

WiseTraditions

IN FOOD, FARMING AND THE HEALING ARTS
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THE WESTON A. PRICE FOUNDATION®

Education • Research • Activism

The Weston A. Price Foundation is a nonprofit, tax-exempt charity founded in 1999 to disseminate the research of nutrition pioneer Weston A. Price, DDS, whose studies of isolated nonindustrialized peoples established the parameters of human health and determined the optimum characteristics of human diets. Dr. Price's research demonstrated that men and women achieve perfect physical form and perfect health, generation after generation, only when they consume nutrient-dense whole foods and the vital fat-soluble activators found exclusively in animal fats.

The Foundation is dedicated to restoring nutrient-dense foods to the American diet through education, research and activism and supports a number of movements that contribute to this objective, including accurate nutrition instruction, organic and biodynamic farming, pasture-feeding of livestock, community-supported farms, honest and informative labeling, prepared parenting and nurturing therapies. Specific goals include establishment of universal access to clean, certified raw milk and a ban on the use of soy-based infant formula.

The Foundation seeks to establish a laboratory to test nutrient content of foods, particularly butter produced under various conditions; to conduct research into the "X" Factor, discovered by Dr. Price; and to determine the effects of traditional preparation methods on nutrient content and availability in whole foods.

The board and membership of the Weston A. Price Foundation stand united in the belief that modern technology should be harnessed as a servant to the wise and nurturing traditions of our ancestors rather than used as a force destructive to the environment and human health; and that science and knowledge can validate those traditions.

The Weston A. Price Foundation is supported by membership dues and private donations and receives no funding from the meat or dairy industries.

Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS
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Volume 22 Number 3

FALL 2021

CONTENTS

FEATURES Sound Frequency Therapy	Page 19 Anke Zimmermann on homeopathy a		Page 49 rtility		
Joanne Mendez takes a look at the healing potential of sound		Technology as Servant James Kirkpatrick discusses the electrification	Page 52		
Covid Vaccine Shedding Page 24 Susan Porter considers how the vaccinated may be spreading illness to the unvaccinated		Wise Traditions Podcast Interview Page 59 Dr. Larry Palevsky on long-term risks of Covid shots			
Karnataka Cattle Act of 2020 Dr. Sylvia Karpagam condemns a bad pie of legislation as a de facto ban on eating		All Thumbs Book Reviews Page 6 You Have the Power Electrosmog			
The Batwa Pygmies of Uganda Page 34 Mary Ruddick describes the resilience of and		Vaccine Epidemic Underestimated: An Autism Miracle			
challenges facing the former forest tribe		Tim's DVD Reviews	Page 72		
DEPARTMENTS		Vaccination Updates Kendall Nelson on Covid vaccines and fertility	Page 74		
President's Message Building awareness with a Covid flyer	Page 2 Farm and Ranch Pete Kennedy discusses custom slaught				
Letters	Page 3	while Donna Costa takes stock of Ontario's n processing challenges	neat		
Caustic Commentary Sally Fallon Morell challenges the Diet Dictocrats	Page 12	Legislative Updates Pete Kennedy with food freedom updates	Page 89		
Wise Traditions 2021 All the details on a great lineup of speaker	Page 15 ers	A Campaign for Real Milk A tribute to Ted Beals	Page 93		
Reading Between the Lines Merinda Teller considers what acne tells us about the gut-skin connection	Page 39	Raw Milk Updates Healthy Baby Gallery Local Chapters Shop Heard 'Round the World	Page 95 Page 96 Page 97 Page 107		
The Wise Traditions Pantry John Moody advises dry brining pastured	Page 46 meat	Membership Upcoming Events	Page 124 Page 125		

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President's Message

How do we change the public consciousness? How do we pry the populace loose from the medical paradigm that has us in its grips: the myth of contagious disease? How do we get people thinking that the cause of this "plandemic" might be something other than a deadly virus? How do we create even an inkling of awareness that 5G, the new microwave Wi-Fi technology, is the main driver of the current illness?

It may take years to bring a recognition of radiation poisoning to common knowledge—look how long it took for the medical professions to recognize scurvy and pelegra as diseases of nutrient deficiencies, not contagion—but we are going to try to hasten this

This month at WAPF, we have been working on a Covid trifold in which we reveal the major myths that have people accepting masks, social distancing and toxic vaccines. The flyer addresses the myths that the disease is caused by a virus, that masks and social distancing can protect us against disease, and that the vaccines are safe and can prevent disease. The flyer will list the dangerous ingredients in the vaccines and delineate the reasons to suspect 5G, not viruses, as the culprit for "Covid."

By the time you receive this journal, the flyer should be available. . . and that's where you come in. You can order as many as you like from our website or the office—a donation for this is completely optional—and then become our army of consciousnesschangers! Give the flyers to your friends and colleagues, leave them in stores and restrooms, make sure the health practitioners that you know receive one, and send them to your public officials. Many will not be read, many will be rejected, but just seeing our arguments in print will serve to slowly change the public consciousness. Change always starts as a trickle, as a tiny underground stream, but as more and more people become aware of this different point of view, the stream will develop into a rushing torrent that no one can ignore. It might take a few years, or even a few decades, but we can be the force that will open people's eyes to what is really going on.

And in spite of the lunacy we are seeing all around us, we can all enjoy ourselves at Wise Traditions 2021, to be held in Allen, Texas (near Dallas), November 5-7. We have a fantastic lineup of speakers including Robert F. Kennedy, Jr., Del Bigtree, Lawrence Palevsky, Andrew Kaufman, Stephanie Seneff, Beverly Rubik and many others. See page 15 for details. No masks required so we look forward to seeing your shining faces there!

Letters

CRIMINAL HOSPITAL **PROCEEDINGS**

In my article "Questioning Covid" (Summer 2021), I noted that many doctors all over the world have noticed that the condition of Covid-19 patients worsens upon intubation, leading eventually to their demise. To intubate a patient (that is, to put him or her on a respirator), we use drugs that block the neuromuscular transmission—the exact cause of Covid-19 lethality.

criminal. One Italian physician was accused of injecting succinylcholine and propofol at lethal doses and not even for the purpose of intubation, thus directly causing the patient's death. Succinylcholine relaxes the muscles by binding acetylcholine receptors. The patient has cholinesterase enzymes that will remove the drug to restore the neuronal transmission and thus the muscle function (ncbi.nlm.nih.gov/ books/NBK499984/). But if a patient has a low level of cholinesterase (due to other drugs or to a genetic mutation), the effects of succinvlcholine will last much longer, and the patient cannot survive without mechanical respiratory support (ncbi.nlm.nih.gov/ books/ NBK499984/).

Succinycholine relaxes the muscles but the patient is awake and aware, unable to move, similar to the so-called locked-in syndrome (or pseudocoma) seen in the end stage of Parkinson's or other neurological degenerative disorders: but worse than that, as succinylcholine overdoses do not even allow movement of the eye muscles.

Anesthesiologists typically check

the patient's blood concentration of pseudocholinesterase before submission to a surgical procedure, to make sure there is not some genetic disorder causing a lower concentration of the cholinesterase enzyme, in which case they would need to adjust a lower dose of succinylcholine. Unfortunately, in emergency cases this test is not usually performed and was not requested for Covid patients—causing a massacre.

The second drug, propofol, is a What happens in hospitals is barbiturate that is also lethal in the presence of the extra amount of receptors expressed by our body to overcome microwave intoxication, for which barbiturate effects are magnified. The combination of these two drugs represents the worst way to treat Covid patients, and explains why people mainly died in the hospitals.

To make things even sadder, I want to report also the tragic choice of burying or burning Covid patients without waiting the minimum observational time of twelve hours after death as required by law—which is the minimum time needed to come out from a succinylcholine overdose. Theoretically if patients were given these drugs, it is very likely that patients could have been burned or buried alive.

Ilana Nurpi, MD

CENSORED TREATMENTS

I first became aware of the censorship of early treatments for Covid when sharing a news article from India about an effective Ayurvedic remedy. It was a direct link to a legitimate foreign newspaper, and I was shocked indeed when

Facebook (FB) censored the link. As I continued sharing Covid-related news and opinion on FB, it was even more alarming that FB censors stepped up the abuse and actually kicked me off the platform for twenty-four hours. This came with a stern warning that the next offense would result in a longer "timeout." Then, as I would begin to write a post referring to the pandemic, they would issue a warning—something to the effect of "Your post mentions Covid, are you sure you want to share?" Fortunately, early on, out of concern for our extended family, I started sharing by email any promising treatment for this disease (the Weston Price network is such an excellent source of alternative health info!).

Protecting our extended family with prevention measures was a high priority as we faced down this unknown terror. Since I have ceased being so active on FB because of its heavy-handed censorship, I wanted to share some of the nuggets of wisdom gleaned from other voices before the iron dome of silence was forced upon us by the tech bullies. These strategies reflect decisions I made, based on the quality of the research, the researcher and my basic working knowledge of virology and immunology. Please do your own homework to do what you believe is right for yourself and your own family.

First, a home-based preventive strategy being used in India is a kit containing zinc, doxycycline and ivermectin (rxindia.com/medicines/medicines-by-therapeutic-class/covid-19/ ziverdo-kit/). Second, a relative tested positive for Covid, and we had just been

2 Wise Traditions Wise Traditions **FALL 2021** FALL 2021 3

Letters

with him the day before he fell ill; when we consulted with an independent doctor, he prescribed the hydroxychloroquine protocol as a prevention measure. Check out the telemedicine services of America's Frontline Doctors (americasfrontlinedoctors.com/). Third. Doris Loh's research gave us the #LohProtocol for the prevention and treatment of viral illness; her findings are peerreviewed and published, and are what I follow to stay healthy. As I have an autoimmune condition that affects my heart, it's especially important to me to focus on prevention. The Loh Protocol is AA (ascorbic acid, i.e., vitamin C) plus melatonin: AA + MEL. High-dose vitamin C for prevention—and higher yet to treat—and low-dose melatonin for prevention, high dose to treat.

I have seen many, many people diagnosed and recover from Covid using the Loh Protocol. Just today, someone tor in Midland, Texas, who served on said that the melatonin was key for her with the lung issues. Melatonin is a huge director of important physiological processes, so this makes sense

and explains why being on melatoninsucking screens all day every day isn't

A FB friend says she and her doctor husband are taking vitamin C and melatonin. She wrote: "Worried about Covid (SARS-CoV-2)? Don't. Print these off instead or save to your phone. Preventing and treating Covid may be as simple an early treatment was developed by as taking ascorbic acid and melatonin. NOW Foods makes a non-GMO ascorbic acid. I buy empty capsules and make my own. Yes, my MD husband is following this protocol also. His tests have all been negative. For melatonin, I buy a very low dose of it to work up to. We're talking MICROgrams (mcg), not milligrams (mg) (1000 mcg=1 mg). Life Extension makes a 300 mcg dose. Pay attention to the dose before buying. Tablets can be scored."

Dr. Richard Bartlett, an ER docgovernor's commissions discovered that budesonide inhaled in a nebulizer is treating Covid-19 successfully (Symbicort is one brand name). He combined

this with clarithromycin, a highly effective antibiotic, as part of an early treatment regime. One Texas hospital cleared out their entire ER following his protocol. An interview with Dr. Bartlett is on YouTube on the America Can We Talk? channel. Watch it!

