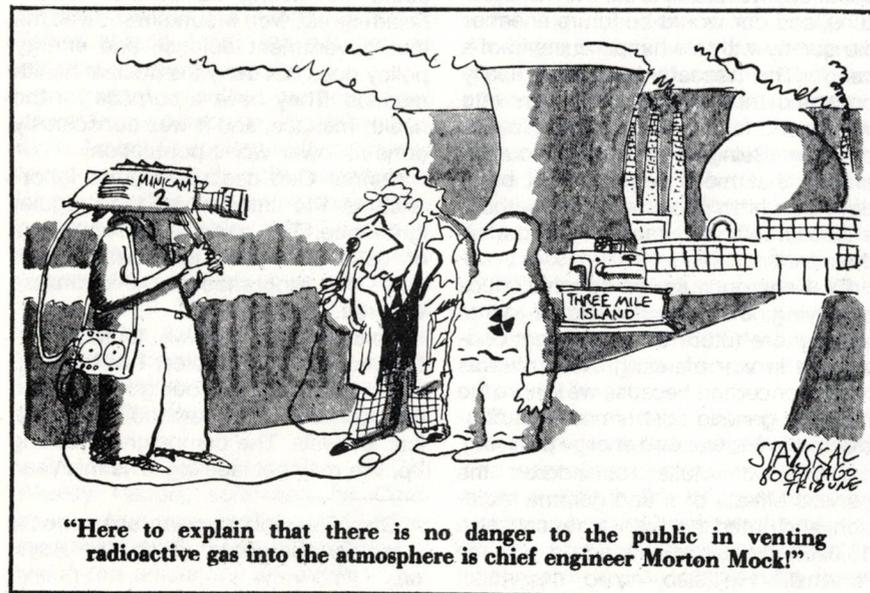
Oddly, this planned poisoning of the world seriously began with a think-tank project begun by President Kennedy to study "the possibility and desirability of peace." The secret study group first met underground in the Iron Mountain nuclear shelter in New York State. Iron

Mountain is designed to protect those most responsible for a nuclear attack.

The study was directed by Dr. Herman Kahn, author of *On Thermo-nuclear War*, *Thinking About the Un-thinkable*, and *On Escalation*, which gave us the strategy which greatly increased the disaster in Vietnam. Before the policy of escalation, he designed the deterrent/counterforce strategy we are luckily still living under.

In explaining his theory, Dr. Kahn said: "We have to take seriously the problem of making it to 1976." Our warranty has been up for more than 1,000 days. Dr. Kahn took time out from his busy schedule planning World War III and Vietnam to guide the Iron Mountain study group in a report on the prospects for peace.

This study was done in the early '60s when population growth rates were far higher than today. It was during the time of the "Population Bomb." Realizing that overpopulation is a cause of war, just as war is a cure for overpopulation, the group explored the possibility of planned pollution as a substitute for



ANOTHER NIGHTMARE CHEMICAL SURFACES

Researchers at Oak Ridge (Tenn.) National Laboratory have discovered a chemical described as 5 times more dangerous than radiation and 15 times more potent than any previously-known substance in causing genetic mutations.

Known as ethylnitrosourea (ENU), tests on mice reveal that its reaction with the human genetic mechanism — DNA — may be identical with closely-related chemicals occurring in the environment, according to Geneticist Dr. William L. Russell of Oak Ridge.

war: "Poisoning of the air, and of the principal sources of food and water supply is already well advanced, and would seem to be promising in this respect. However, it will be a generation to a generation-and-a-half before pollution can offer a basis for a solution," says the report.

The nuclear industry fits the bill. We get the energy, the world gets 98% of the pollution, live birth and survival rates decline, and our would-be future enemies die quietly with a whimper instead of a bang. The researchers scientifically projected then-current birth rates into infinity and found a technical fix for the problem. Being experts, they couldn't predict that mere people could bring down our birth rates, as we did, without a little preplanned random murder on their part.

Dr. Kahn once answered arms critics by saying: "Arms controllers err in that they ignore future damage is not considered in war planning." He criticizes those concerned because we ignore the fact that genetic cost is not even considered in his war and energy planning.

Dr. H. J. Muller considered the genetic effects of x and gamma radiation, and noted that high doses caused a 15,000% greater mutation rate over the "normal." He also noted that most

NUKE DOUBLESPEAK

You may already have gotten wind of the news that this year's hardly-coveted Doublespeak Award went to the nuclear power industry, in honor of the whole lexicon of jargon and euphemisms that fell out of the Three-Mile-Island debacle.

An explosion became an "energetic disassembly," a fire was "rapid oxidation," and an accident was called anything from an "event" and an "abnormal evolution" to a "normal aberration." . . .

— MOTHER JONES

mutations don't surface for several generations.

Nonetheless, Jack Challem's sources can predict that the radiation at Rio Puerco "found no radiation that might hurt them 20 years later."

The *Report From Iron Mountain* actually brought me a certain amount of peace of mind. For some time I had wondered how so many researchers could be wrong about the nuclear health threat. Iron Mountain showed me that government defense and energy policy does not deny the nuclear health menace. They have a *purpose* for the health menace, and it was consciously done to lower world population.

Bennet Cerf described gross ignorance as 144 times worse than regular ignorance. The genetic consequences of Jack Challem's ignorance would make his ignorance gross ignorance squared.

Next month we will look at Dr. Edward Teller on nuclear health. Keep mailing the milk to your governor and representative, and demand a radiological analysis. The campaign is picking up. We may get labeling laws this year.

Glen Peterson, nuclear researcher, is a regular contributor to the NHF Bulletin.

A Way of Life — Euphoria — Says Physician Runner

What Nutritionists Can Learn from Runners

BY STEPHEN CLAPP

Recently I agreed to serve as volunteer editor of *Footnotes*, the quarterly publication of the 25,000-member Road Runners Club of America. For those who don't know me personally, in recent years my interest in nutrition has been paralleled by an interest in long-distance running. I ran my first marathon in 1974 and have since run in 10 others, including three trips to the Boston Marathon.

I mention these activities not to impress anyone with my athletic prowess (in competition, I am a rather mediocre age-group runner — I have been beaten by women over 40 and men over 60), nor to persuade more nutritionists to take up running, although I would be delighted if that happened. Rather, in my new editorial role, I hope to enlarge the dialogue between nutritionists and runners beyond the simple question, "What should I eat (or not eat) to improve my performance?"

In recent months, runners have grown from a somewhat freakish minority in American society to the status of trend-setters and cultural models. Warmup suits and running shoes have become fashionable attire in supermarkets and shopping malls. *Time* and *Newsweek* published cover stories on running, and *The Complete Book of Running* by James Fixx reached the top of the best-seller list. This month CBS Television allowed its affiliates to preempt the President of the United

Stephen Clapp is editor of CNI Weekly Report, published by Community Nutrition Institute, 1146 Nineteenth St., N.W., Washington, D.C., in which this article first appeared.

States to show a film starring Joanne Woodward as a woman marathoner ("See How She Runs"). Hardly a day goes by when runners are not portrayed in cartoons, comic strips, and advertisements.

The popularity of running can be documented in cold statistics. Some 30,000 Americans have completed a 26.2-mile marathon at one time or another, a figure that is expected to rise to a quarter-million within a decade. Marathoners are only the tip of the iceberg. A recent Gallup poll indicated that 11% of the nation's adults — more than one American in ten — describe themselves as runners or joggers. In my own circle of acquaintances, those who do not run a mile or more daily are often apologetic or defensive about the fact.

