



Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

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President's Message

In this issue we tackle some of the prevailing dietary myths with three outstanding presentations from our November conference. First, we hear from Chris Masterjohn, who shows the lack of evidence for the claim that saturated fats cause heart disease and other health problems. He also demolishes the myth that arachidonic acid, found in butter and meat fats, causes inflammation.

Denise Minger stole the show at Wise Traditions 2011 with her presentation debunking the China Study and the work of Colin Campbell, widely referenced as justification for a vegan diet. Her presentation is included in this issue, along with that of Dr. Morton Satin of the Salt Institute, who takes issue with claims that we should reduce our salt intake. A healthy level of salt intake is about one and one-half teaspoons per day; yet government officials are urging no more than half a teaspoon.


We also present the testimony of David Gumpert, who participated in a raw milk debate at Harvard University; Gumpert presents government data showing that the number of illnesses from raw milk is low, given the large number of consumers; such data in no way confirms the myth that raw milk is "inherently dangerous." You can access the debate from the home page of westonaprice.org

January and February are planning months at the Weston A. Price Foundation. We have posted our speaker schedule for Wise Traditions 2012 at westonaprice.org—with many popular former speakers and a host of new voices. The theme is "Nutrition and Behavior" and the location is Santa Clara, California.

In addition to our main conference, we are pleased to announce two regional conferences this year. The regionals will be two-day events with one track on Saturday and two tracks on Sunday. Two lunches will be included in the ticket price, with an additional Farm-to-Consumer Legal Defense Fund fundraiser dinner available on Saturday evening.

The first of these regionals will be held in St. Louis, May 19-20. Then we will hit the northeast with a conference accessible to our Canadian members, in Buffalo, NY in September.

Those of you in the Pacific Northwest will not be left out this year. The fourth annual Raw Milk Symposium, featuring a star-studded speaker lineup, originally scheduled for May 4-5, will now be held in Vancouver, BC in the fall.

So mark your calendars, and we look forward to seeing many of our members at these events! 

Letters

A IS FOR ANTI-AGING

A is also for Andrea Arias Alberto. Andrea is the *abuelita* (grandmother) of my friend and she just turned one hundred one years old February 2, having been born in 1911. Andrea, mother of ten and grandmother of fifty, lives independently, still reading and solving mathematical problems at a rate that puts most of us calculator-dependent individuals to shame.

When I heard of my friend's spry grandmother, I couldn't help but remember Aunt Lettie, featured several years ago in *Wise Traditions*. Lettie was the beautiful centenarian with the gorgeous skin, which she attributed to my favorite food, butter. So what is Andrea's elixir? Turtle oil! My friend recalled that her grandmother took two teaspoons each day of fat-soluble turtle oil. In addition to her turtle oil, Andrea regularly consumes fresh wild fish and pastured chicken. Andrea's granddaughter is quick to point out to me that her grandmother ate "*pollos naturale*, not like the ones in the American supermarkets."

This example echoes Dr. Price's observation that healthy primitive peoples enjoyed sacred foods high in fat-soluble vitamins, vitamin A in particular. Due to the extinction of some species of turtles, turtle oil is not widely consumed as it was in years past. We do know that cultures in Mexico and South America, as well as parts of Africa and China, prized turtle oil for its ability to cure infertility and impotence, as well as tuberculosis, asthma, earaches, measles and waterborne diseases. In Kenya, local midwives used turtle oil to induce quicker placenta presentation. The Chi-

nese consider turtle meat and the oil a delicacy.

Presently a patent is pending for using derivatives from turtle oil for medicinal purposes in the treatment of lung disorders. By supporting cardiovascular function and possibly preventing the development of cardiovascular disease, the patent application claims turtle oil may improve the functioning of the heart and circulatory system and this could benefit the lungs.

Turtle oil also effectively treats burns and has a very positive effect when applied topically to the skin. I remember crossing the Texas-Mexican



border during my teen years to shop and one of the most popular products in border towns was turtle oil-based skin care products.

Obviously turtle oil will not be found in most kitchens. However, this serves as a wonderful reminder that we

would be wise to embrace the vitamin A-rich foods of our region. We are fortunate to have access to fermented high vitamin cod liver oil, X-factor butter oil, raw cream, liver of pastured animals, egg yolks and, my favorite, butter. May the wisdom of Andrea and Lettie be yours!

Kim Schuette, CN, Chapter Leader
San Diego Encinitas, California

BACON BITS

Beverly Rubik's article entitled "How does Pork Prepared in Various Ways Affect the Blood?" (Fall, 2011) is an excellent piece of research on the proper preparation of pork. I would however like to clarify some information on cured pork especially for those bacon lovers that have been purchasing uncured bacon with no added nitrates or nitrites.

Nitrates are used in the meat processing industry to preserve the meat and ensure consumers do not get an unhealthy dose of botulism with their bacon. The most recent concern over nitrates is the production of nitrosamines (a carcinogen) in the digestive tract. While the research on nitrates causing cancer is still sketchy, anyone who is health-conscious should avoid them if possible. Uncured bacon, which plainly advertises that there are no added nitrates or nitrites, has become a very popular choice among those who enjoy bacon and yet are concerned about nitrates. As Beverly points out in her article, the uncured bacon contains celery juice powder which is high in natural nitrates and other nutrients that may counteract the carcinogenicity of



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the nitrates. While it seems a safer alternative, nothing could be further from the truth.

As far as your body's chemistry is concerned and for the curing process, a nitrate is a nitrate is a nitrate. It doesn't matter if it is a chemically produced nitrate or nitrate from celery juice powder. So the notion that uncured bacon has no added nitrates or nitrites is completely false advertising; on the contrary, they are loaded with nitrates.

Now here's where it starts to get a little crazy. There is no way to gauge how much nitrate is in celery juice powder. Conventional bacon production uses chemical nitrate so they know exactly how much is added to the pork for curing, based on parts per million. In fact when chemical nitrates are utilized the FDA and USDA mandate how much the processor can put into the bacon, how little they can put in and how much is left over. However because celery juice powder is considered a natural additive, there are no restrictions or mandates to follow. It's as though the nitrates were never added. When it comes to how much nitrate is being added to uncured bacon with celery juice it's a complete crapshoot. It's a loophole that gives the meat producers one less inspector looking over their shoulder but leaves the door wide open for possible health issues.

In 2010, *Cook's Illustrated* tested different types of bacon and found that two brands of "nitrate-free" bacon had significantly more nitrates than their conventional counterparts. The residual levels in the "uncured" bacons tested were all above the allowed levels in the conventional way of processing. So the

very same nitrate level that everyone is trying to avoid by purchasing the uncured bacon is above, sometimes well above, that contained in the conventional brands.

In her article Beverly alluded to the fact that some people report adverse reactions to meat cured with celery juice. I happen to be one of those people. Sodium nitrite in its pure form is dangerous since it is an anti-oxidant. It would happen something like this. You eat a couple teaspoons of the stuff, and within a short while, your cells asphyxiate because your body can no longer carry oxygen. This is known as blue baby syndrome or cyanosis.

During the curing process sodium nitrate (NO_3) is reduced or changed into sodium nitrite (NO_2). The nitrate-to-nitrite process happens in a relatively short period of time and it is the sodium nitrite that does all of the work ensuring the meat is preserved and the consumer does not get botulism. If the meat is allowed to continue curing, as with salami and other cured meat products that hang from one month to one year, the sodium nitrites eventually convert to harmless nitric oxide (NO) with only residual amounts of nitrites left in the meat. In uncured meats there is no extended curing process. The bacon goes from the processing facility to the grocer's shelf to your table. The consumer ends up getting a full dose of sodium nitrite. And since there are more nitrates in the uncured bacon by way of celery juice powder you end up ingesting dangerous amounts of sodium nitrites.

The adverse reaction I was suffering from was cyanosis. I couldn't catch my breath and I felt like I was dying. I

was all right if I wasn't exerting myself but if I tried to do anything that involved moving or lifting I had very little oxygen getting into my system. Not sure if it was instinctive or if the effects were more severe after breakfast but I had a notion that the uncured bacon had something to do with the reaction. I eliminated bacon from my diet and within a few days the symptoms completely subsided and I've had no further health issues.

In my opinion uncured bacon with celery juice powder is a loaded gun. If nitrates are indeed a cause of cancer then people are getting it in large doses with the uncured bacon. And since there is no way to gauge how much nitrate is in celery juice powder, the odds of getting dangerous amounts of nitrites (causing a cyanosis type reaction) is fairly high. With an unknown quantity such as celery juice I'm sure the bacon processors feel it is better to weigh in on the side of too much than not enough since preventing botulism is their first priority. Unfortunately the "too much" has a whole other set of health issues.

With regard to nitrate and nitrite levels, conventional bacon is hands down the better choice. To avoid the nitrate-nitrite issue altogether I'd recommend purchasing bacon cured in salt. While sea salt has trace amounts of sodium nitrate, it would not be enough to cause health issues. Your best bet is to contact a local farmer with free range pigs, have the bacon portion of the pig cured the old traditional method in salt, maple syrup, a few spices and smoked to your liking.

Archie Welch
Clarkston, Michigan

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STURDY, HEALTHY CHILDREN

Thank you so much for your diligent efforts and your thoughtful presentation of health, dietary, and agricultural information. Ever since my husband and I were introduced to *Wise Traditions* in 2009, we have made efforts to follow your nutrition principles and raise our family in the WAPF way. We enjoy raw milk, pastured eggs from our own hens daily, along with cod liver oil, plenty of grass-fed beef (from our cows), bacon, ham and lard (from our own foraging hogs), wild caught tuna and salmon, organic local vegetables (fresh and lacto-fermented), and of course, lots of butter! (Coconut oil, too!)

Our children, ages four, two and six months, are sturdy and healthy. None have even been on prescriptions or other medication of any kind. They love to eat! And they are very even-tempered. My father is a dentist and says our four-year-old has a perfect bite and no signs of decay whatsoever. She has never used fluoride or fluoride toothpaste. None of our children has been vaccinated and all three were born easily at home. We have to believe that all of the good fats they eat, as well as the absence of toxins and non-foods in their diet, must be making a difference. Many children we know are not this healthy.

Also, as small, pasture-based farmers, we appreciate your message about

the benefits of this type of meat and eggs. The networking among members and chapter leaders is so helpful in putting us in touch with potential customers in our area and vice versa.

We will never have an impressive income, but living a WAPF lifestyle helps us to feel rich and blessed. Raising



our own food, sharing it with others in our community, and feeding such satisfying and nutritious food to our children brings us so much happiness and vibrant health. Thank you!

Name Withheld

ROOT CANAL HELL

I would like to tell my shocking experience with root canals, dental cysts and chronic illness. After reading articles about Weston Price's documents, I felt I had to let your foundation know that all of his research of root canals and systemic illness reflects what happened to me.

It started twelve years ago, when an

extremely painful one-centimeter cyst developed in the gum above the right front incisor. An oral surgeon removed the cyst, and a root canal was performed on the front incisor.

About five years later, I developed severely sensitive teeth, and all of my teeth started to die. Over time I had a total of five root canals. They still caused pain and gradually I had to have them out.

A couple of months after one of the root canals I developed facial swelling, urticaria and angioedema. I started reacting to latex, formaldehyde, benzene and numerous other chemicals. I believe my body was reacting to the components used in root canals. No doctor or dentist took notice of me; all they would say is that the nerve was dead and the x-ray normal.

Two years ago I had all upper teeth taken out and my condition improved by 70 percent. Then I started having shocking pain in my lower front tooth, below where the cyst was. My dentist talked me into having another root canal; when having the procedure the pain was extreme and the smell was awful. I was reacting once again to root canal therapy. After two months I had to have it out, with much nerve pain and mouth swelling during the procedure. I started to get better again, although not completely.

Then I developed severe facial nerve pain anytime I would eat sweet foods, or foods that required a lot of chewing. My face would swell with nerve pain impacting my life and ap-

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pearance.

I have been on sick leave for twelve months because of facial pain and angioedema. I have been to specialists and many doctors but no one can help me.

I recently had a scan of my face which showed inflamed scar tissue. Doctors have suggested having a bone scan now. Residual infection can't be picked up on x-ray. Root canals have caused serious illness, causing my other teeth to die. My immune system is reacting to so many things.

When I get pain in my mouth, my left knee swells and burns, as I think my body has created an interference field affecting tissues in my body. I have bone loss where I have had root canal therapy. I have had three sets of dentures none of which fit properly.

There needs to be more research done on the effects of toxic root canal therapy. It should be banned. People should be aware of the dangers, the chemicals that are used, and why so many people have illness and cancer.

I would appreciate your opinion or possible further help for the damage I've suffered from root canals.

Natalie Wright
Moonah, Tasmania

MAMA GUILT

I was worried. Despite my extended nursing commitment, I had raised our oldest son on both soy milk and a vegan diet during pregnancy and up until he was about five years old. What initially

brought me to a nutritional shift was my son's damaged teeth. But then, I also learned of the estrogen-mimicking properties of soy and it rocked my foundation.

Certain that I'd damaged his hormones, I swiftly and fundamentally changed our diet to include raw milk and bone stocks. To insure his masculine growth further, I also regularly included Rocky Mountain oysters, rare, and sometimes raw liver and steak tartare in his diet.



Countering soy milk's damaging effects was my key objective and I employed my tactics with pig-headed determination. I was a mama on a mission.

Nonetheless, like many mothers who discover Weston A. Price, I was worried that the injury may have already taken place and my angst grew as our son entered puberty. More Rocky Mountain oysters.

Now, after nearly twenty years as a WAPF family, I believe that we commandeered the potential for harm before it manifested. As for his masculinity? I can triumphantly report that at twenty-four years old my son is sturdy, muscular, has a choice of girlfriends, and is the picture of robust, manly health.

I share this with you because I teach and meet with moms every day in my work as a homeopathic consultant. I witness the remorse that most of them carry once they learn of the mistakes they've made in their children's health.

Allow me to assure you of this: there's good reason to believe that as long as we invest in our commitment, it could in reality pan out, just as it did for my son. Indeed, Dr. Price often found pathology to be antidoted by a return to indigenous methods, and we need to cling to that lifeboat. "Mama guilt" only flags our energy stores which we're going to need while advancing the task at hand.

Set your impulse on "getting it right" this time and support each other along the way. Whether you're a young mom or one who's had the trying experience of guilt and later discovered the better course, we can all join hands in our concerted efforts. Pig-headed determination, moms. It's the ultimate mothering weapon and it's innate.

Joette Calabrese, HMC,CCH,RSHom
Colden, New York

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TWO RULES FOR WEIGHT LOSS

I had no particular reason for starting my diet. I am a large-framed person and have been somewhat overweight most of my life. Each year I gained a little more weight, but nothing dramatic in any one year. About two years ago, I was told that my cholesterol level was high, but that it could be managed through medication, so this news did not alter my eating habits.

My pre-diet eating habits were pretty straightforward: eat anything, any time. Breakfast: bagel with cream cheese and bacon. Lunch: a full meal from the office cafeteria, followed by three cookies (the three-for-a-dollar special!). Starting mid-afternoon, repeated trips to the vending machine for chips and candy bars. Multiple trips throughout the day to the jar of chocolate candies on one secretary's desk. In the evening, a full dinner, always with dessert. After the family went to bed, then the real eating began—raiding the pantry until I fell asleep. I gradually ballooned to two hundred eighty-three pounds.

Again, I had no particular reason for starting a diet, but my doctor recommended a nutritionist: Janet Zalman. Janet gave me two remarkably easy rules to follow: don't eat or drink anything with more than four grams of sugar (except whole fruit and milk) and don't eat any "double carbs." Now, when I say 'easy' rules, I mean uncomplicated and understandable—no calorie counting or weighing of food. Living by them was

difficult at first. But there was a principle underlying these rules.

Sugar is a poison. Excess sugar creates fat. It creates metabolic highs and then lows. It creates cravings. By limiting sugar, you do not create fat, your metabolism levels out, your cravings relent, your calorie intake drops, and weight loss follows. Thus, the rules.

The four-gram rule is easy to understand, but hard to implement. Try shopping the breakfast-cereal aisle at



Ron Buch: Before and After

your local grocery. At mine, I found only four cereals that fit within the rule (and that assumes that your serving size is really the same as is labeled on the box). So nearly every morning I have eggs for breakfast—cholesterol be damned. On weekdays, those eggs are coupled with turkey bacon (I eat in the office cafeteria). On weekends, I cook the eggs with either ham or vegetables mixed into them. Some items are completely out: no juice, no alcohol. Obviously, no candy or sweets.

The no-double-carbs rule is, in principle, the same as the four-gram

rule. Your body efficiently turns carbs into sugars. But eating too many carbs at any one sitting results in excess sugar in your system. Thus, eating a single carb is okay, but a double carb creates a sugar glut. What is a double carb? You can have a sandwich. You can have a bag of chips. You can't have a sandwich *and* a bag of chips. Hamburger with bun, okay. Fries, okay. Hamburger with bun *and* fries, no way. Meals that used to appear balanced don't look balanced

upon closer examination. Steak, potatoes, and corn? Potatoes and corn are a double starch. Fajitas with rice and beans equal a triple starch (tortilla, rice, beans). Because of its density, a typical bagel, standing alone, is a triple starch.

At first, this took discipline. I tried to stick to only eating at meals, but allowed myself a small bag of pretzels in the afternoon and a piece of fruit in the evening after dinner.

Eggs for breakfast, choosing the right items from the cafeteria at lunch, and a fabulous, thoughtfully prepared meal at dinner. Throughout, the nutritionist gave me guidance to tweak my eating habits. One thing that worked (and continues to work) for me: eat salad last. After a meal, I eat as much salad as it takes to fill me up.

I learned one other thing through this process: I am an addict. After months of not eating sweets, we were on a family vacation. The kids bought fudge, caramel corn and taffy. I took a small taste of the fudge, expecting that



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to be all I would eat. In fairly short order, I had eaten one-fourth of the block of fudge, about two cups of caramel corn, and ten or more pieces of taffy. I was out of control. I have not touched sweets since; they scare me.

So how did this turn out? I started on April 14 at two hundred eighty-three pounds. On October 20, I weighed in at two hundred six, seventy-seven pounds lighter and counting; I am continuing to lose weight. My first new suit in a few years was a size forty-four; the last suit I bought before the diet was size fifty-four. My waist dropped from forty-four inches to thirty-six (so far). Admittedly, this was not solely due to a change in eating habits. After I lost the first twenty pounds, I began exercising. That accelerated the weight loss, and the reward of noticeable weight loss became the motivation to continue. I recently completed a one hundred mile bike ride in just over eight hours (including rest stops).

One unexpected change also occurred: given my egg breakfasts, I expected my cholesterol to rise. I was surprised that my good cholesterol remains unchanged, but my bad cholesterol dropped by more than one hundred points. I am on a low dose of cholesterol medication, but the drop in my cholesterol is more than can be explained by the medication. The change, in my view, has been dramatic. See for yourself!

Ron Buch
Woodbridge, Virginia

We suggest that you don't even need that cholesterol medication!

SCHOOL CHILDREN ON SAD

I just attended the Wise Traditions conference in Dallas, and I would like to leave feedback.

I was unable to attend the whole conference, but particularly wanted to hear what Stephanie Seneff had to say. I was not disappointed. She was spectacular. I have read all she has written on her blog, but hearing her in person, I learned so much additional information that my head is happily spinning. Thank you for inviting her to speak and including her.

All of us have problems and challenges in our lives, but I think that for millions of unsuspecting people, their problems are exacerbated and some are made nearly intractable by the Standard American Diet of today. I weep for the poor school children, whose mothers want nothing but the very best for their cherubs, who are packed off to school every morning having just eaten Froot Loops with non-fat chocolate milk, toast with margarine and sugary jam, orange juice, a banana, and if those children are at least eight, might have taken a chaser of Lipitor. They have no chance to learn and no chance in life. It is so sad. Thank you for all you do.

Laurie Lentz-Marino
Mount Holyoke College Department
of Biochemistry
Belchertown, Massachusetts

GLUCOSE AND COCONUT OIL

I have been reading through Dr. Stephanie Seneff's essays on sulfur, sunshine, and cholesterol and her hypothesis of how glucose enters the cell—and have found them to be most compelling. I even forwarded a refer-

ence to her work to Professor Frank Sacks at Harvard, who has been part of a major multi-center study into the reasons why coronary events seem to continue apace despite drug-fuelled reductions in patients' LDL levels. No response from him thus far!

I would like to add a small piece of information that bolsters even further her arguments regarding the crucial role that cholesterol sulphate seems to play in maintaining cellular health. According to Dr. Mary Newport, giving her husband daily doses of coconut oil had an immediate positive effect on the progression of an Alzheimer's-type condition with which he had recently become afflicted. The medium-chain triglycerides (MCTs) which this substance provides can access the cell without needing the cholesterol rafts that are required for glucose access. Therefore in the presence of the low-cholesterol, high-carbohydrate diet, which seems to be a feature of the modern world and which is probably responsible for starving brain (and heart) cells of their needed glucose, the availability of MCTs can circumvent the problem, with equally dramatic results as those reported by Dr. Newport.

Tim Webb
Edinburgh, UK

DOUBLE STANDARD

Hello, raw milk friends! I thought you might find this interesting though frustrating. A recent article entitled "Still Too Many Raw Oyster Deaths in Gulf States" (www.foodsafetynews.com/2011/11/still-too-many-raw-oyster-deaths/) calls for FDA to have a plan to reduce the risks.



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According to the article, Marion Nestlé, the public health nutrition professor and book author who writes the daily blog "Food Politics," said, "My translation: Despite years of warnings and promises that it has no intention of meeting, the Gulf oyster industry has been able to stave off FDA regulations for ten years at the expense of about fifteen preventable deaths a year." Look how casually they discuss fifteen deaths per year.

And then look at the recommendations! "Recommendation 1: To better ensure the safety of oysters from the Gulf of Mexico that are sold for raw consumption, the Secretary of Health and Human Services (HHS) should direct the Commissioner of FDA to work with the ISSC to agree on a nationwide goal for reducing the number of *V. vulnificus* illnesses caused by the consumption of Gulf Coast raw oysters and develop strategies to achieve that goal, recognizing that consumer education and time and temperature controls have not resulted in achievement of the 60 percent *V. vulnificus* illness rate reduction goal."

No talk of Russian roulette or dramatic statements that no one at any time under any circumstances should ever eat raw oysters. Rather it is again a gentle suggestion about education, developing strategies, and food safety experts working together to lower the illness rate by 60 percent. That would still be about five dead per year!

John Howard
Harrisburg, Pennsylvania

FEELING GREAT AT SEVENTY

I just celebrated my seventieth birthday. I am on no prescription meds,

I work fifty to sixty hours a week (more like eighty during greenhouse and garden season) and feel wonderful. I credit getting on raw milk about ten years ago with much of my good health. My family is full of cancer, and that is of great concern to me. Everything I read says a high-fat, low-carbohydrate diet can help to prevent cancer. That is how I eat!

Both of my parents (now deceased) and my three siblings all have or have had terrible arthritis, and I have none. I have a problem with a knee, may need a partial knee replacement (meniscus is pretty much gone in one part), and the doctor remarked about the lack of arthritis in my joints. I seem to be beating the odds in that category!

Susan Siemers
Walkerton, Indiana

REPORT FROM FINLAND

I am living in Finland, where the food situation is mixed. I think there is a lot of potential here, because the Finns maintain a close connection with nature in their culture, and it wasn't that long ago that a large portion of the population was living out in the country without any electricity. Food is becoming a common topic on the news, especially *lähiruoka*, which means local food, either from a local farm or just from the wild.

I was motivated to start a WAPF chapter here out of my frustration at being unable to get basic things like lard from the grocery store. There are no butcher shops here, just one small fish shop, but the main source of food is the big grocery store chains, of which there are basically two companies that own everything. I live in a city of about one hundred thousand people. It's the sixth

or seventh largest city in Finland.

I have been studying the language, and one day I was finally brave enough to ask in the grocery if they sell lard. The woman gave me a confused look, and said in Finnish "just the white stuff?" She then proceeded to walk away from the meat department, and we ended up in pet food supplies. I couldn't believe it. Since then I've gotten in touch with a couple of local beef farmers, and I have started to buy meat directly from them; they give me bones and beef fat for free. Their meat is much tastier than the organic or non-organic meat from the grocery store, and my broth has gelatin in it. I haven't yet found local sources of other desired meat products, like chicken (or eggs for that matter). The fish however is wonderful. I love the salmon here. My Finnish friend told me that *ahven* or European perch is a non-oily fish, and he gives me the carcasses from what he catches.

Definitely a big issue in the culture is the vast consumption of margarine and non-fat dairy products. It's amazing how small the butter section at the store is in comparison with the margarine selection. This is due to the North-Karelia project. Do you have access to any detailed information I could use to debunk this myth? There is, thankfully, one source of raw milk (both goat and cow), which I can buy directly from a health food store in the city center. Hopefully in the future there will be more sources.

Right now it's just me and my friend from Spain, another student here, who make up this chapter. I'm happy to do what I can to bring WAPF's resources here to help get folks back on the right track. I think people will really respond

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to it; it's just a matter of getting the information out there.

Sita Benedict, Chapter Leader
Jyvaskyla, Finland

Sita, thank you for all you are doing in Finland! Finns in general have high cholesterol levels and in North Karelia after the Second World War, there were high rates of heart disease. Researchers blamed this on high cholesterol but the likely explanation is large numbers of immigrants from Russia, who had lost everything and were living in government housing. Lots of broken hearts and lots of heart disease. In the rest of Finland, heart disease rates are relatively low, in spite of high cholesterol levels.

REPORT FROM GERMANY

Merry Christmas from the WAPF chapter in Germany! Another year has passed and Doug and I are now embarking on our eleventh year of following the WAPF diet ever more closely with continued health and happiness.

For all of you who worry that all that butter, good animal fat and fermented raw dairy might make you fat or sick, take a look at Doug in the picture. Where he was thick and puffy twelve years ago, he's now lean and strong, and where his hands used to be crippled by chronic inflammation (he has several scars to prove the ineptitude of modern medicine to help him resolve his problems), he now plays guitar.

I only wish my sister the doc had listened to me and taken cod liver oil for her recurring bouts of bronchitis.

I am glad that my eighty-six-year-old mom is taking hers instead of the

aspartame-laced strontium that landed her in the hospital in March.

WAPF advice has been a truly wonderful gift for us. Sharing the wisdom of consuming nutrient-dense delicious foods and beverages with our young Australian guest, who is experiencing the healing power of foods first hand, is inspiring and uplifting. We're finally getting the chance to teach, teach, teach and he is soaking it up like a sponge.

Anita Reusch and Doug Mitchell,
Chapter Leaders
Grosslangenfeld, Germany



SOY PRISON LAWSUIT

Having worked in a prison for three years, I so support your position on opposing the feeding of soy products to prisoners! There are many people unjustly detained in prisons. So many political and economic interests seem

to converge to bring this about. Why should the innocent then suffer needlessly?

After all is said and done, even if the prisoners deserve to be detained, they are still human beings—and we limit our own goodness as fellow human beings when we justify ill treatment of any person. If we justify hurtful treatment of prisoners, we would not be building the treasures in heaven that we should be if we are a follower of Christ or Buddha, or any other religious leader. We should feed prisoners what we would want to eat if we were imprisoned, as that is the infallible and inevitable outworking of the Golden Rule or the Law of Cause and Effect—which every religion at least gives lip service to.

Why are we "helping prisoners" someone had asked (Spring 2009). I say because they need a lot of help. If some day they should be released onto the streets of America, wouldn't we rather they be rehabilitated human beings rather than desperate, ill, still-criminals—the kind of person that usually issues forth from contemporary prisons?

There was a "golden period" in our nation's history at the end of the nineteenth century and early part of the twentieth when we sincerely sought to rehabilitate prisoners. We taught them trades, healed them, treated them like sentient beings while in prison—not like animals and callous criminals—and they came out rehabilitated and able to start a new life.

This can't happen anymore because there are so many political and economic interests that make money off of them and set up an environment that pushes

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them back into prison so that the vicious cycle may continue, rather than healing their spirits and helping them to begin civil life anew. Whatever we can do to make their imprisonment more humane and healthful can only make this a better world.

Carroll English
Stelle, Illinois

DELICIOUS CHICKEN SOUP

I learned about nourishing traditional foods recently, and I completely believe in the healing power of foods. As a thirty-seven-year-old who suffers from severe arthritis in my neck, I have turned to the healing powers of foods instead of nerve blocks and surgery. I am hoping this helps. I also have two young, very active children and I want to support their diet and health however I can. Both suffer from chronic ear infections and have tubes. One has asthma, sensitive skin, and ADD.

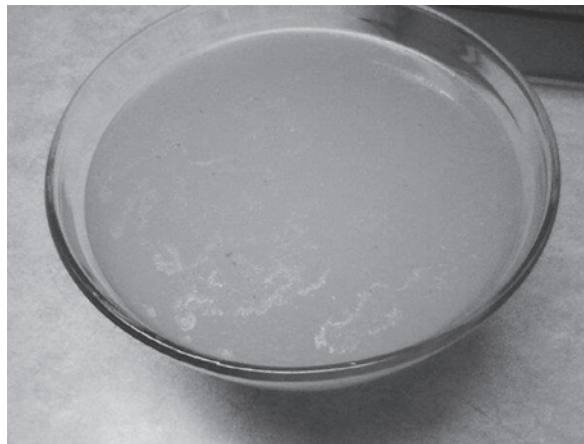
My husband was raised on a farm fresh diet, but now after moving to the city, he eats a highly processed diet and dines out daily. He has stomach aches every day, mostly in the evening. Getting him to eat this food will be my biggest challenge. I was raised on home cooking and my mom bought non-homogenized milk fresh from the dairy, several times a week. It was wonderful! I never had a weight problem until becoming a working, stressed-out mom.

Here are my pictures of the chicken broth I made per the recipe in your book. It gelled like it was supposed to. I simmered it for six hours, but next time I am going to try to do it for twenty-four. This

is the first time I cooked with a whole chicken, instead of just using boneless, skinless chicken breasts. The soup was delicious! My husband thinks it needs more salt and misses that potent MSG flavor from bouillon cubes. However he didn't get a headache from eating this soup! Thanks for everything!

Dana Berthiaume
Auburn, Michigan

THE SCIENCE OF RAW MILK



I am in receipt of the note from Doug McKalip, Senior Policy Advisor for Rural Affairs in the White House Domestic Policy Council regarding the safety of raw milk. The letter insists that opposition to raw milk is based on “good science.” Here is my reply:

“Sir, there is only one problem with your 'in support of good science' argument. I have not been able to drink pasteurized milk for close on thirty years now—without instant and severe diarrhea. I can drink gallons of raw milk, with no problems, and to boot, excellent health results. Raw milk has cured my rhinitis, seasonal allergies, asthma and

digestion. Could you please explain the science behind this? Or are you going to claim it's all in my head because the government says so?

“I would respectfully request that before you make sweeping statements and render colossally incompetent judgments based upon ‘science’ that does not comport with my objective assessments of your reality, it behooves you to back up your claims regarding the safety of pasteurized milk and the dangers of raw milk with some real and unbiased scientific analysis. Your government, or rather our government loses credibility by sending out the type of emails you just did.

“Better yet, try a glass of pasteurized milk and a glass of raw milk side by side before you write your next email. Shame on you for your shoddy and irresponsible denunciation of a good, healthy food product; one that has saved my life.”

Sushama Gokhale
Larkspur, California

WHAT LOCAL CHAPTERS CAN DO

I just found a new goat milk producer who makes kefir and soap. After e-mailing our group, Julia, one of our members, questioned the farm about their feed and educated the farmer about the dangers of GM and soy. The farmer has now worked with a feed provider to create a proprietary GM-free and soy-free feed for goats that they will make available to other farms. To date, our organic farms have been GM free, but not soy free.

I think this is a fabulous story about the power of the chapter system and the

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proactive nature of WAPF members.

Phil Ridley, Chapter Leader
London, UK

FOOD ADDICTION AND WAPF DIET

I am no expert in the field of nutrition. I am simply a housewife in suburban America, and a lifelong compulsive eater. I am one of six children. I was the “fat one,” the other five were “string beans.” I will never really know why I turned to excess food at such a young age, and I no longer care. After thirty-eight years of eating compulsively I have found my recovery in Overeaters Anonymous (OA) and that is enough for me.

Three years ago a friend told me about the Weston A. Price Foundation. After reading your info, I immediately set out to adopt the WAPF diet for my family of six. I found a supplier of raw milk just over the border of New Jersey in New York State. I made bone broths and started soaking grains. We even baked our own bread.

What I underestimated was the incredible power of my food addiction. It took me three years from the time that I first heard about WAPF before I could gain my “abstinence” and consistently implement the ideas. I was naive enough to think that knowing the “right” diet would enable me to overcome my food addiction. I couldn’t even put the food down long enough to detox. I was a slave to it. OA addressed the physical, mental, and spiritual component to my problem. Just like an alcoholic has to admit to powerlessness over alcohol, I had to admit I was powerless over

certain foods. But my “sobriety” from food (which we call abstinence in OA) was a little more complex to figure out.


When I first came to OA I was shocked to find people who were abstaining from all forms of sugar and flour. I would venture to say that 75 percent of the people in that first meeting I attended were doing just that. Of course I felt that this was no way to live and I decided to do it “my way.” Surely there was a way to include natural sweeteners to my diet in a civilized way! But there was nothing civilized about the way I was eating. I did what many food addicts have done. I tried over and over to include my “binge foods” in my food plan without bingeing on them. It would work for a while but eventually I would slip and binge. I finally had to admit defeat. I realized that any amount of these foods led to a binge for me. That realization made everything really simple for me. But simple is not always easy. It took time for me to accept what I needed to do.

In April of 2011 I humbly joined the ranks of the abstinent OA members. It was a miracle. For the entire year prior to my recovery I was slipping further and further down into the misery of compulsive eating. My top weight was two hundred ninety pounds, which was quite heavy for a woman of just over six feet tall. By the grace of God I was able to admit that my binge foods were sugar, flour and alcohol. I gave them up that fateful day in April and in exchange have been given the gift of dignity and health. I now weigh in at one hundred eighty-four pounds and wear a size twelve to fourteen, which is pretty good

for a tall girl like me!