The first protocol we heard of as Dr. David Brownstein, a conventionally trained, holistic family physician in West Bloomfield, Michigan. He has treated hundreds of patients at home early and kept them out of the hospital. His antiviral protocol includes nebulized hydrogen peroxide; vitamin C initially to "bowel tolerance," then lower dosages; high-dosage vitamins D and A, iodine and melatonin; and, often, hydroxychloroquine. There are many other variations, but the above are essential. See drbrownstein.com/.

Here is a very good article which mentions therapies at the end: uncoverdc.com/2020/07/15/a-scientific-look-at-the-mask-fallacy-andwhy-were-told-to-wear-them/. And here

Letters

is a San Francisco practice with a robust early treatment emphasis: covid19criticalcare.com/. Many have also found the MATH+ protocol to be effective for treatment (see Marik et al., 2021, pubmed.ncbi.nlm.nih.gov/32809870/). Name withheld

HARROWING HOSPITAL TALE

In spite of the fact that I had purchased several preventive treatments for Covid, I let myself get too busy and wasn't using any of my preventive measures and ended up in the hospital and then in the ICU with a severe case of Covid-19. Apparently, there was serious scarring on my lungs from pneumonia fifteen years ago; with the combination of the scarring and Covid, my body's ability to absorb oxygen dropped severely. I was put on oxygen and the antiviral drug remdesivir. After three days of increasingly higher amounts of oxygen, the hospital moved me to the ICU, where the oxygen was increased to fifty liters at 100 percent (the maximum you can have before being put on a ventilator).

On admission, I asked doctors several times to be given ivermectin, which has been shown to be highly effective in helping with Covid. It was being used with a lot of success in other U.S. hospitals. Most other countries around the world are using ivermectin and hydroxychloroquine, both FDAapproved for some years. The doctors told me they had not heard of this treatment, which surprised me given that it had been in the news and was all over the Internet. Later, they told me that the hospital had its own Covid treatment protocols, and ivermectin was

not an approved protocol. They said they only used "evidence-based" treatments; since there were no double-blind research studies showing conclusively that ivermectin worked for Covid, they refused to give it to me. Instead, they continued with the hospital protocols: high-flow oxygen, a corticosteroid called dexamethasone (which can cause liver damage), the antiviral remdesivir and blood thinners. In addition, because a side effect of dexamethasone is high blood sugar, they had to monitor my blood sugar and administer insulin.

When I first arrived, I had no fever or difficulty breathing—just dangerously low blood oxygen levels. After three days of the hospital treatment protocol, my lungs filled with fluid. They attributed this to the Covid virus and told me I had developed "Covid pneumonia," moving me to the ICU. I have since learned that fluid in the lungs can be a side effect of remdesivir, which did only marginally well compared to other drugs when it was used in Africa to treat Ebola. Remdesivir has been FDA-approved only since October 22,

In the ICU, I was not allowed to eat or drink because they said if I tried to swallow anything, it would cause me to aspirate and choke to death. After hours of not having any water and not being on any kind of hydrating IV, a nurse finally allowed me to have some water on a sponge and said that unless they put in a feeding tube, this was the only thing I would be allowed to have.

On the first day in the ICU, a doctor told me I was most likely going to need to be put on a ventilator. I told him that under no circumstances was I going to

let them put me on a ventilator. He asked me to sign a DNR [do not resuscitate] order and said if I didn't go on the ventilator, I would die. I told him I was not going to sign a DNR, and I was not going to die. Again, I asked to be put on a different treatment regimen with the drugs I had previously requested. He said there was no scientific proof any of those protocols worked in curing Covid. He patted my shoulder and asked, "Why are you so afraid of the ventilator?" At that point, I knew I would most likely die in the hospital unless there was some kind of intervention to help me get the treatments that I had asked for.

Over the next two days, this doctor came in three more times and told me I would die unless I let them put me on a ventilator, telling me to either sign a DNR or assign someone to make decisions for me so that they could make the call as to whether to try and resuscitate me or pull the plug when I didn't make it. My husband was home sick, having come down with a milder version of Covid, and couldn't come to visit me. My adult daughter was coming in daily, but while she was very supportive of my medical decisions, she didn't know what she could do to help me. She promised she would not allow them to put me on a ventilator, but I knew I needed something more than what she was able to do, or I wouldn't make it out of the hospital.

Some of the nurses had suggested that I try "proning" (lying on the stomach) because it allows the lungs to expand more and take in more oxygen. I had asked several times for help to do this because by this time there were all kinds of wires and tubes attached to my body, and it was impossible to turn over

5

HEALTH FREEDOM

DEFENSE FUND

Do you oppose forced medicine of any kind? Do you believe you, and you alone, own your body?

Health Freedom Defense Fund, founded by Leslie Manookian, producer of The Greater Good movie, is fighting against mask, test, and COVID vaccination mandates as well as immunity passports.

Please support us in defending our health freedoms at: healthfreedomdefense.org

Wise Traditions **FALL 2021** Wise Traditions FALL 2021

Letters

without help. None of them would help me turn over. On the second morning in the ICU, a nurse came in and said, "I have been told that you don't want to lie on your stomach." I told her that this wasn't true and that I had asked for help to turn over and hadn't gotten any. She helped me turn onto my stomach, and I was able to stay in that position through the night. This helped stabilize my oxygen levels long enough to keep me off of the ventilator for another day.

While lying there, I thought of my sister. I knew that if she were there, she would find a way to get me what I needed, so I started praying that she would come. The hospital had put my phone away so I couldn't reach it to contact anyone, but on the third morning in the ICU, I was able to get a nurse to get my phone. I texted my sister and said, "I need you to come help me!" She texted right back and said "I will be there in six hours." At this point, my oxygen was still at fifty liters and 100 percent, but my blood oxygen levels (SpO2) were maintaining at between 92 and 95 percent. Normal is 95 to 100 percent; anything below 95 percent is considered low, and anything below 85 percent is considered dangerously low. If I moved or changed position, my SpO2 would drop down to dangerously low levels—sometimes as low as 72 percent—and they would have to give me a supplemental oxygen mask that took up to ten minutes to get my oxygen to rise to an acceptable level.

My sister arrived on the evening of my third day in the ICU. She took a cup of water and started giving me water with a sponge. She used her chin to motion for me to look at her hand;

she was holding some ivermectin paste, which she gave me while pretending to sponge water into my mouth. I had her fill out an advance directive form giving her power to make medical decisions for me and allowing her access to all of my medical records so that she could talk to the doctors and get copies of all the medications that I was on. A nurse told her that unless I improved by morning, they would need to put me on a ventilator. If I refused, maybe they would try putting me on a CPAP [sleep apneal machine first. My sister then asked about putting me on IV vitamin C and a zinc supplement. Although they asserted these would probably do nothing for me, these were allowed in their treatment protocols, so they could give them after approval by the pharmacist. My sister also asked about giving me N-acetyl cysteine or NAC [a glutathione precursor]; although the hospital had it in their pharmacy, it was not approved to treat Covid ("too hard on the lungs"), so they would not give me any.

By the next morning—after a single dose of ivermectin—I had improved to the point that I could turn over, sit up in bed and carry on a conversation without my SpO2 levels dropping below 90 percent. In fact, my oxygen at rest was going as high as 97 percent; it dipped a little when I moved around but then went back up immediately without need for supplemental oxygen. This continued through the next afternoon, when my oxygen levels again started to drop a little—nothing dangerously low, but lower than they had been the previous day.

I texted my sister to let her know I needed another dose of ivermectin. She

had been trying to contact a local integrative MD who specialized in treating Covid patients to get his recommendations on ivermectin dosage and dosing. When she reached the doctor, he told her ivermectin was safe for me to take every day until my Covid symptoms subsided. From then on, I took a dose every day and, along with the vitamin C and zinc, improved very quickly. My sister also brought me NAC, chlorophyll, some lung support tinctures and freshly juiced beet juice with ginger. We also used lung support essential oils along with DMSO [a sulfur-based compound] on my neck, chest, back and lymph nodes. Other than some comments about the essential oils smelling good, no one seemed to notice that I was taking the other supplements, except for one nurse who lectured me for twenty minutes about making sure to inform the nursing staff of any additional medications I might be on, "otherwise there could be complications and I could die." We were not hiding anything; she could have walked over to my bedside table and seen what we were doing, but it was like she knew we were up to something but didn't know what and wasn't happy about it—almost as if she couldn't see it. The other nurses either couldn't see it or chose not to because they saw how much and how quickly I was improving. I also had many people praying for me.

When they put me on a feeding tube, I was concerned about the probability that they would give me soy

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

Letters

protein, which would increase my inflammation and make it harder to get off of the high-flow oxygen. I asked a nurse to make sure they were not giving me soy protein. She checked the ingredients and assured me it was not sov-based. On day four in the ICU, I noticed the bag on the feeding tube looked different; my sister saw that someone had hooked up a bag of soy protein. They were starting to cut corners in other ways as well, switching from IV vitamin C to crushing tablets and putting them in my feeding tube. We told them I had a soy allergy and needed the non-soy-based supplement that they had given me the day before. Technically, this wasn't untrue—I have a sensitivity to soy but also knew it was likely cheap GMO soy. If they were giving me medications to bring down inflammation, GMO soy was just going to counteract that and was not going to help me. At that point, they had finally started turning down the oxygen, and I didn't want anything to get in the way of that progress.

On the fourth morning in the ICU, a nurse told me the unit had had a rough night, losing two patients to Covid. It was obvious she was checking to make sure I was still there. I later heard that both patients had been a lot younger and healthier than me, so it was pretty clear that no one at the hospital had expected me to make it. My sister said that when she found out I was in the ICU, she decided that she could either come down right away and save my life or would be coming to my funeral in two weeks.

After a week in the ICU, the oxygen was down to forty liters and 60 percent. At this point, an occupational

therapist had me sit on the edge of the bed to make sure I could do so without passing out. I think it was at this point that they were finally convinced I might make it, but they kept saying, "It looks good right now, but things can turn around really fast!" They let me start sitting in a chair, and they took out the catheter and let me start using the bathroom. Someone came in and watched me while I ate some applesauce, and when they were convinced that I wasn't going to choke they put me on a liquid diet and allowed family members to bring food as long as it fit within the liquid diet guidelines.

The day before they let me out of the ICU and back into a regular hospital room, a nurse said she had heard we had been asking for vitamins, which alerted her to our interest in alternative therapies. She told me that earlier that week in their morning meeting discussing my treatment, she had asked the hospital team about the possibility of giving me hydroxychloroguine, ivermectin and NAC—and they had shut her down. She had continued to advocate those treatments for me, as she had read the case studies and knew there was a lot of success with this course of treatment for Covid in other hospitals and countries. At this point, we told her I had been taking ivermectin and NAC along with quercetin with bromelain (an herbal supplement in capsules that can be used as a substitute for hydroxychloroquine if you can't get it). She reacted very positively and said at least one other nurse had backed her up, but the hospital was sticking to its protocols.

