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HEALTH FREEDOM NEWS[®]

SPRING 2026 / VOLUME 44 / NO. 1
TRUE INFORMATION FOR TRUE HEALTH

Why I Support the National Health Federation

By Matt Warnock

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The Battles Have Only Just Begun

Page 6



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DEPARTMENTS



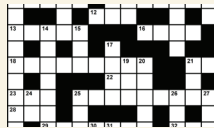
Letters to the Editor In this column, we share *your* impressions, comments, opinions, and views on various health and health-freedom topics, this time including thanks for NHF's work for health freedom, and the need to expose cloned meat in the U.S. food supply. **Page 4**



President's Note – The Battles Have Only Just Begun! NHF President Scott C. Tips examines the medical-monopoly associations' latest legal efforts to protect their cash-cow income at the expense of our health. **Page 6**



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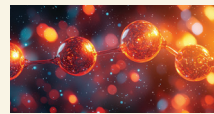
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Clostridium difficile – The "Count Dracula Bacterium" – Is Fast Becoming a Household Word The late health expert Bill Sardi reveals the surprising ways in which this modern-day plague can be defeated. **Page 12**



Living Legacy NHF CFO Katherine Carroll invites you to stay on target with intentional giving, noting the safety and integrity inherent in NHF's 71 years of serving you. **Page 15**



Is "Vitamin C Allergy" Valid? Richard Z. Cheng, MD, PhD ferrets out why an allergy to a life-essential nutrient is a logical impossibility despite continued claims for its existence. **Page 26**



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Your passionate advocate for Health Freedom,

Scott C. Tips



LETTERS TO THE EDITOR

Dear Editor,

Thank you for the work you do!

Sincerely,

Sally Zimmerman

Dear Editor,

Thank you for your tireless work on behalf of all of us!

Sincerely,

Jason Hunter

Dear Editor,

A great message needed for a healthy future!

Sincerely,

Vitamike

(Rumble channel comment on Scott Tips' year-end message)

Dear Editor,

It's crazy what they get away with ... like a wolf in sheep's clothing, anything for profit over people. [referring to NHF report "Cloned Meat Reportedly Circulating in U.S. Food Supply Without Labels"]

Sincerely,

Nancy McKain

Dear Editor,

I've followed your work for decades and can say with all confidence, "NHF has my full faith and confidence!" You have cut through the lies, and I can trust information coming from your fine publication and on the website to be the truth. Thank you for standing on the side of integrity.

Sincerely,

Dr. Thompson

EDITOR'S NOTE:

If you have noticed the brevity of some of the "letters" it is due to increasing amounts of comments being registered on NHF's social media channels and on our website. Please feel free to communicate with us there too!

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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THE BATTLES HAVE ONLY JUST BEGUN!

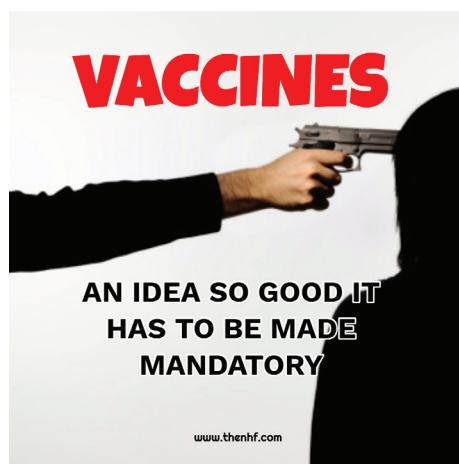
The MAHA Movement Has Succeeded in Reducing the Number of CDC-Recommended Vaccines

BY SCOTT C. TIPS, NHF PRESIDENT

The Trump Administration recently reduced the recommended vaccines to be given to children from an outrageous and insane 17 down to a less-insane 11. When I was a child, I had three vaccinations. Later, as a teenager, I received another two shots, one when I was pulled aside at the Brussels airport at the demand of the health authorities there and forcibly given an “overlooked” vaccination, and the other was given for Yellow Fever because I was travelling to Brazil. Needless to say, I thought that was more than enough.

Fast forward a generation or two, and we are confronted with a medical monopoly that: (1) makes billions off of vaccines for children; (2) has virtual immunity from any lawsuits for injuries or deaths caused to children by those vaccines; and (3) outright lies about the number of deaths and injuries caused by vaccines. “Unavoidably unsafe,” the U.S. Supreme Court called vaccines. And yet the Vaccine Cult has steadily rolled on over the decades, increasing the number of vaccine doses given to children to an astronomical 72 doses!

It’s a wonder, isn’t it, that humanity survived all of these millennia without vaccines? Of course, vaccine proponents will tout the longer lifespans and fewer children’s deaths since their introduction, completely oblivious to



the fact that the largest decline in morbidity – by 95-97% – occurred because of improved nutrition and public sanitation, well before the introduction of any vaccine. And they scratch their heads in wonder that similar declines in morbidity from Scarlet fever have happened without any vaccine having been introduced for that disease whatsoever.

Instead, the Vaccine Cult – like some kind of ancient Snake Cult – steals the credit for saving lives so that it can continue making billions off of the lives of humans. These proponents are dishonest to their rotten core, showing a reckless disregard for the lives of others just so they can make more money.

So, while we celebrate the return to reason by some medical authorities, we must be careful not to celebrate too soon. The CDC has still left in place its outrageous recommendation that “Getting a COVID-19 vaccine is a safer, more reliable

way to build protection than getting sick with COVID-19,” proving economic analyst Sean Ring’s point, “why do they always think that once the first battle is over, the job’s done? Revolution is easy. Administration is hard. We’ve seen it time and time again. Remember how “smoothly” Iraq went? Or how we spent two decades in Afghanistan to defeat the Taliban, only to leave them in charge once we departed?” And so, it is here.

Cash Cow Threatened

Several vaccine-industry front groups – the American Academy of Pediatrics (AAP), American Public Health Association, their Massachusetts affiliates, American College of Physicians, Infectious Diseases Society of America and Society for Maternal-Fetal Medicine have filed a lawsuit in U.S. District Court to block the next meeting of the Centers for Disease Control and Prevention’s vaccine advisers and to suspend the Agency’s newly revised childhood vaccine schedule, claiming that the Court must stop the spread of “misinformation” and “non-scientific” decisions and rulings.

As reported in *The Epoch Times*, on January 6, 2026, U.S. District Court Judge Brian Murphy refused to dismiss the Plaintiffs’ lawsuit, deciding that AAP had legal standing to bring its lawsuit because:¹

- it must now "devote significant time and resources to counseling many" of its members;
- the advisory changes threatened AAP's "core business activities";
- in changing COVID-19 vaccine recommendations for pregnant women and healthy children from universal to "shared clinical decision-making" the Department of Health and Human Services imposed costs on AAP members;
- now AAP members must spend their valuable time "engaging in SCDM conversations without compensation, absorbing the full cost of purchasing vaccine doses that go unused due to the Directive's suppression of vaccine uptake, and being able to see fewer patients per day due to the increased amount of time spent with patients discussing vaccines";
- "the changes in recommendations would and will cause insurers to change their billing for the COVID vaccine"; and
- "AAP's recommendations to physicians on vaccine use predate the creation of" the CDC's Advisory Committee

on Immunization Practices "by more than 25 years" and is not just "educational and advocacy work."

Cry me a river! *None* of this Judge's bases for granting standing to this pharmaceutical-industry front group is a reasonable basis, especially when the U.S. Supreme Court has already rejected standing for pro-life emergency-room doctors who had more skin in the game with their lawsuits against the FDA's loosening of abortion-pill regulation. Legal standing is the requirement that a person bringing a lawsuit must have a direct, concrete stake in the outcome because he or she has suffered, or will imminently suffer, a specific injury caused by the challenged action.

Children's Health Defense general counsel Kim Mack Rosenberg probably said it best when she commented to *The Defender*, "It is telling that one of the alleged financial injuries to doctors discussed in the judge's order is that pediatricians will have to spend more time discussing vaccines with families and thus will not be able to see as many patients each day." The Judge is admitting then that families are not getting informed consent from doctors.

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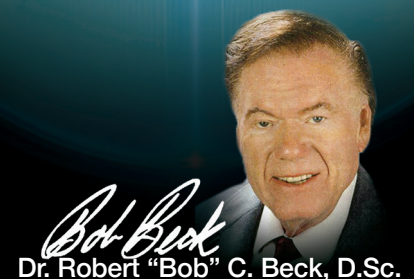
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| VACCINE OR PREVENTIVE ANTIBODY | BIRTH | 1 MONTH | 2 MONTHS | 4 MONTHS | 6 MONTHS | 7 MONTHS | 8 MONTHS | 12 MONTHS | 15 MONTHS | 18 MONTHS | 19 MONTHS | 20-23 MONTHS |
|--------------------------------|--|---------|----------|----------|---|----------|----------|-----------|-----------|-----------|-----------|--------------|
| RSV antibody | Depends on mother's RSV vaccine status | | | | Depends on child's health status | | | | | | | |
| Hepatitis B | Dose 1 | Dose 2 | | | Dose 3 | | | | | | | |
| Rotavirus | | Dose 1 | Dose 2 | Dose 3 | | | | | | | | |
| DTaP | | Dose 1 | Dose 2 | Dose 3 | | | | | Dose 4 | | | |
| Hib | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | | | |
| Pneumococcal | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | | | |
| Polio | | Dose 1 | Dose 2 | | Dose 3 | | | | | | | |
| COVID-19 | [Shaded area] | | | | | | | | | | | |
| Influenza/Flu | | | | | Every year. Two doses for some children | | | | | | | |
| MMR | | | | | | | | Dose 1 | | | | |
| Chickenpox | | | | | | | | Dose 1 | | | | |
| Hepatitis A | | | | | 2 doses separated by 6 months | | | | | | | |



Truly a man ahead of his time, Bob Beck recognized that the health challenges many people face can be addressed effortlessly and painlessly through some very basic technology.

bobbeck.com

These People Should Not Be Allowed Around Sharp Objects

The Plaintiffs have no real standing to bring their lawsuit against RFK, Jr. The fact that the Plaintiffs have had to lodge their *Fourth* Amended Complaint with the Court gives away that little secret, as they struggle to frame their claims into some sort of coherent, actionable claim.

