

ADMINISTRATIVE - INTERNAL USE ONLY

This Notice Expires 1 July 1973

DD / S REGISTRY

FILE Medical

MEDICAL

STAT
August 1972

HEALTH EDUCATION PROGRAM

1. A Health Education Program for all employees has been developed to provide information about risk factors and hazards relating to health and contributing to premature death or disability.

2. The Program intends to assist employees to remain effective in their work and to be, feel and look fit. Panel discussions, slide reviews, movies, video tapes, audience participation groups, exhibits, displays, posters and professional consultation by physicians, nurses, and paramedical personnel will be integrated with the traditional Office of Medical Services procedures.

3. Supervisors are expected to assume an active role by consulting with, advising and assisting employees in the maintenance of their health and effectiveness. More specific guidance for supervisors will be provided as the Program develops.

MORI/CDF Pages 3-4, 19-26,

ADMINISTRATIVE - INTERNAL USE ONLY

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HN 15-
August 1972

MEDICAL

4. , Office of Medical Services, is appointed

STAT

Health Education Officer for the administration of this Program.

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:

APPROVAL TO PUBLISH:

ILLEGIB

JW JOHN W. COFFEY
Deputy Director
for Support
10 AUG 1972

DISTRIBUTION: ALL EMPLOYEES

Draft by OMS (9 Aug 72)

Rewritten:EO-DD/S:LDP/ms (10 Aug 72)

Distribution:

Orig - Chief, RCB via Chief, SSS

1 - DD/S Chrono

1 - DD/S Subject ✓

ADMINISTRATIVE - INTERNAL USE ONLY

This Notice Expires 1 July 1973

STATINTL



— August 1972

MEDICAL

HEALTH EDUCATION PROGRAM

1. The Director has approved a new Health Education Program developed by the Office of Medical Services. The purpose of this program is by continuing information to help employees become knowledgeable of those risk factors and hazards relating to health which contribute to premature death or disability.
2. The program will seek to provide guidance to assist employees to remain effective in their work and to be, feel, and look fit. Panel discussions, slide reviews, movies, video tapes, audience participation groups, exhibits, displays, posters and professional consultation by physicians, nurses, and paramedical personnel will be integrated with the traditional OMS procedures.
3. Supervisors are requested to assume an active role in this program by consulting with, advising and assisting employees in the maintenance of their health and effectiveness.

ADMINISTRATIVE - INTERNAL USE ONLY

MEDICAL

[REDACTED]

August 1972

More specific guidance for supervisors in this role will be provided as the program develops.

STATINTL

4. [REDACTED] of the Office of Medical Services is appointed Health Education Officer for the administration of this program.

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:

JOHN W. COFFEY
Deputy Director
for Support

DISTRIBUTION: ALL EMPLOYEES

ADMINISTRATIVE - INTERNAL USE ONLY

Director of Medical Services
1D-4067 Hqs.

John:

Re para 5a of your memo of 21 July 1972, WEC noted that the emphasis should not be to "look fit," but rather "are fit." Apparently, to "look fit" is a residual rather than a primary benefit.

Anyway, we are now in business. Please draft a Headquarters Notice just as soon as possible and make specific plans for moving ahead with the Program.

[Redacted Signature]

Robert S. Wattles

4 AUG 1972

STAT

Assistant Deputy Director for Support

7D-24 Hqs. [Redacted]

STAT

EO-DD/S:LDP:es (4 Aug 72)

Distribution:

Orig - D/MS w/orig of att (DD/S 72-2957)

1 - DD/S subject w/cy of att

1 - DD/S chrono

DD/S 72-2957: Memo dtd 2 Aug 72 to DCI fm DD/S, subj: Health Education Program

Page Denied

Next 1 Page(s) In Document Denied

DD/S 72-2957

2 AUG 1972

MEMORANDUM FOR: Director of Central Intelligence

SUBJECT : Health Education Program

1. This memorandum contains a recommendation for your approval in paragraph 4.

2. Attached at Tab A is a proposal from the Director of Medical Services to begin an Agency-wide Health Education Program. This plan was developed because of a growing concern with cardiovascular disease and factors contributing to it, particularly obesity.

