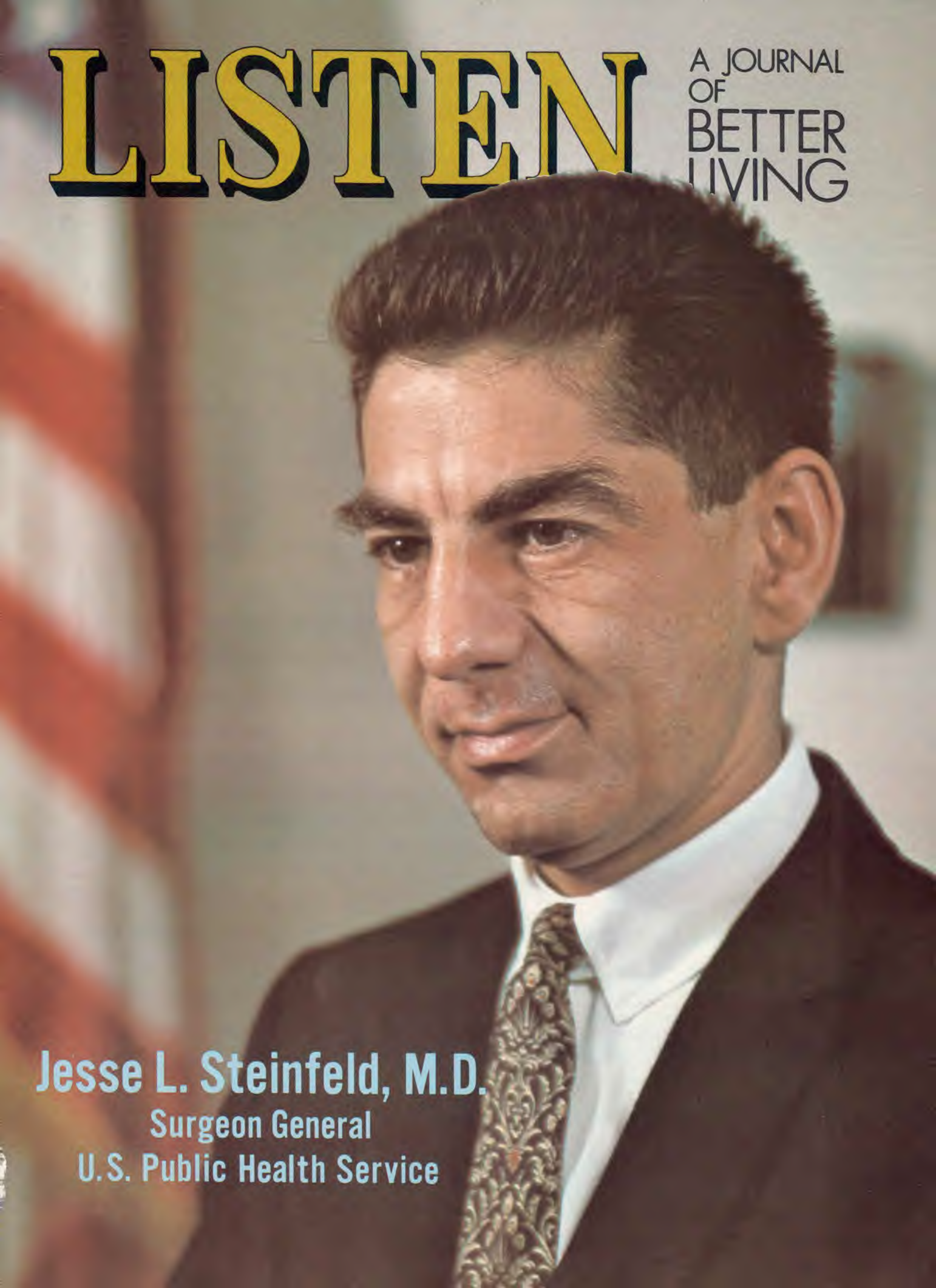


LISTEN

A JOURNAL
OF
BETTER
LIVING

A close-up portrait of Jesse L. Steinfeld, M.D., looking slightly to the left. He has dark hair, a serious expression, and is wearing a dark suit jacket, a white shirt, and a patterned tie. An American flag is visible in the blurred background on the left.

Jesse L. Steinfeld, M.D.
Surgeon General
U.S. Public Health Service

Bird Brains

Parrakeets are smart birds. In fact, because of their ability to learn they may at times seem almost human.

Unfortunately, their learned behavior can also include less-desirable actions we often see displayed by human beings.

"I am afraid Sparky, my parrakeet, has become a bit of an alcoholic over the last few years," writes an inquirer of Dr. Frank Miller, famed health authority for animal life.

This questioner then describes how the parrakeet started out by getting "the squeezings from my martini olives." After that, "for kicks my husband started putting some in his breakfast orange juice."

As a result, Sparky has spent much of his time the past two or more years "either high or hung over." All efforts to get him off the stuff have failed. Such efforts make him so impossible to live with, they soon are discontinued.

Sparky's owners feel that the alcohol "shouldn't hurt him too much," since they give him vitamins every day and he eats well.

Lately, though, other problems are arising. "He is not nearly as good a conversationalist. He mumbles a lot and seems to forget what he was talking about."

Comes back the answer from this animal specialist: "This could be a danger signal. The liver is not the only portion of the anatomy that suffers from alcoholic consumption. The brain also becomes increasingly damaged. Because a bird brain has less reserve, it shows the effect of these alcoholic attacks sooner."

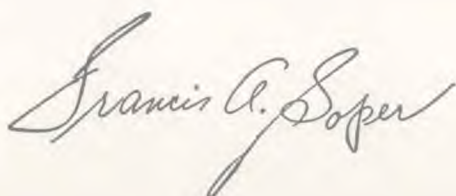
We are not telling this story to show that every brain alcohol affects is a "bird brain" in the usual sense of that term. Medically, it is a fact that the first effect of alcohol on anyone is on the higher nervous centers, especially the brain.

Nor are we telling this story to claim that drinking necessarily results in "bird brains." At times, however, after heavy ingestion human users could hardly run competition with birds who are not addicted.

Moreover, we are not telling this story to try to say that everyone who chooses to drink is a "bird brain." Perhaps they didn't know better at the time.

Why then tell this story? For one simple reason, and that is to point out again that wherever alcohol is used in beverage form it has an effect, an effect that begins to make the user inferior. Be he bird or human being, he isn't the same after imbibing as he was before—and the change isn't for the better.

There is one basic difference. Man chooses for the bird brain of his parrakeet. He ought to be able to choose better on his own behalf!



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- ◆ Here's a project that's getting through to kids who are pressured to try out drugs—"The Ear of the Beholder."
- ◆ There are times when you need a new start, a jet-propelled beginning. Here is the one for you: "Start the World—I Want to Get On."

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Alcohol or pot? —
I tried both,
but found
I was jumping — **From**
the Frying Pan
Into the Fire

R. M. Mayfield

HOW MANY alcoholics are making the transition from frequenting "joints" to smoking "joints" these days? I know from personal experience that this at first seems an easy and sensational leap—from the hangovers and debilitating effects of alcohol to the greener pastures of "grass."

I am one who tried this experiment. Alcohol had been the bane of my existence most of my adult life. I couldn't seem to live without it; nor could I live with it.

Jim, one of my fellow employees, introduced me to marijuana. I had been through another alcoholic episode requiring hospitalization and that very morning had faithfully promised my personnel manager that I would stay sober, a promise I had made many times. I knew this time that neither he nor I was in the least convinced. Realizing that another drinking episode could cost me my job, I listened to Jim's suggestion.

"You don't have to drink, Ron. You know what it does to you."

"Sure, that's easy for you to say, but you don't know how it is when the craving hits you."

"But that's just it, Ron. You can use something else besides booze for that craving. I *know*. I blow my mind, get stoned, sometimes, but I don't use the sauce. That's for squares. I use something that gives you a better high, and there's no hangover."

I looked at Jim suspiciously. He was younger than I, but not young enough to qualify as a hippie or a member of the "now" generation.

"What're you toutin', Jim? If it's dope, forget it."



Game of the Seasons

Mildred N. Hoyer

Even
as fall and winter
engage in tug-of-war,
spring is preparing
to move
in.

"Oh, come on, man. You really talk like a square. Grass isn't dope! I'm not suggesting you mainline Big H. This is just inhaling a little smoke that's not even as addictive as the cigarettes you chain-smoke."

For some time I thought about his remarks, and I even read about marijuana. And what I read backed up Jim's statements. Marijuana is nonaddictive in the physical sense, the writers said, and there are no physical withdrawal symptoms. Of course, there were references to "psychological addiction," but so what? What was psychological addiction compared to hangovers, D.T.'s, and convulsions?

When Jim phoned me the following Friday night, I was sitting alone in my apartment wondering how I was going to get through the weekend without going down to the corner bar. Weekends had been rough ever since Linda had divorced me and taken the kids back east. That was something else I could thank the bottle for—the dissolution of my marriage. If I could find something to replace alcohol, something that would satisfy my needs without exacting penalties, that was for me.

When I arrived at Jim's, he greeted me with an air of smug satisfaction.

"This is going to be the smartest thing you ever did, Ron," he assured me. Then he handed me what appeared to be a small, thin cigarette, tucked in and twisted at the ends. "OK, here's your joint. Now inhale the smoke deeply, and hold it in your lungs as long as you can."

He lit up joints for both of us, turned up the hi-fi, and we sat companionably smoking. Though Jim seemed to be enjoying himself immensely, I felt nothing. As I was leaving, Jim pressed several more joints into my hand.

"Don't get all up tight, Ron, just because you didn't get turned on. The more you smoke, the quicker and easier you get high. It's what's so great about it. It's not like dope where you develop a tolerance and have to keep taking more and more. The more grass you smoke, the less it takes."

I went home feeling disappointed. Sunday was another day of loneliness to be gotten through. Mid-afternoon I decided to try grass again. This time it was different. A half hour or so after I had finished inhaling the last of the joint, euphoria came. I began to experience that sense of well-being of which I was so bereft before.

The next morning, true to Jim's predictions, I felt fine

and was well able to do my work at the office. That night I smoked two joints and achieved a blissful reaction. The next day I asked Jim if I could buy a supply from him.

"Sure, man. Didn't I tell you? Now you got the booze licked!"

I went home that night in a state of high elation. I had it made! Unlike booze, there was no odor, and I could function the "morning after." A bonus was the fact that smoking pot produced hunger, and I ate prodigious amounts of food while high. I would have no more nutritional deficiency because of drinking and going days without food!

Soon I was smoking marijuana every evening. The only reaction I noted was an increasing sense of laissez-faire about my job, or anything except the anticipation of my first joint in the evening. Finally, one Monday morning I woke up when the alarm rang, only to turn it off and go back to sleep, completely indifferent about getting to work or even phoning in sick.

Jim phoned later in the day, and I explained to him that I wasn't exactly sick, but just woke up feeling pretty blah. Then I realized that my entire philosophy of life had undergone a change. Between drinking bouts I had always worked doubly hard to make up for the loss of time. Now nothing seemed to matter, not even my job. Jim was talking now, but I was so lost in my vague reverie that I caught only the last of what he was saying.

"—and what you need, man, is something to pick you up and make you groove again. All of us do when we've been smoking a lot of weed. Tell you what. I'll drop over after work with something to give you some pep."

That night Jim gave me a small envelope of pills. "They're bennies," he said. "Nothing to be afraid of. Not addictive. Just plain ol' pep pills, like truck drivers use to stay awake on long hauls. A couple of these tomorrow morning and you'll be rarin' to go."