It's funny how this court is allowing these pharmaceutical-funded plaintiffs plenty of opportunity to plead standing when during the COVID-19 pandemic, the Courts routinely tossed out cases right and left because the COVID-19 vaccine injured had no "standing" to bring their cases.

But what is just as insulting to everyone's intelligence is Plaintiff's assertion that with this new, greatly reduced list of recommended vaccines, these poor, overworked pediatricians, who probably make more money in a month than I do

in a year, will now – finally! – have to actually do their jobs and spend the "extra" time discussing and obtaining informed consent from their patients.

How unfair! How horrible! These poor, downtrodden doctors will now be expected to do the very job that they should have been doing for 50-60 years all along! How *dare* anyone ask them to do their jobs! This is an extra burden, they say, that the Court should fix and eliminate. In other words, the medical associations are demanding business as usual: the patients need to shut up and take whatever medicine, including vaccines, the doctor-god orders.

Instead, as Ohio attorney Tom Renz suggests, "Bring another case against them for not having provided informed consent. They just admitted it in court!"

The Nipah Virus

The battles never seem to end. We cannot rest on any laurels when

we enjoy success. Now we hear of the latest health threat coming from India: the Nipah Virus. The mainstream media is raising the alarm over this latest virus to rear its ugly head, saying that it has a 40-75% fatality rate and could – of course – spread to the rest of the World. But the mainstream media's credibility on such issues was soundly crushed during the COVID-19 plandemic.

The Nipah virus could be the next vehicle used by the Biomedical Security State to remove the rest of our freedoms and depopulate the Planet even further. Or, it could fade into obscurity just as the Zika virus did a decade ago or the Swine Flu virus did in 1975.

Regardless, we all must realize that with every victory opposition will arise – just as has happened with the AAP lawsuit – and that we must redouble our efforts and work more closely together to secure our health freedoms. 🔥

1 For standing purposes, only one of the plaintiffs needs to have standing.



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Why I Support NHF

BY MATT WARNOCK, NHF BOARD MEMBER

In 2024, I didn't even know the National Health Federation (NHF) existed. I had never heard of it, or if I had, I hadn't paid attention. Like many things in life, discovering NHF was a happy accident!

I'm the second-generation owner of RidgeCrest Herbals, an herbal remedies company co-founded by my father in 1993. After a career in law, I joined RidgeCrest Herbals in 2000 and soon fell in love with the industry, and its people. I knew that in 1994, the Dietary Supplement Health and Education Act (DSHEA) had saved dietary supplements, including herbal remedies, from annihilation by the FDA. But it was thirty years later, in 2024, that I first learned of the important role that the National Health Federation (www.thenhf.com) had played in passing DSHEA. I immediately joined as a lifetime member.

I soon learned that while there are many health-freedom organizations, NHF was the oldest, and was uniquely inspired and positioned to protect health freedom. Other organizations sought to amend or correct FDA regulation (a good thing, but not nearly good enough). NHF pushed to return power from the government to the people, making healthcare the patient's choice, not just that of doctors, government, and industry. Why are our health options limited by FDA experts? Why can't we decide for ourselves? Who knows our needs best?

NHF was founded in 1955 by Fred Hart, a man who had lost his beloved wife Eva to cancer, after FDA seized her electromagnetic pulse treatment as an "unapproved therapy." Today, that same therapy is used for a wide variety of conditions, both approved and otherwise. For the rest of his life, Fred fought back against one-size-fits-all medicine, and the administrative overreach that controls our healthcare choices. Today, the NHF continues that battle, and after more than a century of healthcare corruption, overreach and abuse, we (the people) are finally gaining ground.

- NHF is led today by Scott Tips, an experienced attorney and a fearless fighter for health freedom.
- NHF is governed by a board of 12 people from all over the World, including several MDs and others with a love of health and health freedom. The Board is elected by NHF members – there are no shareholders, corporate members, or other special interests to cloud or dilute NHF's vision.
- NHF is the only health-freedom organization with a seat at Codex Alimentarius, the food code section



of the United Nations' (UN) World Health Organization (WHO), where corporate interests try to force their views on the whole World at once. Scott Tips is very effective at resisting their agenda.

- NHF lobbyist Charles Frohman represents NHF members at Congress, pushing back against U.S. regulatory capture, and ensuring our concerns as consumers are heard.

- *Health Freedom News*, the NHF quarterly magazine, reaches and unites individuals worldwide who believe that we should be free to decide what works best for us, without being dictated to and controlled by corporate interests.
- NHF has members in countries throughout the World, fighting for health freedom everywhere, not just in the U.S. Our April 2024 conference in Heilbronn, Germany, for example, was an international success.
- The utter failure of public health under COVID-19 has shown us why the system can't be trusted. Government control over things they can't control (like our health) is a fool's game. We must each take charge of our own health and wellness.

Our modern healthcare system is based on a number of assumptions we now know to be false. Yet the law in most countries, perhaps especially in the United States, continues to treat them as if they were unquestionable gospel truth. These false assumptions include:

- **Modern medicine has conquered most infectious diseases.** In reality, food and water hygiene, and public sanitation did most of that. Vaccines have also played a role – but we still shouldn't be forced to take them against our will.
- **Food isn't medicine.** Good food, water, exercise, rest, and lower stress are *great* medicine – but they don't feed the Big Ag, Big Pharma, medical, and insurance monopolies.
- **Only approved drugs can diagnose, treat, cure, or prevent disease.** Health and wellness prevents and cures disease – and we're now more chronically ill than ever. Approval adds nothing but cost, red tape, delay, and monopoly pricing.
- **There is one best treatment (the "standard of care") for every disease.** Even when they have the same disease, patients differ, and treatments should too.
- **Regulation ensures that all treatments are safe and**

effective. Most drugs are a tradeoff based on dose: bigger doses are more effective, but less safe. Smaller doses in combination have been used in herbal medicine for centuries. Effective is easy – just pick the biggest hammer you can find. Safe is much harder, especially with patented, synthetic, unknown molecules. When drug approval costs billions, unpatentable natural options have no way to get approved – even if they work.

- **Clinical trials and statistics tell us which treatment is best.** Medicine treats individuals, not populations. Statistics don't predict individual response. Individuals need affordable options, not officials telling them what's best for everyone.
- **Evidence-based medicine (randomized clinical trials) is the gold standard.** Not all clinical trials are good evidence, and not all good evidence is in clinical trials. Clinical trials are largely based on 1925 statistical methods, and we've learned a lot since then.

A "gold standard" is often just an excuse used to justify a premium or monopoly price. When applied to tools (scientific or otherwise) the very idea is absurd. Which is the "gold standard" tool in a woodworker's or machinist's tool bench? Every tool has a purpose and an application, and every tool can be misapplied or abused. New tools are adapted, improved, invented, or improvised daily in every other industry on the Planet, all without government oversight or approval. Tools aren't inherently good or bad, safe or effective – that depends entirely on the task at hand and the skill of the user, whether professional or a weekend warrior.

During America's Gilded Age, when robber barons controlled most major industries from sugar to oil, monopolies ruled. Boss Tweed, head of the notorious Tammany Hall political machine that ran New York, famously said "I don't care who does the voting, as long as I get to do the nominating." If you set the menu, you control the meal. Today, Big Pharma (through FDA) controls the drug menu, and sets their prices accordingly. We pay more per capita than any country in the World, and we get worse results. Is anyone surprised?

To protect ourselves and our health, we need good and affordable tools. We won't have them, so long as the FDA limits our health options. While the FDA controls the U.S. market, drug monopolists control the menu and the prices. It's high time our government protected the people's rights and needs, rather than monopolists' greed.

One of the oldest and most sacred principles of medicine is *primum non nocere*, or "first, do no harm." But today, medical error is the third leading cause of death, after only heart disease and cancer. In fact, death by medicine may well exceed cancer, especially given that (1) cancer treatments are nearly as toxic as cancer itself, and (2) death by medicine includes not only medical errors, but also non-error adverse events, such as healthcare-as-

sociated infections, complications, drug toxicity, addiction and overdose, suicide, and more.

Modern medicine is appallingly toxic. It isn't usually doctors' fault – if they had better tools, they would use them. No one goes into medicine to hurt people, but you can only work with tools you actually have. When medical education only covers approved subjects; when you have to practice a certain way or lose your license; when certain treatments aren't approved by insurance, and others are outlawed entirely; and when many solutions aren't affordable; you don't really have the freedom to treat patients in ways they need and deserve.

In addition, physicians are routinely getting bad research information. There is a replication crisis in medical science today. Most published clinical results can't be replicated; in fact, *most* published results are wrong, so published scientific literature is no longer a reliable source of information. "Official" science that can't be questioned or replicated is just window-dressing, if not outright propaganda and fraud.

The hobbling of physicians begins in medical school. The Flexner Report of 1910, created by the cooperation of the Carnegie and Rockefeller Institutes (the biggest rival monopolists of the Gilded Age), decided which of the 200 existing medical schools were "scientific" enough to be saved. Chiropractic, herbal, homeopathic, and other medical "sects" (their term) were excluded and closed down – only schools teaching germ-based theories of disease and petroleum-based synthetic chemistry were approved. By 1933, only twenty schools hand-picked by the monopolists were allowed to produce MDs, and by 1938, only drugs approved by the FDA were allowed for use. Herbal drugs that had been safely and effectively used for over 60,000 years (that we know of), were outlawed in favor of synthetic molecules promoted by the patented drug industry monopolists. New technologies, like the Pulsed EMF treatment Fred Hart's wife Eva was using, or Linus Pauling's orthomolecular medicine, were seized and prosecuted.