What has all this got to do with nutrition? First, runners — and others who engage in daily hard exercise — are redefining the criteria of health in American society. As a class, runners look better, feel better and get sick less often than the rest of the population. Their heartbeats are slower, their blood pressure and cholesterol levels are lower, and they are better protected from heart attacks. Whether running helps you live longer is still debatable, but a recent widely-publicized survey of 17,000 Harvard graduates showed that those who engaged in regular strenuous exercise were 64% less likely to suffer heart attacks than those who did not.

Taken as models, runners illustrate the difference between optimum health and mere absence of disease. "Average" body weight in this country turns out not to be healthy body weight; average serum cholesterol levels are not healthy cholesterol levels. Health rules based

on sedentary living fail as prescriptions for vitality. As one physician-runner put it, "A sedentary animal is a sick animal."

Runners also counter the premise that Americans will not take responsibility for their own health. Individuals who set out on a running program commonly give up smoking and modify their diets as they begin to feel better about their bodies. Dramatic changes in lifestyle seem to be the rule rather than the exception, among runners. Stories of fat middle-aged men and women transformed into sleek "born-again" athletes are so common as to be boring.

CULTURAL BIAS

By and large the health professions, including nutritionists, have failed to keep pace with this cultural trend. To be sure, nutritionists have always recommended "diet and exercise" as a prescription for good health, but the exercise part of the equation has been treated as an afterthought. Attacks on nutritional problems in America have started from the assumption that we are a sedentary people who regard exercise as unpalatable medicine. Even the Senate Nutrition Committee failed to mention "energy expenditure" until the second edition of its Dietary Goals.

This bias against exercise is both professional and cultural in origin. Physicians have long been more concerned with treating disease than with preventing it, and only recently has there been money and interest in preventive health approaches. With the exception of a handful of physician-athletes and sportsmedicine experts, doctors generally know little about exercise, and care even less. The vague suggestion, "Get some exercise," carries little force when delivered by an overworked, overweight physician. (To remedy this, a number of physicians and other health professionals formed the rapidly-growing American Medical Joggers Association).

Exercise has acquired a bad name in America. In this country the words

"sports" and "food" conjure up images of fun, whereas their cousins "exercise" and "diet" are associated with deprivation and boredom. Confusing self-discipline with self-denial, Americans go on binges of feasting and do-nothing leisure, followed by repentant periods of fasting and monotonous calisthenics.

In the absence of attractive models for prudent eating and physical activity, Americans have fallen prey to the hucksters of effortless health. An entire industry has emerged to help men and women manipulate their diets to "watch their weight." Diet books, fad diets and the spate of fasting and protein-sparing regimens has grown up around the assumption that eating less, or eating differently, is the key to health and beauty.

In some ways the problem is worse for women than for men. Most middle-aged men took part in sports in their youth and can remember what it was like to be physically fit and in touch with their bodies. For men, no matter how far they may have strayed from that youthful image, there exists the hope to someday "get back in shape."

PSYCHOLOGICAL BENEFITS

Few adult women have such memories to fall back on, however. As girls they were discouraged from participating in sports, or were told their skills were not important. Hard exercise was considered unfeminine. To meet expectations of refinement and repose, women were not supposed to sweat — except occasionally on the golf course or tennis court. Thus, an industry similar to the diet industry has emerged to provide dignified exercise for women in "health spas," "fitness salons" and other protected settings. Women who cannot afford such luxuries are encouraged to do firming up exercises in the privacy of their homes.

The running boom has begun to turn this situation around. Both men and women are discovering that they can exercise without great expense and

New Coalition Launches Fitness Drive

Support for a national campaign for physical fitness aimed at preventing heart disease, cancer and stroke, will be given by a coalition of health professionals, individuals, corporations, sports figures, consumer groups, and educational organizations to be known as Healthy America, 1015 18th St. N.W., Washington, D.C. 20036.

"It can be said unequivocally that a significant reduction in sedentary living, excessive eating and resultant excess weight, alcoholism, hypertension, and smoking, would save more lives in the age range of 40 to 64 than the best current medical practice," said Charles B. Arnold, president of the American College of Preventive Medicine, and a Healthy America board member.

Executive Director Deborah Drudge, a former staff member of the Center for Science in the Public Interest, says the organization will "develop strategies to bring the abundant information relating to disease prevention out in the open, organize it, and make it available to the nation. Then people can begin to understand how meaningful it is for them to act, and how important it is for individuals to become involved in regular physical activity and in healthful behavior patterns."

without great embarrassment. "The fact that others are out there running gives me 'permission' to run," I was told by a nutritionist at Columbia University who has begun running two to three miles daily.

Women, even more than men, are apt to reap unimagined psychological benefits from running. Not only do they look and feel better, but they gain an enlarged sense of their capabilities. The movie "See How She Runs" dramatized the point very effectively.

"It's just me and the distance," says the Joanne Woodward character as she looks forward to the Boston Marathon. "If I can go the whole way, I can do all kinds of wonderful things: learn Spanish, climb mountains, play the cello..."

I hope nutrition educators will seize the opportunity to become advocates of a totally healthy lifestyle that includes vigorous physical exercise. It's not enough to be food advocate — difficult as that role may be — in a culture that has all but eliminated job-related physical activity. Food advocacy, in a sense, is a cop-out. By emphasizing diet alone, nutrition educators allow themselves to be relegated to the kitchen, the traditional province of women. Only when nutritionists break out of the kitchen will

they be true health professionals.

Total health represents an exciting challenge. On both the personal and community levels there are enormous barriers to healthy lifestyles. Nutritionists and recreational leaders can work together to promote patterns of work and leisure that will encourage individuals to run, walk, bicycle or swim each day, as well as to eat sensibly. The Healthy America fitness campaign described in this issue represents the beginning of such an effort.

PERSONAL LIFESTYLES

A word here about personal lifestyles. This subject was debated at the Society for Nutrition Education meeting in Washington, D.C. One faction argued that nutrition educators should be models of a healthy lifestyle, while the opposing faction argued that individual health habits are private concerns. It was suggested that a class of overweight women could profit from instruction from someone who was "struggling with the same problem" rather than a slim role model.

Struggling? Yes. Losing? No. It seems to me that nutritionists should take responsibility for their own health habits as a means of showing others that the barriers can be overcome. A

Therapy for Many, Madness to Some; But Probably Here to Stay

BY JOHN STEWART

Running — to the sedentary, the madness of fitness fanatics, sore muscles, smelly shoes and hard work. To the devoted distance runner, akin to a religion.

An estimated 30 million Americans are now running — to the joy of a \$400-million-a-year industry, according to Bob Anderson, editor and publisher of *Runner's World* magazine.

Doctors are using running and diet as a way back to health for cardiac patients, and to keep the healthy from falling victim to heart disease, America's No. 1 killer. Psychiatrists are using it to treat mental disorders. Shoe companies, publishers, and equipment manufacturers are riding the boom to riches.

Distance running caught the American imagination in 1972 when Frank Shorter breezed through 26 miles 385 yards at the Olympics in Munich to win

"health educator" addicted to food and cigarettes is a contradiction in terms, like a "nutritious" fortified doughnut.

Finally, let me emphasize that there is as much adventure in physical fitness as there is in food. Those of us who have learned to run marathons have found it a high point of our lives. "You have to experience not only the physical well-being and energy that come from being fit, but the genuine pleasure of moving your body actively," writes Joan Ulyot, a physician and a world-class marathoner who has described herself as "the ultimate creampuff" and one who "hates exercise."

"This is not exercise," she explains. "This is living to one's fullest capacity. All the health benefits of exercise are peripheral to this euphoria."

the first American gold medal in the marathon since 1908

The way had been paved by Dr. Kenneth Cooper's two books, *Aerobics*, and *The New Aerobics*, first published in 1968, the second in 1970. Both deal with stimulating the cardiovascular system through distance running.

