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# HEALTH FREEDOM NEWS<sup>®</sup>

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TRUE INFORMATION FOR TRUE HEALTH

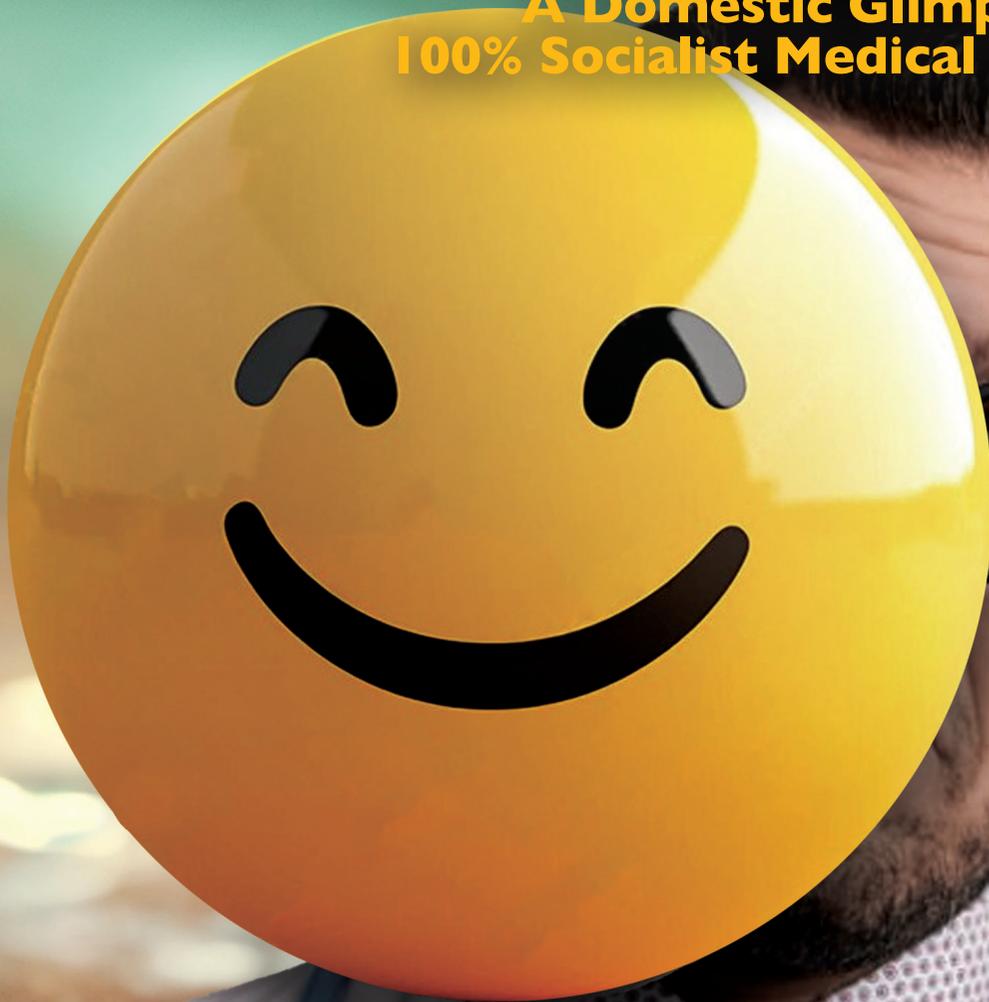
**COVID-19 Vaccine:  
15 Million Deaths  
& 60 Million Disabilities**

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# SMILEY FACES

**A Domestic Glimpse at  
100% Socialist Medical Care!**

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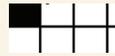
## DEPARTMENTS



**Letters to the Editor** In this column, we share your impressions, comments, opinions, and views on various health and health-freedom topics, this time including thanks for our Codex and health-freedom work, gratitude for saving supplements, and helpful advice on how to raise money for NHF. **Page 4**



**President's Note – Codex Nutrition Committee Meets in Dresden, Germany** NHF President Scott C. Tips reports on Codex's most recent committee meeting where it is setting the nutrient values for children's vitamins and minerals. **Page 6**



**Crossword Puzzle** *Health Freedom News* presents its latest crossword puzzle crafted especially for you and the NHF by Master puzzler Myles Mellor. **Page 16**



**NHF Lobbyist's Report** NHF lobbyist Charles Frohman provides us with an overview of health freedom since the 1950s, NHF style, and reminds us all that NHF has been, and still is, campaigning for health freedom longer than any other organization. **Page 18**



**Health Bits & Pieces** In this issue, Birgitta Lauren covers early testing for sepsis, time perception's effect on healing rates, Vitamin D's importance to cavity-free teeth, caffeine and taurine's effects on cognition, NAD as brain food, and a modified Mediterranean diet. **Page 20**



**Medical Freedom Amendment Broadcast:** NHF Board member Michael LeVesque digs into the details underpinning why our medical freedoms are so important and why we must pass the proposed Medical Freedom Amendment to the U.S. Constitution. **Page 24**



**Book Review** Margie Miller, RN, reviews Sheila Skiba's and Roberta and Allen Stalvey's riveting book *The Protocol That Kills – A True Crime Story*, which is a precautionary tale about Sheila's husband's death at the hands of uncaring and rogue medical protocols that should never have been applied to Rob Skiba. **Page 27**



**Book Review** Jerry Brown reviews Dr. Thomas Cowan and Sally Morell's book *The Truth About Contagion: Exploring Theories of How Disease Spreads*, which attacks the mainstream view on how contagion pathogens operate among populations and individuals. **Page 28**



**Online Board Elections 2025** The NHF announces its upcoming election of members of the Board of Governors to take place online, briefly outlining the election procedure and some voting details. **Page 30**

## FEATURES



**Fluoride Slapped Down in a Historic Decision!** A recent Federal court decision has rocked the decades-old practice of dumping toxic fluoride into American public-water supplies. At last, we may be seeing the end of this practice by clueless public-health authorities. **Page 11**



**Smiley Faces** Ramelle Kamack is a prisoner who recounts his brushes with socialized medicine in prison, which foretells what Americans could face if we don't halt the continuing slide to a "universal healthcare" system that mandates medical conformity over quality. **Page 12**



**Brave Citizens Holding Employers Accountable for COVID-19 Mandates** Warner Mendenhall provides us with a brief summary of the court cases brought throughout America to obtain justice for those forced to take COVID-19 injections. **Page 14**



**Citizens for Health Joins the National Health Federation in Filing a Friends-of-the-Court Brief Against FTC Overreach** Amici Curiae Brief filed by NHF in Xlear case **Page 15**



**Global Study Reveals 15 Million COVID-19 Vaccine Deaths, 60 Million disabilities** Frank Bergman cites a study that has revealed as many as 15 million people may have been killed by COVID-19 mRNA "vaccines" globally, with many more injured. **Page 22**



**In Memoriam – Durk J. Pearson** Scott Tips pays tribute to his scientist-friend of 55 years, who just recently passed away, but who during his lifetime, positively affected millions of people with his advice on health, longevity, and liberty. **Page 23**



# Give the Greatest Health-Freedom Gift of All.

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Please, act today to preserve and protect a HEALTH-FREEDOM HERITAGE for the next generations by taking the time to remember the NHF in your will.

Your passionate advocate for Health Freedom,

*Scott C. Tips*



## LETTERS TO THE EDITOR

Dear Editor,

I have been an NHF member for 25-30 years. I appreciate your work and truth-telling.

I wish I could give more to your worthy causes.

Sincerely,  
*Penny Wilson* (sent with donation)

Dear Friends of the NHF and Liberty,

In these troubled times we can look up to the National Health Federation to always provide an unfailing guiding light back to sanity. I believe that liberty will prevail and that all things pass.

I hope everyone who enjoys health supplements today comes to realize that it is because of the past actions of the NHF that they are even able to buy and enjoy them today.

God bless the NHF. We all must dig deeper to preserve this great organization. All must give more and do more monthly to spread the good work that they are doing.

Most Sincerely,  
*Dr. Phil Burbutes*  
Texarkana, Texas (sent with a donation)

Dear Editor,

Let me see if I've got this straight:

- (1) Codex makes the rules on what goes into our food;
- (2) Giant corporations who don't give two Twinkies about our health (Big Pharma, Big Food, Big Sugar, et al.) attempt to bend or break the rules; and
- (3) The National Health Federation, OUR ONLY DEFENSE AGAINST THEM, needs our money to continue to protect us.

Seems to me this is a no-brainer. All we must do is decide how important healthy food really is to us, donate what we can, and then spread the message within our communities to do likewise; maybe hit the "share" button more than the "like" button.

What motivates me to give more than anything is a sense that doing so connects my sense of civic duty and human dignity to being part of the winning team; to feel that something that I have done has tangibly made the Earth a better place, and that people care that I did so.

A friend of mine wrote a book on how to gather donations in the most successful manner. In a nutshell, she says:

- (1) Personalize your asks, naming names – even handwrite your letters if you can.
- (2) Thank people for showing either interest or support.
- (3) Reach out often (like with real phone calls/emails/handshakes) not just to ask for money, but to inform them about the impact their donation had, about the organization's growth, success stories, and so forth. People showing care to people sort of thing ... kind of like what we used to do before working two jobs and wading through volumes of desultory pop-ups, subscribe asks, and surrogate connectivity to feel connected to one another.

Sincerely,

*David Byrd* (in response to NHF Facebook post about aspartame renaming itself)

Dear Editor,

Many thanks for your good work to help preserve health freedom.

Sincerely,

*Esther Horsted* (sent with donation)

**We welcome your Letters to the Editor. Please include all of your contact information. We reserve the right to shorten and/or edit any submitted letters.**

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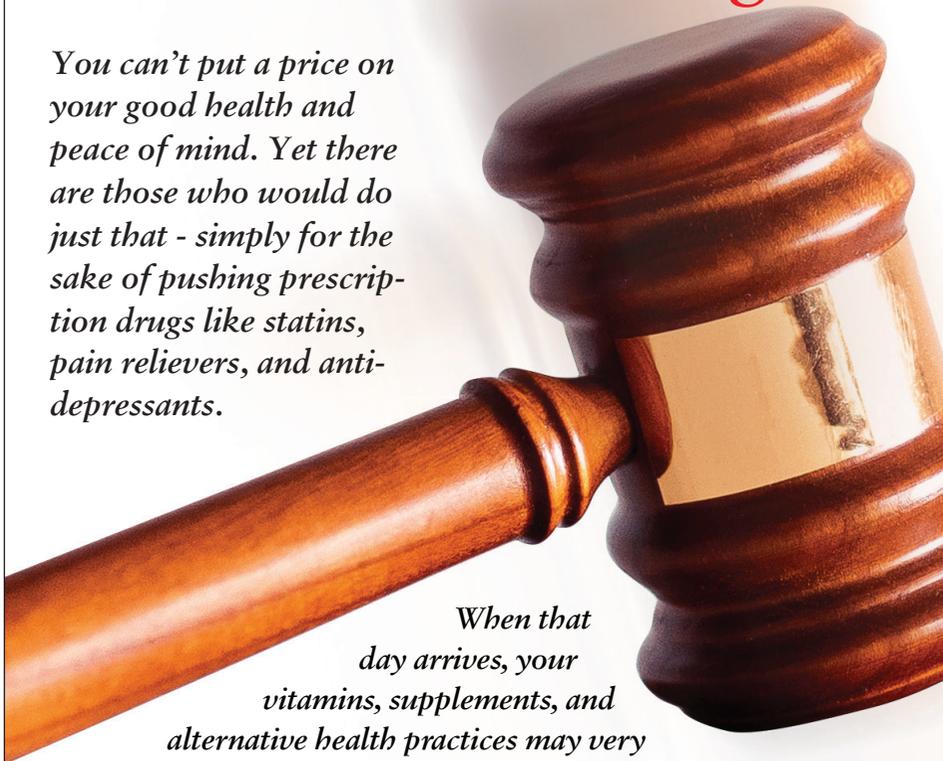
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# What Will You Do If They Crush Your Health-Freedom Rights?

*You can't put a price on your good health and peace of mind. Yet there are those who would do just that - simply for the sake of pushing prescription drugs like statins, pain relievers, and anti-depressants.*



*When that day arrives, your vitamins, supplements, and alternative health practices may very well skyrocket in price. Or be taken from you entirely.*

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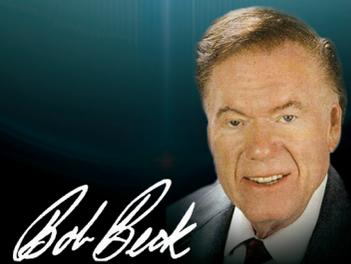
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# Codex Nutrition Committee Meets in Dresden, Germany

## *Setting the Nutrient Reference Values for Infants & Children*

BY SCOTT C. TIPS, NHF PRESIDENT



*Codex Head Table, 8 women, 1 man ©2024 FAO/WHO All Rights Reserved*

**O**n the banks of the Elbe, in the city of Dresden, Germany, the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) met for its 44th session from September 30 through October 6, 2024. The National Health Federation (NHF) was there as a Codex-accredited organization for its 28th-straight meeting in that committee – still the only one representing health freedom. About 200 or more other delegates and observers joined the NHF at this meeting.

Although there were a number of issues on the CCNFSDU agenda, the primary interest for the NHF was the establishment of *healthy* Nutrient Reference Values (NRVs) for older infants and young children. As you will see, though, the referent values used by the committee to establish these NRVs all came from a handful of mainstream scientific bodies recognized by Codex as “authoritative.” In Codex-speak, they are called Recognized Authoritative Scientific Bodies (RASBs). Except for values set by the FAO/WHO, no other scientific values may be considered, no matter how accurate they might be. I find this approach highly restrictive, dangerously biased, open to influence from the highest bidder, and likely to lead to errors – kind of like limiting yourself to just watching a few network television news programs and expecting that approach to give you complete and truthful intel.