Today, Bill Gates and others continue the monopolist tradition, pushing for mandatory and universal vaccination to prevent an increasing number of natural and man-made disease threats, while vaccine companies (in which Gates and his foundation are heavily invested) are held immune from any harm they may cause. Of course it's more profitable to vaccinate everyone, than to treat rare diseases if and when they occur – but that doesn't make it right to vaccinate people against their will. Health freedom is just as vital as free speech, press, worship, or assembly!

We all deserve better, and NHF has been fighting for us for over 71 years now. Please support them in their fight – we'll all be healthier for it. Join us, and donate now! Most importantly, talk about health freedom with your friends and neighbors. It's time for a healthy change! 🔥

CLOSTRIDIUM DIFFICILE

The “Count Dracula Bacterium” – Is Fast Becoming a Household Word

BY BILL SARDI

As deadly as *Clostridium difficile* infection is, just like Count Dracula who was vulnerable to garlic and sunlight, so is this pervasive bacterium.

What modern medicine is unwilling to say is that the digestive tract of every human being harbors a potentially mortal soil organism that is killing off a growing number of Americans. A recent report says that “*Clostridium difficile* infection is not new, but it is posing more problems than ever before.”

People are not suddenly infected by *Clostridium difficile* via contact with pets, foods, or human-to-human transfer of this bug. They already had it as part of the makeup of 100 trillion organisms that inhabit the human gut (intestines). Healthy digestive tracts resist growth of *C. diff*. Only an abundance of various families of healthy gut bacteria protects against a raging infection.

Antibiotics Provoke, Rather than Control, C. diff.

This bacterium erupts and produces symptoms after sterilization of the digestive tract by antibiotics when there are no opposing bacteria to keep it in check. With 269.4 million antibiotic prescriptions in the U.S. in 2017, that is a lot of opportunity for a potentially lethal germ to produce a long list of agonizing symptoms for a lot of people. *C. diff* amounts to about \$3 billion of associated expenses.

In particular, three antibiotics, ampicillin, amoxicillin, and cephalexin (Keflex) provoke spores to erupt from *Clostridium difficile* bacteria in the intestines. The antibiotics fidaxomicin and metronidazole are often effective at curing *C. diff*; and Vancomycin, the most effective

antibiotic, is usually held as the antibiotic of last resort should all other antibiotics fail. Between 20% and 35% of patients treated with antibiotics will fail initial antibiotic treatment. But antibiotic resistance can occur and then patients are out of luck.

Last-Resort Treatment

When all else fails there is transplantation of healthy fecal bacteria transplantation. It is 92% effective at quelling this disease.

Transmission

C. diff. spores are spread by dogs, water sources, root vegetables, and soil. One study shows the most common routes of transmission are contact with symptomatic carriers (53%), hospital environment (40%), and non-symptomatic carriers (20%). *C. diff* carriers with symptoms are 15 times more likely to transmit this germ to others than non-symptomatic carriers. But there is growing concern that non-symptomatic carriers are spreading *C. diff* outside the hospital.

More often *C. diff* spores are expelled in human waste and contaminate bathrooms and hospitals and its victims are then re-infected. *C. diff* spores can remain on surfaces for weeks, even months. Hand washing and use of chlorine (Clorox) are in order to eradicate this germ but may or may not be effective.

Spread Outside the Hospital

You may have heard *Clostridium difficile* is that life-threatening bacterium that kills elderly nursing home residents. In fact, those aged 65 and older make up two-thirds of all *C. diff* patients. There can be many reasons for this but two reasons top the list: The gut microbiome in elderly

patients will often change as they age; and the elderly are invariably plied with more antibiotics than other patients. Both of these actions can easily make them more susceptible to *C. difficile* infections.

Yes, but it is creeping into the community because of a quadrangulation of factors: antibiotics, antacid use, Vitamin-D deficiency, and a growing population of older adults whose immune systems aren't up to par. One study found 53% of healthy human adults tested positive for *C. diff* in stool samples.

One study shows a third of *C. diff* cases were not associated with hospital admission, which is a scary finding. The reported mortality rate is 1.0% to 2.5%, amounting to around 14,000 deaths per year.

C. diff epidemic: What Changed?

Why is *C. diff* becoming a public problem now? It is obvious the gut bacteria of Americans has been unfavorably altered over time.

Health authorities believe the microbiome – the volume and makeup of bacteria in the digestive tract of Americans – has changed over time. Between the 1980s to the present, Americans eating the same amount of food and participating in physical exercise are much heavier. They weigh more. By eating more carbohydrates and fructose-laden processed foods, the makeup of gut bacteria changed. Only 45% of gut bacteria samples from one adult subject were the same 45 years later (1970 and 2016).

The widespread use of high-fructose corn syrup, which is laced into bacon, peanut butter, most prepared meats, baked goods, and other processed foods, is of concern because fructose serves as a growth medium

for *C. diff.*

Probiotics to the Rescue

While there is an admitted critical need for non-antibiotic treatments, they are slow to be adopted by medical doctors and administrators. One can wonder why.

Probiotics – non-pathogenic healthy bacteria – are considered an effective remedy for *C. diff.* The co-use of probiotics and prebiotics as a preventive measure when antibiotics are prescribed should be routinely practiced by physicians who have been slow to adopt them along with other natural antibiotics like garlic and oregano oil that don't generate germ resistance.

Among probiotic strains, researchers have found the *Bifidobacterium longum* probiotic strain is the single most important species of bacteria associated with *Clostridium difficile* negative tests. Another study identifies *Lactobacillus rhamnosus* as the most effective probiotic strain.

Clostridium difficile infections are the most common cause of diarrhea associated with the healthcare institutions. One hospital has almost totally abolished *C. diff* symptoms by the use of two capsules of a combination of probiotic strains (*Lactobacillus casei* and *Lactobacillus rhamnosus* providing 50 billion healthy bacteria per capsule, commercially sold under the brand name BIO-K), prescribed within 36 hours of antibiotic use. A two-capsule-a-day regimen (100 billion bacteria) reduced antibiotic-associated diarrhea by 65%, reduced the duration of symptoms (6.4 days shorter), and achieved a 95% reduction in *C. diff* associated diarrhea cases specifically.

Don't drop your guard if you believe you have eradicated *C. diff* after successful treatment. Recurrence rates are high (30-40%). Recurrent *C. diff* infection is a risk factor for death. *C. diff* sufferers must be vigilant.

Zinc and *C. diff*

Zinc supplementation favorably alters the gut bacteria and decreases antibiotic resistance to *C. diff.* Be aware, though, there are contrary re-

ports warning the public away from high-dose zinc when battling *C. diff.* However, those reports were based upon a study where laboratory animals were given 1000 milligrams of zinc per kilogram (2.2 lbs.) of body weight, or the human equivalent of 70,000 milligrams of zinc (over two thousand 30-mg zinc pills), which is an extraordinary amount.

Ananda Prasad, the World's leading authority on zinc nutriture, says up to 45 milligrams of supplemental zinc can be consumed safely without upsetting the zinc/copper balance in the body. Zinc is widely used to quell diarrhea in children. Supplemental zinc reduces infections in the elderly.

Still, very little zinc is absorbed orally. The addition of Vitamin B6 with zinc increases zinc absorption. Accompanying selenium releases zinc from its binding protein to be bioavailable. Organic zinc (selenium attached to an amino acid like

should be screened for Vitamin-D levels upon admission.

Hospital infectious disease officers must know that *C. diff* is seasonal, occurring more often in early Spring after Winter when people spend more time indoors and when the Earth tilts away from the Sun in the Northern Hemisphere during Winter. Vitamin D is produced naturally in the skin by mid-day sun exposure. Hospitalized patients with blood levels of Vitamin D below 10 nanograms/milliliter of blood serum (1000 nanograms per deciliter) were found to be 4.96 times at greater risk for *C. diff* infection and diarrhea.

The Vitamin D Council suggests up to 6000 units of Vitamin D to achieve optimal blood levels. Here is the *C. diff* mortality rate experienced by hospitalized patients with recurrent infection according to their blood level of Vitamin D:

| Vitamin D Blood level (ng/milliliter) | Mortality |
|--|----------------|
| Severely deficient: less than 10 ng/mL | 1 in 40 (5.0%) |
| Deficient 10.0-19.9 ng/mL | 1 in 93 (1.0%) |
| Pre-deficient 20.0-29.9 ng/mL | 2 in 74 (3.1%) |
| Control group Over 30 ng/mL | 2 in 74 (2.7%) |

selenomethionine or SelenoExcel) is preferred over inorganic selenium (selenite, selenite).

C. diff and Vitamin D

Clostridium difficile should be characterized as the "Count Dracula" of microorganisms because it is quelled by garlic and sunlight. The medical literature shows that the rising rate of *C. diff* infections and deaths parallel the sun phobia created by the dermatology industry to prevent skin cancer (oddly, deadly melanoma skin cancer often emanates in skin not exposed to the Sun).

Hospitalized elderly patients with low Vitamin-D blood levels are almost five times more likely to develop *C. diff*-related diarrhea. (They should be adding Vitamin D to anti-diarrhea preparations.) This means every hospitalized patient

* All of the above patients should have been considered Vitamin-D deficient since optimal levels = 40-60+ ng/mL

Hospital rooms are typically void of sunlight, which is the primary source for Vitamin D in the body.

C. diff, Vitamin D, and Calcium

Of acute interest is the fact *C. diff* spores require calcium to germinate (become metabolically active) and poor calcium absorption due to low Vitamin-D levels may explain why *C. diff* often seems to be unconquerable. Calcium supplements for a short time may quell recurrence. *C. diff* infected individuals may do more to deactivate the spores via calcium and Vitamin-D intake than by attempting to cleanse their environment. After all, *C. diff* is everywhere.