3. Dr. Tietjen and I believe that now is the time for the Agency to embark on such a program. Senior managers and employees currently seem to be especially concerned with health matters. Consequently, the procedures outlined in the attachment can be helpful to all employees and should be beneficial to the Agency.

4. I recommend your approval of the Health Education Program concept and request you sign the memorandum at Tab B.

(signed) John W. Coffey

John W. Coffey
Deputy Director
for Support

Att: Memo (Tab A) dtd 21 July 72 to A-DD/S
fm D/MS, subj: Overweight Employees,
w/proposed memo (Tab B) and 2 newsletters

The recommendation contained in paragraph 4 is approved.

See memo from DCI dtd 3 August 1972,
Subject: Health Education Program.

Richard Helms
Director of Central Intelligence

Date

Distribution:

Orig - Adse (Pls return to D/MS via DD/S)

1 - DDCI

1 - ER

~~2~~ - DD/S *CLASSIFIED*

1 - D/MS

TAB

ADMINISTRATIVE-INTERNAL USE ONLY

21 JUL 1972

MEMORANDUM FOR: Acting Deputy Director for Support

SUBJECT : Overweight Employees

REFERENCE : Your memorandum, dated 14 July 1972, subject
as above

1. As we have indicated previously, we welcome the Director's stated interest in the problem of overweight employees and the implications of this condition for their health. We think though that we should not mount an isolated campaign against obesity. In our experience, obesity is only one of the factors contributing to health problems. There are many others that deserve equal attention. A solitary medical attack limited to obesity is, in our judgment, too simplistic both in appearance and solution.

2. I recommend instead that the Director approve a Health Education Program. We had planned such a program for the near future. Recent events find us already engaged in education, on a variety of matters, and in a variety of ways, with new efforts aborning and general interest evident. The Director's interest and that of others provide the impetus to establish a recognized program now.

3. An Agency Health Education Program is a continuing organized effort by the OMS to present information (designed to improve and maintain health) to all Agency employees and at times dependents. It is an area where we have for years done much work with the individual but would now include a general approach to the Agency at large. There are many ways that such a program may find expression. The recent Drug Abuse exhibit is one method. We have in mind a variety of other approaches.

4. This is not a task that we can do alone. We need the assistance of all levels of Agency management. Without a

ADMINISTRATIVE-INTERNAL USE ONLY

ADMINISTRATIVE INTERNAL USE ONLY**SUBJECT: Overweight Employees**

supporting management attitude we remain well-meaning admonishers, a not unanticipated role for medical practitioners. In order to capture management's attention we recommend that the Director endorse our efforts and above all remind supervisors of their health responsibilities to themselves and their employees. We may also need the Director's help from time to time as the program continues.

5. To launch this Health Education Program I recommend the following specific actions:

a. The DCI to announce to his senior staff that he has approved an Agency Health Education Program, that supervisors have a vital role in this program, and that a major goal of the program is to assure that Agency employees look fit -- "no fat bellies".

b. The DCI to address a memorandum, essentially as attached, to his deputies launching this program.

c. Approval be granted for the OMS to issue a quarterly Medical Newsletter that would go to each employee at headquarters. A prototype of such a letter is attached. Also attached is a copy of an Executive Health Newsletter that we had previously considered. The difference in thrust should be evident and we recommend the Medical Newsletter as more appropriate to the needs of the Agency.

d. Approval be granted for the OMS to develop other means for communicating with Agency employees in this health education effort. These means would include -- as appropriate -- lectures, posters, film and slide presentations, and group discussions.

e. Approval be granted for the appointment of a Health Education Officer from among the current OMS medical officers, with such appointment to be announced by an appropriate Headquarters Notice. This

- 2 -

ADMINISTRATIVE INTERNAL USE ONLY

ADMINISTRATIVE-INTERNAL USE ONLY**SUBJECT: Overweight Employees**

officer would direct the operations of the program.

6. We have also mentioned previously, but must reiterate, that weight reduction programs/efforts have been notoriously unsuccessful. We tend to think that a continuing comprehensive educational approach will promote greater success. Nevertheless, a Health Education Program must rely on what is currently known. In regard to obesity, we believe that a modest research effort in this area is an appropriate element of any such program and do therefore plan such an effort as part of this program. In this regard, we have already discussed initially a possible research approach with medical officials of the Georgetown University Medical Center. These officials have expressed an interest and we shall meet with them further on this.