### **The Working Group for Children’s NRVs**

To get to this meeting, I flew in to Prague airport and took the intercity train to Dresden as that was less expensive than arranging a flight directly to the small airport servicing Dresden. That was on the plus side. On the minus side, I had to awaken at 2:15 a.m. that morning to make the flight to Prague.

Arriving on Monday afternoon, September 30th, I was in time for the ad hoc Physical Working Group (PWG) meeting that started the next morning. Aably chaired by the delightful Irish delegate

Dr. Mary Flynn, this PWG was to discuss both the general principles for setting the NRVs and the actual values for Vitamins A, D, C, K, and E, thiamine, riboflavin, niacin, Vitamins B6 and B12, folate, pantothenic acid, biotin, calcium, magnesium, iron, zinc, iodine, copper, selenium, manganese, phosphorus, and potassium for these older infants and young children.

Remember, PWGs are essentially sub-committees of the Codex Committee and are intended to save working time at the plenary sessions. While PWG reports and recommendations to the full Committee do not have to be followed, they carry a lot of weight and generally are followed. So, it is wise to attend the PWGs and weigh in with your positions there, as well as at the plenary meeting that follows.

### **The Hand Reaching Out From Retirement**

Surprisingly, I found out that Dr. Janine Lewis – the now-retired head of the Australian delegation for CCNFSDU meetings, and the chief architect of the disastrously inadequate NRVs for adults that NHF fought to a standstill (and even later improved upon) for several years in 2009-2013 – had had a hand in the development of these NRVs for older infants and young children. The PWG chairwoman Mary Flynn praised Dr. Lewis for her help, while I could only cringe with the knowledge that, once again, we were facing dimly low levels of nutrients being set, this time for children. At least now I knew from whence the inspiration for these shockingly low levels had originated.

### **The NRVs for Persons Aged 6-36 Months**

The PWG considered the values proposed in the chart on the following page:

This Codex committee – like so many others – has a quaint view of how science works. When widely disparate views exist in establishing a particular intake value for a nutrient, instead of selecting the most scientific standard

(that is, numerical value), the committees will often “compromise” on what the value should be. That is, they will select the *average* of the values. It’s as if the Vatican Tribunal, when trying Galileo for the heresy of professing the belief that the Earth revolved around the Sun, decided that a compromise was the best way to avoid scientific conflict and announced that the Sun and the Earth revolve around each other!

Plus, they treat incredibly safe vitamins and minerals as if they are as dangerous as loaded guns. It wouldn’t surprise me one bit if many of these delegates willingly submitted to the experimental and dangerous COVID-19 injections while refusing to take any vitamin supplements as a wasted effort or even a threat to their health.

Now, not all of the delegations wanted an average of the RASB values to be selected by Codex as the NRV for children’s vitamins and minerals. Some delegations (the EU, New Zealand, and Norway) argued that – for “safety’s sake” – the lowest value of these dangerous vitamins and minerals should be selected, while other delegations (the United States, China, Panama, Chile, South Africa, NHF, and ISDI<sup>1</sup>) argued that the highest value should be selected.

The NHF argued in favor of the highest values, stating that, “You need the higher values to catch the ‘outliers’ who need more than the average nutrient values. And since we are dealing with one of the safest consumables on the market, the risk to any other children is minimal to non-existent. Besides, there are certain things you simply cannot compromise on – between clean and dirty, you are still dirty; freedom and slavery, you are still a slave; and illness and wellness, you are still ill. For those reasons and more, NHF supports the highest nutrient values.”

Yet, in the end, compromise won out over good nutrition. Codex has increasingly shied away from any uncomfortable confrontations that might offend in favor instead of compromises that will satisfy everyone but science itself. I have

## Summary Tables of NRV-sR for Older Infants and Young Children and for the Combined Age Range of 6 - 36 Months

**TABLE I. Proposed NRVs-R for older infants (6-12 months) and young children (12-36 months): On application of revised Stepwise Process using Approach 1 (consideration of data from FAO/WHO and more recent RASB<sup>1</sup> only) and Approach 2 (consideration of data from FAO/WHO + ‘all RASB’<sup>2</sup>)**

NUTRIENT	OLDER INFANTS		YOUNG CHILDREN		GENERAL POPULATION NRV-R*
	APPROACH 1	APPROACH 2	APPROACH 1	APPROACH 2	
Vitamin A (µg RAE or RE)	250	250	300	300	800
Vitamin D (µg)	5	5	5	5	5-15
Vitamin C (mg)	30	25	30	23	100
Vitamin K (µg)	10	10	15	15	60
Vitamin E (mg)	5	5	7	6	9
Thiamin (mg)	0.3	0.3	0.5	0.5	1.2
Riboflavin (mg)	0.4	0.4	0.6	0.5	1.2
Niacin (mg NE)	4	4	6	6	15
Vitamin B6 (mg)	0.3	0.3-	0.6	0.5	1.3
Folate <sup>3</sup> (µg DFE)	80	80	120	150	400
Vitamin B12 (µg)	1.5	0.5	1.2	0.9	2.4
Panthenic Acid (mg)	3	3	3	3	5
Biotin (µg)	6	6	14	8	30
Calcium (mg)	400	400	450	450	1000
Magnesium (mg)	80	80	70	80	310
Iron (mg)	6.2 (15%)	6.2 (15%)	3.9 (15%)	3.9 (15%)	14 (15%)
	9.3 (10%)	9.3 (10%)	5.8 (10%)	5.8 (10%)	22 (10%)
Zinc (mg)	2.5 (50%)	2.5 (50%)	2.4 (50%)	2.4 (50%)	11 (30%)
	4.1 (30%)	4.1 (30%)	4.1 (30%)	4.1 (30%)	
	8.4 (15%)	8.4 (15%)	8.4 (15%)	8.3 (15%)	
Iodine (µg)	78	78	95	90	150
Copper (µg)		220	300	320	900
Selenium (µg)	15	15	15	18	60

<sup>1</sup>More recent RASBs’ include those from 2014 onwards NASEM (2019), NCM (2024), Japan NIHN (2015) and EFSA (2014, 2015, 2016, 2017)

<sup>2</sup>All RASBs’ include IOM (1998, 2011), NHMRC (2006), NIHN (2015), EFSA (2012, 2013, 2014, 2015, 2016, 2017) (...)

noticed that the female Codex leaders and heads of delegations are major drivers of this approach and deft masters of the art of compromise, but the men are in there too and more than happy to play the compromise game.

### The Stepwise Process

To help visualize the process of arriv-

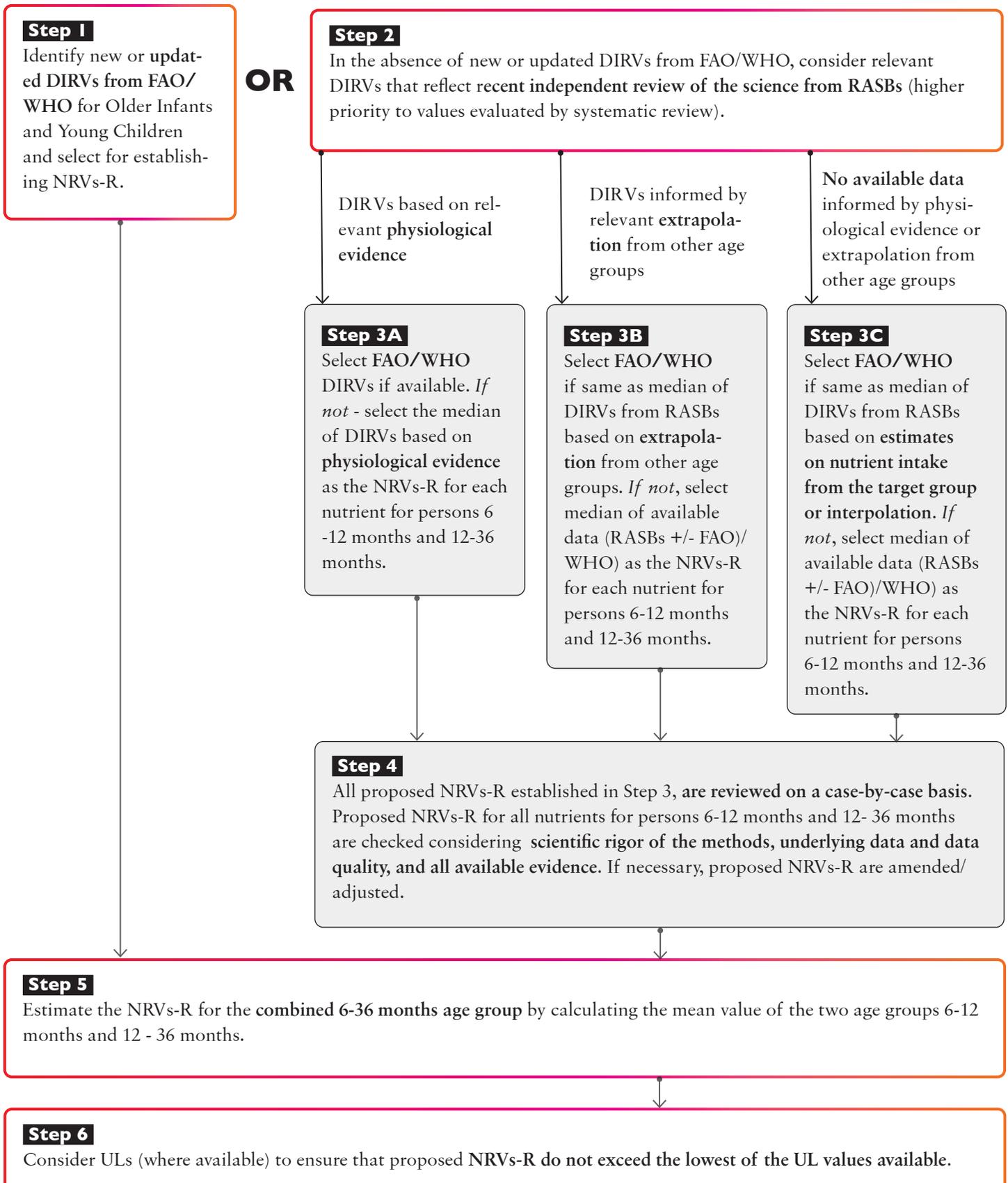
ing at these NRVs, both the PWG and the Committee have created a typically bureaucratic flow-chart for “The Stepwise Process,” which focuses on recent FAO/WHO nutritional data and ignores most other available data unless, in some instances, it comes from an RASB. See chart on the following page.

### Vitamin D NRVs

Although the NRV for Vitamin D for older infants and young children had originally been set at 5 micrograms (200 IUs) per day, during its discussion in the PWG, upon presentation to the full committee, the proposed NRV was doubled to 10 micrograms (400 IUs) per day. Evidently, the NHF’s and others’ argu-

## Updated Revised Stepwise Process

FIGURE 1. Updated revised stepwise process for establishing NRVs-R for person aged 6-36 months





ments that the nutrient levels should be increased had had some effect.

The NRV level for Vitamin D is still low but improved with the doubling. Once again, limiting NRVs to only those espoused by FAO/WHO and the handful of mainstream RASBs drastically narrows the possibilities of arriving at an optimal nutritional status for children.<sup>2</sup>

## Magnesium NRVs

The PWG and the committee wanted to set the magnesium NRVs for older infants and younger children at a laughable 80 milligrams per day. And this was even without taking into consideration the calcium NRV, which was being set at 400 milligrams per day!

As I told both the PWG and the full committee once again as in previous meetings, “calcium and magnesium are twin minerals that operate within the body together. You cannot set the value of one without considering the value of the other. That’s because neither can act at the biochemical level without eliciting a response from the other. Growth of cells, cell division, and intermediary metabolism – all important to infant health and growth – are absolutely dependent upon the availability of magnesium, which can be compromised if excess calcium is present.<sup>3</sup> Our paleolithic ancestral diet had a ratio of calci-

um-to-magnesium intake of 1:1, but our modern diet has a dietary-intake ratio that ranges between 5:1 and 15:1. In fact, cellular magnesium deficit causes inflammation independent of injury or pathogens.”<sup>4</sup>

Because the NRV that I was advocating had not been suggested by any RASB, I had to argue in favor of the best RASB-suggested NRV. That was the 170 mg/day level established by the Nordic Council, the use of which would reduce the calcium-to-magnesium ratio to 2.29:1 (the calcium NRV having been reduced to 390 mg/day).

Fortunately, an unlikely ally on the NRV issue, the European Union delegate and her EFSA colleague, the latter of whom spoke up to oppose the magnesium NRV being set at this low of a level, with the EU delegate correctly citing recent developments and studies on diabetes.<sup>5</sup> Curiously, the EU delegate also added that the committee should apply Step 4 of the Stepwise Process to analyze the quality of data. This seemed to contradict her other statements that FAO/WHO data should not be scrutinized by the committee.

Regardless, for both this NRV and the NRV for Vitamin B12, the committee wisely chose to hold back any decision pending the next meeting of the CCNFSDU, which will take place in 2026 and probably in Panama City, Panama.

## The EU – Sock Puppet for the FAO/WHO

The European Union head delegate went out of her way on two occasions to emphatically insist that the Codex Nutrition committee should *never* question the FAO/WHO data given to the committee to set its NRVs. What motivated her to state this with such surprising religious fervor I shall probably never know. But it certainly motivated me to take the floor and challenge that statement with NHF’s observation that, “We at Codex are risk managers and not risk assessors, and as such we have not only the right but the duty to scrutinize FAO/

WHO data whenever we so choose. In my 25 years of attending these meetings, I have never seen this happen, but the right exists nonetheless, and we should not forget it.” The EU delegate would reduce the CCNFSDU to simply being a rubberstamp for the FAO/WHO.

## Final Observations

The Codex Nutrition Committee meeting was run very smoothly by its chairwoman and co-chairwoman. The Chairwoman of the PWG is also to be commended, especially for specifically bringing up an issue for the working group after I made a side comment to her, which I had thought was ignored. Well, it wasn’t, and PWG Chairwoman Mary Flynn was considerate enough to make sure to raise NHF’s point to the entire group. Sadly, the United States silently sat on its hands instead of grasping this opportunity, even though NHF’s proposal directly supported the stated U.S. position on selecting the higher values. Sometimes, some people can just not be helped.