Here is what I don't understand: If the doctor thought I was going to

die anyway, why not exhaust all possible therapies? If, as they said, there was no evidence that these therapies would help me—but also no evidence that they would hurt—and if they had some of the medications in their pharmacy (such as NAC), why didn't they at least try, especially given that I had requested it and one of the nurses asked for it and cited research that it could be helpful? In hindsight, the way I was moved systematically through the hospital, then to the ICU, then to the feeding tube and then pushing me to the ventilator, it almost seemed like a tiered program designed to push Covid patients through each step. It made me wonder if the hospital gets additional funding for each step: hospitalization, ICU with high-flow oxygen, feeding tube, ventilator and death.

A friend who is a nurse told me that hospitals do get a certain amount of money if a Covid patient dies. Months before I got sick, she told me they had a patient die from something completely unrelated to Covid but were instructed to put "Covid" on the death certificate anyway. When another nurse objected, she was told that if she had sixty thousand dollars to give the hospital, she could put whatever she wanted on the death certificate. I think that the government funding supplied to hospitals has created some really bad unintended consequences. If it had not been for hundreds of people praying for me, and my sister who was willing to come and help me buck the system, I would be buried this week instead of at home recovering.

Name withheld

Letters

NANOTECH BIOCIRCUITS

The average person today has little idea how far the development of selfassembling nanotech biocircuits has progressed. So-called "fact-checkers" (professional propagandists) deliberately mislead people into thinking there's no such thing as a self-assembling graphene-based biocircuitry system that can be injected into people and called a "vaccine," but the published scientific literature lays out a comprehensive, well-documented body of research that shows this technology is quite real—and has been tested in biological systems for at least two decades. (I attended a nanotechnology conference at Rice U. in 2003.)

A "self-assembling" system means that a person is injected with instructions that set into motion a process where a structure is assembled inside the body, using resources available in the blood (such as iron and oxygen atoms). In effect, nanotech self-assembly assembled in vivo after injection.

Verifiable science papers can be found by searching "self-assembled injectable magnetic nanostructures."

Merri Michaels

ELDERBERRY PROTOCOL

It is good that we are communicating about a topic as insidious as Covid and the "vax" for it. Elderberry syrup (I use Nature's Way) is my go-to defense for contagious bugs (colds, flu, etc.). One to two teaspoons to coat the back of my throat is usually enough to quell any odd feelings in my throat that threaten to turn into sickness in my body. I'll do

bunch of people, this might rise to a few times a day, or every few hours if something has taken hold in my system. Symptoms are greatly mitigated by doing this if something does get started.

My husband chose to get the first Pfizer shot on June 10, though it was August 10 before he got the second. I am my husband's caregiver. After his first shot, I noticed my throat symptoms increasing, so I ramped up my elderberry use to multiple times a day. This kept me ahead of the problem, and I didn't get sick. My husband ended up sleeping twenty-four hours, solid, for two days. Since then, his two-hour afternoon naps have stretched to three to five hours a day. Also, on July 3 and 4, he developed a fever of up to at least 102.6, and again slept for two solid days (reported to vaers.hhs.gov/). Hopefully, this elderberry protocol will assist me in, suburbs of neighboring towns and in surviving his second shot.

Wild times on this planet, but I see means that microchip circuitry can be much better times ahead of us. There's surely a *lot* happening that regular news does not report.

> Janice McLain Colorado Springs, Colorado

Houston, Texas A RESONANCE EFFECT?

WAPF team for endeavoring to be on the right side of history as we watch the largest crime perpetrated against humanity continue to unfold. Your integrity and bravery have helped me to stay grounded this last year and a half.

I've read most of your articles theorizing that 5G is the culprit behind Covid-19, and the cases made seem very plausible. These waveforms are

this fairly rarely. If I've been around a certainly capable enough of creating widespread illness. And I'd also add that I'm no stranger to the myth of contagion, having read Virus Mania by Engelbrecht and Köhnlein many years before this current swindle began.

All this being said, I'd like to share my experience with "Covid-19" in hopes that it may give more clues about the nature of contracting the illness. My partner and I were living in New York City (an early adopter of 5G) and a few blocks from one of the "ground zero" locations for Covid in the city. In the early days, we saw the refrigerator trucks being loaded with body bags still unsure of whether or not it was theater—but we saw them. Fast forward to a year into the pandemic. My partner and I drive to another major city to attend a gathering. The other attendees came from all over: the city we were states, and even rural areas. We met at a restaurant in a quieter part of town. Like clockwork, three days later (all of us now back in our respective homes), about half of us started feeling ill. At first, it was like a cold, but around day seven, things begin to take a turn for the worse. Symptoms became more severe for all, and I personally was A sincere thanks to the entire more ill than I ever have been in my life, with strange symptoms such as extreme insomnia (I was awake for five days straight, and my mind would fall into mini half-sleep states for a few seconds at a time without warning), twitching and convulsions, and the classic complete loss of the sense of smell. My partner also experienced unusual symptoms such as nerve pain. We learned after the episode that one

Letters

of the attendees had a cold when he for example, the following letter. Many attended the gathering. I should also mention that no one at the gathering had received an injection.

So, here's my question: how does the 5G theory map onto this situation? In talking to other people, I've learned of a couple of similar situations where a group of people from different locations, already exposed to 5G, travels to a new location; one person is already sick, and many others get sick after the meeting. One theory compatible with the 5G evidence is that there is some kind of resonance happening between our bodies. We may be acting as sorts of relay antennas that magnify the effects of the toxic waves in the field. I have nothing to support this, except that the research of William Bengston proved that bonds between organisms created a sort of resonance that enhanced the effects of energy healing. Perhaps something similar happens in the inverse with cellular damage? Or maybe we do need to rethink the concept of contagion? Is there truth somewhere between germ theory and terrain theory?

Please know that I'm not looking to cm2 discredit anyone's research, but instead looking to provide more information so that we can collectively get closer to the truth that we will never be told. I hope to hear a response.

A WAPF member Hudson Valley, New York The idea of resonance could explain the strange outbreak but there is a much simpler explanation: In a crowd of people, most or all with cell phones, the exposure to EMF, especially 5G *EMF*, *is universal and very strong. See*,

become sick as a result of this exposure. This is why we need a new etiquette in which everyone in a gathering or crowd puts his or her cell phone on airplane

CELL TOWER RADIATION GUIDE TO THE MINNESOTA STATE FAIR

Take a look at this link [minnesotaemf.com/?page id=102] to see how high the RF readings are at the Minnesota state fairgrounds! The highest measurement recorded was 348.3 mW/ m2 = 34.83 uW/cm2.

If you are wondering what kinds of health effects have been seen in scientific studies at 34.83 uW/cm2, take a look at this: Final RF Charts power density Rev Sep14.xlsx (bioinitiative. org). Scroll to page four; just above the middle, where it says "28.2 uW/cm2 -RFR increased free radical production in rat cells, Yurekli 2006." This means that a 2006 study by Yurekli found that effect at 28.2 uW/cm2. Then see the studies above that and on pages one to three, which show at least sixty studies with harmful effects below 28.2 uW/

You will see effects for cancer, leukemia, cardiovascular problems, sleeping problems, cognitive problems, headaches, sperm abnormalities, immune problems, lymphocyte (white ness. blood cell) abnormalities, etc.

If you're wondering what the U.S. exposure limit is, it was 1000 uW/ cm2 for thirty minutes, but then in December 2019 it was increased to 4000 uW/cm2 indefinitely by the captured FCC to accommodate the much higher radiation levels for 5G and 6G

devices and infrastructure (see https:// docs.fcc.gov/public/attachments/FCC-19-126A1.pdf). I think these high RF levels are typical now in areas where a high density of people congregate (such as stadiums), because just about everyone carries a cell phone, and the number of 5G phones is ever increasing (so more 5G towers will be required). especially since Verizon began offering free 5G phones on June 1, 2021. T-Mobile started this on April 7, 2021 and AT&T started this on September 3, 2020. 5G phones send out and require more intense (higher) levels of signals than 4G, and the radiation levels increase further when people video chat or stream videos.

They are now putting Wi-Fi and 5G antennas under stadium seats—what do you think would happen to your reproductive organs, gut linings, brain and heart, or fetus after sitting for a couple hours on this?

If you don't have a RF meter, but you have a smartphone, I would recommend vou get a RF meter (such as stopsmartmeters.org/store/) to measure how much radiation is coming from your phone. If you can afford your smartphone, you can afford a meter to tell you how much radiation is coming from it; the meter might save you and your loved ones from debilitating sick-

> Angela Tsiang St. Paul. Minnesota

MISUSE OF VITAMIN D

I was wondering why no one has made any attempt to clarify that using vitamin D₂, especially in high amounts unopposed without A retinol

8 Wise Traditions Wise Traditions **FALL 2021** 9 FALL 2021

and K, menaquinone, as per Chris bies on their terms, following their OUR CHAPTER LEADERS Masterjohn's work, can be dangerous, calcifying not only arteries but organs as well. The D receptor is not accessed to activate genes without vitamin A and thyroid hormone; and K, is not activated without a decent amount of carbon dioxide provided from carbs.

I see expert after expert pushing high doses of D₂, even the pharmaceutical grade of calcitriol, without a clue. And I see good nutrition science at webinars and summits definitely lacking.

I think a good case could be made for taking cod liver oil to fight Covid it must contain some iodine as well.

Measles in the past was cured by retinol. But the FDA would not be happy.

Also glutathione (Chris again) in raw milk is important to fight Covid as well and those who have taken the vaccine would be very depleted

> Dr. Aurjan Grey Austin, Texas

Thank you for your most important letter. We, too, are very concerned that Covid has become an excuse to take lots of pills and potions, with people taking way too much vitamin D, along with glutathione supplements. Vitamin D must be balanced by A and K2 as in cod liver oil plus high-vitamin butter oil and/or emu oil. And processing denatures glutathione in raw milk. Only fresh, raw and/or cultured milk provides effective glutathione for detoxification.

HILDA VISITS ECUADOR

I left on Monday for Ecuador and want to drop a quick pic here to let you know that this trip has been transformational and powerful!

This is Mama Rosita, a midwife who helps mothers deliver their ba-

traditional ways, at a small hospital in Otavalo. We spoke at length about how she helps mothers with a positive mindset, gentle touch and massages, and how she respects their intuition about labor positions and more. She also showed me how she plays the harmonica and helps them dance and create a happy atmosphere for the baby to be born in!

I was struck by her repeated phrase: Nuestro cuerpo es Sagrado, our bodies are sacred. Maybe if we all saw it this way, we might care for them differently—with more respect, good nourishment, sufficient rest and lots of



Hilda Labrada Gore chats with Mama Rosita in Ecuador.

wonder!

I am thankful for you all and grateful for all the ways in which we encourage each other to nourish ourselves well and live lives of strength and vitality. And how we work together to help many do the same!

Hilda Labrada Gore Washington, DC

AT WORK!

This spring my husband and I took a quick business trip to South Dakota. The two sweet chapter leaders in Sioux Falls responded promptly to my query for raw milk and eggs. One of them offered to have milk and eggs ready for us when we arrived at the airport, and directed us to a local grocery where we were able to stock up on food for the week. What a gift from a complete

Today I reached out to chapter leaders again. My sister is living sixteen hundred miles away from my Penn-

> sylvania home. She is facing severe health challenges, and needs nourishing food to heal. Mailing her food gave her a boost, but she needs local sources. The Denver chapter leaders responded very quickly with local food sources and lots of encouragement and care.