7. All of the above activities would be initiated using the personnel and funds currently available to the OMS. It is our judgment however that this program may stimulate the need for additional OMS professional services to an extent that additional resources might have to be considered. If this develops, we shall apprise you of any additional resources required.

SIGNED

JOHN R. TIETJEN M.D.

JOHN R. TIETJEN, M. D.
Director of Medical Services

Attachments

- 3 -

ADMINISTRATIVE-INTERNAL USE ONLY

TAB

105-72-2958

3 AUG 1972

MEMORANDUM FOR: Executive Director-Comptroller
 Deputy Director for Intelligence
 Deputy Director for Plans
 Deputy Director for Science and Technology
 Deputy Director for Support
 Deputy to the DCI for the Intelligence Community
 Director of National Estimates
 General Counsel
 Inspector General
 Legislative Counsel

SUBJECT : Health Education Program

1. You have previously heard me express concern about the frequency of heart attacks and the deplorable fact that we have entirely too many overweight employees. These and other health problems have prompted me to approve a new Health Education Program developed by the Office of Medical Services. I fully expect the Program to enhance the well-being of employees in relation to their work assignments.

2. The Program which will be the subject of a forthcoming Headquarters Notice will seek to help employees become knowledgeable of those risk factors and hazards relating to health which contribute to premature death or disability. It will also provide guidance to assist employees to remain effective in their work and to be, feel, and look fit. Panel discussions, slide reviews, movies, video tapes, audience participation groups, exhibits, displays, posters, and professional consultation by physicians, nurses, and paramedical personnel will be integrated with the traditional OMS procedures.

3. Supervisors should assume an active role in the Program by consulting with, advising and assisting employees in the maintenance of their health and effectiveness. More specific guidance for supervisors in this role will be provided as the Program develops. Additionally, I ask each of you personally to involve yourself in initiating and implementing the Program.

1 - DD
 1 - IG
 1 - DD
 1 - DD
 1 - DD

Distribution:
 DIA/21/01/15 (1 of 15)
 DIA/21/01/15 (1 of 15)
 DIA/21/01/15 (1 of 15)

/s/
Richard Helms
 Director

EO-DD/S:LDP:es (1 Aug 72)

Rewritten:

DD/S:JWC:llc (1 Aug 72)

Distribution:

- 0 - ExDir
- 1 - DD/I
- 1 - DD/P
- 1 - DD/S&T
- 1 - DD/S
- 1 - D/DCI/IC
- 1 - DNE
- 1 - GC
- 1 - IG
- 1 - LC
- 1 - Signing Official
- 1 - DDCI
- 1 - ER
- 1 - DD/S Chrono
- 1 - D/MS

3 AUG 72

MEMORANDUM FOR: Executive Director-Comptroller
Deputy Director for Intelligence
Deputy Director for Plans
Deputy Director for Science and Technology
Deputy Director for Support
Deputy to the DCI for the Intelligence Community
Director of National Estimates
General Counsel
Inspector General
Legislative Counsel

SUBJECT : Health Education Program

1. You have previously heard me express concern about the frequency of heart attacks and the deplorable fact that we have entirely too many overweight employees. These and other health problems have prompted me to approve a new Health Education Program developed by the Office of Medical Services. I fully expect the program to enhance the well-being of employees in relation to their work assignments.

2. The program, ^{insert} will seek to help employees become knowledgeable of those risk factors and hazards relating to health which contribute to premature death or disability. It will also provide guidance to assist employees to remain effective in their work and to be, feel, and look fit. Panel discussions, slide reviews, movies, video tapes, audience participation groups, exhibits, displays, posters, and professional consultation by physicians, nurses, and paramedical personnel will be integrated with the traditional OMS procedures.

3. Supervisors should assume an active role in the program by consulting with, advising and assisting employees in the maintenance of their health and effectiveness. More specific guidance for supervisors in this role will be provided as the program develops. Also, a Headquarters Notice will be issued soon describing the program and urging the cooperation of everyone in the improvement of employee health. Additionally, I suggest you convey the essence of this memorandum to employees under your jurisdiction.

Suggest ask each of you personally to involve yourself in initiating and implementing the program.