The reason I am writing this letter is to reach out to other compulsive eaters who may still be suffering from this addiction, even though they have discovered the benefits of a traditional diet. There are over sixty-five hundred Overeaters Anonymous meetings listed at www.oa.org, in over seventy-five countries. If you can identify with my story my recommendation is to find a good meeting, get a sponsor, and get “abstinent.” The finer points of the WAPF food plan can be implemented later. In my case I was morbidly obese and unable to stay on a food plan, so step one was to arrest the food addiction. OA knows just how to help with that.

When I was active in my food addiction I was never able to consistently implement the WAPF ideas. All of my good intentions would end in disaster as my whole foods and raw milk would rot in the fridge while I would binge on processed foods. Or I would binge on my “healthy” treats. I would vow to begin again the WAPF way, and fail. When I first got abstinent I just followed my sponsor’s advice and got some “abstinent” time under my belt. Now as my recovery progresses I’ve been able to implement more and more of the WAPF ideas in a meaningful and lasting way.

Name Withheld


Gifts and bequests to the
Weston A. Price Foundation
will help ensure the gift of good health
to future generations.

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

GROWING EUROPEAN TREND

While U.S. public health officials are fighting raw milk tooth and nail, raw milk vending machines are becoming ever more popular in Europe. Now manufactured in Poland as well as in Italy, the Polish company Milkmat SC is set to expand from the current one hundred fifty machines to one thousand or more in the coming years (<http://thebovine.wordpress.com>, January 26, 2012). What is happening in Europe, where raw milk is freely available, is more than just an interesting fad. It is a trend that will help Europeans become healthier, wealthier, smarter and happier, ready to overtake the U.S.—stuck in the stone age of bad science—in every aspect of prosperity and culture.

B₁₂ DEFICIENCY LINKED TO MEMORY PROBLEMS

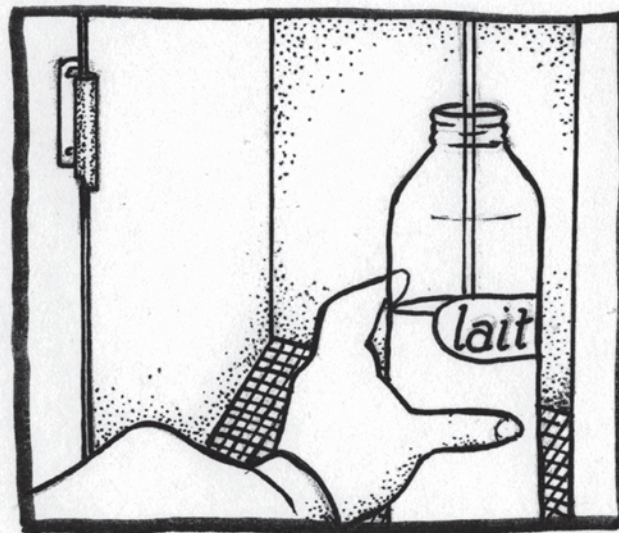
Accumulating evidence that vitamin B₁₂ supports healthy brain function comes from the Chicago Health and Aging Project (*Neurology*, Sept 27, 2011;77(13):1276-1282). The study found that methylmalonate, a marker of vitamin

B₁₂ deficiency, is associated with a reduction of brain volume and so may contribute to cognitive problems. An earlier study, published in the same journal, found that people who tended to eat vitamin B₁₂-rich foods are less likely to develop Alzheimer's than those who did not (*Neurology*, Oct 19, 2010). The best sources of B₁₂ are liver and shellfish—foods that seniors are warned to avoid because they contain high levels of cholesterol.

LOW CHOLESTEROL AND MSRA

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a bacterium that causes infections in different parts of the body. MSRA is a growing problem in hospitals because it is resistant to antibiotics like methicillin. Called the “superbug,” MRSA can cause serious skin infections or infect surgical wounds, the bloodstream, the lungs, or the urinary tract. Health prac-

tioners blame the overuse of antibiotics for the problem, but might there be another cause? A study from 1999 indicates that people with low cholesterol, especially low LDL-cholesterol, are particularly prone to MRSA; MRSA does not exist in the presence of normal LDL-cholesterol (*Atherosclerosis* 1999 Feb;142(2):389-393). Since virtually all hospital patients are put on cholesterol-lowering drugs to get their LDL-cholesterol as low as possible, MRSA will continue to plague the best efforts of doctors and nurses to support healing after operations or injury.



ANOTHER CAUSE OF RESISTANT INFECTIONS

Another cause of MSRA has emerged: heartburn drugs that reduce stomach acid. These include Nexium, Prilosec, Prevacid, Zegerid and many others that fall into a category called proton pump inhibitors (PPIs). They are prescribed to treat acid reflux, stomach ulcers and similar conditions, and work by reducing the amount of acid in the stomach. Stomach acid kills pathogens, and with reduced levels, pathogens

like *Clostridium difficile* can take over. The study, published in the journal *Clinical Infectious Diseases*, showed that nearly half of four hundred eighty-five patients hospitalized at a medical center over a four-year period who had *C. difficile* infections had previously taken PPIs (*Clin Infect Dis.* (2011) doi: 10.1093/cid/cir668). The elderly are especially at risk. Unlike MRSA, *C. difficile* still responds to certain antibiotics but in severe cases, surgery to remove the infected part of the intestines is performed. The solution of course is to cease taking the drugs and eat plenty of salt so the body can make stomach acid, but that's not advice patients are going to hear any time soon.

STATINS: YET ANOTHER SIDE EFFECT

Doctors in the U.S. write over two hundred fifty million prescriptions for cholesterol-lowering statin drugs per year,

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despite the long list of side effects these drugs cause: memory loss, cognitive decline, Parkinson's disease, muscle wasting, back pain, heart failure, weakness and fatigue. Now another can be added to the list: diabetes. A study published in the *Archives of Internal Medicine* that looked at data gleaned from the Women's Health Initiative, found a nearly 50 percent increase in diabetes among longtime statin users. A 2011 analysis in the *Journal of the American Medical Association* and a 2010 analysis in *The Lancet* also found a higher risk of diabetes among those taking cholesterol-lowering drugs. Doctors may be hemming and hawing, but they continue to prescribe these dangerous drugs. "I don't think there's any debate remaining, particularly in the higher doses, about whether statins slightly increase the risk of developing diabetes," says cardiologist Steven Nissen of the Cleveland Clinic. Yet he notes that statins are "among the best drugs we've got." Even a spokesperson for the American Diabetes Association (ADA) urges the continuation of statins. "Every medication has risks and benefits," says Vivian Fonseca, president of the ADA, "but you don't want people to have heart attacks because they are so worried about getting diabetes."

RESISTANCE TO VACCINATIONS

More than one in ten parents don't follow recommended vaccination guidelines for their children, and at least 2 percent skip vaccinations completely. Those who choose an alternative schedule usually delay vaccinations until the age of three or four, when the greatest danger of vaccine-induced autism has passed. Of course, health officials are not pleased. "This really highlights...that there's probably going to be a continuing increase in the number of parents who choose to follow alternative schedules," said Dr. Amanda Dempsey. "We really need to start allocating government and educational resources to stem the growing tide of discontent about vaccines among parents." These officials like to blame ever increasing outbreaks of illnesses like measles, pertussis and mumps on lower rates of vaccination. The truth is that many vaccinated children get these diseases. The trend will be difficult for health officials to stop, as the dangers of vaccines continue to seep into the public consciousness. "The days when people obeyed doctors' orders without question are over," says Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center. "Pediatricians are going to have to get used to answering questions about

vaccines and working with parents in a relationship that involves shared decision-making" (www.medicinenet.com, October 3, 2011).

TOXIC BY-PRODUCT IN BABY FORMULA

Advanced Glycation End Products (AGEs) are toxic glucose byproducts found in most heated foods. They are associated with increased insulin levels, increased diabetes and premature aging. Researchers from the Mount Sinai School of Medicine found that levels of AGEs were up to one hundred times higher in baby formula compared to human breast milk as a result of heat processing during manufacture. The formula industry insists that AGEs do not cause health problems, noting that heat processing is vital to ensure microbiological safety of infant formula. "Modern food AGEs can overwhelm the body's defenses, a worrisome fact especially for young children," said Dr. Helen Vlassara, MD, Professor and director of the Division of Experimental Diabetes and Aging at the Mount Sinai School of Medicines. "More research is certainly needed, but the findings confirm our studies in genetic animal models of diabetes. Given the rise in the incidence of diabetes in children, safe and low-cost AGE-less approaches to children's diet should be considered by clinicians and families" (www.foodproductiondaily.com, October 14, 2011). No mention, of course, of using raw milk, which is very low in AGEs, for nourishing growing children and infants that can't be breastfed.

SUPERMARKET SCENTS?

Many people are so sensitive to fake scents that they cannot visit a department store, shopping mall, or hairdresser. Now imagine that you are assaulted with fake food smells when you visit the supermarket. Such a scenario may be just around the corner with a new "invisible technology" that allows food and beverage processors to add a product aroma to its packaging. Developed by ScentSational Technologies, the product, called Encapscent, will be applied as microscopic cells to boxes, bottles and bags. The cells are ruptured when handled to release the scent. "There are millions of cells on each packaging application so cells can be ruptured and the scent released over and over again," explains Steven M. Landau, ScentSational chief technological officer. "We have been asked for many years to develop technology like this. We have tested it and it can even be adapted to ice cream. It's a real

Caustic Commentary

game changer for frozen foods” (www.foodproductiondaily.com, February 1, 2012).

FLUORIDATION IN DECLINE

About 72 percent of the U.S. population drinks water with added fluoride, but these numbers are finally starting to decline. During the last four years, about two hundred jurisdictions, from Georgia to Alaska, have chosen to end the practice of adding fluoride to the water, including Pinellas County on Florida’s west coast and Fairbanks, Alaska. The vote to end fluoridation is motivated by two factors—tight budgets and skepticism about its benefits. For example, Pinellas County will save over two hundred thousand dollars annually by halting fluoride use. But the real opinion-changer has been government warnings against overuse of fluoride. A report released in 2010 by the Centers for Disease Control and Prevention linked fluoride to an increase in dental fluorosis, unsightly mottling of the teeth. In 2011, the federal Department of Health and Human Services recommended reducing the fluoride put into the water supply, citing increased amounts consumed in vegetables, fruit, juice and other beverages. The government also informed parents of infants who exclusively use infant formula reconstituted with fluoridated water that their children face an increased risk of fluorosis and suggested using low-fluoride water, like distilled water, to make the formula. “It was a trigger,” said one public health official. “People who had heard there is nothing wrong with fluoridation all of the sudden are hearing that kids are getting too much fluoride” (*New York Times*, October 13, 2011).

FLUORIDATION AND HEART DISEASE

New skepticism about fluoridation is bolstered by a report published in the journal *Nuclear Medicine Communications*, which found a link between sodium fluoride consumption and cardiovascular disease. When researchers examined the relationship between fluoride intake and calcification of the arteries in more than sixty patients, they found a significant correlation between fluoride consumption and hardening of the arteries. Other studies have found that fluoride negatively affects cognitive function and over one hundred animal studies have linked fluoride to an increase in diabetes, male infertility, and other health problems (naturalsociety.com, January 17, 2012).

BUTTER TAX IN SWEDEN?

Sweden is considering a tax on saturated fat like the one enacted recently in Denmark, with assertions that it will cut down on heart disease. But a study carried out in Sweden contradicts such claims. The research was carried out in 2009 in the city of Växjö. Researchers assessed how compliance with the Nordic nutritional recommendations affects the risk of coronary heart disease in rural Swedish farmers and non-farmers. Intake of foods related to nutritional recommendations was determined by food frequency questionnaires at the beginning and near the end of the study. Coronary heart disease risk was based on hospitalization or death due to CHD during the twelve-year follow-up period. Swedish nutritional guidelines are summarized as follows: eat fruits and vegetables daily; eat whole meal bread at every meal; eat less saturated fat; and eat fish several times per week. The study found that those who ate fruits and vegetables daily had a 35 percent lower risk of coronary heart disease—no surprise there. But wait, there was a further reduction—to 61 percent lower risk—in those who also ate moderate or high amounts of dairy fat. And another surprise: those who ate fruits and vegetables daily combined with low dairy fat consumption (skim or lowfat milk, no butter, rarely cream) had a 70 percent *increased risk* of coronary heart disease! Those who ate fruits and vegetables daily with lowfat dairy had *four times* the risk of coronary heart disease compared to those who ate fruits and vegetables combined with high-fat dairy! There was no association found between intake of whole meal bread or fish with any outcome (www.ncbi.nlm.nih.gov/pubmed/20054459). ☺☺

FOR SCIENTISTS AND LAY READERS

Please note that the mission of the Weston A. Price Foundation is to provide important information about diet and health to both scientists and the lay public. For this reason, some of the articles in *Wise Traditions* are necessarily technical. It is very important for us to describe the science that supports the legitimacy of our dietary principles. In articles aimed at scientists and practitioners, we provide a summary of the main points and also put the most technical information in sidebars. These articles are balanced by others that provide practical advice to our lay readers.

Good Fats, Bad Fats: Separating Fact from Fiction

By Chris Masterjohn

Few driving factors have had such a profound influence on the transition from traditional to modern industrial diets as the campaign against animal fats and tropical oils. We have responded to this campaign not only by depriving ourselves of the nutrient-dense animal foods so important to human health, but also by replacing these traditional fats with processed foods laden with refined vegetable oil, flour, and sugar.

Since its inception, this campaign has been based on a series of myths. These include the myths that saturated fat is the “bad fat” while polyunsaturated fat is the “good fat,” that arachidonic acid is the “bad fat,” and that so-called “solid fats” are empty calories with no nutritional value. We will consider each of these myths in the pages that follow.

MYTH 1: SATURATED FAT IS BAD, POLYUNSATURATED FAT IS GOOD

The myth that saturated fatty acids are “bad fat” while polyunsaturated fatty acids (PUFA) are “good fat” emerged in the 1950s as the diet-heart hypothesis. This hypothesis stated that the saturated fat found in animal fats and tropical oils would contribute to heart disease by raising blood cholesterol levels while the PUFA found in vegetable oils would do just the opposite.

If the nutritional and medical establishments had taken the approach of Weston Price and endeavored to begin unraveling the causes of heart disease by studying the diets and lifestyles of populations that were immune to the disease, it is unlikely the diet-heart hypothesis would ever have emerged. The traditional diets of Pacific islanders free of heart disease, for example, vary widely in their proportions of fat and carbohydrate, but as can be seen in Figure 1, they are all rich in saturated fat and low in PUFA when compared to the standard American diet.^{1,2,3} Each of these traditional diets is based primarily on starches, fruits, coconut and fish, so the PUFA comes mostly from fish rather than from vegetable oils.

The foundation of the establishment’s approach to the riddle of heart disease featured no such investigation of traditional diets, and the result of this negligence was the diet-heart hypothesis. Advocates of this hypothesis supported it in the early 1950s with two key pieces of evidence. The first was that blood cholesterol levels were statistically associated with heart disease risk.⁴ The second was that, in highly controlled laboratory experiments, replacing saturated fats like butter, lard or coconut oil with polyunsaturated oils like corn or safflower oil would lower blood

cholesterol levels.^{5,6} Playing a game of connect the dots, they argued that substituting vegetable oils for traditional animal fats and tropical oils would lower the risk of heart disease.

In 1957, the American Heart Association called the hypothesis “highly speculative,” and concluded that “the evidence at present does not convey any specific implications for drastic dietary changes, specifically in the quantity or type of fat in the diet of the general population, on the premise that such changes will definitely lessen the incidence of coronary or cerebral artery disease.”⁷ Four years later, the state of the evidence remained the same but three members of the committee were dropped and replaced by four new members, including Ancel Keys, a leading proponent of the hypothesis. The updated report recommended that men who are overweight, have high blood pressure or high cholesterol, lead “sedentary lives of relentless frustration,” or have a strong family history of heart disease should replace part of the saturated fat in their diets with PUFA.⁸

The hypothesis nevertheless remained controversial in the scientific community for decades. The tide turned in 1984 when the Coronary Primary Prevention Trial showed that cholestyramine could prevent heart attacks.⁹ Cholestyramine is a drug that binds bile acids in the intestine and causes their excretion in the feces. As a result, the liver takes cholesterol in from the blood in order to make more bile acids and the concentration of cholesterol in the blood falls. *Time* magazine hailed the trial as a vindication of the American Heart Association’s twenty-three-year-old stance against animal fats. Butter, eggs, and bacon were all conspicuously absent from the treatment protocol of this trial,

The foundation of the establishment's approach to the riddle of heart disease featured no investigation of traditional diets, and the result of this negligence was the diet-heart hypothesis.

	TOKELAU	PUKAPUKA	KITAVA	USA
Protein	12	12	10	15
Carbohydrate	34	50	69	50
Total Fat	54	38	21	33
Saturated	49	30	17	11
Monounsaturated	3	6	2	12
Polyunsaturated	2	2	2	7

FIGURE 1. Macronutrient Intakes in the Traditional Diets of Three Pacific Island Populations Free of Heart Disease and in the Standard American Diet as a Percentage of Total Calories.^{1, 2, 3}

Six randomized, controlled trials specifically testing the effect of the substitution of polyunsaturated vegetable oils for animal fats on heart disease have been published.

but *Time* nevertheless ran a cover story entitled “Hold the Eggs and Butter,” which artfully featured a frowning face with eyes of sunnyside up eggs and a downturned mouth of a slice of fried bacon. The article declared, “cholesterol is proved deadly, and our diet may never be the same.”¹⁰

In our own day, the American Heart Association continues to promote the hypothesis with vigor. In 2009, it updated its official stance, recommending at least 5 to 10 percent of calories as omega-6 PUFA with additional PUFA coming from omega-3 sources, and concluded that intakes even higher than this “appear to be safe and may be even more beneficial (as part of a low-saturated fat, low-cholesterol diet).”¹¹ It was one thing to promote this hypothesis in 1961 when it had never been tested, but to throw a PUFA party in 2009 and suggest we all wash away our cardiovascular concerns with swigs of soybean oil is to ignore with callow abandon all the lessons we have learned from clinical trials published in the intervening decades.

Six randomized, controlled trials specifically testing the effect of the substitution of polyunsaturated vegetable oils for animal fats on heart disease have been published.¹²⁻¹⁷ These trials were all published between 1965 and 1989.

Two of them found that vegetable oils increased the risk of heart disease,^{12, 14} although one of these creatively concluded from this that “men who have had myocardial infarction are not a good choice for testing the lipid hypothesis.”¹⁴ Two of them reported no effect of vegetable oil.^{13, 15} The authors of one of these two trials, however, only reported the results half-way through the study.¹⁵ In the final report, they pooled the two groups together and compared them to a new control group that had not received any dietary advice at all.¹⁸ As a result, we have no way of knowing the true effect of vegetable oil in that study. Two of the six trials were double-blind, and deserve special attention.^{16, 17} These are the Minnesota Coronary Survey and the Los Angeles Veterans Administration Hospital Study.

The Minnesota Coronary Survey tested the effect of substituting vegetable oils for animal fats in hospital patients who were on the diets for an average duration of only one year.¹⁶ As shown in Figure 2, vegetable oil had no effect on cardiovascular disease. While its effect on total mortality was not statistically significant, however, total survival was nevertheless better in the group eating saturated fat. We naturally must wonder what would have happened to total mortality had the subjects been on the diets for

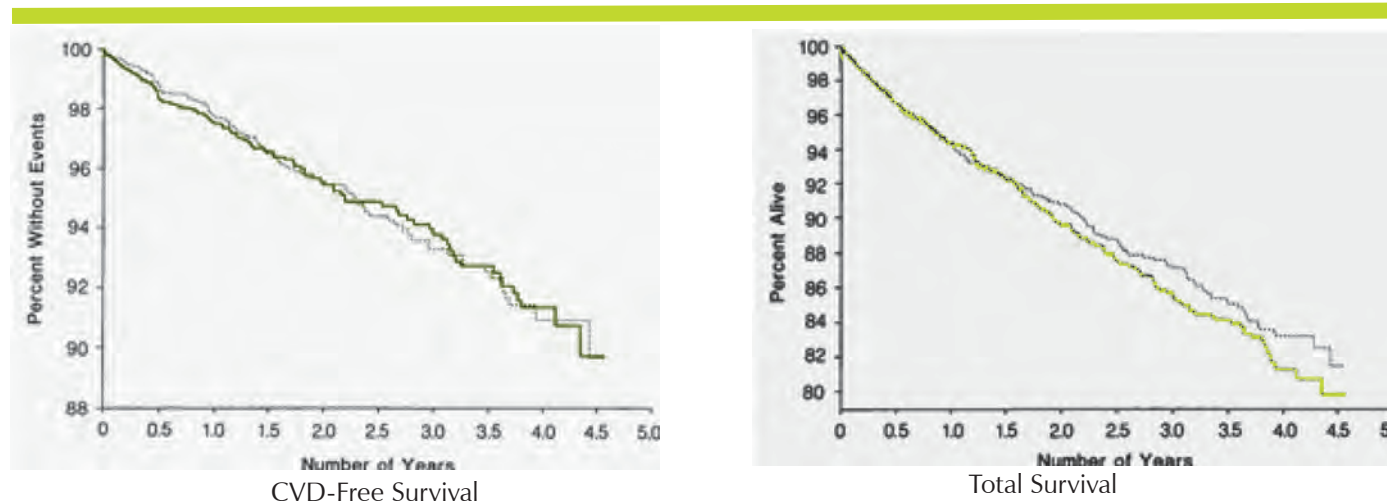


FIGURE 2. Vegetable Oil Produced a Statistically Insignificant but Nevertheless Unfavorable Trend in Total Mortality in the Minnesota Coronary Survey.¹⁶

The dotted line represents the survival of the group eating a diet rich in saturated fat, whereas the solid line represents the survival of the group eating a diet rich in PUFA. Although the duration of the graphs extends up to 4.5 years, subjects were continually entering and exiting the study, so that the average subject was on the diet for only one year. The graphs exaggerate the difference between the two lines because the vertical axes do not begin at zero. Nevertheless, the trend for total survival, though not statistically significant, favors the saturated fat group.

longer than one year.

The Los Angeles Veterans Administration Hospital Study lasted over eight years, and most of the subjects were enrolled for at least six years.¹⁷ It is the only one of these six studies where the mean age of the subjects was greater than sixty, so it allows us to better see the effect of vegetable oils on the risk of cancer, if such an effect exists.

Subjects eating the diet rich in vegetable oils had a lower risk of cardiovascular mortality, but a higher risk of mortality from other causes. As a result, diet had no effect on total mortality. This is clearly shown in Figure 3. As shown in Figure 4, deaths from cancer began to increase in the vegetable oil group after two years, and the increase became much larger after five years.¹⁹ As shown in Figure 5, the difference in the incidence of all deaths from non-cardiovascular causes began to increase in the vegetable oil group only after four years and remained extremely small until seven years.¹⁷ After seven years, non-cardiovascular mortality began to increase rapidly. The disturbing possibility that the true harms of vegetable oils take years to emerge did not escape the authors, and they concluded that “future clinical trials of diets rich in unsaturated fat must be planned for periods well in excess of eight years, rather than for the five-year periods that have been the usual goal.” Such longer trials have never been conducted.

Although a superficial analysis of this study would suggest that vegetable oils decrease the risk of heart disease while increasing the risk of cancer and other diseases, this may not be the case. Even though the investigators randomly allocated the subjects to each group, the randomization failed to equally balance rates of smoking between the two groups. There were twice as many heavy smokers and 60 percent more moderate smokers in the group consuming traditional animal fats, while there were more light smokers and non-smokers in the group consuming vegetable oils.¹⁷ The diet rich in animal fats, moreover, was deficient in vitamin E. Animal experiments suggest that we should obtain 0.6 milligrams of vitamin E for every gram of PUFA we consume. The vegetable oil diet came close to this requirement, supplying a ratio of over 0.5, but the animal fat diet fell miserably short of it,

supplying a ratio of less than 0.2.²⁰

Animal fats are not intrinsically deficient in vitamin E, however. The average store-bought butter, for example, easily meets the vitamin E requirement, and a high-quality pastured butter can provide more than double this requirement.^{21,22} It is thus unclear why the animal fat diet was so deficient in the vitamin, but this deficiency in combination with the higher rate of smoking may have contributed to the greater risk of cardiovascular disease in the animal fat group.

It appears from these studies, then, that vegetable oils promote cancer while animal fats protect against it even in the presence of smoking and vitamin E deficiency. Vegetable oils may promote heart disease as occurred in two studies,^{12, 14} but the results of the LA Veterans Administration Hospital Study make this unclear. The authors

It appears from these studies, then, that vegetable oils promote cancer while animal fats protect against it even in the presence of smoking and vitamin E deficiency.

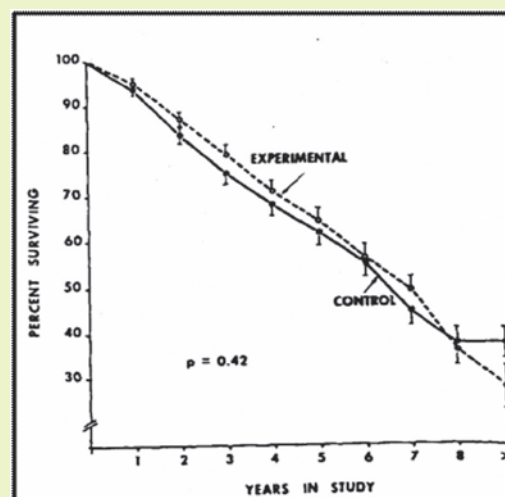


FIGURE 3. Vegetable Oil Had No Effect on Total Mortality in the Los Angeles Veterans Administration Hospital Study.¹⁷

The solid line represents the survival in the group fed vegetable oils while the dotted line represents the survival in the group fed traditional animal fats. There is no difference in total mortality between the two groups. As shown in Figures 4 and 5, however, non-cardiovascular deaths began to increase in the vegetable oil group rapidly only towards the end of the study, raising the question of what would have happened to total mortality had the study lasted longer.

The larger question, however, is whether, given all this uncertainty, we should make ourselves guinea pigs for these newfangled foods.

of this study themselves concluded as follows: "... we consider our own trial, with or without the support of other published data, to have fallen short of providing a definitive and final answer concerning dietary prevention of heart disease."

These studies leave many questions to be answered. Are the effects of vegetable oils with different proportions of omega-6 and omega-3 fatty acids different from one another? What is the effect of vegetable oils over a lifetime, beginning in youth? Are there certain dietary contexts that make vegetable oils harmful, and others that make them safe? The larger question, however, is whether, given all this uncertainty, we should make ourselves guinea pigs for these newfangled foods. No one has yet offered a better summary of the issue than that offered by the late endocrinologist Broda Barnes in his 1976 book, *Solved: The Riddle of Heart Attacks*:

Everyone should have the privilege of playing Russian Roulette if it is desired,

but it is only fair to have the warning that with the use of polyunsaturated fats the gun probably contains live ammunition.²³

MYTH 2: ARACHIDONIC ACID IS A "BAD FAT"

The second myth is that animal fats promote inflammation because they contain a small amount of the omega-6 PUFA arachidonic acid, found primarily in liver and egg yolks with smaller amounts in butter and meat fats. This hypothesis emerged in the scientific literature in the 1980s and 1990s as researchers began attributing the low rate of heart disease among traditional Inuit to their consumption of large amounts of omega-3 fatty acids from marine oils.²⁴ Researchers argued that these omega-3 fatty acids were protective precisely because they counteracted the inflammatory effects of arachidonic acid. Barry Sears popularized this idea in his best-selling 1995 book *The Zone*

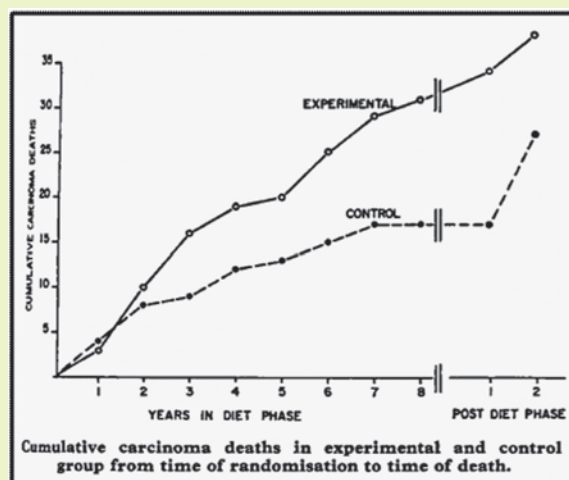


FIGURE 4. Vegetable Oil Increased the Risk of Cancer in the Los Angeles Veterans Administration Hospital Study.¹⁹

The solid line represents the incidence of cancer in the group fed vegetable oils while the dotted line represents the incidence of cancer in the group fed traditional animal fats. The increased incidence of cancer in the group fed vegetable oil did not begin to appear until after two years and the difference became especially large after five years. The difference between the groups reaches the border of statistical significance at $P=0.06$, meaning we can be 94 percent confident that the difference is not due to chance.

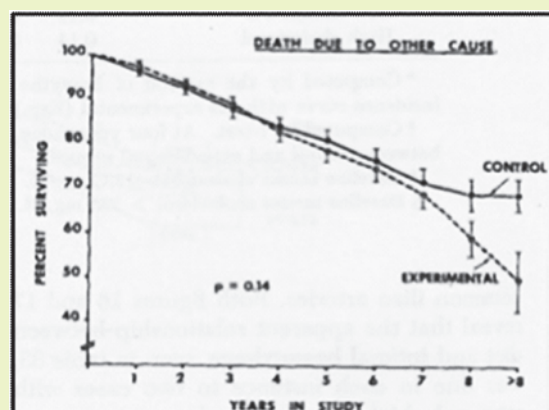


FIGURE 5. Vegetable Oil Increased the Risk of Non-Cardiovascular Mortality Only After Seven Years.¹⁷

The graph represents survival after excluding deaths from cardiovascular disease. Thus, as the lines fall, non-cardiovascular deaths increase. The solid line represents the survival in the group fed vegetable oils while the dotted line represents the survival in the group fed traditional animal fats. Non-cardiovascular mortality increases rapidly in the vegetable oil group only towards the end of the study, after seven years have passed. Analyzed over time, the difference only reaches borderline significance as indicated in the figure, but when the time points are pooled together the difference between the two groups is statistically significant.

*Diet.*²⁵ Therein, he proclaimed excess arachidonic acid “your worst biological nightmare.” Not only is it inflammatory, he wrote, but it “is so potent and so dangerous that when you inject it into the bloodstream of rabbits the animals die within three minutes.”

Despite these sensational claims, arachidonic acid is not inherently inflammatory. Its deficiency, in fact, produces a number of inflammatory symptoms, including dandruff, hair loss, infertility and irritated, red, sore, swollen, and scaly skin.^{26,27} Inhibiting supposedly “inflammatory” products made from arachidonic acid such as prostaglandin E₂ using over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) can produce a number of inflammatory outcomes. These drugs induce intestinal pathologies that closely resemble celiac disease in laboratory animals in response to gluten or even egg white,^{28,29} and they interfere with the resolution of autoimmune conditions.³⁰

Although it is true that our bodies use arachidonic acid to initiate inflammation—a vital process if we want to survive to adulthood without being wiped out by pathogenic microbes—our bodies also use this fatty acid to suppress inflammation or to resolve inflammation once it has run its course. We use arachidonic acid to make cell-to-cell junctions that form physical barriers against toxins and pathogens,^{31–33} to create a unique environment in the gut that causes our immune system to react to food proteins with tolerance instead of intolerance,³⁴ and to make important molecules called lipoxins that help resolve existing inflammation.^{30,35} We even use arachidonic acid to signal the conversion of omega-3 fatty acids to resolvins, another class of molecules that help resolve inflammation.³⁰ It makes little sense to characterize this fatty acid as singularly inflammatory in nature when it has so many anti-inflammatory functions, and when it is present in so many traditional foods consumed by populations free of inflammatory diseases.

MYTH 3: SOLID FATS = EMPTY CALORIES

The third myth, that “solid fats” are empty calories with no nutritional value, has emerged more recently with the latest revision of the USDA’s Dietary Guidelines for Americans. This

document defines a “nutrient-dense” food as one whose “nutrients and other beneficial substances . . . have not been ‘diluted’ by the addition of calories from added solid fats, added sugars, or added refined starches, or by the solid fats naturally present in the food.”³⁶ This peculiar definition of “nutrient-dense” allows the addition of liquid oils but requires the removal of natural solid fats. “Solid fats” are defined as “fats with a high content of saturated and/or *trans* fatty acids, which are usually solid at room temperature.” Using this definition, one could ostensibly make milk more “nutrient-dense” by replacing its natural butterfat with corn oil.

The natural fats present in foods carry all of their fat-soluble vitamins, and added fats further increase their bioavailability. Human trials, for example, have clearly shown that butterfat increases the absorption of vitamin E,³⁷ and that canola oil increases the absorption of carotenoids from salad.³⁸ The more fat one adds, according to these studies, the greater the absorption of fat-soluble nutrients. This can hardly be considered a decrease in nutrient density!

Animal experiments, moreover, suggest that fats and oils low in PUFA provide the best absorption of fat-soluble nutrients. When compared to corn oil, for example, olive oil roughly doubles the absorption of lycopene and astaxanthin in rats.³⁹ If the lower absorption seen with corn oil is a result of its higher PUFA content, then so-called “solid fats” might prove superior even to olive oil, and certainly to canola oil.

THE TRUTH SHALL SET US FREE

Clinical trials have failed miserably to support the hypothesis that replacing saturated animal fats with polyunsaturated vegetable oils would prevent heart disease. They have shown instead that vegetable oils likely promote cancer and perhaps even heart disease. Arachidonic acid in animal fat is not “deadly,” but is necessary for our bodies to initiate, suppress, or resolve inflammation as needed. These are all vital processes that allow us to respond appropriately to our environment. “Solid fats” do not “dilute” the nutrient density of our food. On the contrary, they carry fat-soluble nutrients and provide for their absorption.