All in all, while the committee’s consensus decisions on setting NRVs resulted in less-than-optimal levels of vitamin and mineral NRVs being established for vulnerable older infants and young children, but at least no one’s feelings were hurt during the process. 🔥

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## Endnotes

1. The International Special Dietary Foods Industries, an INGO accredited by Codex. See [www.isdi.org](http://www.isdi.org).
2. See A. Corsello & G. Spolidoro, “Vitamin D in pediatric age: Current evidence, recommendations, and misunderstandings,” *Frontiers in Medicine*, 2023, 10: 1107855, at [www.ncbi.nlm.nih.gov/pmc/articles/PMC10060648/#:~:text=Infants%20400%20IU/day%20in%20the%20first%20year%20of%20life%20in.](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC10060648/#:~:text=Infants%20400%20IU/day%20in%20the%20first%20year%20of%20life%20in.)
3. See, e.g., Walker GM, “Biotechnological implications of the interactions between magnesium and calcium,” *Magnesium Res.*, Vol. 12, No. 4, pp. 303-309 (1999).
4. *Ibid.*
5. It is important to note that between 1994 and 2001, the prevalence and incidence of type 2 diabetes in the United States increased sharply as the ratio of calcium-to-magnesium intake from food rose from below 3.0 to above 3.0. See, e.g., Andrea Rosanoff, Connie M Weaver, Robert K Rude, “Suboptimal magnesium status in the United States: are the health consequences underestimated?” *Nutr Rev.*, 2012 March;70(3):153-64, Epub 2012 Feb 15. PMID: 22364157, at [https://greenmedinfo.com/article/health-consequences-suboptimal-magnesium-status-united-states-are-underestimated.](https://greenmedinfo.com/article/health-consequences-suboptimal-magnesium-status-united-states-are-underestimated)

# Fluoride Slapped Down in a Historic Decision!

BY MICHAEL LEVESQUE



After seven years of pursuing legal action against the U.S. Environmental Protection Agency (EPA) over the risk posed to children’s developing brains by the practice of water fluoridation, the United States District Court of the Northern District of California, Judge Edward Chen presiding, has just ruled in favor of the Fluoride Action Network and the plaintiffs in this precedent-setting court case.

The court has found that fluoridation could pose an “unreasonable risk” to the health of children, and the EPA must regulate it as such. This was no whimsical case. This was a hard-fought, long researched, and in-depth presentation of undisputable facts and evidence that could not be ignored.

According to an Associated Press (AP) release, Ashley Malin, a University of Florida researcher who has studied the effect of higher fluoride levels in pregnant women, called it “the most historic ruling in the U.S. fluoridation

debate that we’ve ever seen.”

Back in 2001, the Centers for Disease Control and Prevention (CDC) extolled the benefits of fluoride for dental care. However, this view has long been challenged – especially by the National Health Federation (NHF) – and often with solid facts demonstrating a contrary position. Fluoridated water acts in ways far beyond its supposedly beneficial effects on dental carries. It is considered a toxic chemical by the U.S. Food and Drug Administration; and there are required warnings, especially on children’s toothpaste, to go to a poison control center if more than a pea size of the toothpaste gets eaten in case of poisoning.

The National Health Federation was one of the first to fight fluoridation of public water supplies and successfully convinced many communities across America to ban the practice back in the 1950s, 60s, and 70s. Moreover, over the decades, the NHF has published numer-

ous articles describing the bodily and environmental harm and illegal use of medical intervention by toxic water fluoridation. Later, in 1996, NHF Board of Governors member Dr. Richard Kunin wrote and published an article describing the dangers of fluoridation. And, in 2012, NHF-Ireland launched a boycott of that country’s widespread fluoridation practices that had resulted in excessive fluoride in such consumables as Guinness beer and Irish butter, among many others.

Now, per court order, the EPA must actually engage in rule-making to limit the toxic exposure of Americans to this poison. We all look forward to the EPA doing its job as swiftly as possible and without any conflicts of interest.

The NHF congratulates Michael Connett and his father Paul Connett, and the Fluoride Action Network and its staff for their determination and efforts in pursuing to victory this landmark case on water fluoridation. 

# SMILEY FACES

BY RAMELLE KAMACK

*EDITOR'S PREFACE: Mr. Kamack's story here is a wonderful cautionary tale of what we, in America, can expect medical treatment – and our lives – to become if the current trend towards 100% socialist medical care continues. Already, government medical care is atrocious. Prisons are the ultimate example of a regimented autocratic society with guards, barbed wire, no freedom or compassion and only dull lives for the prisoners, and God-awful food that offers less-than-optimal nutrition. On another note, one current presidential candidate supports sex operations for prisoners and illegal aliens, and yet the author cannot even get his arm fixed after six years. Our World has gone crazy.*

I've spent fourteen years in prison, and in here, there's treatment for various types of pain. For mental health, there are psychiatrists. When learning to deal with emotional trauma and guilt, there are therapists and self-help classes. But for physical pain, there's something I've come to dread: smiley faces. I'll explain what I mean.

I woke one morning in pain. I rose from my bunk and reached toward my arm. It felt like someone had jammed a wrench between my shoulder socket and then clamped and twisted. It wasn't the first time my shoulder felt this way. Six years ago, after a tough workout of pushups, pull-ups, and chin-ups, I sensed slight discomfort — like someone was forcing their knuckle into my shoulder.



I immediately stopped working out for months. And when I did exercise again, I didn't push myself as hard. Still, over the years, the discomfort gradually turned into a gripping pain.

But on this particular morning, the pain was much worse, and something else was wrong. Below my shoulder, my arm was numb from my bicep to the tips of my fingers. After a minute or so, I regained the feeling in my arm and with the wrenching pain still in my shoulder, I filled out a medical form. I needed help from a doctor.

Two days later, in the mail, I received a small strip of red paper that resembled a carnival ticket. It was a medical ducat – the prison's official method to summon an inmate patient for a medical appointment. I walked to the medical department with the ducat in hand. Immediately past the door, a correction officer sat behind a podium. I handed him the red ducat and wedged between a small crowd of inmates to find a seat on one of the concrete benches in the waiting area. After half an hour, a nurse strolled toward us.

"Kamack?" she called out. Her hand held the medical form that I had filled out days ago. I stood and rallied toward her.

"Yes, that's me."

"Follow me." She led me into a small room. Inside, a computer sat atop a desk, and beside a medical table, a chair for patients lined the far side wall. I sat in the chair and faced her. She handed me a pen and a clipboard with a paper attached to it.

"Fill out this form, please."

The form looked like something right out of a child's coloring book. In a neat row, from left to right, were ten circular faces. Each face had dots for the eyes and a line for its mouth. Furthest to the left, a face had a line that curled into a smile. To the right of it, the smile was not as curved. One-by-one, the faces gradually became sadder until furthest to the right, a squiggly line for a mouth indicated a grumpy emotion.

At the top of the paper, the form instructed me to circle one of the faces to

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*"The results revealed I've been suffering through a torn labrum for over six years. To this day, I've yet to receive surgery to repair my shoulder."*

---

describe my level of pain. "Oh, brother," I grumbled. Perhaps in their medical expertise, they figured a smiley face could articulate my pain more effectively than my vocabulary. With a few crayons and some finger paint I could even color in the faces for them, and the doctor could stick it on his fridge at home!

I circled the face furthest to the right and handed the clipboard back to the nurse.

"It doesn't look like your shoulder's bothering you," she mumbled. Her eyes ran up and down my arm, as if she had x-ray vision and could detect my pain.

"Well, it is," I said, wondering if her x-ray vision could see the curse words swirling in my mind.

She left the room and about fifteen minutes later, a doctor walked in. He nodded toward me and sat at his computer.

"OK," he said, "let me just check your medical history." His fingers plucked his keyboard.

After what felt like a minute, I filled him in. "It's my shoulder again," I said. "Remember? This is probably my fifth time making a complaint."

He stared at the computer screen, seemingly oblivious to my voice. Finally, he faced me and furrowed his eyebrows.

"Well, we've given you Naproxen five-hundred milligram tablets." He said that as though he couldn't comprehend how those small pills had not magically repaired the tearing pain in my shoulder.

"The painkillers aren't working," I explained. "Besides, they won't fix the problem, they'll only mask it. I need an MRI."

He sighed. "I see we've also sent you to a physical therapist. Have you been doing your stretches?" He extended his

arm toward the ceiling, as if demonstrating to a child the concept of stretching.

"Yes. I've been doing my stretches." I said patiently. "But there's still pain. You've also given me an x-ray, but that only shows bone, not muscle or ligament damage. And what's the point of physical therapy when I haven't received a diagnosis? I need an MRI," I repeated.

He turned away from me and plucked at the keyboard again. "I'm going to order some tests," he said. "Some blood work."

I took a deep breath, sensing the blood in my veins rise to the crown of my head. "Do you mind if I ask you a question?" I ventured.

"Go ahead."

"It seems like you're only interested in treating my problem after it gets severely bad. Why not do what it takes to prevent it from getting bad in the first place?"

He sat silently. Again, his eyebrows furrowed as if my question had disrupted the bliss within his mind. Then, after a moment, he said with finality, "We tend to do more treatment."

When I returned to my housing unit, I filed an official medical grievance called a 602 and reported malpractice. The California Correctional Health Care services ruled that my grievance did not meet the definition of staff misconduct. But after several months, they gave me the MRI that I asked for. The results revealed I've been suffering through a torn labrum for over six years. The tissue is literally hanging off the bone. To this day, I've yet to receive surgery to repair my shoulder. Soon, I will see that doctor again and most likely I will receive that same form with the smiley faces. Sadly, this time, I don't think there's a face on that chart that's capable of describing my emotion. 🔥

# Brave Citizens Holding Employers Accountable for COVID-19 Mandates

## *Morality, Belief, and the First Amendment are saving the Nation*

BY WARNER MENDENHALL

**T**he 3rd, 5th, 6th, 7th, 9th, 10th, and 11th U.S. Federal Circuit Courts of Appeals have issued ten appellate decisions since May 2024 supporting religious and moral beliefs for employees who did not want the COVID-19 shot and/or PCR testing.

This run of wins has roots in last year's *Groff v DeJoy* decision out of the Supreme Court. That case rejected the “de minimis” standard for religious accommodations. The Court held that employers must show substantial costs in order to justify denying accommodation of an employee's religious beliefs.

Here are some of the recent winning appeals briefly described:

**2024-05-07** *Does v Univ of CO Regents*, 10th Circuit.

Government cannot discriminate based upon religious beliefs. It cannot judge the legitimacy of religious beliefs. It can't “troll” through a person's beliefs. And, policies cannot favor secular over religious exemptions.

**2024-05-24** *Ringhofer v Mayo Clinic*, 8th Circuit.

Employers cannot judge if an objection

is truly religious. Religious beliefs do not need to be logical or consistent. A testing objection was upheld. Science can be part of the belief – it may be part of judging how something is bad for you.

**2024-06-07** *Health Freedom Def. Fund, Inc., v. Carvalho*, 9th Circuit.

Reinstated challenges to school vaccine mandate. Questioned legitimacy of mandating ineffective vaccine. Allowed attorneys to argue that the shots are not vaccines.

**2024-06-12** *Lucky v. Landmark Medical of MI*, 6th Circuit.

Government cannot second-guess religious interpretations. The court rejected calling religious beliefs merely “personal.” Personal beliefs count.

**2024-06-18** *Bacon v. Woodward*, 9th Circuit.

Reinstated firefighters' challenge to vaccine mandate. Mandate not generally applicable due to exemptions. Mutual aid agreement allowed unvaccinated firefighters to fill in when needed so there was no rationale to discriminate.

**2024-07-18** *Beuca v. Washington State University*, 9th Circuit.

Reversed dismissal of religious accommodation claim. The Court cited Groff's new “substantial costs” standard required before an employee may be fired.

**2024-07-23** *Davis v. Orange County*, 11th Circuit.

Firefighter Battalion Chief refused to reprimand objecting firefighters. The court vacated lower court's dismissal of retaliation claim. Cited *Muldrow*'s new adverse action standard. The harm need not be significant to be compensable.

**2024-07-29** *Spivack v. Krasner*, 3rd Circuit.

Remanded for trial on Free Exercise claim by an Orthodox Jew. Jury to resolve factual disputes on religious hostility by Krasner.

**2024-07-29** *Passarella v. Aspirus*, 7th Circuit.

Religious accommodations can have religious belief linked with secular reasoning. Remanded for trial on accommodation claim.

## Recent finalized cases:

**2024-07-22** EEOC v. Hank's Furniture.

\$110,000 settlement for manager denied religious exemption. Plus, the company was enjoined from religious discrimination.

**2024-06-28** Benton Trial, TN

A jury awarded \$687,240 to an employee denied religious exemption.

## Navy Seals

Started with a favorable February 28, 2022, Navy Seals 5th Circuit opinion. Thirty-Five Navy service members sued over vaccine mandate. The Navy granted medical but not religious exemptions. The court ordered policy changes and \$1.5 million in attorneys' fees but did not award damages or back pay. The court did, however, fix their service records.

## Ongoing cases:

**Rake v. University of California**

Regents, 220,000 employees.

Past motions to dismiss and in discovery. We get access to the medical records. Using California's Constitution and laws against the Regents.

**Some Military Cases From: Three Lawsuits Filed: Bassen | Botello | Harkins** ([militarybackpay.com](http://militarybackpay.com))

**Bassen v. United States (Active-Duty).** Class action for about 8,500 active-duty service members involuntarily discharged due to unvaccinated status and other active-duty service members forced into early retirement or constructively discharged due to being unvaccinated.

**Botello v. United States (National Guard/Reserves).**

Class-action lawsuit seeking backpay and other remedies for 70,000-100,000 members of the Air and Army National Guard, and for reserve members of all services, dropped from active-duty orders or active status, de pay or benefits, or prohibited from participating

in drills, training, other duties due to being unvaccinated.