Richard Helms
Director

in which will be the subject of a
forthcoming Headquarters
notice will seek

TAB



M E D I C A L
N E W S L E T T E R

August 1972

With this first edition the Office of Medical Services inaugurates a short newsletter that includes points of importance concerning health, physical fitness, and general well-being. Subsequent issues are planned on a quarterly basis.

OBESITY - ITS RELATIONSHIP TO HEART DISEASE AND HEALTH

Coronary artery disease affects more than 20 million people in the United States, and each year more than 600,000 persons die from myocardial infarction or "heart attack." The major factors recognized as predisposing to the development of coronary artery disease are hypertension (high blood pressure), smoking, obesity, increased blood lipids (cholesterol and triglycerides), lack of exercise, elevated levels of uric acid, diabetes mellitus, and a family history of heart disease.

In a recent study of heart disease patients at the Sacramento, California Medical Center, the factor associated most dramatically and significantly with heart disease, as compared with the normal, was obesity; this was especially true in patients with premature vascular disease. The effects of obesity on many of the other recognized "risk factors" are well-known and obesity may be the link that connects some of the other abnormalities together.

In another study at the Massachusetts Institute of Technology Clinical Research Center conducted by Dr. Robert S. Lees, it was found that weight reduction in obese patients

who were only 7 to 18% over ideal body weight, produced a partial or complete return of blood lipids to normal in those patients who had elevated levels at the beginning of the study. This reduction in blood fats was accomplished without attempting to alter the percentages of saturated fats, unsaturated fats or cholesterol in the diet. Other benefits from weight reduction in his study were generally improved feelings of well-being, increased physical activity, significant blood pressure reductions, mild decreases in blood sugar levels, and drops in uric acid levels. Obesity, then, may indeed predispose an individual to premature heart disease and weight reduction will lower toward normal several of the other important risk factors for coronary artery disease.

There are known and measurable effects of obesity on the cardiovascular system in general. In very obese subjects, there are consistent increases in cardiac or heart work which may result in heart enlargement and even heart failure. Under-breathing in the very obese person (Pickwickian Syndrome) may result in somnolence, twitchings, alterations in blood counts, heart enlargement, and heart failure. Increased blood pressure is common in the very obese and, as mentioned, may be reduced by weight loss. Indeed, most circulatory derangements associated with obesity can be reversed or significantly improved by weight reduction.

In addition to the effects of obesity on the heart and vascular system, there are also adverse effects on health in general. Insurance companies have given us the most information regarding the general medical significance of obesity. Actuarial studies have shown that mortality in men aged 15 to 69 is 1/3 higher in those 20% or more overweight than "standard risk" men, and mortality is 1/5 greater among men 10% or more overweight. When overweight men are compared to men with the most ideal weights, rather than "standard risk" men, the excess mortality is nearly 1/2 for those 20% or more overweight and 1/3 for those 10% or more overweight. This increase in mortality is associated with diabetes, gastrointestinal diseases, strokes and heart disease. Surgical procedures are more difficult in the obese individual and also account for some of the increased morbidity and mortality.

In short, then, obesity is not only a problem of physical appearance, but more importantly, it is related to increasing morbidity and mortality for the obese person. Fortunately, these adverse factors associated with obesity are reversible in large measure. Obesity however is not always a simple

matter of overeating and may be associated with psychic or endocrine disorders. Therefore, reversal by weight reduction under medical supervision is strongly advised.

No discussion of obesity would be complete without a list of desirable weights. A table of desirable weights from the Metropolitan Life Insurance Company is reproduced below.

Fad diets are numerous; they are often however not successful and they do not establish good eating habits which are necessary to maintain ideal weights later on.

Some general facts of interest to the weight watcher are listed below.

- (1) If we take in more calories than our bodies need the excess is stored as fat.
- (2) With increasing age, metabolism and physical activity usually decrease, even though the level of appetite remains the same. Therefore, weight increases as a person takes in more food than he needs.
- (3) Surplus calories regardless of whether they come from protein, carbohydrate or fat, are stored as fat.
- (4) Overweight people have a shorter life expectancy, and are more prone to the vascular and degenerative diseases.
- (5) Proteins and carbohydrates contain four calories per gram and fat contains nine calories per gram.
- (6) Overweight people often eat too rapidly and have consumed large amounts of food before their body appetite regulating centers have a chance to act and reduce appetite.
- (7) Too rapid weight loss often indicates a loss of muscle protein instead of fat. An ideal weight loss is between one to two pounds per week.
- (8) Alcohol has no nutritional value and an eight-ounce glass of beer provides an extra 115 calories.
- (9) Moderate exercise does not increase appetite and is a good way to maintain a desirable weight and keep fit.