Thank you to each of you who selflessly gives of your time and energy to connect others to real food sources and accurate information. I'm sure there are times when it may feel like a thankless job, but you are very needed. You are spreading hope and compassion! Keep

up the wonderful work!

Hali Wagner Carlyle, Pennsylvania

THE WATER WAND

I recently began drinking the analemma water that Dr. Tom Cowan recommends and have found it reduces the length of my EMF headaches—you know, the ones that make your head feel like a balloon that's going to explode. I've also experienced ocular migraines and the knife ones. I am amazed and sold on the coherent water.

Analemma has a fascinating story. A man named Dolf Zantinge was given the directorship of the German light lab. (His story is told in podcast episode 16 on Dr. Cowan's site, drtomcowan.com.) What grabbed my attention in his story was the speedy recovery from EMF exposure when the water was given to participants in their trial. They created a coherent water that is in a wand. You stir the wand into your water and it changes the molecular structure of that water.

After using the analemma water for about two weeks I received a call while in the car. I was able to speak for about thirty minutes without experiencing any effects! That has not happened in so long. I've been using it for about a month now. I've noticed clearer thinking and I can actually be exposed longer to EMFs without the resulting headaches! Super cool.

> Ruth Amanda Black Mountain, North Carolina

BRUCELLOSIS

One of your articles published on the realmilk.com website mentions the case of a woman who contracted brucellosis after eating some raw goat cheese during a trip to Italy.

I have an acquaintance who is representative of the Mazdazan school of initiatory thought. She told me that every year she happily took the "raw milk cure" recommended by the founder of this spiritual thinking (based on Zoroastrianism), Dr. Otoman Zar-Adusht Ha'nish (1856-1936).

This woman practiced the raw milk cure without worrying for a good thirty years until, one day, by misfortune, she contracted what she called "bang fever," apparently due to the fact that this time she had come across milk contaminated

with brucellosis. It must be said that at the time, raw milk had not really been available for ages in the shops because of a government decree. As a result, most of the time, she had to buy it on the sly, a little in secret, from any kind and understanding farmer who would discreetly agree to provide her with the so-much-hoped-for beverage, all of this, sometimes, in dubious hygienic conditions that were not necessarily always as optimal as expected. Ditto for cattle feeding and other related parameters.

This regrettable episode did not make her lose any of her faith in raw milk because, once promptly healed by means of natural anthroposophical therapies prescribed by one of her physician friends who was sympathetic to her ideas, she continued to religiously repeat the process every year for several decades, loudly asserting that she would not give it up for anything in the world, attributing her physical shape and her periodontal health to it. Indeed, even though her teeth appeared a little "worn out" by age, she nevertheless had the merit of having kept them all solidly implanted and without the slightest trace of alveodental pyorrhoea or even having ever needed to consult a dentist: no decay in sight, no crowns, no loosening, nothing at all. Moreover, she had an amazing vitality and an infectious enthusiasm.

R. Ryan Geneva, Switzerland

RESEARCH IRRELEVANT TO HUMANS

I recently sent a request for a religious exemption for vax to my employer. It was granted immediately and my husband commented that "they just want to open the college. And I think they have backed themselves into a corner really."

With the new sky-is-falling hysteria this fall, I am not certain the college will remain open, and I am not too upset about that either.

I am looking for new work, but have a semester to find it and get my office and lab cleaned out and a few loose ends cared for. I have a lot of options as I don't really need a new job. Being forced by my conscience to retire early at age sixty-two from the work and teaching that I love gives me pause though. But I can afford to do what I need to and in that way maybe help another who doesn't have my easy

I have learned more about biochemistry in the past eighteen months than in my entire thirty-four-year active, in-person professional career. I learned that the way we teach the subject has become complete bunk. It is more and more about less and less, and the model systems we use (bacteria, small groups of cells, fungi, mice, plants, zebrafish, nematodes), are totally irrelevant to

Literally, we study and isolate a "promising" molecule, put it into bacteria and see how it changes under certain conditions, and then pass it on to Pharma which then manufactures it as a new drug to cure a human disease or condition. I am not kidding. I will not be part of this much longer.

> Laurie Lentz-Marino Belchertown, Massachusetts

10 Wise Traditions Wise Traditions **FALL 2021** 11 FALL 2021

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

THE SHOTS ARE KILLING PEOPLE!

"The shots are killing people," stated Irish physician Anne McCloskey, "We need to stop this!" The veteran Irish doctor, who had just worked all night, took time to post a video with an impassioned plea to stop the Covid-19 injections. She stated that she is seeing things that in all her years of practice she has never seen before, such as blood clots in the arm of a girl in her twenties. "Nobody is linking these injuries to the vaccines," she said. To make the situation worse, the hospitals are short-staffed because nurses are quitting, as they do not want to get the jab. In a great wallop of indignation, Sir Michael McBride, Northern Ireland's most senior doctor, said he was "personally appalled" by the anti-vaccine video and warned of "great distress" caused by comments made by Dr. McCloskey on social media—in other words, lots of

people are listening! As a result of her brave video, Dr. McCloskey has been suspended from practicing medicine (Irishnews.com, August 25, 2021).

UNVACCINATED FALSELY ACCUSED

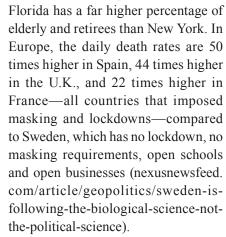
According to a June 24 Associated Press report, 99 percent of recent Covid-19 deaths have occurred in the unvaccinated—and the media have shamelessly broadcast this claim. To achieve that statistic, the CDC included hospitalization and mortality data from

January through June. The vast majority of the U.S. population was unvaccinated during that time frame. By January 1, only 0.5 percent of the U.S. population had received a Covid shot. By mid-April, an estimated 31 percent had received one or more shots and as of June 15, 48.7 percent were fully "vaccinated" (alexberenson.substack.com/p/here-we-go-again). Keep in mind that you're not "fully vaccinated" until two weeks after your second dose. Most vaccine reactions and deaths occur within days of the vaccination, but the report labels these as "unvaccinated." In Israel, over 50 percent of new Covid patients are fully vaccinated (American Military News, June 20, 2021). In fact, analysis of recent CDC data shows that the number of cases among the vaccinated is 26 percent higher than in the unvaccinated, and that 80

percent of the total hospitalized in the U.S. for Covid were vaccinated, while 20 percent were unvaccinated (*MMWR* / August 6, 2021 / 70(31);1059-1062).

MASKING AND LOCKDOWNS

Many government officials would have us believe that we need masking and lockdown mandates to protect ourselves and others. However, a nifty website called covidchartsquiz. com shows that states without masking requirements and lockdowns have had the same or lower rates of disease and death, compared to those that have required masking and lockdowns. New York, which has imposed severe lockdown and masking measures, has a death rate of 274 per 100,000 while Florida, which has few masking and lockdown requirements, has a death rate of 183 per 100,000—and





MASK DANGERS

A group of parents in Gainesville, Florida, concerned about the potential harms from masks to their children, submitted six face masks to a lab for analysis. The masks were new or freshly laundered and had been worn for five to eight hours, most during in-person schooling by children aged six through eleven. The report found that five masks were contaminated with bacteria, parasites and fungi, including three with dangerous pathogenic bacteria associated with pneumonia. The laboratory did not find any pathogens on unworn masks and a t-shirt worn by one of the children (townhall.com, June 15, 2021). Another study found that masks increase blood carbon dioxide, increase breathing resistance, decrease blood oxygen saturation and cause headache, dizziness and feel-

Caustic Commentary

ings of exhaustion (*Int J Environ Res Public Health* 2021, 18(8), 4344). Yes, these masks do a lot of harm, especially to children, and they do not even work. In fact, more than a dozen credible medical studies prove face masks do not work, even in hospitals (visionlaunch.com, August 15, 2020).

SUPERSPREADER EVENT

It's right there in the CDC's Morbidity and Mortality Weekly Report for July 30, 2021. During July 2021, 469 cases of Covid-19 occurred among those attending multiple summer events and large public gatherings in Barnstable County (Cape Cod), Massachusetts. Approximately three-quarters of these cases were fully vaccinated—so much for the claim that vaccines will protect us against Covid-19! CDC blames these cases on the "highly transmissible" Delta variant, but what about all those people in close proximity using their cell phones? Antennasearch.com indicates that there are 324 towers and 172 antennas within a three-mile radius of the Barnstable Municipal Airport (near Hyannis), and very few elsewhere on the peninsula. This gives the CDC the perfect opportunity to do an analysis to correlate Covid cases with 5G exposure; but instead on July 27 the CDC recommended that "all persons, including those who are fully vaccinated, should wear masks in indoor public settings in areas where Covid-19 is high or substantial."

UNSAFE AT ANY SPEED

While government bodies blithely promote universal Covid vaccination, reports of side effects create greater and greater concerns. For example, a leaked confidential document reveals that Covid vaccine maker Moderna received three hundred thousand (!) reports of side effects after just a three-month period following the launch of their vaccine. Side effects are similar to those of Covid-19 itself and include widespread clots, swelling of the extremities, extreme fatigue, fainting, eye disorders including blindness, tumors, kidney problems, skin problems, birth defects, paralysis, stroke, abnormal menstrual bleeding and miscarriage. As of July 18, 2021, the European Union's database showed 17,503 deaths and 1.7 million injured (50 percent seriously) from the vaccines. As of July 23, 2021, U.K. data indicated that fully vaccinated people were 65 percent more likely to be hospitalized and 1540 percent more likely to die from Covid-19 compared to unvaccinated people (*Daily Expose*,

July 16, 2021). In the U.S., as of August 2021, the Vaccine Adverse Event Reporting System (VAERS) had received 13,068 reports of death and 595,622 reports of adverse events following the vaccine (childrenshealthdefense.org, Aug 20, 2021). (It's estimated that only about 1-10 percent of deaths and reactions are reported to VAERS.) In the U.S., about 360,000 teens age twelve to seventeen have developed myocarditis (swelling of the heart) after vaccination.

OUR FRIEND LACTOFERRIN

A recent study published in the *Proceedings of the National Academy of Sciences* used "artificial intelligence-powered image analysis of human cell lines during infection with the novel coronavirus" (*PNAS*, September 7, 2021). What relevance such proceedings have to real life is up for debate, but the results were nonetheless interesting. Out of fourteen hundred individual FDA-approved drugs and compounds, the one that had the most "remarkable efficacy for preventing infection, working better than anything else we observed," was our old friend lactoferrin, a key antimicrobial compound in raw milk. Of course, the pharmaceutical industry will be cranking up production of this elegant, fragile health-supporting molecule that's ours for the taking with every glass of raw and/or cultured milk that we drink. Raw milk also is our best source of glutathione, nature's key detoxifier.