When we observe the ease with which these

The natural fats present in foods carry all of their fat-soluble vitamins, and added fats further increase their bioavailability.

myths arise and the vigor with which they are promulgated to the public, it is important for us not to create our own equal and opposite myths. We should keep in mind that traditional diets varied widely in their fat and carbohydrate contents. Nutritional needs vary from person to person, and from one stage of life to another. Any health-promoting component of the diet, including animal fat, can become harmful if it displaces other health-promoting components. It is thus entirely plausible that some people under some circumstances may benefit by reducing their intakes of animal fat and increasing their intakes of other traditional foods. We should thus beware of promoting any “correct” amount of animal fat to consume. We should instead look upon the earth’s menu of natural, traditional foods without fear, and choose those foods we need and enjoy in freedom. ☯

Chris Masterjohn is a frequent contributor to Wise Traditions and the creator and maintainer of Cholesterol-And-Health.Com, a website dedicated to extolling the virtues of cholesterol and cholesterol-rich foods. He has authored five publications published in peer-reviewed journals: a letter in the Journal of the American College of Cardiology criticizing the conclusions of a study on saturated fat, a letter in the American Heart Journal arguing that safety trials of cholesterol ester transfer protein inhibitors should test the effect of these drugs on vitamin E metabolism, a full-length hypothesis paper published in Medical Hypotheses about the molecular mechanism of vitamin D toxicity, a pilot study published in the Journal of Nutritional Biochemistry suggesting that vitamin E protects against some of the negative effects of sugar consumption in humans, and a review in Nutrition Reviews on nonalcoholic fatty liver disease. Chris holds a Bachelor's degree in History and is currently a doctoral candidate in Nutritional Sciences at the University of Connecticut.

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The China Study Myth

Flaws in the Vegan Bible

By Denise Minger

The year 2006 marked an event that rocked the world of nutrition (as well as the walls of Whole Foods): the release of *The China Study* by T. Colin Campbell. Printed by a small publishing company known for other scientific masterpieces such as *The Psychology of the Simpsons* and *You Do Not Talk About Fight Club*, Campbell's book quickly hit the word-of-mouth circuit and skyrocketed towards bestseller status, with sales exceeding half a million copies to date.

The premise is that all animal foods—ranging from Chicken McNuggets to a filet of wild-caught salmon—are responsible for modern ailments like heart disease and cancer. Such diseases, the book claims, can generally be prevented or even cured by shunning animal products and eating a diet of whole, unprocessed plant foods instead.

Despite the book's black-and-white declarations about animal products—and its seemingly well-referenced arguments—*The China Study* is not a work of scientific vigor.

Although this startling thesis was hard for some to swallow, the book appeared credible due to its exhaustive references and the author's laundry list of credentials—including a PhD from Cornell, authorship of over three hundred scientific papers, and decades of direct research experience. Perhaps not surprisingly, *The China Study* was quickly absorbed into the vegan community as a bible of sorts—the final word on the harmfulness of animal foods, and indisputable proof that a plant-only diet is best for mankind. To the exasperation of meat lovers everywhere (especially those who enjoy arguing for sport), once lively debates with vegans were now extinguished with one simple phrase: Just read *The China Study*!

But despite the book's black-and-white declarations about animal products—and its seemingly well-referenced arguments—*The China Study* is not a work of scientific vigor. As we'll see in this article, the book's most widely repeated claims, particularly involving Campbell's cancer research and the results of the China-Cornell-Oxford Project, are victims of selection bias, cherry picking, and woefully misrepresented data.

DOES ANIMAL PROTEIN CAUSE CANCER?

The seeds of animal-food doubt were first planted early in Campbell's career, while he was working in the Philippines on a project to help combat malnutrition. A colleague informed him of a startling trend: liver cancer was plaguing affluent Filipinos at a much higher rate than their less-wealthy counterparts—a phenomenon that, despite a slew of other lifestyle differences, Campbell believed was linked to their higher intake of animal protein.¹ Bolstering his suspicions, Campbell also learned of a recent study from India showing that a high protein intake spurred liver cancer in rats, while a low protein intake seemed to prevent it.² Intrigued by this gem of little-known research, Campbell decided to investigate the role of nutrition in cancer growth himself—an endeavor that ended up lasting several decades and producing over one hundred publications (none of which pertained to Fight Club).³

The China Study relayed Campbell's find-

ings with powerful simplicity. In a series of experiments, Campbell and his team exposed rats to very high levels of aflatoxin—a carcinogen produced by mold that grows on peanuts and corn—and then fed them a diet containing varying levels of the milk protein casein. In study after study, the rats eating only 5 percent of their total calories as casein remained tumor-free, while the rats eating 20 percent of their calories as casein developed abnormal growths that marked the beginning of liver cancer. As Campbell described, he could control cancer in those rodents “like flipping a light switch on and off,” simply by altering the amount of casein they consumed.⁴

Despite these provocative findings, Campbell wasn't ready to declare all protein a threat to public health and stamp the peanut butter aisle with Mr. Yuk stickers. Animal protein, it turned out, seemed to be uniquely villainous. In several of his experiments, when the aflatoxin-exposed rats were fed wheat protein or soy protein in place of casein, they didn't develop any cancer—even at the 20 percent level that proved so detrimental with casein.⁵ It seemed that those plant proteins were not only PETA-approved, but also the least likely to turn rat livers into tumor factories.

These findings led Campbell to his firm and famous conclusion: that all animal protein—but not plant protein—could uniquely promote cancer growth. Out with the steak, in with the tofu! But as several critics have pointed out,^{6,7} that proclamation required a few somersaults of logic (and maybe some cartwheels of delusion). The effects of casein—particularly isolated casein, separated from other components of dairy that often work synergistically—can't be generalized to all forms of milk protein, much less all forms of animal protein. An impressive number of studies shows that the other major milk protein, whey, consistently suppresses tumor growth rather than promoting it, likely due to its ability to raise glutathione levels.^{8,9} Another of Campbell's own studies suggests that fish protein acts as a cancer-promoter when paired with corn oil, but not when paired with fish oil—highlighting the importance of dietary context (and the never-ending terribleness of vegetable oils).¹⁰

And the kicker: one of Campbell's most relevant experiments—which sadly received

no mention in *The China Study*—showed that when wheat gluten is supplemented with lysine to make a complete protein, it behaves exactly like casein to promote tumor growth.¹¹ This means that animal protein doesn't have some mystical ability to spur cancer by mere virtue of its origin in a sentient creature—just that a full spectrum of amino acids provide the right building blocks for growth, whether it be of malignant cells or healthy ones. And as any vegan who's been asked "Where do you get your protein?" for the eight hundredth time will answer, even a plant-only diet supplies complete protein through various mixtures of legumes, grains, nuts, vegetables, and other approved vegan fare. Theoretically, a meal of rice and beans would provide the same so-called cancer-promoting amino acids that animal protein does. Indeed, Campbell's experiments lose their relevance in the context of a normal, real-world diet opposed to the purified menu of casein, sugar, and corn oil his rats received.

But that's only the tip of the proteinaceous iceberg. In his September 2010 article, "The Curious Case of Campbell's Rats,"¹² Chris Masterjohn ventured beyond the well lit pages of *The China Study* to explore the dark alleys of Campbell's publications firsthand. And what he found regarding the low-protein rats was a far

cry from the sunshine-and-lollipops descriptions we read in the book. Although rats consuming a high-casein diet were indeed developing liver cancer as Campbell described, the ones in the low-casein groups—which were portrayed as downright bright-eyed and shiny-coated in *The China Study*—were suffering an even worse fate. Campbell's research actually showed that a low-protein diet increases the acute toxicity of aflatoxin, resulting in cell genocide and premature death. Because protein deficiency prevents the liver from successfully doing its detoxifying duties, less aflatoxin gets converted into cancer-causing metabolites, but the end result is massive (and eventually deadly) tissue damage.

Even the research from India that jumpstarted Campbell's interest in the diet-cancer link showed that rats on a low-casein diet were dying with disturbing frequency, while the high-protein rats—tumor-ed as they may have been—were at least staying alive.¹³ (It's surprising, then, that *The China Study* promotes a plant-based diet to prevent cancer, when death is equally effective and requires fewer shopping trips.)

More clues for understanding the casein-cancer research come from another Indian study—this one published in the late 1980s, and examining the effects of protein in aflatoxin-exposed monkeys instead of rats.¹⁴ As with Campbell's experiments, the monkeys were fed diets containing either 5 percent or 20 percent casein, but with one important difference: instead of being slammed with an astronomically (and unrealistically) high dose of aflatoxin, the monkeys were exposed to lower, daily doses—mimicking a real-world situation where aflatoxin is consumed frequently in small amounts from contaminated foods. In a fabulous case of scientific switcheroo, this study showed that it was the low-protein monkeys who got cancer, while the high-protein monkeys rejoiced in their tumorlessness.

This apparent paradox highlights a major problem in Campbell's rat research: the level of aflatoxin exposure plays a critical role in how protein

THE PLANT-BASED DIET DOCTOR SQUAD

DEAN ORNISH, MD: Limits sugar, corn syrup, white flour, margarine, vegetable oil, alcohol and any processed food with more than two grams of fat. Program involves smoking cessation, peer support, stress management and exercise.

CALDWELL ESSELSTYN, MD: Forbids vegetable oils, refined grains, white flour, and products made from enriched flour such as bread, pasta, bagels and baked goods. Uses statins to bring patients' cholesterol levels below 150.

JOHN MCDUGALL, MD: Limits white flour, refined grains, sugar-coated cereals, soft drinks, processed carbohydrates, fruit juice and vegetable oils.

NEAL BARNARD, MD: Forbids vegetable oils, high-glycemic foods, high fructose corn syrup, caloric sweeteners and fried starches like potato chips and french fries.

JOEL FUHRMAN, MD: Excludes refined foods, including vegetable oils.

Getting rid of empty and refined foods, especially vegetable oils—the common denominator in all these plant-based prescriptions—will make for improvements in almost everyone. But long term, without nutrient-dense animal foods, deficiencies will emerge.

Likewise, for heart disease and stroke, plant protein has a positive correlation while animal protein and fish protein have negative or nearly neutral correlations.

affects cancer growth. When the aflatoxin dose is sky high, animals eating a low-protein diet don't get cancer because their cells are too busy dying en masse, while animals eating a higher-protein diet are still consuming enough dietary building blocks for the growth of cells—whether healthy or cancerous. When the aflatoxin dose is more moderate, animals eating a low-protein diet develop cancer while their higher-protein counterparts remain in mighty fine health.

In a nutshell, the animal protein fear-mongering in *The China Study* stems from wildly misconstrued science. What Campbell's rat experiments really showed wasn't that animal protein is a vengeful macronutrient of doom, but the following:

1. High-quality protein promotes cell growth no matter where it comes from;
2. Protein deficiency thwarts the liver's ability to detoxify dangerous substances; and
3. With more realistic doses of aflatoxin, protein is actually tremendously protective against cancer, while protein-restricted diets prove harmful.

DID THE REAL CHINA STUDY SHOW THAT ANIMAL FOODS ARE ASSOCIATED WITH DISEASE?

The China Study only devotes one chapter to its namesake study, but that doesn't mean it's not a doozy. Also known as the China-Cornell-Oxford Project, the China Study was an enormous epidemiological endeavor exploring diet and disease patterns in rural China—a project coined “the Prix of epidemiology” by the *New York Times*. Spanning sixty-five counties and collecting data on a whopping three hundred sixty-seven variables, it generated over eight thousand statistically significant correlations between nutrition, lifestyle factors and a variety of diseases.¹⁵

Although a project of such magnitude inevitably found some contradictory and non-causal links, Campbell asserts in his book that the data generally pointed in one direction: “People who ate the most animal-based foods got the most chronic disease,” and “People who ate the most plant-based foods were the healthiest and tended to avoid chronic disease.”¹⁶ Although—as echoes

through the hearts of statisticians everywhere—correlation doesn't equal causation, these associations in conjunction with Campbell's other research are supposed to make a compelling case for animal foods being legitimately harmful.

But were the results of the China Study really a sparkling endorsement for plant-based eating?

It seems this conclusion is based, in large part, on unreliable blood variables rather than actual foods. In his book, Campbell states that he and his research team “found that one of the strongest predictors of Western diseases was blood cholesterol,”¹⁷ and proceeds to treat cholesterol as a proxy for animal food consumption. Throughout this chapter, we learn that the China Study data found associations between cholesterol and many cancers, as well as cholesterol and animal protein intake—implying that animal protein and those same cancers must themselves be intimately linked.

But because blood cholesterol can be affected by a number of non-dietary factors and can even rise or fall as a result of disease, examining the relationship between food itself and health outcomes is likely to be more informative than using cholesterol as an overworked, fickle middleman. But the direct relationship between animal protein and diseases isn't discussed in *The China Study* for one monumental reason: that relationship doesn't exist. An examination of the original China Study data shows virtually no statistically significant correlation between any type of cancer and animal protein intake.¹⁸ Only fish protein correlates positively, but probably non-causally, with a small number of cancers: nasopharyngeal cancer, a rare disease that only strikes one out of every seven million people; liver cancer, which shows up in fish-eating regions because aflatoxin proliferates in humid areas near water; and leukemia, which is likely linked to other elements of the industrialized lifestyles associated with coastal regions (and thus fish consumption) in the China Study.¹⁹

Ironically, when we look at plant protein—which *The China Study* argues so vigorously is cancer-protective—we find almost three times as many positive correlations with various cancers as we do with animal protein, including colon cancer, rectal cancer, and esophageal cancer.²⁰

Likewise, for heart disease and stroke, plant protein has a positive correlation while animal protein and fish protein have negative or nearly neutral correlations—meaning the animal-food eaters in rural China, if anything, are getting less cardiovascular disease than their more vegetarian friends.


But matters get even more interesting when we look at some of the peer-reviewed papers generated by the China Study data, most of which are co-authored by Campbell himself. As with the casein research, the China Study findings as described in Campbell's book are a hop, skip, and eighteen thousand jumps away from what the original research says. Although wheat gets nary a mention in the China Study chapter, Campbell actually found that wheat consumption—in stark contrast to rice—was powerfully associated with higher insulin levels, higher triglycerides, coronary heart disease, stroke and hypertensive heart disease within the China Study data—far more so than any other food.^{21,22} Likewise, in a paper from 1990, Campbell conceded that “neither plasma total cholesterol nor LDL cholesterol was associated with cardiovascular disease” in the China Study data, and that “geographical differences in cardiovascular disease mortality within China are caused primarily by factors other than dietary or plasma cholesterol”—revealing that not even the beloved cholesterol middleman could live up to its heart-disease-causing accusations.²³

And in the spirit of saving the best for last, another of Campbell's own papers, published a mere two years before *The China Study* hit the shelves, states point-blank that—despite Campbell's claims about the superior health of the near-vegan rural Chinese—“it is the largely vegetarian, inland communities who have the greatest all risk mortalities and morbidities and who have the lowest LDL cholesterol.”²⁴ Maybe the lesson here is the same one we gleaned from Campbell's rats: it's pretty tough to get sick when you're dead!

THE GIST

Despite its increasing popularity (and glowing endorsements by high-profile vegan converts like Bill Clinton), *The China Study* is, in many ways, more a work of fiction than a nutritional

holy grail. The book has spawned a number of myths about the hazards of animal protein and the true results of the China Study itself—myths that easily crumble under a scrutinizing eye, but nonetheless continue trickling into the mainstream and gaining mounting publicity.

If there's anything positive to take away from the book's four hundred seventeen pages, it's the promotion of a whole-food diet—and the resulting elimination of vegetable oils, high fructose corn syrup, refined grains, and other industrial products that tend to displace real food on our modern menus. But for those seeking scientific literature of a higher caliber, *The Psychology of the Simpsons* is likely to be a more satisfying (and animal-product-friendly) read. 

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Salt and our Health:

Exposing Mainstream Myths

by Morton Satin, PhD, Vice President,
Science and Research, The Salt Institute

Aside from water, salt (sodium chloride) is the most ubiquitous food ingredient consumed by human-kind. It is a nutrient that is essential to life and good health and has always been the predominant positive ion in extracellular body fluid for all multi-cellular animals.

Having originally evolved from a marine environment, the human body's salt-to-water ratio is critical to metabolism. Human plasma contains 0.9 percent sodium chloride, most of it coming from food and a small amount from water. The fundamental indicator of salt intake sufficiency points to 1.5 teaspoons of salt per day as the basic human requirement.

SALT IS AN ESSENTIAL NUTRIENT

In clinical studies, salt is calculated in millimoles (mmol) of sodium, where 100 mmol of sodium amounts to 2300 mg or the equivalent of one teaspoon of salt.

If we do not consume sufficient sodium, our metabolism, driven by specific feedback mechanisms, goes into a sodium-sparing mode so that the circulatory system can maintain osmotic balance and adequate blood pressure. This has several important consequences for us. A reduced intake of sodium is characterized by the stimulation of the renin-angiotensin-aldosterone hormonal system (RAAS). Renin, the first enzyme taking part in the RAAS was clearly shown in a dose-response curve¹ to increase as sodium intakes fell below 150 mmol sodium (or 1.5 teaspoons of salt) per day. At a point of intake below 110 mmol sodium per day renin begins to rise rapidly. The RAAS feedback mechanism is the most transparent measure of our dose response to salt intake and is a fundamental indicator of sodium intake sufficiency.

Although this cascade of reactions is designed to sustain osmotic balance and blood pressure, chronically elevated levels of renin and aldosterone have significant negative effects on the condition of the circulatory system and may stimulate inflammatory agents within the body. Included among the negative outcomes of chronically elevated levels of renin and aldosterone are insulin resistance,² metabolic syndrome,³ cardiovascular disease,⁴ cognition loss,⁵ and others.

SALT AND BLOOD PRESSURE

The overwhelming public interest in salt consumption derives from the concern over its perceived universal impact on blood pressure (BP). Unfortunately, this has long been a subject of significant myth-information. The cross-population blood pressure response to salt reduction is heterogeneous.⁶ With major reductions in salt (more than half of our current consumption), about 30 percent of the population will experience a slight drop (2-6 mm) in systolic BP, while about 20 percent will see a similar *increase* in BP, and the remaining 50 percent of the population will show no effect at all. Considering the relatively small impact of major salt reduction on blood pressure, it is

unfortunate that consumers are not aware of all the other negative consequences that occur as a result of dietary salt reduction.

PUBLIC PRESSURE TO REDUCE SALT

In the late 1980s, in response to the notion that sodium had a major impact on a population's blood pressure, an international study (Intersalt) was carried out to determine the impact of salt consumption on blood pressure.⁷ As it turned out, the per capita consumption of sodium in the majority of countries ranged between 130-210 mmol sodium or the equivalent of 1.3 to two teaspoons of salt per day. The results indicated that there was no clear pattern between the level of salt intake and blood pressure. However, there were four populations among the fifty-two groups that showed very low salt intakes and far lower than average blood pressures. The lowest consumption population in this group was the primitive Yanomami Indians, who live in the Brazilian rain forest. Normally, data points that are very far from the rest of the pattern are referred to as outliers and are generally omitted from the analysis. In this case, the outliers were included and a line drawn from them to the rest of the population in order to show that a pattern relating salt consumption to blood pressure did exist. (See Figure 1.)

While the advisability of making comparisons between modern Western societies and those that have vastly different lifestyles,

It is unfortunate that consumers are not aware of all the negative consequences that occur as a result of dietary salt reduction.

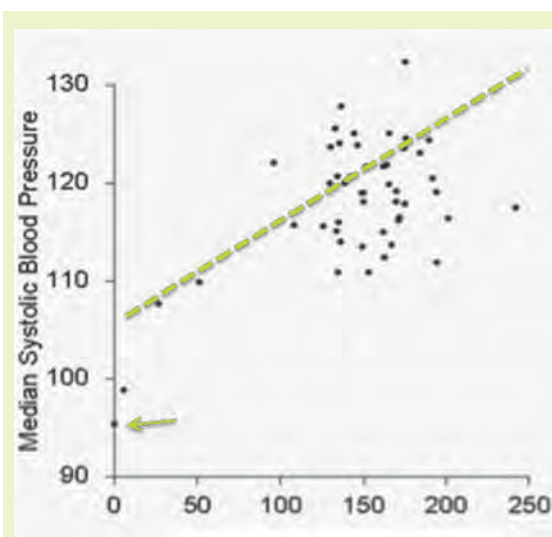


FIGURE 1.
InterSalt Study

Salt sensitivity and the tendency towards elevated blood pressure is largely driven by genetics and thus highly skewed across the population.

levels of physical activity, caloric intakes and environmental stresses is legitimately open to question, the issue of life-long low BP among the Yanomami was repeatedly used as a justification. The Yanomami are described in the ethnographic literature as an aggressive and violence-prone people. The stress associated with this character along with the continual exposure to environmental stresses does not appear to influence the BP of the Yanomami as they would other population groups. While their abnormal BP profile has been attributed to reduced salt consumption, a far more likely reason appears to be the almost complete absence of a D/D genotype—a genetic trait shared with other Amerindians such as the Xingu Indians of the Amazonian rainforest, one of the other four outlier points. Notwithstanding their lack of an age-related rise in blood pressure, the Yanomami are characterized as a small stature, high mortality and high fertility population with a low life expectancy. It is also interesting to note that despite their long history of evolution in a salt-limited rainforest environment, they have never acclimatized to low sodium intake and have chronically high levels of plasma renin. Nevertheless, the inclusion of the Yanomami data in the formal Intersalt analysis, however misguided, initiated the latest round of salt restriction efforts.

The supposed merits of significant population-wide dietary salt reductions were further justified through the Rose population strategy theory,⁸ which contended that most risks to health, including hypertension, were evenly distributed as a continuum across the population rather than being confined to high-risk groups as shown in Figure 2.⁹

Accordingly, modest risk reductions in BP (such as those achievable through significant salt

reduction) across the entire population, including normotensive individuals, might conceivably reduce the population incidence of cardiovascular disease. This inspired the idea that a great number of lives and millions of dollars in health care costs might be saved through dietary salt reduction. But this notion appeared to have a number of obvious flaws.

In the first instance, salt sensitivity and the tendency towards elevated blood pressure is largely driven by genetics and thus not evenly distributed, but rather highly skewed across the population. In addition, if an intervention such as dietary salt reduction demonstrated even a small negative effect (such as any one of the outcomes resulting from stimulation of the renin-angiotensin-aldosterone system), this would tend to shift the risk curve in the opposite direction and result in greater risk of morbidity and mortality. Finally, any intervention that might statistically benefit the public health (such as an insignificant drop in BP) may not translate into any difference at all to an individual's health —commonly referred to as the “Population Paradox.”¹⁰ Considering the apparent shortcomings to this theory, it is remarkable that it was so widely and uncritically accepted.

FLAWED STANDARDS

The intellectual stage was thus set to establish standards on salt consumption that were fundamentally flawed. And that's exactly what happened with the Dietary Reference Intakes (DRI) for sodium. In fact, they sank a great deal further into the mire of medical myth-information. The DRI for sodium, the foundation publication for our current recommendations for salt consumption, clearly state at the outset that “Because of insufficient data from dose-response trials, an Estimated Average Requirement (EAR) could not be established, and thus a Recommended Dietary Allowance could not be derived. Hence, an Adequate Intake (AI) is provided.”¹¹

This single statement concedes, from the very beginning, the shift away from an evidence-based approach in establishing recommendations to one of subjective inference: opinion. Rather than a plea for more research to enhance the insufficient base of evidence, the text presents a blunt fiat, based upon expediency rather than

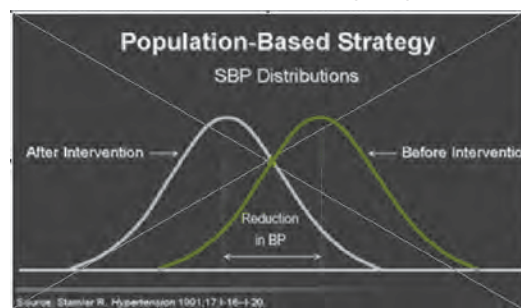


FIGURE 2.
Rose Population Strategy

anything else. The AI was arbitrarily set by the DRI committee at 1,500 mg sodium or a little more than one half teaspoon of salt per day for young adults "...to ensure that the overall diet provides an adequate intake of other important nutrients and to cover sodium sweat losses in unacclimatized individuals who are exposed to high temperatures or who become physically active..." However, no supporting information on young adults was provided to confirm that this arbitrary figure was in any way justified. In fact, this opinion has since been shown to be incorrect.¹²

The case for setting the upper limit of salt consumption at the equivalent of 100 mmol (2,300 mg) sodium or one teaspoon of salt per day appeared even more problematic. Rather than determining the body's integrated response to various levels of salt; i.e., the normal and rational dose response methodology used for all nutrients, it was clear from the start that the overwhelming preoccupation with just one surrogate measure for cardiovascular disease—blood pressure—would remain the singular focus: "The major adverse effect of increased sodium chloride intake is elevated blood pressure, which has been shown to be an etiologically related risk factor for cardiovascular and renal diseases." Furthermore, the use of precisely 100 mmol sodium (equivalent to six grams or one teaspoon of salt) was not the result of any dose-response relationship involving an established suite of health outcomes. It was nothing more than an arbitrary and convenient set point from which to observe any reductions in blood pressure (regardless of how small) when sodium intakes were decreased.

Nevertheless, this was the intellectually bankrupt basis upon which the recommendations for salt were set, with full confidence that the public acceptance of salt-health mythology would serve to allay any critical scrutiny. What were these salt myths?

MYTH 1:

We eat more salt today than ever before.

FACT: Our current salt consumption (1.5 to 1.75 teaspoons per day) is about one half of the amount consumed between the War of 1812¹³ and the end of World War II,¹⁴ which was about three to 3.3 teaspoons of salt per day.

MYTH 2:

Our knowledge of the major sources of salt in our diet (i.e., 80 percent from processed foods) is unquestionable.

FACT: These data referred to in every medical publication is based on a single paper from 1991, which involved a dietary recall (a very unreliable method of data gathering) of a total of just sixty-two persons.¹⁵

MYTH 3:

Our salt consumption continues to rise every year.

FACT: There has been no change in our consumption of salt since the mid-1950s.¹⁶

MYTH 4:

The thirty-year public health initiative in Finland represents a successful model of salt reduction.

FACT: While Finland was able to reduce salt consumption among its population from 2.3 teaspoons of salt per day down to 1.3 teaspoons per day in the period from 1970 to 2000 (in much the same way that the U.S. did from 1945-1960), the health benefits that they have achieved during the same time period were no better (and, in fact, marginally worse) than neighboring and other countries that did not reduce salt consumption.

MYTH 5:

Current levels of salt consumption result in premature cardiovascular disease and death.

FACT: When average life expectancy in various countries is plotted against the average salt intake in those countries, it is clear that the higher the salt consumption, the longer the life expectancy. (See Figure 3.) While no cause-and-effect relationship between sodium intake and lifespan is implied, the data clearly demonstrate the compatibility between life expectancy and the associated levels of sodium intake.

MYTH 6:

Cutting back on salt will improve the overall diet.

FACT: Salt makes the bitter phytochemicals in salad greens and veg-

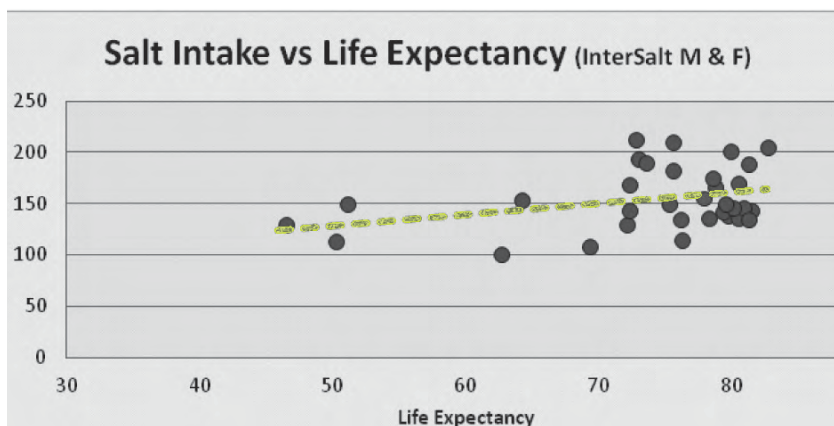


FIGURE 3.
InterSalt Life Expectancy

etables more palatable. Removing salt from dressings or accompaniments will make these important diet items less acceptable and will discourage people from eating them.

MYTH 7:

Reduced salt levels are critical to the DASH diet.

FACT: When the results of the DASH Sodium trial are examined (see diagram in Figure 4), it is immediately apparent that merely moving to a DASH diet (red line) has a significantly greater impact on blood pressure than simply lowering salt consumption. Dropping from the normal level of sodium consumption to the Dietary Guidelines' recommended level reduced the systolic pressure in the American diet (blue line) by an average of 2.1 mm Hg. However, simply changing from a standard American diet to the DASH diet, without any changes to sodium consumption, reduced the systolic blood pressure by 5.9 mm Hg, almost three times the drop resulting from the recommended sodium reduction. More important, reducing salt makes the DASH diet far less palatable and thus discourages people from adopting it.

MYTH 8:

There is a clear relationship between salt intake and blood pressure.

FACT: The lack of a clear relationship between salt intake and blood pressure is best exemplified with the standard hospital saline IV drip, which supplies an average of three liters of 0.9 percent sodium chloride per day. This is equivalent to twenty-seven grams of salt (4.5 teaspoons) per day while in the hospital in addition to the six grams (one teaspoon) of salt taken in food (if the Guidelines are followed). That is a total of thirty-three grams of salt per day or more than five times the Dietary Guideline recommendations! Yet patients' BP is checked every four to six hours and does not change. Where is the purported relationship of salt intake to blood pressure?

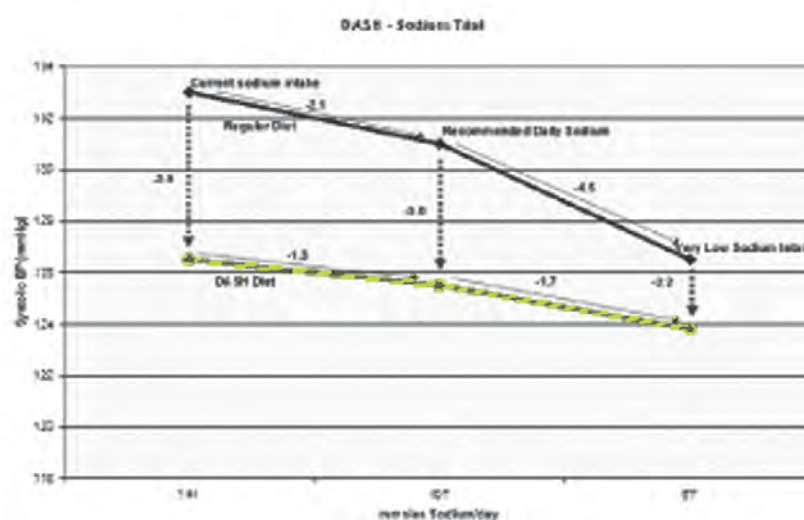


FIGURE 4.
The DASH Sodium Trial

MYTH 9:

Reducing salt intake can do no harm.

FACT: Reduced salt intakes have repeatedly been linked in the medical literature to the following conditions:

- Insulin resistance (diabetes)
- Metabolic syndrome
- Increased cardiovascular mortality and readmissions
- Cognition loss in neonates and older adults
- Unsteadiness, falls, fractures
- Lifelong avidity for salt
- And more

MYTH 10:

The U.S. Dietary Guidelines process is valid.

FACT: The original Dietary Recommended Intakes (DRI), issued under the imprimatur of the Institute of Medicine (IOM) (National Academy of Sciences), were immediately accepted internationally and spared the critical scientific review normally given to nutritional recommendations. Indeed, any conscientious perusal of the document reveals the numerous compromises and rationalizations made in lieu of actual evidence in order to arrive at the final recommendations. This was reiterated during a 2007 IOM workshop entitled, “The Development of DRIs 1994–2004: Lessons Learned and New Challenges,”¹⁷ where several participants stressed that the DRIs were largely based on the lowest quality of information—opinion—rather than on randomized controlled clinical trials which represent the highest quality of evidence. Yet the disposition of the DRIs provides an insight into how far we have strayed from the scientific principle of adherence objectivity and evidence-based medicine.

The five-year Dietary Guidelines for Americans (DGA) review process has always been publicized as being an “independent and objective” reevaluation of the previous DGAs. The 2005 DGA for sodium referred to the DRIs as a foundation document and assumed all its recommendations. The consequent 2010 DGAs reconfirmed the recommendations of the 2005 DGAs with the proviso that the at-risk populations consume 1,500 mg sodium per day for the upper limit. As it happened, the Chair of the

original DRIs committee that set the first recommendations for sodium also happened to serve as the Chair of the 2005 Dietary Guidelines Subcommittee on Electrolytes and thus evaluated the very recommendations that he was responsible for promulgating in the first place.

In 2010, the process was repeated and, once again, the same Chair of the Subcommittee on Electrolytes ran the show. This sequence, fully sanctioned by the Institute of Medicine and the U.S. Department of Agriculture, begs the question as to whether any “independent and objective” analytical process can feature a single individual piloting the creation of standards (DRIs) who then is charged with evaluating his own recommendations five years later, and asked once again to evaluate his prior evaluations. This process makes a sham of the concept of independent, objective evaluations and makes a mockery of the integrity of our great scientific institutions!

WHERE ARE WE NOW?

Notwithstanding the myths and limitations described above, the recommendations for sodium have been accepted, without reservation, by virtually every public health agency around the world. Yet, despite the near impossibility of goal achievement in practical terms, the recommendations appear to represent a level of consumption that results in no more than mid-single digit reductions in systolic BP for a limited portion of the population and a similar sized *increase* in BP for another limited portion of the population. Several meta-analyses have seriously questioned the purported long-term benefits of population-wide salt reduction,¹⁸⁻²¹ while others have vigorously supported it.²²

In fact, conflicting comment and repeated parsing of the “evidence” has become a regular feature of the salt-and-health debate, leading some journalists to complain that “almost every nutritional ‘fact’ is in reality an opinion, often based on poor quality evidence.”²³ Considering that overall good health comprises considerably more than a single digit blood pressure response, the current dietary recommendations have served as a decades-long red herring obscuring the need for more research to get more and better dose-response data.