Dr. Cooper wrote that exercise, done regularly and following his formulas, would facilitate the body's use of oxygen, strengthen the heart, and tone muscles. He told people, basically, said Mr. Anderson, that "everybody can be a runner. And a lot of people started jogging."

"Unlike any other sport, if you want to, you can train and go run a race with Frank Shorter or Bill Rodgers (now America's fastest marathoner)," said Bill Palmer of the National Jogging Association, Washington, D.C. "There's a tremendous appeal in being able to brush shoulders with the top runners."

And that appeal has overwhelmed race directors from coast to coast. The Boston Marathon, at 82 the oldest distance-classic in the nation, has had to resort to time restrictions to reduce the size of the field. Men under 40 must have run the 26-mile marathon distance in under 3 hours to qualify, and women and men over 40 must be faster than 3½ hours. Even so, the April race had about 4,700 runners, including about 300 women.

In 1966 there were seven marathons nationwide, today there are more than 200 26-mile races, and in 1977 about 25,000 runners competed in marathons.

"You used to have to tell people why you ran — you had to have a good and socially-acceptable reason, like, 'My doctor told me to,' or, 'I'm training for the Olympics,'" said Joe Henderson,

editor of more than 50 books on running, and until recently editor of *Runner's World*. "Now it's enough just to say you like to run."

Enjoyment is a primary motivation for many runners, but there is a growing group for whom fear of death is the moving force.

FOR HEART PATIENTS

"Cardiovascular disease is the prime killer in this country, says Dr. Benjamin Rosin, director of cardiology at Torrance Memorial Hospital. "And the major factors in heart disease are smoking, high blood pressure, high cholesterol, obesity, inactivity, diabetes, and family history. Basically through running and diet, we can eliminate or tremendously modify every one of these risk factors except family history.

"The major determinants of how much work the heart has to do are heart rate and blood pressure. Distance running significantly decreases both."

Dr. Rosin, 37, himself a distance runner, has successfully treated 150 cardiac patients with distance running, and now has 35 in the hospital's program. Another 50 are in running groups at the San Pedro YMCA which works closely with him. Ten of his patients have gone on to complete marathons.

NO GUARANTEE

Dr. Rosin says running does not guarantee immunity from heart attack, nor does it reverse damage already done to the coronary arteries. But it does provide "tremendous protection," he says. "The main effects of distance running are peripheral. We enable the heart to do what it has to do while working less hard to do it. We have yet to prove that running provides a central

John Stewart is a staff writer at the Los Angeles Times where this excerpted story first appeared. He interviewed a number of persons around the country who are involved in the phenomenon of running.

effect. That is — we have not seen evidence that running will get more blood to the heart either through reversing the atherosclerosis so the narrowing is less severe, or by making the coronary artery bigger. If we ever do see that, it will be in these patients who are running marathons."

Dr. Rosin used his nurse, Linda Burke, as an example of how much less a runner's heart has to work. Her resting pulse rate has dropped from 88 beats a minute to 48 beats in the two years she has been running long distances. That is 2,400 fewer beats an hour, or 57,000 beats each day.

"It is phenomenal the wear-and-tear this is going to save on a vascular system," Dr. Rosin continued.

THERE ARE RISKS

However, there are some negative opinions in the medical community toward running. "There is some opposition among physicians, and there have been some instances of sudden death, Dr. Rosin said. "In one study, 25% of the incidents of sudden death occurred in middle-aged persons who had been sedentary within one hour of doing strenuous activity like running. And you have to be realistic: If you take someone like that and get them out doing something strenuous, it is risky. It emphasizes that people should be screened and tested by their physicians before starting an exercise program. The criticism is primarily directed at beginning such a program blindly."

ANOTHER HAZARD

According to a Honolulu cardiologist, Dr. Jack Scaff, who also uses running to treat heart patients, there is another, more unexpected danger in running. Marriages may be broken up, he warns, if both partners are not runners.

"The running boom has created a tremendous amount of either interpeer personal improvement or conflict," Dr. Scaff said. "In other words, it either enhances a marriage, or hurts it, but it

never leaves it the same. Often the runner is coming home to someone who just sits there and gasps in front of the TV set. They just grow apart — their interests are too divergent."

Dr. Scaff, 42, began distance running in 1973 after becoming convinced it was an excellent way to treat cardiac patients. He and his associate, Dr. John Wagner, started the marathon clinic in cooperation with the Honolulu Parks and Recreation Department in March, 1974. The first Sunday there were 150 participants. Now more than 3,000 runners show up each week.

Dr. Scaff has led the way in involving women in marathon running. "Women have found out how much running does for their bodies," he says. "And they adapt to the sport very well. It tones them up, gets rid of those judhpurs on the sides of their thighs, and builds up the pelvic floor. There are distinct benefits for them."

He doesn't believe running is a passing fad. "First, a lot of evangelistic people have gotten involved. And running is good. People need to run. It's the only sport in which you can be 100% active 100% of the time."

SAN DIEGO INSTITUTE

That activity, coupled with seminars on diet and health, has also proved successful in treating cardiac cases in the Cardio-Pulmonary Rehabilitation Institute in San Diego. Dr. Tom Rice, president and founder, says that between 500 and 600 patients have successfully completed the directed exercise program.

"We take people after bypass surgery, with angina, high blood pressure, emphysema, and combinations of these things," he says. "We also conduct a preventive program."

It was to the Cardio-Pulmonary Institute that Dr. Thaddeus Kostrubala, a San Diego psychiatrist, came soon after it opened five years ago. "I was at 230 pounds, tense, overworked, overweight, addicted to being sedentary — a typical businessman, he recalls. "I run a

minimum of an hour a day now, and have run 17 marathons, including one 50-mile run.

Dr. Kostrubala, who chronicles his experiences in his book, *The Joy of Running*, uses distance running to treat mental disorders ranging from severe depression to schizophrenia. "If a person decides to enter an analytic process with me, they have to start out by saying, 'Yes, I will complete a marathon,'" he revealed. He has treated 60 patients to date while on the run.

'IDEAL OUTLET'

In his Los Altos home, Joe Henderson, 34, a runner for 20 years, contributing editor of *Runner's World*, explained why he runs: "The main reason is that it is kind of the regulator in my whole life. Running seems to be my ideal outlet. For me, the immediate psychological benefits of running mean much more than any kind of physical benefits which might come a long time in the future."

He divides participants in the running boom into three groups: joggers, fun runners, and racers. Joggers, he says, do it primarily for exercise. Racers do it to win. "But the big group in the middle whom I call the fun runners, do it for recreation. They probably would continue to run if all races were canceled. I put myself in this group. And it is by far the largest group running now. Very few can become high-level racers, or can stay up there very long. On the other side of the coin, jogging is in a sense, a dead end because many of the rewards are so far away. There has to be a stronger attachment than simply the somewhat negative emphasis on not dying."

Runners explain that attachment, almost an addition with some, in varied ways.

C. L. Mumford, airline pilot in the San Francisco Bay Area, puts it like this: "You get a free ride surfing, you get a free ride skiing, and you get a free ride on a skateboard. But you don't get a free ride running. I feel better working

'Health Is What Runner Goes Through on Way to Fitness'

The Philosophy and Physical Aspects of Marathon Running Described by M.D.

There are at least two categories of runners — those who jog for fun or health reasons (physical and mental), and those who train, and race — to win.

Many members of the runners' clan don't belong in the latter category, but a quick summary of the philosophy of that sport as expressed by the man who has been dubbed the "runner's guru," George A. Sheehan, M.D., may be of interest.

Dr. Sheehan, 60, a cardiologist, runs 30 miles a week, and competes frequently in marathons. He has written a best-seller, *Running and Being* (1978, Simon & Schuster, a Division of Gulf and Western Corporation).