NO SIGN OF VIRUS ANYWHERE

In a detailed molecular analysis of tissue from the brains of individuals who died of Covid-19, Stanford researchers found extensive signs of inflammation and neurodegeneration, but no sign of the virus that causes the disease. Investigators at the Stanford School of Medicine and Saarland University in Germany report that what they saw resembles what's observed in the brains of those who die of neurodegenerative conditions such as Alzheimer's and Parkinson's. The findings help explain why many Covid-19 patients report neurological problems, such as fuzzy thinking, forgetfulness, difficulty concentrating and depression—problems that persist in cases of "long Covid" (med.stanford.edu, June 2021).

GRAPHENE OXIDE

One of the more bizarre ingredients of the Covid-19 vaccines is graphene oxide—not some rare ingredient but nano sheets of carbon with metallic properties that are widely employed

Caustic Commentary

in medicine for purposes of photothermal treatment of cancer, drug delivery, antibacterial therapy and medical imaging. A former Pfizer employee and current analyst for the pharmaceutical and medical device industries has come forward with documentation proving that graphene oxide (GO) nanoparticles are the key ingredient in BioNTech's Covid-19 serums. BioNTech did not at first disclose the presence of GO in the vaccines because it was hidden as a trade secret. The whole family of GO molecules has toxic effects, particularly to the lungs, liver and spleen. In one study, GO caused extensive pulmonary thromboembolism in mice only fifteen minutes post vaccination (*J Food Drug Anal.* 2014 Mar; 22(1): 105–115).

REMDESIVIR NO REMEDY

The drug of choice for Covid-19 patients in hospitals—promoted by none other than Dr. Fauci himself—is a "nucleotide analogue RNA polymerase inhibitor" called remdesivir. Side effects include kidney poisoning and the lungs filling with fluid—both attributed to the disease itself and not the drug. In fact, a number of published studies show the drug to be ineffective and unsafe, with the majority of patients on remdesivir suffering liver damage. Meanwhile, hospitals are withholding natural treatments such as hydroxychloroquine, zinc and vitamin C (greatmountainpublishing.com, August 7, 2021).

SPIKE PROTEINS EVERYWHERE

Scientists from Germany have conducted the world's firstever postmortem study on a corpse that had been vaccinated for Covid-19 prior to death. They found that every single organ of the person's body had become infested with spike proteins, which the vaccine contains and instructs the body to replicate. According to reports, the man had received a "lipid nanoparticle-formulated, nucleoside-modified RNA vaccine BNT162b2 in a 30 µg dose." According to a paper published in the *International Journal of Infectious Diseases*, "On that day and in the following two weeks, he presented with no clinical symptoms." But researchers later found that the patient's entire body had become overrun with high viral RNA loads, also known as vaccine-induced spike proteins (ncbi.nlm.nih.gov/pmc/articles/PMC8051011/). The man was clearly killed by the vaccine, but it is difficult to ascertain that from the report. The key finding is buried in the paper:

"We demonstrated viral RNA in nearly all organs examined except for the liver and the olfactory bulb," with no discussion of what this means. The official conclusion is scientific gobbledygook: "In summary, the results of our autopsy case study in a patient with mRNA vaccine confirm the view that by first dose of vaccination against SARS-CoV-2 immunogenicity can already be induced, while sterile immunity is not adequately developed."

TUMOR-SUPPRESSING PROTEINS

If you are not carried off by any of the highly toxic ingredients in the Covid-19 vaccines—spike proteins, graphene oxide, various types of antifreeze and potassium chloride, among others—you may have another fate in store: cancer. Scientists at Sloan Kettering have discovered that the mRNA in the vaccines inactivates tumor-suppressing proteins, meaning it can promote cancer. It appears that the messenger RNA can instruct human cells in the same way as cancer drivers, playing a major role in causing cancer to thrive while inactivating natural tumor-suppressing proteins that the body creates to save you from cancer. This type of inactivation of tumor-suppressor genes is common in people with blood cancer, such as leukemia (alethonews.com, March 12, 2021). About twenty thousand people in the U.S. develop CLL (chronic lympathocytic leukemia) each year. Will we see these numbers increase several years from now? Symptoms include fatigue, enlarged lymph nodes and night sweats—are these symptoms on the warning label of the vaccine inserts? There really is only one protection against the side effects of these vaccines: just say no.

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.



Wise Traditions 2021

TWENTY-FIRST ANNUAL INTERNATIONAL CONFERENCE OF THE

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STAYING HEALTHY IN A TOXIC WORLD



Friday, November 5 – Sunday, November 7
Fundraiser Reception on November 4 & Farm Visit November 8
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Del Bigtee of The HighWire and producer of Vaxxed
David Brownstein, MD, author of *A Holistic Approach to Viruses*Natasha Campbell-McBride, MD, PhD, Gut & Psychology Syndrome
John Carter, founder Aliança da Terra, rancher, conservationist
Griffin Cole, DDS, NMD, Integrative biological dentist
Monica Corrado, *The Complete Cooking Techniques for the GAPS Diet*James DeMeo, PhD, director of the Orgone Biophysical Research Lab
Sally Fallon Morell, MA, author of Nourishing Traditions
Janine Farzin, of offallygoodcooking.com

Babs Hogan, MEd, author of Strong Choices, Strong Families: A Parent's Guide to Preventing Childhood Obesity

Mary Holland, president & general counsel Children's Health Defense Diana Jabour, BBEC, EMRS, BBNC, expert on building biology Andrew Kaufman, MD, psychiatrist

Robert F. Kennedy, Jr., chairman of Children's Health Defense Chris Knobbe, MD, founder and president of Cure AMD Foundation

Leslie Manookian, founder of Health Freedom Defense Fund David Martin, PhD, founder and chairman of M-CAM Inc Chris Masterjohn, PhD, nutritional sciences, independent researcher Kendall Nelson, director and producer of The Greater Good movie Greg Nigh, ND, LAc, naturopathic physician & licensed acupuncturist Larry Palevsky, MD, holistic pediatrician Gerald Pollack, PhD, author of *The Fourth Phase of Water* Robert Quinn, founder of Kamut International Beverly Rubik, PhD president/founder of the Institute for Frontier Science Stephanie Seneff, PhD, expert on glyphosate Laura Villanti, FNTP, CGP, ART, AtHomewithWellness.com Timothy Weeks, DC, author of *Whole Body Health* Louisa Williams, MS, DC, ND, author of *Radical Medicine* Will Winter, DVM, expert on pastured livestock

Anke Zimmermann, BSc, FCAH, classical and modern homeopathy

LOCATION AND ACCOMMODATION

The conference hotel is the Delta Hotels by Marriott Dallas Allen 777 Watters Creek Blvd, Allen, Texas 75013. A special conference room rate of \$143 per night (plus taxes and fees) has been negotiated for our attendees. This rate is for single and double occupancy and is available only until October 24 or until all rooms are sold. You may book online (see details at wisetraditions.org) or call (469) 675-0800 and mention Wise Traditions.

One-, two- and three-day passes. Exhibit hall and film open to the public.

Children's Program • Monday Guided Farm Visit • Continuing Education Units • 20 & Under Discount • Free Exhibit Hall For more information, call (703) 820-3333 or visit wisetraditions.org

PRE-CONFERENCE AND POST-CONFERENCE ACTIVITIES

THURSDAY, NOVEMBER 4 6:00 – 9:00 pm RAW MILK CAMPAIGN FUNDRAISER RECEPTION

MONDAY, NOVEMBER 8
Will Winter, DVM
Professionally Guided Farm Visit

WISE TRADITIONS 2021 REGISTRATION FORM

First Name	Last Name		Name for Badge		
Organization/Affiliation					
Address					
City	State	Zip (Code	Country	
Phone	Fax		☐ Check here if you are interested in donating food.		
E-mail	Website		☐ This is	☐ This is my first Wise Traditions conference.	
☐ Check here to reserve gluten- & casein-free	e conference meals. OR 🗖	Gluten-free only. (DR 🗖 Casein-free only. R	egister for GF and/or CF children's meals below.	
MEMBERSHIP: Renew or become a member	r. 🗖 \$40 US Annual Mei	mbership 🗖 \$50	Canadian/International	CHAPTER LEADERS	
FULL REGISTRATION includes conference materials, Friday and Saturday sessions, lunch and dinner, Sunday sessions and brunch. Does not include Thursday dinner or Monday tour. Please circle the price you are paying:			☐ I am a chapter leader. (\$25 discount offered☐ I plan to attend the Chapter Leader Meeting Thursday, Nov 4, 12:30-4:30 PM		
T Full Posicipation with all E mook	By Sept 20	After Sept 20	Age 20 & under	,,,,	
☐ Full Registration with all 5 meals ☐ Full Registration No-Meal Option	\$440 \$340	\$465 \$365	\$250 \$150	How did you hear about the conference?	
☐ Full Registration with 3 lunches; no dinner	·	\$430	\$200	□ WAPF journal□ WAPF email□ Friend/colleague□ WAPF postcard	
TWO DAY REGISTRATION includes sessions	s with lunch on two days (no dinner). Please	indicate the two days	☐ Blog ☐ Twitter or FB	
you will attend: 🗖 Friday 🗖 Saturday 🗖 Su		\$265	\$170	☐ Web advertisement ☐ WAPF website ☐ Print advertisement ☐ Radio	
DAILY REGISTRATION includes conference	materials, sessions and lun	ich (no dinner).		☐ Another conference ☐ Chapter	
☐ All talks ☐ Friday ☐ Saturday or ☐ Sunday		\$155	\$85	☐ Other, please specify	
☐ Saturday one session: Traditional Diets Ser		\$75 \$110	\$75		
☐ Monday Guided Farm Visit 7 AM-6 PM (in	iciudes iunch)	\$110	\$110	HOTEL INFORMATION	
EVENING EVENTS				DELTA HOTEL BY MARRIOTT	
☐ Thursday Real Milk Fundraiser Reception (☐ Friday Dinner and Evening Sessions (included)		\$65 \$60		777 Watters Creek Blvd.	
☐ Saturday Evening Awards Banquet (include	o .	\$75		Allen, Texas 75013 (469) 675-0800 * mention 'Wise Traditions'	
FARM-TO-CONSUMER LEGAL DEFENSE FU	J ND BREAKFAST (Not inc	luded in above reg	istration)		
☐ One breakfast (donation) \$17 ☐ Breakfast for Friday, Saturday, Sunday \$45				Exhibit Hall and Friday night movie	
CHARTER LEADER MEETING. THURSDAY	12-20-4-20			free and open to the public.	
CHAPTER LEADER MEETING - THURSDAY ☐ \$25 discount for chapter leaders attending		-\$25			
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Sunday Choice — Morell/Kaufman/Carter Zimmermann/LaGreca/Jabour Winter/Hogan/Nigh DeMeo/Morell				4. FAX (571) 777-8932	
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Wise Traditions 2021 Texas Schedule

THURSDAY, NOVEMBER 4

6:00-9:00 PM Raw Milk Fundraiser Dinner (not included with conference registration)

CANNOT ATTEND? All talks will be recorded; all audio and some also video.

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FRIDAY, NOVEMBER 5

6:30-7:30 Movement with Structural Elements

9:00-12:15

Seminar Natasha Campbell-McBride: GAPS - LIVE FEED FROM THE U.K.