**Harkins v. United States (Active-Duty and Reserve).**

Class-action lawsuit for active-duty and reserve Coast Guard members involuntarily discharged due to their unvaccinated status, as well as any other Coast Guard members who were forced into early retirement or were constructively discharged due to being unvaccinated.

## Others:

Thousands of individual employment claims settled. Settlement numbers are going up as the appellate wins come in. 🔥

Permission to republish graciously granted by (Kay Burdette Administrative Assistant) the Mendenhall Law Group Office: (330) 535-9160 <https://www.covidlawcast.com/p/brave-citizens-holding-employers>.

# PRESS RELEASE

## *Citizens for Health Joins the National Health Federation in Filing a Friends-of-the-Court Brief Against FTC Overreach*



**W**ashington State, October 21, 2024 – Last week, the National Health Federation (NHF) and Citizens for Health (CFH) jointly filed an *Amici Curiae* brief in *United States v. Xlear*, a pending Federal Trade Commission (FTC) enforcement action in the United States Dis-

trict Court for the Central Division of Utah.

The amici brief, also called a Friends-of-the-Court brief, was filed in support of a motion by Xlear, Inc. (the corporate Defendant) asking the Court to dismiss the complaint, citing the Supreme Court of the United States' recent decision in *Loper Bright Enterprises v. Raimondo*.

## FTC Overreach – About the Amici Filing (cont.)

In 2021, the FTC sued Xlear, alleging the Defendants violated the FTC’s Act by making statements about the use of Xlear’s saline nasal sprays as an effective way to prevent and treat COVID-19 without adequate substantiation in the form of randomized controlled trials (RCTs).

However, substantiation is not referenced, let alone required, in the FTC Act. Under the Supreme Court’s recent Loper decision, agencies like the FTC are limited to implementing the laws as written by Congress and cannot establish extra requirements without Congressional authority. We believe the FTC Act as written lacks such authority, which means the Federal agency did not have statutory authority to sue Xlear for failure to conduct clinical trials.

“NHF and Citizens for Health filed our amici brief to ensure the District Court was aware of the perspective of American consumers as it considers this vital question – whether RCTs are necessary to show that health claims meet the legal standard that they be truthful and not misleading,” said Betsy Lehrfeld, Secretary and Treasurer of CFH, and Scott Tips, President and General Counsel for NHF in a joint statement. “The FTC is supposed to be a consumer watchdog. However, the FTC’s actions here disempower and hurt American consumers. The FTC’s requirement for RCTs limits consumer information and choice, stifles innovation, and drives up prices for consumers, making products less available to low-income Americans. By preventing truthful and not misleading information about less expensive, effective, natural, non-pharmaceutical options from reaching consumers, it compels them to rely on costly “Big Pharma” products,” said Lehrfeld and Tips. “The Court needs to know what is at stake in this case for American health-care consumers.” 🔥

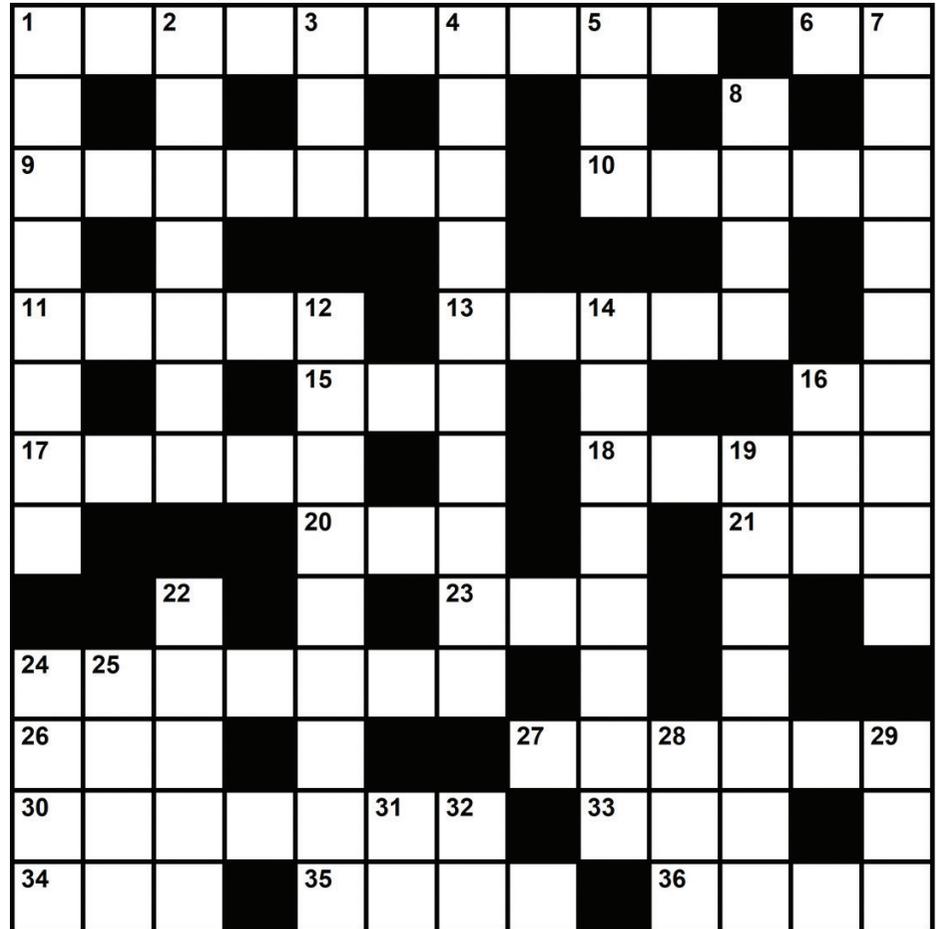
### Additional Reading:

Access: *Amici Brief*

Read: *Loper Bright Enterprises v. Raimondo*

# NHF Crossword Puzzle

By Myles Mellor (Please see answers on page 26)



## Across

- 1 Artificial orbiting bodies
- 6 Raise \_\_\_\_
- 9 Immune response trigger
- 10 Allotrope of oxygen
- 11 Returns to Earth
- 13 “The Final Frontier”
- 15 Person in a mask on the sports field, abbr.
- 16 Technology simulating human intelligence in machines, abbr.
- 17 Organs affected by allergies, on occasion
- 18 Come together
- 20 Link
- 21 The human race, in general
- 23 Baseball score, abbr.
- 24 Often mandated toxic substance
- 26 The “I” problem
- 27 Political labor camps
- 30 Exhaust, as a supply
- 33 Half the population roughly
- 34 Enzyme ending
- 35 Facts and figures, e.g.
- 36 Remain

## Down

- 1 Satellite internet network
- 2 Part of the Tdap vaccine
- 3 Record
- 4 It reflects radio waves
- 5 Prefix for system or sphere
- 7 To be visionary
- 8 Set of principles
- 12 Ensured continued survival
- 14 Principal metal in most wrecked spacecraft
- 16 Tell \_\_\_\_ glance, 2 words
- 19 Neural device that can control brain activity and thought
- 22 Range
- 24 Ancient Indian writings containing many basic truths about life
- 25 “Blue zones” concern
- 28 Plural form of the article for “the” in French
- 29 It’s mainly nitrogen and oxygen
- 31 Tantalum symbol
- 32 Alien visitor, abbr.

# GIVING SEASON IS HERE

*We ask for your help in continuing our 70 years of health-freedom advocacy*

**I**n anticipation of the season of giving, the National Health Federation (NHF) and our sister organization, the Foundation for Health Research, invite you to keep both organizations in mind when you consider your charitable giving as we begin to close out the Year 2024. With your support, we can surpass previous years' donations to provide a solid financial foundation for our important health-freedom projects in 2025.

In January 2025, NHF will turn 70-years old. And in our maturity, we still face many challenges ahead, even with the new Trump administration taking office and pro-health Robert F. Kennedy Jr. taking the helm of our Federal health system. Our goal is to navigate these changes effectively to return not only America but the World to true health and uncensored information. There is a whole lot of work ahead to implement changes that hopefully your health will soon thank you for!

Despite our "National" moniker, NHF is an international organization with members and activities around the World, and since 2002 a seat at the Codex Alimentarius table as an accredited international organization able to participate fully in its meetings. The Codex Alimentarius Commission is the UN-sanctioned body that operates under the auspices of the Food and Agricultural Organization (FAO) and the World Health Organization (WHO) and sets global and harmonized food standards that affect all of us. Your NHF is there at Codex meetings to fight for the health of everyone in the World, just as surely as NHF, through our lobbyist, is in Washington fighting to protect your health-freedom rights against the authoritarian and draconian measures of government.

In fact, NHF has been fighting for food safety and nutritional supplement integrity and availability for seven decades, but the fight is about to get much more intense with the new administration's attempts to roll back the many layers of suffocating rules and regulations that destroy our health and curtail our freedom. If you think that the enemies of health are going to take it lying down, you better think again. We need all hands on deck to help stop the *national and international disruption* that is about to hit you and your family.

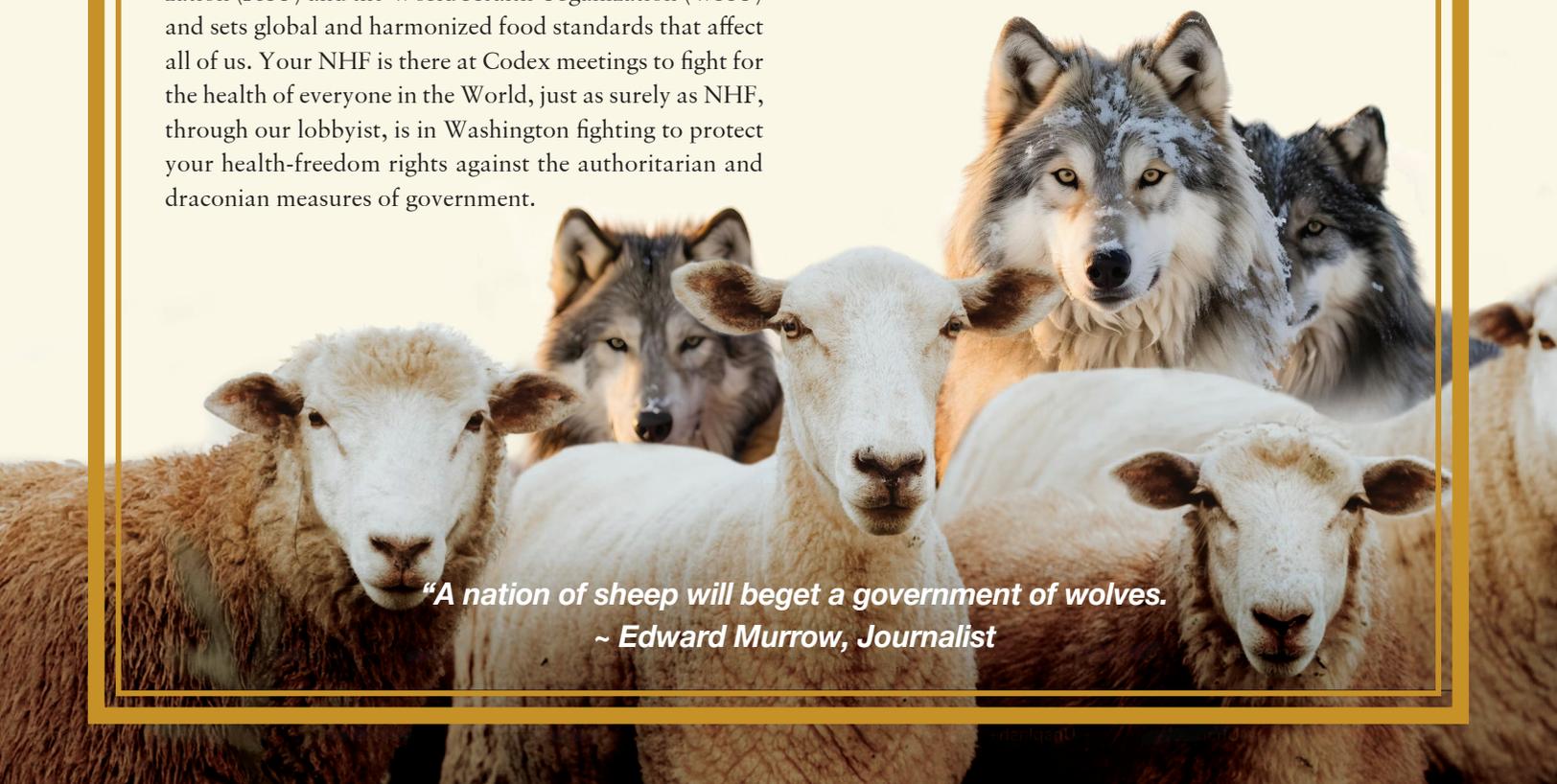
We need your support more than ever as we rock the Planet to create massive change. Support the NHF if you want to see change happen on an epic scale.