"The goal of the runner is not health," he says. "His objective is the fitness necessary for maximal performance. Health is something the runner goes through on the way to fitness . . . And health is what he risks in training to do his best. Because just beyond fitness and a personal record lies staleness, and with it fatigue, exhaustion, depres-

for that feeling. The exhilaration comes often with running, more often than with those other things."

For Gerald Rudolph, vice-principal of Rough Rock (Ariz.) Community High School, running is a way to get more out of the day. He trains along the deserted roads of the Navajo reservation where he works. "Running is very relaxing," he says. "Say you come home from work and you're dead tired. The most logical thing might seem to be to have a beer and take a nap. But if you go out and take a run — say seven or eight miles — that's like living another day. You experience a lot on a run — your mind particularly. That mental life is hard to explain, but it's there."

sion, and despair." . . .

Dr. Sheehan's personal philosophy of fitness: "If you want to find the answers to the Big Questions about your soul, you'd best begin with the Little Answers about your body."

In his book, extensively reviewed in *PSA California Magazine* (Sept. 1978), he tells how to run for maximum benefits, how to avoid injuries, how to train physically and mentally for racing, and above all — "how running can help one achieve the oneness of body and mind that is the basis of total fitness, the prescription for a fuller life on down the road."

'THE MAGIC SIX'

He describes six exercises — "the Magic Six" — which he says are indispensable if one wishes to avoid "disaster." They're designed to counteract the bad effects of daily training — the muscle imbalance that contributes to overuse syndromes of foot, leg, knee, and low back. "Without the Magic Six," he warns, "you will soon become an ex-runner, no longer able to accept 5,000 footstrikes an hour on a hard, flat surface with a foot constructed for sand or dirt."

"Training overdevelops the prime movers — the muscles along the back of the leg, the thigh, and the low back — they become short and inflexible. The antagonists — the muscles on the front of leg, thigh, and abdomen — become relatively weak. The Magic Six are necessary to correct this strength-flexibility imbalance. Three exercises stretch the prime movers, three strengthen the antagonists." . . .

FOOD AND EMOTIONS

Noting that "Most of our firmly-held ideas about digestion and digestive diseases are either untrue or unproven,"

Dr. Sheehan suggests "the best answer (to a runner's diet before a race) is to go back to the three rules of digestion known since antiquity: Eat foods that agree with you, avoid foods that disagree with you, don't go to bed mad."

"Milk," he says, "is a prime example of a food that should be good for us, but frequently isn't. Some people are allergic to milk, but many more cannot handle the milk sugar lactose because of an enzyme deficiency. It seems likely that if you never liked milk, you shouldn't drink it. It may be the perfect food, but not for you." . . .

His rule that we shouldn't "go to bed mad" is a good one for all of us — even though we get our jogging and running from the TV screen or sports pages. He observes: ". . . if we go to bed mad, we are likely to wake up with a riled-up stomach. If I go to bed with fire in my eyes, I will wake up with fire in my stomach. Not only foods, but emotions, act on the stomach intestinal tract."

The doctor's advice to "always compete on an empty stomach" is another rule that applies to activities besides running. ". . . tension, apprehension can stop the stomach from emptying," he continues. "Food that should ordinarily get in and out in four hours may sit undigested for six or more. Then there is the effect of strenuous exercise which increases spasm and propulsion through the bowel. Emotion and exertion are why the athlete must always compete on an empty stomach and an empty colon. Otherwise the athlete and his food are soon parted. He will either throw up, or have diarrhea, or both." . . .

'LISTEN TO BODY'

"As in all things related to health and to well working and to functioning at our maximum — we must listen to our bodies. Fortunately the gastrointestinal tract speaks in a loud, clear and unmistakable voice. When we make a mistake, we know it."

A dietary program that has proved extremely useful to runners, says Dr.

Sheehan, is described thus: "One week prior to the marathon, take a long run — preferably about 90 minutes. The following three days limit your diet to meat, fish, cheese, and eggs (proteins), staying away from carbohydrates. During this time, continue training. The final three days, stop training, and eat mainly carbohydrates. This dietary sleight-of-hand first depletes the muscle-sugar, or glycogen, then supersaturates muscles with the same glycogen, the major source of energy in marathons. Original experiments in Sweden showed that work capacity could be increased anywhere from 100% to 300%. In an 18-mile race, this means that running-time can be improved as much as 15 minutes." . . .

He says, however, that what may work for one, may be disaster for another. One runner using that regimen "ran one hour slower than his predicted time. And here and there we've heard of others who developed leg cramps or fatigue and were forced to drop out early. These unfortunates experienced muscle breakdown and an increase in myoglobin in the blood sufficient . . . to clog the kidneys and cause renal shutdown — events most likely set in motion by the first three days of low-carbohydrate intake and continued training, rather than the three-day binge of carbohydrates that follows."

'THE FINE LINE'

The task of such achievement-motivated individuals as Dr. Sheehan is "reaching the fine line of fitness" without going over the cliff — into staleness, exhaustion, despair . . .

In exploring "my absolute limits, I would like as a motto that of another explorer, Roald Amundsen: 'Leave nothing to chance.' But the science is just not there. Staleness is something the physiologists know very little about. I must seek my own ways of knowing when I am in danger, when I must limit my training, when I must avoid races. When I must stop all activity, and rest."

He says "it is better to be undertrained

'A Meditative Sport — You Get to Know Yourself'

Running Changed the Life of Joan Ulliyot, Doctor-Author

When she started running eight years ago in Boston to lose weight, Joan Ulliyot, M.D., San Francisco, had not the slightest notion that this was the beginning of a new life for her.

The 38-year-old physician now is an expert on running. Her 1976 book, *Women's Running* (World Publications), has sold 100,000 copies, and she's well along with her next one, *For Women Runners and Their Friends*.

Interviewed recently by Kathy Mackay, a free-lance writer, Dr. Ulliyot said that for her, the most important personal reward from running is "discovering my potential."

"There's obviously a trend toward health-consciousness in the nation now," she told Ms. Mackay. "This makes people more susceptible to try running. Once they try it, no one wants to stop."

"People usually start running for health or vanity reasons. When they get into it, something powerful takes hold. As soon as you're fit enough to run without suffering, something primitive comes out. You actually enjoy it. The human species had to run for millions of years — we're basically a running creature. I think we're now rediscovering ourselves."

than overtrained," and that "if things are going badly, I am undoubtedly overtrained, and need less work rather than more." . . .

Philosophically, Dr. Sheehan views running as exciting, even in practice. "Perhaps the greatest of all excitements," he says, "is the discovery of who I am. Alone with myself and my stopwatch, I learn who I am. I find out what I can do. The race may subsequently confirm this, but it cannot deny it. I am first what I am in practice, and only after that what I am in a race." . . .

Running should not be painful, she says. "You should run at a pace where you can talk, it should be a social activity. You're not going to do anything very long because it's good for you. You're going to do it because you like it."

Just into running, in 1971 Dr. Ulliyot had been running a mile a day for three months when she entered her first race — San Francisco's annual Bay-to-Breakers. She entered because she knew walking was permitted, "and I walked a lot. But when I finished the entire eight miles I realized I could increase my daily mileage, so I went up to three miles a day." Now she runs 50 to 80 miles a week, she says.

'YOU GET TO KNOW YOURSELF'

As Honolulu's Dr. Jack Scaff has said, running can break up a marriage. And Joan Ulliyot is a celebrated example of just that outcome: Her former husband is a prominent heart surgeon, and "like all prominent surgeons, he has to devote 26 out of every 24 hours to his work. He didn't have time for his family. I wanted more for myself."

"He wasn't affected by my success. It didn't matter. What really happened is that when you get into running, runners get to know themselves. You're on the road by yourself for what amounts to hours a week. You get to think, to consider, to know your abilities. So eventually I got to know myself well enough to realize that what I wanted did not include marriage to a successful surgeon who didn't have time." They were divorced in 1977.