A BETTER UNDERSTANDING OF SALT NEEDS

Several recent publications appear to get us closer to what may be considered to be the human requirement for salt. For example, a very recent study from Harvard Medical School demonstrated that when healthy people were placed on a very low-salt diet (20 mmol sodium or a fifth of a teaspoon of salt per day), they developed insulin resistance within seven days.²⁴ Those placed on high salt diets (150 mmols or 1.5 teaspoons of salt) showed no such effect. We conclude that low-salt intakes warrant further investigation in the pathogenesis of diabetes and cardiovascular disease.

In a series of three analyses of consecutive National Health and Nutrition Examination Surveys (NHANES I,²⁵ II,²⁶ and III²⁷), researchers were unable to demonstrate any survival advantage resulting from low-sodium diets; on the contrary, a modest relationship between increased all-cause mortality and low-sodium diets was observed (although non-significant).

A recent study conducted to examine the health outcomes related to salt intake (as measured by twenty-four-hour urinary sodium), demonstrated that lower sodium excretion was associated with an increased risk of cardiovascular death, while higher sodium excretion did not correspond with increased risk of hypertension or cardiovascular disease complications.²⁸

Another meta-analysis of one hundred sixty-seven studies by Graudal and co-workers²⁹ confirmed and expanded upon previous reports that significant dietary sodium restriction from greater than or equal to 150 mmol sodium (1.5 teaspoons of salt) per day down to a level of less than or equal to 120 mmol sodium (1.2 teaspoons of salt) per day resulted in limited but significant reductions in blood pressure. In white subjects who were hypertensive, the mean reduction was 5.5 mm Hg systolic and 2.8 mm Hg diastolic. For white normotensive subjects these figures dropped down to 1.3 mm Hg systolic and 0.1 mm Hg diastolic. However, the meta-analysis went further to confirm and quantified the unfavorable impacts that sodium restriction had on several other risk factors for cardiovascular disease. These included significant increases in renin, aldosterone, catecholamines (adrenaline,

A very recent study demonstrated that when healthy people were placed on a very low-salt diet they developed insulin resistance within seven days.

noradrenalin) and lipids (cholesterol and triglycerides). Renin and aldosterone were of particular concern as they have been repeatedly associated with increases in cardiovascular mortality in long-term follow-up studies.

During his Presidential address to the International Society of Hypertension, Alderman referred to a J-shaped response to describe the broader impact of sodium intake on health outcomes, referring to evidence of harm observed at the low and high extremes of consumption, with the least impact noted in a broad middle range centered around 3,500 mg sodium or 1.5 teaspoons of salt per day.³⁰

In a recent study, published in the *Journal of the American Medical Association (JAMA)*,³¹ researchers found moderate salt intake to be associated with the lowest risk of cardiovascular events, whereas low intakes, equivalent to less than or equal to 3,000 mg sodium or 1.5 teaspoons of salt per day, were associated with an increased risk of cardiovascular death and hospitalization for congestive heart failure, and higher intakes of more than 7,000 mg sodium or three teaspoons of salt per day, were associated with an increased risk of stroke, heart attack and other cardiovascular events. Once again, a J-shaped curve appeared to describe the dose-response relationship.

The J-shaped or U-shaped curve is a common dose-response occurrence for essential nutrients in both plant and animal species.³² French nutritionist, Gabriel Bertrand, mathematically described the original relationship in 1912.³³ What is now known as Bertrand's Rule applies to a great many micro- and macronutrients. At very low levels of intake, where there is insufficient nutrient flux to support the full range of associated physiological functions, there is a high risk of adverse effects. This is considered the deficiency range. If the adverse effects don't result in acute catastrophic events, individuals may survive, although at a diminished potential. As the level of nutrient is increased to a point where the deficiency disappears, minimal adverse effects are experienced and homeostasis is established. Continually increasing intake leads to exceeding the homeostasis requirement and adverse effects reappear (though not necessarily the same ones).

Although there is a quantity of data describing storage of sodium within the body, it is difficult at this stage to speculate what role storage plays in maintaining physiological homeostasis. It therefore remains for us to determine what type of data are available to give us an indication of the optimum level of consumption. Simply from a biological feedback perspective, the point at which a deficiency of salt elicits an increase in renin production must be considered a basic biological indicator. Using the study of Alderman, et al.,¹ anything less than 170 mmol (3,910 mg) sodium per day appears as a starting point. As increases in renin only occur when sodium intake is insufficient, these data do not permit an estimate for an upper limit.

SALT CONSUMPTION AND LIFE EXPECTANCY

Average life expectancy is often considered a measure of the overall health of a population, (although infant mortality in some countries can be a confounding factor). Comparing the InterSalt study data on average sodium consumption in thirty-two countries around the world³⁴ with life expectancy results in the following picture. If we take the top 20 percent with greatest life expectancy, their sodium intake ranges from 140–205 mmol per day, averaging around 170 mmol (1.75 teaspoons of salt). While no cause-and-effect relationship between sodium intake and lifespan is implied, the data do demonstrate the compatibility between life expectancy and the associated levels of sodium intake.

While not providing a continual dose-response relationship, the data in the recent Graudal paper²⁹ illustrate a series of responses to reducing salt consumption from more than 150 mmol (1.5 teaspoons of salt) down to less than 120 mmol sodium (1.2 teaspoons) per day. Together with a small but significant reduction in blood pressure, there is also a concomitant significant increase in several other risk factors for diabetes and cardio-

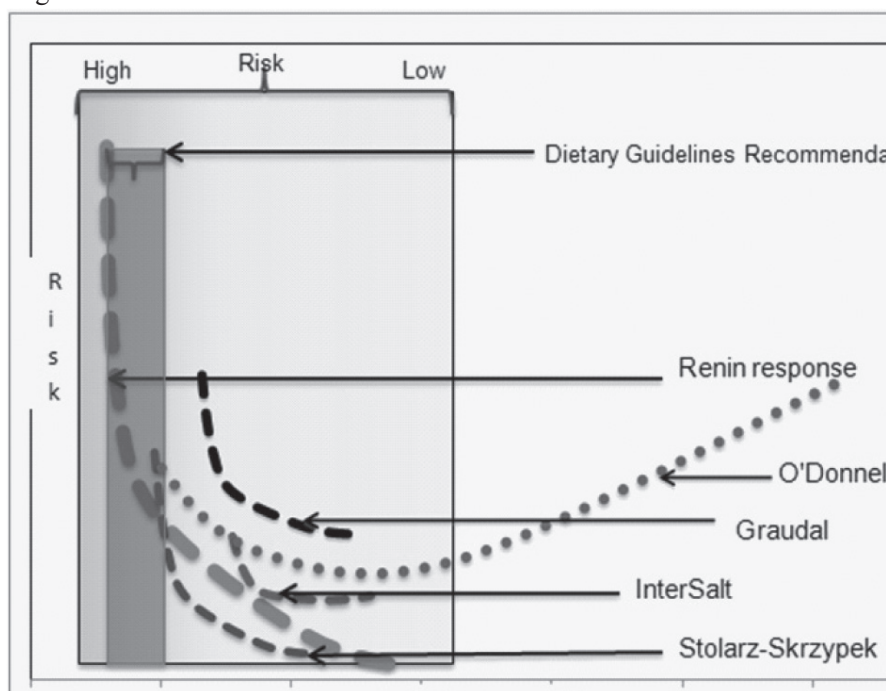


FIGURE 5.
Consolidated Study Results

vascular disease. Again, while no continual dose response relationship is implied, the risks appear to outweigh the benefits when reducing sodium consumption below 3,450 mg (1.5 teaspoons) per day.

Consistent with the NHANES studies,²⁵⁻²⁷ the paper demonstrated significant increases in cardiovascular mortality as consumption of sodium dropped from a high of 260 mmols (just over 2.5 teaspoons of salt) down to a low of 107 mmols (a bit more than one teaspoon).

Finally, based on a long-term study with a large cohort, the O'Donnell paper³¹ sets out a J-shaped response curve with the range of lowest risk between a daily consumption of 1.3 and three teaspoons of salt per day.

If the data from the above studies are compiled, it is apparent that the range of sodium intake at which there is least negative health outcome impact is anywhere above approximately 3,000 mg per day or the equivalent of 1.3 teaspoons of salt. This also happens to be the range that most people around the world consume. These data are not based on surrogate end points, but on hard outcomes (mortality) and dose responses involving measurable feedback responses (renin, aldosterone, catecholamines, cholesterol and triglycerides) that, in the words of the DRIs, are not subject to "imprecision in blood pressure measurement."

These results support the idea that sodium is consumed in a fairly narrow hygienic range,³⁵ which has more recently been approximated as 2,691-4,876 mg or between 1.2 and 2.13 teaspoons of salt per day.³⁶

Considering the available evidence, it is difficult to determine a practical maximum for salt because the data suggest that such a level is outside our current consumption range; i.e., greater than 7,000 mg sodium or the equivalent of three teaspoons of salt per day. In other words, our taste response to salt may be self-limiting.

HISTORICAL RATES OF SALT CONSUMPTION

It is of great interest that available data suggest Western societies consumed between three and 3.3 grams of salt per day from the early 1800s until the end of World War II, based on military archives for prisoner-of-war and soldier rations

around the world. During the Anglo-American War of 1812, despite its high cost, salt rations amounted to three teaspoons per day.³⁷ American prisoners of war, incarcerated in Britain's Dartmoor prison, bitterly complained that the 1.5 teaspoons of salt per day they received was part of "...scanty and meager diet for men brought up in the land of liberty, and ever used to feast on the luscious fruits of plenty..."³⁸ Declassified World War II documents regarding rations fed to American prisoners of war show a ration of one hundred forty grams per week or 3.3 teaspoons per day.³⁹

After World War II, when refrigeration began to displace salt as the main means of food preservation, salt consumption in the U.S. (and somewhat later in other countries) dropped dramatically to about half that rate, or nine grams (1.5 teaspoons) per day and, based on twenty-four hour urinary sodium data, has remained flat for the last fifty years.⁴⁰ During that time, rates of hypertension have increased,⁴¹ thus casting doubt on any linkage between the two.

It is telling that this sudden drop took place without pressure or influence from any government Dietary Guidelines, public health institutions or strident warnings from salt-reduction advocates. The massive reduction was the result of an effortless shift to a palatable, cold-chain-based food supply. It is further interesting that this abrupt drop halted at one level of consumption fifty years ago and descended no further. It is equally extraordinary that, without guidance or pressure of any kind, the consumption of salt around the world, for more than two centuries has remained in the range of 1.5 to three teaspoons per day, which, from all the available data, appears to hold the lowest risk for us. It lends support to the notion of the "wisdom of the body" at work through a mechanism that may not be as obvious as the typical sodium appetite so common in most other mammalian species, but effective nevertheless.

Regardless of the evidence, we now must face a certain reality resulting from the two decades long campaign to reduce salt. Because the Dietary Reference Intakes for salt were promulgated by the Institute of Medicine, they were immediately adopted without question by most public health agencies around the world. This

When refrigeration displaced salt as the main means of food preservation salt consumption in the U.S. dropped dramatically and has remained flat for the last fifty years.

Salt reduction initiatives are now the largest product development expenditure in the processed food industry.

position, repeated and amplified by an uncritical press influenced the food industry to consider salt reduction strategies very seriously, not because there was genuine concern for the impact of salt on health, but for two commercial considerations. The first was the concern related to public pressure as the food industry did not want to be perceived as purveyors of unhealthy products. Second, reduced salt product formulations had the potential to become new “low salt” varieties that might capture additional market share.

Salt reduction initiatives are now the largest product development expenditure in the processed food industry, and the chemical senses research institutes—which played a critical role in promoting salt reduction strategies⁴²—are the major recipients of these research funds. Advancements in chemistry may result in reduced-sodium products that have acceptable taste profiles for consumers. If this does occur, the question remains how a reduced salt food supply might impact the health of the public.

Early indications from the UK indicate that while the salt content of processed foods is reduced, the sales of table salt appear to have increased dramatically.⁴³ Unfortunately, this phenomenon is complicated by the habit of using table salt for de-icing home steps and sidewalks in the UK. As yet, no solid relationship has been established between reduced salt in processed food formulations and increased use of table salt. The results of the Food Standards Agency (FSA) UK salt survey are due in 2012 and it may be possible to determine whether urinary sodium levels have indeed fallen. The 2011 FSA salt survey results coming out of Scotland⁴⁴ indicate that this had not occurred as yet, and consumers do appear to be making up for the significantly reduced salt levels in processed foods through some means.

If this is indeed the case, a question to consider is whether our relatively stable consumption of salt around the world is the result of our avidity for the taste of salt or a physiological sodium appetite mechanism that drives us to seek out a particular level of salt. This is a critical question. If advances in salt reduction chemistry are able to trick our taste senses and there are no other physiological mechanisms at work, then consumers will be able to reduce their salt consumption,


perhaps even as far down as to the DGA recommended levels of 1,500–2,300 mg sodium (a little more than one-half to one teaspoon of salt) per day. If that were to be the case, then the reported population-wide risks associated with increased plasma renin and aldosterone, catecholamines, cholesterol and triglycerides would be of concern and people may die prematurely as a result.

If, on the other hand, there is some form of sodium appetite mechanism at work, then the chemistry directed at deceiving our taste senses should not be particularly effective, since our hunger for salt would result from something other than organoleptic pleasure. If this were the case, then there is a possibility that reducing salt in processed foods may stimulate increased consumption of food, simply to achieve a set level of sodium intake, thereby exacerbating the obesity epidemic. (The sodium appetite mechanism is currently applied commercially to cattle finishing feed, where total intake is controlled by adjusting the level of salt content. Reducing the salt content stimulates cattle to consume more feed, while increasing salt has the opposite effect.)

Aside from the previous risks noted, there is a possibility that reduced salt in processed food formulations will affect dietary choices. The nutritious phytonutrients associated with dark green vegetables and salads are bitter and generally more palatable with salt added directly, through dressings or in processed accompaniments. The heart-healthy diet practiced around the Mediterranean Basin is considerably higher in salt than that in most Western European and North American countries, because so many of the traditional foods they consume are still preserved with salt. However, salads and vegetables make up a large part of that diet and salt is used liberally to ensure palatability. (The Latin derivation of the word “salad” is “*sal*,” and refers to salted vegetables.) A reduced dietary salt intake may discourage consumption of salads and vegetables, particularly among children.⁴⁵ In the UK, where salt has been removed from many school lunches, students avoid their vegetables until they get home. Writing in the UK *Telegraph*, journalist Paul Eastham complained that, since the school ban on salt shakers, his daughter stopped eating vegetables, because they are so bland.

“All the goodness they promise to de-

liver remains untouched on the plate—a complete waste of nutrients, health potential and money—all because they remain unpalatable.... My daughter might not touch the 'bland' vegetables at school, but at home—where she is allowed to use salt—she clears her plate.”⁴⁶

We appear to be at a crossroads in the salt-health debate. The decades-long impasse regarding the merits of population-wide salt reduction can only be resolved with conclusive research—not to delay the implementation of public health policies but to substantiate them before they are imposed on the public. The study that would best serve the needs of consumers and public health agencies alike would be a large-scale, long-term, randomized, controlled trial on the impact of reduced salt intakes on a suite of agreed health outcomes—not surrogate measures. Considering the food industry's current focus and expenditures on salt reduction efforts, it is in its interest to financially support such a trial, if only to confirm the importance of their ongoing salt reduction efforts. 

Morton Satin (Rockville, MD) is currently the director of technical and regulatory affairs at the Salt Institute. He recently retired as the director of the United Nations Food and Agriculture Organization's Global Agribusiness Program. A molecular biologist, he is the author of Death in the Pot: The Impact of Food Poisoning on History.

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The decades-long impasse regarding the merits of population-wide salt reduction can only be resolved with conclusive research.

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WAPF on the WEB

WEBSITE: Our new website design is launched, and the online ordering page is working! You can now join, renew, donate and order materials online. We have many new videos on the site. Please take a look!

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A Dietitian's Experience

IN A CHILDREN'S PSYCHIATRIC HOSPITAL

By Kim Rodriguez, MS, RD, LD

The number of children's psychiatric hospitals in the U.S. is growing (www.ushospital.info). I am the clinical dietitian of a children's psychiatric hospital in Georgia. This hospital treats eighty children and is always full with a waiting list for admission. Approximately 86 percent of admissions are boys; 92 percent are African-American, and 65 percent are re-admissions. Medicare and Medicaid pay for all admissions.

DIAGNOSIS AND TREATMENT

The hospital provides psychiatric and mental health treatment for mood, behavior and anxiety disorders for children and adolescents between the ages of nine and seventeen. Some of the children have committed crimes and are too young to be imprisoned. Most are diagnosed with "conduct disorder," which means that their parents are unable to manage them. Other children have disorders manifested from family neglect and abuse. At times the hospital seeks to place children in a group or foster home following therapy.

Other psychiatric diagnoses might include anxiety, ADHD, mental retardation, chronic fatigue, substance abuse and self-mutilation. Medical diagnoses include diabetes, hypertension, and hyperlipidemia (high cholesterol and/or triglycerides). Most children present with multiple diagnoses.

My job responsibility at this facility is to complete an initial assessment of each patient, addressing special diet orders written by the physician. I evaluate blood levels, if test reports are available, for vitamin deficiency. I am expected to recommend lowfat diet protocols for hyperlipidemia and monitor weight trend during the hospitalization. I feel that the true reason a dietitian is employed at most facilities is to meet state guidelines for reimbursement rather than to

implement genuine nutritional therapy for these children.

If a diet instruction is performed, it must be ordered by the physician. Only one diet instruction has been requested in my three years of working at this facility, despite the fact that most of the children eat horribly and many are morbidly obese. That single diet instruction had been ordered for a lowfat, low-cholesterol diet to "lower cholesterol" in a thirteen-year-old patient taking a statin drug.

Most physicians believe that diet changes are not important, especially if the patient returns to a home environment where the family cannot provide proper foods because of financial strictures or other reasons. The hospital's treatment plan is wholly based upon, and reliant upon, pharmaceutical intervention. Changing dietary habits is not, and never was, a part of the treatment plan.

Based on an actual patient, a typical diagnosis and treatment plan for a sixteen-year-old African-American male might look like this:

DIAGNOSIS:

Bipolar
ADHD
Mild mental retardation (low IQ)
Oppositional/defiant behavior
Depression: two past suicide attempts
Hypertension
Hyperlipidemia
Morbid obesity:
Height: 64 inches,
Weight: 242 pounds
Body mass index: 41

TREATMENT:

Lipitor – high cholesterol
Clonidine – blood pressure, ADHD
Lithium – bipolar, depression

Most physicians believe that diet changes are not important, especially if the patient returns to a home where the family cannot provide proper foods.

Metformin is
the diabetes
drug I often
think of when
I think of
nutrient
depletion.

Seroquel – bipolar
Metformin – to control the increased
appetite caused by Seroquel
Social Services – (social worker)

A diet instruction for this patient was not requested. The patient's diet history is poor, consisting mostly of refined foods and sugars. The patient does not drink milk and receives little sunshine. No blood nutritional levels were drawn. No vitamin or mineral therapy is in place.

A HOLISTIC APPROACH

The patient discussed above is taking Seroquel, a frequently prescribed psychotropic medication. A side effect of this medication is increased appetite and weight gain. The patient was later prescribed Metformin to suppress the increased appetite caused by the Seroquel. This medication, usually used to control blood glucose in diabetics, is often prescribed to control appetite in adolescents.^{1,2}

Metformin is the diabetes drug I often think of when I think of nutrient depletion. Metformin is thought to decrease the absorption of vitamin B₁₂ by lowering intrinsic factor in the gut—which is necessary for the absorption of this vitamin—or possibly through other mechanisms.^{3,4} Reduced B₁₂ serum levels occur in up to 30 percent of those individuals who take Metformin chronically. Those with a higher risk of developing the deficiency include this group of adolescent patients, whose diet is poor and whose vitamin B₁₂ intake is most likely inadequate.² At B₁₂ levels only slightly lower than normal for a very short period of time, a range of symptoms such as poor memory, fatigue, and depression may be experienced.⁵

A holistic medical approach would treat the “source” of this patient's disorders, which might include nutritional deficiency. It would be appropriate in this case to evaluate B₁₂ blood levels, especially since the child presents with two of the symptoms typically caused by B₁₂ deficiency. If B₁₂ was found to be low, analyze B₁₂ intake as well as the patient's ability to absorb B₁₂ and then suggest vitamin supplementation if he was unable to meet his increased B₁₂ requirements through diet alone.

Vitamin D levels should also be evaluated,

given the fact that this patient does not drink milk and spends most of his days indoors, along with a diagnosis which many studies link to low vitamin D levels.^{6,7} In my three years of working at this hospital I have never seen a patient's vitamin D or B₁₂ levels tested or nutritional supplementation initiated.

A healthy diet program of whole, unrefined foods that work within the family budget should be initiated. The entire family should be involved in this new nutritional plan.

This approach should not devalue the benefit accomplished by pharmaceutical intervention, which is often necessary. Pharmaceutical therapy to suppress symptoms in combination with healing modalities such as nutritional therapy would be the ideal approach.

THE REALITY

The prospect of treating psychiatric conditions nutritionally with or without pharmaceutical intervention is promising and researched, but rarely implemented in practice. I think nutritional therapy is not part of the treatment plan nor is it sought because the physician conducts the treatment plan and is not aware of or does not understand a nutrition-based therapy approach.

Unless physicians have studied outside the parameters of the pharmaceutical industry presentation, they only understand how to treat a disease process pharmaceutically. A physician's education and continuing education (classes, seminars, workshops, books, articles, studies) are all conducted and presented via a pharmaceutical partner or investment partner who is financially involved and motivated within the industry.

Other physicians believe that a therapy must be firmly grounded in “proven” fact before utilized; an assurance only afforded by the pharmaceutical industry since research studies are expensive to conduct.

My greatest frustration is in observing how reluctant physicians are to give up “control” of the patient, never asking another practitioner's advice about a treatment they do not understand, even if the treatment is safe and has no ill side effects.

GOOD NEWS

These days I observe more pharmacists, nu-

tritionists, and researchers conducting evidence-based studies on the dangers and side effects of pharmaceutical therapy. “Natural Medicines Database” (www.naturaldatabasetherapeuticresearch.com) is a good reference, providing a list of medications that cause nutritional depletion, with corresponding backup studies. The site provides information on the medications' side effects as well as other herbal or homeopathic remedies that may be used alternatively. It lists evidence-based studies linked to the use of herbal and homeopathic remedies and encourages researchers to study and submit material.

I find it encouraging that this is a reference suggested by the Academy of Nutrition and Dietetics (American Dietetic Association)—Dietitians in Functional and Integrative Medicine practice group.

FOOD

On my first day of work at this hospital three years ago the administrator requested that I change the menu plan. After seeing the menu, I assumed he'd made the request because the menu contained so many refined foods and sugars. I later found it was because the patients were complaining about the food.

Here is what the menu plan looks like. It faithfully follows the guidelines of the Academy of Nutrition and Dietetics (American Dietetic Association):

Breakfast:

- Eggs
- Sausage/Bacon
- Toast/Biscuit/Muffin/Sweet Roll/Pop Tart/Pancakes
- Cold Cereal /Oatmeal
- Lowfat or Skim Milk
- Fruit Juice

Lunch/Dinner:

- Chicken Nuggets
- Pizza
- Hot Dogs/Hamburger
- Fried/ Baked Chicken
- Tacos
- Salad or Vegetable
- French Fries/Potatoes
- Roll/Bread

- Cake/Cookies
- Lowfat Ice Cream/Sherbert
- Canned/Fresh Fruit
- Lowfat or Skim Milk
- Fruit Punch/Lemon Lime Soda

Snacks:

- Pre-packaged crackers, cookies or chips
- Fruit juice/Fruit Punch/Lemon Lime Soda
- Lowfat or Skim milk

All menu items are frozen, pre-packaged or canned, with the exception of salads or some fruit which may be fresh.

I had big plans for changing this menu, hoping to meld WAPF principles into the guidelines of the Academy of Nutrition and Dietetics and teach the patients about dietary changes with classes.

The administrator asked me to first interview the patients to find out what they did not like about the food (the real reason he had consulted me) and what they would prefer instead. These are some of the patients' requests:

- Ranch dressing with everything—the lowfat type because it is sweeter
- Froot Loops and Cocoa Puffs cereals
- Chocolate milk
- Chicken wings with BBQ sauce dip
- Ketchup at every meal
- Coke or Pepsi
- Sugar substitute in the pink package
- Icing on cakes
- Coffee
- Red Bull energy drink

When these same patients were asked what they thought they should eat in order to be healthier their answers included:

- Cereal
- Oatmeal
- Ensure
- Energy bars
- Gatorade/Sports drinks
- Lowfat and nonfat foods

Virtually all of the children obtained their nutrition education from television commercials.

My greatest frustration is in observing a physician's reluctance to give up "control" of the patient, never asking another practitioner's advice about a treatment he does not understand.

We must end
the monopoly
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I approached the administrator with a proposal to provide healthier meals and snacks, consisting of less sugar and refined foods, and to start weekly nutrition classes for the patients. I let him know the cost of the meals would increase, as well as the cost for me to conduct the classes. I also informed him that this was not what the patients themselves had requested. My proposal was immediately vetoed, followed by an explanation that the hospital must contain costs.

A few months later I was asked to conduct nutrition classes for patients in order to meet state funding requirements. I found the instruction difficult, as I ended up directing the patients to avoid the very foods that were served.

CONCLUSION

Treatment success in the hospital setting looks only at superficial results. Outward appearance is not the inward reality. These children are not healing from disease at this hospital. The treatment is merely combating or masking symptoms via pharmaceutical intervention. To truly heal these children, physicians must willingly turn to practitioners with training outside of the pharmaceutical model in the treatment plan.

We must end the monopoly that the pharmaceutical and refined food industries hold on nutrition and health care. Until we do, we as a nation will only become sicker—at ever younger ages—while the current medical model of invasive and pharmaceutical interventions burgeons entirely out of control. ☺☺

Kim Rodriguez is a consultant dietitian who originally obtained her training from the world of allopathic medicine and the American Dietetic Association. After becoming ill with diabetes, obesity, severe chronic fatigue syndrome, and pharmaceuticals, she looked for methods of healing outside the offerings of mainstream medicine. For ten years she studied nutrition with naturopaths, chiropractors, acupuncturists, and other nutritionists, resolving her health problems with dietary improvements that included saturated fats and whole food supplements. She has since helped others do the same via a private nutrition practice. Kim hopes to see our health care system (Medicare/Medicaid) reimburse this type of nutrition therapy so that nursing homes, hospitals and rehabilitation facilities will adopt nurturing therapies to help patients truly heal. Kim is available for phone consultations for a \$50 fee. aikennutrition@bellsouth.net.

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IN MEMORIAM

The holistic health movement has lost a true crusader with the death of Jack Samuels, who helped educate us all about the dangers of MSG and fought valiently to have it properly labeled.

Jack Samuels, MSHA, was a graduate of Northwestern University where he received both a BA in biology and an MA in hospital administration. Following fifteen years as a hospital administrator, Mr. Samuels became an investment banker, providing investment banking services to the health care industry. He retired in 1995 because he found it impossible to avoid becoming ill from MSG when traveling to serve his clients. Mr. Samuels has lost consciousness on over thirty occasions from MSG. Mr. Samuels was founder and president of the Truth in Labeling Campaign (TLC). His wife Adrienne will be carrying on his work.

Homeopathy Journal

ANTS AND URINARY TRACT INFECTIONS
By Joette Calabrese, HMC, CCH, RSHom (NA)

I love ants. You know the kind. The big, crunchy ones called carpenter ants. “Eew!” you might think. But for homeowners, they’re actually useful creatures because they only feast on rotten wood. If carpenter ants have invaded your home, it’s because your wood is bad. The ants are merely symptoms that reflect an inner, structural weakness. This gives you information from which to act accordingly.

When we bought our home nearly thirty years ago, we were alarmed by the large numbers of carpenter ants that swarmed over the bedroom draperies and the living room furniture. They were strapping, full-sized specimens, looking as though they’d been raised on a steady diet of X-factor butter and cod liver oil.

Carpenter ants can destroy a house, so it was tempting to call an exterminator. But I resisted. I knew toxic pesticides were not only dangerous, but were also just a temporary and cheap quick fix. Because I had been an anti-pesticide activist in my youth, I knew the real problem was the rotting wood, not the ants. We needed to discover an alternative solution.

One morning, I sat on the floor to observe the ant goings-on. At first it seemed they were randomly scattered about, but after an hour or so I discerned a pattern of behavior as they entered the room and then vanished under the toeboard. It was evident that their ingress was somewhere near our bedroom window.

That weekend, my husband pried open the window sill with a crow bar. What was revealed was shocking. It looked like a National Geographic special on the colonization of African killer ants! Now it was obvious what needed to be done: 1) scoop out the nest (yuck); 2) gut out the soft wood, of which there was plenty; 3) gird the front of the house with fresh wood and a new stone foundation.

When the project was completed, our old home had a new side, stones that girded the foundation, fresh lumber, and not a single morsel

of unreliable wood. Now we could rest assured that the house would stand for another eighty years and not suffer the symptoms of ants, even though we never extinguished them.

ANTS WERE THE SYMPTOMS

Had we annihilated the ants with pesticides, we might indeed have purged that particular colony. But then we’d have been left with the same compromised wood, which would sooner or later attract others of their ilk to colonize anew. The ants were a symptom. The true cause of the problem was the decay.

Shortly after this incident, I ran into the previous owner of our home and asked if he had ever seen ants. “Of course,” he reported. “We saw them every spring and just had the exterminator spray around the house. They’d disappear for the rest of the year until we’d call him the following spring for the next show.” Unbeknownst to him and the exterminator, the ants had become a disproportionate symptom and had nearly eaten away the entire front of the house because the rotted wood had never been addressed.

This scenario is not unlike what happens in our bodies. If we recognize and know how to read symptoms, we can determine the appropriate call to action. Without knowing how to interpret indicators of danger, we’re lulled into accepting a quick, and perhaps ultimately costly fix.

ANTIBIOTICS AND PESTICIDES

Angela had been to her doctor, who confirmed what Angela already knew. Another urinary tract infection (UTI) was at hand and her doctor, yet again, prescribed antibiotics and a strong analgesic. This was the fourth recurrence that winter. The repetition of these infections had taken front stage in her life for the last five years. At first Angela believed that it was her faulty body that was the cause of the recurrences. She often felt that way after a visit to her doctor. An “anatomic abnormality” was the diagnosis last

If we recognize and know how to read symptoms, we can determine the appropriate call to action.

year. “Congenital reflux” had been another guess. But then if that was so, why didn’t she have these infections her entire life, instead of only in the last five years? The last diagnosis was that it was an *E. coli* infection in her urinary tract. “What?! I’ve been on antibiotics nearly all winter! Antibiotics are supposed to kill bacteria, aren’t they?”

Answers slowly revealed themselves when Angela did her homework and took the matter

into her own hands—a necessary step in gaining control of one’s health. She found studies that showed that UTIs commonly recur and coincide with previous antibiotics use. “That’s it!” she suddenly recalled. “This all began around five years ago when I had my wisdom teeth removed and took a round of antibiotics.” She concluded that the antibiotics were not relieving her present condition, but worsening it month by month, year after year. What she read next confirmed this: *E. coli* infections can actually be caused by the use of antibiotics. In other words, the drug was the agent of this contradictory effect and had worsened her overall condition.

SOME HOMEOPATHIC REMEDIES FOR URINARY TRACT INFECTIONS

SARSAPARILLA 30

This is one of the more important remedies to consider when a woman has a urinary tract infection with pain most concentrated at the end of urination. The urine flows in dribbles and sometimes she is unable to void completely unless standing. This remedy is useful for pain that burns, but pain may not be the most pressing symptom.

STAPHYSAGRIA 30

Here’s a remedy most chosen for women who frequently get cystitis after sexual activity. It represents the common ailment called “honeymoon cystitis.” This remedy also has a reputation for aiding women who suffer UTIs after being abused, either physically or emotionally, or have recently been embarrassed. So common is *Staphysagria* in this malady that it ought to be considered if no other remedy seems to fit the “picture” of the symptoms.

CANTHARIS 30

This remedy is most useful for those who have a strong sense of urgency, yet very little is voided on reaching the bathroom. The sufferer may be compelled to rush to the toilet and may even lose urine on the way. Sometimes there’s a sense of frenzied desperation that accompanies the infection and the pain may make this symptom worse. Oddly, the woman may find herself interested in sexual activity during the infection.

NUX VOMICA 30

This common remedy has a reputation for addressing UTIs when the woman has overindulged in stimulating foods such as alcohol, coffee, or foods that are of poor quality. It’s also useful for those who live a fast paced life or experience anxiety or frustration when ambition is impeded. Most important, *Nux vomica* is a remedy for abuse of drugs, whether they are over-the-counter, street, or prescribed. Over indulgence in alcohol can also set up a state that would require this remedy. People who need *Nux vomica* are often irritable and wake in the night at about 3-4 a.m. Sometimes a concomitant symptom is the need to have a bowel movement at the same time as the urine urgency. Chills often accompany the infection and the urgency can be extreme.

ACONITUM 30

I call this the remedy for “quick shock.” It’s useful anytime when there might be a shock to the system that has a sudden onset. Imagine a hot day of swimming in warm water and then hopping into a cold, air conditioned car while still wet. If a urinary tract infection ensues, you might immediately think of this remedy. A fright, such as after an accident, can also be a call for *Aconitum*. Burning before urination as well as a sense of pressure in the bladder will also point to this choice.

ARNICA MONTANA 30

This is the quintessential remedy for injuries, such as from child birth. Women who contract cystitis after the birth of a baby are often aided with a few days of this miracle remedy. One remarkable characteristic calling for the need of *Arnica* is an inability to empty the bladder, usually due to injury to the perineum. There may be some dribbling of urine as well.

PULSATILLA 30

This is the remedy of choice if the woman has urine leaking on coughing, laughing or sneezing. She’s often a soft, round and feminine-type and gets a bit weepy when she gets these infections. Nausea and other gastrointestinal symptoms may also be present, particularly from eating ice cream, or other rich, creamy foods. Urination may smart, but it’s not nearly as painful as in the picture of other remedies.