The pills seemed great at first. I didn't wait for morning to take them, but swallowed a couple right after Jim left. Within twenty minutes exhilaration and vigor flooded my whole system. I had "pep" all right—so much that I didn't bother to go to bed.

I felt great the next day until about noon, when a let-down started, but a couple more pills took care of that. The next letdown came around dinnertime; so I had bennies for my dinner.

About nine p.m. it occurred to me that I hadn't eaten anything all that day. A glass of milk, however, was all that I could force down; and though I tried to rest, I couldn't sleep. I finally smoked a couple of joints, thinking they would calm me. But instead of restful sleep, wild hallucinations ensued. I became fearful, huddling in bed, alternately shivering with cold or throwing the covers back with feverish abandon.

Dawn finally came, and I resolutely took a shower and washed down three more bennies with several cups of coffee. The pickup was enough to get me to the office, but as noon approached I noted that I was getting so shaky that I could scarcely hold a pencil. Jim stopped by my desk and eyed me.

"You're really strung out, man. You'd better sign out before ol' Sig catches on. He'll fire you for sure if he sees you."

"Ol' Sig," Mr. Sigurdson, would indeed be upset if he

noticed my condition. So I took Jim's advice and went home.

Jim, good friend that he was, stopped by after work. And he had some new "medication" for me this time. I felt so lousy I would have taken anything that even hinted of relief from my misery of nerves and sleeplessness. I gladly paid Jim for the small red capsules he referred to as "reds" or "downers," adding that they were barbiturates—sleeping pills that would bring me down and get me "leveled off" again.

I was groggy from the combination of another joint and two "reds," when the phone rang. Through a fog I heard Linda's voice.

"Ron, Bobby was struck by a car this afternoon on his bike. He has a skull fracture and is to be operated on tonight for head injuries." A sob broke her voice, and then she continued, "Can you come? Get a plane right away? Bobby's conscious, and he wants you."

I shook my head, trying to clear away the cobwebs. Was I hallucinating? or was this for real?

"Linda," I muttered thickly, "can't come—too sick—"

"Oh, Ron." Her voice was wracked with tears again. "You're drunk!" And then the phone went dead.

I needed to pull myself together. Hastily I gulped down three bennies. But instead of taking hold and making me alert, they just made me feel drunker. I staggered about the apartment helplessly. I phoned my doctor and was nodding stuporously on the divan when he rang the bell.

Incoherently I tried to tell him of the necessity for my getting "straightened up" so I could catch a plane East.

"You're not going anywhere, Ron, except to the hospital again," he said gruffly. "You able to walk? I'll help you—take you in my car."

Leaning heavily on Dr. Bob, I made it to his car, protesting all the while that I had to catch a plane.

I don't remember being admitted to the hospital. All I really know is that I woke up a day later very sick and weak. Sick, but completely sober for perhaps the first time since I had smoked that first joint. I realized too that despite my prideful "functioning" on marijuana, I was "stoned" most of the time.

With conscious awareness came concern for Bobby. Was he all right?

"Don't worry, Ron," Dr. Bob said kindly. "Bobby's doing fine. The surgery was successful, and there was no brain damage."

"How about me?" I asked. "When can I leave? I should fly back and try to make it up to both Linda and Bobby."

"I don't think I'd plan on that, Ron. I explained to Linda on the phone. Besides, you need rest and need to be built up before I release you. If you went home now, you'd be right back on the pot and pills. Where did you get all that stuff, anyway?"

I didn't want to involve Jim, so I muttered something about a guy in a bar. Dr. Bob shook his head. "No, that wasn't the way it was. I know who supplied you. I caught him trying to get into your apartment to recover what evidence remained. And he doesn't work at your firm anymore."

"How about me? Do I still have a job?"

"Yup, even though you don't deserve it. I talked to Mr. Sigurdson a couple of times, and he's still willing to give

you another chance. You have an excellent work record, except for the absenteeism—up to when you started smoking marijuana, that is—then your work went to 'pot' too."

Then he added, somewhat reluctantly, "Of course, I put in a good word for you too."

I began to realize that in using marijuana I had only jumped from the frying pan into the fire. Its deception was even worse than that of alcohol. I remembered, too, what I had read on marijuana, about its progression to other drugs. It was true I hadn't been turned on to LSD, or to heavier drugs such as heroin. But I might easily have done so if Jim had handed me such instead of the pills. Marijuana had made me vulnerable and had done away with even the remnants of defense I had clung to as an alcoholic.

Perhaps for the first time I realized that there is no such thing as a "safe" drug with which to attain nirvana, or to escape from reality. Every chemical concoction exacts its price.

But if peace of mind couldn't be acquired by chemical means, how then?

Scarcely realizing that I was attempting something so unfamiliar, I began to pray. My first prayer was certainly no song of praise. It was a selfish, desperate appeal: "If you're really there, God, please help me." Then the words came more easily.

Pledge for Parents

Harvey Hansen

Several months ago a Philadelphia radio station received phone calls on the question: "Should parents sign a pledge that they will not allow their children to drink before they are twenty-one?"

Some callers thought the action would help some teens refrain from drinking. Others thought teens would drink anyway, even if they had to do it on the sly.

Then a doctor called and said the most effective pledge would be for the parents: "We parents will not use any alcohol beverages until our children are twenty-one."

My clumsy prayers were heard, however—and answered! I left the hospital a changed person. My primary objective in writing this is not to relate the story of an alcoholic's changed life, but to tell how I learned the hard way that the new "in" drugs do not really create an "in" life. To replace alcohol with them is indeed leaping from the frying pan into the fire. ■



Nightmare Trip to Nowhere and Back

The long road of a drug addict

SEEKING some kind of escape, a kind of sanctuary, Diane entered the world of drugs under the illusion that it would give her what she was seeking. To her disappointment, however, she found that it was really a nightmare trip that she had taken, not the pleasant dream voyage she thought it would be. Hers was a world that in the end collapsed into mental and physical decay.

The picture of a chronic drug user is not

a pretty one. Perhaps Diane's personality had been disintegrating, and the thought that a drug would support it started her habit. But she found out that it is self-defeating. Seeking protection in an illusory world, she purchased a one-way ticket on a nightmare voyage to nowhere, and from where the trip back to reality is painfully difficult.

Preventive medicine for the avoidance of drug addiction is best—just don't ever take drugs. But for those who can get off the merry-go-round before it is too late it is good advice to stop now, for all the cool talk about drugs is, in painful reality, a lot of hot air.

The vicious circle, the merry-go-round world, of a drug addict is a sad life. This picture story was posed by a professional model and illustrates the dead-end trip anyone can take if he becomes a habitual drug user.

Diane returned to a normal life after a long journey back from her habit. In the past few years, thanks to a more humane and realistic attitude taken toward victims of drugs, many new community programs have been planned to help rehabilitate addicts.

With these progressive measures, plus the will of every individual, the fight against this modern evil is becoming successful. Enlightened leaders working in drug rehabilitation, and the education of the public, are showing that drug trips are not necessary. ■

Photos by Culver,
Three Lions



Diane is a mainliner, feeding the stuff right into her bloodstream with a needle.

She would like to break her habit, but in desperation to feed her addiction she seeks a pickup.



On a "high," Diane thinks she has found an answer to her problems, but she has only added to them.



She doesn't realize that her trip will end in a voyage to nowhere and become a nightmare journey.



Only Diane and others like her know of her victory. Under the guidance of professional help she goes through the symptoms of withdrawal.



Tremors, restlessness, perspiring, her flesh cold, her eyes starting to water, and soon vomiting—the symptoms of withdrawal have begun.



She returns to a bright and normal life—no longer a prisoner of drugs.



Diane is on her way back to a normal life through rehabilitation.





Tomorrow's Children

"DO YOU ever wish you could see?" she asked once. She was really up high that night. First she was screaming about butterflies as big as houses; and when she came down, she asked me that question.

I hear her. She doesn't know that. She thinks she's hiding something from me, fingering that vial of pills so carefully.

"Carolyn—" A swallow. It is already too late. I could never have stopped her anyway.

"What was that you just took?" I ask her. "A nerve pill," she says quickly, too quickly, a note of shrillness in her voice, and a touch of fear.

She is lying. A long time ago, in the early days of our marriage perhaps, I might have cried. Now I only sit and wait, as she must sit and wait.

I remember the last time. She cried so pitifully. She said she was sorry that some people were born blind. She said she was one of tomorrow's children, and tomorrow's children would lead us all into freedom, even blind people.

While she cried I held her, cooing to her and petting her hair. And when she finally slept, I drew her close, feeling the coolness of my shirt against my chest, still soaked with her tears.

I did not sleep that night for many hours, until the regularity of her breathing told me her dreams were peaceful at last.

Now I wait empty for it to happen again. My ears are sharply tuned to her every sound, her every movement. Suddenly a slight whimper emerges from her throat.

Comfort her, a voice inside me commands. What can I say?

Quickly before it's too late! "Carolyn?" Softly. She does not reply.

"I love you." A whisper, reaching out across the room for her. My throat is dry, but I don't want to swallow.

"I love you." Again. Weakly. "And I love you," she says at last. Then, "I wish you could see the things I see now."

Before we were married, we would take long walks on the beach together, just when evening was coming on.

And when I could no longer sense the presence of passersby, I would sit down on the sand with her. I would take her hand and tell her of another world—a world of sounds, and smells, and tastes, and textures, and of the meaning these things carried to anyone who would find those meanings. A world of feelings and emotions was driven home so powerfully by the sound of another's breathing, or the feel of a pulsebeat.

She would listen quietly, carefully. I would reach up and run my fingers down her face, and she would not move an inch as I did it.

The first time she offered me a marijuana cigarette, I

T. Casey Brennan

asked her: "Does a person have to do that sort of thing to be your friend?"

"No!" she exclaimed, almost screaming in protest.

Then she threw her arms around me.

"I'll never leave you," she said, "not ever."

"I hate it," she says, jerking me back to the present. I rise and walk quietly to her chair. I kneel at her side and find her hand.

"What do you hate, princess?" I ask.

"The world— Everything— Oh, I don't know!" A frantic, exasperated sound.

She leaps up, and I follow her. She goes to the kitchen, and I hear her pick something from the table.

I feel my heart beating in the back of my neck. A cold sweat forms on me. *Calm.* My voice must be calm. I can't upset her now.

"What are you going to do?"

"Don't come any closer. I have a knife! I'm going to kill myself!"

Time to think. I need that, but I don't have it. I must say something now.

"Don't. Please don't."

"Why?" she demands pathetically.

"Because I love you."

No sound.

"Because I need you," I say. "Because I can't get by without you. How would I live? Don't you understand? I'm blind! If you die, I'll die too. Don't do this to me!"

I hear her put the knife down.

"I'm sorry," she sobs, "I'm so sorry. How could I have forgotten? Forgive me."

And suddenly—

And suddenly, only for a split second, I hate her. She is the enemy, making me pretend I am less than anyone else. She is the grating-voiced newspaper distributor from my childhood, doing me a big favor by letting me sell his crummy papers on the corner. She is the woman who lived next door, smelling like perfume so sweet it made me want to puke, making her kid play with me because I was blind. She's every bleeding-hearted do-gooder I've ever known, the kind who speak in patient, forced voices, reeling off a sick parody of real conversation, of real emotions, and—

And then I am myself again, knowing that truly this is something far different.