Are runners more moral than other people?, she once was asked by Colman McCarthy of *The Washington Post*. "No, I can't say that. But they have more self-knowledge than other people because the sport is meditative, it's an

individual activity. I don't regard running as a religion. I think it's true that a lot of Americans are searching for answers, and probably a lot are finding answers on the run. Each marathon is a test for anyone. You cannot put yourself in testing situations without getting a tremendous amount of insight, and building your character."

In addition to changing her marital status, running has resulted in a change of the focus of her medical practice — from pathology, to consultant in sports medicine at the Institute of Health Research, San Francisco. The rest of her time is spent writing and lecturing — out-of-town engagements are limited to one a month, so she won't be away too often from her sons, 9 and 11.

Highly motivated, Dr. Ulyot couldn't resist entering the First International Women's Marathon in Waldniel, West Germany in 1973. She finished sixth. Four years later she was seventh among women finishers in the Boston Marathon — an event in which women were not permitted to participate until 1967.

'THE WEAKER SEX'

"Authorities considered them the weaker sex," wrote Kathy Mackay, "incapable of finishing the 26 miles. The medical and sports establishment was shown otherwise when Maureen Wilton, a 15-year-old Canadian girl, ran a marathon in 1967, finishing in 3:15:22 — the unofficial women's record. Of-

Joan Ulyot attended Wellesley College and the Free University of Berlin, and is a graduate of Harvard Medical School. Her running has led her to change her medical specialty from pathology to exercise physiology, and she has directed the Aerobics and Physiology Division of the Institute of Health Research in San Francisco. One of her projects has been to develop programs for beginning runners — men and women — and to monitor their progress.

ficial endorsement of women's right to run long distances followed many years of silent rebellion and covert participation by the female pioneers of road running — women like Katharine Switzer of New York and Elaine Pederson of San Francisco. Since 1967, the women's world record for the marathon has come down from 3:15 to 2:34 (set in 1977 by Christa Vahlensveck of West Germany). Kim Merritt holds the U.S. record with 2:34:57."

Dr. Ulyot is confident that women some day will run a 2:20 marathon. "We have a lot of catching up to do," she says, "because we've only been officially allowed to compete for 11 years The men are now hung up around 2:09 or 2:10. I think that's a psychological barrier for them. They think it's impossible to run faster than 2:09, which is similar to the kind of block women had when they thought they couldn't run a marathon because authorities said they couldn't. In fact, the Olympics Committee is still saying women can't run more than 1,500 meters in the Olympics, which is less than a mile."

The doctor-author says she is not interested or anxious to see women "beat men. People don't enter marathons with 5,000 others to win, but to beat their own personal records — they compete with themselves, against time."

No one really knows what the potential of women runners is, she says, and while she strives to break personal records, her research contributes to keeping runners fit and able to operate at peak condition. She finds the process exciting.

NEW MAGAZINE

A new sports magazine, *The Runner*, is being published by *Well-Being*, 41 East 42 St., Suite 921, New York, N.Y. 10017. A monthly, the U.S. subscription rate is \$12, \$14 in Canada.

HOUSTON'S 3-MILE TRACK ATTRACTS CROWDS OF RUNNERS DAILY, WEEKENDS

Set aside, away from vehicles and attacking dogs, is a place in Houston where residents can go when they want to run. The city has created Memorial Park Exertrail, a three-mile track extending around a golf course and tennis courts, beneath the shade of trees that protect much of its distance.

The people there explode the myth of the lonely runner — that solitary figure who jogs on back-country trails to avoid, for a time, the pain of having to deal with the rest of humanity. At Memorial Park, knots of runners attired in the latest shoes and shorts discuss the merits of new training theories while bending themselves into pretzels to stretch their muscles before hitting the trail.

Literally hundreds of runners of various shapes, sizes and speeds descend on the track each evening, and weekends are even more crowded.

"When it cools off in the evening, you can hardly move out here. It's standing room only," said Businessman Ronnie Rudd. "But you can meet every type of person out here, and it's the best place to run in Houston."

"There are a lot of good things here that attract people — trees, no traffic, and few dogs," said Gary D'Antoni. "But the largest attraction is other people. It's a good place to meet other people. If they don't want to make the disco scene or go to church to meet people, this is a natural."

Parking has become a problem, but it's a small price to pay for the benefits of running in Memorial Park, said John May, a marathoner and one of the park regulars. "A person can stop here on the way home from work and run until the freeway traffic clears up," he said. "Besides, it's easy to understand why so many come here when they know it's going to be crowded. Kindred souls are kindred souls, whether they're bowling or running."

— ASSOCIATED PRESS

HABITUAL EXERCISE 'DOESN'T ENSURE AGAINST DEATH'

A Stanford University School of Medicine study published last September in the *AMA Journal* concludes that "habitual exercise does not guarantee protection against sudden death while jogging."

The medical histories of 17 men and a woman who died during or just after jogging between 1973 and 1978 were analyzed. All but four had been exercising regularly for at least a year, three were running more than 100 miles a month.

Thirteen died of coronary artery disease, three of heart-related dysfunctions, one of heat stroke, and one of unknown causes.

One-third had experienced potential warning signs of heart trouble but had ignored them. Symptoms reported included stomach pains and unusual difficulty with breathing.

However, Dr. William L. Haskell of Stanford told United Press International the study does not invalidate the contention that "regular exercise such as jogging is a health-promoting activity for the vast majority of Americans."

But the study said: "There is no highly-sensitive or specific way to identify those at risk in exercise-related deaths." Most individuals in the study had been seeing their doctors regularly. Their cholesterol and triglyceride levels were normal or only slightly elevated. Nine had had exercise electrocardiograms, and six of those tests were considered normal.

DEPRESSION YIELDS TO RUNNING THERAPY, STUDY DEMONSTRATES

Running is a successful treatment for depression.

This is the finding of a study reported by Dr. John H. Greist, University of Wisconsin, who admits he's biased, and that the study conducted by him and a team at Madison and the McKale Sports Center in Tucson is small and flawed.

But he compared patients treated with "running therapy" after complaining of depression at the University of Wisconsin outpatient psychiatric clinic with others treated with conventional therapy, and found that "running reduced symptoms of depression in the groups . . . assigned to that treatment."

The study involved 28 men and women between 18 and 30, who were randomly assigned either to "running therapy," to 10 sessions of limited psychotherapy, or to as much psychotherapy as needed. All were suffering mild or moderate depression, and were having difficulty functioning in their day-to-day lives. None were psychotic, terribly suicidal, or under treatment with antidepressant medications.

The eight assigned to running therapy met three times a week for 30 to 45 minutes of a mixture of walking and running — with a leader untrained in psychotherapy. Their depression was not discussed.

At the start, some could run only five minutes and had to walk the remaining 40, but by the end of 10 weeks most had become fit enough to run 30 minutes without interruption.

Six of the eight did well. Of the other

This excerpted story by Lois Timnick, Los Angeles Times human behavior writer, was datelined Atlanta, Ga., where Dr. Greist reported his findings at a new-research session of the American Psychiatric Association's annual meeting.

two subjects, one did not begin the program until the sixth week, the other did not improve despite running because of "a problem with her boyfriend," Dr. Greist said.

"The improvement with running was at least as great as that obtained with time-limited psychotherapy, and greater than that achieved with time unlimited psychotherapy," he reported. "Followup through one year shows that most patients treated with running have become regular runners and remain symptom-free. There was one dropout, a much lower attrition rate than that reported for jogging groups of presumably normal individuals."