Pepto-Bismol

While untested, Pepto-Bismol (*Bismuth subsalicylate*) and ordinary water passed through a cloth for filtration will create soluble bismuth that has activity against *C. diff* and prevents this bacterium from sticking to the wall of the intestines. A person can take either the soluble bismuth or the Pepto-Bismol to get this effect.

C. diff and Antacids

Antacids widely employed to relieve heartburn symptoms are particularly troublesome as they negate stomach (hydrochloric) acid that kills off incoming *C. diff* in consumed vegetables that are grown in the ground. *C. difficile* is a common soil organism, so it can be picked up from vegetables.

Antacids (such as Nexium, Prevacid, and Prilosec) are widely promoted for heartburn but when they provoke a *C. diff* eruption they can be life-threatening. Warnings should be added to antacid labels.

One hospital instituted a program to reduce antacid use and reports a 20% reduction in *C. diff* infection.

C. diff infection rates also rise with the use of antihistamines as histamine is required for stomach-acid secretion.

C. diff and Iron

Of interest is the role iron plays in *C. diff* infection. Up to 45% of infants test positive for *C. diff*. yet they rarely develop into symptomatic disease. *C. diff* and other bacteria require iron for growth. Since infants grow rapidly and are chronically anemic as their bone marrow produces millions of new red blood cells per second (iron being required to produce hemoglobin, the red pigment of blood cells), this becomes a mechanism that protects infants from infection of any kind.

On the other hand, full-grown males and non-menstruating females become iron overloaded and are therefore more prone to symptomatic infection. Supplemental lac-

toferrin, an iron-binding molecule, is posed to inhibit the growth of *C. diff*.

C. diff and Vitamin B12

The age-related decline in stomach-acid secretion or the chronic use of antacids may impair the absorption of Vitamin B12 from foods and supplements may not be adequate to correct the problem. Pernicious anemia may result with accompanying symptoms of fatigue, unexplained cough, short-term memory loss, burning feet, and unexplained coughs and backaches. A shortage of B12 via lack of stomach acid is associated with but not a cause of *C. difficile*.

Summary

When prescribed antibiotics of any kind, think *C. diff*. Probiotics (Bio-K), garlic, oregano oil, Vitamin D, zinc, and calcium are in order. Some people given antibiotics don't experience *C. diff* symptoms until months later. So vigilance is necessary, especially if over the age of 60. 🔥



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Living Legacy

BY KATHERINE CARROLL, CFO, NTP

This new year gives us pause, a time to reflect on our growth, our blessings, how we are evolving, and ultimately, continuing to align with our purpose in life ... **considering the legacy we will leave.** The fresh start of the new year, or even the breaking dawn of a new day, is a gift to us to remain in a constant state of re-evaluation of our lives.

“The unexamined life is not worth living,” Socrates noted. His ancient observation underscores our need to stay on target toward fulfillment of our purpose. It invites us to even surpass the trajectory we’ve set for ourselves by thoughtful consideration of exactly how our legacy is playing out.

Most of us schedule annual reviews of insurance to keep costs down while ensuring that we have adequate coverage on our home, business, and cars. We see to our health. We review finances and financial instruments. This time of year calls for a reset and **the National Health Federation would like to invite you to consider revisiting your will, not just in a “paperwork” way but in the light of stewardship of assets you’ve been blessed with and the purpose you have in life.**

Over the last fifteen years I have been with the National Health Federation (a 501(c)(4) nonprofit) and our sister organization, the Foundation for Health Research (a 501(c)(3) nonprofit), I have worked with many lawyers administering the last wishes of their clients – NHF members, as NHF is named as one of their beneficiaries. It is always deeply humbling to see such a profound commitment to health and health freedom put in place long past their lifetimes on Earth when they have chosen to

invest in the oldest health-freedom organization in the World.

It is amazing to me that NHF has outgrown the original moniker of the “National” Health Federation that founder Fred Hart selected. When President Scott Tips took it far beyond the confines of the United States and onto the global arena by obtaining the only health-freedom seat where food and nutritional supplement code is determined for the whole World at Codex Alimentarius, it expanded NHF’s influence and reach exponentially.

It is equally amazing that the NHF stands stronger than ever at 71-years-old with a solid financial foundation, zero debt, and a commitment to running “lean and mean” with a powerful Board of Governors and Advisory Board equally committed to NHF’s success. While many of the once-dominant companies and local retailers we grew up with – such as Kodak, Eastern Airlines, Montgomery Ward, and Sears – have disappeared or been forced into bankruptcy and reinvention as online-only businesses, the National Health Federation has moved in the opposite direction. NHF has expanded the scope of its advocacy exponentially, strengthened its operations, and broadened both its local and global efforts to protect health, health freedom, education, and bodily sovereignty.

Longevity with integrity, having earned the faith and trust of our members and donors, NHF

provides a safe place for donors to leave their legacy by inclusion in a will, or giving while living.

Trust is such a valuable asset and having lived on the “inside” of NHF, seeing as NHF’s CFO how funds are shepherded and allocated, knowing that many of us are literally working with the same salary without cost-of-living adjustments or raises that staff received back in 2010, and running NHF without frills and excess means something! Those of us committed to NHF and FHR realize we are blessed and fortunate to be a part of something far bigger than we are, staff, Board, and members alike.

There is an unspoken trust and unfailing belief that NHF will go on to protect and preserve what they, in their absence, no longer can on this Planet.

Those who know NHF’s incredibly successful track record combined with integrity know that their legacy is safe with NHF.

One of the biggest problems today is finding a place that is trustworthy to place your donations and to leave a legacy gift in a will or bequest. NHF and FHR are that place!

We give you the opportunity to start 2026 with intention, deep reflection, and a commitment to ensure your legacy keeps on giving. Please review your planned giving not only on a monthly basis but setting aside time to review your will or trust considering charitable priorities. Consult a legal professional to ensure your documents are sound. Making this a priority is a living testament to an intentional life that cares for those you may never meet but who need your help all the same. 🔥



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.



Rethinking Dairy: Full-Fat Foods and Brain Health

A long-term research project following more than 27,000 adults over about 25 years found that people who regularly ate full-fat cheese and cream had a lower risk of developing dementia later in life compared with those who ate little or none of these foods. Specifically, adults eating higher amounts of high-fat cheese had roughly a 13% lower risk of dementia, and those consuming cream regularly also showed a reduced risk. The link was strongest for vascular dementia, which challenges the idea that all high-fat dairy foods are bad for brain health. The study only included Swedish subjects, eating unpasteurized dairy. Further studies would have to compare Americans eating mainly dairy cooked in meals and with meat.

Du Y, Borné Y, Samuelsson J, Glans I, et al., "High- and Low-Fat Dairy Consumption and Long-Term Risk of Dementia," Neurology, 2026, 106 (2) DOI: 10.1212/WNL.0000000000214343.



Too Little Sleep Triggers Brain "Cleanup"

Researchers at MIT found that when you're extremely tired from lack of sleep, your brain sometimes briefly switches into a cleanup mode even while you're awake, similar to what normally happens during sleep. This cleaning phase involves waves of cerebrospinal fluid flowing through the brain to flush out waste as the brain tries to make up for missed sleep by activating this

waste-clearing process. But when it happens while awake, it interferes with attention and focus, causing short lapses in attention and slower reactions.

Yang Z, Williams S, Beldzik E, et al., "Attentional failures after sleep deprivation are locked to joint neurovascular, pupil and cerebrospinal fluid flow dynamics," Nature Neuroscience, 2025, 28 (12): 2526 DOI: 10.1038/s41593-025-02098-8.



Obesity Rates Higher When Fat Distribution Is Counted

A new research study suggests that nearly 70% of U.S. adults might now be considered obese when scientists use a broader and more accurate way of measuring body fat – not just the traditional BMI number based on height and weight. By including measurements like waist size and where fat is stored on the body, the updated definition captures many people who look “normal” on the scale but carry fat in

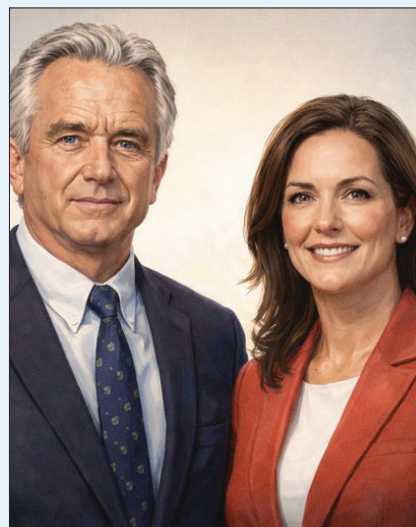
ways that raise their risk for diabetes, heart disease, and early death. This means that far more Americans may be at higher health risk than previously thought, especially older adults, and that body shape and fat distribution matter as much as how much someone weighs.

Fourman L, Awwad A, Gutiérrez-Sacristán A, et al., “Implications of a New Obesity Definition Among the All of Us Cohort,” JAMA Network Open, 2025, 8 (10): e2537619 DOI: 10.1001/jamanetworkopen.2025.37619.

U.S. Dietary Guidelines Flip the Food Pyramid Script on Protein and Fat

The newly released 2025–2030 U.S. Dietary Guidelines for Americans represent a major shift in nutrition policy, strongly encouraging Americans to eat significantly more protein – especially from animal sources like red meat, eggs, and full-fat dairy – and no longer discouraging saturated fats such as butter and beef tallow when eaten in moderation. Announced under the “Make America Healthy Again” (MAHA) initiative by Robert F. Kennedy, Jr. and Brooke Rollins, the guidelines aim to address chronic disease and metabolic decline, while also push-

ing for better nutrition education in medical training and a Federal definition of ultra-processed foods.