**This is YOUR hour to create massive change in the World for your family and those who will follow after you. Make it count. Give big and partner with the oldest, most experienced health-freedom organization in the World.**

To a bright future after decades of battle,



Scott C. Tips  
President and General Counsel  
National Health Federation



***"A nation of sheep will beget a government of wolves.***

***~ Edward Murrow, Journalist***



## Health Freedom Since the 1950s

*You should attend NHF's monthly Brainstorms*

**W**hen it comes to health freedom, no doubt the name of Robert F. Kennedy, Jr. has taken the

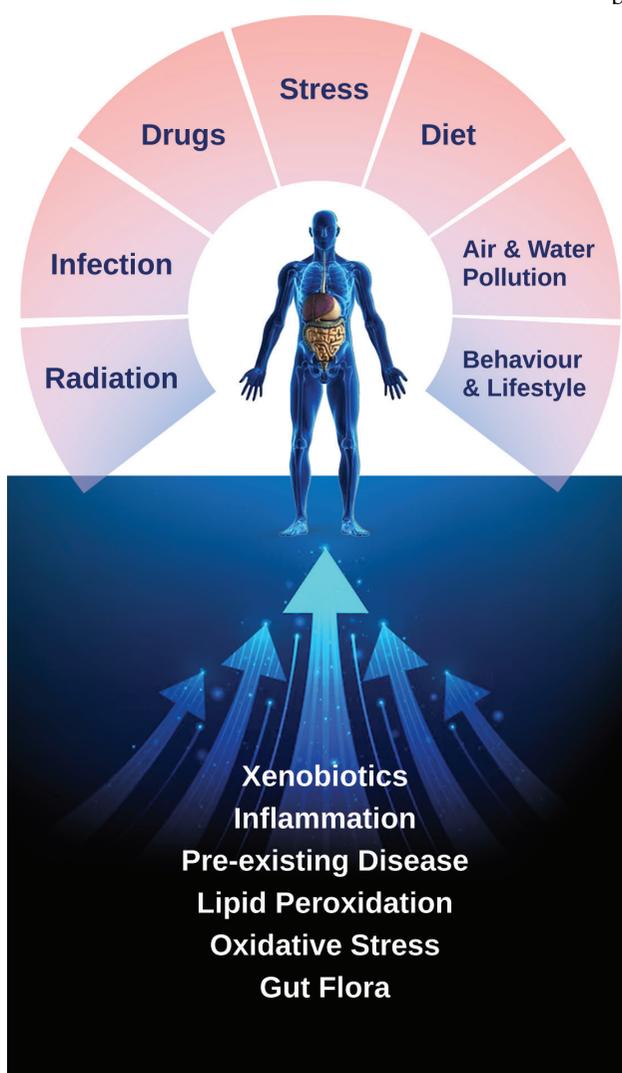
lead for informed consent, better health, and an end to industry capture of governmental policy. But his Children's Health Defense isn't the only health-freedom organization, nor the only one with the best campaigns.

While Kennedy expertly has set the context for the "Fight of the Ages" – ending the environmental toxins causing the real epidemic, *chronic* disease – the National Health Federation (NHF) is leading actions on all health issues. Indeed, the NHF is leading, continues to lead, and is at the forefront of the health-freedom movement.

Let's compare CHD's actions with NHF's, on chronic-disease aggravators such as these:

- **Land:** Kennedy spoke eloquently on the presidential campaign trail about ending Big Food's capture of the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Agriculture (USDA), but NHF has one campaign actively helping the

Northwest Center for Alternatives to Pesticides advocate for stronger pesticide regulation and against preemption of local organic requirements, and



yet another campaign against State liability exemptions;

- **Food:** Kennedy has long opposed GMOs, but NHF has the campaign to help lawyer Tom Renz demand labeling and restrictions on livestock over-vaccination, and another NHF campaign to help Rep. Thomas Massey (R-KY) defund – among many other threats to health freedom – research on “edible” vaccines;

- **Water:** Kennedy speaks wonderfully on perfluoroalkyl and polyfluoroalkyl substances (a group of “forever chemicals” known as PFAS) and reports on the lawsuit against fluoridated water, while NHF led this fight since at least the early 1960s and recently platformed the lead fluoride activist on its monthly Brainstorm;

- **Medicine:** During the COVID-19 panic, Kennedy's organization (among others) pressured the FDA and CDC not to extend emergency-shot authorization to toddlers, while NHF thought a more significant and effective effort should get members of Congress to pressure these recalcitrant bureaucracies. Our toddler-shot congressional letters were authored by Senator Ted Cruz (R-TX), U.S. Representatives Posey, Gohmert, and Duncan, and eleven other representatives, first opposing rubber-stamp approval, and the second letter – with 18 cosigners – asking tough questions the FDA wouldn't be able to answer. Vaccine-tech inventor Robert Malone wrote approvingly about the letter, also the subject of an Epoch Times article. Then, seeing the outrage over keeping Novak Djokovic out of the U.S. Open Tennis Championship, we saw another opportunity to force Congress to get involved. We got our congressional friends to write a

third letter, this time to Joe Biden, to lift the unvaxxed visitor ban. Gaining over half a dozen co-signers, the letter garnered coverage in the Daily Caller and elsewhere; and

- **Air:** Kennedy's organization successfully sued (along with other organizations) to expose FCC's weak wireless emission limits, but only the NHF is lobbying with the Safe Tech coalition against a plethora of congressional bills threatening to place antennas outside of our bedrooms, classrooms, offices, farms, and parks. And on the "air" cause of chronic disease, only NHF has a campaign for Congress and the States to track atmospheric jet emissions to expose and stop geoeengineering.

Further, NHF is the only natural-health and health-freedom negotiator/advocate at the Codex Alimentarius meetings on international trade in food - alone against the same special-interest corporations behind the chronic disease polluters above.

So, while Kennedy deserves wholehearted support for his leadership in health freedom, he's not leading on every aspect of the movement - nor was his history such that he supported issues that formed NHF back in the 1950s. This is not an indictment, just a reminder that the NHF has been in the depths of the battle for Health and Medical Freedom since its beginning.

It was back in that decade when NHF helped maverick healers withstand persecution from the FDA, State licensing boards, and the AMA. Ironically, the energy modalities that earned results in that decade are state-of-the-art for healing chronic disease today.

Indeed, today we are still protecting maverick healers from the government. Our campaign to replace State licensing with voluntary, fraud-enforced certification was presented by a sponsor of such a bill on a monthly NHF Brainstorm event. We are not aware that Kennedy is in touch with this issue.

NHF also played a lead role over

the decades in legalizing acupuncture, chiropractors, and the Dietary Supplement Health and Education Act of 1994 (DSHEA) that faces attacks even today from pHARMa. Sadly, Kennedy's old party - the Democrats - are behind regular attacks on natural care. Fortunately, he was smart enough to have left that party behind with his recent support for President Trump. Thankfully, President Trump and the Republicans are smart enough to appreciate and put to good use Kennedy's talents.

### **What's Next for NHF and Health Freedom?**

On the legislative and political front, and among other of its work such as at Codex Alimentarius meetings, NHF plans to:

- (1) Continue its leadership with the Safe Tech Coalition to defeat congressional and other bills to spy on, fry us, and coerce our compliance via the Wireless Mesh. You can help by sending our email and joining our monthly Zooms to organize lobbying and education.

- 2) Reintroduce and gain cosponsors for our bill to establish a national exemption for any federally-touched vaccine, and prohibit the government from continuing to ignore the higher chronic disease outcomes in studies comparing the vaccinated to the unvaxxed. With the CDC reporting the highest use ever of exemptions, parents are COVID-19-awakened and ready to join the health-freedom movement to end mandates for *all* shots. Millions of Americans belong to organizations that have endorsed the National Informed Consent Exemption (NICE) Act.

- (3) Defeat the FARM bill's preemption of local organic protections.

- (4) Stop the FDA's attack on pHARMa's natural alternatives, in homeopathy and natural compounding, and nutritional supplements (NHF last year recruited members of Congress to help our friends at the Natural Products Association convince 15 members of Congress to cosign a letter urging deletion of Senator Dick Durbin's list-

ing requirement that would empower the FDA to deny acceptance as a "supplement" certain nutraceuticals such as COVID-19-fighting N-acetylcysteine (NAC).

(5) Generate momentum to:

- stop livestock overvaccination;
- track and limit atmospheric, geoeengineering pollution;
- expand tax-favored Health Savings Accounts and more competitive health plan markets; and
- devolve unconstitutional health bureaucracies to the States, where they can do less damage to health and liberty.

(6) Finally, and not least, to move relentlessly to adopting the Medical Freedom Amendment as the 28th Amendment to the United States Constitution by supporting the NHF's campaign.

To learn how to help on the above campaigns, subscribe for the monthly invitation to our Health Freedom Brainstorm, where we platform leaders on all the issues.

These speakers are cooperating with NHF on how to email your politicians, and then, hopefully, train you to schedule a Zoom with your Representative where I, as NHF's lobbyist, can do the talking on the issue - with you adding details about how the issue affects the congressional district and you personally.

NHF makes this all possible through our uninterrupted experience from the 1950s to the present, making your Voice heard on campaigns that matter. More than ever, though, we need your support to continue to be the World's foremost health-freedom organization.

When you give a monthly donation to NHF of any amount - \$5, \$15, \$25, or \$125 - you know the extensive gameplan of the NHF and how effectively we will use your financial support for our health-freedom campaigns. 

**Join our monthly Brainstorm on Zoom every third Friday of each month!**

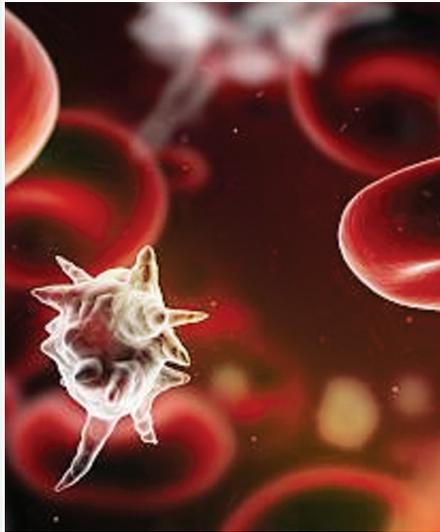


# HEALTH BITS & PIECES

By Birgitta Lauren, Holistic Health Coach

Neither *Health Freedom News* nor I are suggesting that any such medical care or treatment be conducted without competent medical advice and supervision.

## Sepsis Patients Treated 40-to-60 Hours Faster



A new test may help hospitals improve survival rates in patients with blood infections by speeding up diagnosis and

treatment. The old AST test could take up to three days to isolate pathogens and, even then, only some pathogens, not all of them. The new “ultrarapid” AST test only takes about 13 hours and can identify 100% of the pathogens. It uses a synthetic beta-2-glycoprotein peptide to capture and isolate pathogens from the blood. This peptide, involved in immunity, can also assess the growth of pathogens within a patient over time, allowing doctors to monitor the progression of sepsis.

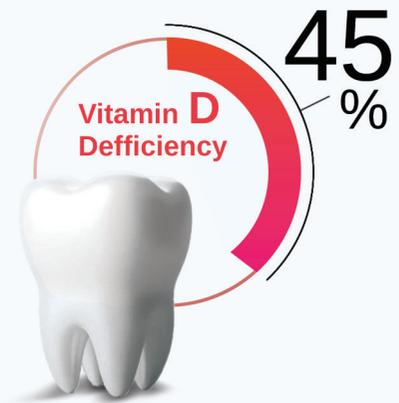
Still, severe septic shock can kill a patient in 12 hours, leading the researchers to remark that, “prompt treatment of patients with sepsis continues to be a significant challenge.”

Kim T, Kang J, Jang H, et al., “Blood culture-free ultra-rapid antimicrobial susceptibility testing,” *Nature*, 2024, 632:893-902, at <https://doi.org/10.1038/s41586-024-07725-1>

## Vitamin-D Deficiency Predicts Dental Cavities in Older Adults

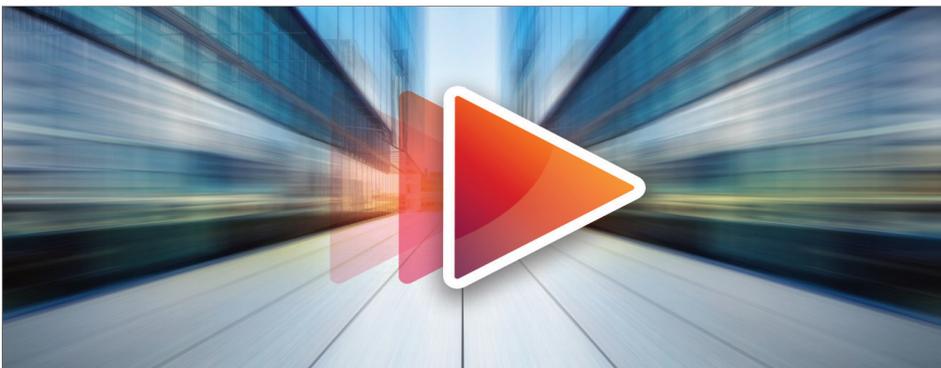
In a study of 2,700 adults aged 65 and older, those deficient in Vitamin D have a 44 percent increased risk of having untreated dental cavities. According to the authors, the study suggests that “the potential importance of adequate vitamin D levels for maintaining dental health among older adults.” They theorized that Vitamin D may aid in calcium and phosphorus absorption needed for tooth enamel.

### Increased Risk of Cavities



Study data showed that the less Vitamin D present the more likely a person was to have dental cavities, which may also lead to a higher risk of other oral health issues, including periodontitis, a severe gum disease.

Hung M, Mohajeri A, Sadri M, et al., “The Association of Vitamin D Levels and Dental Caries in Older Adults: A Cross-Sectional Study,” *Nutrients*, 2024, 16(14), 2307, at <https://doi.org/10.3390/nu16142307>.



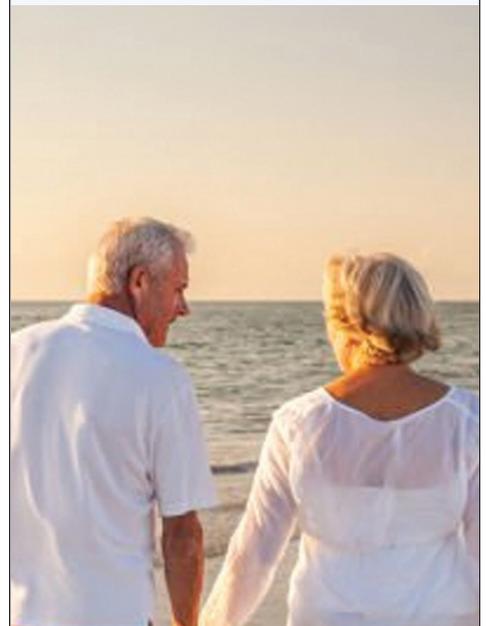
## Perception of Time May Heal You Faster

New research from Harvard University by Professors Peter Aungle and Ellen Langer, shows how manipulating a person’s perception of time can influence the speed of their recovery from wounds and illnesses, and even how fast we age. We usually consider the severity of an injury to determine the speed of its recovery, but by manipulating time perception of 28 min – by setting clocks at half speed, normal speed, and dou-

ble-fast speed – those who experienced 56 minutes healed the most after receiving a cupping treatment if the “passage of time” was at double speed.