Desirable Weights

WOMEN 25 years of age and over (indoor clothing)

HEIGHT (shoes on)		SMALL FRAME	MEDIUM FRAME	LARGE FRAME
Ft.	In.			
4	10	92-98	96-107	104-119
4	11	94-101	98-110	106-122
5	0	96-104	101-113	109-125
5	1	99-107	104-116	112-128
5	2	102-110	107-119	115-131
5	3	105-113	110-122	118-134
5	4	108-116	113-126	121-138
5	5	111-119	116-130	125-142
5	6	114-123	120-135	129-146
5	7	118-127	124-139	133-150
5	8	122-131	128-143	137-154
5	9	126-135	132-147	141-158
5	10	130-140	136-151	145-163
5	11	134-144	140-155	149-168
6	0	138-148	144-159	153-173

MEN 25 years of age and over (indoor clothing)

HEIGHT (shoes on)		SMALL FRAME	MEDIUM FRAME	LARGE FRAME
Ft.	In.			
5	2	112-120	118-129	126-141
5	3	115-123	121-133	129-144
5	4	118-126	124-136	132-148
5	5	121-129	127-139	135-152
5	6	124-133	130-143	138-156
5	7	128-137	134-147	142-161
5	8	132-141	138-152	147-166
5	9	136-145	142-156	151-170
5	10	140-150	146-160	155-174
5	11	144-154	150-165	159-179
6	0	148-158	154-170	164-184
6	1	152-162	158-175	168-189
6	2	156-167	162-180	173-194
6	3	160-171	167-185	178-199
6	4	164-175	172-190	182-204

Statistical data from Metropolitan Life Insurance Co.

(10) Skipping meals is a poor way to reduce weight since overeating often occurs at the next meal. Regular meals with smaller portions are more desirable.

(11) On a dietary program, weight should be taken at the same time each day since weight will vary throughout the day because of changes in the total amount of body water.

(12) Seven pounds of body fat hold one pint of water.

(13) Some salt restriction helps weight reduction.

(14) 4,000 calories make up one pound of fat.

(15) As little as 200 calories extra a day will, in the course of one year, lead to a storage of 18 pounds of fat.

(16) Because of our mechanized way of life, our caloric requirements are considerably less than previously; for example, a housewife's work which once required 250 calories an hour, now requires only 120 because of electrical appliances. A person commuting 2-1/2 miles by walking uses up 210 calories; however, when he drives, he uses only 17 calories.

(17) A list of calories spent in various activities is listed below.

Resting, Standing and Walking

<i>Calories per minute</i>		<i>Calories per minute</i>	
Resting in bed	1.2	Kneeling	1.4
Sitting	1.4	Squatting	2.2
Sitting, reading	1.4	Walking, indoors	3.4
Sitting, eating	1.6	Walking, outdoors	6.1
Sitting, playing cards	1.7	Walking, downstairs	7.6
Standing	1.6	Walking, upstairs	20.0
Standing, light activity	2.8	Standing, showering	3.7

Working Around the Home

Washing clothes	2.9	Mopping floors	5.3
Hanging laundry	4.7	Sweeping floors	1.7
Bringing in laundry	3.2	Scrubbing floors	6.0
Machine sewing	1.5	Shaking carpets	6.4
Ironing clothes	4.2	Peeling vegetables	2.9
Making beds	5.3	Stirring, mixing foods	3.0

Do it yourself

Sawing wood	6.9	Pushing wheelbarrow	5.2
Planing wood	8.6	Chopping wood	4.9
Carrying tools	3.6	Stacking wood	6.1
Shovelling	7.1	Drilling	7.0

Sports and hobbies

Football	10.1	Badminton	2.8
Basketball	8.6	Rowing	8.0
Ping pong	4.8	Sailing	2.6
Swimming	12.1	Playing Pool	3.0
Golfing	5.5	Dancing	4.0
Tennis	7.0	Horseback riding	3.0
Bowling	8.1	Cycling	8.0

HEALTH TOPICS

"Jet Lag"

To minimize the effects of "jet lag" or circadian rhythm disturbances in persons who air-travel long distances, Dr. George Catlett, New York regional medical director of United Air Lines, recommends that the traveller depart well-rested and that he plan no strenuous activities during the first 24 hours after arrival.