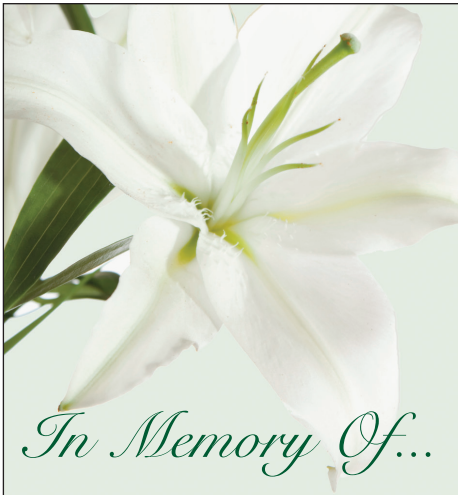
Higher Selenium Intake = Less Belly Fat

A study of nearly 3,000 adults in Newfoundland, Canada, found that people who ate more selenium per kilogram of body weight – a trace mineral found in seafood, meat, and nuts – tended to have much less visceral fat (the deep belly fat around organs linked to higher risk of diabetes and heart disease). After accounting for age, calories, and activity levels, those with the highest weight-adjusted selenium intake had roughly 50–60% lower visceral fat compared with those eating the least, and every 10% increase in selenium per body weight was tied to about a 2.7% reduction in visceral fat. This relationship only showed up when selenium intake was measured relative to body weight (not just total daily intake), and it was seen in both men and women across age groups.

SELENIUM RICH FOODS



Yu S, Zhang H, Du J, et al., “Significant reverse association between dietary selenium intake and visceral adiposity in the CODING study,” Sci Rep 15, 44920 (2025), <https://doi.org/10.1038/s41598-025-29228-3>.



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**Dr. Peter Duesberg
Bradley Jespersion
Ashley A. Stewart**

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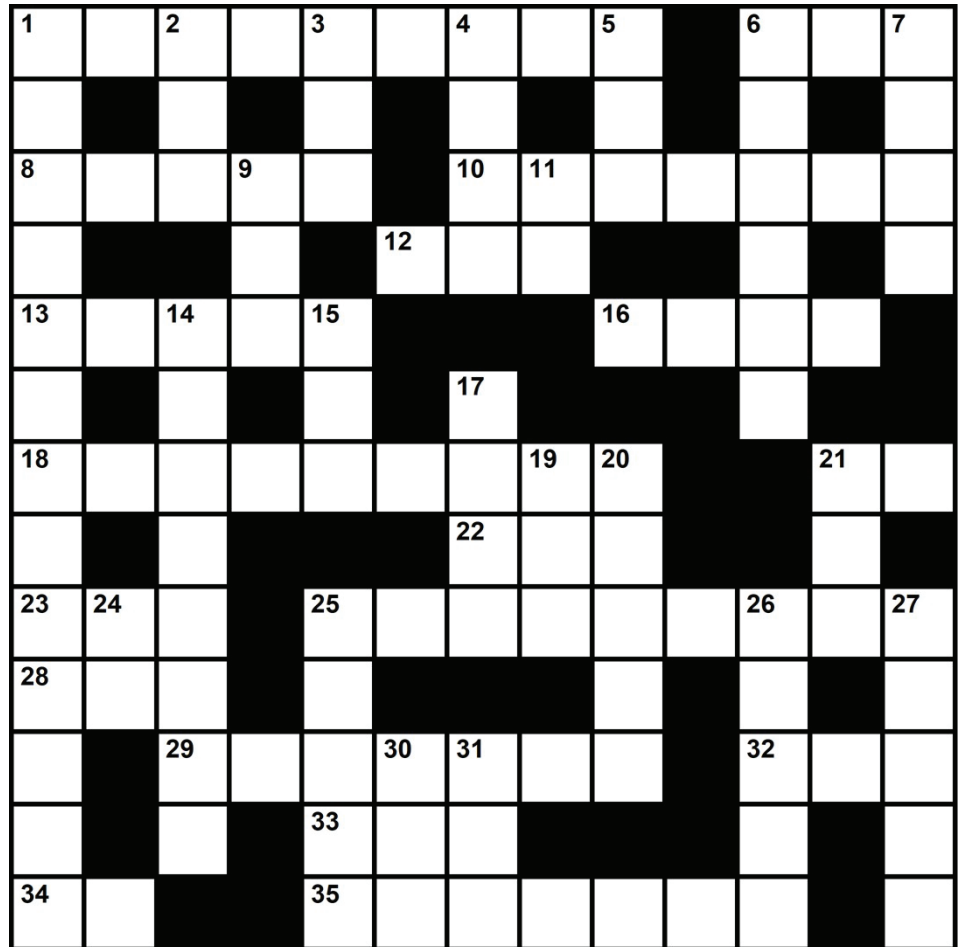
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NHF Crossword Puzzle

By Myles Mellor (Please see answers on page 24)



Across

- 1 Dietary sustenance for health
- 6 One who signs the Hippocratic Oath, abbr.
- 8 Relating to the nose
- 10 Hormone regulating blood sugar
- 12 Put into service
- 13 Organ that filters blood
- 16 Mouth related
- 18 Chief sources of new toxin exposures
- 21 Chemical symbol for selenium
- 22 Edge of a mouth
- 23 Stop a flow of liquid
- 25 Self amplifying mRNA injections
- 28 Tai ___ : mind-body practice
- 29 Dying - in relation to living cells
- 32 Belonging to us
- 33 Consume food
- 34 Unit of weight abbreviation
- 35 Deteriorate

Down

- 1 Very small spherical particle used in a pharmaceutical drug delivery system, 3 words
- 2 Gratitude shorthand
- 3 Under the weather
- 4 Colored part of the eye
- 5 Refusals
- 6 Location of the NHF 71st Anniversary Conference
- 7 Metal containers
- 9 Longevity subject
- 11 Compass direction, abbr.
- 14 One of the supplements vital to good health, 2 words
- 15 Brazilian city, informally
- 17 Seaweed, good for health
- 19 Zero
- 20 ___ protein syndrome
- 21 Primary source of natural Vitamin D
- 24 Exclamation of realization
- 25 Went fast. like a heart sometimes
- 26 Strong oxidizing agent which is an anti-pathogen
- 27 Engineered type of messenger RNA that replicates itself within host cells
- 30 Corinne Bailey ___ 2007 Grammy nominee
- 31 Available without prescription, abbreviation

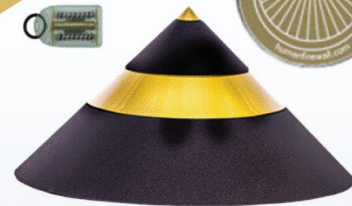
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Explained



MEDICAL FREEDOM AMENDMENT BROADCAST

By Michael LeVesque, NHF Board Member

Protection of Health from the Digital Surveillance Prison

We are in an era of advancing technology that has merged biological and digital information domains of human life. Acknowledging that health freedom and privacy are essential to liberty itself, we must affirm that every individual possesses inherent and inviolable right to sovereignty over their own body, mind, and medical data.

The Medical Freedom Amendment recognizes this inalienable right and establishes a permanent safeguard against medical coercion and digital domination. Therefore, the Medical Freedom Amendment was recently expanded to protect those freedoms and rights as constitutional recognition of personal digital-health sovereignty.

Digital health platforms, algorithmic diagnostics, and global ID frameworks are turning private health information into State-corporate property. Without explicit constitutional boundaries, governmental powers and commercial incentives threaten to reduce citizens to mere data sources. The Medical Freedom Amendment ensures medical innovation serves humans, and not the other way around.

Your body is not government property. Your data is not a corporate asset. Your consent is not ne-

gotiable. Technology now reaches deeper than politics ever could. It reaches into our hearts, our genes, and our thoughts. Every pulse, every step, every medical record is tracked, sold, and stored. The line between healthcare and control is vanishing. All health technologies must be transparent and accountable to the people, not to power.



There is now operating continuous surveillance via smartwatches, “wellness apps,” and telehealth systems that produce granular biometric data – your heart rate, sleep cycles, stress levels, fertility metrics, glucose patterns, even facial micro expressions. That data does not stay in the doctor’s office; it is stored in corporate

or governmental databases, often un-encrypted or sold to third parties.

The rise of data-fusion technology means private medical data is cross referenced with purchasing history, GPS data, and social media behavior to create psychographic profiles. Therefore, your biological signals are no longer private data. **The data has become commercial products and potential instruments for behavioral control.**

We are the first generation to face this choice: Human autonomy or algorithmic obedience. We must not fail to protect our future and the generations to come.

Governments and insurers already use “risk scoring” to influence policy, pricing, and even access to care. Adding digital health telemetry, and social-credit-style health-ranking systems become trivial to implement.

This is what is happening as digital IDs blend health records with civic identification as seen in the European Union’s “Digital Identity Wallet” and the United States public-private pilots under the Department of Health and Human Services and the Department of Homeland Security. Could these be weaponized? No vax? no travel; high BMI (Body Mass Index) higher insurance premium; poor mental-health score? flagged for “monitoring.” And once these feedback loops exist, health becomes a compliance mechanism, not a medical right.

Here is the recently expanded wording of the proposed Medical Freedom Amendment to the United States Constitution:

“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 order, emergency declaration, or enter into any treaty or international agreement that:

1. *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.

2. 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.

All people own all data derived from their body, mind, or biological functions, including but not limited to genetic, biometric, physiological, and psychological information. Medical data shall be treated as the personal property of the individual, inviolate and beyond the reach of corporate or governmental appropriation.

1. No person's biological data, health record, or biometric profile shall be accessed, stored, or transmitted without the Individual's informed, explicit, and revocable consent.

2. Any compelled or deceptive collection or monetization of biological data, directly or through digital systems, shall be deemed an unlawful search and seizure.

3. Congress and the States shall provide civil and criminal penalties for the unauthorized possession, trade, or commercial exploitation of personal health data."