In other studies conducted by the researchers, they have demonstrated how perceiving yourself 20 years ago can make you physically younger, and how positive affirmations and belief about recovering from life-threatening illness can eliminate that illness.

Aungle P, Langer E, “Physical healing as a function of perceived time,” *Sci Rep Nature*, 2023, 13, 22432, at <https://www.nature.com/articles/s41598-023-50009-3>.





## NAC May Treat OCD

Over the past few years researchers have focused their attention on N-acetylcysteine (NAC) as a promising treatment for people with Obsessive Compulsive Disorder (OCD). (These studies have paralleled other research into NAC's treatment of patients with the hair-pulling disorder known as trichotillomania (TTM) and treatment of compulsive gamblers and heavy drinkers.)

Dr. Massimo Carollo, the main OCD researcher, cautioned, however, that "only five randomized controlled trials

have tested the potential efficacy of NAC as an adjunctive treatment in OCD." Four of the studies reported significant symptom improvement at dosages of 2,000-3,000 milligrams mg per day. Longer-duration studies with higher dosages might yield even better results, he said. Also, not enough studies had been performed on children, so he warned against extrapolating these results to children. On the other hand, NAC has been proven to be safe even at very high dosages, and problems with NAC are usually attributable to the excipients (such as sodium

benzoate, Para-hydroxybenzoates, sorbitol, aspartame, Sunset Yellow FCF, and lactose) added to the NAC formulas.

*Carollo M, Carollo N, Montan G, "The promise of N-acetylcysteine in the treatment of obsessive-compulsive disorder," CNS Neuroscience & Therapeutics, Feb 2024, Vol. 30, No. 2, at <https://onlinelibrary.wiley.com/doi/10.1111/cns.14653>; For TTM, see Ghani H, Podwojnak A, Tan 1, et al., "From tugs to treatments: a systematic review on pharmacological interventions for trichotillomania," Clin Exp Dermatology, 2024 Jul 19;49(8):774-782, doi: 10.1093/ced/llae052, at <https://pubmed.ncbi.nlm.nih.gov/38376368/>; For substance-use disorders, see Tomko R, Jones J, et al., "N-acetylcysteine: A potential treatment for substance use disorders," Current Psychiatry, 2018 Jun;17(6):30-55, at <https://pmc.ncbi.nlm.nih.gov/articles/PMC5993450/>.*

## Even Low Alcohol Consumption Harms the Brain

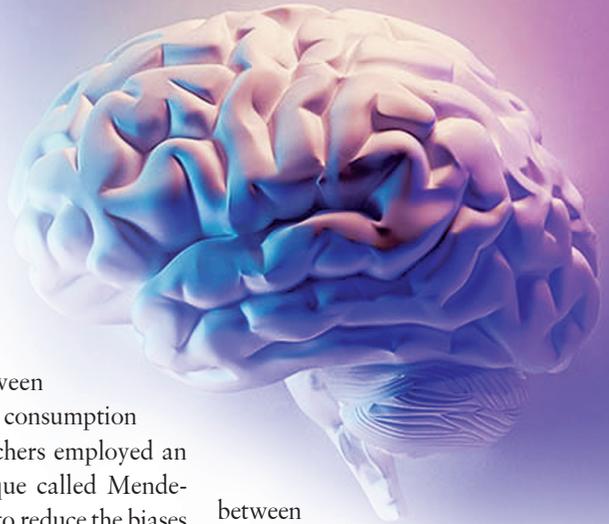
Well, this takes the fun out of it! Previous conventional epidemiological studies had found a J-shape relationship between alcohol consumption and dementia (meaning beneficial amounts at low levels that become detrimental at higher levels), but these studies suffered from confounding biases and reverse causation. So, a team of Chinese research-



ers examined UK Biobank data for approximately 313,958 British adults who drank alcohol and were free of dementia during 2006-2010, with follow-ups until 2021. Looking for any connection between light-to-moderate alcohol consumption and dementia, the researchers employed an advanced genetic technique called Mendelian randomization (MR) to reduce the biases found in observational studies.

Participants provided information about their drinking habits with the average alcohol consumption being 13.6 units per week, meaning that nearly half of the participants exceeded the UK's recommended limit of 14 units per week. (Men reported higher alcohol consumption than did women, averaging 20.2 units weekly compared to women's 9.5 units.)

Researchers tracked dementia cases through hospital and death records over a more than 13-year period. In the end, the study identified a positive linear causal relationship



between alcohol consumption and dementia among current drinkers. The J-shaped association found in conventional epidemiological analysis was not supported by non-linear MR analyses. The findings suggested that there was no safe level of alcohol consumption for avoiding dementia.

*Zheng L, Liao W, Luo S, et al., "Association between alcohol consumption and incidence of dementia in current drinkers: linear and non-linear mendelian randomization analysis," eClinicalMedicine, Oct 2024, Vol. 76, 102810, at [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(24\)00389-4/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00389-4/fulltext).*

DISABILITIES

60  
mil

# Global Study Reveals 15-Million COVID-19 “Vaccine” Injection Deaths & 60 Million Disabilities

BY FRANK BERGMAN

DEATHS

15  
mil

An explosive worldwide study has revealed that up to a staggering 15 million people have been killed by COVID-19 mRNA “vaccines” globally. In addition, the study has shown that up to 60 million people have been left with disabilities from the injections with between 500 million and 900 million injured by the shots. The shocking results of the comprehensive data analysis were revealed by Ed Dowd, who is a former Black-Rock executive and is considered to be one of America’s leading data experts. Through his expert analysis of insurance-industry data, Dowd has become a prominent figure in investigations into the impact of the global COVID-19 vaccination campaign.

This news comes as concern for the long-term impact on public health continues to grow. As Slay News recently reported, a major study has revealed a staggering plunge in life ex-

pectancy among those who received COVID-19 shots. The explosive study was conducted by a team of leading Italian researchers led by Professor Marco Alessandria of the University of Turin. The peer-reviewed study has revealed that those people who received COVID-19 mRNA “vaccines” have significantly reduced their life expectancy. The study has sent shockwaves through the scientific community and further confirmed warnings from leading experts about the long-term impact of the COVID-19 mRNA injections. The researchers found that the COVID-19-vaxxed suffered a “statistically significant” loss of life expectancy after two or more doses. Following a detailed analysis of the study, the McCullough Foundation confirms that those who received two doses of the shots have lost 37% of their life expectancy. 🔥

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# IN MEMORIAM DURK J. PEARSON

*August 19, 1943 – October 26, 2024*

BY SCOTT C. TIPS, NHF PRESIDENT

I first met Durk Pearson and his new wife Sandy Shaw 55 years ago at a Young Americans for Freedom (YAF) convention in Saint Louis, Missouri. Durk and Sandy had just turned 26. It was August 1969, and while we were talking libertarianism, the Woodstock music festival was making history in New York. But Durk and Sandy, and all of us, were making a more significant history of our own as the libertarian movement coalesced, gathered force, and abruptly broke free from traditional conservatism. I was part of that movement, having been converted then and there. Durk and Sandy helped birth that movement.

I remember it as clearly as if it were yesterday. Suffering from a sore throat and hoarse voice, a tall and lanky Durk sat at a fold-out table and almost whispered into a microphone that connected to a boxed speaker, which then projected his voice full volume to the audience in the room. He had built the device himself. I sat behind Sandy Shaw, who was on the front row and enthusiastically applauding every time Durk hit a high note when speaking about freedom and individual liberty. The room, although not large, was full of people eager to hear the words of wisdom coming from this California freedom activist. Durk's words helped convert me – and many others – to libertarianism.

Born in Chicago, Illinois, Durk always seemed to excel at anything he put his mind to. When he went to M.I.T. in Mas-



sachusetts for higher studies, he was top of his class with a triple major in Physics, Biology, and Psychology. In fact, the year that he graduated and took the Graduate Records Exam (GRE), a particularly difficult exam for any person, he scored the highest GRE results of anyone taking the exam that year in the United States! It turns out that the GRE testing company has a policy of following the top scorer for each year's class for the rest of their lives, to see how they perform in life.

Well, Durk gave the testers a run for their money because he was a renaissance man in the style of Michelangelo, certainly when it came to inventing, engineering, problem-solving, and philosophy. At the time that I first met Durk, he was employed by TRW in Redondo Beach, Cal-

ifornia and was working on the “death laser” project. But, in talking with him, anyone could see that he was an expert on virtually every topic. He held patents in shale-oil extraction, among other things. And his friends used to joke that someone could walk around with him and Sandy, engaged in casual conversation, and pick up a dozen ideas for viable businesses from those conversations.

When I broke my writing hand one school year and was concerned that it would be difficult for me to write out my exam answers, it was Durk who helpfully came to the rescue. Together, he and I constructed an electromagnetic healing device with two sets of coils, which I placed on either side of the break for several weeks. Thanks to Durk, my broken bones healed in half the time, Durk and Sandy removed my cast, and exam taking ceased to be a concern.

Because Durk could make reading from a telephone directory sound fascinating, he was a favorite during the late 1970s and mid 80s on several popular talk shows, especially *The Merv Griffin Show*, where he would astound Merv and his audience with his in-depth expertise on nutrition, life extension, and a host of other subjects. He made some 32 appearances on *The Merv Griffin Show*, which generated over 500,000 fan letters! The only guest to have ever received more fan mail than Durk was Elizabeth Taylor.

All of this fame and celebrity status arrived on Durk and Sandy's doorstep and

directly led to the publication in May 1982 of their blockbuster book, *Life Extension – A Practical Scientific Approach*, which sold two million copies and remained on *The New York Times Bestseller* list for several months. (They mention me several times in their book.) Subsequent books, such as *The Life Extension Companion* and a cookbook, followed; but this success and fame never seemed to go to either of their heads. They remained the same Durk and Sandy whom I had always known so well.

Prolific writers and scientists of profound integrity, they hired me in these pre-Google internet days (mid-1970s) to look up scientific papers at the UCLA Biomedical Library, copy them, and deliver them into their hands as part of their background work for this first book of theirs. At the time, I was a student at UCLA and became quite familiar with the biomedical library there. I also became a regular visitor to their home, first in Redondo Beach and then later in Manhattan Beach, California, where we would spend days and evenings talking together at length on a wide range of subjects. They were quite generous with their time.

For many years, I was one of their three closest friends. The other two close friends of Durk and Sandy were Rod Manis and Chris Kringle, both of whom died long ago, leaving me as the sole survivor of “the gang.”

Because of our decades-long close association, I became their trusted advisor and attorney for certain of their business affairs. They started a vitamin supplement business with avant-garde supplements mentioned in their books. Later, they successfully sued the FDA for having violated the law by denying certain qualified health claims for their products. Their first lawsuit was such a success that it led to subsequent, similarly based lawsuits that led others to jump on the bandwagon. But the real credit goes to Durk and Sandy for their integrity and steadfast determination to see their many lawsuits through to the end.

Durk and Sandy’s approach to life extension was pragmatic. Neither of them

was a “pie-in-the-sky” dreamer who thought that the key to longevity would be one discovery away. No, as Durk told me once during our lengthy conversations, “The key to living longer is not to wait for the home-run discovery to be made that lets you live forever but instead to look for the discoveries that will give you an extra five or ten years of life. With the doubling time of knowledge working on your side, you will then still be alive when that next longevity discovery is made that will give you another ten years of life, and so on.”

Unfortunately, once they moved to Nevada, I was less in touch with them and we drifted apart, although always remaining friends. Durk and I would talk on the phone occasionally, and they gave the National Health Federation *carte blanche* to republish their articles in *Health Freedom News*.

Never afraid to challenge the authorities,

Durk remained an activist, particularly on the local level, as reported in the *Pahrump Valley Times* where Durk successfully challenged a zoning ordinance as it applied to his property (see: [pvtimes.com/tonopah/grazing-exemption-gets-bogged-down-tonopah-expansion-discussion/](http://pvtimes.com/tonopah/grazing-exemption-gets-bogged-down-tonopah-expansion-discussion/)). And Durk continued to do interviews, such as one last year with David Naster, which will give the listener a flavor of Durk’s brilliance even at 80 years old ([www.youtube.com/watch?v=DEOg-t1dmd4](http://www.youtube.com/watch?v=DEOg-t1dmd4)).

It was a shock and news to me that Sandy passed away one year ago. I am even more saddened that they are both gone now. They were very dear friends and very formative in my early life, as I’m sure they were in countless thousands of other lives. Their presence fueled the supplement industry, nutritional education, and helped to make America a healthier place. 🍏



## Choice vs. Intervention

### *Witnessing the Acts of Betrayal*

**M**edical dictatorship has grown to the degree that it is now a major disease of society. Dr. Benjamin Rush, the Nation’s first Surgeon General and personal physician to George Washington warned “the time will come when medicine will organize into an undercover dictatorship.” He stated that the U.S. Constitution required an amendment securing medical freedom, just as there

is the requirement for freedom of speech and religion.

The government has dangerously intervened in medical choice. It has taken on the role of authority over our body autonomy and medical options. It is important to comprehend the difference between the legal and philosophical contexts of “choice” and “intervention,” which have fundamentally different actions, and with distinct implications for autonomy, au-



thority, and external influence.

**Choice** is where an individual exercises autonomy without external compulsion, selecting or deciding between alternatives freely and voluntarily. It is a personal decision and an individual's right and expression of free will. Choice has two parts: the right to full information without censorship and the freedom to say "yes" or "no." For this to occur legally, the medical profession must provide all relevant information for the individual with a full comprehension of the consequences. Informed Consent is a Rule of Law that protects all aspects of Choice.