Because many body functions have approximately a 24-hour cycle (circadian rhythm), travel from one time zone to a significantly different one may be associated with a number of symptoms including fatigue, paradoxical insomnia, loss of appetite, dizziness, blurred vision, and at times confusion or depression. Shortening of the environmental cycle produces, usually, a more pronounced change than lengthening it. Flyers often report more difficulty when flying west to east, for example.

It is suggested that travellers choose daylight departures, and eat and drink with moderation before and during the flight. The problem is self-limited, and generally, "rest without napping during the daylight hours of the new time cycle and sleep after nightfall are usually all that is required".

Alcohol May be Harmful to Cardiac Patients

A group at Fordham Hospital in New York has found that 10 heart patients pumped less blood one half hour after drinking two ounces of chilled whiskey compared to pre-drinking levels. Contrary to popular belief, in this group of heart disease patients, alcohol acted as a blood vessel constrictor, rather than a dilator. Four normal persons showed the expected results from alcohol, namely a dilatation of blood vessels and an increase in volume of blood pumped.

At Mount Sinai Medical School, acute heart muscle deterioration has been observed in normal non-alcoholic persons who drank heavily over a period of one month. There was a return to normalcy following cessation of drinking.

The Surgeon General's Report on the Effect of Smoking on Non-Smokers

The United States Public Health Service Surgeon General's most recent report on cigarette smoking reinforces evidence of tobacco links to lung cancer, unsuccessful pregnancy, and coronary heart disease. It also describes the plight of the non-smoker surrounded by smokers. The burning of a fair amount of tobacco in a confined, unventilated space can clearly push the carbon monoxide concentration to and over the threshold limits set by Federal law for occupational exposure. There is some risk, for example, for a non-smoker riding in a closed car full of smokers. The levels of carbon monoxide exposures are not too different from those that have been associated with altered hearing, visual acuity loss, and a loss of ability to distinguish brightness. At carbon monoxide levels similar to those at an average party, heart disease patients show symptoms of heart muscle oxygen lack. It is clear that in a closed environment, the smoker may place at risk not only himself but also those around him.

Use of Marijuana May Disrupt Sleep

A study supported by the Navy suggests in its preliminary report that marijuana significantly disrupts normal sleep patterns. Laboratory animals had less deep sleep as a result of the chronic administration of marijuana. In human subjects studied to date, there was significantly less deep sleep after seven days of daily marijuana usage. During the recovery week, significant loss of deep sleep was still observed.

TAB



EXECUTIVE HEALTH NEWSLETTER

April 1972

With this first edition, we hope to inaugurate a short newsletter, including points of importance as regards the Executive Annual Physical Program: health, physical fitness, and general well-being. Editions will come out every two months.

In the future, we hope to have short articles on points of importance for the health of our executives. There will be a section including facts of general medical interest. Finally, we hope to inaugurate a question and answer section.

Annual Physical Examination.

It might be of interest to review what is done in our current executive annual physical examination. Currently, our examinations are done in three stages, and often because of additional studies, will include extra stages.

The first stage consists of laboratory screening, which includes visual examination for near and distant vision, a hearing test which measures hearing changes in the speech frequencies, and a tonometric examination which is done to detect early stages of glaucoma (increased pressure within the eye than can be asymptomatic but can lead to visual loss).

The laboratory studies include a complete urinalysis in which the urine is examined for albumin, sugar, and microscopically for the presence of cells and bacteria. Blood studies are done and include hematocrit, which will detect anemia, a blood test of thyroid function, and then 12 determinations on our SMA 12/60 Autoanalyser. These latter determinations are done automatically and results are printed out on a graph form as well as directly typed out. On the next page you will see an example of the type reading the physician receives.