I embrace her and pull her to me. Her sobs muffle as she presses her head against my chest, and I hold her—hold her like the frightened, gentle, helpless girl-child she is.

"There, there, little angel," I say. "It's all better now."

"I'll never leave you," she cries, "not ever."

"I'm glad," I say, smiling down at her only slightly.

And I am. ■

EDITOR'S NOTE: The author says this story is meant to be "a comparison of different forms of blindness." Some blindness closes people's eyes; other blindness closes their hearts. "Listen" would be interested in your comments on this story. What does it mean to you personally? Write The Editor, "Listen," 6840 Eastern Ave., N.W., Washington, D.C. 20012.

You may be surprised if you don't—**Follow the Crowd**

Marie Latta

THIS morning our three-year-old was playing in the sandbox with two friends. From the kitchen window I watched them.

"Look, I made a pancake," Daniel said. Immediately the other two children began splatting wads of wet sand in their hands.

"I'm making pancakes too," Becky said.

"Yeah, but mine is the biggest," Bruce boasted.

Whenever they play it seems to go like that. One child does something, and the others copy. It's one of the ways small children learn.

But, as a child grows older, he must learn to think for himself. He sets goals and works to attain them. He forms a mental picture of the kind of person he wants to become and directs his efforts toward that end. In a way he's still a child playing another game called "What do you want to be when you grow up?"—except now he's giving the subject serious consideration, and it's no longer a game, least of all, a group game.

Marcia took a secretarial course in high school—typing, shorthand, business machines, and book-keeping—because her best friend did. After graduation this friend found a job as secretary in an insurance office, but Marcia discovered that secretarial work bored her. She'd always had a flair for languages, and now she regretted her lost opportunity to study French and Spanish.

Many persons mess up their lives by following the crowd. A teen-ager starts smoking because "everyone's doing it" and saddles himself with a habit he can't break. Another may begin by telling little "white lies" and find himself a chronic liar. Drinking, gambling, drugs, all begin with that first experience.

If only we'd stop and think for ourselves, and ask, "Is this really what I want to do? Is it right for me?" If the answer is No, we can then alter our course before we have gone too far.

Sometimes, if the answer is No, we may be in for a pleasant surprise. Ron was riding home from work with four other fellows when the driver suggested stopping at a tavern for a round of beers. "No, thanks, none for me. I don't drink," Ron said. "Just let me off at the next corner and I'll walk on home."

There was silence in the car as it slowed to a stop. "If any of you guys want to come to my house, I'll fix some scrambled eggs and toast," Ron offered. Then with a grin, "I'm a lousy cook, but the price is right."

"Sounds great, let's go," the driver answered. "I didn't want a beer anyway. I just thought you guys would be expecting me to stop for one."

If you don't always follow the crowd, you may find yourself the leader of one. ■

HINDSIGHT AND FORESIGHT

Dylan James

I CAN look back now and see where I left all my senses, but you know that saying about hindsight and foresight. I was so blinded by words of "truth" and "justice" that my values were mere playthings.

Let me introduce myself. My friends call me Dylan. I'm sixteen years old, from a middle-class family. Already I've sweat in a jail cell; lain on my back in a hospital, stoned out of my mind; and experienced twenty-eight days of infant childhood within the walls of a mental institution.

You hardly know how it all begins. The searching, experimenting, finding, that we all go through. It never ends; sometimes it just pauses and leaves you there, hanging by an inner desire to live.

I looked around and saw the prejudice, the injustices, and heard cries of "hippie" directed at all the longhairs. It didn't seem right. So I became involved with people—all kinds of people—who were part of the minority. I was so wrapped up in the faults of the world that I overlooked my own. There were so many wrongs that it seemed I had to separate myself from such a sick society.

I had tried drugs a few months before but found that the sensation wasn't for me. I had no reason to continue with them. But after I searched, I thought there was no other way.

I guess speed was my biggest kick. I was gone for quite a while.

I woke up on the table of the emergency room in our local hospital. Someone had wanted me to ride a little longer, so he mixed some acid with my meth. It moved me all right. I almost died.

Then I was picked up, put in the "hole" (as it's sometimes called) of the county jail. The only reason I got out when I did was that they found me unconscious under a bunk. This was only the first flashback of the drugs that I would know so well for the next seven months.

It was from there back to the hospital. I spent a week out of my mind while doctors were trying to get me physically able to be moved to the state hospital. You know the place—that's where you're put in a monkey suit and confined until they see if you're still in your tree or not.

Lucky for me, I was, and then it all got better. But I was still learning. By looking around, I knew that I was the least to be concerned about. For twenty-eight days I lived with alcoholics and potheads, homosexuals and prostitutes. There were some who would never know the joy of living again, for they didn't even know they were alive.

With therapy and the help of friends I saw the road I had taken. I saw what happens when you lose your self-respect.

I've been out for eight months now. It hasn't been easy, but I've made it. I've discovered that life, with all its ups and downs, is still worth seeing as it is. Worry will not change the state of the world, neither can you "escape" it. A smile to a stranger, a hand to the helpless, a word of encouragement in time of trouble will do more than you probably realize.

I've seen much over the last year, enough for me to say that drugs are not the answer. But you know that saying about hindsight and foresight. ■

TEENS = Life Can Be Beautiful!

If you live to eat, you may not live at all!

WHAT'S FOR

"FOOD'S fine, but nutrition's a no-no," my young friend Marcia confessed to me. "Who has time for vitamins and minerals?"

"You do," I smiled at her. "Once you learn that it's really quite simple, you'll love it."

"I'll only love it if there's something in it for me."

"Would you settle for more get-up-and-go, a prettier complexion, a trimmer figure, and a better disposition?"

"Try me! You know about my complexion problem and how I can't lose weight."

Would you believe it? After I explained a few basic things about nutrition, Marcia caught on fast; and now she has found a new and better way of living. Instead of merely eating three times a day, she now gives some thought to what she eats. The other day she said to me, "I didn't realize how many of those 'foodless foods' I was hooked on."

Marcia learned a simple truth: The supermarkets are loaded with foodless foods. The main culprits, of course, are refined foods, especially refined sugar and flour. Playing a close second are the "instant" and specially packaged foods. We pay through the teeth for these because they're convenient to use—but lacking in much value, nutritionally speaking.

"How do you know if you're eating right?" Marcia asked me before she changed some of her eating habits.

"Well, the way I found out about my deficiencies was to work up a chart showing most of the foods I eat every day. A diet changes from day to day, of course, but it's possible to come fairly close."

"I always figured you ate three balanced meals a day," she said, giving me an incredulous look. "What were you deficient in?"

"Calcium, with a capital 'C'—that's what I was lacking. You've always kidded me about craving ice cream and cheese and other dairy products. Well, I guess my body was smarter than my mind."

"You mean your body craved these foods because it needed them?"

"Exactly. But so many people kidded me about my love for dairy products that I was convinced I ate too many of them. Yet, because I've never been a milk drinker, I was quite deficient."

"What have you done about it?"

"I thought about going on calcium pills; then I changed my mind. After all these years, I've started to drink milk every day."

She stared at me. "But you've always said you don't like it."

"That's what I thought, but I hadn't tried it for years.

Now I find that it's a question of mind over matter. The funny thing is I'm actually beginning to like it."

Yes, I've felt like a different person since I've started to drink more milk, and at the same time I continue to eat all the other dairy products I like. I was lucky. As near as I can tell, I had one big deficiency instead of many. But this one was keeping me from living a full and vital life.

The main requirement of good nutrition, of course, is to eat a balanced diet. Young people in particular need to drink plenty of milk—and also plenty of water. It is wise to eat whole wheat bread rather than white, and whole-grain cereals. Salads are wonderful and help keep the weight in control; also a green or yellow leafy cooked vegetable each day is a good idea. One must eat sufficient protein for energy and endurance. It also keeps you from getting hungry between meals. Vitamin C is the magic ingredient for fighting off colds and viruses. Substitute orange or lemon juice or citrus fruits for those soft drinks that have little or no true food value. Students who do a lot of studying and may suffer eyestrain need to get a plentiful supply of Vitamin A. Tomatoes, carrots, apricots, cantaloupe, butter, and eggs are good sources.

Linda tells me she skips breakfast, grabs a couple of doughnuts and a cup of coffee during the morning, has a sandwich and some kind of soft drink at noon, and then eats a good dinner at home in the evening—unless a date or other activity intervenes. Dinner usually consists of a serving of protein, potato, cooked green vegetables, salad, milk, and dessert.

Linda needs 58 grams of protein a day. The sandwich gives her 21, a serving of entrée around 16. A glass of milk contains 8 grams, potato about 2, cooked vegetable around 3, lettuce-and-tomato salad 1, chocolate cake 5, doughnuts 4, and bread 2. Surprise! Linda has consumed 62 grams of protein, or 4 grams over the MDR (minimum daily requirement). If Linda's sixteen-year-old brother, Jack, eats the same foods, however, he'll wind up with a protein deficiency. Why? Boys between fifteen and eighteen require 85 grams of protein a day; boys over eighteen need 70. Jack can meet his requirements by increasing his servings of protein, eggs, nuts, and dairy products.

Calcium is needed at all ages. However, those in the fifteen-to-eighteen age group need more now than they'll need between eighteen and thirty-five. Teens need around 1,400 mg as compared with 800 mg for persons eighteen and older. Milk is the best source, and Linda's one glass at dinnertime gives her 285 mg. This plus her other foods adds up to 555. Poor Linda! She has about the same deficiency I recently had. By adding two additional glasses of

DINNER, MOM?

Shirley M. Dever

milk to her daily menu, she'll add 570 mg of calcium and bring her total to 1,125, well over the 800 mg required for a girl of eighteen.

Iron, another mineral the body needs, is more important for girls than for boys. Girls need 15 mg a day minimum at any age; boys over eighteen can reduce this amount to 10. Protein is the best source. Many good multiple vitamin supplements have now added iron; so this is an easy way to get the required 15 mg.

Now for the vitamins. Vitamin A's MDR is 5,000 units—the amount most multiple vitamin tablets supply, and also the amount in two tomatoes. Other good sources of A are margarine, butter, carrots, apricots, cantaloupe, cherries, peaches, prunes. These fruits can be fresh, canned, or frozen.

In a word, wheat is the best source of the B vitamins for a teen—wheat breads and cereals.

Vitamin C is predominant in citrus fruits. An excellent way to get it is to drink plenty of orange, lemon, grapefruit, or tomato juice. Incidentally, Cokes, root beer, and soda drinks contain only carbohydrates. Tomatoes, green peppers, cabbage, oranges, grapefruit, and cantaloupe contain large amounts of vitamin C, which has so much to do with preventing all kinds of respiratory ailments. At least 70 mg of this vitamin are needed daily; so don't forget that glass of orange juice whenever you can wedge it in.

Vitamin D comes in a rather strange form—sunshine. People who live in warm, sunny climates seldom lack it. In Northern climates it may be necessary to drink milk fortified with it to gain this essential vitamin, or to take a good vitamin tablet.

Niacin is the last item on our list of nutrients considered essential by the experts. Boys eighteen and over need 19 mg; girls, 14. Linda's sample menu, though not good, does supply her with 14 mg of niacin, mostly through her protein and vegetables. Boys can get the additional amount needed by increasing the amounts of protein and vegetables they eat.

Well, there you have it—the proteins, minerals, and vitamins young people need each day and the way one teen-ager's diet stacks up. As you can see, by adding certain foods, and possibly a multiple vitamin tablet, the deficiencies can be easily remedied. Of course, Linda goofs in two places—by omitting breakfast, and by eating only a sandwich and Coke for lunch.