Dr. Greist described one 28-year-old woman who had been depressed for two years. She was living with her parents and was neither in school nor working. She felt nothing would ever change. She smoked three packs of cigarettes a day, and spoke of suicide. She could not run more than 100 yards at the start of the program. Now, two years after treatment (interrupted by an ankle injury that kept her off the track three weeks during which she again became depressed), she's running six or seven miles at a time, and "doing fine," he said.

"We don't know why running appears to have an antidepressant effect," he continued, "but there are several possibilities. First, it provides an experience of mastery. As many as 70% of beginning runners quit in the first six weeks because they go at it too hard and fast. Those in running therapy were eased into the program, and learn the importance of patience. They demonstrated to themselves a capacity for change — they lost weight, reduced their smoking, toned up muscles, changed their body image, and felt better about themselves. Several stated

Emmy Winner Considers Walking Best Exercise

If you don't believe jogging's for you, but still think some other form of exercise would be beneficial, you might consider walking — some 43 million reportedly are doing it. And if you'd like to know more about it, you can get plenty of pointers from Bill Gale's book, *The Wonderful World of Walking* (Dell Publishing Co., New York, available NHF Monrovia, \$6.95 (Calif. add tax), foreign \$7.95).

Author Gale, an Emmy Award winner for his ABCTV documentary on fitness, is a self-confessed "walkaholic" who addresses himself to "the 99% of persons who will not, cannot, or should not jog."

The walking program he describes is designed to "get everyone into shape easily, naturally, and enjoyably." The pleasures and perils are elucidated with photos, illustrations, charts and tables.

He outlines the many places to walk: city, beach, river, nature-trail. And those one may walk with: self, friends, lovers, pets. Walking, he says, "can be a different kind of experience each time. It can be tranquilized, stimulating, or uplifting."

In part 2, Mr. Gale warms the reader up for "the big walk." He provides exercises of stretching and breathing, and details equipment needed, including footwear, clothes, and the famous walkingstick. For the more adventurous — the backpackers — he lists needed gear. And there are chapters with suggestions on how to backpack with children, and in the wintertime.

Termining walking one of the healthiest sports, Mr. Gale says it's "good for the heart — stimulating it without overworking it. It controls weight, can help control diabetes, helps promote longevity."

The book is concluded with "a grand tour" of 12 American cities: Atlanta, Boston, Chicago, Cleveland, Houston, Little Rock, Los Angeles, New Orleans, New York, Sacramento, San Francisco, and Washington, charting routes that show off the architectural and natural beauty of the cities to their best advantage. But, he concedes, "every city has its special features, and anyone can strike out on foot and find a favorite tour."

rather explicitly that they were able to generalize from this positive experience in their lives to other areas of their functioning."

He said the runners were physically distracted from the many nagging body complaints typical of depressed patients, to the real body complaints of runners. Some consciously substituted this positive habit — running — for more negative habits or addictions. They began to feel less angry and anxious, he said, but the idea of runners entering some altered state of consciousness has been "grossly overdone."

"I expect what's really happening is that for the first time in many people's lives for years, they're having perfectly-normal good feelings healthy people

have, and calling that a state of altered consciousness."

VETERAN JOGGER IS STRICKEN

Representative Goodloe E. Byron, a fourth-term member of Congress, 49 years old, and a veteran of six Boston marathons, died October 11 after collapsing while jogging with an aide in Maryland.

William Clark, a state police spokesman, said Mr. Byron was jogging on a canal towpath along the Potomac River with Aide Brinton Ayer when stricken. His death was blamed on a heart seizure.

4-YEAR STUDY SHOWS JOGGING BENEFICIAL TO YOUNG WOMEN

BY ART KAUFMAN

An osteopath in Florissant, Mo., whose 11-year-old daughter was becoming increasingly active in track events, set out in 1972 to learn what effects long-term jogging might have on women. The study ended four years later, and results now are being publicized.

Dr. Joseph H. Morrow, Jr., sought the help of Researcher Dr. Ronald G. Knowlton at Southern Illinois University, Carbondale. The two spent four years monitoring the physical changes occurring in eight young women members of the Ozark Track Club, including Dr. Morrow's daughter.

"One of the things we were concerned about," said Dr. Morrow, "is if you train a woman vigorously, will she burn out after a few years?" He has concluded that no ill effects could be found from strenuous exercise.

"I think our studies show that tremendous changes occur in the system as a result of exercise," he said. "But over this entire time, no adverse effect was shown. They had much better cardiovascular function, their hearts and lungs operated much better."

Early in the study, Dr. Morrow became so convinced of the benefits of running that he began jogging every day. He was 50 at the time, and had fallen into sedentary ways. Now he jogs between 5 and 10 miles a day.

Dr. Morrow, who is on the staff of Normandy Osteopathic Hospital, and Dr. Knowlton, director of the Southern Illinois University Work Performance Laboratory, tested the girls four times a year.

Using an initial series of x-rays, followed by another series upon comple-

This article, written for Newhouse News Service, was excerpted from the Los Angeles Times.

tion of the study, they were able to document their conclusion that extensive running harmed neither spine nor hips — and did not stunt growth.

Periodically they measured lung capacity, using a meter into which the girls breathed while running on a treadmill. Four times a year they sampled blood before and after exercise, performing 18 different tests on each sample. Electrocardiograms were used to test heart functions, and the researchers attempted to assess personality changes also. The results?

"Their personalities were enhanced," Dr. Morrow said. "All were very competitive, and developed great self-confidence. I think it has generally been shown that athletes develop greater self-confidence, and consequently get better grades in school. And I think they look healthier, and more sleek. They're calmer, too."

He said results of the study would be sent to President Carter for use by his Council on Physical Fitness. "It's very obvious that vigorous endurance-type exercise, such as running, swimming and bicycling, if continued from a young age, would have excellent effects upon the respiratory and cardiovascular systems. These subjects apparently benefited from their participation in an organized program of training and competition."

A group of parents had been urging the Pattonville School District, where his daughter was enrolled, to drop the 600-yard run from its girls' athletic program, he said, because several girls had complained it was too difficult.

He took the early results of his study to the school board and told administrators that dropping the program could be equated with algebra, because it was too difficult. The 600-yard run survived, and Dr. Morrow is ready to push for the 880-yard run.

IF YOU'RE CAUGHT WITH RUNNER'S KNEE, THESE TIPS MAY BE HELPFUL

If you develop runner's knee (or tennis knee) — chondromalacia of the patella — you might benefit from a story by Frances Sheridan Goulart in the October 1978 issue (No. 37) of *Well-Being* (41 East 42 St., Suite 921, New York 10017). And even if you haven't been that unlucky — it might be good insurance to get a copy, just in case.

As explained by Ms. Goulart, runner's knee is "a type of tendonitis with soreness, and sometimes swelling, in front of the knee (or below), and around the kneecap."

The ailment starts with foot and shoes, "so check your shoes. Podiatrist Richard S. Gilbert suggests looking for a shoe with three soles. And Dr. Charlie Turchin advises making the purchase, if you're past 50, during early afternoon (the apex of foot expansion). If over 60, he suggests picking shoes that "are not too heavy."

Flexing, relaxing, stretching before a run reduces the risk of pulling the knee or tearing tendons, Ms. Goulart learned from the specialists. There are exercises for accomplishing this. Podiatrist and marathoner Barry H. Block recommends the "Hamstring Stretch," and "Leaning Against a Wall" exercises as part of a preventive workout, both before and after a run.

The Hamstring Stretch is done while standing, one leg extended forward, resting on a wall or railing, about three feet high. Keeping the other leg straight, attempt to touch toes of the extended leg with both hands. If muscles are tight, it may take several weeks of stretching before realizing the goal. Maintain this stretch a minimum of three minutes, then alternate legs to stretch the other side.