This time she decided to use the homeopathy I taught at a weekend seminar which she attended. For the first time she learned to appreciate symptoms as indicators. I had called them gifts. That's when she understood that her symptoms were a representation of what was occurring in her urinary tract, as well as of the way she was feeling in general.

HOW ANGELA CHOSE HER REMEDY

At first glance, Angela considered *Sarsaparilla* because of the pain that occurred at the end of urination. Yet she also recognized that her front stage symptom was anxiety. One of the more important aspects of choosing a homeopathic remedy is that when emotional aspects attend illness, they need to be given more weight in the case. That meant *Cantharis* came to the forefront because of her anxiety. This was particularly noteworthy because being anxious was unusual for her; normally her demeanor was calm. She had originally disregarded that symptom by chalking it up to the fact that she had had her customary coffee, not once, but twice daily for the last week or so.

But that information led her to consider another key remedy: *Nux vomica*. This was more fully confirmed since her sleep was peppered with wakefulness from about 3-5 a.m. for the past several months.

Yet Angela was nearly frantic. "I'm riddled with worry. It feels as though this could get really serious if I don't take the antibiotics, but I know it will only return again, perhaps worse, if I do take them. Will the remedies really work quickly, or will I have to wait a week? Maybe I should have something for this intense pain I feel on urinating." I assured her that when there's an infection, homeopathic medicines have a reputation for addressing the underlying issue. That meant that a first level of relief can be noticed within a day or so and often within hours.

Angela considered both *Nux vomica* and *Cantharis*. One indicator for *Nux vomica* was the fact that she was craving coffee and had been irritable as well as wakeful for the last few nights. Coupled with her firm belief that antibiotics had caused a deepening of her pathology, *Nux vomica* again seemed the likely first choice.

Angela made the decision to begin with *Nux*

vomica 30 every two hours for up to five doses. This would be followed the next day by *Cantharis* 30, taken four to five times that day, and if there was still no improvement, she'd continue it for another day or so. She kept a journal to document her experience, complete with dates and dosing times.

THE OUTCOME

Angela was surprised and delighted with what happened next. Within a few hours of taking the third dose of *Nux vomica* she fell asleep for a three hour nap. This gave her a bit more calm and although the urethral pain remained, she wasn't quite as frightened by it. This is a good sign, since symptoms, particularly mental ones, represent the pathology. On taking *Cantharis* the next day, the pain was about half improved by late afternoon, and gone by bedtime. On the third day Angela returned to work. "My sleep was fully re-established, and it was then that I realized my urine had had an odor. Only after the remedies did I notice that odor was conspicuously absent for the first time in months...maybe even years."

It's been over three years now and Angela has not experienced another infection, not even one annoying, little twinge. The reaction to the remedies stimulated a deep, curative, and gentle conclusion to her chronic condition. A legitimately sturdy body that is able to resist infection is a hallmark of honest health. When we tap into the clues that symptoms provide to find the correct remedy, we must bow to the body's wisdom. How intelligent symptoms are! We love 'em. Just like those ants. ☺☺

Joette Calabrese, HMC, CCH, RSHom,(Na) is a homeopathic consultant and educator. There are at least 13 remedies associated with urinary tract infection. To view the entire list, go to www.HomeopathyWorks.net and click on: "Urinary Tract Infections: When to Do it Yourself and Finish the Job." For a download of her new, printer-friendly first aid chart, click "First Aid in a Pinch." Be sure to check out all the information on her upcoming system designed for those looking to raise their families without drugs. Just click on "Yearn to Learn." Joette also offers a fifteen-minute free consultation to see if homeopathy is the right strategy for you and your family. Telephone (716) 941-1045.

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All Thumbs Book Reviews



***Odd Bits: How to Cook the Rest of the Animal*
by Jennifer McLagan
Ten Speed Press, 2011**

The rediscovery of traditional foods may face no greater challenge than that of reacquainting people with the delectable nature of liver, kidneys, sweetbreads, brains and even testicles. Jennifer McLagan, after helping to resurrect cooking traditions with her earlier books, *Bones* and *Fat*, is up to the task with her newest volume, *Odd Bits*. It is a beautifully written compendium of history, nutrition, and a general “how to” of choosing, preparing and cooking all the parts of the animal that are rarely used today.

Ms. McLagan is the first to admit that what she has termed “odd bits” are not really odd at all. They are the common and sought-after foods of our grandparents and traditional peoples around the world, but they have become regrettably alien to most of us today. This oddness presents the chief obstacle to their use and enjoyment. Fermented foods, animal fats, bone broths, even raw dairy may be new to a person, but the industrial food system has always offered imitations of these foods. The modern versions taste familiar and we mostly know how to prepare dishes with them. But offal? Trotters? Tongues and tails? These commonly discarded parts of animals are largely unknown to the modern palate. And while many restaurant chefs are now reintroducing and highlighting organ meats, bone marrow, and even trotters in their menus again, so many of us are at a loss as to how to prepare these “odd bits” in our own kitchens.

For years now, I have hunted down old cookbooks that have “snout to tail” recipes, but these dishes are based on the once common knowledge of what organ meats are, how to select them, and the basics of preparation—knowledge that has gone missing today, and which makes the old recipes unnecessarily difficult to prepare. *Odd Bits* not only offers us these recipes, it also

provides much of the knowledge and skills we need to cook these forgotten foods again.

The book is divided into sections of animals: “Get a Head,” “At the Front,” “A True Snout-to-Tail Meal,” “Stuck in the Middle,” “The Back End,” and “Odd Stocks.” Information and recipes for blood, skin and fats are included. Within each section is a detailed consideration of all edible animal parts, which are, in short, everything, even eyeballs and entrails.

McLagan also presents less overtly odd cuts for the not-so-intrepid, such as neck, shoulder, breast (brisket), ribs and shanks. To give a more complete understanding of the nature of each particular cut, poultry, beef, pork, lamb and other food animals are considered together. McLagan details how to select meats astutely (what color to look for when buying lamb’s feet or pig’s ears); how to prepare meats before cooking (soak brains in salt water, blanch tripe, and remove the blood from marrow); and how to cook meats (heart benefits from either slow or fast cooking but not much in between). She also describes how to work with the flavor and consistency of each food, which is especially helpful for those of us who find tripe too chewy or kidney too strongly flavored. Even before looking at any of the recipes, one gets a working sense of how to cook these “odd bits” on our own.

An added highlight of the book is the incidental larding throughout of insightful quotes from other chefs and tidbits of gastronomical history, such as the raw meat culinary contributions of the Tatars, the history of traditional tripe dressers, artist Paul Klee’s lung ragoût recipe, and cultural stumbling blocks of translating foods mentioned in Tolstoy’s *War and Peace*. McLagan’s personal comments about cooking help one feel comfortable to try it all. For instance, she credits her local WAPF chapter leader, Patricia Meyer, for teaching her how to make a traditional sauerkraut, but also lets us know that her “husband is the sauerkraut expert

These are the common and sought after foods of our grandparents and traditional peoples around the world, but they have become alien to most of us today.

All Thumbs Book Reviews

Tending the Wild: Native American Knowledge and the Management of California's Natural Resources

by **M. Kat Anderson**

University of California Press, 2006

When the early European explorers and settlers came to California, they found a ravishing land, teeming with abundance. The hills, valleys and plains were filled with elk, deer, antelope, hare, rabbit and quail. Bear and mountain lion abounded. The sea shores were crowded with seal and otter. The skies were congested with birds, sometimes so thick they blocked out the sun. One observer noted that flocks of white geese covered an area of four square miles when they landed. The lakes and rivers were swarming with salmon, trout and other fish, their beds and banks covered with mussels, clams and other shellfish. Shrimp thronged the San Francisco bay!

Early observers were even more impressed with the profusion of California's varied flora. The forests yielded pine nuts and pine sugar; California's massive oaks produced prodigious amounts of acorns; the prairies and meadows were covered with wildflowers, many times of

just one species, creating a mass of color for hundreds of acres. Carefully tended mesquite trees yielded bushels of pods with just a few hours of gathering. Vast wetland regions yielded yampahs—an edible potato-like tuber. Even more amazing, the landscapes seemed magically clear of brush—oak trees grew in sprawling savannas. The Yosemite Valley was clear of undergrowth, so that you could see from one end of it to the other.

The Europeans assumed that they had discovered an untouched wilderness that just happened to resemble a garden, populated by “primitive” Indian tribes who profited from Nature's bounty simply by hunting and gathering. But in fact, California was not so much a wilderness as a true garden, a garden of beauty and abundance because it had been tended for thousands of years by wise guardians. For untold generations, the California Indians had shaped the landscape by pruning, coppicing, cultivating, transplanting, weeding, selecting cultivars—and above all by controlled burning.

Controlled burning served as the main tool for creating California's garden-like landscape. Through periodic burning, the Indians cleared



Odd Bits: Continued.

in the house” (which is my own domestic arrangement as well).

Her delicious recipes are easy to follow, but none are routine. Try “Spicy Indian-Style Liver” or “Bone Marrow and Mushroom Custard” and relish the exceptional flavors. Many recipes are simple enough for everyday cooking, such as “Heart Burgers,” “Deviled Kidney and Mushrooms,” and a number of stew dishes. Sadly, many of the once familiar ingredients she writes of are difficult to find and some are even banned for sale in stores here in the U.S., though they are still commonly available in Europe and around the world. (I have a particular hankering to make

some headcheese as soon I can find some brains!) But substitutions are offered with almost every recipe, so if we can't get beef cheeks we can use veal cheeks or oxtail.

It is a particular shame that what ancient peoples valued as sacred food is, in modern practice, trash—a waste problem on the slaughterhouse floor. McLagan does, of course, write of the reverence these foods were shown by traditional cultures and of the superior nutrition that they offer, although she doesn't go into as much detail as I would have liked. Still, *Odd Bits* more than succeeds as a cookbook. It is a comprehensive re-introduction to all the flavorful tastes we have been missing in our modern menus. Read *Odd Bits* and you will find your world has expanded as if seeing new colors. Prepare the recipes and discover new taste pleasures. Serve your children and loved ones this food and they will grow strong and healthy.

Review by Claudia Keel

All Thumbs Book Reviews

European explorers assumed that they had discovered an untouched wilderness that just happened to resemble a garden.

brush under trees and enlarged meadows and prairies. Burning broke down dry vegetation, returning nutrients to the soil—everything grew better after a burn, the Indians told the white man. Burning under the oak trees eliminated insects—without burning every year or two under the oaks, the acorns became infested with pests. Burning encouraged straight suckers to come up from bulrushes and small trees, supplying material for basket making. Burning encouraged certain useful species above others. Burning could be used to corral wildlife—masses of grasshoppers moving ahead of controlled burns, for example, provided nutritious and easily gathered morsels for the Indians. Above all, frequent small fires prevented the buildup of brush that could fuel the occasional catastrophic fire. Whereas controlled burning helped to preserve trees and encouraged them to grow, uncontrolled fire could wipe out forests and therefore the food supply.

Californian Indians were not alone in using fire to eliminate brush and encourage abundance—the practice is found in Africa and Australia, and it is safe to assume that it was universal among Paleolithic cultures. We are

therefore justified in proposing the theory that prairies with their rich soil and abundant grasses are as much an artifact of human fire practices as of ungulate disturbance—burning created a habitat for elk, antelope and buffalo, for clearing land to support vast herds that further kept brush at bay with the action of their hooves once man had created the open lands for them.

The Indians saw their role as guardians of Nature, agents for improving Nature's appearance and increasing her abundance; the plants and animals were their relatives, to be supported and cared for, just like human relatives. By contrast, the Europeans viewed Nature as something outside—unpredictable and often dangerous; Nature was there for exploitation or, in the case of naturalists like John Muir, to be left "pristine" and untouched. Interestingly, modern Indians often use the word "wilderness" as a negative label for land that humans have not taken care of for a long time, a land where dense understory shrubbery or thickets of young trees block visibility and movement. Indeed, this is exactly what happened in Yosemite Valley when the white man took over. The valley became filled

BEYOND BROCCOLI: CREATING A BIOLOGICALLY BALANCED DIET WHEN A VEGETARIAN DIET DOESN'T WORK

by Susan Schenk, LAc, Awakenings Publications, 2011

It was only in the last year that I began to have some idea of how many former vegans and vegetarians are now members of WAPF. Vegan diets can cause very adverse effects to brain function, among other body systems. Fortunately numerous vegans and vegetarians pay attention to the problems developing with their health and come to realize that WAPF has the solution to many of those problems. It is especially these individuals who have corrected their nutritional deficiencies and restored their health who can be most articulate when explaining why they are no longer vegans.

As one such astute former vegan, author Susan Schenk is personally familiar with the symptoms that tend to afflict vegans physically and mentally. She focuses in particular on the need for saturated fats, fat soluble vitamins, vitamin B₁₂, the fatty acid DHA, and numerous other nutrients that vegans aren't getting from their diet. She categorically debunks all of the most popular myths surrounding veganism—such as the myth that we aren't adapted to eat meat, the myth that lowfat and low-cholesterol diets are more healthful, and the widely believed myth that vegans contract less cancer and have a lower incidence of obesity than non-vegans.

Writing the iconoclastic *Beyond Broccoli* took some courage and character since Schenk had previously written a bestseller extolling the raw vegan lifestyle. Having been something of a leader among vegans, she had connections with other leaders. Many of them have privately admitted they had to cheat. The diet didn't work for them either.

All Thumbs Book Reviews

with brush and the beautiful vistas through the oak trees disappeared. The Indians believed that a hands-off approach to nature—above all the prohibition on controlled burning—promoted wild and rank landscapes that were inhospitable to life. “The white man sure ruined this country,” said James Rust, a Southern Sierra Miwok elder. “It’s turned back to wilderness.”

Author M. Kat Anderson dispels many myths about Paleolithic peoples, not only the myth that these people merely gathered food, but also the myth that Stone Age cultures did not consume many carbohydrate-rich plant foods. Yampahs and other tubers were mainstays of the Indian diet; easy to store, they were cooked in oven pits to accompany fish and game. And a most interesting revelation in *Tending the Wild* is the widespread use of grain in the California Indian diet. Wild rye, wheat and oats grew in abundance in California’s fire-managed prairies. Grass seeds were gathered with wicker seed beaters into large baskets—so abundant were wild grains in some places that many bushels could be gathered within hours. The grains were winnowed and sifted with special baskets, ground

on flat rocks, roasted and made into gruels and cakes. The seeds of wild flowers were also gathered and consumed as staples, particularly the chia seed. Gathering methods always dispersed some seeds, enlarging the area of cultivation and increasing yield over the years. It’s a myth that the so-called Paleolithic diet contained no grains.

Tending the Wild is to native agricultural ways what *Nutrition and Physical Degeneration* is to native foodways. Anderson comes as a missionary from the primitive peoples to teach contemporary man their wise methods of tending the plant world, just as Price came as a missionary from the primitive peoples to teach us their vital knowledge about healthy diets. Fortunately, a few people are listening. Some of the national parks are now working with native Californians to re-establish programs of controlled burning, seed selection, tuber cultivation and other methods that once made California so abundant and beautiful.

Review by Sally Fallon Morell

It’s a myth that the so-called Paleolithic diet contained no grains.

If you have tried to sort through the twisted and conflicting science on any subject, you know how complicated that can be. Dr. Ancel Keys made the cover of *Time* magazine for his claim that a lowfat, low-cholesterol diet was the solution to heart disease. Years later he recanted, saying, “There’s no connection whatsoever between cholesterol in food and cholesterol in the blood. None. And we’ve known that all along.”

The China Study is another favorite of vegans. Schenck bases much of her criticism of the study on the excellent analyses done by Chris Masterjohn and Denise Minger, revealing its obvious flaws. Study author Campbell concluded that his best advice was to eliminate all animal products from the diet. Yet there were no Chinese vegans in his study and the Chinese themselves consider certain animal products to be superfoods. How did he scientifically reach his conclusions? Animal studies in which test rats were fed too much fractionated casein led Campbell to the conclusion that all animal protein is carcinogenic. When you look at what the Chinese really eat you see that they eat much more animal protein than *The China Study* would have us believe. Further, other studies carried out in China show that heart disease is much lower in regions with the highest milk consumption.

Schenck is more in favor of raw food than perhaps Weston Price might have been but if you want to go totally raw she recognizes the importance of animal foods in such a diet. She does a much better job of understanding the science than conventional medicine does. I like the cartoon at the end of *Beyond Broccoli* with a doctor talking to his patient. He says, “The high-carb diet I put you on twenty years ago gave you diabetes, high blood pressure, and heart disease. Oops!” The thumb is UP.

Review by Tim Boyd

All Thumbs Book Reviews



The Happiness Diet: A Nutritional Prescription for a Sharp Brain, Balanced Mood, and Lean, Energized Body
by Tyler Graham and Drew Ramsey, MD
Rodale Books, 2011

Scattered throughout this book are the top hundred reasons to avoid processed foods. And that is the short list. Reason number one points out that castoreum, which is used as a flavor enhancer in puddings, candies, and some frozen dairy desserts, comes from beaver anal glands. I think I'll pass on dessert. Reason number thirty-nine reports that eight ounces of packaged macaroni are permitted by law to contain four and one-half rodent hairs. Who comes up with this stuff? Not three hairs, or five, or even four, but four and one-half. Do inspectors actually count hairs in macaroni? What if the hair is not from a rodent? Are all rodent hairs the same length? If not, how do you know whether you are looking at a third of a hair or two thirds of a hair? Never mind; I digress.

There is some interesting history in this book. Dr. John Pemberton was injured in the American Civil War and became addicted to morphine. He developed an elixir to cure his addiction and called it Pemberton's French Wine of Coca, made from Bordeaux wine and extracts of coca leaf and kola nut. When Atlanta outlawed alcohol, he replaced the wine with sugar water and called the concoction Coca Cola. In 1915 it came in a six-ounce bottle. Now we have a portion size called "Big Gulp" in which you can almost swim. These changes to the kinds of foods (I use that term loosely) available have a lot to do with the reason why mental depression is at an all-time high in the U.S.

We get more history in the following pages on the development of Crisco and how the essential nutrient called cholesterol came to be framed as public health enemy number one. Then there is the story of pesticides being developed from

the toxic by-products of the oil industry. One of the first was produced by John D. Rockefeller's Standard Oil Company and was called Flit. The illustrator for the Flit ad campaign was Theodor Geisel. He achieved greater fame later when he wrote children's books like *Green Eggs and Ham* under the name of Dr. Seuss.

It makes perfect sense that inundation with fake foods and toxic chemicals would have a detrimental effect on mental health. So what advice do Graham and Ramsey have? They recommend eating foods with key nutrients that promote good mental health, including vitamin B₁₂, vitamin A, vitamin D, minerals, cholesterol and fats. I think they're on to something. They do a good job of explaining why vitamin B₁₂, cholesterol and saturated fat are particularly essential, and recommend getting all these nutrients from real food, not pills.

The importance of animal fat is emphasized in more than one section in this book. Good fats found in whole milk, butter, eggs, and meat are promoted repeatedly. If you want any serotonin (the "feel-good" hormone) in your brain, you want cholesterol. Today the average American suffers the double whammy of toxic food-like substances in the commercial food stream along with aggressive propaganda to scare us off all the good brain foods. Actually there are other whammies, but don't get me started.

There is a good chapter on decoding food packaging labels. The label "natural" has no real meaning in the food industry. Our authors properly point out that you even have to be wary of the "organic" label. *Trans* fats are still alive and well in processed foods everywhere, and in some cases are being replaced with interesterified fats, which are probably as bad. After sections on meal plans and recipes there is a bonus chapter on the top hundred reasons to avoid supplements which is worth a look. That is followed by an appendix defining the various kinds of fats. All of this adds up to a thumbs UP. Review by Tim Boyd

It makes perfect sense that inundation with fake foods and toxic chemicals would have a detrimental effect on mental health.

All Thumbs Book Reviews

The Polluters: The Making of Our Chemically Altered Environment
by Benjamin Ross and Steven Amter
Oxford University Press, 2010

According to an industry spokesman, "Pollution is the price of progress. . . . Waste disposal is a legitimate use of water. Water pollution would not be feared if the public did not expect too much. Our air cannot everywhere be clear and clean."

The exhaustively researched book from which this quote is taken is a saga of American government at its best and at its worst. The authors identify early environmental incidents and follow the emergence of environmental standards and regulations. State water pollution control efforts initiated in 1888 moved to Congress in 1890, after urban typhoid epidemics in Massachusetts and New York were linked to sewage discharge. The authors then trace how it became possible to put profit before people in this country. Written in clear and engaging prose, the often disillusioning chronology of events explains how businesses have capitalized profits, socialized risks and destroyed the Commons.

Chemical manufacturing factories have a history of waste disposal problems and a resistance to spending the amount of money needed to protect workers and communities. Industries have successfully pursued "spill, study, and stall" tactics that controlled the studies and thwarted meaningful state and federal regulations. Technology created the problem and technology would eventually solve the problem, the public was told after each environmental disaster.

Every sentence in this comprehensive empirical investigation matters. Gripping details untangle and elucidate case studies of "how business influences government when politics, pollution, and science merge." Illustrations of how industries manipulated weak state and local pollution controls demonstrate the need for

strong federal standards. In an economic race to the bottom, companies played one state against another by threatening to move jobs to "business-friendly" states with low wages and anti-union, right-to-work laws devoid of environmental and workplace safety provisions. Companies moved factories from the Midwest to states such as North Carolina.

These strategies are still part of current congressional policies. An even more intense race to the bottom later moved the North Carolina factories to maquiladoras in Mexico, El Salvador, Southeast Asia, and China after Congress lowered or removed tariffs on imports. These tariffs had protected some American markets and jobs. Congress then inserted an Internal Revenue code that continues to reward businesses for moving jobs offshore. The U.S. Agency for International Development often assisted American companies by negotiating a "business-friendly" environment in those countries. (Former U.S. Senator Byron Dorgan [D-ND] details many of these policies and their dire impact on American workers and local economies in his book *Take This Job and Ship It: How Corporate Greed and Brain-Dead Politics are Selling Out America*.)

The lesson from the dinosaurs alluded to in this book really resonates amidst widespread environmental devastation and contamination. "The dinosaurs were a dominant species that failed to meet a challenge." The challenge today is how to reverse this historical trend of corporate influence and harm.

Review by Alyce Ortuzar



JOURNAL NOW AVAILABLE AS DIGITAL TALKING BOOK
FOR THE VISUALLY IMPAIRED

We now have our journal converted into an audio format available for the visually impaired. Special software is required for this, such as Dolphin Easy Reader. Go to the JOURNALS tab on our homepage. Starting with Fall 2011, click the journal you are interested in. Please tell others!

Many thanks to Amy Adams of ePubUSA.com for this service!

Tim's DVD Reviews

Overruled: Government Invasion of Your Parental Rights

Written and produced by Tiana Wiles
parentalrights.org

Parents in America historically have had the right to rear their children as they see fit and most assume that right to be inviolable. However these parents will be shocked to learn how that right is being steadily eroded by federal and state governments and courts today.

A medical case in Nashville provides the first example in Wiles's video. Parents take their sick child to the doctor who runs tests to determine the problem. The tests are inconclusive and the doctor recommends drug tests. The parents authorize the drug tests. They pay for the tests. But the doctor won't give them the results unless their child gives permission first. The doctor says he has no choice. That is federal law.

In Massachusetts a kindergartener came home with a book from school called *My Two Dads*. The child's parents did not wish to have sex education of any kind imposed on their child at that age and met with the school principal to make that clear. The child's father ended up under arrest and lost the court case that followed.

In Washington, the nanny state, the state court decided that forcing a child to go to church three times a week was excessive and ruled that his parents could only force him to go to church once a week. Just how they decided what level of church exposure was adequate is not explained.

The United Nations has adopted the Convention of the Rights of the Child (UNCRC) which has been ratified by all but a few countries. The United States has not officially ratified the treaty but many states have passed legislation compatible with it. In general, while it superficially sounds good to be concerned about the welfare of children, it gives priority to the child over the parents in deciding what is best for the child. One of the provisions specifies that children have the right to access any media they want to access.

They have a right to any magazine they want, no matter how inappropriate its content. They have a right to access any website they want. Sweden, where home schooling is not allowed, has ratified this treaty. The same is true for Holland, where sex education in public school starts at age four.

If you have been subjected to a low-cholesterol, lowfat, iodine-deficient diet, this trend might make sense to you. For those who have benefited from enough good nutrition to have a fully functioning brain, I probably don't have to belabor why this legal craze might be a bad idea. The future implications for overruling what parents can feed their children should also be obvious. Great strides are being made to make us all wards of the state and destroy the family. The thumb is UP for the film, not for the UNCRC. (As of December 2011, this video can be accessed for free at www.OverruledMovie.com)

Real Food Symposium 2011: The Skinny on "Real" Fats **Culture Club 101**

Culture Club 101 is a grassroots company inspired by the *Nourishing Traditions* cookbook which sponsors workshops, films, lectures and events such as this symposium on the theme of healthy food traditions. The main speakers were real foods activist David Barker; Rosann Volmert, DO; grass farmer John De Bruin; and Mark McAfee, of Organic Pastures Dairy. The second disk contains interviews with those speakers plus David Wetzel of Green Pasture Products and Joan Grinzi of Price-Pottenger Nutrition Foundation.

In this two-DVD set you get a good history of how corporate "science" works. The average malnourished American brain has a short attention span and short memory. Most people probably don't remember that back in 1962 the American Medical Association declared that the anti-fat, anti-cholesterol fad was not only foolish and futile but also carried some risk. In 1965 the

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Tim's DVD Reviews

American Heart Association accepted as fact that high vegetable oil intake led to high risk of heart disease. Yet by 1984 the experts were recommending margarine instead of butter.

Today, nobody in his right mind is recommending *trans* fat-laden margarine. There is no telling what version of the truth this kind of science will be promoting next year. The various "experts" can't even make up their minds what food is. In the 1970s laws were changed to allow various chemical concoctions to be called food.

Don't get me wrong. I like science. Good honest science is great. We just don't see much of that any more. We are busy playing video games, watching reality TV, or telling everybody on Facebook when we are brushing our teeth and going to bed. With all those important things to do, we don't have time to follow the money behind most published studies or sort out the conflicts of interest. We don't notice that salt, eggs and margarine are good or bad depending on what day of the week or month it is. We don't think about what it means when analysts state that "more study is needed." Actually it means two things. Number one: the conductors of the study want more money to waste on another inconclusive study. Number two: we don't know. "More study is needed" has become the standard appendage to almost every piece of research done these days. We all put our blind faith in the science of "we don't know." Corporate pseudo-science is constantly changing its mind but somehow each time we're sure they finally have it right, even when they say they don't know.

Later on we learn of the findings of more honest science. To the extent that cholesterol levels might be weakly correlated with a health problem, correlation does not prove causation. Large studies have been done and all have failed to prove cholesterol or saturated fat cause any health problem. Further, there is plenty of evidence that these nutrients are crucial for good health. Real science says nutrients like vitamin A and D, folic acid, niacin, CoQ₁₀ and L-carnitine

are good for you. The best, and sometimes only, sources of those nutrients are animal foods that fake science declares will kill you.

Disk one wraps up with talks from two farmers. The first is John De Bruin, an aerospace engineer who became a farmer and a cowboy. He follows the Polyface Farms model put forward by Joel Salatin. They both set up their farms to encourage the cow-ness of the cow and the chicken-ness of the chicken. Mark McAfee is well-known to most of our readers. He started Organic Pastures, the largest raw milk dairy in the U.S. Mark is always well-prepared to defend raw milk. One example is a Cornell University study looking at illness and death by dairy products from 1973 to 2010. During that time 422,000 became ill from pasteurized dairy (over 11,400 per year) and seventeen died. Over that same time period, 1,100 (twenty-nine per year) were sickened by raw milk and zero died. So what do I think of all this? I'll give you a hint. My thumb is UP.

Wise Traditions London 2011

Weston A. Price Foundation London

One of the themes at this recent WAPF conference abroad is summed up by at least two of the conference speakers who cited a version of the familiar H.L. Mencken quip: "For every complex problem there is an answer that is clear, simple and wrong."

Dr. Malcolm Kendrick spoke on the importance of how you eat, not just what you eat. Apparently Scots, who suffer high rates of heart disease, wolf their food down as fast as humanly possible. The French, on the other hand, who are notorious for their low rates of heart disease, take their jolly time. There is a lot of reason to believe that eating while rushed or stressed will interfere with digestion and good health. While this may seem like a no-brainer to many, not much study has been done in this area.

During his presentation, Dr. Kendrick exam-

The various experts can't even make up their minds what food is.

Tim's DVD Reviews

ined a number of studies and the associated data full of mumbo-jumbo and pretty much came to the conclusion, "What's the bloody point?" The studies made about as much sense as a lowfat cigarette. He is quite entertaining and I have to admit his British accent makes it that much more enjoyable for me. Years ago I overheard the response of a proper English gentleman when an American waitress told him she loved his accent. He told her he had a language, *she* had an accent.


Zoe Harcombe's presentation was based on the excellent information in her book *The Obesity Epidemic*. (You can find the thumbs up review at <http://www.westonaprice.org/thumbs-up-reviews/the-obesity-epidemic-by-zoe-harcombe>.) She throws a lot of math at her listeners, possibly straining those who are not human calculators, but her conclusions are clear and to the point. The experts at calorie counting can't do math. As the old saying goes, there are three kinds of people: those who can do the math, and those who can't.

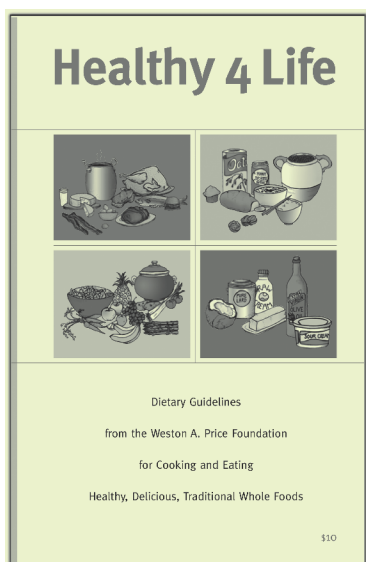
Dr. Natasha Campbell-McBride will be very familiar to those who have attended the stateside WAPF conferences. As we have come to expect, she does an excellent job of explaining the importance of properly balanced gut bacteria to good immune function and resistance to heavy

metals like mercury. She also explains in some detail why we should not fear the cholesterol bogey-man. Real science had solidly come to the same conclusions some time ago but corporate-controlled propaganda passing itself off as science is still in denial. She goes on to cover the real causes and solutions to heart disease.

Barry Groves, PhD, said he tried the calorie restriction approach to diet. He also has a sense of humor. With this diet he would lose weight, put it back on, lose weight, put it back on in an endless cycle, kind of like the rhythm method of birth control. One thing to understand is that all calories are not the same. Fat is a very important part of a healthy diet especially if you are diabetic. Of course, it must be the right kind of fat. Commercial cooking oil may be good for many things. You can modify cars to run on it. You can use it for lubrication, but whatever you do, don't eat the stuff.

A few Americans also invaded the islands to speak at the conference, including Kaayla Daniel, PhD, and Jerry Brunetti. Dr. Daniel, the Naughty Nutritionist, handed out plenty of politically incorrect advice. Jerry Brunetti spoke about cancer treatments that worked for him. He also pointed out the high correlation between cancer and emotional or psychological issues.

Graham Harvey is a British farmer who has learned much from Joel Salatin and is farming right. Contrary to the fallacious claim that industrial farming is necessary to feed the world, Harvey notes that acre for acre, small farms are actually more productive and it is small farms that continue to feed 70 percent of the world. It is very possible to go back to feeding 100 percent of the world this way. Not only is it possible, it would be a very good idea. The thumb is UP for this video set. 



HEALTHY 4 LIFE

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- Animal foods, including meat, dairy, seafood, and bone broths;
- Grains, legumes and nuts, properly prepared;
- Vegetables and fruits, including lacto-fermented products;
- Healthy fats and oils, including butter, lard, coconut oil and cod liver oil.

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Growing Wise Kids

SOUP-STENANCE

Recipes to Warm Your Soul

By Jen Allbritton, CN

Soup is the quintessential comfort food, maybe partly because it helps “worries go down better,” according to a Yiddish proverb. But best of all, soups are deeply nourishing. They are also a simple way to add numerous nutritive vegetables to the menu. Any season of the year is the perfect time to ladle out a mug of sweet butternut bisque, a hardy hamburger medley, or an elegant, yet simple, egg drop soup. And anyone can make a satisfying, slurpable soup-based meal using the following basic formula and a little know-how.

SOUP AND ALL THAT IMPLIES

Soups can be separated into two main groups: clear and thick. “Stew” is often used interchangeably with “soup,” with the main difference being soups contain more liquid and stews are chunkier. Thick soups are often further defined by the chosen thickening agent: purées are thickened with starch, bisques often use puréed vegetables and shellfish, and cream soups are often thickened with a roux (blend of a liquid, flour and butter), cream, rice, tubers, or grains.

HOMEMADE BONE BROTH BASE

Bone broths made from chicken, fish or beef bones are a staple of the traditional food way of life. The storehouse of nutrients liberated from bone and connective tissues accelerates overall healing and supports our own bones, as well as teeth, joints, digestion and immunity. Properly prepared broth contains a generous amount of a wide range of minerals, such as calcium, magnesium, phosphorus and silica. Think of it as the ultimate multi-mineral “supplement.” Since these naturally derived minerals are extracted from bone, they are in an ideal balance and easily utilized by the body.¹

Ramiel Nagel, author of the excellent book *Cure Tooth Decay*, asserts homemade broth is

one of the most potent medicines for reversing and preventing tooth decay and recommends one to two cups each day in his Balanced Tooth Decay and Remineralization Program.² And Nagel reminds us that Dr. Price himself prescribed daily beef or fish stews as part of his tooth decay control protocol.