By eating two eggs (preferably boiled or poached) and a couple of slices of whole wheat toast, plus drinking a glass of orange juice and a glass of milk, for breakfast, she can assure herself of getting more protein (from the eggs), calcium (from milk), B vitamins (from toast), and Vita-

min C (from juice). If she also improves her lunch by drinking another glass of milk and choosing a sandwich of whole wheat bread with a protein filling she'll come out ahead of the nutrition game.

The beginning of this article mentioned foodless foods. What are they? Nearly all soft drinks, tea and coffee, refined sugars and flours, ices (including fruit-flavored pop-sicles), gelatins, salad dressings, candies, jams, jellies, and cakes (especially those made with mixes). Breads made of whole wheat or rye are to be preferred over white, fruit and date cakes over other cakes, and fruit pies over cream pies. If Mom insists on adding wheat germ, brewer's yeast, and other health foods to your menu, count your blessings. They are loaded with essential nutrients! Cereals, especially whole-grain, are a good substitute for toast and eggs. The way to get enough calcium is to drink plenty of milk each day.

If "nutrition's a no-no" in your life right now, you'd better think twice. Nutrition, not just food, has a great deal to do with the amount of energy you possess. It can take away that tired feeling, help you keep your weight where you want it, and clear up your complexion.

Good nutrition helps give you a good disposition, plenty of energy, and even that rarest of qualities—enthusiasm. If you've got to eat three times a day, every day of your life, the type of foods you consume have to be pretty important.

If you live to eat, you may settle for a lot of foodless foods; but if you eat to live, you're bound to become interested in nutrition. Like one teen said, "Who wants just to exist when it's so easy to live?" ■



...with the Surgeon General

In the center of Washington, D.C., on famed Independence Avenue, stands a squarish stone building labeled Department of Health, Education, and Welfare.

For security reasons, as is now true of all Government buildings, only certain entrances are open to the public. Once inside and past the guards, a person takes the elevator to fifth floor and finds his way through the maze of corridors to Room 5063.

He enters an outer office and notices on a small table in front of the receptionist the neatly lettered card, "Thank you for not smoking."

Raising his eyes directly over this little magazine table, one sees on the wall a framed printed announcement, "In keeping with Department and Public Health Service policy, we are trying to eliminate smoking in this office. Your cooperation should benefit you."

Looking around, one sees not one ash-tray anywhere. Soon he is ushered into another outer room, where sits the secretary to the Surgeon General of the United States Public Health Service. Waiting for the appointment, one looks around in this room. Near the door hangs an impressive poster showing in color a rooster in a very uncharacteristic pose, with his head bowed to the ground and a cigarette extending from his beak.

On the poster is the wording, "Smoking is nothing to crow about."

Obviously, the Surgeon General does not favor smoking!

And when you talk with him, as *Listen* did, you are doubly impressed with this fact. Dr. Jesse Steinfeld has never smoked. Now he is trying to persuade others not to smoke either.



Professionally speaking, Dr. Steinfeld is well qualified to fill this high medical post, one of the most responsible in the entire country. His "curriculum vitae" fills ten or more pages. He has contributed scores of medical papers to professional journals. His official duties take him coast to coast.

Yet he is a human being. When *Listen* completed the interview with him, and Dr. Steinfeld was ushering in the next guests on his crowded appointment list, he was overheard to remark, "I have just been interviewed on smoking and drugs and alcoholism. I'm agin 'em."

Indeed he is!



Doctor, what would you say health is?

There are various definitions. The usual one—the absence of disease. But I prefer one more positive: Health is a state of well-being consistent with the individual's age, background, and previous life experience. It involves mental attitudes in addition to a feeling of physical well-being. A healthy person is capable of coping with life's various stresses, has a positive outlook on life, thinks healthy thoughts, and behaves in a healthy fashion.

What would you say are the major health problems today?

I believe there is a great deal which is excellent in American medicine. We do have problems, however, in our health care system, in that we do not have the appropriate health facilities in needed places. We do not always have appropriate health personnel. We've got to spend a great deal more time and effort in improving the health care system.

In addition, there are two other major areas wherein we must do more. One of these is health education. Our problem is not only in the development of educational materials and their distribution to people who need them, but also in taking action on them. For some reason we do not behave in line with the knowledge that we have. We need both behavioral research and an increased emphasis on positive health actions.

The second major area is in preventive activities. And when I talk about preventive measures I'm talking about a safe car, safe driving, safe work, a safe environment, a safe home—all of those actions which if we took them would decrease enormously the number of people who require health care.

The major occupant of hospital bed days is the injury patient. Many

Education Hang-ups Positive Living
 Health Drugs Alcohol
YOU AND YOUR WORLD
 Pills Involvement Smoking Marijuana Crutches Hobbies

Steinfeld Surgeon General

United States Public Health Service

of our products are unsafe. And many of us use safe products in an unsafe manner.

So I think there is an enormous amount that the average citizen can do. And we in Government, those of us in positions as physicians and as educators have a responsibility not only to preach, but to act, to be models for the rest of society to emulate.

It seems that in our society today many health problems center around the use of such products as cigarettes, drugs, alcohol, and the like. Dr. Steinfeld, how would you summarize the present smoking problem?

The smoking problem is far from under control. We do, however, have 29 million former smokers in this country. We eliminated cigarette advertising on radio and television beginning in 1971. We now have a stronger warning on the package. We are publishing the tar and nicotine content of various cigarettes, and maybe we will include this content in advertisements.

But a great deal remains to be done. It's hard for me to see the advantage to any individual of smoking a cigarette. It's a form of tranquilizer, I suppose, for which thumb-sucking might be a substitute. Although the latter may not be as socially acceptable, it certainly is a lot cleaner.

I do think we need a leadership program in this field. I've been dismayed repeatedly to see physicians advise their patients to stop smoking while lighting up cigarettes themselves. However, the encouraging factor here is that the largest pro-

fessional group to have given up cigarette smoking is the physician population. Indeed, they know something about smoking, having seen its physical ravages.

But there is much that the rest of us can do both in stopping the smoking of cigarettes and in encouraging young people not to start.

As Surgeon General, do you feel that smoking has been proved to be a major cause of disease?

Beyond a shadow of a doubt. It is associated with lung



cancer, primarily in men, but the rate is going up in women. It is associated with chronic bronchitis and emphysema. The largest toll in morbidity and mortality is in cardiovascular diseases, wherein the rate is much higher in cigarette smokers

than in nonsmokers. The number of days lost from work by cigarette smokers is greater than that among nonsmokers; and one could go down a long list of additional difficulties that the cigarette smoker faces.

Have you ever been a cigarette smoker yourself? And if not, why didn't you start?

Well, I never have been, but I've never analyzed the reason. I don't think I ever sat down and made out a list of pluses and minuses for cigarette smoking. I rather expect that I would have made a long list of minuses.

You mentioned about cigarette advertising going off radio and television. What preventive measure is being emphasized now?

I think the greatest opportunity is in the schools. Our young people are the ones who should not take up cigarette smoking. In fact, they are good at persuading their parents not to smoke. I think this is the area where the greatest payoff will be.

The advertisements would lead one to believe that men who smoke cigarettes get the prettiest and best-built women, usually in a bathing suit or in some other fetching costume, and that the young girl who smokes is likely to get a broad-chested, handsome, vigorous man engaged usually not in a working environment, but in some romantic sports-like activity.

But this is far from the case. As a physician I've seen smokers who portray anything but that image, be they male or female.

Do you feel, doctor, that smoking as a habit will ever disappear from society?

Yes. Man existed for many centuries without smoking cigarettes, without using tobacco; and I have no doubt that he will be able to have a healthier and happier life in a society without the use of tobacco.

Do you feel that we know enough about smoking today to take national action against it?

We know enough right now to prevent hundreds of thousands of deaths due to pulmonary and cardiac diseases if we would apply our knowledge regarding the hazards of cigarette smoking. I believe the time is ripe for Government and voluntary groups to mount a more vigorous program on all fronts to portray cigarette smoking as what it really is—a dirty,



smelly, foul, chronic form of suicide, with the added uncertainty of "Russian roulette" for the individual smoker.

It seems that young people are not quitting smoking in the same numbers as are adults. What more persuasive approaches can be made toward youth to present both the present and future effects of smoking?

I believe young people are not taking up smoking at the same rate as they have in the past. However, once they've taken it up, they are not quitting at the rate older individuals are.

And the young girl is not quitting as rapidly as the young man. I don't know why. I think we need further study in terms of motivational research; but young people do have a feeling of immortality. They feel that the statistic is going to be somebody else.

I'm not quite certain at this point as to the best way to reach young people other than to increase the kind and quality of information which we are at present providing.

In the past cigarettes have been distributed to young men who enter the Armed Forces, and if they didn't take time out for a smoking break they had to spend their time exercising or in another activity they felt to be less desirable than cigarette smoking.

The same was true of many people with whom I grew up who went to work in the steel mill. If they did not take time out to smoke a cigarette, they got no time out during the hour. It seems to me that industry has an opportunity to ensure a healthier worker and less absenteeism by giving the nonsmoker the same kind of time off and the same opportunities that are provided the smoker.

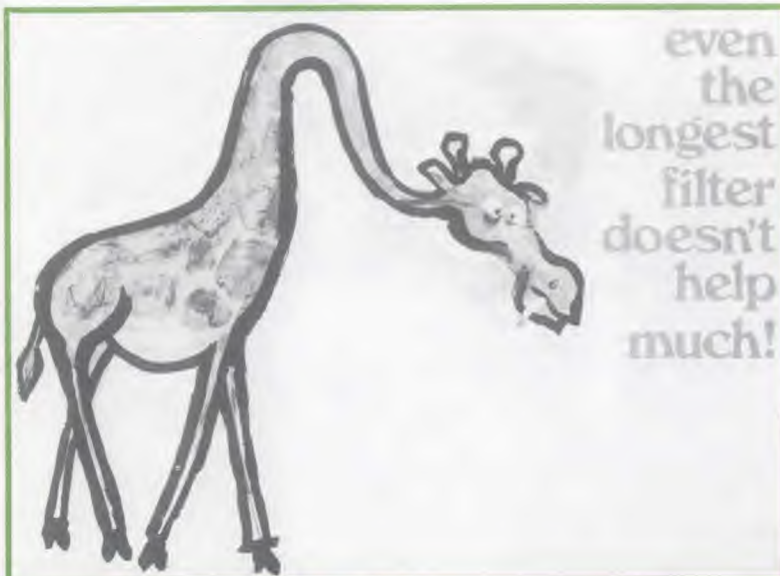
But I really don't have an answer; if I did I would be acting on it.

Regarding the thought that women find it harder to give up smoking than men and that consequently fewer of them quit, do you see any problem here in the relationship of the mother to the coming generation?

It's the young women, the women under thirty-five, who have the lower rate of giving up cigarette smoking. The older women, I believe, are giving it up at a rate quite similar to that of the older men. Certain data seem to indicate that a child born of a smoking mother weighs less than otherwise and may have some health difficulty shortly after birth.

I believe we need more research into how to reach this group and additional effort in reaching them with the kind of information which we now have.

Children who come from families where the parents smoke have a higher incidence of taking up cigarette smoking. Par-



ents really concerned about their children would do well not to smoke themselves.

Would you say that there is a "least harmful" cigarette?

Of course we all realize that the least harmful cigarette is the one you don't smoke.