The various measurements done on the blood include:

1. Calcium and phosphorus which reflect bone metabolism.
2. Glucose, the determination of blood sugar which will detect diabetes and early stages of diabetes.
3. BUN (blood urea nitrogen) which is a test of kidney function.
4. Uric acid, which gives a reading on the possibility of gout and may also be altered by certain medicines.
5. Cholesterol readings, which parallel possible arteriosclerosis.
6. Total protein and albumin which reflect the general well-being of the body and detect diseases of the liver and bone marrow.
7. Bilirubin, a reflection of bile pigments in blood which may detect alterations in liver function and also abnormalities in which blood corpuscles are being destroyed too rapidly.

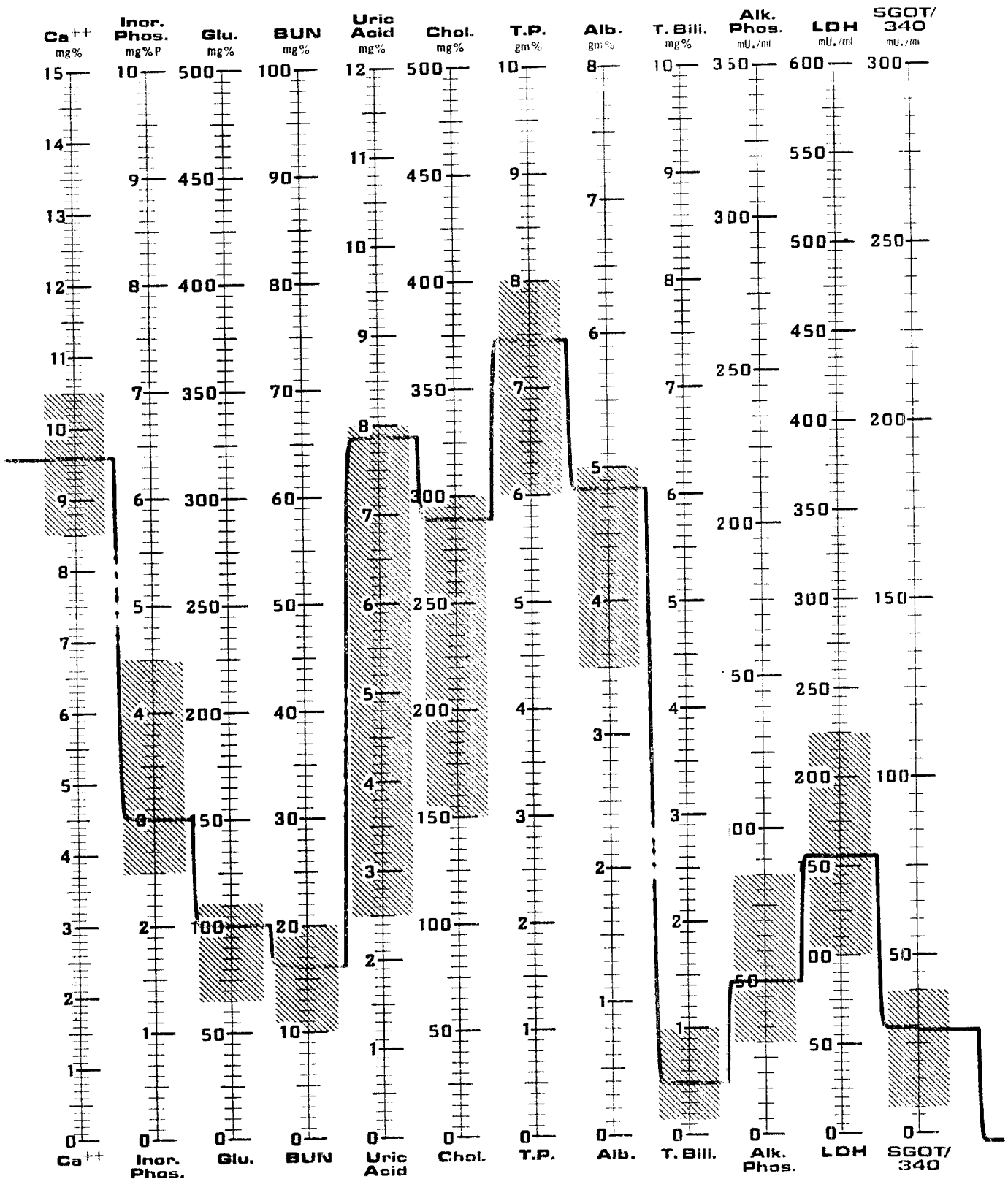


Figure 1. Autoanalyser graph

Approved For Release 2006/10/10 : CIA-RDP84-00780R004600120023-6
8. Alkaline phosphatase, an enzyme which is altered by changes in bone metabolism and liver disease.