Gelatin is another superstar found in this traditional tonic. Although not a complete protein itself, gelatin allows the body to more fully utilize proteins from other foods,^{3,4} which helps explain why gelatin-dense stocks are such a vital part of European kitchen traditions, like gravies, stews, and soups. Gelatin also has a solid reputation for calming an irritated digestive tract and aiding digestion,⁵ as well as relieving peptic ulcers, infections, and even helping overcome cancer.⁶ The amino acid glycine, found in gelatin, specifically improves digestion by enhancing gastric acid secretion.^{7,8} In fact, research published in 1982 in the *American Journal of Physiology* found that this substance promoted digestion by boosting the secretion of gastric juice, bringing the amount of hydrochloric acid in the stomach to normal levels.⁹ This is excellent news for those suffering from intestinal conditions, including indigestion. It is now understood that most often indigestion is actually a result of too little acid.¹⁰ Furthermore, the ability to secrete gastric acid naturally decreases with age, which is another reason why broth on the daily menu is a special boon to mature diners. Stomach acid is necessary for many functions, particularly digesting protein.¹¹ Adequate acidity of the stomach is also critical for the absorption of many nutrients, such as calcium, folic acid, B vitamins and magnesium.

Also rendered from cartilage and tendons are chondroitin sulphate and glucosamine, nutrients with a stellar reputation for soothing arthritis and joint pain. Consuming “bone soup” every day will help tremendously in the repair

Properly prepared bone broth is the ultimate multi-mineral "supplement."

and improvement of bone and tendon strength, skin, vessels, ligaments and cartilage.¹²

Finally, broth's cold-healing ability is no wives' tale. Dr. Stephen Rennard, a pulmonary specialist at the University of Nebraska Medical Center, found that chicken soup elicits an anti-inflammatory effect on the body—mainly due to the mineral-rich stock of its base. The viral bugs that cause a cold or flu stimulate formation of inflammatory compounds in the body, which are to blame for many, if not most, symptoms.¹³ As in many chicken soup recipes, Rennard's version calls for nutrient-rich ingredients like onions, carrots, celery, parsley, sweet potatoes, turnips, and more, which also release nutrients into the broth-base to make a power-packed punch of nutrition and cold-fighting potential.

Traditional foodies Amanda Rose and her mother Jeanie Rose, creators of the wonderful website www.traditional-foods.com, developed an easy, fuss-free continuous bone broth method using a crockpot. While the continuous part is unique, her success in producing twelve days of wiggly gelatin-rich broth from the same batch of bones is downright Nobel Prize worthy! Amanda documents her whole process on a YouTube video

available on her website. She found using beef feet (the cut of bone right above the hoof) makes batch after batch of gelatinous stock. Amanda simply strains the current stock from the crockpot, adds fresh water (and vegetables if desired) until she is tired of it or the bones have disintegrated.

Amanda has this to say about broth: "Bone broth is a food worthy of having in your kitchen all the time. To aid in your kitchen prep and your budget, consider keeping a crockpot dedicated to bone broth. You can have bones stewing all the time, adding vegetable scraps (and even new bones), as you have them. We often start with a fresh batch of bones and then take great care in using the first and second batches on special soups. The 'first run' broth will be the best and should be savored accordingly. As you get into your third batch and beyond, start using your broth to cook beans and rice. You will still get nutritional benefit from those bones, and the flavors in the beans and rice will help carry the dish. How many batches of great broth you get depends on the bones."¹⁵

Either use the time-saving continuous method or make a big enough batch every couple of weeks so you always have fresh, homemade stock in the fridge and/or freezer. Ideally, consume this traditional restorative daily; with every meal is even better, particularly if you are dealing with digestive complaints, joint troubles or dental concerns.

SWEAT YOUR AROMATICS

Aromatics are flavorful, fibrous vegetables such as onions, leeks, garlic, celery, peppers and carrots. Sweating means slowly cooking finely chopped vegetables over a low heat in fat (especially butter) before adding any liquid; this softens their fibers, releases their juices, and concentrates

BONE BROTH 101

The basics of broth making are quite simple. Always choose bones from humanely-treated, range-fed animals. To impart a richer flavor and color, first brown by roasting or sautéing the meaty bones from beef, buffalo and lamb on a heavy roasting pan in a hot oven at 350° or skillet on medium on the stovetop until nicely brown, but not burnt. Shin, shank, marrow, neck and oxtail have high amounts of connective tissue; knuckle bones are high in gelatin. You can skip this browning step, but you will sacrifice quite a bit of flavor.

In a big pot, cover your choice of bones, either chicken, duck, turkey, beef, buffalo, lamb, or fish, in cold filtered water with one to two tablespoons of apple cider vinegar per quart, which will help liberate the nutrients. If you have access to chicken feet, throw a few in, too; they are well-endowed with gelatin. I will often toss in some dried egg shells as well for added minerals. A good tip is to freeze the bones and cartilage left over from meals, such as roasted chicken or grilled fish, until you have enough for a batch of stock.

Leave your stock simple or add your choice of vegetables, such as carrot slices or tops, celery leaves, broccoli stalks, and onion (these can be saved and frozen until needed from previous meal leftovers and trimmings; it matters not if they are limp and wilted). Herbs, such as basil and thyme, go nicely in stock as well. Cover all with a few inches of filtered water. Slowly bring the water to a simmer and skim the scum that rises to the top. Allow everything to simmer (with a gentle, periodic bubbling) up to 24 hours (less for smaller bones). A good clue for doneness: the connective tissue is gone if the bone breaks easily.

Finally, strain, cool, and voilà—homemade, super-food stock! Use it right away, freeze the extra, or chill it in the fridge and remove the fat that congeals on the top (you can use chicken schmaltz or beef tallow for sautéing or give it to the dog or chickens). The fat is fine to keep in the stock; it just depends on your culinary taste. Keep your delicious elixir in the fridge for several days or freezer for several months.¹⁴ Making a reduction, by boiling away the water, will create a concentrated stock to save room in your freezer.

A good sign you got the desired bang from your bones is when your stock has a jello-like consistency once it cools in the fridge. However, if this thicker texture doesn't happen, don't worry; it is still nutrient-dense. Use your stock as is, or cook the broth down to allow some of the water to evaporate, which will increase the gelatin-to-water content.

their flavors. It is similar to sautéing, but the heat is lower and there is no browning or sizzling. This will create a richer tasting soup.

Cut your aromatics into small, uniform sized pieces, but not so small they begin to brown before being cooked all the way through. Add a pat of butter, splash of olive oil or ghee (maybe one tablespoon per two cups of vegetables), and a pinch of salt (to help the vegetables sweat). Remember, no sizzling or browning, which means the moisture is evaporating and the vegetables will caramelize, and some may develop a bitter taste. If this starts to occur, simply turn down the heat. Sweat your aromatics for about twenty minutes.

However, this is not a necessary step. All your vegetables can be simmered right in the broth and will make a perfectly fine soup. Sweating the aromatics will definitely give it a boost in flavor and richness, but do what works best for you.

On the subject of cooking, let's talk equipment. You will need a large soup pot, preferably one made from a non-reactive material. (See the article "Mad as a Hatter" at www.westonaprice.org by Kaayla T. Daniel and Galen D. Knight for more on the subject of non-reactive cookware). I own several Le Creuset enamel-on-steel pots, the largest for making stock and several smaller sizes for making big batches of satisfying and soul-soothing soup. Heavier, thicker bottomed pots are ideal for soup-making. Smaller pots are fine for experimenting with recipes, but when you are cooking soups, because they freeze so well, it is a shame not to make a large enough batch for a number of meals.

ADD THE REST

After cooking your aromatics, add longer-cooking vegetables (tubers, winter squash, roots, broccoli, etc.), raise the stove top up to medium and cook, stirring occasionally, for four to six minutes. Now is the time to add your homemade, healing bone broth. Increase the temperature so your concoction reaches a simmer. Once simmering, add the more quickly cooking vegetables (summer squash, greens, tomatoes, corn, etc.). Lower the heat, cover with a lid and simmer for the needed time. Stop cooking when all the vegetables are fork tender but not yet falling apart.

Sautéing vegetables before adding your from-scratch stock-base will infuse your soup with a richer flavor, but it is certainly fine to cook them right in your stock. Frozen vegetables are also quick and easy to toss into a stock-base in the last minutes of cooking, especially if you are going to purée your soup. Add the final seasonings and *done!*

Legumes, lentils and meats all work for an endless array of yummy-to-your-tummy soups. Soups also offer a perfect way of making use of those otherwise-wouldn't-be-used ingredients. Depending on your soup, legumes and lentils can be either pre-cooked or pre-soaked and added into a long-simmering recipe (see the informative piece, "Putting the Polish on Those Humble Beans" by Katherine Czapp at www.westonaprice.org for maximizing the digestion of beans). Canned (with non-plastic lining) beans work nicely too. Meats are typically pre-cooked, but can be cooked right in the broth depending on your soup and the meat.

Consuming
"bone soup"
every day
will help
tremendously
in the
repair and
improvement
of bone
and tendon
strength,
skin, vessels,
ligaments and
cartilage.

SOME SOUPY TIPS

- Avoid boiling soup; it will make your ingredients mushy. Keep it at a nice rippling simmer between low and medium heat to promote more flavorful soup.
- Add fresh herbs at the end of cooking; they lose their flavor with long cooking. Dried herbs work well in soups and hold their flavor better than fresh during longer cooking times.
- Most soups are even better the next day! The flavors have had more time to intermingle and harmonize. Seafood soups are the one exception to this rule.
- One teaspoon of sugar mellows the acidity of tomato soup.
- The sharpness of vinegar and lemon juice will lose impact when cooked for a long time, so add these at the end of the cooking process.
- Cream is less likely than milk to curdle and separate, and should be added into each warm, not overly hot, individual bowl.
- Lighter soups are easily bulked up with beans, grains and lentils.
- Soup is completely portable: rinse out a thermos with boiling water, pour in your soup and seal.

THREE PURÉED SOUPS

BUTTERNUT TOMATO SOUP

6 tablespoons butter
2 large onions, coarsely chopped
2 celery sticks, coarsely chopped
Two 28-ounce cans of diced or chopped tomatoes, or an equivalent amount of fresh or frozen tomatoes
1 medium-sized butternut squash, peeled, deseeded and diced
1 1/4 cup stock or water
4 ounces raw cream or whole milk
1/2 cup grated Parmesan cheese
2 fresh or frozen orange peppers, chopped
Salt to taste

Melt the butter in a large saucepan over medium heat. Cook the onions and celery for 5 minutes, stirring occasionally, until starting to soften. Stir in the tomatoes, squash and stock and bring to a boil. Turn down the heat and simmer for 30-35 minutes, until the squash is tender. Allow the soup to cool and use an emersion blender to purée until smooth. Gently reheat, stirring in the cream and grated cheese until just simmering. Remove from heat and season to taste.

RED PEPPER SOUP

2-3 tablespoons stable cooking fat (coconut, ghee, chicken schmaltz)
2 red bell peppers, diced
1 small onion, diced
1 clove garlic, minced
1 large potato, diced
1 celery spear, chopped
1 carrot, diced
1 inch fresh ginger, peeled/minced
2 cups chicken stock, plus water if desired
1/2 bunch fresh cilantro, stems removed and chopped fine
1/2 teaspoon each of fennel seed and cumin
1/4 teaspoon each of turmeric and cayenne
juice of 1/2 fresh lime
salt/pepper to taste
plain yogurt for topping

Heat fat in a large pot. Add onions and sauté until soft. Stir in fennel, turmeric, cumin and cayenne. Add all the vegetables (including ginger) and sauté for 3-5 minutes to start the vegetables cooking. Add the chicken stock, cover and let simmer until vegetables are soft. Remove from heat, add lime juice, and purée with an emersion blender (or in blender in small batches). If necessary, add water in spoonfuls to thin. Add salt and pepper to taste. Top with a dollop of yogurt and sprinkle with chopped cilantro. Recipe created by Dianne Koehler, nutritionist and WAPF chapter leader.

QUICK (NO TIME TO SWEAT) CREAMY BROCCOLI SOUP

6 cups chicken stock
1 onion, chopped
6 stalks broccoli
1 teaspoon salt
1 teaspoon pepper
1 teaspoon Herbamare (seasoned sea salt)
1 cup shredded Parmesan cheese
1 cup shredded cheddar cheese or another favorite
1 whole sweet potato

Simmer all ingredients except cheese until the vegetables are soft (around 30 minutes, until potato is fork tender). Use an emersion blender to purée and then stir in the cheese (or use blended cashews for a different taste or for dairy-free).

BE DARING

It is hard to mess up a pot of soup. Play around with different flavors and textures and don't forget to throw in some color, too! A little sweetness also makes soups more kid-appealing, so favor carrots, butternut squash or sweet potatoes when cooking with or for the little people in your life. Ferments go extremely well with soups—especially miso and the juice from fermented vegetables. Just don't boil away their probiotic goodness; instead, add them into the bowl when the soup is not too hot for your finger. Also remember the traditional-food standby: fat! Don't be shy with nourishing fats—toss in a good heap of butter, coconut milk, meat drippings or coconut oil.

In *Nourishing Traditions*, Sally Fallon Morell explains, “Most traditional soup recipes call for the addition of cultured cream in this way—to the slightly cooled soup in the bowl rather than in the pot. Here is another example of folk wisdom serving as a guide to healthy eating. Remember, if you can touch the soup with your finger and not be burned, the enzymes will survive. Do not hesitate to add cultured cream to your soup for fear of eating too much fat. It supplies not only enzymes but also valuable fat-soluble vitamins. These fat-soluble vitamins are what your body needs to utilize the minerals in the soup. Furthermore, cultured cream imparts a smooth texture and delicious taste, ensuring that your soup will be eaten with relish by young and old.”¹⁶

Here is an off-the-cuff example from my own kitchen. After a family dinner, we had about a cup of sirloin steak left over. The next day for lunch I sweated some onions and carrots in a dab of ghee, added turkey bone broth I had in the freezer, tossed in the chopped sirloin morsel, crumbled dulse (seaweed), a dash of Himalayan salt, and some cooked quinoa I had in the fridge. Simple and *so yummy!*

THE GRAND FINALE

Leave it chunky or purée? That is the question! Chunky, meaty soups are filling and satisfying, but puréed soups are an especially wonderful way to get a whole host of vegetables into your family. Thicken them up with winter squash, potatoes (cooked along with the soup or leftover mashed), mashed cauliflower, or even blended cashews. An emersion blender is a must-have in the kitchen for easily blending soup right in your pot. While a blender or food processor will work, they are not nearly as efficient and are a bit of a nuisance to clean besides.

Fallon Morell goes on to say, “We urge you to make homemade soups a standard of your repertoire. With a judicious choice of ingredients, they provide nourishing, easily assimilated fare for young and old. Soup is the perfect way to get vegetables into those members of your family who normally turn up their noses at green things, or who may have trouble digesting raw salads.”¹⁷

Soup is the ideal one-pot wonder-meal, for breakfast, lunch, dinner or even as a side dish to warm the cockles of your heart and soothe worries away. The creativity and flexibility of soups make them ideal for cooks of any level of experience to take on. Fill your family's tummies with delightful stock-based creations and watch your wellness soar! ☺☺

Jen Allbritton is a certified nutritionist and author. She lives with her family in Colorado and spends lots of time in her kitchen cooking up WAPF-friendly creations. Contact her if you'd like to learn more about subjects related to diet and children at jen@growingwisekids.com.

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Soy Alert!

WISE THYROID

By Kaayla T. Daniel, PhD, and Sylvia Onusic, PhD



Cristina Fernandez, the President of Argentina, had her thyroid removed in January of this year only to find out the gland wasn't cancerous after all. Although her supporters whooped with joy at this news, doctors can't put her thyroid back, and Fernandez will be on thyroid meds for life.¹ Were her doctors incompetent or did they act appropriately? As that debate continues to rage over the internet, the Fernandez case has also led to widespread discussion of why thyroid cancer incidence, especially among women, has dramatically increased over the last thirty years.

AN EPIDEMIC OF THYROID CANCER

According to the National Cancer Institute, the incidence of thyroid cancer has nearly doubled since the early 1970s. Thyroid cancer now affects about eleven people per hundred thousand in the United States. In January 2008, there were 458,403 Americans alive with a history of thyroid cancer of which 100,952 were men and 357,451 women. In 2011, 56,460 new cases of thyroid cancer were diagnosed and 1,740 people died of the disease.^{2,3}

Doctors do not know why the numbers of thyroid cancer cases are increasing though some blame increased overweight and obesity, radiation exposure, and diets low in fruits and vegetables.

RADIATION

Certainly exposure to radiation is a known risk factor for thyroid cancer.⁴ In 2009 epidemiologist Joseph Mangano, PhD, took data on thyroid cancer incidence from the Centers for Disease Control for the years 2001 to 2005, compared it with the proximity of nuclear power stations, and found that the counties with the highest thyroid cancer incidence were located close together in eastern Pennsylvania, New Jersey, and southern New York. He concluded, "Exposure to radioactive iodine emissions from

sixteen nuclear power reactors within a ninety-mile radius in this area...[is] likely a cause of rising incidence rates."⁵ Pennsylvania has the highest rate of thyroid cancer in the U.S.

In 2010 the Associated Press revealed that 75 percent of U.S. nuclear power plants leak radioactive materials into our air and water.⁶ And many of the one hundred four commercial nuclear power plants and thirty-four nuclear research stations now operating in the U.S. sit in seismically active locations, including at least four near the "high risk" San Francisco Bay area and three *within* the San Francisco Bay area itself.⁷ As might be expected, there is a high incidence of thyroid cancer in the San Francisco Bay area.

FRACKING

Radiation in ground water linked to hydraulic fracturing—or fracking—the process used to extract oil or natural gas deep in the earth—has also been linked to increasing rates of thyroid cancer. Fracking has also led to a 2,400 percent increase in earthquakes compared to the number of quakes that occurred in the years before fracking started in the U.S.^{9,10} Geologist Tracy Bank, speaking at the American Geological Society meeting in Denver last November, reported that fracking releases rock-bound uranium, posing a further radiation risk to our groundwater.¹¹

HORMONE HAVOC

Hormonal factors may also play a significant role, according to the National Cancer Institute. Although NCI arrived at this conclusion due to the preponderance of thyroid cancer cases in women under age forty-five, human estrogens should be regarded as just one piece of the hormonal picture. Xenoestrogens—estrogenic substances found in the diet and the environment—also play a role. Commonly found in plastics, pesticides, cosmetics, personal care

Why has the incidence of thyroid cancer, especially among women, dramatically increased over the last thirty years?

products, our water supply, factory-farmed meats and soy foods, xenoestrogens can be significant “endocrine disruptors” and interfere with the functioning of many systems in the body.¹²

While it’s human nature to try to single out one factor to blame, the causes of thyroid cancer most likely are many and synergistic. Exposure to radiation, mercury, fluoride,^{13,14} plastics, pesticides, dioxins, solvents, low iodine intake,¹⁵ and estrogens and estrogen mimickers found in commercial meats and produce, plastic and hormone replacement therapies have all been implicated. And so has soy.

SOY

Soy is widely marketed as a “health food” although soybeans naturally contain the phytoestrogens (plant estrogens) known as isoflavones. While not true hormones, isoflavones closely resemble estradiol (E2),¹⁶ the most potent of the three forms of estrogen found in the human body¹⁷ and the form of estrogen that has been implicated in thyroid cancer.¹⁸⁻²⁰ Soy isoflavones cause significant endocrine disruption both directly by binding with estrogen receptors, and indirectly by interfering with the body’s production of estrogen, testosterone and other hormones. The effects are felt throughout the body, especially the thyroid and reproductive system, and are well documented in chapters twenty-six and thirty of *The Whole Soy Story: The Dark Side of America’s Favorite Health Food*.²¹

The key isoflavones found in soy, genistein and daidzein, are potent inhibitors of thyroid peroxidase (TPO), an enzyme involved in the synthesis of the thyroid hormones T3 and T4. In vitro experiments carried out at the National Center for Toxicological Research in Jefferson, Arkansas, Rao L. Divi, PhD, and Daniel R. Doerge, PhD, showed soy isoflavones will inhibit TPO and interfere with a critical stage in thyroid hormone production—the iodination of the amino acid tyrosine. Although many people assume sufficient iodine will solve this problem, this interference occurs whether or not sufficient or extra iodine is present. As a result, the body produces useless mono-, di- and tri-iodoisoflavones and not mono, di and tri and quarto forms of thyroid hormone. In the human

body, this interference can cause a drop in thyroid hormone levels, an increase in thyroid stimulating hormone and stress on the thyroid gland. To put it bluntly, this is a prescription for thyroid trouble.^{22,23}

Drs. Divi and Doerge, top scientists with the National Center for Toxicological Research, pulled no punches in their conclusion: “The possible association between long-term inhibition of thyroid hormone synthesis (goiter) and induction of thyroid follicular cell hyperplasia and neoplasia underscores the significance of these findings.”^{24,25} Follicular cell hyperplasia is a precursor to thyroid tumors and neoplasia is an abnormal proliferation of cells and characteristic of cancer.

We also know soy products pose a special risk to hypothyroid patients treated with Synthroid and other thyroid drugs. According to Mike Fitzpatrick, PhD, boosting the thyroid with drugs like Synthroid, then depressing it with thyroid inhibitors like soy foods or isoflavone supplements, can put extreme stress on the thyroid. In fact, this is the classic way that researchers induce thyroid tumor in laboratory animals. The fact that soy is “natural” does not make it safe or weak. The phytoestrogens in a serving of soy food can provide up to three times the goitrogenic potency of the pharmaceutical thyroid-inhibiting drugs methimazole and 6-propylthiouracil.²⁶

Over the past seventy years, numerous studies have linked soy to thyroid disorders, especially hypothyroidism and the autoimmune thyroid disease Hashimoto’s thyroiditis. These studies are cited and discussed in detail in chapter twenty-seven of *The Whole Soy Story*.²⁷ Less evidence links soy to thyroid cancer, though so many studies proving stress on the thyroid would suggest clear and present danger. Soy proponents and industry spokespersons, however, prefer to assert that soy is protective, and the study cited most frequently is the Bay Area Thyroid Cancer Study.²⁸

THE BAY AREA THYROID CANCER STUDY

This study is described in three articles published by Pamela Horn-Ross, PhD, and colleagues, in the journal, *Cancer Epidemiology, Biomarkers and Prevention* (CEBP), in 2001 and

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2002.²⁹⁻³¹

In the 2002 CEBP study, Horn-Ross, Hoggatt and Lee attempted to determine how soy phytoestrogen intake relates to thyroid cancer once other factors such as age, race and other known risk factors were taken into account. In the results section they reported, “In general, a reduction in thyroid cancer risk of 35 percent to 55 percent was associated with increased consumption of non-fermented traditional and nontraditional soy-based foods and sprouts.”³²

An astonishing 35 to 55 percent reduction in risk with clear cause and effect certainly seems to support the idea of consuming soy—including modern industrial soy products—for thyroid cancer prevention. But what seems to be too good to be true is often just that. A long, hard look at the study—and not just at the headlines publicized by the soy industry—reveals serious flaws in design, methods, and analysis, including:

- This paper describes an observational, case-control, matched study. As J.M. Utts and R. Heckard write in their textbook, *Mind on Statistics*, “The most common mistake made in reporting research studies is to imply that a cause and effect relationship can be concluded from an observational study. With an observational study, it is difficult, perhaps impossible, to separate the effects of confounding variables from the effects of the main explanatory variables of interest.”³³
- The study was not a randomized, controlled trial, which is the gold standard for testing an intervention. Cases were not randomized to treatment groups but drawn from a cancer registry, which was a sample of convenience. As Utts and Heckard put it, “If the sample does not represent a larger population for the question of interest, and randomization to treatments was not used, no inferences can be drawn.”³⁴
- The data were analyzed using unconditional logistic regression. When the sample comes from matched pairs—as was the case in this study—conditional logistic regression is the appropriate test, not unconditional logistic regression. As summed up in the

Oxford Journal, “A simple rule of thumb is to use conditional logistic regression if matching has been done, and unconditional if no matching has been done. A second rule of thumb is, when in doubt always use conditional because it always gives unbiased results.”³⁵

- Because the study used unconditional logistic regression, the researchers did not include the matching information in the analysis.³⁶ This is most interesting in the light of research from the University Graduate School of Public Health in Kyoto, Japan, which examined 507 studies from 1991-2000 that used case control matched data sets.³⁷ Of these studies, conditional logistic regression was used in 90.5 percent, and unconditional logistic regression in only 9.5 percent of them. Yet Horn-Ross and colleagues chose to use the unconditional method.
- Unconditional logistic regression analysis seriously overestimates the odds ratio when there are matching data—as was the case with Horn-Ross and colleagues—and great caution should be taken in interpreting the results.³⁸ In *Statistical Methods in Cancer Research*, a classic text in disease epidemiology, Breslow and Day state: “*The unconditional analysis of matched pair data results in an estimate of the odds ratio which is the square of the correct, conditional one: a relative risk of 2 will tend to be estimated as 4 by this approach...*” (italic emphasis from Breslow and Day).³⁹
- The spotlighted phytoestrogens yet included a large number of potentially interrelated variables that could interact with one another. In a high quality study, the researchers should have addressed the possibility of collinearity and taken care to rule it out. Collinearity is a bias in statistical procedure due to the correlation of multiple independent variables that influence a single dependent variable. Collinearity can lead to unstable and untrustworthy results.⁴⁰
- All the subjects came from the San Francisco Bay Area and many were of Asian

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ethnicity. Environmental, climatic and ethnic aspects were not taken into account in the analysis. External validity is always a key question. Can these results be applied or generalized to other people? Given that people from other areas of the United States live under varying conditions and are of many different ethnicities, the results of the study—if valid—would apply only to the group from which they originated.

- Reliance on a Food Frequency Questionnaire (FFQ) to determine dietary intake during the year before the diagnosis of thyroid cancer, or for the year prior to the interview for the controls, is suspect. FFQs require people to remember what they ate, when they ate it, and how much.⁴¹ Over-estimation is common, particularly for foods eaten less often or for foods perceived as “healthy,” such as fruit, vegetables—and soy. In her article, Dr. Horn-Ross does not disclose how her FFQ was tested or evaluated prior to use in the San Francisco Bay Area Thyroid Study. She also admits “phytoestrogen consumption was not a hypothesis of this study when this FFQ was developed.”⁴²
- In Table 1 of Horn-Ross' article, "Selected characteristics of women participating in the multiethnic San Francisco Bay Area Thyroid Study," we see how the cases and controls are similar on many variables such as age and number of pregnancies, but we do not know how many subjects were actually included or whether the Table represents all subjects or just a cherry-picked sample.
- In Table 2, "Consumption of selected phytoestrogen-rich foods and thyroid cancer risk among women participating in the Bay Area Thyroid Cancer Study," the researchers make the dramatic pronouncement of reduced risk of 35 to 55 percent. However, this Table reports odds ratios but no actual risk data. Relative Risk, the basis for determinations such as “reduced risk,” cannot be calculated in a case-control study. Odds ratios can be used to represent relative risk if the disease is relatively rare, as is the case with thyroid cancer, but they are usually

“bigger in each case” and “around ten percent larger than Relative Risk.”^{43,44}

- In Table 3, "Phytoestrogen consumption and thyroid cancer risk among women participating in the Bay Area Thyroid Cancer Study," the researchers report an “increased consumption of four of the seven specific phytoestrogenic compounds as well as three summary measures were associated with a reduced risk of thyroid cancer . . .” Just how much reduced risk is never established or explained.
- The odds ratios in Table 2 and Table 3 show that many are near or around 1.00 which means that there are no (null) effects. Many rows—subgroups—have too few cases and controls to show statistical value. For the other rows with subgroups, we have no indication of significance (p value). P value is given only for “trend across quintiles.”

In conclusion, this paper should not be accepted as a serious study of thyroid cancer risk related to phytoestrogen intake. The researchers failed to provide details concerning the number of models, the parameters included in each of the models, construction of composite variables (Table 3), and trend tests used to produce the statistical results (p values) in Tables 2 and 3. We don't even know the statistical software used to fit the models. The article's clearest and most powerful statement—a reduction in thyroid cancer risk of 35 percent to 55 percent was associated with increased consumption of non-fermented traditional and nontraditional soy-based foods and sprouts—comes without explanation out of the blue. ☹☹

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External validity is always a key question. Can these results be applied or generalized to other people?

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Legislative Updates

POLICY UPDATE: DEFENDING RAW MILK IN THE POLICY ARENA

By Judith McGeary, Esq.

“Bureaucracy defends the status quo long past the time when the quo has lost its status,” said Laurence Peter, author of *The Peter Principle*.

The raw milk movement continues to gain momentum due to increasing consumer demand and a growing body of scientific literature supporting the theory that gut health is one of the keys to human health. Yet the entrenched bureaucracy appears intent on trying to stem the tide. In late February, the Centers for Disease Control (CDC) published a study purporting to prove that raw milk is significantly more dangerous than pasteurized milk, and that legalizing sales of raw milk leads to more illnesses (http://wwwnc.cdc.gov/eid/article/18/3/11-1370_article.htm).

The study had significant political ramifications. Bills to expand legal access to raw milk are being discussed in multiple states this year. And at the federal level, HR 1830, which would legalize interstate commerce of raw milk, has been gaining traction, with five co-sponsors at the time this article goes to print. Unsurprisingly, the FDA sent congressional staffers a notice trumpeting the results of the CDC study.

WAPF published an immediate rebuttal to the study, pointing out several of its fundamental flaws (www.westonaprice.org/press/cdc-cherry-picks-data-to-make-case-against-raw-milk). But while WAPF can do a lot to counter the agency’s misinformation, it’s just as important for each individual member to step forward to explain the issues to their elected officials and the people in their community.

WHAT THE NUMBERS TELL US

In absolute numbers, illnesses related to dairy products, whether pasteurized or raw, are relatively rare. For the fourteen-year period the CDC examined (1993-2006), they found an aver-

age of three hundred fifteen illnesses a year from all dairy products for which the pasteurization status was known. Of those, an average of one hundred twelve illnesses each year were attributed to all raw dairy products, and two hundred three illnesses were attributed to pasteurized dairy products.

To provide some context for those numbers, consider that an average of almost twenty-four thousand foodborne illnesses are reported each year. So only one half of one percent of all foodborne illness is attributed to raw dairy products. According to a CDC food consumption survey, 3 percent of Americans drink raw milk (Foodborne Active Surveillance Network (FoodNet) Population Survey Atlas of Exposures (2006-2007), www.cdc.gov/foodnet/surveys/FoodNetExposureAtlas0607_508.pdf). That translates to approximately 9.4 million raw milk consumers nationwide. Out of those millions of raw milk drinkers, approximately one hundred twelve allegedly become sick each year from raw dairy products, or 0.001 percent annually.

Thus, the simplest response to the CDC’s announcement is that milk is not a high risk product, and comparisons between raw and pasteurized milk are not relevant from the perspective of protecting public health.

FUNDAMENTALLY FLAWED

Digging a little deeper reveals that the study’s comparisons were not only irrelevant, but fundamentally flawed. The most sensationalist quote from the study was that raw dairy is “150 times” more likely to cause a “foodborne illness outbreak” than pasteurized dairy. But remember that “an outbreak” can be thousands of people seriously ill, or just two people with minor stomach aches, or anything in between. The rate of outbreaks is of little significance if

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In a single sentence buried in the middle of the study, the authors admitted that the rate of foodborne illnesses caused by raw dairy did not show a statistically significant increase in states where it was legal to sell raw dairy products.

one is concerned about the risk to people's health. This is particularly true in the arena of dairy, since raw milk outbreaks are typically small (most involve fewer than twenty people), while there have been fewer, but often much larger, outbreaks related to pasteurized milk. The real question is the rate of illnesses, not outbreaks.

Even with respect to outbreaks, the CDC had to make several leaps of logic to reach this sensationalist conclusion. The authors quoted a 1996-1997 survey that found only 1.5 percent of respondents had consumed raw dairy products within the seven days before the interview. The authors then noted that some people consumed both raw and pasteurized dairy products and jumped to the conclusion that only 1 percent of the dairy products in this country are consumed unpasteurized.

But why rely on a survey from fifteen years ago? The CDC has a far more recent food consumption survey, conducted in 2006-07, in which 3 percent of respondents had consumed raw milk within seven days before the interview. The same survey found that 78 percent of people had consumed pasteurized milk within the last seven days. So the most recent data would indicate a ratio of raw:pasteurized milk consumption of 3:78, or approximately 4 percent of milk being consumed raw.

If one considers the number of illnesses rather than outbreaks, and uses the most recent consumption data from CDC, then the ratio is

10:1, not 150:1. Doesn't sound as scary, does it? And that is still based entirely on the government's own numbers, without addressing the issue of whether raw dairy was unfairly blamed for some of those illnesses. It is also based on the assumption of similar serving sizes, although many people who consume raw milk do so as a much larger part of their diet than those who consume pasteurized milk. The real comparative risk numbers are almost certainly even lower.

Some careful readers may have spotted a problem in the above discussion: the shift from discussing raw milk (consumption rates) to discussing all raw dairy (the number of illnesses). I did this because there were no data on raw cheese versus pasteurized cheese, so I'm willing to assume for purposes of this article that all dairy products as a whole have a similar ratio of consumption as milk.

But that conflation of raw milk with all raw dairy products often causes its own problems. The CDC study used a tactic common among raw milk opponents, namely lumping together all illnesses from all raw dairy products. This enabled them to make raw milk appear more risky because of the many illnesses attributed to queso fresco, a soft (not aged) raw cheese that is frequently made under very unsanitary conditions. Particularly since most states that allow the legal sale of raw milk do not allow the sale of queso fresco, this is an important distinction.

UPDATE ON THE CAMPAIGN TO LABEL GMOS

The last issue of *Wise Traditions* included information on a petition filed with the Food and Drug Administration (FDA) to require labeling of genetically modified foods. At the time this issue is going to print, over 600,000 people have submitted comments supporting mandatory labeling. If you have not yet submitted your own comments, please take a minute and tell FDA that you want them to require labeling! You can submit comments multiple ways:

ONLINE: www.regulations.gov/#!submitComment;D=FDA-2011-P-0723-0001
FAX: 301-827-6870
MAIL: Division of Dockets Management, Food and Drug Administration, 5630 Fishers Lane, Room 1061, HFA-305, Rockville, MD 20852

You must include the docket number at the top of your comments: FDA-2011-P-0723

On the state level, the effort to get a ballot initiative in California to require labeling is also moving forward. The organizers have to collect 505,000 valid physical signatures by April 22 to get the initiative on the ballot. More information is available at <http://www.labelgmof.org>. State bills in Vermont (H722) and Hawaii (SB2279) also have the potential to move forward this year, although many more state bills have died. The fight against GMOs is a difficult one, but more and more people are becoming aware of its importance.