The Leaning Against a Wall exercise is performed by standing two or three feet from a wall, placing both hands flat

on the wall at shoulder height, and leaning forward at about a 45-degree angle, making certain both heels remain flat on the ground. This stretch is done for a minimum of three minutes. Muscles must be stretched slowly, by gradually increasing tension on them. Avoid bouncing, it causes muscle contraction.

Muscles may tighten up after running, so the exercise should be repeated then to prevent spasms and cramps. Another preventive measure is to cool off gradually, keeping warm during the process. This allows blood to circulate freely and carry off lactic acid, responsible for leg cramps.

Ms. Goulart also suggests vitamin supplementation. Connecticut Podiatrist Dr. Michael V. Sinko says, "We repeatedly prescribe Vitamin C and cod liver oil for weak feet or first-degree flat-foot."

"Left alone, says Dr. Donald Slocum of Eugene, Ore., an injured knee will 'heal of a fashion.' But ligaments may shrink, be permanently weakened by scar tissue, and be unable to withstand the stresses of athletics. And without proper rehabilitation, any athlete, according to Dr. John L. Marshall, team physician for the Giants' football team, becomes highly-susceptible to reinjury," notes the *Well-Being* writer.

Rest is best, but second-best is to switch to an alternate form of exercise that works out different muscle groups such as swimming, squash, rowing, or cycling over a flat terrain.

"Simple poultices can decrease pain and discomfort, according to Long Island University's head trainer Charles W. Turner who knows ankles like nobody's business. He's seen swelling recede a half-inch in 20 minutes with a pollen compress. His method: Dissolve pure raw bee pollen pellets in warm

'Stay Off Hard Surfaces,' Is Chiropractors' Advice to Joggers

BY ROBERT H. HEINBAUGH

There's trouble afoot among joggers. And if they don't learn to detour around hard surfaces, it's unlikely to go away, cautions Dr. David Mortensen, head clinician at the Glendale Chiropractic Clinic, on the campus of the Los Angeles College of Chiropractic in Glendale.

Dr. Mortensen reports a recent increase in the number of joggers who seek relief from low back pain at the clinic, and blames the complaints on continuous jogging on hard surfaces.

"Every joint in the body takes a slam when you jog on hard surfaces," he explains. "The intervertebral discs take most of the shock." When the shock on the discs is excessive, low back pain may be the eventual result.

Easy Running — New Paperback 'Tells It All'

Easy Running, a Dell Books paperback (\$2.25) by Bronnie Storch Kupris, published in August, '78, offers an illus-

tapwater to form an infusion. Dip a handtowel in the mixture and apply to injured joint (it works on elbows as well as ankles). Repeat at 20-minute intervals.

"Also, reduce or eliminate salt in the diet. Salt increases water retention at the injury site, compounding the pain and lengthening the healing process.

"Don't run too hard, or for too limited a period of time. These two factors, according to a recent AMA report, are the reason women and men between 18 and 35 suffer so many injuries from running. Well-conditioned muscles are crucial to stability of the knee, experts agree. The stronger and more flexible the muscles supporting the knee, the less likely the joint will be injured."

"A lot of people jog to achieve serenity," observes Dr. Rob Pope, an intern at the clinic. "It does some good for the cardiovascular system, but joggers are really hurting their low backs."

Drs. Mortensen and Pope advise joggers to follow the same path: "Stay off hard, flat surfaces, such as sidewalks, streets, parking lots and tracks at the school."

The chiropractors advise victims of low back pain to take up walking, then later alternate walking with running.

Running at a steady pace is a desirable alternative to jogging, they say, since the running motion lacks the up-and-down motion of jogging that is so hard on the body. The chiropractors remind prospective runners to first obtain approval of a doctor before starting the exercise program.

trated guide to "the sport of the 70s," says Jane Heller of Dell.

"For the estimated 20 million Americans who now run, and for those who have ever considered taking up the sport, this book provides everything one needs to know to start and keep to a healthy and satisfying running program, for both novice and the experienced runner. Ms. Kupris explains why runners find their spiritual, psychic health improves as much as their physical health and beauty, and tells how to develop an attitude that will give you the most from running."

There are tips on how to prevent injuries, and how to handle natural and "manmade" hazards — bad weather, air pollution, unfriendly dogs. Other sections include finding the best place to run, tips on diet and exercise, a preview of the world's first running camp, and a special section for women runners.

Think Twice Before You Attack Runner, Warns Experienced One

BY TRUMAN R. CLARK

Anyone out for a Sunday drive can see the evidence all around — that running has taken off as a way to gain physical and mental health. But joggers are running for their lives in more ways than one — witness all those recent reports of attacks against them by fist, foot, car, and other means.

Consider the following news stories I've come upon:

- In Maryland a badly-assaulted runner is hospitalized for a month and nearly loses an eye. His offense? He took umbrage at the drunken jibes of two men in a truck, so they drove on ahead, got out, and ambushed him.

- Here in Venice (Calif.) a woman runner is cornered by two thugs as she jogs across a beachfront parking lot after dark. The woman tears away, with the twosome hot on her heels — for a short while. Soon she outruns them and returns home grinning broadly. "Tonight I won my first race," she tells her concerned but relieved husband.

- In Michigan a driver is brought to trial for felonious assault with an automobile after he aims his car threateningly at a police officer out on a training run. (The cop had written down the license number).

My own experience confirms the dangers facing runners. As I've run on the roads and sidewalks of six states during the past decade, I've had three automobiles aimed at my person.

Once a doped-up high schooler ran

Truman R. Clark, a professor of history at Pepperdine University's Malibu campus, lives in Inglewood, Calif. A frequent contributor to the magazine Runners' World, he claims to run at least 10 miles a day. This article appeared under his name in the Los Angeles Times.

up and hit me on the back as I waited at a street-corner for the light to change. Another time, I was pelted with rocks and bottles thrown by teen-age gang members in South-Central Los Angeles. And on one balmy afternoon in Inglewood I was kicked in the leg by a man who gave no explanation at all.

Or take the time a few years ago, when as I loped along a road in the chaparral country near Escondido, I had a chunk of ice heaved at my head — it barely missed my eye — by a man standing in the back of a red pickup truck.

Why are we runners being abused this way? For one thing, automobile drivers seem to be natural enemies of runners, since they compete for the same space. Beyond that, many a driver may be mildly homicidal because another car has just cut him off or because he's just had a fight with his wife, or maybe just because he's mad about high taxes. If he's in this frame of mind, the sudden presence of a vulnerable, nameless runner who might slow him down by half a second can be the last straw — and he erupts in fury.

Bob Glover, coach of the Greater New York Athletic Association and co-author of *The Runner's Handbook*, reports an all-too-typical experience that happened last summer in New York:

"Our runners were training on the sidewalk along Riverside Drive when a driver made a swipe at us. He was joking, I guess, but he braked too late, went into a skid, and put three people in the hospital."

Several psychologists who write for the newly-proliferating running magazines, have suggested another reason for the attacks on joggers.

In their visible effort to stay in trim, they can represent an affront to the sedentary person, who might well drop

MINICONVENTION JUNE 8 IN KANSAS CITY

The Kansas City, Mo., chapter of the National Health Federation will hold a one-day convention Sunday, June 8, in the Ramada Inn, 1 435 - 87th St. exit, K.C., Mo., according to coordinator Beulah Scheilz (816-231-8237).

Cancer Control Society Convention July 4-6

The eighth annual convention of the Cancer Control Society will be held July 4-5-6 in the Ambassador Hotel, Los Angeles, according to Lorraine Rosenthal, secretary.