A prevalent question has to do with marijuana. Do you feel that there is any relation between marijuana and tobacco?

I'm not aware of any specific relation. Cigarettes are freely available. Marijuana must be purchased from the underground. I think marijuana smoking is more harmful than cigarette smoking, particularly among the young, because it provides an escape from reality.

The youngster is at a point in his life when he must break from his parents and must form an independent existence,



and he certainly must face reality. He can't remain under a marijuana haze all his life.

Reality is very exciting—the colors of leaves, the scenery, association with other people, even work can be very exciting, and certainly play can. I don't believe that escape from reality is appropriate at any age.

There is a second harm that comes from marijuana smoking. It places the individual in contact with people from the underworld whose goal is not to provide anyone in society with a better life, but to make more money. People who sell marijuana often sell other drugs, harder drugs. There is a great opportunity, unfortunately, for the youngster who deals with the underworld to experiment with and perhaps become hooked on harder drugs about which we know a great deal in terms of their adverse physical as well as mental effects on the users.

Would you advise the entire nonuse of marijuana?

I would advise nonuse on the basis of the two factors I mentioned earlier. I also would advise youngsters not to get drunk. I think the use of alcohol as an escape from reality, especially at the critical time of growing up, is extremely inappropriate, and perhaps might be harmful for the rest of one's life.

We have a great deal more to learn about the physiological, the psychical, the long-term physical effects of the use of marijuana. I can't predict what medical research will ultimately tell us about marijuana, but contact with the underworld and the use of an escape from reality by youngsters are reasons

already clear-cut and well-known. We don't need further research to demonstrate the harmful effects of those two.

Do you feel that the legalization of marijuana would remove the element of contact with the underworld?

Well, legalization of marijuana is a subject for the Congress, not for a medical person. I think, as a medical person, I would want to know a great deal more about the effects of marijuana than is now known.

This department (HEW) has under way a significant research program as well as an evaluation of all of the worthwhile publications on marijuana since the beginning of time. We are committed to providing a comprehensive report to Congress which will summarize what is known about marijuana and what is not known and will indicate the areas in which further research should be undertaken—also what further research is already under way.

I cannot predict at this point what our final recommendation would be, but at this point I don't believe the legalization of marijuana is warranted.

Do people in modern society really need drugs?

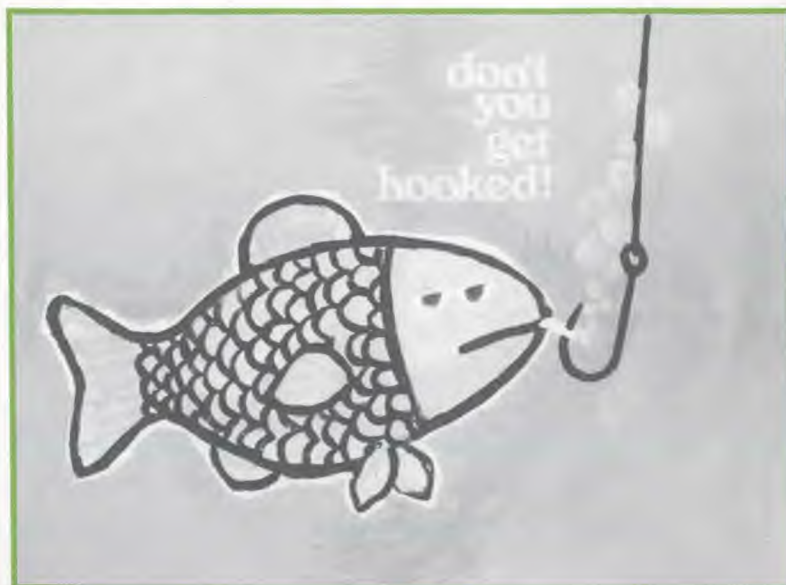
I think the use of drugs is far in excess of what it should be. It is, I think, unfortunate that our youngsters from the earliest age see pills being prescribed on television for everything from a cold to sleeplessness, to agitation, to depression. Many children are at a very tender age when they see these things.

I also believe that most of the over-the-counter remedies so promoted are almost worthless for the purpose for which they have been advertised. This is unfortunate.

Dr. Steinfeld, what positive alternatives might you suggest that would bring a happier and safer life than developing a dependence on crutches?

Well, certainly involvement. I think the individual who withdraws by himself and into himself is a candidate for drug use. I think involvement with other members of his family, mixing with other social groups, participation in sports, exercise, hobbies are needed. All sorts of hobbies bring one into contact with life's pleasant realities.

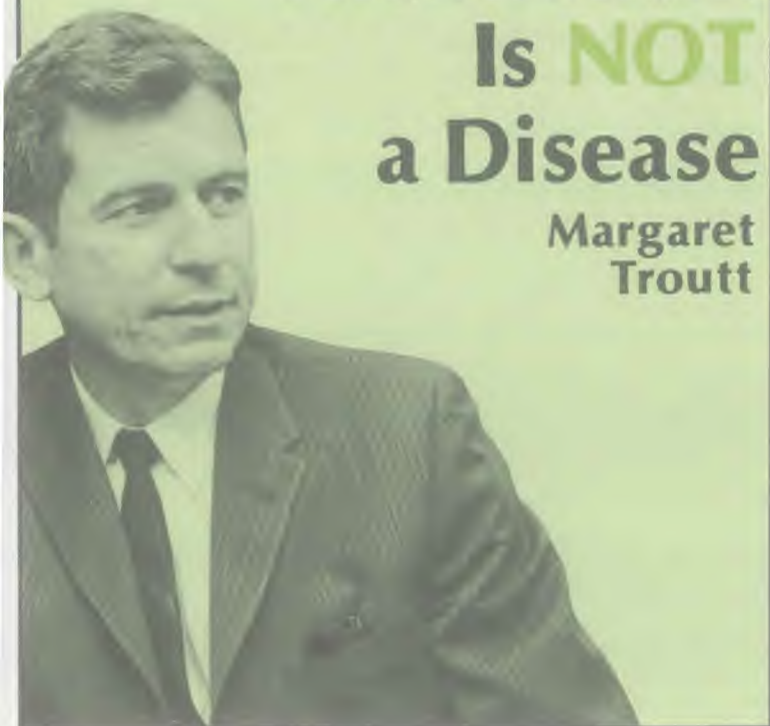
There are many, many things that I think individuals can do which would make their lives more significant and more rewarding for themselves and their families. Health reflects a positive physical and mental attitude, and this means becoming involved physically and intellectually with society and with nature. ■



Here is one authority
who is convinced that —

Alcoholism Is NOT a Disease

Margaret
Troutt



"ALCOHOLISM is not a disease or an illness; it is a behavior problem," says Dr. Nat T. Winston, Jr., president of American Psychiatric Hospitals, Inc.

He confesses that he is a maverick in his own profession because of his position on alcoholism, but insists, "When we stop thinking of it in terms of sickness or disease and begin considering it as a behavior problem, we can start to help the alcoholic."

Dr. Winston is convinced as long as the alcoholic is told, "You're sick," he will use this to rationalize his drinking. The disease doctrine gives families of alcoholics false hope. "They expect a magic cure and are disappointed when it doesn't happen."

"The crux of the whole matter is motivation," the lanky forty-three-year-old doctor says. "Until the alcoholic wants to stop drinking, nothing will be effective."

"I'm not saying that he does not need medical attention after he has been drinking a long time. It is the rare person who can get off it by himself. But that doesn't mean that once he is over the acute phase and has been withdrawn from alcohol, he is still sick. No more than the person who was in the hospital after an automobile wreck. He too needed medical attention, but an automobile wreck is not a disease."

While he admits that his thinking about alcoholism may seem old-fashioned to some people, he contends it is the disease theory that is outdated. When the "alcoholism is a disease" idea was first publicized, he thinks it helped to soften punitive feelings toward the alcoholic. Now it has served its purpose.

His convictions are based upon ten years of research and clinical study of the alcoholic. He was Commissioner of Mental Health of Tennessee for four years. At that time, he says, 10 percent of the patients in Tennessee's psychiatric hospitals were alcoholics. He was responsible for the care of some 10,000 patients in seven institutions.

Dr. Winston explains more in detail why he thinks alcoholism is a behavior problem rather than a disease.

"It's really a lack of self-control. I know this is placing a condemning value on it, but we have to stop excusing alcoholism. It's a very selfish thing. There are many people who would rather have a buzz on from alcohol than face up to the realities of life. Actually they are saying, 'I'm going to drink, and I don't care how it affects anyone else.'"

He admits that in public this opinion causes a lot of controversy. He made a speech at the annual meeting of a local

alcoholic group in Chattanooga, and the Associated Press picked up what he said. A man from Baltimore wired him, "You may not think alcoholism is a disease, but it nearly killed me."

Later at a Nashville meeting, one woman really chewed him out. "I've been off alcohol for a year," she said. "But my husband read your article in the paper, came in and threw it at me and said, 'I told you I didn't think you were sick.' The next thing I knew, I was drinking." Dr. Winston points out that no one forced her to drink; she deliberately, willfully, and knowingly went out and started to drink.

"She would use it as an excuse, I'm sure," he says, "just as some men blame their wives for their drinking because of the spouse's nagging or lack of understanding. He might have a low frustration tolerance and use any excuse for drinking, such as, 'No one could expect me to take all this.' But I've known thousands who have far greater pressures than some alcoholics have, and they don't take to alcohol to solve their problems."

In Dr. Winston's view, it all stems back to motivation. Until he wants to quit, an alcoholic will use any excuse for drinking. Telling him he's sick just gives him one more excuse, according to this psychiatrist.

But what about the man who voluntarily goes to a detoxification center to get sobered up and dried out, but who starts drinking again? If he wants to quit and is motivated to stop, what gets him started if it isn't this craving for drink he can't resist?

Dr. Winston replies, "He may have a desire to drink, but that isn't a sickness—not a physical sickness. And I certainly don't consider it a mental illness. Where was this craving before he took his first drink? What about the man who wants to quit smoking? Is smoking a disease? No, but it takes a lot of self-control to quit smoking."

This concept, in Dr. Winston's thinking, leads to the conclusion that it takes some kind of shock to motivate an alcoholic to quit drinking.

"I've learned that to motivate him it takes either a physical shock, such as learning that he has cirrhosis, or an emotional shock, such as his wife's leaving him."

This then would leave it up to the alcoholic whether or not he is to be helped, in Dr. Winston's view.

"Quit, yes," he says. "I'm glad you didn't say 'cure,' because there's nothing to cure. If I decide to beat my head against the wall ten times a day, that's my privilege; but what is there to cure? My position is this: He must face reality and decide what he's going to do. I have never seen a recovered alcoholic who could drink moderately. So when he is sober, I tell him, 'You can never handle alcohol as long as you live. You may fool yourself and get by two or three weeks taking a social drink, but sooner or later you're going to be in trouble again. Now it's up to you. But if you indulge at all, you'll have to take the consequences of drinking.'"

Dr. Winston is often asked the question, Do you consider alcoholism a sin?

He admits he is no theologian, but says, "Let's put it this way. I think alcoholism is an awfully selfish kind of behavior. The alcoholic selfishly shunts off his responsibility for himself or for anyone else."

He emphasizes that alcoholism is really "a lack of self-control," but acknowledges that it isn't easy to get this moral concept across to the alcoholic in such a way that he will stop excusing himself.

"I've found that after I've established rapport with them, some people need to be told to face up to the fact that they are to blame for their own behavior," Dr. Winston says. "Sometimes this self-confrontation makes them feel guilty enough to start doing something about their drinking."