**Intervention** refers to the act of stepping in or interfering, typically by an external party, to alter, influence, or control a situation. The State, a court, or another party can seek to intervene to address situations where laws or public interests are at stake. This usually occurs

when there is a perceived harm, threat, or need to regulate behavior or conditions. Unfortunately, this power has been widely abused for decades.

Governmental authority allows the regulation of health, safety, and welfare of the public and to intervene in certain cases of child abuse, public safety, or when public policy requires action. This was the rationale used during the recent pandemic imposing quarantines, mandating shots and vaccines, and taking other actions supposedly for the sake of protecting the public. However, our regulatory system has a deep bias in favor of pharmaceutical drugs.

Medical interventions occur when individual actions pose risks to others or the broader public interest. This type of intervention is undertaken on an individual basis, typically when a patient is incapacitated or is uncooperative (as in the case of the woman with TB who refused

medical help but was interacting with the public) and a public health concern arises (e.g., contagious disease). A court or public health authority is empowered in such circumstances to mandate treatment or quarantine for the safety of others.

There was great abuse by the governmental medical interventions during the COVID-19 pandemic as revealed later regarding most policies put in place for propaganda and behavior control. These actions of masks, distancing, lockdowns, and "countermeasures" (so-called vaccines) were draconian, abusive, irrational, dangerous, and wrong.

The courts have all too deferentially supported government actions based upon emergency and immunity powers. Yet, courts have acknowledged verbally that decisions based upon Federal legislative laws have been "egregious" in their application, especially in their sup-

pression of parental rights.

Child protective services (CPS) in family law may intervene if there is evidence of abuse or neglect, overriding the parents' choices for the child's safety. But, CPS has turned out to be an abusive, destructive force rather than a force for good. So, too, infringing on our medical choices has proven to be draconian and counterintuitive for the health of the child, especially in cases where parents have chosen alternative medical treatments rather than the American Medical Association Standard of Care.

The Medical Freedom Amendment protects body autonomy as absolute, and any infringement requires an "... individual and specific judicial warrant supported by Oath and affirmation of necessary cause to protect Society from Harm describing the Individual's condition and danger it presents."

The medical monopoly controlling the health of America has failed and continues to be the largest expense of our government with the worst results. The battles between the different schools of medicine did not result in competition and excellence. Instead, in 1910, the Flexner Report began the steady elimination of effective schools of alternative and traditional medicine resulting in the monopoly of allopathic, industrialized medicine based upon poisonous pharmaceuticals and radical medical interventions.

I witnessed the AIDS epidemic grow out of control in San Francisco as pharmaceuticals wiped out so many patients who could have been saved by the Eclectics of the 1900s and the homeopaths, the osteopaths, the acupuncturists, and the nutritionists. So, instead of using this great array of healing knowledge, it was ignored, allowed to rot, and simply buried.

Again, over and over, I witnessed people on multiple medications with their several medical doctors, none of whom were paying attention to the other doctors' prescriptions. The system of today would be different if the two wealthiest men in the World, John D. Rockefeller and Andrew Carnegie, had not sought to control medicine, seeking profits, and destroying

free-market competition by closing alternative medical schools and through the government implementation of the Flexner Report of 1910. It was the beginning of the tragic decline of true healthcare for patients, experimentation at any cost, and chemical coal tar industrialization of medicine.

We all witnessed the great debacle of the so-called Pandemic with its singular, blinded, and twisted mentality that has brought the nation to its knees, now rising again, only to see that the government learned nothing, remains arrogant, and is ready to do it all over again using the same wrong medical industrial choices and now court authorization for autocratic enforcement.

Do we need the Medical Freedom Amendment? Do we need to protect each Individual soul from the maligned, shortsighted, and wrong decisions of our government's medical interventions? Do we need the protection of Choice? Absolutely! Everyone must have the right to decline medical interventions without retribution.

Face it, you were lied to. Your shot wasn't a vaccination at all, it was an injection of what the authorities have called a "countermeasure."

Every person injected with a "countermeasure" was part of an experiment straight out of the John Hopkins School of Medicine based upon the Flexner Report of 1910 that assured the government would remain committed to pharmacology and vaccination as the only allowable medical intervention.

The experimental injections were never about patient care. They were about single-minded experimentation enhanced by arrogance, hunger for authoritarian power, and censorship with ethics, morality, and justice ignored.

The Medical Freedom Amendment is your Amendment. Make it happen. I know you will. Support the National Health Federation's Medical Freedom Amendment Campaign (<https://thenhf.com/pass-the-medical-freedom-amendment/>) to connect with your legislators and aid the lobbying of the NHF. The time is NOW. 🔥

## The Medical Freedom Amendment

All people have the Right to secure their Health in the manner they choose. Congress, the President, State Legislatures and Executives, Governmental Agencies or Departments shall make no law, rule, regulation, countermeasure, executive, emergency order, or enter into any treaty or international agreement that impedes the Individual's rights to informed consent nor right to medical choice nor freedom of medical choice. The treaty provision of Article VI of this Constitution shall not apply in any way to this amendment.

Nor shall the President, Congress, State Legislatures and Executives, Governmental Agencies or Departments make any law, rule, regulation, countermeasure, executive, emergency order, or enter into any treaty or international agreement that impedes the Individual's right to medical privacy and freedom without individual and specific judicial warrant supported by Oath and affirmation of necessary cause to protect Society from Harm describing the Individual's condition and danger it presents.

## Crossword Puzzle Answers

1	S	A	V	E	L	L	I	T	E	S	6
2	A	T	E	L	L	I	T	E	S	6	7
3	E	L	L	I	T	E	S	6	7	8	
4	L	L	I	T	E	S	6	7	8	9	
5	T	E	S	6	7	8	9	10	11	12	
6	S	A	V	E	L	L	I	T	E	S	6
7	A	T	E	L	L	I	T	E	S	6	7
8	E	L	L	I	T	E	S	6	7	8	
9	A	T	E	L	L	I	T	E	S	6	7
10	E	L	L	I	T	E	S	6	7	8	
11	L	L	I	T	E	S	6	7	8	9	
12	T	E	S	6	7	8	9	10	11	12	
13	S	A	V	E	L	L	I	T	E	S	6
14	A	T	E	L	L	I	T	E	S	6	7
15	E	L	L	I	T	E	S	6	7	8	
16	A	T	E	L	L	I	T	E	S	6	7
17	E	L	L	I	T	E	S	6	7	8	
18	L	L	I	T	E	S	6	7	8	9	
19	T	E	S	6	7	8	9	10	11	12	
20	S	A	V	E	L	L	I	T	E	S	6
21	A	T	E	L	L	I	T	E	S	6	7
22	E	L	L	I	T	E	S	6	7	8	
23	A	T	E	L	L	I	T	E	S	6	7
24	E	L	L	I	T	E	S	6	7	8	
25	L	L	I	T	E	S	6	7	8	9	
26	S	A	V	E	L	L	I	T	E	S	6
27	A	T	E	L	L	I	T	E	S	6	7
28	E	L	L	I	T	E	S	6	7	8	
29	L	L	I	T	E	S	6	7	8	9	
30	S	A	V	E	L	L	I	T	E	S	6
31	A	T	E	L	L	I	T	E	S	6	7
32	E	L	L	I	T	E	S	6	7	8	
33	L	L	I	T	E	S	6	7	8	9	
34	S	A	V	E	L	L	I	T	E	S	6

BY MARGIE MILLER, RN, ARNP

# The Protocol That Kills – A True Crime Story

By Sheila Skiba with Roberta and Allen Stalvey

(ISBN-13: 979-8846441842; Independently published April 16, 2023; paperback: 438 pages; \$24.95)

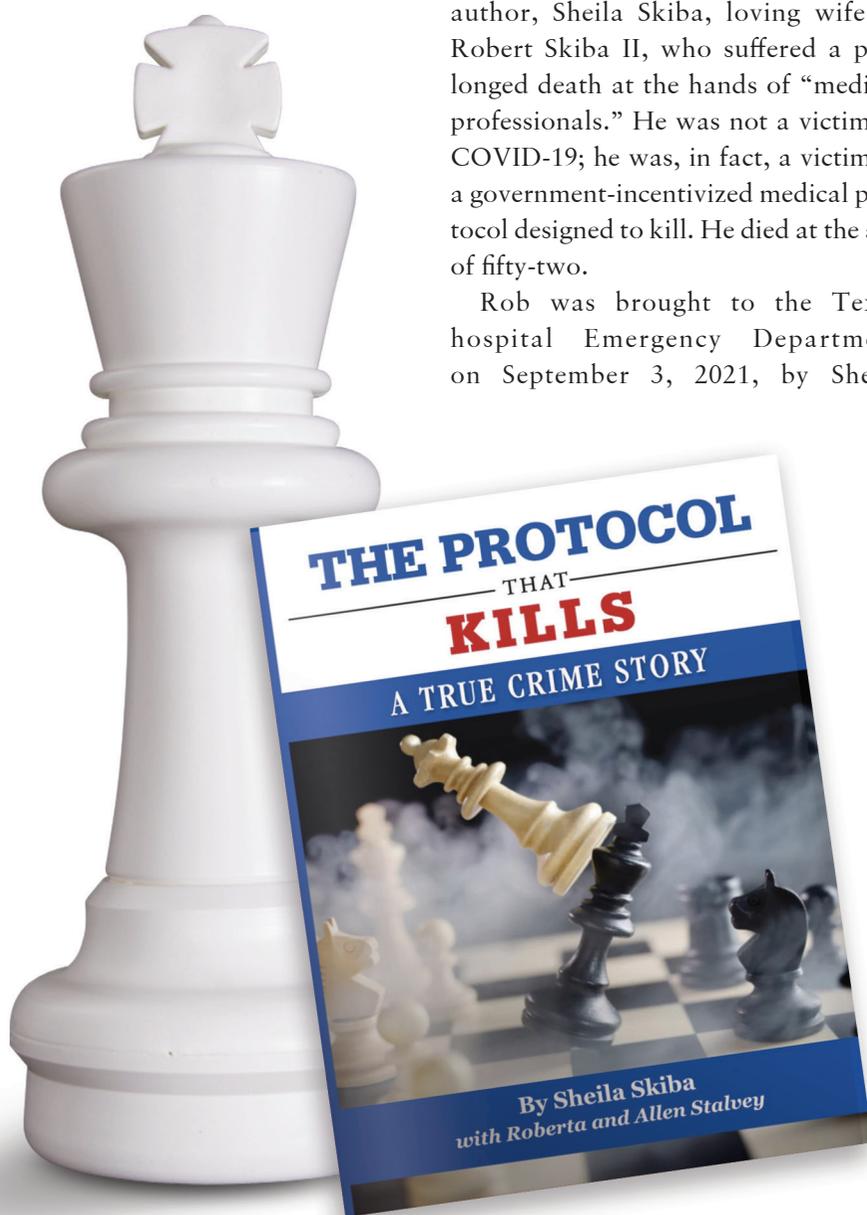
I read this book about one year ago and I am still haunted by it. This is the true documented exposé by author, Sheila Skiba, loving wife of Robert Skiba II, who suffered a prolonged death at the hands of “medical professionals.” He was not a victim of COVID-19; he was, in fact, a victim of a government-incentivized medical protocol designed to kill. He died at the age of fifty-two.

Rob was brought to the Texas hospital Emergency Department on September 3, 2021, by Sheila

because of dyspnea and oxygen saturation levels that had dropped into the seventies. He wore a plastic shield, which Sheila found was easier for Rob to manage rather than a paper mask through which air flow was impeded. After a rude exchange from the admitting nurse, he was forced to put on a paper mask.

Before she was given a chance to provide any medical history, Sheila was asked if Rob was vaccinated. Sheila wondered to herself, “*What difference does it make?*” When she responded with “*No,*” Rob’s fate was sealed. Sheila was told to leave immediately, and she sensed Rob’s rising anxiety. As he was wheeled away between coughs, his last spoken words to Sheila were: “*If they don’t let you be my advocate, I’m going to die in here!*” This may sound dramatic to some, but Sheila and Rob were aware of the shortcomings of “the medical industrial complex.” Nevertheless, because she had Medical Power of Attorney and because she had informed hospital staff that he not to be given remdesivir or placed on a ventilator, Sheila felt somewhat reassured that this experience would be short-lived and that Rob would be released after a brief course of antibiotics and oxygen. She couldn’t have been more wrong.

Within a few hours, she was told his oxygen saturation was up to ninety-five and he was feeling much better. However, that evening, Sheila called the Emergency Department again and was told Rob’s oxygen saturations remained stable, but he had been transferred to the ICU to be given a high-risk, nebulized,



off-label drug, Veletri. Neither Sheila nor Rob was told this drug can cause “severe shortness of breath, gasping for breath (pulmonary edema) and possible death.” It is indicated for “severe pulmonary arterial hypertension,” a diagnosis that did not appear anywhere in Rob’s medical records. Although this did not make sense to Sheila, she told herself that as long as he is kept off the ventilator and not given remdesivir, he would recover.

Immediately after speaking with the Emergency Department nurse, Sheila called the ICU and was informed that Rob’s oxygen saturations were 99% and his pulse and blood pressure were stable while on high-flow oxygen. At this news, Sheila surmised that he was doing great. She was unaware at the time that long durations of high-flow oxygen are injurious to lungs. She also did not know that, minutes after his admission to the ICU, a nurse practitioner had written in Rob’s record, “Patient is at high risk for intubation.”

Not only was Rob given lethal high-dose oxygen, but Sheila was also informed he had been started on remdesivir without her or Rob’s knowledge (Rob was insistent that he never be given this drug; he referred to it as “Run! Death Is Near!”) It was later noted that in Rob’s chart, per the request of Sheila, it was documented multiple times that no remdesivir be given. Despite this, it was confirmed that Rob was given *a total of six doses of remdesivir* during the first three days of his hospital stay.