The Medical Freedom Amendment (MFA) treats medical autonomy as the ultimate civil right, equal to speech, property, and belief. **This is now not just a battle for the soul of medicine, but for the sovereignty of the human self in this algorithmic era.** The current MFA brings the Constitution in alignment with the digital age by permanently prohibiting coerced medical interventions and unauthorized use of health data. **It codifies bodily autonomy, informed consent, and data ownership as unalienable rights.**

Please join the National Health Federation in this monumental fight for Health Freedom! Join the campaign (<https://thenhf.com/campaigns/>) supporting the NHF's lobbying and donate to aid our efforts. Thank you! 🔥

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.

Is there a way to fight back?

A way to defend your health freedoms and your moral rights to control what goes into your own body?

The answer is yes. For 71 years, the National Health Federation has stood on the front lines across the World, safeguarding and advancing your right to consume healthy food and supplements, and to use alternative life-saving therapies.

But the NHF can't do it alone. We need your support to eliminate restrictive health laws and to further advance what health freedoms we have now.

It is easy to join Become part of our powerful global community and become a member today.

NATIONAL HEALTH FEDERATION



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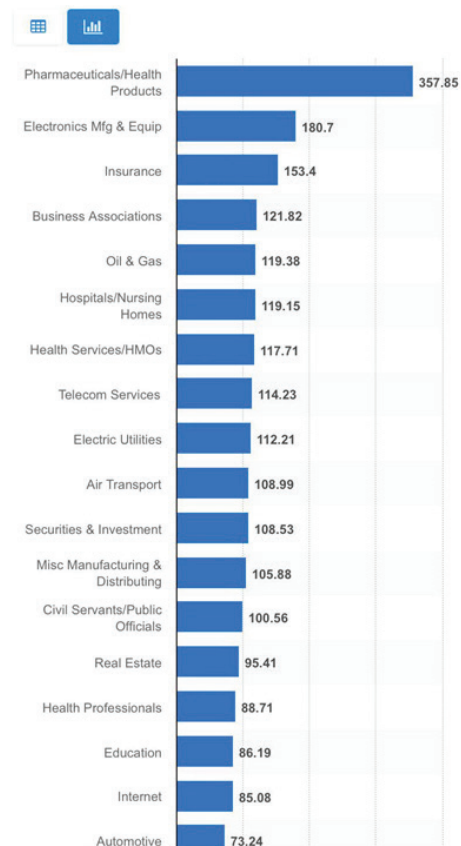
RFK, Jr's Wireless Danger Study Puts NHF Front and Center

HHS will study Wireless Harm, while the FCC (& the House soon) will deny Informed Consent on Antennas FORCED on Us outside our Bedrooms and Children's Classrooms

For an entire year Republican congressional staffers knew that Robert F. Kennedy, Jr., (RFK), the Make America Healthy Again (MAHA) hero working for President Trump, cared deeply about the densification of wireless radiation, not just about fraudulent vaccine “science” or unchecked pesticide contamination of our food. All but a few Republicans, however, have not done anything on telecommunication issues but do the bidding of the wireless carriers (such as Verizon or T-Mobile) in exchange for reelection contributions from the second most-funded lobby – big technology companies. With RFK’s announced wireless radiation harm study, though, the National Health Federation (NHF) now has an ally in its lead role in lobbying against forced antenna deployment of cell towers outside our bedrooms and children’s classrooms.

In a recent U.S. House Energy and Commerce committee hearing with the supposedly regulated Federal Communication Commis-

Leading lobbying industries in the United States in 2021, by total lobbying spending (in million U.S. dollars)



(In the above image, if one adds all of the health & tech interests together, one can see how easily they can bribe their way to power.)

sion (FCC) as its object, not one politician from either party asked why the rogue agency hadn’t updated its wireless radiation exposure limits – as ordered by D.C.’s Federal Appeals Court in 2021. Indeed, all politicians ever seem to ask on the subject of broadband is, “How do we bridge the digital divide?”

Not only is the FCC ignoring the courts but so is the U.S. Food and Drug Administration (FDA), which ignored its own 2019 National Toxicology Program’s finding of “clear and convincing” evidence (highest level of scientific confidence) of DNA damage and cancer from wireless radiation. We even have whistleblower testimony from Swisscom and T-Mobile admitting the need for “special caution for children.” Indeed, when independent of industry funding, 80% of studies find harm with wireless radiation. No wireless deployments should occur until FCC’s wireless exposure limits are based upon actual science.



One third of Americans already are sensitive to radio frequency microwave radiation, yet only one Republican has pushed legislation to empower local officials to zone cell towers safely far from our neighborhoods, nearby parks, or children’s schools. (Go to our NHF Campaigns page to input your zip code so you can email your politicians to support Rep. Smith’s (R-NJ) bill to restore local antenna-location discretion). Polls show

that two-thirds of Americans prefer a wired connection, and 90% of homebuyers would decline realtor offers of homes located too close to a cell tower, crushing those house values by 20%. *Indeed, "their" smart meters and cell towers represent an uncompensated, unconstitutional 5th Amendment taking on our health and property value!*

The rest of the House Energy and Commerce Committee members only a couple of months ago passed H.R. 2289, effectively prohibiting local counties and cities from preventing the construction of new cell towers anywhere, or adding an unlimited number of new antennas on any existing structure. Local officials have condemned this bill.

If the House or Senate fails to pass preemption, Telecom may get their way via the FCC, which also recently proposed the very same preemption as found in the bill. This does not bode well.

If it's too late to oppose the FCC's proposal, find your U.S. Representative and both Senators, go to their website contact sections and urge them to write the FCC to oppose Docket No. 25-276, preempting local antenna location discretion. If contacting your politicians via their websites, feel free to ask them at the same time to oppose HR 2289 (Carter, GA) but support HR 8082 (Smith, NJ).



Standing against this overwhelming tide in Congress for forced wireless is President Trump, specifically his MAHA hero, RFK. Wireless antennas, unlike wireline, emit radiation under investigation for contributing to the real epidemic, chronic disease (which has ex-

ploded from 10% of Americans in 1990 to over 50% by 2010). Several governors are cooperating with RFK (who is chairing the above investigation) to ban smartphones from schools to at least spare our children the ill-health effects of wireless radiation.

But Kennedy wasn't spending enough MAHA capital on wireless dangers. That changed after NHF gave emphasis to such dangers in our recommendation for how RFK could Make America Healthy Again. Cosigned by **bigwigs like Dr. Peter McCullough, Dr. Simone Gold, Tom Renz, Mary Holland, and Meryl Nass as well as over a dozen orgs and other experts**, NHF pushed MAHA solutions including, for wireless:

1. an unequivocal statement of the biological harms of electromagnetic radiation, based upon scientific findings;
2. a research agenda to estimate the full magnitude of the problem;
3. a plan for HHS to mitigate known harms;
4. a plan to prioritize deployment of wired broadband as a national policy for the health of all Americans, especially rural and children's health;
5. a plan for HHS publication of accurate information about the risks of EMF so that Americans can exercise informed decision-making over their technology decisions;
6. a call to amend the Communication Act of 1934 to restore local zoning discretion over the placement of wireless facilities and restore tort liability for radiofrequency exposures; and
7. a clear directive from the White House for the FCC to comply with the 2021 court order mandating updated, science-based exposure limits.

"The FCC must comply with the

court order before it or Congress takes any further step to advance the unchecked rollout of antennas across our neighborhoods, schools, offices, farms, and parks," NHF submitted to HHS.

Will RFK's order for HHS to study wireless radiation slow down either the bill or FCC? No idea, but what Americans should do – in keeping with Franklin's admonition at our Founding to advocate in order to avoid losing our Republic – is to do just that: advocate.

How? By going to the Campaigns page of our NHF website (<https://thenhf.com/campaigns/>) and following the instructions for how to take political action on those health and health-freedom issues important to you and your family.

Unfortunately, many politicians and their staffers have been led to believe that local regulations are the primary cause of poor mobile phone coverage. This overlooks the reality that coverage is often far better than telecommunications companies claim when they pressure local officials to approve unnecessary – and harmful – cell towers.

Congress has been ignoring the wireless catastrophe for years, including last year when their Parks law included Sections 141-143 that will carpet our national parks with antennas, rendering them unusable by the wireless injured and aggravating fire hazards as several, recent forest fires were caused by wireless equipment. Regarding the increased fires that will occur because of the wireless-promoting sections of the Parks law, Congress is considering even more bills – S. 1462 and HR 471 – to burn up our trees (with these bills ironically experimenting on fire prevention with a technology – wireless – responsible for the biggest fires in history).

And just as Congress finished last year ending our Parks as a

refuge for those seeking escape from digitalization, the FARM bill may return with wireless promotions like that contained in HR 1618 (pending in the Senate, having passed the House), carpeting our farms with wireless equipment that is proven to harm livestock, bankrupt farmers who can't sustain the new variable cost of precision agriculture, and expose the domestic food supply to hacking by adversaries (since 5G is inherently insecure, as warned by a former FCC Chair).

Back to the above local-preemption proposals from the FCC and HR 2289, experts have objected to the proposed expansion of integrated wireless IoT (Internet of Things) systems and smart-meter interoperability, calling it a **gateway to constant surveillance**. Several attorneys for digital-rights organizations claimed that the FCC rule facilitates *real-time behavioral data mining* through ubiquitous RF (radio frequency) devices connected to Federal monitoring networks. As I warned over a year ago when interviewed on Children's Health Defense TV, we don't want to be trapped in a digital prison, denying us daily living activities for failure to comply with vaccine mandates, energy rationing, or political discourse censorship:



Bear in mind, the Safe Tech branch of the health-freedom movement is not full of Luddite enemies of modern conveniences. Most of us use cell phones, but we're smart about it. At night we turn them (& the router) off and when in the pocket we switch them to "airplane" mode. Hands-free devices keep them safe on the desk.

When allowed by State law, and when affordable, families opt out of smart meters for water, gas, and electricity utilities. And when Telecom pushes local governments to accept a cell tower, property owners praise county officials when they pass ordinances (like this) to set towers back a mile from neighborhoods, schools, and other sensitive areas. That's because 4G towers can broadcast for many miles, and thus don't need to be constructed near where we live, work, or go about our lives.