He goes on, "We shouldn't assume a judgmental attitude; but the alcoholic who is sincere about wanting to lick his drinking problem needs all the stimulus he can get to reinforce his will to stop. He needs all the help available to motivate him toward sobriety. The families of alcoholics often need help too."

Whether Dr. Winston's concept of alcoholism is generally accepted is not of major concern to him. It does, he says, give all of us a great opportunity to aid both alcoholics and their families. A little understanding, sympathy, and friendliness go a long way toward motivating an alcoholic to sobriety, he explains. "If he feels his friends have not given up, but still have faith in him and are standing by to help, it may make all the difference between success and failure for him."

"This doesn't mean that we let him excuse his failures, but that we encourage him to try again. Our job is to keep him trying for the self-control necessary for him to reach his goal—permanent sobriety."

The JOHN COOK Story

*"My next goal is
to get two arms up.
And I'll do it!"*

TO BE A MAN

Paul J. Meyer

"MY SON and I took our first steps on the same day!"

Excited, enthusiastic, and proud, the redheaded man who almost shouts these words today is the best example I know of a man's regaining everything because he operates on a definite program of goal setting. John Cook's personal experience is inspiring evidence that a man's goals—when written out in detail and mastered day by day—can literally drive that man to achievement.

I met John Cook nearly twelve years ago. My new secretary, Sarah, started out to visit her husband, John, in the hospital. On the way she had been involved in an accident. And I, her boss of two months, was called to stay with the husband, to fabricate some excuse for Sarah's absence.

I've often thought, in the years since, how ironic it is that my friendship with one of the strongest people I know was initiated on the feeble foundation of a white lie.

I thought I was prepared for what I'd see in the hospital. I'd heard that John Cook had once been the manager of one of the largest cafeterias in the Southeast, and I knew he'd been flattened by two different types of polio. Sarah had even reported the doctor's prognosis—that even if the fellow pulled through, he'd never work again.

And then I was in his room. I saw a near-vegetable, and my heart sank—until my eyes met his. Those eyes alive and twinkling, hinted at an alert and



informed brain inside the head, no matter how the rest of the body appeared.

So I waited that day, and I watched. I listened those weeks, and I learned.

For John and Sarah Cook, refuting that physician's prediction and using an abiding faith, believed that John would live again—would love and laugh and hope again—and maybe, God willing, would walk and work again. Slowly, through self-acceptance, John Cook gained a positive mental attitude. Slowly he faced himself as he really was—his strengths, his weaknesses, his assets, and his handicaps. And, like all successful people, he learned that this was the most important confrontation a man ever makes.

Inch by painful inch John made progress. By plain bullheaded determination, he moved those legs. By pain and perseverance he swung them. And, hitched up in braces, he walked. But it wasn't easy. And it wasn't fast. For John, through those first weary weeks, hadn't yet developed the tenacity which ignores criticism and negative interference.

I found him sobbing one day, and I sensed somehow that he'd been hit below the belt.

Maybe the doctor had been tired that day. Or too young. Or simply callous. (Or perhaps very wise?) "You may have been able to get out of that bed," he'd told John, "but you'll never be able to support your family!"

Obstruction

Helen Sue Isely

Did we
glean any facts
from the great sun eclipse?
One. Our pollution can fuzz out
phenomenal
events.

Stunned, I stood there. And John sat crumpled, his body a pile of misery. "Well, do you believe it?" I said. There's nothing quite like a big man who's down. "Do you believe it?" I said again, louder this time.

"No," he sobbed. There was some man talk for a while, and I advised him to tell the doc where to get off. Somehow John seemed to move a little faster as he left, and I stood there a long time, thinking about men and their self-reliance. Any man, I knew, could crystallize his thinking, overcome obstacles, and make a success of himself.

"I had goals all the way down the line," John Cook says. He met them too. "When you're starting with nothing, you see, you have everything to bring back," says John. "And there's no limit to what you can do if you have the right mental attitude—coupled with goals.

"I had to set a goal first, that I'd walk—on legs a doctor had called useless. I had to build new muscles and develop a whole new way of life, so it took physical fitness and months of work." (And some blood, sweat, and tears, I thought.)

"But now I can walk," John went on, "and in the last eight months something wonderful has happened. For the first time in ten years I'm able to lift my left arm over my head. Granted, this may not seem very much, but this is another goal fulfilled. However, I'm not yet content. My next goal is to get two arms up. And I'll do it, because I've set a goal, and my mental attitude says they can go up!"

In his life, John uses four basic standards:

1. A goal must be personalized—a man's very own.

This can be hard on others, though. Sarah Cook came to my office one day, quite upset that John was acting like a bear at home—cursing all over the place and being difficult to handle. She looked more upset when I smiled instead of frowning.

"That's great!" I yelled. "He's getting well and making progress. That John Cook! He realizes he's head of the house, and he wants to bring home the bread. Power to him!" He had set a personal goal of being capable of supporting his family again.

His first job, when he could work again, was at a desk, selling orders by telephone. Because he was handicapped and had had no previous experience in that type of business, people naturally assumed that John had gone about as far as he could. John knew he could go farther.

When I founded Success Motivation Institute, I hired John Cook as the first employee—as general manager in

charge of directing the company. Other workers exploded that John didn't know anything about shipping or about accounting, but I knew that John had an honesty and a willingness to learn that said, "If I don't know something, I'll find out!" And he did. He believes he'll win, no matter what the odds.

2. Goals must be stated positively, not negatively.

This was a hard lesson for John. After he could walk with braces, my wife and I asked John and Sarah to dinner one evening. In spite of Sarah's protesting that John couldn't even hold a cup of coffee steadily, we took them to a fashionable restaurant.

It was a test, of course. John's mind couldn't perceive himself not trembling. When he picked up a cup, his arm jerked, throwing the hot coffee all over people at neighboring tables and the carpeting.

Silence.

I quickly ordered John another cup of coffee and reminded him that the accident was a part of his negative mental attitude or fear that he wasn't getting well, but that his mind could control it. To my knowledge, he hasn't thrown another cup of coffee since!

3. Goals must be realistic and attainable, representing progress.

John planned to reach his goal by developing physically. When he could barely stand up, he ironed clothes, he cleaned the house, he even washed the car every day because reaching was such good exercise. But John's greatest goal was to be able to walk without crutch, cane, or braces. "I don't want to be held up by supports. I threw the supports away, and quite frankly, I threw another mental block away. I threw my shackles away. The help that I needed was with my own mental attitude."

4. Attainment of all goals must include personality changes.

A great majority of the physically handicapped, in my opinion, are mentally handicapped. Not John.

"It took a strong determination and mental attitude and the help of many concerned people to forge this determination into me, actually making me a stronger man when paralyzed than I'd ever been before. Because my whole goal was a physically fit life, I had to learn to do things in an entirely different way than before. I learned to do things without going to a gym; I learned to manage at my desk, and I learned a new way of daily living.

"Now my goal is a good mental attitude. My goal is to be a whole man in every way. My goal is to do the things that are necessary to become this whole man—not just physically, but mentally. And in service to mankind, at the same time."

There's a magic, somehow, about John Cook. He cares about you as a person and wants to be of service to you. "There are so many people who have helped me," he reasons, "that I feel that I've been left on this world for a purpose. My main purpose now is to help others."

John says, "I know now that all I need do to solve any problem is to attack it in every way. When I've developed all the areas of my life through goal setting in the same way as I have the physical aspects of it, I will be a man—a whole and total man. My whole philosophy is that if anybody can do anything, I too can do it." And you believe him. ■

Government Drinkers Are Heavy Expense

Poor performance by civil servants addicted to drinking may cost Uncle Sam as much as half a billion dollars a year, according to the General Accounting Office.

The GAO finds that 4 to 8 percent of Federal employees have an alcoholic problem severe enough to affect their work performance. Their disability costs the Government about 25 percent of the employee's annual salary.

To set out to eliminate alcoholism, says one Federal expert, would cost about \$15 million a year. That's little enough to pay for saving half a billion.



Coffee contains caffeine, a powerful stimulant to the brain. Its effects are often felt all through the body.

Coffee Is Adult's Drug

Lawrence E. Lamb, M.D.

Adults often ignore the fact that they are on drugs. Yes, we live in a drug culture.

Everyone who uses coffee, tea, colas, tobacco, and alcohol is really using soft drugs. You can add to this the "go pills," most of the sleeping pills, and the tranquilizers.

Coffee isn't just a mild drug. It contains caffeine, which is a powerful stimulant to the brain. It can cause nervousness or make a nervous person more anxious.

Using large amounts of coffee—five or more cups a day—contributes markedly to stimulating the whole body. This may increase the resting heart rate by as much as 20 beats per minute. In some people it may even cause irregularities of the heart.

Dr. Oglesby Paul of Chicago reports that this much coffee is associated with a higher rate of heart attacks. Other investigators have reported increased outpouring of hormones from the adrenal glands in young healthy men after drinking moderate amounts of coffee. These are the same hormones that are increased in stress, and some think they contribute to artery disease.

A heavy coffee drinker often has "burning in the pit of the stomach." If the doctor doesn't think about this frequent cause, the patient gets expensive X rays of the stomach, gallbladder, and sometimes the colon. These usually show nothing that would account for the patient's complaint.

Eventually, the doctor decides the patient is nervous and prescribes tranquilizers. The patient goes home and washes down tranquilizers with several cups of stimulating coffee.

Usually the problem will go away if coffee is stopped. Some people are particularly sensitive to coffee, and even two cups a day can cause them to have stomach trouble.

I usually advise cutting down to one cup a day, then stopping coffee altogether—or using a caffeine-free product if desired. Better still is to switch to fruit juice.

Aspirin Can Bring on Ulcers

The person who regularly gulps down two aspirin for every little ache and pain may be medicating himself into a gastric ulcer.

Dr. Rene Menguy, a University of Chicago surgeon, has been studying the effects of aspirin for ten years.

One of every eight persons treated in hospital emergency rooms for gastrointestinal bleeding is bleeding because of aspirin, he says. And with aspirin consumption totaling 20 million tons a year in the United States, he adds: "We're dealing with a very important sociological problem."

The aspirin does not itself cause the ulceration and bleeding, according to Dr. Menguy. Instead, aspirin interferes with the body's ability to maintain the gastric mucosal barrier, a double-layered lining that protects the stomach from the powerful hydrochloric acid that the stomach produces to aid digestion.

"The occasional aspirin user is not going to get into trouble as readily as the person who becomes a chronic aspirin user," Dr. Menguy says. He notes, however, that anyone who takes two aspirin twice a week is a "frequent" user and that women are more likely to get aspirin-induced ulcers than men.

"The best buffer for aspirin is food," the surgeon adds. He recommends having a couple of cookies and a glass of milk with any aspirin taken, or taking aspirin at mealtimes. "The worst thing you can do is to take aspirin on an empty stomach, and the very worst is to take it after heavy drinking," when alcohol has exerted its drying effect on the stomach's mucosal lining.

89 GI's Dead From Drugs

The U.S. Army says that 89 American soldiers in Saigon may have died from overdoses of drugs during the first 10 months of 1970.

Expressing grave concern, the Army says that 25 such deaths were confirmed through autopsies, and that doctors suspect overdoses caused 64 other fatalities.

The Army has also disclosed that 746 men were admitted to medical facilities in drug-related cases through September, compared with 527 cases during all of 1969. Sixteen drug deaths were confirmed in 1969.