Seminar Beverly Rubik: The Perils of 5G Wireless: Health, Environment, Politics and Personal Solutions

9:00-10:15 David Martin: Weaponization of Coronaviru: When Natrue is Conscripted to Harm

10:45-12:00 David Brownstein - A Novel Approach to Covid-19 Using Nutritional and Oxidative Therapies

Bob Quinn: Financial Viability of Organics

12:00-1:30 Lunch

1:30-2:45

Seminar Timothy Weeks: Healing through the Power of Nature Part 1
Basic Monica Corrado: Now More than Ever: Broths and Stocks

General Kendall Nelson: Vaccine Fraud

3:30-4:45

Seminar Timothy Weeks: Healing through the Power of Nature Part 2
Basic Janine Farzin: How to Meet Nutrient Needs with Organ Meats

General Louisa Williams: My Inner Critic Adores Aluminum! The Psychological Consequences

of Adjuvants

6:00-7:30 Dinner

7:30-9:30

Talk Leslie Manookian: The Plan to Destroy our Health Freedom and What We Can Do About It

Film with Q&A TBD

Panel Ask the Practitioner Panel with Louisa Williams, David Brownstein, Anke Zimmermann,

Brandon LaGreca and moderator Sally Fallon Morell

SATURDAY, NOVEMBER 6

6:45-7:45 Movement with Structural Elements

7:30-8:15 Sponsor Presentation

9:00-10:15

Seminar - Basic Sally Fallon Morell, Nourishing Diets, Part 1

General Bob Quinn: Studies on Kamut

Basic Laura Villanti: Let Food Be Thy Medicine

General Mary Holland: Where Are We Headed and What Can We Do About It?

10:45-12:00

Seminar - Basic Sally Fallon Morell: Nourishing Diets, Part 2

Seminar Stephanie Seneff: Glyphosate, Deuterium and Cancer: Connecting the Dots Part 1
General Natasha Campbell-McBride: Vegetarianism Explained LIVE FEED FROM THE U.K.

FALL 2021 Wise Traditions 17

Wise Traditions 2021 Texas Schedule

SATURDAY, NOVEMBER 6 (continued)

General Anke Zimmermann - Homeopathy for Developmental Disorders

12:00-1:30 Lunch

1:30-2:45

Seminar - Basic Sally Fallon Morell: Nourishing Diets, Part 3
Seminar Gerald Pollack: The Fourth Phase of Water, Part 1

Seminar Stephanie Seneff: Glyphosate, Deuterium and Cancer: Connecting the Dots Part 2

General Cole Griffin: Holistic Dentistry

3:30-4:45

Basic Sally Fallon Morell: Nourishing Diets, Part 4
Seminar Gerald Pollack: The Fourth Phase of Water, Part 2
Larry Palevsky: Reframing the Medical Paradigm

General Chris Knobbe: Seed Oil Apocalypse: Are "Vegetable Oils" the Unifying Mechanism for

Westenized Diseases?

6:00-9:30 Awards Banquet Keynote: Robert F. Kennedy: Public Health and Doctor Fauci

SUNDAY, NOVEMBER 7

6:30-7:30 Movement with Structural Elements

7:30-8:15 Sponsor Presentation

9:00-10:15

Basic Anke Zimmermann: Homeopathy for the Family
General James De Meo: Cosmic Ether and Cosmic Life-Energy

General Will Winter:TBD

General Sally Fallon Morell: The Contagion Myth

10:45-12:00

Basic Sally Fallon Morell: Bringing Up Baby

General Babs Hogan: Cheese

General Brandon LaGreca: Chronic Illness: Building Your Own Treatment Plan

General Andrew Kaufmann: Pathogenic Priming, Genome Sequncing and the New Genetic Vaccines

12:00-1:30 Lunch

1:30-2:45

General Diana Jabour: Building Biology General Greg Nigh: Devil in the Garlic

General John Carter: Xingu
General Chris Masterjohn: TBD

3:00-4:00 Closing Ceremony, Sally Fallon Morell with Del Bigtree: A Colossal Blunder

MONDAY, NOVEMBER 8

7:00-6:00 Will Winter, DVM: Professionally Guided Farm Visit

CANNOT ATTEND? All talks will be recorded; all audio and some also video.

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18 Wise Traditions FALL 2021

A Closer Look at Sound Frequency Therapy

By Joanne Mendez

s a family nurse practitioner, I am always in search of non-invasive tools to help my clients return to optimal health. Many times, when I have been able to identify the health issue, it's the remedy that proves illusive. I have welcomed opportunities to learn about energy medicine, in particular. Thus, I would like to begin this article with the teaching of Rudolph Steiner that inspired me to look deeper into the healing power of sound.

Rudolph Steiner once said, "It's the song of the birds that calls forth spring." These magical sounds bring about seasonal changes in temperature and moisture. As I thought about Steiner's words, I felt he was giving insight into the symphony of nature and the turn of the seasons. This, to me, was also an indication that the world sprung forth into form from heavenly vibrations. Many cultures share myths of creation with some sonorous event.

FALL 2021 Wise Traditions 19

Dr. Hans
Jenny's
lectures
focused on
sound as the
organizing
and
integrating
pulse behind
all matter.

Sound is a very broad topic, however, especially in the world of energy medicine. In this article, I will focus on what I have learned about how we can harness sound and vibration for healing.

CYMATICS

I recently attended a lecture on vibrational medicine techniques by Mandara Cromwell, DCM. She was the first to introduce me to the history of sound healing and highlighted the work of Dr. Hans Jenny, a medical doctor and natural scientist who once taught at Rudolph Steiner's school in Zurich. Dr. Jenny later went on to coin a new term, "cymatics" ("kymatics" in German), which he used to describe the study of sound wave phenomena. His invention called the "tonoscope" was the first in history to use technology to make sound frequencies visible.

You may have seen cymatics "do-it-your-self" plates on the Internet. The basic procedure involves sprinkling sand on top of a metal plate; then, as a violin bow is strummed on the side of the plate, the vibrating sand forms geometric patterns.

Jenny's lectures focused on sound as the organizing and integrating pulse behind all matter. The photos from his book *Cymatics*¹ give a never-before-seen glimpse into the universe, showing that it is full of sound and vibratory patterns. Live footage of some of Jenny's ex-



Hans Jenny, MD, making sound visible with his tonoscope. Portrait of the author from: *Cymatics: A Study of Wave Phenomena and Vibration*. Used with permission.

Sound is a very broad topic, however, periments, generating images produced by his ecially in the world of energy medicine. In tonoscope, is totally captivating.²

Jenny's findings on sound creating form are even more insightful, particularly so when he begins to make the connection to the human form. He wrote: "Throughout the animal and vegetable kingdom Nature creates in rhythms, periods, cycles, frequencies, reduplications, serial phenomena, sequences, etc. This is the style in which natural structures are built, and it is ubiquitous. If we take a few examples, we shall see that this is the all dominant mode of appearance. Let us look at histology, the science which deals with the structure of tissue. The very origin of the word tissue, Latin to weave, is a significant comment on the prevailing conditions: cells are arrayed in rows, one pattern following another. . . and fibers continue in sinews which irradiate into the ligaments and bone organization. In the fields of the sensory cells, in the layers of the ganglion cells, and in the immensely complex communications between these systems, we still find that this principle of periodic seriality prevails."1

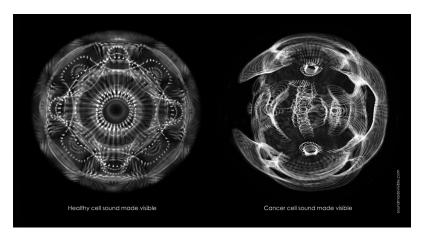
Thanks to modern-day equipment developed by British acoustics researcher John Stuart Reid, including something called the Cyma-Scope, it has been possible to continue Jenny's early studies. Using advanced technology, the CymaScope creates spectacular visuals that allow us to see images of the sound frequencies made by a healthy cell, and, by comparison, the sound and image made by a cancer cell.³

Looking at the sound of cells is a new aspect of the field of cymatics. It seems that when cells are in a healthy state, they produce images of great beauty. When they are not healthy, the sound frequencies of the cells begin to display distortion.

A STRESSFUL TIME

As a nurse practitioner, I observe patients, but also the general trends that have effects on the patient population. Our bodies are burdened daily with numerous toxins that challenge the immune system—through the food we eat, the air we breathe and the countless forms of environmental toxins that constantly bombard us and break down our health potential.

Most healers in the world today would also



Cymascopic images of the "song" of a healthy cell and of a cancer cell, from Raman-derived sound files, courtesy of Dr. Ryan Stables, Birmingham University, UK. The study was a collaboration between Professor Sungchul Ji of Rutgers University and John Stuart Reid of CymaScope.com. Used with permission.³

agree that stress is one of the major underlying causes of disease and that long-term chronic stress leads to inflammatory processes that can accelerate the breakdown of the body's immune system, resulting in a host of diseases. And most certainly, many negative aspects of stress have come into play with the pandemic. These include, especially, the challenge of viewing the devastation of the disease worldwide and the extended period of time we have spent trying to understand the disease and how it will impact us in the future.

Knowing about the detrimental effects of stress on the immune system, I began to search for non-pharmaceutical tools that could help patients begin to manage their stress levels and possibly prevent or dissipate the inflammation that could lead to serious illness. I believe we need tools to offset the effects of stress, so we can better support the immune system. That is our real defense.

Throughout my nursing career, I have watched the western medical field struggle with using "a pill for an ill" and "cut it out" procedures, totally avoiding any other options for patients. But in more recent years, I have witnessed the emergence of more integrative health approaches. I was fortunate to be in one of the first GAPS protocol trainings given by Dr. Natasha Campbell-McBride, and I have learned much in my association with the members of the Weston A. Price Foundation (WAPF) as a chapter leader. The holistic orientation of the esteemed WAPF membership continues to help bring attention to the wisdom of previous cultures combined with today's technologies.

CELLULAR COHERENCE

I have continued to further my education in the emerging area of energy medicine. Hence, my attendance at Mandara

Cromwell's lecture on sound. When I first began listening to Cromwell's presentation, I already knew about the pros and cons of ultrasound—high frequencies that are inaudible—but I then realized that she was speaking of audible sound: sound frequency patterns that could entrain the cells of the body into a type of coherence or state of health.

The frequency patterns Cromwell works with are called "commutations," so named by a British osteopath with the distinctive name of Dr. Peter Guy Manners. Manners, who passed away in 2009, spent some forty years researching therapeutic sound with other British and German scientists, striving to find the "prime resonant frequencies" that could most benefit the human form. These "codes" (combinations of five frequencies) were created to bring the body back into resonance with specific sound combinations.

Cromwell spent years studying with Manners, concluding with a doctorate in Cymatic medicine, and has since carried on with Manners' body of work. Cromwell's contributions to the field of vibrational medicine have included continued research and development of frequency patterning as well as the invention of the Acoustic Meridian Intelligence (AMI) devices. Her AMI 750 device applies the fully researched sounds to the body transdermally, through the portals of the feet or hands. The commutations (frequency patterns) are transported along the



Using the AMI 750—sound frequencies through the soles of the feet.

published studies show the regeneration of torn tendon tissue in horses using audible sound frequencies.