Fixed telecom equipment, on the other hand, can be handled via wireline, such as fiber, which is faster, more reliable, more secure, and, in the long run, even more affordable. This holds true even for remote, rural homeowners.

And we've already paid for a wired connection to every home. Indeed, the 2020 D.C. Irregulars Decision greenlighted State Attorneys General and regulators to find out why a surcharge imposed on every landline owner's bill over the past decade never was spent as promised on a wired broadband connection to the "last mile" – that is, to every American's home. That controversy – worth 100s of billions of stolen dollars – will not go away, and when given due attention, will put Telecom in the crosshairs for the biggest corruption trial of the century. We want mobile connections, and the network of 4G cell towers easily can be zoned nationwide in a way that respects property owners' desire not to have their health and home values depressed by unwanted and unneeded antennas.

Conservatives support Republicans for opposing Biden's employer vaccine mandate, but we don't want to replace one threat to informed consent with another – via forced deployment of antennas outside our bedrooms, classrooms, and local parks – creating a SMART digital prison that will spy

on, fry us, and coerce behavior, implementing a communist behavior score depriving Americans of their natural, God-given rights. Pass HR 8082 to restore antenna location decision-making to where it belongs: with local experts familiar with the locale and who know how to balance convenience with safety. And defeat both the FCC rule proposal and HR 2289, which bulldozes antennas onto our properties with zero informed consent.

But do we have majorities to MAHA? The well-regarded POLITICO media organ interviewed me as NHF's lobbyist, in which I complained about the slow change in the people in demanding health freedom, while stressing the importance of legislative change in the 50 States (while we continue pressuring change in the Federal government in Washington, D.C.).

We can't lobby Health Freedom on all these issues, cooperating with other organizations as needed, and hosting monthly meetings and our annual conferences without your support.

Will you consider donating and subscribing for an invitation to our monthly Zooms?

P.S. Mark the calendar for NHF's annual conference, April 23rd-25th in Dallas – with keynotes from Catherine Austin Fitts, Thomas Renz, Howard Vliieger, Scott Tips, John Goodman, and of course Judy Mikovits! 🔥

Crossword Puzzle Answers

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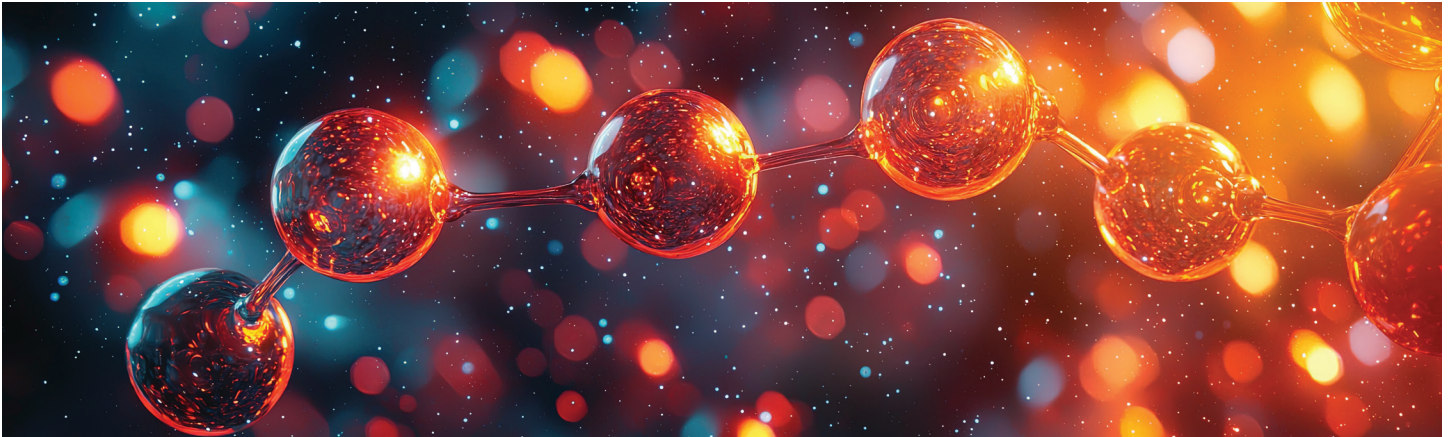
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Can a Life-Essential Nutrient Be an Allergen?

Why "Vitamin C Allergy" Is a Logical Impossibility

BY RICHARD Z. CHENG, MD, PHD

EDITOR-IN-CHIEF, ORTHOMOLECULAR MEDICINE NEWS SERVICE



I am asked this question with remarkable frequency by patients, physicians, pharmacists, and even at medical conferences, "Doctor, the IV Vitamin C instructions list many contraindications, including 'Vitamin C allergy'. Are these real?" The persistence of this question reveals a deeper issue. The problem is not confusion about intravenous Vitamin C itself, but a failure to apply elementary biological logic and common sense. When basic reasoning is ignored, even self-evident contradictions can become institutionalized in official protocols and echoed by so-called "experts". This problem is common in conventional medicine but is also quite visible in integrative and alternative medicine circles.

What "Allergy" Means in Clinical Practice

In clinical usage, the term "allergy" has a clear practical meaning. It refers to an immune-mediated adverse reaction that renders a substance unsafe and therefore avoidable. By definition, an allergen is something the body can, and

should, do without. This practical meaning holds regardless of immunologic mechanism. Whether one invokes IgE-mediated reactions, delayed hypersensitivity, or other immune pathways, the implication is the same: the substance must be avoided to prevent harm. This definition is sufficient for the argument that follows. The specific immune pathway is not.

What Vitamin C Is Biologically

Vitamin C (ascorbate) is an essential nutrient for humans. Because humans lack the enzyme L-gluconolactone oxidase, Vitamin C must be obtained from the diet. Once absorbed, however, ascorbate is no longer treated as a foreign substance. It becomes:

- ubiquitously distributed throughout human tissues
- actively transported into cells
- continuously recycled intracellularly
- functionally integrated into core metabolic processes

Vitamin C is indispensable for collagen synthesis, immune de-

fense, adrenal hormone production, and redox balance. Prolonged deficiency results in scurvy and, ultimately, death. By any meaningful biological definition, Vitamin C is essential for life.

The Central Logical Contradiction

Here is the issue, stated plainly: A substance that is essential for survival cannot simultaneously be an allergen in any meaningful medical sense. If Vitamin C were truly allergenic by any immune mechanism, it would require avoidance. Yet avoidance of Vitamin C is biologically incompatible with life. A molecule that must be present continuously to sustain human physiology cannot be classified as something the body must avoid.

Therefore, only one of the following statements can be true:

- Vitamin C is life-essential
- Vitamin C is an allergen
- Modern biology overwhelmingly supports the first. The second must therefore be false.

The Unavoidable Implication

If "Vitamin C allergy" were real in the clinical sense implied by drug inserts and contraindication lists, Vitamin C would need to be reclassified as a non-essential, foreign substance. Such a conclusion would contradict centuries of nutritional science, basic physiology, and everyday clinical reality. The contradiction does not reflect a gap in immunology. It reflects a failure of reasoning.

A Common Counterargument - and Why It Fails

Some argue that the immune system is imperfect and capable of misrecognition. They suggest that adverse immune reactions can arise stochastically, and that even essential nutrients could, in rare cases, provoke immune responses at high exposures. This argument misses the point.

The issue is not whether the immune system can react to unusual circumstances. The issue is what the term "allergy" implies in medicine: the need for avoidance. Immune reactions that do not necessitate avoidance are not allergies; they are intolerances, pharmacologic effects, formulation reactions, or transient physiological responses. Invoking immune imperfection does not rescue the concept of Vitamin C allergy. It merely changes the subject.

Why the Myth Persists

The phrase "Vitamin C allergy" appears in drug inserts and institutional protocols not because it is biologically valid, but because it has been copied without thinking. Once introduced, it propagated through administrative repetition rather than logical examination. Many clinicians repeat it uncritically, mistaking familiarity for correctness. This is not evidence-based medicine. It is template-based medicine.

Conclusion

A true allergy-defined as an immune reaction that necessitates

avoidance cannot apply to a life-essential nutrient. The continued listing of "Vitamin C allergy" as a contraindication is therefore a category error, not a scientific insight. Vitamin C does not violate logic. Logic was simply not applied consistently.

Experts should do more than inherit statements from protocols. They should ask whether those statements make biological sense.

A Related but Distinct Issue: G6PD Deficiency (and Why It Is Often Misremembered)

At this point, it may be helpful to briefly address glucose-6-phosphate dehydrogenase (G6PD) deficiency, as this is a related but fundamentally different issue that is frequently conflated with the non-existent concept of "Vitamin C allergy".

G6PD deficiency is a genetic enzymatic condition affecting red blood cell redox handling. In individuals with severe G6PD deficiency, exposure to strong oxidative stressors-including certain drugs, infections, and very high pharmacologic oxidant loads may precipitate hemolysis.

Importantly

- This is not an allergy. It is not immune-mediated.
- It does not imply avoidance of Vitamin C as a nutrient.
- The concern arises only in specific contexts, primarily with high-dose intravenous Vitamin C, where transient extracellular hydrogen peroxide generation can occur as a pharmacologic effect of very high plasma ascorbate levels. This issue is dose-dependent, route-dependent, and metabolic, not immunologic.

By Contrast

Oral Vitamin C, even at gram-level dosing, does not pose this risk and has been safely used for decades in individuals with known or unknown G6PD status.

Even in the IV setting, the risk is

relevant mainly to severe G6PD deficiency, and appropriate screening and dosing protocols fully address this concern. Thus, G6PD deficiency represents a pharmacologic redox consideration, not an allergy, and certainly not evidence that Vitamin C itself is something the body must or should avoid.