LEGALITY OF SALES

With respect to the legality of sales, the CDC's study made another key "finding," namely that the incidence of outbreaks caused by raw dairy products was significantly higher in states that permitted the sale of raw dairy products than in states that prohibited such sales. In its accompanying press release, the agency used this finding to try to discourage state legislators from allowing increased legal access to raw milk.

It would hardly be surprising to see some sort of increase in foodborne illnesses related to a food where that food is legal. If we banned ground beef, we would certainly see fewer ill-

nesses related to ground beef products. And unless legislators are prepared to ban all food, foodborne illness will remain a reality. The real issue is not whether some people get sick from a given food. The issue is whether such a high percentage of people get sick from that food that it justifies a government ban.

Yet, even though this is a common-sense proposition, the study actually failed to prove that making raw milk legal leads to increased numbers of illnesses. Yet again, the CDC's focus was on the number of outbreaks, rather than illnesses. In a single sentence buried in the middle of the study, the authors admitted that the rate of foodborne illnesses caused by raw dairy did not show a statistically significant increase in states where it was legal to sell raw dairy products.

This lack of correlation between the legal status of raw milk and the rate of illnesses matches an analysis I did of the CDC data from ten states:

BACK ISSUES OF **WiseTraditions** AND OTHER INFORMATIVE LITERATURE

Fall 2006	Is Vitamin D Toxic?; Sunlight and Melanoma; Vegetable Oil Nightmare; Saturated Fat Attack; Picky Eaters
Winter 2006	History of Organic Agriculture; Making Our World GM-Free; Vitamin D for Infants; Legumes
Winter 2007	Children's Issue: Gut and Psychology Syndrome; Vitamins for Fetal Development, Traditional Remedies
Fall 2008	WAPF Diet Budget; Healthy School Lunch Program; Setting Up a Local Food Club; Raw Milk Illness Reports
Summer 2010	Activator Update; Holistic Treatment for Allergies; Acid Reflux; Dangers of Root Canals; Soul Food Recipes
Fall 2010	Essential Fatty Acids; Magnesium; Healthy Skin; Sacred Foods for Children; Tale of Two Calves
Winter 2010	Joel Salatin on the Politics of Food; Saving the Polish Countryside; Biological Farming; Bitters; Glutathione in Raw Milk
Spring 2011	Liver Health; Vitamin B6; USDA 2010 Dietary Guidelines; Good Breakfasts; Stoneware; Cheese is Serious
Summer 2011	Sulfur Deficiency; The Importance of Salt; The Senomyx Scandal; Why We Crave; Raw Milk Safety
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Maryland (where raw milk sales are illegal) had the exact same percentage of people who had drunk raw milk within the last seven days as California (where raw milk can be sold in grocery stores).

California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon, and Tennessee. I picked these states because the CDC's 2006-07 food consumption survey provided the specific rates of raw milk consumption in those states, and I then analyzed the legal status of raw milk in those states, the number of illnesses attributed to raw milk, and the total number of foodborne illnesses for each.

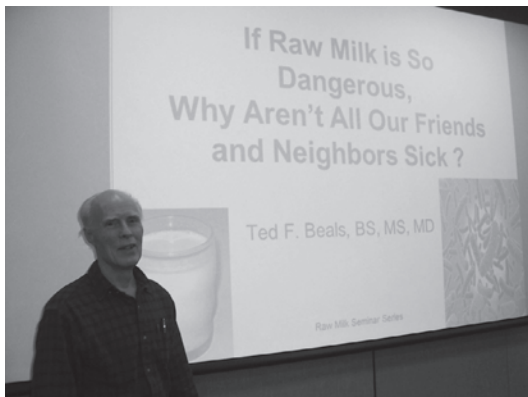
The rate of raw milk consumption ranged from 2.3 percent to 3.8 percent, while the percentage of foodborne illnesses allegedly traced to raw milk (as compared to the total foodborne illnesses in those states) ranged from 0 percent to 1.45 percent. Interestingly, there was no pattern indicating that making raw milk legally accessible increases consumption. Maryland (where raw milk sales are illegal) had the exact same percentage of people who had drunk raw milk within the last seven days as California (where raw milk can be sold in grocery stores). And Georgia, where raw milk can only be sold as pet food, had the highest consumption rates of all. In addition, there was no pattern of increasing rates of consumption correlating to increasing illnesses. The two states with the highest rates of consumption—Tennessee and Georgia—had lower rates of raw milk illnesses than the three states with the lowest rates of consumption—Minnesota, Colorado, and Connecticut.

How can this be true? The most likely reason is that the risk of foodborne illness from raw milk is low enough that the outbreaks are sporadic and occasional. Because raw milk is not a high-risk food, the incidences of illness are too low to show a pattern.

This lack of a consistent pattern makes it all the more troubling that the authors of the CDC study chose to cut it short. Although data are now available all the way through 2009, the study stopped with the year 2006. This is particularly significant since two major outbreaks were linked to pasteurized dairy the very next year, in 2007. Specifically, one hundred thirty-five people became ill from pasteurized cheese contaminated with *E. coli*, and three people died from pasteurized milk contaminated with listeria in 2007, which would have seriously affected the authors' ability to claim that raw dairy products are more dangerous than pasteurized, even with their manipulation of the data.

So what can you do about the inaccurate and unfair characterization of raw milk by the CDC? Speak up! Call your U.S. representatives and senators today, and ask to speak with the staffer who handles agricultural and food issues. Briefly explain to them how important raw milk is to you and your family, and offer to address any concerns they have about whether it is a high-risk product. Then ask them to sign on as co-sponsors of HR1830 and S1955, the bills to legalize interstate transport of raw milk. You can find more information and tools for taking action on the Farm-to-Consumer Legal Defense Fund's website, at www.farmtoconsumer.org/hr1830. If you don't know who represents you, look it up at www.congress.org or by calling the Capitol Switchboard at (202) 224-3121.

If you are working on state legislation to improve access to raw milk and need help countering the government's misinformation, email me at Judith@FarmAndRanchFreedom.org. ☺☺☺



DR. TED BEALS AT RUTGERS UNIVERSITY

Ted Beals, MD, addresses an audience at Rutgers University on the ever present concerns over the safety of raw milk. The title of his talk: "If Raw Milk is so Dangerous, Why Aren't All Our Friends and Neighbors Sick?" His seminar abstract was widely circulated throughout the university.

Dr. Beals is keeping a database on all illnesses attributed to raw milk since 1999; he has found that an average of 42 illnesses—with no deaths—is linked to raw milk per year, a miniscule number given that over nine million people in the U.S. consume raw milk.

A Campaign for *Real Milk*

RAW MILK DEBATE AT HARVARD LAW SCHOOL

Testimony by David Gumpert

It is rare for raw milk opponents to engage in open debate on the subject of raw milk, but just such a debate occurred at Harvard Law School on February 16, 2012. Presenting arguments on the raw milk side were Sally Fallon Morell, President, The Weston A. Price Foundation, and David Gumpert, author of the Raw Milk Revolution. Speaking for the opponents were Fred Pritzker, a personal injury attorney for the Pritzker Olsen law firm, and Heidi Kassenborg of the Minnesota Department of Agriculture's dairy division. To watch the debate, go to the homepage of westonaprice.org. For commentary on the debate, visit thecompletepatient.com.

I have entitled my presentation "Raw Milk Safety versus Rights: Striking a Balance." The reason we're here tonight is that things have gotten way out of balance. We are witnessing aggressive propaganda wars and government-sanctioned legal assaults against raw milk producers and distributors, led by people like those on the other side of this table, targeting small farms and ordinary consumers. These people are using cries of "safety" and "protection" to deny us something as simple as milk. . . and in the process telling us we don't have the right to decide what food we can put into our bodies.

In my remarks tonight, I'll attempt to answer three questions:

- Why is raw milk consumption growing?
- How safe is raw milk?
- Do we have the right to access raw milk, and other foods of our choosing?

Our friends from Minnesota will discuss food safety only in terms of the risk of pathogens. But more and more people are afraid of the hormones, the antibiotics, the GMO feed, the soy feed, the new breed of antibiotic-resistant pathogens, the artificial sweeteners, and the various processing associated with so much of our food...and how all these might contribute to the exploding rates of auto-immune disorders, allergies, asthma, Crohn's and other chronic disease.

So they are seeking unprocessed and untreated foods and fresh unprocessed milk is a big part of that.

AN IMPORTANT NUMBER

But how many people are actually drinking raw milk? No one seemed to be able to provide a credible number, until recently. Some raw milk advocates discovered that the CDC conducted an in-depth survey of thousands of people in ten states in 2007 about their diets. Lo and behold, the CDC found that 3 percent of those surveyed



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Jonathan Abrams of the Harvard Law School introduces panelists for the raw milk debate.

From left to right: Sally Fallon Morell, president, the Weston A. Price Foundation, David Gumpert, author of the *Raw Milk Revolution*, Fred Pritzker, Esq., attorney for Pritzker Olsen, and Heidi Kassenborg of the Minnesota Department of Agriculture's dairy division.



Photo by Marc Halavi

There hasn't
been a single
death from
raw milk since
at least the
1980s.

consume raw milk. That translates into nine million Americans. As you'll see in a little while, this is a very important number.

PHOTOS

Before I get into the data, I want to show some photos, because my guess is our opponents will show you some, or at least will tell you some scary stories of people who have been paralyzed, suffered kidney damage, or other lasting problems from raw milk. They'll no doubt tell you about a recent outbreak in Pennsylvania in which seventy people became ill, though thankfully, none seriously that I am aware of.

The reason I am showing you these photos is so you can appreciate that those same stories exist with every single food you can think of, any food you can buy in the supermarket. Bad cantaloupe late last year put the two men into the hospital for two months, and even when they came out, they still needed oxygen. One woman died from her illness, and the woman pictured on the lower right lost her husband, whose picture wasn't available. In total, cantaloupe contaminated with listeria killed thirty-two people and sickened one hundred thirteen, some with lasting problems like the men at the top.

Bad ground beef in a hamburger paralyzed a promising dancer, Stephanie Smith, pictured on the left. The little girl in the middle spent weeks on dialysis, and the two-year-old boy on the right died—both from contaminated raw spinach.

I haven't heard anyone suggest we ban hamburgers, spinach, or cantaloupe, or even limit their availability. But any number of common foods we take for granted can, and do, kill people. Eggs, peanut butter, luncheon meats, even pasteurized milk, which killed three here

in Massachusetts a few years ago.

Yet there hasn't been a single death from raw milk since at least the 1980s.

I went through this little exercise to demonstrate the kind of fear mongering our opponents do about raw milk. None of it, whether about cantaloupe, hamburgers, raw spinach or peanut butter proves anything about what's happening in the big picture. For that, we need to look at the macro data.

A LOOK AT THE DATA

When you look at the macro data, you find it's not nearly as scary as you would expect.

First, let's look at the data on the number of reported illnesses from raw milk covering the last ten years. They were nearly all drawn from the CDC by one of Mr. Pritzker's competitors, the Marler Clark law firm, which is hostile to raw milk. So they mined the CDC data for every possible illness attributable to raw milk. What you see here is that there are between twenty-five and one hundred seventy-five reported illnesses from raw milk each year. In 2008 there were one hundred thirty-two, last year there were fifty.

What I did was take a typical recent year for both raw milk illnesses, and total foodborne illnesses as reported by the CDC. So we are comparing apples to apples.

And here is what you get. Of more than twenty-three thousand total foodborne illnesses reported by CDC in 2008, one hundred thirty-two were from raw milk and raw milk cheese. That works out to one half of one per cent of the total reported illnesses from raw milk.

Now, remember back to that earlier number I quoted, about nine million raw milk drinkers, or 3 percent of Americans drinking raw milk. Yet raw milk is responsible for a much smaller proportion of the illnesses.

What this macro data says is that raw milk is not a serious public health hazard by any stretch of the imagination. Now, do I want to see the number of illnesses from raw milk reduced? Absolutely. Do I think it can? Absolutely. We just had an outbreak of some sixty illnesses from campylobacter in raw milk in Pennsylvania. I spoke with the farmer yesterday who said he's totally re-done his process for cleaning milk pipes, but also installed a high-tech laboratory so

DEATHS FROM FOODBORNE ILLNESS SINCE 1999

Cantaloupe: 32 (2011-2012)
Spinach: 5 (2006)
Luncheon Meat: 12 (Canada, 2008); 2 (2011)
Peanut butter: 9 (2009)
Eggs: 30 PER YEAR
Oysters: 15 PER YEAR
Pasteurized Milk: 3 (Massachusetts, 2007)
Raw Milk: NONE

he can test for pathogens before shipping milk.

INDIVIDUAL RIGHTS

Which leads me to my third question: Do we have the right to access the foods of our choosing? The FDA says absolutely not.

You see what the FDA said in a federal court case currently being argued in U.S. District Court: “There is no absolute right to consume or feed children any particular kind of food.”

Okay, let them spout off, you say. But FDA and the state agencies they highly influence are aggressively enforcing this edict around the country, even against people who have organized private groups—food clubs, herdshare arrangements—and entered into private contractual relationships with farmers to obtain milk. This is milk that isn’t available to the general public.

For example, a small private food club in Los Angeles, Rawesome Food Club, was raided in June 2010. Detectives from the Los Angeles County District Attorney came in with their guns drawn.

The Colbert Report did a skit about the raid, had a lot of fun, turned “raw” around and made it “war.” But it’s pretty serious to three people who were associated with Rawesome. Last August, they were charged with felonies in connection with distributing raw milk, and are facing up to eight years in jail.

One of those charged, Victoria Bloch, a chapter leader for the Weston A. Price Foundation, told me that when she was in jail, awaiting arraignment, the other women prisoners, who were in for dealing drugs or theft or prostitution wondered why she was there. When she

told them, they said, “You’re in for what!?” And, she had the highest bail request of all of them, sixty thousand dollars.

This kind of thing has been going on in other parts of the country. Maybe Heidi will tell you something about Minnesota. There, they shut down a private food club like Rawesome, in Minneapolis; and they just filed misdemeanor charges against Alvin Schlangen, a farmer distributing raw milk privately, and he could go to jail for a year. Once again, no one has gotten sick.

So outrageous are these and other similar situations that people are resorting to civil disobedience. A new organization has sprung up, the Raw Milk Freedom Riders, who are openly violating the federal ban on interstate shipments of raw milk by bringing raw milk across state lines—from Pennsylvania into Maryland last November—challenging the FDA to arrest them.

So far, the FDA has avoided them, because the FDA would rather pick on individual farmers, who can’t fight back easily, than on organized consumers, who know their rights.

They also organized an event in Wisconsin to support a dairy farmer, Vernon Hershberger, who has been engaging in civil disobedience by continuing to supply 200 food club members with raw milk. He was arrested at the end of 2011 and charged with three misdemeanors. He is facing possibly 2 ½ years in jail. He is a father of nine children and so far, he is representing himself in court. To get out of jail, his bail term stipulated he discontinue supplying his members. When he got home, he thought about what he agreed to do and couldn’t live with himself. He realized his members depended on him and he would be denying them the nutritious wholesome food he had committed to providing.

He went back to court. While in the prisoner holding room at the courthouse, he read a speech to the judge, which said in part: “If our farm stopped feeding its owners’ families, there will be literally hundreds of children who will suffer malnutrition and even starvation. Your honor, I would much rather spend the rest of my life behind bars or even die than to be found guilty of such a gross sin before the Almighty God.”

I’d like to hear what the people on the other side of the table have to say about that aspect of this crisis, about their actions depriving people of food they depend on for good health. ☺☺



KRISTIN CANTY AT RUTGERS UNIVERSITY

Kristin Canty, producer of *Farmageddon...The Unseen War on American Family Farms* and a chapter leader, visited Rutgers University for a preview on October 28, 2011. The film will be released on hard copy DVD and On Demand, and with various internet operators such as iTunes, Vudu and Amazon April 17th, for Earth Day. If you want to stream the movie online, iTunes and Netflix are the best two to stream it from, as the media watches those for best sellers. More details will come as we receive them.

Please get the word out to your friends, family, Facebook and Fwitter accounts about how important this issue is. After watching the movie, people usually want to know what they can do to help stop the insanity of the farm raids and the government crack down on our small farmers and local food system. Direct them to the Farm-to-Consumer Legal Defense Fund website and encourage them to become members.

WISCONSIN – VERNON HERSHBERGER

On December 5, 2011 the state of Wisconsin filed criminal charges against Loganville dairy farmer Vernon Hershberger on four misdemeanor counts for violations of the state food and dairy code. Hershberger was charged with operating a retail food establishment without a license, operating a dairy farm as a milk producer without a license, operating a dairy plant without a license and violating a holding order issued by the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP). The holding order prohibited anyone from removing food products from refrigerators and freezers that had been taped at Hershberger's farm store. The farmer broke the tape and sold products in the refrigerator shortly after the order was issued. The County District Attorney and the State Attorney General's office are working together in prosecuting the case which is unusual in Wisconsin; typically, either the state or county would handle the matter on their own.

Hershberger currently is leasing his cows to the Right to Choose Healthy Food Buyers Club and provides dairy products and other foods to club members through a private contractual arrangement. The farmer's position is that these arrangements are not under DATCP's jurisdiction. DATCP has taken a broad interpretation of the state dairy code and views any transaction where milk and milk products leave the farm as being within its jurisdiction.

On January 11 Hershberger was arraigned at the Sauk County courthouse. After appearing before the Judge, he was booked and fingerprinted and released on \$500 bond. The conditions of the bond were that Hershberger could not:

1. Sell food without a retail food establishment license.
2. Manufacture or process dairy products without a dairy plant license.
3. Sell or distribute milk produced on his farm without a milk producer license.
4. Allow anyone else to operate his farm, in violation of any of the above conditions.
5. Impede, obstruct or interfere with any DATCP inspection on Hershberger's property.
6. Allow any other person to interfere with a DATCP inspection of his property.

Under duress, Hershberger signed a form agreeing to the conditions of the bond. He had immediate regrets about signing off on the bond's conditions and in a subsequent hearing on January 27 asked Sauk County Circuit Court Judge Guy Reynolds to change those conditions stating he could not "in good conscience tell the more than one hundred families who own the food and depend on it to feed their families, that they can no longer get food to feed their families. The Almighty God has spoken and I cannot do otherwise." The Judge did not grant Hershberger's request. The bond conditions remained the same.

On February 9 DATCP officials Jackie Owens and Paul Humphrey along with a Sauk County detective attempted to conduct an inspection of Hershberger's farm to determine whether he was violating any of the conditions in the bond. They entered Hershberger's farm store and, according to Owens, saw someone pay for items purchased at the store. Owens also said she saw numerous items in the store that were priced for sale. When Owens asked to complete an inspection of the premises, Hershberger denied her request stating that since he had no licenses with the state he would not allow her to continue the inspection.

Owens wrote up a summary report on the attempted inspection and sent it on to the attorneys in the state Department of Justice prosecuting the Hershberger case. Assistant attorney General Eric Defort forwarded the report to Judge Reynolds and said, "In view of the apparent violation of the court's orders, the State respectfully asks this court to address the issue of bail at the next hearing."

The next hearing in the Hershberger case was scheduled for March 2. Canadian raw milk farmer and activist Michael Schmidt called one thousand people to be at the hearing warning that unless there was that show of support there was a good chance the battle in Wisconsin would be lost with other states to follow.

DATCP is trying to establish an era of raw milk prohibition in Wisconsin where those in the state who don't own and board their own cow will have no way to exercise their legal right to consume the product. The tremendous courage shown by Vernon Hershberger is bringing more attention nationwide to the efforts by government to criminalize food choices that the state doesn't sanction. When neither the courts, legislatures nor the bureaucracies acknowledge freedom of food choice, growing numbers of otherwise law-abiding citizens will take part in "illegal transactions" and commit civil disobedience to obtain the foods they want.

PENNSYLVANIA - DAN ALLGYER

On February 2 Federal District Court Judge Lawrence F. Stengel ordered a permanent injunction against dairy farmer Dan Allgyer prohibiting Allgyer from distributing raw milk and raw milk products across state lines; under Judge Stengel's order, the injunction was to be in place for a minimum of five years (see *Wise Traditions* Spring and Summer 2010 and

Summer 2011 issue for background). In a memorandum opinion accompanying the order, Stengel found that Allgyer sold raw milk to members of Grassfed On The Hill, a food buyers club, at various distribution points in Maryland and the District of Columbia in violation of federal labeling laws (the milk containers Allgyer distributed were unlabeled) and the federal regulation prohibiting raw milk and raw milk products (other than raw cheese aged at least sixty days) in interstate commerce.

In his opinion the judge took a broad view of what constituted interstate commerce, stating, “the purchase of raw milk by one who traveled between states to obtain it, or traveled between states before consuming it or sharing it friends or family members implicates commerce...” Similar to other rulings in recent food rights cases, Judge Stengel refused to recognize the distinction between public and private distribution, rejecting the argument that the sale of milk through a private membership association cannot be regulated by FDA.

Among other terms of the judge’s order, Allgyer was required to keep a customer list of all people to whom he sold raw milk (under the injunction the farmer could still sell raw milk within the state of Pennsylvania); to this list, FDA was to have immediate access upon the agency’s request. FDA unsuccessfully sought for the order to include giving the agency the power to conduct unlimited inspections of Allgyer’s farm and to be paid for the inspections and other work monitoring Allgyer’s business operation at rates of up to over one hundred dollars per hour. Judge Stengel held that these requirements were not necessary since the violations in the case did not involve adulterated food.

Shortly after the judge ordered the injunction, the Allgyer family made the decision to close their farm, shutting down a dairy that had benefited the health of hundreds of families without a single accusation that raw milk produced by the farm had ever made anyone sick. FDA’s investigation of Allgyer is further evidence that its agenda has little to do with protecting the public health. FDA is more interested in prosecuting raw milk producers than it is in holding companies like Wright County Egg and Peanut Corporation of America accountable for their actions. The agency’s misuse of taxpayer money in attacking freedom of food choice is becoming more obvious all the time.

MINNESOTA – ALVIN SCHLANGEN

On August 2, 2011 Alvin Schlangen, a poultry farmer and manager of the Freedom Farms Coop, was charged with four criminal misdemeanor counts for violating state food and dairy laws. The charges were selling milk that wasn’t pasteurized, selling milk that wasn’t properly labeled, selling food without a food handler’s permit and selling and delivering adulterated or misbranded food.

Freedom Farms Coop leased a herd of dairy cows from a farmer in the state; Schlangen delivered raw milk produced by the herd as well as raw milk products to the members of the coop. According to the Minnesota Department of Agriculture (MDA) raw milk could only be obtained by consumers at the farm, it could not be delivered to them; only pasteurized milk could be legally delivered. In MDA’s view delivering raw milk was also a violation of both the milk labeling statute and the law prohibiting the delivery of misbranded food. Aside from the raw dairy products, Schlangen delivered to the coop members other products such as meat and produce as well. The department’s position was that he needed a permit to do so even though the farmer does not distribute any food to the general public. Under the Minnesota Constitution any products grown and cultivated on the farm don’t require a permit (in Schlangen’s case, poultry and eggs); with regard to any foods not grown on the farm, the department made no distinction between public and private.

Prior to the charges being filed against Schlangen, MDA raided the farmer three different times. On June 15, 2010, the department conducted a warrantless search of space Schlangen rented at the Traditional Foods Warehouse in Minneapolis embargoing all the food he stored at the facility. The following week on June 23, MDA raided Schlangen’s farm in Freeport, again embargoing all food it found on the premises. On March 9, 2011 Schlangen was stopped by St. Paul police while making a delivery in that city and had his truck towed to MDA headquarters. Almost all the food in the truck was seized and embargoed by the department. That same day the department raided the Traditional Foods Warehouse facility again seizing all the food stored there by Schlangen (see *Wise Traditions* Summer 2011 issue).

The state’s enforcement actions against Schlangen haven’t moved the courageous farmer to back down at all against MDA. He remains committed to providing quality food to the members of Freedom Farms Coop. His trial is set for May 14; if there is justice, MDA’s police state tactics will be on trial as well.

PENNSYLVANIA – THE FAMILY COW

On January 27 the Pennsylvania Department of Health (PDH) issued a press release advising consumers who purchased raw milk produced by the Family Cow dairy in Chambersburg that “the department confirmed three cases in Maryland, all of whom consumed raw milk from this farm.” Three weeks later the number of confirmed campylobacter infections had increased to seventy-seven.

Shortly after PDH's announcement, Edwin Shank, the owner of the Family Cow, voluntarily suspended all sales of raw milk even though recent test results from the farm's milk had all been negative for campylobacter, mentioning on his website that several customers had called to tell him that they were sick. On February 2 the Maryland Department of Health and Mental Hygiene reported it had found campylobacter in two unopened jugs of Family Cow raw milk. In a post on his website, Shank stated, "... it was us. Food from our farm has made people sick." The bottling date on the milk was January 16.

On February 6 the Family Cow resumed sales of raw milk; during the time, Shank made major renovations to the dairy operation. His handling of the situation and willingness to accept responsibility drew praise even from opponents of raw milk.

Media coverage of the Family Cow was constant and extensive from the time PDH issued their January 27 release in both the local and national media. The media double standard in reporting raw milk foodborne illness compared to outbreaks caused by pasteurized milk was easy to notice again. In October 2011 PDH issued a health advisory that Brunton Dairy in Aliquippa had been found responsible for sixteen illnesses that it attributed to the consumption of pasteurized milk produced by the dairy between March and August 2011. Two lawsuits had been filed against the dairy by people who claimed they had become sick from the dairy's milk with one of the litigants stating in his complaint that he suffered septic shock and kidney failure as a result of consuming the farm's pasteurized milk, requiring dialysis three times a week. Media coverage on the Brunton Dairy outbreak was nonexistent compared to the reporting on the Family Cow—further evidence of the media bias against raw milk.

CALIFORNIA – ORGANIC PASTURES

After being under a quarantine order for a month that prohibited it from selling its raw dairy products, Organic Pastures Dairy Company (OPDC) resumed selling to the public on December 16 after the California Department of Food and Agriculture (CDFA) issued a press release announcing it had lifted the quarantine of OPDC (see *Wise Traditions* Winter 2012 issue). That morning OPDC owner Mark McAfee had filed suit to lift the quarantine. McAfee resorted to the courts after CDFA had kept the quarantine on even when the dairy had passed inspection by the department and all testing done on OPDC products had come up negative. CDFA has tried to put McAfee out of business before and this looked like more of the same. The one product CDFA refused to let the dairy sell again was raw colostrum; prior to the quarantine, OPDC had sold the product as a dietary supplement which was not regulated by CDFA. McAfee blamed passage of the FDA Food Safety Modernization Act for the change in the department's position on colostrum and for the more hostile regulatory climate for raw foods that has since developed.

RAW MILK LEGISLATION

Here is an update on the federal bill HR 1830 as well as a summary of a number of raw milk bills that have been introduced in state legislatures.

FEDERAL HR 1830

With the increased FDA aggression against raw milk producers and consumers, HR 1830, a bill that would effectively overturn the interstate ban on raw milk, continues to take on greater importance. There is significantly more support for the bill than there was the last session of Congress when it was initially introduced (2009/2010 as HR 778). HR 1830 now has five cosponsors; the bill's sponsor Rep. Ron Paul (TX) did not have a single cosponsor during the prior session.

Those who have not used the Farm-to-Consumer Legal Defense Fund's HR 1830 petition to ask their U.S. Representatives to cosponsor HR1830 are encouraged to do so. Please go to www.farmtoconsumer.org/hr1830. More congressmen are becoming aware of FDA's abuses of power and misplaced priorities in its raw milk enforcement actions. Continued and sustained support for HR 1830 is needed to move them to focus more on this issue. There is still a chance for there to be a hearing covering FDA persecution of raw milk farmers this session of Congress.

KENTUCKY

SB 47, a bill that would codify the right of individuals to enter into contracts for the shared ownership of livestock, passed the State Senate and was forwarded in February to the House Committee on Agriculture and Small Business. "The bill recognizes the right of individuals to purchase shared ownership in farm poultry or livestock, and enter into a contract prescribing the terms and conditions of the poultry or livestock production including the right to consume the products produced by the poultry or livestock." No permit would be required for those entering into contracts for the shared ownership of livestock or poultry and the state would have no jurisdiction over the arrangement between the individual and farmer for the shared ownership of livestock.

MASSACHUSETTS

Two raw milk bills were introduced last year; the legislature is in the second year of a two-year session.

House bill 1995 would allow delivery of raw milk from licensed farmers, “off-site from the farm” directly to the consumer; under existing law all raw milk sales must be made on the farm. The bill passed out of the Joint Committee on Environment, Natural Resources and Agriculture and was referred in February to the House Committee on Ways and Means.

House Bill 3273 would codify the right of any person with a partial or complete ownership interest in a dairy animal to use any product derived from that animal without being licensed or inspected by the state. The bill was assigned to the Joint Committee on Environment, Natural Resources and Agriculture and a public hearing was held last June along with other bills.

MINNESOTA

There are companion bills before the Minnesota Senate and House. The bills were introduced last year; the legislature is in the second year of a two-year session. Current statute allows the sale of raw milk and cream “occasionally secured or purchased for personal use by any consumer at the place or farm where the milk is produced.” This is in conflict with the Minnesota Constitution which provides that one may sell or peddle the products of the farm occupied and cultivated by that person. The legislation would eliminate the inconsistency. HF 255 (and SF 147) would allow direct farm-to-consumer sales and delivery of raw milk and raw milk products such as cream, butter, yogurt and cheese on a regular basis. Delivery can also be made by either the seller’s or buyer’s agent and can take place at farmers’ markets, farm stands or designated delivery sites among other locations. The bills were referred to the Senate Agriculture and Rural Economies Committee and the House Agricultural and Rural Development Committee, respectively.

NEW HAMPSHIRE

HB 1402, which would allow the unlicensed sale of raw milk products by small-scale producers, was referred in February to the House Committee on Commerce and Consumer Affairs and scheduled for a public hearing March 6. The bill would allow the unlicensed sale of raw yogurt, cream, butter or kefir on the farm, at a farm stand or at a farmers market by those processing less than twenty gallons of raw milk per day into raw milk products. Current law allows the unlicensed sale of raw milk by those farms producing less than twenty gallons per day. Any products sold under the exemption provided by HB 1402 shall have a label on the product as well as a sign at the point of sale indicating that the products were made from raw milk that is exempt from licensing and inspection. HB 1402 combines the provision on raw milk products with an unrelated section on the sale of homestead food products produced in a home kitchen.

NEW JERSEY

AB 518, a bill that would legalize the on-farm sale of raw milk by licensed producers has passed out of the Assembly Agriculture and Natural Resources Committee and is now up before the full Assembly for a vote. In addition to legalizing the sale of raw milk the bill would allow licensees to sell raw yogurt, kefir, butter, cottage cheese and cheese as well. AB 518 also has a provision stating that nothing “shall preclude a consumer, for the purpose of obtaining raw milk, and a farmer from entering into a contract for shared ownership of a cow and contractually prescribing the terms and condition of milk production.” If the farmer and consumer enter into this type of contract, no raw milk permit is required.

The same bill was introduced in the prior legislative session but died in a Senate committee after passing in the Assembly.

WISCONSIN

SB 108, which would allow the on-farm sale of raw milk and raw milk products, was referred last May to the Senate Committee on Agriculture, Natural Resources and Higher Education. Under the bill either an unlicensed or a Grade A dairy farm can sell raw milk if the farm registers with the state Department of Agriculture, Trade and Consumer Protection (DATCP) and if the prescribed labeling, bottling and testing requirements are followed. The farmer must also post a sign at the place where milk and milk products are sold stating, “Raw milk products sold here. Raw milk products are not pasteurized.” No hearing has been scheduled yet for the bill.

For the latest developments on raw milk issues, go to www.thecompletepatient.com. Those who have not joined the Farm-to-Consumer Legal Defense Fund are encouraged to do so. Membership applications are available online at www.farmtoconsumer.org or by calling (703) 208-FARM (3276); the mailing address is 8116 Arlington Blvd, Suite 263, Falls Church, VA 22042.

Healthy Baby Gallery



Mary is the fourth child of Ellie Sodergren, former Lincoln, Nebraska Chapter Leader. Ellie attributes Mary's beautiful smile and cheery disposition to switching to the WAPF diet four years before Mary arrived. Ellie took homemade "prenatal pills" made from raw liver every day of her pregnancy, along with, of course, cod liver oil, raw butter, eggs and raw milk. As soon as she was born, Mary's wide nose and well-formed palate were apparent. Now, at two years old, all of her baby teeth have come in beautifully and are a dazzling white—despite a lack of brushing! Mary is a real milk connoisseur, preferring raw goat's milk to cow's. She has a great appetite and eats everything her mommy makes. She has always slept well and, much to her mother's surprise, has already nearly potty-trained herself. She is very smart, well-coordinated and does everything her older brothers do.

She has been a delight to behold and her mere existence has made her mother daily grateful for the influence WAPF has had on her family and their health. Her prayer is that many others can experience the joy of a home blessed by the presence of a "WAPF baby."

Eleven-month-old Rebekah is pictured thoroughly enjoying her homemade baby custard. Says mom, "As I look at this picture of this beautifully healthy baby and her sparkly eyes, I thank God for the Weston A. Price Foundation. Thank you for your hard work to educate people about real foods, and to help make them available everywhere." Although mom had previously made homemade baby food, Rebekah was my first baby to feed according to WAPF guidelines. While it has been a challenge *not* feeding any grains (sometimes it would just be so much easier to give her some Cheerios!), and mind-boggling to give her egg yolks and liver, it has been well worth the effort. As she approaches her first birthday in a couple of weeks, it looks like Rebekah will be the first of her siblings not to have any antibiotics or other medications during her first year. She is a happy, healthy baby because of a diet of real, nourishing foods from before pregnancy to the present. May God continue to bless the Weston A. Price Foundation and all those who tirelessly work on the front lines to educate and fight for our food freedoms."