The Army announcement in Saigon acknowledges a significant increase in incidence of drug abuse, but says also that a new and more accurate reporting procedure is now in effect.

The Army says, however, that the new procedures alone could not account for the increase. The announcement also blames more widespread usage of heavy drugs such as heroin.

IAW Gets Tough on "Habitual Offenders"

Independent Agents of Wisconsin plans to propose a bill to the 1971 legislature designed to keep the "habitual offender" against traffic laws off Wisconsin roads.

The law would ask the courts to adjudge an individual driver a habitual offender after he had committed three major traffic offenses (manslaughter, drunken driving as examples) or 12 minor (rules of the road) offenses.

The offenses would be those occurring during a five-year period following enactment of the law.

Once so adjudged through due process of law, the habitual offender would have his license revoked for a five-year period. During this period, it is hoped drivers would work to correct emotional or skill problems that placed them in an unfavorable social situation.

The Motor Vehicle Division of the Department of Transportation estimates there are about 2,500 drivers who have driving records bad enough to make them eligible for such possible court action.

Any driver convicted of driving during the five-year period following court action revoking his driver's license under the habitual offenders law would be given a mandatory jail sentence of from one to three years.

The Wisconsin agents believe that the proposed law would act as a silent traffic-law-enforcement agency. Since all drivers would "start even" under the law, everyone would be given a new lease on life with fair warning for the consequences of future irresponsible traffic performance.

Student Drug Survey

One in every 33 high school students approved of students' using hard drugs, says a national survey.

And one student in every 10 said he personally used marijuana.

Asked if they approved of the use of LSD, speed, or heroin, 96 percent said No, 3 percent approved, and 1 percent failed to answer.

In answer to another question on drugs, 75 percent expressed disapproval of marijuana use by high school students, but 10 percent said they use marijuana now, and 21 percent said they would use it if it were legalized.



Aspirin needs careful control. Its heavy use can bring on troubles worse than it is intended to cure.

In This NEWS

★ Modern society challenges traditional character traits. See page 20.

★ One in every eight Americans is headed for alcoholism. See page 21.

★ To help teen addicts, adults must first be persuaded. See page 22.

Cherished Traits Are Risky

The cherished American traits of individual initiative, ingenuity, competition, and willingness to take risks are leading increasingly to accident and injury instead of fulfillment, a social scientist believes.

David Klein of Michigan State University says that all these qualities were necessary in frontier days.

He says today's children, "like ourselves," still are being taught very early and effectively that:

- Competition is individually useful and socially desirable.
- Individual initiative and independent action lead to success.
- One should seek individual freedom and control over one's environment.
- Masculinity means toughness, aggressiveness, and willingness to withstand stress.
- Challenge and excitement should be sought actively, and risk-taking is justified.
- Individual achievement, rather than cooperative effort, brings status and social rewards.

Unfortunately, today's highly industrialized society, huddled in cities ever growing, gives men fewer and fewer opportunities to fulfill these demands through their work, Klein says.

Industrialization "by its nature minimizes risk-taking and stress and makes work more routine by dividing it into smaller and smaller repetitive segments. But, since man has been taught he should compete and take risks, he is forced to fulfill them in recreational or home activities."

Americans now seek status by designing a bookshelf in their basement workshop, shooting a 12-point deer, winning a snowmobile or motorcycle race, becoming a skydiver, or flying an airplane, Klein says.

Further, Americans can afford increasingly powerful recreational devices and have more leisure time to use them.

The past ten years, Klein says, have seen a steady development of new devices "that offer nothing functional other than a sense of excitement and risk," such as the racing go-kart, trampoline, trail bike, or water skier's kites.



Kids today seek distinction in such activities as hot-rodding, motorcycling, or surfing.

Studies show, he says, that persons who find their jobs least satisfying are most likely to engage in high-risk activities, use higher horsepower outboard and automobile engines, and "live dangerously in many areas of their lives."

The situation is particularly painful for the teen-ager, who has learned the cultural values but has little opportunity to express them productively.

"Only a few can achieve distinction through academic success, athletic skill, student government, or other legitimate channels," Klein says. "Many are forced to seek distinction and status in such areas as hot-rodding, motorcycling, or surfing."

Klein cautions that the number of crashes involving teen-age drivers will probably increase, "regardless of the quality of their driving," to the extent that they are forced to use the automobile to satisfy the cultural demands they have been taught.

If the situation is to improve, he says, the cultural demands must be modified. There is evidence that this is happening, but the changes will be a long time coming to society as a whole, he says.

Teens Sample Alcohol

Ninety-two percent of high school students have at least "sampled" alcohol, 23 percent use alcohol occasionally, 9 percent class themselves as drinkers, and 6 percent say they are frequent users.

These are the results of a survey of 2,000 students in three high schools. The study is described in the book, "The Domesticated Drug," by Dr. George L. Maddox, chief of medical sociology, Duke University Medical Center.

Drinking habits among teen-agers vary considerably according to the section of the country in which they live. As many as 80 percent of teens in the Northeast use alcohol, while as few as 25 percent in the South use it, says Doctor Maddox.

Parents, he says, set the standards for teen-age drinking. Most young persons try to mimic adults, and their ultimate outlook toward alcohol is largely influenced by the conduct and attitude of their elders.

"Most Americans think of alcohol as a recreational beverage rather than as a drug," says Maddox. "They are only partly right. Pharmacologically speaking, alcohol is a drug, and it is the drug in the United States responsible for a substantial amount of personal and social damage."

"In fact," Maddox states, "the damage resulting from the use of all other drugs combined is less."

According to Maddox, only three human conditions tie up more medical resources than alcohol-related problems. They are heart disease, cancer, and mental illness.



Artery Disease

There's a newly discovered, sometimes fatal disease among users of dangerous drugs—especially methamphetamine, known to drug users as "speed" or "meth," reports a Los Angeles medical team.

By conservative estimate, 10 percent of "speed" users will get the disease, one of the doctors says.

The disease destroys arteries leading to major organs such as kidneys, stomach, small intestine, liver, pancreas, and others, the doctors say.

They observed 14 patients with an average age of 25 who had used drugs for periods of three months to five years.

They say four of them died of the disease, which they call "necrotizing angitis," meaning the death of an organ from inflammation.

The report says that because so many drugs were used among the patients, including heroin, hashish, LSD, and amphetamines, it was not determined which drug specifically caused the disease. But combination use of LSD and methamphetamine, or heroin and methamphetamine, was most common.

Drug Analysis Kit

A new kit for law-enforcement agents provides a quick on-the-scene method for determining if suspect materials are illegal drugs.

Becton, Dickinson, & Co. says its Narcotics Identification System consists of plastic tubes containing crushable glass ampules of reagents that turn different colors when exposed to various drugs. A pinch of the suspect material is placed in the tube, the tube is sealed and crushed and the colors noted. Morphine, for example, turns purple; LSD becomes rich blue.

The kit can detect codeine, heroin, morphine, opium, amphetamines, barbiturates, synthetic opiates, hallucinogens, and marijuana, the company says.

FIVE-SECOND SERMON

Save something for your old age—preferably yourself.—

Martin Buxbaum,
"Table Talk."

FAA Sets Eight-hour Limit

It is illegal to act as a crew member of a civil aircraft within eight hours after consuming alcoholic beverages, according to a new Federal Aviation Administration safety rule.

"The eight-hour alcohol rule was devised to discourage pilots from drinking alcoholic beverages prior to flight," says Secretary of Transportation John A. Volpe.

"The primary aim in issuing the new regulation, however, is not with the large segment of responsible pilots," he says, "but with the small marginal group for whom it is needed."

The new rule adds language to the existing rule which provides that "no person may act as a crew member of a civil aircraft while under the influence of intoxicating liquor."

FAA Administrator John H. Shaffer says, "The eight-hour rule is the rock bottom minimum before safety would be jeopardized. The rule is not intended to relax any stricter company rules now used by air carriers and other operators of aircraft," he explains.

FAA studies during the past few years have indicated that there is a reasonable possibility that the use of alcohol has contributed to a number of aircraft accidents.

Commercial airlines have strict regulations against their pilots using alcohol before flying.



Children of Oakland (California) Synanon members eat their meal off the table with their fingers at the Synanon Nursery School. Nursery teachers and skilled baby-sitters, themselves Synanon members, provide day and night care for the Synanon children without charge.



Alcohol Is Worst Drug

"One in every eight Americans is headed for alcoholism," according to a recent booklet published by Blue Shield. The booklet, "The Alcoholic American," discusses America's most serious drug problem—alcohol abuse.

In terms of taking the preventive approach to alcoholism, the booklet states that the fact that alcohol is a drug generally comes as a shock to the average drinker.

"Generally, when one thinks of a drug being abused today, he thinks of marijuana or one of the hallucinogenic chemicals which have found increasing popularity among young people," the booklet says. "Adults tend to ignore the seriousness of abusing alcohol and pass it off by saying that alcohol does not lead to stronger drugs. Actually, if one wanted to conduct this argument from beginning to end as an academic exercise, it would probably be found that the drug most heroin addicts begin with is alcohol."

The Blue Shield publication is part of an extensive public education project on alcoholism. It dispels the myth that alcoholics are derelicts. Instead, it points out that the overwhelming majority is middle class and above, with good jobs and families and suburban homes.

"Although it is true that not everyone who drinks will develop a problem, it is important to recognize that if one drinks at all he should seriously consider the pattern that emerges.

"Too many people believe that alcoholism always happens to the other guy, or that alcoholism is the result of something over which the individual has no control, or that the alcoholic has no will-power. None of these beliefs are necessarily true."

Senator Harold Hughes of Iowa, a recovered alcoholic himself, points out that alcohol abuse costs the American economy as much as \$76 billion annually.

WHAT WHERE WHY WHO WHO HOW WHEN WHAT

● In 1965 Bethlehem Steel Corporation figured that it probably had at least 5,000 alcoholics on its payroll. Since then the company has initiated an alcoholism program based on supervisory education. Line supervisors (those management men who have daily contact with employees) have been taught to spot possible problem drinkers by easily recognizable signs: deteriorating work performance, increased absenteeism with post-holiday or frequent Monday absences, withdrawal from associates, and other changes in behavior. When those symptoms are spotted by a supervisor, the employee is referred to the medical staff, and the doctors take over.

● Any American trying to find a parking place knows well that the nation has been flooded with automobiles. Figures show that the U.S. population went up 12 percent in the last 10 years while motor vehicle registration climbed 44 percent. According to the statistics, there are not enough people in the nation to provide every car and truck with both a driver and a passenger at the same time. (Houston "Chronicle")

● Alcoholism is a firmly established problem for the chemical industry. In recent years management has shifted its attitudes away from punishment and toward rehabilitation for the alcoholic employee. Companies say that about 60 percent of those treated are helped and are able to hold jobs and that often the rehabilitated worker does far better work than the average.

● There are about 108 million licensed drivers in the U.S. today. This is approximately 75 percent of all people in the nation 14 years or older.

● Industry foots much of the bill for the problem drinker. Experts say that these drinkers cost business at least \$2 to \$3 billion a year, not counting the toll in human misery. The first step in treatment followed by most firms is to get the drinker to admit he has a problem. His supervisor then recommends medical treatment. An alcoholic is not considered "rehabilitated" until he has abstained from drink for two years. It takes this long for company programs to show results.

● There are about 100,000 to 200,000 narcotics addicts in the U.S. Crime related to drug abuse costs the country more than \$5 billion annually. From 7 to 20 million Americans have tried marijuana at least once.