9. LDH and SGOT, enzymes which may reflect heart disease, liver disease.

At the time of the actual examination, the laboratory studies are available for the physician to review; in addition, a chest X-ray has been done and an electrocardiogram has been taken which is now being interpreted by computer.

HEALTH TOPICS

Factors Favoring Development of Coronary Artery Disease.

The risk factors favoring the development of coronary artery disease are recognized to be hypertension (high blood pressure), smoking, obesity, increased blood lipids (cholesterol and triglycerides), lack of exercise, elevated blood levels of uric acid, diabetes mellitus, and a family history of coronary artery disease. In all cases except the family history, these risk factors can be reversed or reduced through medical therapy, self-discipline, and changes in habits. Recognition of these risk factors is obvious in some cases and requires medical and laboratory examinations in others. An awareness of these factors and vigorous attempts to reverse them are strongly recommended. Discussions of these risks and other related problems will appear in future newsletters.

Impact of Heart Disease in the United States.

Coronary artery disease affects over 20 million people in the United States. Each year, more than 600,000 persons die from myocardial infarction, or "heart attack." More than half of these persons die before reaching medical care. The total cost of illness exceeds ten billion dollars each year. Over 50 million man-days of production are lost each year because of coronary atherosclerotic heart disease. Gradually progressive, supervised physical activity programs following heart attacks have been instituted in 1,500 patients at Grady Memorial Hospital in Atlanta, Georgia, and have allowed a more rapid return to normal living. Early ambulation has been helpful both psychologically and physiologically in most. It has been estimated that if the duration of hospitalization for each patient with a heart attack could be *safely* decreased by just one day, in the course of a year, it would reduce the cost of medical care in this country by 400 million dollars.

Alcohol May Be Harmful to the Cardiac Patient.

A Fordham Hospital group in New York has found that ten heart patients pumped less blood

one-half hour after drinking two ounces of 86 proof whiskey compared to pre-drinking levels. Four non-cardiac patients pumped *more* blood after alcohol. At Mount Sinai Medical School, muscle deterioration, possibly in the heart also, occurred in three non-alcoholics given a fifth of 86 proof whiskey every day for four weeks. Normalcy was returned on cessation of drinking. It is concluded that in the presence of heart disease, the drinking of alcohol may be hazardous.

The Surgeon General's Report on the Effects of Smoking on Non-Smokers.

The United States Surgeon General's new report on cigarette smoking reinforces evidence of tobacco links to lung cancer, unsuccessful pregnancy, and coronary heart disease. It also describes the plight of the non-smoker surrounded by tobacco smoke. The burning of a fair amount of tobacco in a confined space can clearly push the carbon monoxide concentration to and over the threshold limits set by Federal law for occupational exposure. There is some risk, for example, for a non-smoker driving in a car full of smokers. The levels of carbon monoxide exposures are not too different from those that have been associated with "altered hearing, visual acuity loss, and a loss of ability to distinguish brightness." At carbon monoxide levels similar to those at an average party, heart disease patients show symptoms of heart muscle oxygen lack. It is clear that the smoker may place at risk not only himself but also those around him.

Saccharin Danger Versus Safety.

The FDA has removed saccharin from the so-called GRAS (generally recognized as safe) list and has set the safe average adult intake at one gram per day. This amount is the equivalent of about seven 12 ounce bottles of diet soft drink. The 20 test rats which were studied and which influenced that decision received a diet of 5% saccharin for two years. For man, that would equal 875 bottles of diet cola a day. Three of the 20 rats studied had signs of bladder tumor at the end of the experiment; whether the tumors were cancerous or not has not yet been determined.

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Next 1 Page(s) In Document Denied

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Overweight Employees

FROM: Director of Medical Services
1D-4061 Headquarters

EXTENSION

NO.

DATE

21 July 1972

STAT

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

1. Acting Deputy Director
for Support

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Page Denied