In summary, Rob was hospitalized for a total of forty days; more than half of those days he was in isolation; even Sheila was not allowed to see him. During his entire stay, Sheila called the hospital for daily updates; and she was able to get an online code that provided her with his medical records. The only drawback to this was the records were updated every 48 hours. By comparing what she was told over the phone with his hospital records, Sheila could readily see a discrepancy between what she was told and what she was reading. Out of frustration and desperation, Sheila began

documenting every exchange she had with the medical staff. Each entry was dated and timed.

I have only covered the first three days of Rob’s forty-day hospital stay. What I have described is only the beginning of a coerced, slow, and agonizing death. Hydration and nourishment were withheld, he was kept isolated and drugged against his will and, ultimately, placed on a ventilator to suffer a slow, horrific death.

This book provides a detailed timeline, medical records, and expert analysis (any medical terminology is clearly

explained). It was written to expose the gut-wrenching horror Sheila and Rob went through and it was written as a warning to others. Rob’s human rights were violated and abandoned. In short, this medically sanctioned murder appears to be occurring to both the vaccinated and unvaccinated. Each chapter is followed by a “Legal Counsel Statement,” which concluded that if Rob had been given only supplemental oxygen, antibiotics, steroids (and of course nutrition/hydration), he would still be alive today and still practicing his ministry. 🔥

## BOOK REVIEW

BY JERRY BROWN

# The Truth About Contagion: Exploring Theories of How Disease Spreads

By Thomas S. Cowan, M.D. and Sally Fallon Morell

(ISBN 978-1510768826; Skyhorse Publishing; 2021, hardcover, 216 pages; \$22.49)

Originally published as *The Contagion Myth: Why Viruses (including “Coronavirus”) Are Not the Cause of Disease* by Thomas S. Cowan, M.D. and Sally Fallon Morell, it has been republished under the title *The Truth About Contagion: Exploring Theories of How Disease Spreads*. This fascinating, fact-filled, groundbreaking book covers a range of topics around the cause of disease, especially what’s called “contagious disease.” The book has profound implications for the medical “sickness”

industry particularly the current “coronavirus pandemic.”

From the invention of the microscope in 1670 allowing researchers to blame disease on bacteria, to the fraudulent research of celebrity scientist, Louis Pasteur (considered the father of germ-theory) in the late 1800s, to the Spanish Flu epidemic of 1918, and to the historical correlation of environmental toxins to disease (including electricity, EMFs, the current proliferation of the wireless technology of 5G, and biodiesel fuel emissions originating from Roundup® (glyphosate) treated sources),

# THE TRUTH ABOUT CONTAGION

*Exploring Theories of How  
Disease Spreads*

THOMAS S. COWAN, MD, and  
SALLY FALLON MORELL

the authors provide fully documented facts about the history of germ-theory and practical understandable examples and explanations of our biological functions in the presence of environmental toxins.

The book is an exposé of the modern medical myth – that microorganisms cause disease and that these diseases can be spread from one person to another through coughs, sneezes, kisses, and hugs; and how modern vaccine theory developed based on hypothesis, presumptions, and even the fraudulent research of Louis Pasteur.

Dr. Cowan and Ms. Morell explain in plain language that a virus is not a living organism, but it is a collection of proteins of DNA and RNA enclosed in a cell membrane. Viruses, the authors say, became a convenient scapegoat for diseases that do not fit within the bacterial model. They postulate that medicine must put the questions of “what actually causes disease” squarely in the forefront of our thinking in order for humanity to progress.

Part 2 of the book, “What Causes Disease,” delves into the biology of how the poisons in our water, food, and air, as well as the poisons of electro-smog, are strong co-factors in the cause of disease.

The authors document that when respiratory illnesses started appearing in Wuhan, China in November 2019 after about 10,000 5G base stations were installed in that city, rather than finding proof of the cause, authorities relied on “presumptive evidence” that this new type of illness must be caused by a new or modified virus. Meanwhile, illnesses followed 5G installation in all major cities in America, starting with New York City in the Fall of 2019.

In the chapter “Testing Scam,” Dr. Cowan and his coauthor document the controversies surrounding the PCR test being used to diagnose

“COVID-19.” They reference a study by two prominent scientists called “Covid-19 PCR Tests are Scientifically Meaningless,” along with quoting the inventor of the PCR technology, Kary Mullis, who insisted time and time again, “PCR tests do not prove causation and cannot diagnose disease.” The CDC and FDA have even acknowledged that “[t]he PCR test cannot be used for diagnosis.” Yet, it was used to fuel the number of “cases” that, in turn, sustained a failed public policy of face masks, social-distancing, lockdowns, and quarantines! Why?!

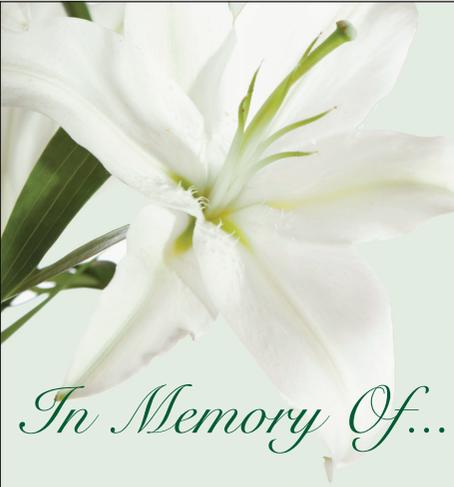
I found the Chapter “Exosomes” to be particularly enlightening as the authors review the history of microscopes allowing the “discovery” and identification of bacteria, viruses, and “particles” produced by human cells. They explain that when microscopes allowed scientists to “see” tiny particles at the site of disease they assumed they were harmful and named them *viruses*, after the Latin word for “toxin.” Yet these “particles” are actually “exosomes” and the authors state, “The germ theory is wrong; the virus theory is wrong. Incredible as it seems, we are sitting on a

house of cards that has resulted in incalculable harm to humanity. Viruses are not here to kill us; in reality they are exosomes whose role is to provide the detoxification package and the communication system to live a full and healthy existence. A war on viruses is a war on life, and a war on the forward evolution of humanity. These ‘viruses’ are not invaders but toxin-gobbling messengers that our cells produce to help us adjust to environmental assaults, including electro-smog. Exosomes are the scientific basis for challenging the notion of *contagion*.”

Part 3 of the book includes the chapters “Questioning COVID” and “A Vaccine For COVID-19” (which chapters alone are worth the time to read the book). Dr. Cowan and his coauthor state that, “Liability-free vaccine manufacturers means the consumer has no redress no matter how bad the injury; and it means vaccine manufacturers have absolutely no incentive to make a vaccine that is either safe or effective. It’s clear that vaccine is not going to save us – in fact it has the potential of inflicting enormous suffering on the World’s population. And all for an illness that is not contagious!”

In the chapter “5G and the Future of Humanity,” Dr. Cowan and Ms. Morell conclude that “Humanity is at a crossroads, and COVID-19 is the first wave of disease created by the introduction of the new technology of 5G. It is only the tip of the iceberg. It is my hope that out of this event, a new way of life will emerge in a world free of poisoned food, poisoned water, and the poisonous and false germ theory.”

I would highly recommend this book for anyone interested in health and well-being and the future of humanity and society. Understanding the history of germ-theory, vaccines, and environmental toxins in the role of “disease” helps us understand the foundation of the current standard medical model and provides us with the information and knowledge to make informed personal medical choices. It is a book that empowers freedom of choice through knowledge and awareness. 🔥



*In Memory Of...*

*Mossie Wells Stahley*

*Durk Pearson*

*Sandy Shaw*

*James John Gormley*

*Boris Dragin*

*Maria Celeste Garcia*

*Deputy William Butler*

**A Caring Memorial**

Remember your loved ones by serving the living. Your loving memorial will preserve the freedom to choose for your children and grandchildren. The NHF is an organization devoted to truth. Thank you for caring!

THIS GIFT IS IN MEMORY OF

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CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Would you like us to send you an acknowledgement card?  Yes  No

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Phone: 1-360-325-8692  
Fax: 1-360-496-6039



# NHF Board of Governors Election 2025 Notification

Dear Esteemed NHF members,

We are pleased to announce that the National Health Federation (NHF) Board of Governors Election of 2025 is now open for our members to cast their votes up to and including January 30, 2025. This year we revert to online voting. The paper-ballot method will still be available – but only upon special request. This voting method will enable the Federation to save thousands of dollars in costs.

**We Need Your Email Address**

All NHF members please make sure that the NHF HQ has your most current, working email address. If in doubt, please send it to us at [contact-us@thenhf.com](mailto:contact-us@thenhf.com) or correct it online through your membership portal at: <https://thenhf.com/members-only/update-membership-information/>.

**Look at the Candidates Here**

You can find information about the Board of Governors candidates who are up for re-election in this 2025 election cycle at <https://thenhf.com/nhf-board-elections-2025/>.

**Look for Your Link to Vote**

The link will be in an email that you should have already received from our online voting service, using the sender name “National Health Federation.” Voting is open to all members worldwide who are in good standing. As mentioned, for those NHF members who have given NHF their email addresses, a *special link with a registration code* to vote online has been sent to each member individually only by email during the first week of December 2024. Please look for it. One additional reminder email will be sent out to all registered voting members in early January 2025.

**How to Vote by Mail**

For any of you who may be electronically challenged, or who simply prefer to vote as in the past elections, you can contact the NHF headquarters by telephone (1-360-325-8692), fax (1-360-496-6039), email ([contact-us@thenhf.com](mailto:contact-us@thenhf.com)), or by regular post mail (P.O. Box 288, Mossyrock, Washington 98564, USA) and request that a paper ballot be mailed to you. Please provide your name and complete mailing address. So long as your ballot is properly marked, signed, and postmarked by January 30, 2025, it will be valid and counted.

**Election Results**

The results from the election will be announced in the issue of *Health Freedom News* that first follows the vote tabulation by the Federation’s CPAs.

Thank you for being a valuable member of the oldest and most-experienced health-freedom organization in the World, and an active supporter of all that our valued Governors themselves stand for and protect for us all. Your vote is very much appreciated and is your opportunity to weigh in with your voice for what direction NHF should take in protecting and sustaining the health and health freedom of everyone globally.

Thank you with my warmest wishes,

President  
National Health Federation

Think your modest gift to the  
Foundation for Health Research  
won't make a big difference?

Think again.

The numbers tell a different story.

**D**onations are the lifeblood of our support. When multiplied by gifts from thousands of your fellow FHR supporters, your donation meaningfully supports our work to educate others about the benefits of natural health alternatives to the mainstream medical madness and about the benefits of health freedom.

Contributing to the Foundation for Health Research, NHF's sister organization, is easy and tax-deductible. Go online to our donation page, choose the "recurring" option, and set a monthly or annual gift amount. We'll take care of the rest. And don't think it needs to be a lot. A monthly gift of \$25 or \$50 will go to good use.

*"Everything we do  
seeds the future.  
No action is  
an empty one."*

*~ Joan D. Chittister*

**FHR**

FOUNDATION  
FOR HEALTH  
RESEARCH

THE 501(C)(3) ARM OF THE  
NATIONAL HEALTH FEDERATION

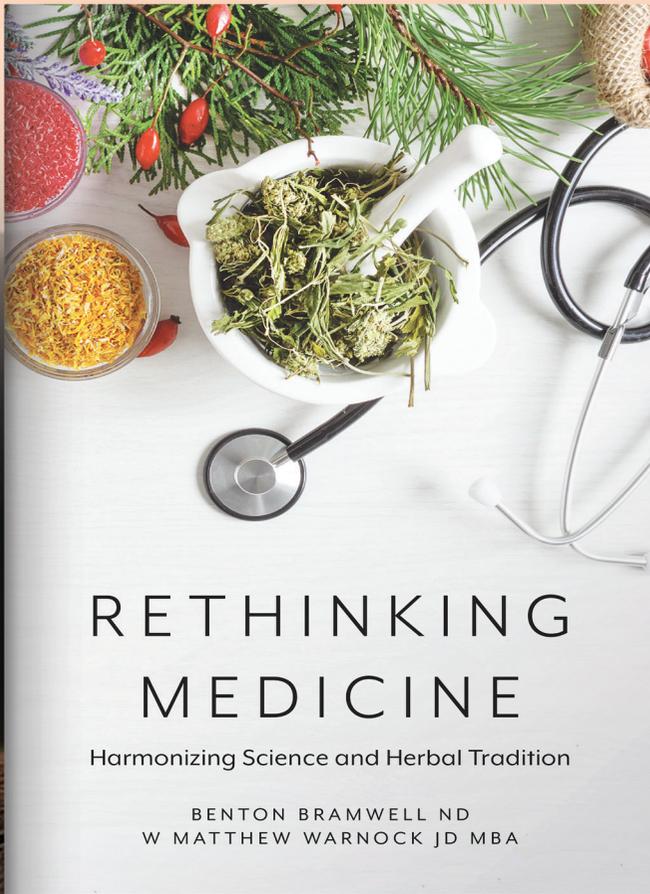
[www.foundationforhealthresearch.org](http://www.foundationforhealthresearch.org)

Foundation for Health Research  
P.O. Box 288  
Mossyrock, Washington 98564 USA  
Phone 1-360-325-8692



**NATIONAL HEALTH FEDERATION**  
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*Herbal  
 Tradition*

A HUNDRED YEARS AGO, AMERICAN HERBALISTS TAUGHT THE WORLD;  
 TODAY WE CAN ONLY USE FDA-APPROVED CHEMICAL DRUGS.  
 HUMANS AND HERBS HAVEN'T CHANGED, BUT HOW WE UNDERSTAND THEM HAS  
 --IT'S TIME TO RE-EXAMINE HOW CONVENTIONAL AND HERBAL MEDICINES ARE SIMILAR,  
 HOW THEY DIFFER, AND WHAT THEY CAN LEARN FROM EACH OTHER.

**BY BENTON BRAMWELL ND & MATTHEW WARNOCK JD MBA**



*"AMERICANS ARE OVERPRESCRIBED,  
 OVERDOSED, OVERCHARGED"*