● Motor vehicle accidents took the lives of more than 200,000 persons throughout the world in 1969, says the Metropolitan Life Insurance Co. Some 56,400 of these lives were lost in the United States. (New York "Journal of Commerce")

Ban All Cigarette Ads

The American Cancer Society has asked the nation's newspapers and magazines to provide free space "to bring the message of the health hazards of cigarette smoking to the American public."

The appeal was issued in anticipation of "a massive influx" of cigarette advertising in the print media when the Federal law barring such ads from television and radio became effective on January 2. President Nixon signed the law last April 1.

Tobacco companies spent about

\$270 million on advertising during 1969—\$251 million of it on television and radio. It has been widely assumed that the print media will receive most of the advertising when the broadcast ban takes effect.

Cigarette smoking is an urgent health problem, says William B. Lewis, board chairman.

He reaffirms the society's basic position in favor of a ban on all cigarette advertising, and notes, "It is hoped that this can be achieved by voluntary self-regulation."

He says, however, that "there is every indication that a massive influx of additional cigarette advertising is planned for the print media."

"Indeed," he adds, "it has already been inaugurated."

Mr. Lewis says the society was "therefore undertaking a major educational advertising effort to enable the magazines and newspapers to bring the message of the health hazards of cigarette smoking to the American public."

The society will thus "make the most informative and effective advertisements available to the magazines and newspapers of the country."

Mr. Lewis has praised "Reader's Digest," "The New Yorker," "Good Housekeeping," "The Saturday Review," "National Geographic," "Scholastic Magazines," The Boston "Globe," and The Trenton "Times" for barring all cigarette advertising.

He adds: "Equally significant has been the action of The New York 'Times' in announcing that it will carry cigarette advertising only if the Government's health warning, as well as cigarette tar and nicotine content, is carried in each cigarette ad."

Mr. Lewis says that the ACS is calling on the Government to "require such a warning in all print media cigarette advertising."

The Cancer Society contends that cigarette sales have declined 7 percent in the last four years, during which anticigarette commercials have been required on radio and television.

Actor Abstains

George Maharis is currently starring in a TV program called "The Most Deadly Game," a dramatic series focusing on the work of criminologists.

"This is the only body I've got," he says. "It's the only one I'll ever have, and I like to think of it as a ship that's taking me through life. I don't smoke or drink, and I eat good food. I'm not a fiend for exercise, but I do enough to keep in shape."

Pot Seen as a Peril

There is growing data suggesting that marijuana can cause irreversible brain damage, affect genes and chromosomes, and distort depth perception, according to Frank A. Bartino, the Defense Department's assistant general counsel.

"Children throughout the country have the wrong impression that marijuana is an innocuous drug," he says. "Marijuana is an extremely dangerous drug. There are growing scientific compilations which show that a sufficient dose can cause irreversible brain damage."

Bartino cites tests with animals which he says have shown that marijuana could have an effect similar to that of LSD on genes and chromosomes.



**RADIO SETS
RISE 205%
SINCE 1952**

NOTE: 1970 includes 80,500,000 car radios and 25,700,000 FM receivers. Source: "Advertising Age."

ARE YOU PUZZLED?

Our Spacemen Mary E. Burdick

Hidden in the letters below are the names of 30 men who have participated in the exploration of space and the moon for the United States. Only their last names are used in the puzzle.

To find them, read forward, backward, up, down, or diagonally either way. As you find a name, draw a line around it, and check it off the list below.

S M A I L L I W B C A G R
N C L R E O G S E E P O E
I D H A M N V R A I M R D
L I C W U S N E N S O D N
L V U O E A T O L E S O A
O I Y G N I R R W L S N L
C T O C H R C R O E I T D
N T C W I R A K I N R T R
O S H E P A R D A H G E I
T W A C O O P E R R C S N
Y I F E L D E W E T S A
A G F C U N N I N G H A M
L E E S C O T T O R A B R
S R E D N A E S I A H R O
S T A F F O R D P N A E B

ALDRIN, Edwin E. Jr.
ANDERS, William A.
ARMSTRONG, Neil A.
BASSETT, Charles A. II
BEAN, Alan L.
BORMAN, Frank
CARPENTER, Malcolm S.
CERNAN, Eugene A.
CHAFFEE, Roger B.
COLLINS, Michael
CONRAD, Charles Jr.
COOPER, Leroy Gordon Jr.
CUNNINGHAM, R. Walter
EISELE, Donn F.
GORDON, Richard F. Jr.

GRISSOM, Virgil Ivan
HAISE, Fred
LOVELL, James A. Jr.
McDIVITT, James O.
SCHIRRA, Walter Marty Jr.
SCHWEICKART, Russell L.
SCOTT, David R.
SEE, Elliot M. Jr.
SHEPARD, Alan Bartlett Jr.
SLAYTON, Donald Kent
STAFFORD, Thomas P.
SWIGERT, John
WHITE, Edward H. II
WILLIAMS, Clifton C. Jr.
YOUNG, John W.

Dear Abby:

One Pothead's Story

The following letter on marijuana was sent to the column "Dear Abby," obviously telling the results of one experiment with the so-called innocuous drug.

DEAR ABBY: Just who says "pot" is harmless? From personal experience I know it can cause ulcers, insomnia, heartache, financial problems, and the desire to commit suicide—not to all, but to a significant percentage of those who are caught.

I am 22 years old. I threw newspapers all through junior high. I bagged groceries through high school, and left for college with a pat on the back from my proud father.

After graduation I taught school for one year and was considered to be an outstanding teacher.

While I was home on vacation, a friend invited me to a "groovy party." He said there would be pot there, and even though I disapprove of pot, I was too weak in character to say No.

The next thing I knew, a policeman's flashlight was shining in my

eyes. I was sitting on a blanket with a bag of pot beside me. Now, ten days later, I have lost everything: my fiancée, my opportunity for Coast Guard O.C.S. (I was to leave in two weeks!)

After a decade of pulling myself up by my bootstraps, I now find career opportunities limited. It saps my desire to live.

My "friend" consoles me by saying that the law is outdated and will be changed "soon," and any society that punishes for such a thing is "sick." This all may be true; but I am the felon, and I have to pay the price. Society, be it sick or well, has certain laws which should be obeyed until they are changed.

Now, I ask myself, "What was I doing there?" I am supposed to be a mature and intelligent person. I was absolutely stupid.

If you publish this, Abby, maybe just one person who is tempted to do what I did will read it and remember it. Between the lines can also be read the sorrow I have caused myself and my family.

SUPPOSEDLY MATURE.

Adults Unaware of Drug Problem

A Roman Catholic priest who is trying to start a teen-age drug rehabilitation center, says a big problem is persuading adults of the urgency of the problem.

"How could adults be aware of the drug dependency problem?" asks Father Peter P. Quinn. "They didn't have it when they were growing up."

Father Quinn says cities should start on a special education campaign that would make adults as well as adolescents aware of the seriousness of the problem.

Too many adults, he says, view

drug addiction as a criminal matter instead of a medical problem.

"And because some people connect addicts and criminals," he says, "there is a fear among some people that in a drug program, you are involved with criminals."

Father Quinn disagrees with the concept popular among many people that marijuana is a harmless, nonaddictive drug.

He says, "By way of natural progression," young people—as well as adults who smoke marijuana—go from "blowing grass to pills and acid."

STASH Does Drug Research

Richard L. Sine

The Student Association for the Study of Hallucinogens, Inc. (STASH), has grown from the dream of a Beloit College student to a going service organization in less than two years.

STASH has a number of prominent researchers on its advisory board and an annual budget of more than \$50,000.

It has been funded primarily by grants from a diversity of small and medium-sized foundations. A significant portion of the budget comes from the sale of educational materials on drugs and from memberships in the association.

James Gamage, the founder-director and still a student at Beloit College, estimates that the current annual budget will be doubled within two years.

STASH holds that no drug intrinsically possesses any good or bad qualities. It is only each particular human use of a drug that can be viewed as beneficial or detrimental.

Drugs, and the variety of ways that people can use or abuse them, are extremely complicated, according to Gamage. One interested in alleviating society's drug "problems" must educate himself. This

includes knowing the way in which scientists arrive at conclusions about the psychological, physiological, and other actions of drugs.

Gamage says that in learning about drugs one must not only study what doctors, pharmacologists, psychologists, and other authorities have to say, but he must also bring himself up to a level of competence which will permit critical evaluation of the validity and relevance of the information that comes into his hands.

STASH pursues its goals in a number of ways. Last fall the group brought nine of the most respected professionals engaged in drug research to Beloit College for a three-day symposium.

The association has been amassing a comprehensive library of research materials on psychoactive drugs, one of the best anywhere in the nation.

Members of its advisory board have not merely permitted their names to be used as window dressing. Among the active advisers to the group are Albert Hoffmann, the inventor of LSD; Humphrey Osmond, who coined the word "psychedelic"; Alan Watts, noted scholar of mysticism and Zen; and more than 70 other competent professionals.



STASH provides valuable information from its comprehensive library of materials on psychoactive drugs.

If you have problems to solve —

OVERWHELMED by a variety of problems, all of them seemingly insurmountable, I was crying out my despair to a wise business friend. He brought me up short from my complaining by asking one simple question, "But have you done anything wrong?"

This seemed so irrelevant to my problems involving financial security and physical health and strength that I did not even deign to answer, except with a hurried, "Of course not."

Quietly he repeated his question, "But have you done anything wrong?"

This time I answered him with impatience, demanding, "What do you mean by asking me this?"

I shall never forget his reply, "I mean, have you deliberately broken any of the Ten Commandments? Have you stolen any money? Have you slandered a friend? Do you covet what some relative has?"

Thrusting these questions into the middle of the problems of the moment forced me to admit that with all my shortcomings, I had not knowingly violated these rules. The problems had descended on me anyway, and what was the solution going to be? If he was not prepared to offer some tangible advice, I would be leaving with an apology for taking up his time.

"If you have not willfully done anything wrong, then just relax," he said. "There will be the proper solution to every one of your problems."

With this fresh point of view, I sat back and drew a deep breath. Calmly I surveyed the current situation. Nothing had happened to change the need for a job for a member of the family. I still



Here's the First Step

**Ruth C.
Ikerman**

didn't know how to work out my financial emergency. Yet these problems somehow looked different, for at least I did not feel burdened with guilt. I should be able to carry my load if I took it day by day free from any guilt of my own.

Thus relaxed, I left the office and went on my way, believing that doors would open for solutions. And they did.

How often since then have I seen a situation clear up when a person keeps on trying to do his best, keeping the basic laws of life. When other situations have failed of solution and continued on long after they should have been solved, I have found eventually that at the center there was a specific personal problem which brought on a sense of guilt.

For example, the woman who constantly declares she has bad neighbors turns out to be the one who stands behind the window curtains rebelling inwardly when any new things are delivered at nearby homes. She covets actively the possessions which her own budget currently does not allow.

And again, the young man who is having a struggle to believe in God is the same one who has permitted himself to base his whole life on selfish considerations, such as the rush for money, the desire for social position, or the flaunting of prestige.

Hidden deeply in the core of many problems is the matter of personal guilt. The individual who has tried to do right may find problems descending over him. He may feel himself immersed in the shadows. But this will prove only temporary if he himself does not know personal guilt.

Often I remember my friend's wonderful advice, which at first seemed to me so intangible, but yet was so solid and substantial. Every once in a while I reread the principles of life as expressed in the Ten Commandments to refresh my memory, and I realize anew that a start to the solution of any problem can come by first asking the question: "But have you done anything wrong?" ■

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