WAPF child Ashley is pictured here on her first day at school. Off she went no drama at all. Mum and dad asked her in the car on the way if they should sit with her for a while until she was settled, Ashley replied that she was already settled in! Her only problem was that the first week and a half was mornings only and there would be no homework! She is as tall as most six-year-old girls and has strong healthy sharp white teeth.

This is a picture of our almost six-month-old son: Everett Boone Boston. He has been raised so far on the WAPF infant formula after unsuccessful breastfeeding. I can not thank you enough for sharing your knowledge with us!! Jennifer



Please send photos of healthy babies to liz Pitfield at liz@westonaprice.org. Photos must be labeled with the baby's first and last name and accompanied by an email with text.

Healthy Baby Gallery



Grayson, age four, and Naomi, age two, started eating traditional foods when Gray was close to two years of age and Naomi a couple months old. They love raw milk and its many other forms as well as eggs, kimchi, sauerkraut, liver paté and various other foods! Look at those wide faces and happy smiles!



Aidan James McMurray is pictured here at one day old. He was born eight pounds, ten ounces after a completely natural home birth. He's already holding his head up and pushing off with his feet to scoot.



Owen Lamar is a Weston A. Price baby, born to a family consuming raw milk, cream, butter and yogurt from their A2 Jersey cow, pastured meats, fermented veggies and beverages, bone broth, egg yolk, fermented cod liver oil, and lots of raw liver. His mother had a wonderful pregnancy, her water broke while milking the cow, and five hours later, baby Owen was born into the hands of his father and a midwife. The midwife was happy to see how healthy his placenta looked. Owen is now eight months old and has been eating bone broth, cod liver oil, yogurt, ghee, liver, and egg yolk for several months. He sleeps like an angel all night, and is happy, joyful, and content. His family is so happy to have a vibrant little WAP baby.



Nineteen-month-old Indeh Bonilla (left) shovels in homemade sauerkraut for breakfast. He is a strong and healthy born-at-home and breastfed baby boy. He also loves bone broth soups and raw milk. He weighed eight and one-half pounds at birth and was "born in the caul." Mom credits her nutrient-dense diet of pastured eggs, grass-fed meat, veggies, healthy fats and kombucha for her strapping little guy who loves to eat well!

Adopted native Alaskan Yupik baby, Mary Katherine (right) had been breastfed for one week, and then placed on formula. She was born underweight with a fairly severe underbite. She also struggled with eye contact for some time. In the month or so after starting the raw formula, her parents were astounded at the amount she was drinking. At four weeks, she was packing away seven ounces every two hours. She was starving for real fats! In time her appetite settled down. The first food that she was actually able to eat was wild caught salmon.

She has even enjoyed seal meat! Today, her underbite is almost fully healed. She is a very bright and cheerful baby, and interacts extremely well with anyone she comes into contact with. Her skin glows unlike any we have seen before. Her parents frequently field questions and comments as to her cheerful disposition and glowing skin.



Healthy Baby Gallery



Anna Berthelius and her husband discovered WAPF when their first child Savan was about one year old. He is now almost four years old. After breastfeeding, he's been drinking raw milk, taking cod liver oil, eating liver, grass-fed meat, organic vegetables and fermented vegetables, homemade yogurt, pastured chicken and eggs, etc. He had a very difficult birth, but he is now a super healthy kid thanks to the WAPF diet. His sister Olivia is now eleven months old. Her pregnancy was extremely easy! Mom drank lots of raw milk and kombucha, ate homemade raw cream ice cream, liver, probiotic food, grass-fed beef, seafood and two teaspoons of fermented cod liver oil daily. Olivia's birth was completely natural with a no intervention hospital birth. She was born ten minutes after arrival at the hospital with one push. She has been an extremely easy, always happy baby. Mom gets a lot of compliments on both children as far as their looks and their behavior and overall how happy they seem.



Eight-month-old Natalie is a sweetheart. Her favorite foods are egg yolk with applesauce, kefir with banana, bone broth with sweet potato and of course, mama's milk. Her mom, Suzanne, describes Natalie's birth as being "very peaceful and energizing," not at all like the birth of her first daughter which was "a bit frantic and exhausting." Both children were born at home with a midwife, but Suzanne believes Natalie's birth was so much easier because of the changes she made to her diet before Natalie was conceived. Suzanne was introduced to WAPF by a good friend after the birth of her first daughter. She added raw milk, fermented cod liver oil, raw cheese, pastured butter and eggs, whole grain sourdough breads, soups made from bone broth, sauerkraut and, one of her favorite foods during pregnancy, sardines. Suzanne went against the advice of her midwife and didn't take any prenatal vitamins during her pregnancy with Natalie. Instead she continued taking cod liver oil and stuck to her new diet. The first four months were tough because of constant morning sickness that not even raw milk could ease. Suzanne was thankful for the nourishing foods she ate before her pregnancy as she feels it sustained her during that time. She also recommends acupressure bands (the kind worn on the wrist for motion sickness) and magnesium drops made from sea water for easing morning sickness. And sleeping whenever you can.



Barnaby Leonard Smith, pictured here getting his first egg yolk, was born October 2011 weighing eight pounds eleven ounces. He is a strong and healthy little boy, smiling, laughing and looking very alert (many people comment that they've never seen a baby look them so earnestly in the eye). His parents Arabella Forge and Darryl Smith met via the Weston A. Price Foundation—Arabella is the chapter leader for Melbourne and Darryl's parents are the chapter leaders for Gippsland. They met when Darryl was delivering raw milk into Melbourne. Arabella and Darryl enjoyed a traditional, WAPF diet for the years leading up to Barnaby's conception. During her pregnancy, Arabella consumed plenty of raw milk, organ meats and seafood. Barnaby is now thriving on his diet of breast milk with some supplementation with the WAPF baby formula. His first solid foods have been egg yolks, avocado and custard made from egg yolks and raw cream. Says Arabella, "We are thrilled with our little boy and extremely grateful to the WAPF for providing the important nutrition information required to have a healthy baby."

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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at <http://www.westonaprice.org/local-chapters/chapter-resources>, including our trifold brochures in Word format, chapter handbook, and PowerPoint presentations.

LOCAL CHAPTER LIST SERVE

Thank you to Suze Fisher, a chapter leader in Maine, for setting up a local chapter chat group. New chapter leaders can sign up at <http://groups.yahoo.com/group/wapfchapterleaders/>

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HEALTH JOURNAL OFFERS FREE VACCINATION CHOICE FLYERS



CANTON, OHIO (March 2, 2012)—Vaccination education flyers and posters are offered at no cost by the *Journal of Natural Food and Health* for their 2012 campaign dubbed "Your Child. Your Choice. Education B4 Vaccination." These materials explain health risks and ask: Are vaccinations safe and effective—or necessary?

"Education is the key to making sound decisions in a free society rather than others dictating personal health decisions for you and your family," explains David Augenstein, MS, PE (aka Mr. Augie), publisher of the journal and WAPF member. "Parents should have a choice to vaccinate their children or not—but they are not being told that legal exemptions are available or about the real health risks of vaccinations."

The flyers are being given out by doctors, health professionals, seminars, food clubs, health fairs and posted on bulletin boards at stores, churches, schools and workplaces. It links to references and resources at Vaccine Nation Series.

Packs of one hundred flyers are available for ten dollars each. See the free digital, printer-ready flyers and download them here <http://j.mp/vaxkits>

Journal of Natural Food and Health is an internationally read internet publication at journal.livingfood.us, and also has raw milk and fluoride flyers available through their gateway at livingfood.us

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LOCAL CHAPTER BASIC REQUIREMENTS

1. Create a Food Resource List of organic or biodynamic produce, milk products from pasture-fed livestock (preferably raw), pasture-fed eggs and livestock and properly produced whole foods in your area.
2. Provide a contact phone number to be listed on the website and in our quarterly magazine.
3. Provide Weston A. Price Foundation materials to inquirers, and make available as appropriate in local health food stores, libraries and service organizations and to health care practitioners.
4. Provide a yearly report of your local chapter activities.
5. Be a member in good standing of the Weston A. Price Foundation.
6. Sign a contract on the use of the Weston A. Price Foundation name and trademark.

OPTIONAL ACTIVITIES

1. Maintain a list of local health care practitioners who support the Foundation's teachings regarding diet and health.
2. Represent the Foundation at local conferences and fairs.
3. Organize social gatherings, such as support groups and pot luck dinners, to present the Weston A. Price Foundation philosophy and materials.
4. Present seminars, workshops and/or cooking classes featuring speakers from the Weston A. Price Foundation, or local speakers who support the Foundation's goals and philosophy.
5. Represent the Weston A. Price Foundation philosophy and goals to local media, governments and lawmakers.
6. Lobby for the elimination of laws that restrict access to locally produced and processed food (such as pasteurization laws) or that limit health freedoms in any way.
7. Publish a simple newsletter containing information and announcements for local chapter members.
8. Work with schools to provide curriculum materials and training for classes in physical education, human development and home economics.
9. Help the Foundation find outlets for the sale of its quarterly magazine.

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PATAGONIA EXPO

Alley Stiteler helps out at the Weston A. Price Foundation booth at the Patagonia Expo in Chile. She and chapter leader Dr. Ann Michael handed out invitations for a free showing of *Nourishing Our Children* and a class on lacto-fermentation.

Wind and rain resulted in a lower-than-expected turnout, but there was lots of interest in the WAPF booth and materials.

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Friday, March 2, 2012 at the Sauk County courthouse, WI

Vernon Hershberger is joined by Max Kane and Liz Reitzig on the courthouse steps in Sauk County, Wisconsin. They unveiled a Food Declaration of Independence which was signed by hundreds of raw milk supporters who attended the rally. (photo by David Gumpert)



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IL

Nature's Paradise Acres, Linus & Brenda Gingerich & Family produce fresh farm products on a grass & forage based farm. Grade A Dairy Cows, consist of Jersey, Milking Shorthorn, Dutch Belted & Guernsey breeds. Cows are grazed on high quality pastures & fed a small amount of naturally grown grains (Barley, Malt & Oats) which enables them to produce high quality raw milk. Other products are fresh brown eggs from a flock of pastured hens & broiler chickens. Turkeys in time for Thanksgiving. Poultry is fed pasture & naturally grown grains. All products must be picked up at the farm, bring your own containers to be in compliance with Illinois regulations. For brochures & information please call: (217)336-4036, 82E 2600 St. Barry IL 62312.

IN

Pastured chicken available June to October, dressed or live. Please order 3 months in advance of when you want the chicken J. M. Schwartz, 7560 S 200 E, Berne, IN 46711.

Raw milk cheeses, grass-fed beef, veal. Also, a variety of fresh raw dairy products available as pet food. 100% pasture fed cows. NO hormones, pesticides, antibiotics used. **Will ship.** Available from the Yegerlehner's The Swiss Connection. (812) 939-2813, www.swissconnectioncheese.com, Clay City.

MA

Many Hands Organic Farm in Barre, MA. Produces certified organic lard from pasture raised pigs fed Nature's Best Organic Feeds, whey and pasture. \$20/quart in recycled yogurt containers. **We ship** in the US. Order at <http://mhof.net/meat/index.php>. (978) 355-2853; farm@mhof.net.

MD

100% Grass-fed dairy and beef. Soy-free woodland pork. Soy-free pastured broilers and eggs, fermented foods, North Central MD, grassfedcarroll@gmail.com.

100% soy-free chicken, eggs, pork, veal and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw milk blue and Cheddar cheese by cheesemaker Sally Fallon Morell. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC, so bring your coolers and stock up! Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

Nick's Organic Farm. Grass-fed beef (no grain ever), free range eggs, pastured chicken & turkey. Liver, organ meats, & bones. Pick up in Potomac or Buckeystown. Our cattle are always on organic pasture. Our cattle and poultry receive all organic feed, no hormones, antibiotics, or animal parts. We raise our own hay and grains and grind our own poultry feed. Quality Organic Products Since 1979. (301) 983-2167 nicksorganicfarm@comcast.net - www.nicksorganicfarm.com.

Soy-free eggs from truly free-range, pastured, heritage hens. Fed organic, local grains, Fertrell fishmeal, kelp. \$6/doz. Soy-free, pastured, heritage pork freezer boxes for pre-order. Holistic horse boarding. Libertytown, MD (near Frederick) grazydays.com, Leah Mack (301) 639-2027.

Windmill Meadows Farm, Washington County. Grass-based sustainable family farm. Our focus: healthy, well-balanced soil produces healthy livestock on healthy grass for healthy, good-tasting food products. Grass-fed dairy, beef, goats, pasture-based poultry (broilers & layers). Availability to Washington DC markets (301) 739-5258.

MN

Farm on Wheels offers animals raised on green grass & certified organic by MOSA. Nutrient-dense cuts of beef, lamb, chicken, turkey, goose, duck, pork, lard, butter & eggs. No corn or soy. Farmers Market year round in St. Paul, Prior Lake, Northfield, Linda (507) 789-6679, www.farmonwheels.net.

Pork & Plants Heritage Farm located in SE MN. Heritage red wattle pigs, chickens, ducks, turkeys and eggs. All grain from our organic farm to insure quality soy-free feed. Pasture based with exceptional taste. Contact eric@porkandplants.com or (507) 689-4032 www.porkandplants.com.

NJ

Fresh food from fertile soil. River Birch Micro Farm. Member: Farm-to-Consumer Legal Defense Fund. Eggs from chickens on grass pasture. Fruits, nuts & vegetables. Sawmilling, Farmer/Soil Scientist Joseph Heckman, Ph.D. 19 Forman Ave, Monroe Township, New Jersey 08831 (732) 605-0444.

NY

New York Buyers Club. Certified organic grass-fed dairy products from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork and chicken. Fermented foods, Green Pasture Products, soaked and dried nuts and raw honey. **Will ship.** (717) 768-3437. Pleasant Pastures.

Raw milk from dutch belted cows organic certified farm, grass-fed. Call us for other products. Ana Lups, PleromaFarm, Hudson, NY (518) 828-1966.

OH

Raw milk cheese from whole milk. Normandy cross cows 100% grass-fed without chemicals. **We ship.** Mail order, Colby, Cheddar and Appenzeller Cheese \$6.00/lb plus shipping Ice Shanty Cheese, Arlie & Ada Stutzman (330) 674-1289.

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PA

100% Grassfed Cow Dairy SoyFree Sheep Dairy, Natural Rind & Cave Aged Artisan Cheeses, Raw Cow & Sheep Dairy Products available in season, Grass Fed Lamb, Pastured Poultry, Heritage, Large Black Pork raised in woodlots, **We ship.** Blue Mountain Meadow, (717) 423-5680.

100% Grass-fed dairy and beef. Soy-free woodland pork. Soy-free pastured broilers and eggs, fermented foods, (610) 593-2811.

All Natural Chicken, no medication, raised with organic feed, pastured on the farm. Fresh whole chicken \$2.95/lb; eggs \$3.00/dozen. The Miniature Farm, Larry and Rachel Halteman, Newville, PA (717) 776-7157.

Bareville Creamery 100% Grass-fed. We offer raw traditionally cultured butter from our grass-fed cows. **We will ship** to you or visit our farm to pick up. Daniel & Katie Zook, Leola, PA (717) 656-4422.

Organically managed 100% grass-fed Dairy from Jersey cows. Eggs from pastured chickens (soy free available) Grass-fed beef, pork, chicken & rabbit. New! Soap made with lard from pastured pork, fermented veggies, crispy nuts and raw honey. **We Ship.** Pleasant Pastures, (717) 768-3437.

Grass-fed organic raw milk and dairy food: 100% grass-finished beef and lamb, pastured pork, chicken and turkey, wild Alaskan salmon, fermented vegetables, raw honey, maple syrup and more. Long Island drop. Paradise Pastures, Paradise, PA (717) 687-6346.

Grass-fed and soy-free dairy, beef, chicken, and pork for our family and friends, specializing in cheese, butter and eggs. **Will ship.** Family Cow Farm, 1090 Kirkwood Pike, Quarryville, PA, 17566.

Grassfed, our specialty - 100% naturally raised beef including MSG-free hot dogs. Farmstead raw milk cheese aged 60 days - packaged or wheels. Heading towards non-A1 Herd. Milky Way Meadows, (814) 967-3406. No Sunday calls please.

If you are looking for milk & golden cheeses from totally grass-fed cows, veal raised at momma's sides, romping on the green, soy-free turkeys, free-range pastured poultry, & eggs, and if you have a desire for beef and lamb raised on fresh green grass without grain, vaccinations, or wormers, rabbits hopping in the grass,..you are welcome to stop in or to give us a call! Mark & Maryann Nolt & family Newville, PA (717) 776-3417.

Miller's Biodiversity Farm is looking to supply small and starting co-ops with milk, meat and eggs. For more information please call Aaron (717) 806-0392. **Will ship.**

Owens Farm Sunbury, PA, grass-fed lamb, pastured Tamworth pork, pastured meat chickens, raw honey, kid's Sheep Camp, farm tours, Adopt-A-Sheep & more. Visit Owens Farm www.owensfarm.com (570) 286-5309, info@owensfarm.com.

Raw Dairy products from our no-grain, grass-fed Jersey cows. Milk, cream and cheeses: Cheddar, Colby, Swiss, Havarti, Gouda, Gruyère. Free-range, pasture-raised and organically-fed broilers. No added hormones or antibiotics. **We ship.** Shady Acres, Elizabethtown, PA (717) 361-1640.

Raw dairy products from our 100% grass-fed cows - whole milk, heavy cream, cream cheese, sour cream, cottage cheese, butter. All made here on our 13-acre Chester County farm. Free from hormones and synthetics. Samuel and Esther Fisher (610) 273-2076.

Raw milk from 100% grass-fed cows, yogurt, eggs from free-range chickens, 100% grass-fed beef and raw milk cheese. Ira & Mary Beiler. (570) 278-5881.

Raw milk cheese from our grass-fed Jerseys, made on our family farm with Celtic sea salt. No-grain feed. Also grass-fed beef and pastured chickens, turkeys and eggs. All soy free, No hormones or synthetics. On-farm sales. Wil-Ar Farm, Newville, PA (717) 776-6552.

Raw milk cheeses from organically managed, 100% grass-fed Jersey cows. Retail and wholesale. Prices start at 4.75/pound, **we do mail order** cheese. Raw milk and organic eggs available. Eastern PA, 15 minutes N of I78, Hilltop Meadows Farm, 153 Martins Rd. Pine Grove, PA 17963 (570) 345-3305.

Soy free, pasture raised chicken. Fed organic feed. No chemicals used on this farm for 10 years. Also, breast, wings, leg and thigh available. **Will ship** Co-ops welcome \$4.25 per pound. Miller's Biodiversity Farm (717) 806-0392.

TX

Grass-fed beef from our heritage cattle, born & raised on our 110-yr-old Shudde Family Ranch near San Antonio. Healthy soil, to healthy grasses, to healthy cattle, to healthy nutrition-dense beef for healthy families. Inspected, frozen. **We ship.** www.ShuddeRanch.com (866) 392-1510.

VA

Belle Meade in Sperryville. Pastured livestock, no hormones/antibiotics: chickens, other poultry, pork, grass finished beef, eggs; organic vegetables. Contact (540) 987-9748 or tanya@bellemeadeschool.org. Join e-mail list to receive availability updates. Pickup at farm; nearby locations; Fairfax County Government Center. www.bellemeadeschool.org

Cow/Herd shares available, with Member in Local Kine (M.I.L.K.) Project in Fauquier County at Western View Farm, 2028 Laws Ford Rd., Catlett, VA 20119. For information call Martha Bender (540) 788-9663.

Grass-fed Black Angus beef, pasture-raised pork, goat, lamb & chicken raised in Northern Virginia. Free range eggs from our 600+ chickens! Raw milk herd shares available. Open seasonally Wednesdays and weekends. www.chicamarun.com (540) 668-9828.

Mount Vernon Farm raises 100% grass-fed beef & lamb, and soy-free pastured pork and soy-free eggs. We have an on-farm store and buyers clubs throughout Northern and Central Virginia. Contact us at (540) 987-9559 or mtvfarm@gmail.com. www.mountvernonfarm.net and Facebook.

Salatin family's Polyface Farm has salad bar beef, pig-aerator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. Some delivery available. Call (540) 885-3590 or (540) 887-8194.

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Virginia Buyers Club. Certified organic grass-fed dairy products from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork & chicken. Fermented foods, Green Pasture Products, soaked & dried nuts & raw honey. **Will ship.** (717) 768-3437. Pleasant Pastures.

CANADA, QC

Attracted to becoming part of an organic agri-diversified farm? We raise large animals and birds, vegetables, plus have a bakery and our own flour mills. Our intentional community projects are in development, and are diversified. Interested? Contact John through www.fermemorgan.com.

HEALTHY FOOD PRODUCTS

BEEF, All natural grass-fed Texas Longhorn. Heat & serve beef shipped in 28oz cans, cases of 12. Buy direct save with 50lb. box grind. Halves cut & wrapped. hot dogs. **Will ship.** Certified Texas Longhorn Beef, 35000 Muskrat, Barnesville, Ohio 43713, phone (740) 758-5050, www.head2tail.com.

CUSTOM HERBAL TEAS for your health and unique constitution. Custom Skin Care and Body Care preparations. Tulsi ~ Holy Basil Essence. Herbs for GAPS Protocol Issues. phone (520) 896-2998, foundationalhealth@myway.com.

FOOD brand 100% food supplements, Green Pasture's fermented cod liver oil & butter oil, domestic bee pollen, acerola berry powder, raw glandulars, bovine gelatin, Aubrey® Organics 100% natural & petro-chemical free face, hair and body care products and more. Visit www.wellnessinformationservices.com or call (484) 336-0431.

KATALYST KOMBUCHA TEA, using certified organic ingredients with Fair Trade teas in our raw kombucha. Available in 5 flavors Refreshing, Energizing, Delicious. Sold from Maine to Northern Florida. Also **will ship** throughout the U.S. (413) 773-9700 or info@katalystkombucha.com.

LACTO-FERMENTED VEGETABLES, cultured, 100% organic, by Immunutrition. Three delicious, raw blends – Garden, Sea & Sunshine. **will ship** throughout USA via UPS. Available in 32 oz. jars or try our Cultured Veggie Taste Tester with bonus pumpkin oil & sea salt. (877) 773-9229, www.culturednutrition.com.

OLIVE OIL - From our Harvest to your Table! Laconiko is 100% pure, virgin, cold pressed olive oil from a small family farm in Greece. "On Tap" and bottled in Virginia the same day you order. www.thepureolive.com.

Raw Prey "RAW FROZEN" PET FOOD: We sell 100% USDA Certified Organic Chicken, Organs, Bones for companion animals. Raw Prey Animal Detox & Maintenance formula; Chicken Necks & Veggie buddies. Contact: David@Raw-Prey.com, www.RawPrey.com (641) 209-6665 Fairfield, Iowa.

REAL PICKLES. Lacto-fermented vegetables. Raw, certified organic & regionally grown. Pickles, sauerkraut, kimchi, ginger carrots, hot sauce, beets. **will ship** within Northeast only. See website for store list & mail order info. Real Pickles, Greenfield, MA. (413) 774-2600. www.realpickles.com, info@realpickles.com.

SALT (coming soon) www.earth-salt.com Impeccably sourced, gourmet salts for the discerning. Salts for people, the farm, animals and gardens. Himalayan, Hawaiian, South Pacific, & our Spiritual blend. you & yours are worth the salt of the earth! info@earth-salt.com.

SAUERKRAUT, RAW ORGANIC. Fresh, Raw, & Alive! Gold Mine's Fresh Organic Sauerkraut is abundant in friendly, living micro-organisms, powerful aids to digestion & assimilation. Independent lab tests show 7.8 M CFU's of live lactobacillus & bifidobacterium species per gm! Aged in special ceramic crocks that allow the growth of friendly flora in a safe environment, Gold Mine's sauerkraut is, according to the most discriminating "kraut connoisseurs," absolutely delicious! Featured at the annual conference of the Weston A. Price Foundation 2004-2009. (800) 475-3663 or go to www.goldminenaturalfoods.com.

If people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny.
Thomas Jefferson

HEALTHY PRODUCTS

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INTENTIONAL COMMUNITY

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HERBALIST. TEACHER PRACTITIONER of ANCIENT HEALING ARTS. Will live on or near your CSA or farm Selling my property to relocate to a biodynamic or WAPF-style farm area. Organic grower of herbs. Practiced biodynamics. Want to make biodynamic preparations on the property I will live on and on neighboring properties if invited. Maker of custom herb formulations and homeopathic preparations. Chapter Leader in Arizona. email foundation-alhealth@myway.com.

INVESTORS NEEDED

HuNGERING for something more when you're on the road? Seeking partners/funding for an outlet that will offer WAPF-friendly options to travelers at airports and rest stops. Menu items to include grass-fed beef on sprouted buns, bone broth soups, lacto-fermented condiments, and more! Contact Katharine Spehar: kjspehar@gmail.com.

I WANT TO CAN Organic Hot Sauce, Hot Peppers, Tomato Sauces, etc. for sale in stores etc. good return on your money, Contact (717) 776-0178.

LOVF is the dream of a local, sustainable, organic farm serving Virginia. We are raising funds to purchase land and we implore you to make a contribution to our cause. Visit www.gofundme.com/ehao8 or our facebook page Lovf for more details.

MAKE MIRACLES HAPPEN. Developing, innovative non-profit seeks R & D phase funding for environmentally-sustainable, economically viable production model of one of nature's perfect foods. Help others help themselves to better health. Make a difference. Contact (816) 724-1565.

The greatest fine art of the future
will be the making
of a comfortable living
from a small piece of land.
Abraham Lincoln

LAND SALE/RENT

Dairy ranch on 51.65ac, fenced with grass pasture & utility water in Sierra Foothills. 160' cow barn, 150' hay barn, grain silo, 30'x40' milk house and insulated cheese processing bldg. 3 bed/2.5 bath ranch home. \$650,000 Mike Capelle (530) 252-8022 mike@sunset-vistarealty.com.

FOR RENT Farm land & barn, aprox 40 acres clear plus woodland with sugar bush. Must be organic, biodynamic preferred. Rent negotiable. NW Massachusetts. melodyhillfarm@gmail.com.

Lot For Sale in Berkeley County, WV. 360 acre organic farming community. Shared with 15 other organic farming enthusiasts. Property features natural balance of woods, ponds and fields; borders Back Creek. Many community features. For more information call Charla at (304) 279-0992 (ERA Liberty Realty - John Kilroy Broker) or go to: www.15MarigoldWay.com.

MOuNTAIN PROPERTY & HOME FOR SALE Oak trees and native grasses on 1.25 acres. 4600' elevation. Sunny Oracle Arizona. Light snow in winter. New coop. Fenced coop yard and fenced property. ORGANIC GARDENS. Almond, apricot. No toxins ever used. Low property taxes. 3 bedroom, 2 bath with 19' by 11' studio/indoor shop room. \$1,500 finders fee paid to any one who refers a buyer. NO REALTORS. For sale by owner. Herbalist-owner may be retained for mentoring. email foundation-alhealth@myway.com.

OREGON HERD SHARE FARM FOR SALE. 32+ acre sustainable herd share farm single level home, barn, milking parlor, 100% irrigation, hay shed, chicken/calf barn, newly seeded pasture and hay field. Not certified organic but could be, as no sprays have been on the property in 16 years. www.windyacresfarm.com, Prineville, OR. You can also go to facebook windy acres dairy farm or <http://www.windyacresdairyfarm.4t.com/> any other questions please feel free to call (541) 447-5389.

PERSONALS

SWM, 49, 5'7", thin, healthy, non-smoker, educated, owns 7+ neWV acres/small house. Doing market gardening, raising animals, establishing a farm, WAPF nutrition. Working towards sustainable living, permaculture, and Fukuoka natural farming. ISO like minded SF for committed relationship. mainstreamnot@gmail.com.

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CRAFTS

BEAuTIFuL CRAFTS by local artists. Keep your gift-giving dollars in the uSA. Alpaca blankets, socks and yarn; hand painted decorations, paintings by a ward-winning artist Megan Pisciotta Greene; handmade quilts. Exclusive source of Nourishing Traditions posters. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. 301-579-2727, pabowenfarmstead.com.

DVDS

DVD "Nourishing Our Children" recently launched a DVD that may be used for one's self-education or to present to an audience. You will learn how to nourish rather than merely feed your family nourishingourchildren.org/DVD-Wise.html **Free Shipping!**

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TRAVEL

California Wine Country retreat in Mendocino County. GAPS consults by certified practitioner, delicious GAPS/WAPF meals, time to relax in serene beauty. Private accommodations in straw bale home, sauna, hiking among the oaks and rolling hills, driving distance to the coast, wineries and state parks. Email carolhume@comcast.net or call (612) 849 7551 for details.

EDUCATION/LODGING - McNutt FARM II SCHOOL, 6120 Cutler Lake Road, Blue Rock, Ohio, 43720. (740) 674-4555 We welcome you by reservation and deposit, on-farm lodging, over night, weekend or week. Private quarters/equipped kitchen. Livestock & pet lodging.

Sunset Ridge VACATION HOME - Stocked with WAPF approved local foods! Enjoy the solitude in this 4+ BR, 3-bath, furnished luxury vacation home on Lewis & Clark Lake, Yankton SD. Sleeps 14. Spectacular lake view. Screened porch. DSS. Fireplace. Great for family, friends, business retreats or holiday parties. As you wish, can be stocked with WAPF approved locally produced organic foods: eggs, raw milk, beef, chicken, & vegetables. www.yanktonsunsetridge.com (605) 661-6726 retreat@yanktonsunsetridge.com.

EMPLOYMENT OPPORTUNITIES

Tai Sophia is hiring a full-time faculty member for the MS in Nutrition and Integrative Health program. Interested individuals should forward a) a letter of interest, b) resume, c) a minimum of 3 references, and d) student evaluations from courses taught in the last 5 years to our Office of Human Enrichment at jobs@tai.edu, referencing Nutrition Faculty Position.

Want to grow your own food but don't have enough space? Very small homeschooling family (mom has disability) seeks partnership with other like-minded individual(s)/family. Looking to buy appropriate property in NJ/PA/NY. Please contact my144fun@gmail.com or (908) 508-0441.

INTERN/APPRENTICESHIPS

Successful retiring farmer, seeking paid apprentice(s). 110-acre rural forested/pastured land in Southern Oregon Cascades. Organic pastured beef main operation. WAP Principles. Established customer base. Seek mature, responsible, teachable person/s, with option for your poultry or other business. Opportunities for broad based skill/learning (ongoing construction projects, soil/pasture management, aquaculture, greenhouse, gardening, forest management, equipment operation, and much more!). Looking for long-term potential partnership (short term interests please don't apply). If you can recognize an opportunity of a lifetime, please email skyrock@peak.org.

Vermont Farm seeks helpers for 2012. We integrate American Milking Devon cattle, pigs and chickens with growing and fermenting six tons of vegetables. Our grain-free cows support raw milk sales plus butter and cheese making. We focus on selling nutrient-dense foods while eating well ourselves! Learning opportunities include milking, biodynamics, natural livestock care. Positions available April to November, short and long term. Cabins, food, laundry, Internet access and lots of education. Call Doug Flack, (802) 933-7752, Flack Family Farm, www.ackfamilyfarm.com.

We are a small RAW retail dairy in N. Texas looking for interns who want to learn how to run a small farm. You'll have the ability to learn all you want. From milking cows to use of general farm equipment. Carpentry, fencing, welding, plumbing. Learn basic animal husbandry, plus minor veterinary work. Previous work with animals a plus but not required. Honesty, a good disposition, and common sense ARE required. Private housing, good food and a weekly stipend. For more information contact Traci Christian moonryvranchdairy@yahoo.com.

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MILK PRODUCTS: COW Milk, Colostrum, Cultured Butter, Buttermilk, Yoghurt, Kefir, Eggnog, Creme Fraiche, Cream, Whey, Cottage Cheese, Homemade Raw Ice Cream **CHEESE:** Baby Swiss, Monterey Jack, Cheddar, Colby, Cream Cheese, Cave Ripened Cheddar, Farmers Cheese, **SHEEP/GOAT** milk yogurt and cheeses **CAMEL MILK**

BEEF: Hamburger, Stew Meat, Beef Stock, Steaks, Roasts, Organs, Tallow,

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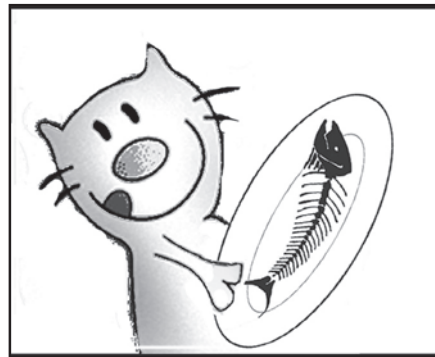


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This manual by Anore Paniyauraq Jones is the second in a series of three detailing the traditional foods of the Inupiat. The first book in this series about Inupiat foods was *Nauriat Niginaqtuat, Plants That We Eat*, an ethno-botanical manual, long out of print but due to be re-printed in the fall of 2009 by University of Alaska Press. It is 150 pages with black and white photos and sketches.

The second manual, *Iqaluich Niginaqtuat, Fish That We Eat*, provides information regarding the traditional use of fish, their processing, recipes and eating enjoyment. It was compiled from the local traditional fish knowledge of northwest Alaska and was partially funded and placed on the web by the U.S. Fish and Wildlife Service.

The third manual in this series will similarly detail the traditional Inupiat processing techniques and recipes for sea mammals.

Presently there is no funding to support this work. Any suggestions would be welcome. The web link to *Iqaluich Niginaqtuat, Fish That We Eat*, is below. The report is located under the U.S.F.W. Northwest AK section. From here you can read it and/or download and print it. It should be printed double-sided due to the length (341 pages), including 100+ color photos, sketches.

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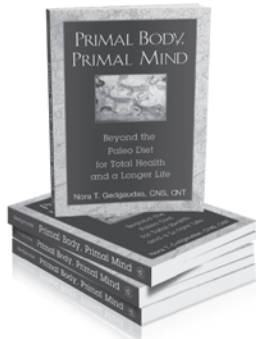
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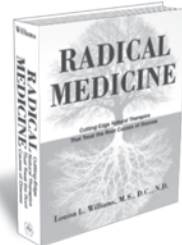
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