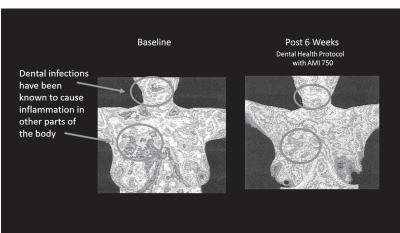
meridian pathways, long known as the "rivers of life" in Chinese medicine.

In my constant search for tools to improve our immediate environment by seeking "protectors" from electromagnetic fields (EMFs), I have wondered—if we can use tools to diminish and block EMF frequencies, why couldn't we also use frequencies to heal? Thus, I was fascinated to hear Cromwell describe two published studies showing the regeneration of torn tendon tissue in horses using audible sound frequencies.^{4,5} The proof, revealed in the diagnostic ultrasound images, made perfect sense to me. The words of the "sleeping prophet," Edgar Cayce, came to mind: "Sound is the medicine of the future."

THE ORAL HEALTH CONNECTION

What happened next in Cromwell's presentation is exactly what prompted me to write this

article. She began discussing how oral health is related to degenerative conditions. (I am proud to say that disease beginning in the oral cavity is not a new concept to WAPF members.) There are more than eighteen hundred published studies catalogued on PubMed linking oral health to serious illnesses and disease processes such as heart attacks, lung disease and cancer—and those are only the beginning of a much longer list. Interestingly, ischemic conditions are sometimes detected when dentists use 3D cone beam imaging or when the patient reports dental pain as a symptom, thereby revealing the underlying Post 6 Weeks



Before and after the AMI 750 Dental Health Protocol.

deteriorating condition. Cromwell presented numerous thermal images of preliminary research with participants who showed significant inflammation in the oral region linked to an ongoing disease process in the body.⁶ All participants received the AMI 750 dental health protocol through the feet. This combination of frequencies is known to diminish the inflammatory process in the body. Admittedly, it is difficult to imagine that the whole body, particularly the oral cavity, can be affected by transmitting energy through the soles of the feet. But, we must remember, the principles of the AMI 750 come from one of the oldest medical systems in the world—Chinese medicine.

In one case, the thermographic image of the participant's front torso revealed the likely source of her health puzzle—her inflamed breast area showed a pathway of inflammation leading from her oral cavity into her breast.

The next slides were of a patient reporting "tooth pain." The visit to two dentists rendered inconclusive reports. The thermal images showed the oral and neck regions taken before and after a six-week protocol that used sound frequencies administered through the feet. This technique sends the healing frequencies via meridian pathways to the organ systems. Remarkably, the "after" images showed that the inflammatory process was greatly diminished, and the inflamed lymphatic system was free of the congestion indicated in the pre-protocol "before" images.

The next part of Cromwell's presentation showed a slide of a woman with two crowns, a bridge and some ceramic fillings. Though the patient reported no symptoms, there was evidence of significant inflammation around all the areas where dental work had been performed. I had to wonder just how long it would take for this level of inflammation to manifest into a health condition. Certainly, stress and other body burdens would also play a huge part in whether the patient could continue to fight off this undesirable trajectory.

Many integrative health practitioners say vou cannot heal your body until you fix your teeth. Though this may be true, the thought of using this type of sound could be a possible solution for people who cannot deal with all their dental issues right away—whether for safety reasons (such as identifying a safe schedule for the removal of insufficient dental work) or financial reasons. Could this therapy also be of use as a preventive measure to keep one's health in balance?

STIMULATING THE LIFE FORCE

The information shared by Cromwell suggests that noninvasive sound may be able to help the body manage the burden of highly inflammatory processes and even undiagnosed infections. What I have observed, coupled with the thermographic images and numerous testimonials I have heard and read, is that not only is inflammation substantially reduced after using this type of audible sound frequency (with the AMI 750 device), but patients' energy and "life force" returns in an astounding way. Of course, this is what we would expect when two of the body's major struggles (stress and inflammation) are alleviated. Lowering stress and inflammation empowers our immune system, allowing us to begin to adapt to the challenges of the world much more effectively.

At this juncture, it certainly seems possible that noninvasive sound therapy may be able to create enough "life force" to fight off the onset of disease. With the therapeutic sound frequency protocols that have been developed, we may finally have the tools needed to fortify our surrounding fields and keep our cells vibrating at their optimum health. From the experiments in

Dr. Jenny's laboratory to the research of Reid, Manners and Cromwell, it is clear that it is time to take a closer look at the power of sound waves as a major force of healing and maintenance of overall health.

Joanne Mendez is a nurse practitioner and WAPF chapter leader. As a result of her continuous search for effective and non-pharmaceutical approaches to health, she is certified in many integrative and complementary therapies. You may contact Joanne with questions regarding this article at jcmendez@earthlink.net.

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- Pain and inflammation in the oral cavity: a preliminary investigation using non-invasive, audible sound frequencies. Cyma Technologies. https://www.cymatechnologies. com/wp-content/uploads/2020/11/Dental-Preliminary-

Not only is inflammation substantially reduced after using this type of audible sound frequency (with the AMI 750 device), but patients energy and "life force" returns in an astounding



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22 Wise Traditions Wise Traditions **FALL 2021** FALL 2021 23

Shedding: How the Vaccinated Spread Disease to the Unvaccinated

By Susan Porter, PhD

y partner went camping with his friend this summer—the friend had received his first Covid-19 vaccine dose several weeks prior to the trip. They spent over twelve hours in the car together over a long weekend, traveling to and from the campsite as well as traveling around at their destination. (Thankfully, they were not sharing a tent.) The vaccinated friend started to cough when they first set off and, over the weekend, developed a fever.

My partner fell ill once he returned from this camping trip, but it was nothing like any respiratory illness that he had suffered in the past—on the rare occasions he does come down with a cold or the flu, he usually gets a lot of mucous discharge from his sinuses. Twenty-four hours after returning from the camping trip, he began displaying what looked to me like a Herxheimer (detoxification) reaction: extreme fatigue, headache, low grade fever, chills, achy body, dizziness, nausea, excessive sweating, frequent urinating, mild diarrhea. He had no runny nose or sore throat, but he started coughing later that week, and it was a dry cough. All in all, it took him ten days to recover.

Because his friend gradually deteriorated over the weekend, my partner decided to isolate himself in the spare bedroom upon returning home. Our child stayed away from him and was fine throughout. I was looking after him and keeping a distance just to be on the safe side, so I did not expect his illness to affect me. I was surprised when after a few days, I got a fairly persistent headache, achy joints, dizziness and night-sweats (but no fever). I was even more surprised when, a few days later, I also became chesty—no coughing, just very tight-chested. I had difficulty sleeping when lying flat on my back and had to raise my back to ease my breathing. This lasted for about ten days. I was not as sick as my partner though; given that the pattern for us has always been that he gets a slight sniffle and I get laid up for two weeks with heavy respiratory symptoms, in that respect, this illness was also unusual.

We later found out that the friend had a Covid-19 test upon returning from that trip, which came back positive. So, if you believe in this narrative, you may assume that his friend contracted Covid-19 (despite being vaccinated) and my partner then caught it from him. To note, this friend is never sick and had not contracted Covid-19 before his vaccination.

ANOTHER EXPLANATION

There is, however, another explanation for our illness: shedding. It works like this:

- 1. The "virus" said to cause Covid-19 has special proteins attached to its coating called spike proteins.
- 2. The mRNA vaccines for Covid-19 (from Moderna and Pfizer) are designed to make your cells produce this protein. The idea is that your body has an immune reaction to the protein and so becomes immune to Covid-19. [Editors' note: Using a different mechanism, the adenovirus-vectored Covid-19 vaccines made by Johnson & Johnson and AstraZeneca are also designed to make the cells produce spike protein.]

 Simone Gold, found
- 3. Unfortunately, the spike protein itself is disease-causing—possibly a bioengineered toxic protein.
- 4. Once injected, the spike-protein-making mechanism does not remain near the injection site (as the vaccine makers claim), but travels all around the body in the lymph and the bloodstream.
- 5. People who take the vaccine can shed these spike proteins in their breath, urine and feces, and possibly in their sweat (as spike proteins are found in the sweat glands¹). It is my belief that so-called shedding occurs because the body is attempting to detox itself of these offending materials.

Because my partner does not agree with me about vaccine shedding, he went on another camping trip with the same friend—this time after the friend had received his second dose of the Covid-19 vaccine several weeks prior. They had the same set-up as before, sharing a car and so on. Upon return, my partner was possibly just tired after a lot of mountaineering as he seemed out of sorts for the best part of that week, but he did not get the Herxheimer-like reaction as he did before.

I asked my partner to stay in the spare bedroom for a week just in case, but I was still very surprised when twenty-four hours after his return home, I felt tight-chested again and could no longer lie flat to sleep. We were both taking supplements as before. I used a hydrogen peroxide nebulizer (see sidebar, next page) after getting the chestiness, and I was fine after a week or so.

I can't prove that these episodes were due to shedding, but I suspect this is the case as our illnesses were so different from our normal cold or flu.

WIDESPREAD EXAMPLES OF SHEDDING

I'm not the only one reporting the strange phenomenon of shedding. In an April 26, 2021 "statement of position," America's Frontline Doctors (AFLDS) warned that spike proteins resulting from experimental Covid-19 gene therapy vaccines have the capacity to 1) pass through the blood-brain barrier, causing neurological damage, 2) be "shed" by the vaccinated, bringing about sickness in unvaccinated children and adults and 3) cause irregular vaginal bleeding in women.

According to AFLDS, these experimental vaccines produce "many trillions of particles of spike proteins in the recipient," and vaccinated individuals "can shed some of these (spike protein) particles to close contacts." Dr. Simone Gold, founder of AFLDS, points to a document from Pfizer's experimental trials in which the pharmaceutical giant acknowledges this mechanism of potential shedding.³ As the Pfizer document states (page 67), one can be "exposed to [the] study intervention due to environmental exposure," including "by inhalation or skin contact" with someone involved in the study, or with another who has been exposed in the same way.

According to AFLDS, "the spike proteins are pathogenic ('disease causing') just like the full virus." Furthermore, the vaccine spike proteins "bind more tightly than the fully intact virus." AFLDS states that cases have been reported around the world of "pericarditis, shingles, pneumonia, blood clots in the extremities and brain, Bell's Palsy, vaginal bleeding and miscarriages. . . in persons who

are near persons who have been vaccinated." Such shedding also "appears to be causing [a] wide variety of autoimmune disease (where the body attacks its own tissue) in some persons." Finally, the organization notes that it "is aware of thousands of reports involving vaginal bleeding, post-menopausal vaginal bleeding, and miscarriages following COVID-19 vaccination as well as anecdotal reports of similar adverse events among those in close contact with the vaccinated."

SCIENCE FICTION OR THE REAL THING?

The Weston A. Price Foundation has argued that the SARS CoV-2 "virus" has never been isolated and is not the cause of the Covid-19 disease. However, in regards to the Covid-19 vaccines, I don't think it matters whether the SARS-CoV-2 virus is actually identified or exists. What is important is that the SARS-CoV-2 viral pandemic narrative serves as an excuse to inject a novel gene therapy agent into billions of human beings. The perpetrators admit that this agent is both new and experimental, with no known long-term safety record.