The frequent confusion arises because some clinicians vaguely recall a "contraindication" related to Vitamin C, misremember its basis, and incorrectly label it as an "allergy". Clarifying this distinction helps prevent exactly the type of conceptual error this article addresses.

Scope Clarification

This article addresses only one specific claim: the assertion that "Vitamin C allergy" exists as a meaningful clinical entity. It does not address other, separate considerations related to Vitamin C use, including but not limited to:

- G6PD deficiency
- Route-specific pharmacologic effects of intravenous dosing
- Dose-dependent redox physiology
- Renal handling, oxalate metabolism, or other safety discussions
- Those topics involve mechanism, dosing, and clinical judgment, not allergy, and should not be conflated with the logical and biological impossibility examined here.

Acknowledging these considerations does not legitimize the concept of 'Vitamin C allergy,' which remains a categorical error.

OMNS Takeaway

Either Vitamin C is essential for human life, or "Vitamin C allergy" exists. Biology allows only one of these to be true.

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BY MARGIE MILLER, RN, ARNP

Moving Beyond the COVID-19 Lies

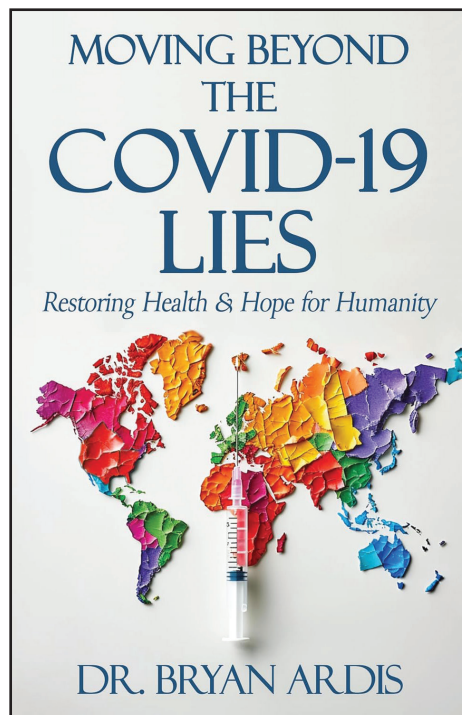
Restoring Health & Hope for Humanity

By Dr. Bryan Ardis, D.C.

(ISBN: 978-1-961641228, Harvest Creek Publishing; First Edition, 2024, paperback, 308 pages, \$22.13)

Dr. Bryan Ardis, D.C., opens his book by asking the reader to recall how he or she first learned of COVID-19 and he points out how incrementally, more and more nonsensical and contradictory restrictions were thrust upon us and impinged upon our daily lives. He lists many examples of diametric statements made by the National Institute of Allergy and Infection Disease (NIAID) that even a child could see were irrational.

He then describes how the death of his father-in-law at the hands of the medical establishment was the impetus that drove him to investigate and dig deep into the rapid decline trajectory of a man he deeply loved and respected. Despite his requests and his objections to what he had learned were toxic medications, he was dismissed. This rejection compelled him to investigate the rationale behind the close-mindedness of medical staff and their reticence to explore alternative treatments. Although there was no COVID-19 protocol on either the National Institutes of Health (NIH) or the Centers for Disease Prevention and Control (CDC) websites, through a memo written by Dr. Fauci, he learned that Remdesivir (an experimental anti-viral drug) and Vancomycin were both part of Fauci's COVID-19 protocol. Both of these drugs



lead to acute kidney failure.

The next portion of the book demonstrates the depths Dr. Ardis went into his investigation regarding the selection of Remdesivir as a treatment. He provides fascinating detail that describes a study that was financed by NIAID and overseen by Dr. Fauci's department. The study was designed to determine which of four experimental drugs was most effective in treating Ebola patients in Africa. One of those experimental drugs was Remdesivir; the other three were monoclonal antibody drugs. The outcome of Dr. Ardis' detective work uncovered deception beyond comprehension. Remdesivir treatments led to the highest death rate of the four

drugs (higher than the death rate of Ebola!), but any mention of this drug in the medical journal report was withheld. Through deception, this dangerous drug was accepted and approved by the Food and Drug Administration (FDA) as a first line "treatment" for hospitalized COVID-19 patients.

Shortly after Remdesivir was callously approved by the FDA, Dr. Ardis attended a Zoom meeting sponsored by the FDA. During the slide presentation (illustrated in the book), all of the expected adverse outcomes to the COVID-19 vaccine were listed, including death and myocarditis. Another adverse outcome listed was "vaccine enhanced disease." In other words, after receiving the shot, one will likely get COVID-19, and it will be worse (enhanced) than if the shot were never received. This slide was quickly removed. Dr. Ardis saw it and began to dig deeper.

From Chapter Five on, an even bigger story of deception unfolds. On December 21, 2021, Dr. Ardis received a text message from a colleague and good friend. It read, "If you were bitten by a rattlesnake, would you go to a hospital and get antivenom"? As Dr. Ardis put it, "Dr. Bartlett knew all he had to do was throw me a bone and I would go chasing and digging for the answer."

So, Dr. Ardis googled "an-

tivenom” and learned that the majority of all antivenoms are monoclonal antibodies! This triggered his memory of the Ebola study as he recalled that all three monoclonal antibodies outperformed Remdesivir. He learned Dr. Bartlett was treating his COVID-19 patients with monoclonal antibodies and getting a 100% success rate. At that time, the narrative persisted that the coronavirus originated from bats. This made no sense because antivenoms were working against COVID-19 symptoms almost 100% of the time. Imagine his shock when he then googled “COVID-19 origin and Snakes” to see, on CNN’s 2020 website, this headline: “Snakes Could Be the Source

of the Wuhan Coronavirus Outbreak.” Stated within this article, two snakes were singled out as the culprits: the Chinese Krait and the Chinese Cobra.

The biggest surprise to me explains why those who have received just one mRNA COVID-19 vaccine don’t usually get sick. First, it’s important to understand that during mice experiments/studies instead of injecting the complete venom protein, it was cut into two pieces. Each half was placed into two separate DNA plasmids. Each mouse was injected with only one of the DNA plasmids. None of the mice became sick. When injected with both plasmids, the two plasmids were spliced together via gene

transfer within minutes and all were dead within six hours. Recall that the mRNA vaccines were given in two separate doses, separated by two weeks. Similar to the outcome of the mouse studies, over 80% of all fatalities occurred within 48 hours after receiving the *second* injection of DNA plasmids!

All of the deceit uncovered by Dr. Ardis is documented with links to websites, journal articles, studies, and more. I have barely touched upon what he learned. Read this book and learn more of the deceit, how nicotine competes with the spike protein, the origin of the clots, how to heal from COVID-19 and much more! 🔥

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THE CLARITY ACT MUST BE DEFEATED!

BY STEVE MARTIN

President Donald Trump ran for office in 2024 on the promise to never allow a Central Bank Digital Currency (CBDC), and yet he was front and center urging the passage of the horribly named "Genius Act," which has already passed and establishes exactly that, even though they may slap a different name on it in an effort to fool patriotic, freedom-loving Americans.

While that Act would already allow for the seizure/freezing of "money" held in your name on the block chain by unelected bureaucrats, now we must urge opposition to the "Clarity Act" sponsored by Senators John Boozman (R-AR) and Corey Booker (D-NJ). This horrible piece of legislation (which has already passed the House) is designed to mimic the Chinese Communist Party's currency approach that ties your ability to literally "buy and sell" to a "social credit score,"

i.e., essentially totally muffling any dissent against their regime without the right of review or appeal. Every transaction you ever make (unless you opt only for strict barter of goods for goods with your neighbor) will be viewable and nixable in real time.

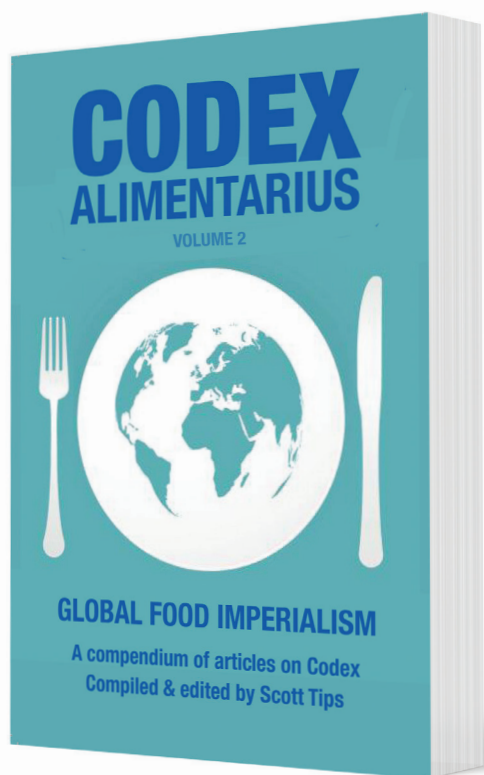
If the "Clarity Act" passes the Senate, it will give total "clarity" to the bureaucracy into every facet of the private lives of every American, and Trump's recent actions lend little hope to the idea that he might veto it. This is straight out of Chapter 13 of the Book of Revelation in its breathtaking tyrannical approach. It won't take much for a few widely broadcast incidents of citizens losing their "Clarity Card" - or whatever horrific name they decide to attach to it - for the cries to grow loud and louder for the information to simply be placed into a chip that can be inserted under the

skin of the back of the right hand or the forehead.

In other words, The Genius Act makes total tyranny possible, while the Clarity Act makes it a certainty and completes the infrastructure for the Beast System. If there were ever a time for Americans to stand up and say "NO!" then this is it.

The Crypto industry lobbying (2024) at \$21.55 million, and the banking industry lobbying at \$50-70 million, is driving this insanity; and we must make sure that their investment is totally futile. Please contact your two U.S. Senators by way of the Capitol switchboard, 202-456-1414 and at least the RINO John Boozman at 202-224-4843, and express your extreme displeasure with the Clarity Act.

Tell them you have some clarity for them! 🔥



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