Speakers will include Ernst Krebs, Jr., Dr. Harold Manner, Dr. Dean Burk, Charlotte Gerson Straus, Dr. Harold Harper, Dr. John Richardson, G. Ed-

Consumer Health Organization of Canada Meets

"Bridging the gap between the healing profession and consumer/orthodox medicine and alternatives" was the theme of the annual convention of Consumer Health Organization of Canada, held in May in Toronto.

According to Leon Shelly, president (416-222-3083), the program included

dead if he tried to keep up the pace for even one block. Too often, apparently, his sense of guilt over the bad shape he's in triggers anger, and then impulsive violence.

To cope with this rising tide of verbal and physical abuse, runners are beginning to band together and strike back. For example, they're being more careful about the courses they run, choosing thoroughfares where running is so commonplace it's taken for granted.

They're also growing more defensive about cars — and even about people who are *not* in cars. When I'm running these days, whether in South-Central Los Angeles or along Pacific Coast Highway in Malibu, and notice someone walking ahead of me, I'm on guard

Scheduled as speakers are Dr. Kurt W. Donsbach, chairman of the NHF Board of Governors, Huntington Beach, Calif.; Dr. Mark Crooks of Kansas City; Irene James, physical therapist; and Darlene Vermullen, iridology specialist.

ward Griffin, Betty Lee Morales, president of CCS and secretary of the National Health Federation, and NHF Executive Director Clinton R. Miller.

"There will be exhibits, many more informative speakers, and we hope to be able to present Dr. Stanley Jacobs, Portland physician who in March was featured on 60 Minutes for his work with DMSO," said Mrs. Rosenthal.

addresses by Ernesto Contreras, M.D.; Robert S. Mendelsohn, M.D., author of *Confessions of a Medical Heretic*; and St. Barb-Baker, 90-year-old planter of more than one million trees.

Most smiles are started by another smile.

until I've passed him — I don't trust any- I don't know.

Finally, more and more runners are carrying some sort of weapon to use against hostile people, as well as dogs — maybe a rock or a chain or a can of chemical spray. While I don't advocate instant retaliation against the casually hostile, those outright homicidal drivers or would-be muggers should beware that they may suffer a smack to the head or a dent in the fender if they lash out.

When a person has run 10 or 20 miles, he is apt to be highly-aggressive and easily provoked. Those who would make war on runners and joggers are likely to find out that today's athletes are more than ready to do battle.

NHF Memorial Library News



BRAGG'S BOOKS, PAMPHLETS GIVEN TO LIBRARY

BY STEPHANIE SHANE
Librarian

The National Health Federation Memorial Library is pleased to have two of Paul C. Bragg's books in its collection. I was even more elated to receive these additional works from Evelina Krout of Thousand Oaks, Calif.:

Pamphlets:

Bragg System of Building Strong Feet, of Super-Brain Breathing;

On How To Use The Powerful Health Qualities Of Pure Natural Cider Vinegar;

The South Sea Culture Of The Abdomen; To Live 100 Years Healthily, Vigorously, Actively, Youthfully, Happily.

Bragg Toxicless Diet: Body Purification and Healing System.

Building Health and Youthfulness.

Paperbacks:

Building Powerful Nerve Force, by Patricia and Paul Bragg.

Healthful Eating Without Confusion.

How To Keep Your Heart Healthy And Fit.

Philosophy Of Super-Health.

The Natural Way to Reduce.

Your Wonderful Body: How It Is Built, How It Works.

Nature's Healing System for Better Eyesight.

Born February 6, 1881, in Fairfax County, Va., Mr. Bragg became a legend among "health nuts." At 16 he was diagnosed as having tuberculosis, and doctors thought that would be the

end for him. But this determined individualist did not despair, and sought the services of Dr. August Rollier in Switzerland. Mr. Bragg said he was cured in two years by nothing more than sunshine, exercise, and a diet of natural foods.

After that, he devoted his life to helping people care for themselves, and through his teachings, lectures, and books he definitely did just that. "Physical fitness is not health," he says. "Athletes die young. If you don't have the nutrition, you're wasting your time exercising."

Paul Bragg firmly believed his body was "ageless," and by all appearances he almost achieved his goal, but in December of 1976 at 95 years young he passed away. The March, 1977, issue of the *National Health Federation Bulletin* gives a memorial tribute to this well-known and much-loved man.

"And when you work with love, you bind yourself to yourself, and to one another, and to God."

— The Prophet, Gibran

The two titles in the Memorial Library collection by Paul C. Bragg are: *How To Keep the Heart Healthy and Fit, and The Miracle of Fasting.*

If anyone would like to donate any more books written by Mr. Bragg, or literature about him, the library would be more than happy to accept those gifts and add them to our already-fine collection of nutrition and health-related materials.

On National Health Insurance, Max Huberman 'Sets the Record Straight'

Editor:

I am most gratified by the positive response and support of my position on the issue of national health insurance which appeared in our December issue of the *NHF Bulletin*. There is no doubt that I expressed the sentiments of many or most NHF members and others in the health food movement and industry.

The March *Bulletin* included a letter from a reader who opposes any type of government health insurance plan whatsoever. I strongly support his right to oppose or support any program he chooses. However, he missed the point of my article, and I hasten to set the record straight for the benefit of any other reader who might need clarification.

Again I emphasize that NHF is not for or against federally-funded health insurance programs. Neither is the National Nutritional Foods Association (NNFA), the trade association of the health-food industry. Neither group seeks to be part of such government endeavors, but does not surrender the right to be heard. Individual Americans, as free citizens, voters and taxpayers, must each determine what each prefers, and sound off to one's selected representatives.

As an officer of both organizations, I am proud to stress that NHF and NNFA share an unqualified dedication to *health freedom*. This means we oppose existing or future federal programs that are monopolized by just one branch of the "healing art."

It is therefore repeated that any so-called national health insurance plan which does not emphasize *prevention* instead of "curing," is a further waste of taxpayers' money, and further entrenches a dangerous monopoly in health care.

As I clearly indicated, no matter if one is for or against any kind (or no kind) of nationally-funded health insurance, the problems of our sick population will not be solved by any federal schemes organized by the orthodox medical and drugging establishment, and with "the denial of input and influence from consumer groups, nutritionists, environmentalists, and non-drug professionals, including chiropractors, hygienists and naturopaths."

And once more I conclude that *better nutrition and prevention* is really the best "health insurance" of all.

MAX HUBERMAN
6981 Market St.
Youngstown, Ohio

IN KANSAS: 5 OUT OF 5 NO ON FLUORIDATION

In five Kansas communities in which federal promotional funds were used to "educate" the population, voters rejected fluoridation during primary elections in April.

Dr. John A. Yiamouyiannis reported these results:

Abilene: For fluoridation, 626; against, 1,329 (68%).

Winfield: For fluoridation, 903; against it, 1,984 (69%).

Humboldt: For fluoridation, 304; against, 403 (57%). In that city, the day before the election, the newspaper carried heavy excerpts from the biased 1978 fluoridation article in *Consumer Reports*.

Augusta: For fluoridation, 545; against, 1,317 (71%).

Wamego: For fluoridation, 349; against, 597 (62%).

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?

NHF ELECTED 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.

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The expiration date of your membership is shown below your address. If it expires next month, please renew now, so that you will not miss a single issue of *The Bulletin*. This also saves NHF the expense of billing you. **PLEASE NOTE:** Renewing your membership under the same given and surname as the previous year, avoids duplication and error.

Thank you for your cooperation!

PLACE
STAMP
HERE

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

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

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

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

UPCOMING NHF CONVENTIONS

Southern California — June 7-8
Convention Center — San Diego

Northwest Regional — July 12-13
Portland Marriott — Portland

Midwest Regional — July 26-27
Holiday O'Hare — Chicago

Northern Calif. Regional — August 16-17
Jack Tar Hotel — San Francisco

HELP SAVE OUR HEALTH FREEDOMS