Again, what these gene therapy agents do is get into the recipient's own cells to create what is believed to be the viral spike protein, against

POTENTIALLY HELPFUL SUPPLEMENTS

ZINC: Extra zinc may be helpful. The best food sources are shellfish and red meat; another choice is desiccated oysters. Many zinc supplements are available. Remember that phytic acid in plant foods can block zinc uptake.

COD LIVER OIL and HIGH-VITAMIN BUTTER OIL: If you are not already taking these supplements, you definitely should when recovering from spike protein shedding—as well as from full-blown Covid-19. They will provide vitamin A (essential for any detoxification process), along with vitamins D and K_2 , needed to support vitamin A function. Poultry fat and liver also provide a good balance of A, D and K_2 .

B VITAMINS: Covid-19 often results in "Covid Toes," red swollen toes indicative of niacin deficiency. Covid-19 patients also exhibit symptoms of B_{12} deficiency. Trecommend taking enough niacin to induce a niacin flush—reddening of the face and a prickly feeling—but niacin should always be taken as part of B vitamin complex. Liver is our best food source of vitamin B_{12} .

VITAMIN C: Vitamin C supports the resolution of all illness. Use a natural form of vitamin C or liposomal-C (vitamin C attached to lipids) for better assimilation.

N-ACETYL CYSTEINE: NAC has antioxidant, anti-inflammatory and immune-modulating characteristics that may prove beneficial in the treatment of shedding and even in the treatment and prevention of SARS-CoV-2.¹⁸

ARTEMISIN or QUININE TINCTURE: Artemisin comes from the Chinese herb sweet wormwood, and quinine comes from the bark of the cinchona tree. Both serve as medicines for malaria, and both seem helpful for Covid-19 and shedding symptoms. Both are ionophores, opening zinc channels for the cells. Use an artisanal tincture in water.

QUERCETIN: Quercetin is a plant pigment (flavonoid) found in many plants and foods, such as red wine, onions, green tea, buckwheat tea, apples, berries, Ginkgo biloba, St. John's wort, American elder and others. Buckwheat tea has a large amount of quercetin. It is also available in supplement form. Quercetin may have benefit for some airway infections like the ones people experience from shedding or Covid-19 illness.

ECHINECEA & ST. JOHN'S WORT: Research suggests that these herbs may be helpful, either alone or in combination.¹⁹

PINE NEEDLE TEA: Proponents of pine needle tea claim that it can serve as a potential antidote to the current spike protein contagion. Pine needle tea contains a compound called suramin, which has "inhibitory effects against components of the coagulation cascade and against the inappropriate replication and modification of RNA and DNA."²⁰ An article about pine needle tea notes that "Excessive coagulation causes blood clots, mini-clots, strokes, and unusually heavy menstrual cycles."²⁰

OLIVE LEAF EXTRACT: Olive leaf extract is said to promote a "die-off" or Herxheimer effect.²¹

DIATOMACEOUS EARTH, ZEOLITE, or ACTIVATED CHARCOAL: These compounds help remove toxins accumulating in the gut. Take as directed. To prevent any mess, use activated bamboo charcoal in capsule form.

 H_2O_2 NEBULIZER: Sometimes dramatic results occur with nebulizing 3 percent hydrogen peroxide (H_2O_2). The nebulizer turns the H_2O_2 into a fine mist, delivered via a mask over the nose and throat. Many brands of nebulizers are available online. For further details, see the article by Dr. Joseph Mercola posted at lewrockwell.com.²²

which recipients theoretically develop antibodies. It is worth pointing out that while Wuhan, China has served as the whipping boy for Covid-19 origins, development of the spike protein technology has taken place in European and American laboratories—Amsterdam University Medical Centre, Harvard Medical School, the University of Oxford and the Swiss company ExcellGene.⁴

The very pro-vaccine Salk Institute admits that the spike protein alone can cause disease.⁵ According to an April 2021 Institute press release, "scientists studying other coronaviruses have long suspected that the spike protein contributed to damaging vascular endothelial cells, but this is the first time the process has been documented." However, the Salk Institute hastened to reassure the public that the spike proteins in the virus "behave very differently than those safely encoded by vaccines."

A December 2020 preprint indicates that the spike protein is especially damaging to the endothelial cells that line your blood vessels (as well as other organs), which potentially is contributing to the blood clotting disorders observed in Covid-19 vaccine recipients. The endothelial lining is smooth, so blood can flow through freely. If spike proteins become embedded in the blood vessel lining, clots may form around them. This spike protein is looking increasingly like a Swiss-army-knife version of pathogenic proteins, with many different avenues for causing disease. The endothelial lining is smooth, so blood can flow through freely. If spike proteins become embedded in the blood vessel lining, clots may form around them. This spike protein is looking increasingly like a Swiss-army-knife version of pathogenic proteins, with many different avenues for causing disease.

In early June 2021, Byram Bridle, a viral immunologist and associate professor at Uni-

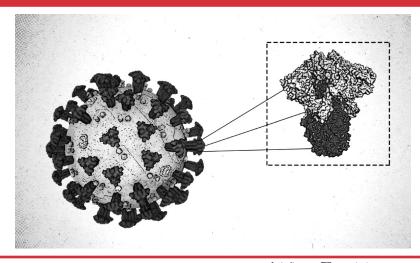
versity of Guelph, Ontario, conceded that the synthetic spike protein induced by the Covid injections is a toxin. As quoted by Children's Health Defense, Bridle stated: "We made a big mistake. We didn't realize it until now. We thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein. So by vaccinating people we are inadvertently inoculating them with a toxin."

In further remarks, Bridle stated: "However, when studying the severe COVID-19, [...] heart problems, lots of problems with the cardiovascular system, bleeding and clotting, are all associated with COVID-19. In doing that research, what has been discovered by the scientific community, the spike protein on its own is almost entirely responsible for the damage to the cardiovascular system, if it gets into circulation."9

A team of biologists at DRASTIC (Decentralized Radical Autonomous Search Team Investigating COVID-19) has been digging up evidence that the spike protein is the product of manipulation in bioweapon labs working to develop disease-causing agents (#Drastic).¹⁰ Supporting this premise is the work of Dr. David Martin, who has searched out patents that show the artificial nature of the spike protein.¹¹

Other scientists, such as Walter Chesnut (#Parsifaler)¹² and Nicola Bidoli (#Bidoli-Nicola)¹³ have dug up evidence to show that shedding is possibly related to self-disseminating vaccines, a vaccine concept that has been in the works for some time.¹⁴ A Johns Hopkins

This spike protein is looking increasingly like a Swissarmy-knife version of pathogenic proteins, with many different avenues for causing disease.



Computer-generated model of coronavirus with spike protein-studded surface.

University report from 2018 describes self-spreading vaccines as "genetically engineered to move through populations in the same way as communicable diseases, but rather than causing disease, they confer protection. The vision is that a small number of individuals in the target population could be vaccinated, and the vaccine strain would then circulate in the population much like a pathogenic virus." It's becoming clear that this "vision" has not lived up to the reality of shedding from disease-causing vaccine spike protein.

To make matters worse, a freedom of information (FOI) request uncovered a Japanese government-run pharmacokinetics study in animals that looked into the distribution of the Pfizer mRNA particles inside the vaccine recipient's body. The vaccine particles did not stay in the injection site (as manufacturers claim) but traveled all around the body within hours of injection; researchers found spike proteins in the blood and lymph, as well as in specific organs such as the liver, adrenal glands and ovaries. I suspect that all Covid-19 vaccines, including the DNA viral vector vaccines made by Johnson & Johnson and AstraZeneca, behave in a similar fashion once inside the body.

WHAT TO DO

It is my personal opinion that unless you sit in a confined space with a recently vaccinated person for a prolonged amount of time, you will not experience any problems, especially if you have a healthy immune system and follow a Wise Traditions diet. If you are affected by shedding, I suggest taking supplements that will prevent the spike protein from affecting your body. My partner and I used some of the methods described in the sidebar and found them effective, but please do your own research and use your discernment, as well as methods like muscle testing, to make your own decisions. These measures will also help you protect yourself from the true cause of Covid-19, which is 5G microwave wireless technology.

Susan Porter has a PhD in Epidemiology and is a budding medical herbalist

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GRAPHENE OXIDE: MANY UNKNOWNS - By Merinda Teller

Graphene is the twenty-first century's miracle material—"the lightest, thinnest, hardest and strongest material known to man," with density three times harder than the surface of a diamond.¹ One atom thick, graphene displays a honeycomb lattice structure of tightly packed carbon atoms. Graphene has unique electrical and mechanical properties but does not inherently possess magnetic properties. However, scientists have been working to induce magnetism through experiments with hydrogen, something that could, among other possibilities, give rise to "a new generation of more powerful computers" that would transmit magnetic and electronic information at the same time.² The nano compound *graphene oxide* (GO) features both oxygen and hydrogen in addition to carbon. In alternative circles, there has been much speculation—and few concrete answers—about whether GO is present in or has anything to do with Covid-19 injections and whether this could have something to do with the "shedding" phenomenon.³,4 While it may not yet be possible to answer these questions, what we do know is that graphene and GO have been the focus of intense research in the material sciences and health arenas for some time, with often disturbing results.

NON-LETHAL EFFECTS: "Non-lethal effects" of GO include changes in cell behavior involving "dramatic ruffling and shedding" of the cell membrane (PM)—raising "fundamental questions about how GO interacts with the PM." TOXICITY: Scientists report that GO "may promote acute inflammatory reactions and chronic injury by interfering

with the normal physiological functions of important organ systems," including lung injury.⁶

VACCINES: Vaccine companies state that Covid vaccines do not contain GO, but the literature describes "functionalized graphene oxide" as a feasible vaccine carrier, stating that GO "shows significant adjuvant activity" and "is expected to be introduced into vaccine research to improve the efficacy of vaccines." One study describes polyethylene glycol (PEG) as a coating for GO (GO-PEG); both mRNA Covid injections include lipid nanoparticles coated with PEG.

SELF-ASSEMBLY: Scientists have studied self-assembling nanostructures, including superparamagnetic iron oxide nanoparticles (SPIONs), for drug and vaccine delivery due to their ability "to carry particular biomolecules to specific targets." Referencing this literature, a science blogger observes that the technology for a "self-assembling graphene-based biocircuitry system that could feasibly be injected into people and called a 'vaccine'" is "quite real." 11,12

NEUROELECTRONICS: Jon Rappoport alerted readers in July 2021 to INBRAIN Neuroelectronics' announcement of collaboration with Merck. INBRAIN is "dedicated to developing the world's first graphene-based intelligent neuroelectric system." The implications of such a system, Rappoport suggests, are that it would "replace 'deficiencies and errors' in the natural nervous system with [the companies'] own catalog of preferred stimuli and responses." 13

MEMORY and LEARNING: Along these lines, researchers have explored GO's use as a form of "precision medicine" in animal models, using it to inhibit post-traumatic stress disorder by interrupting anxiety-related neuron signals. ¹⁴ Others note the nanomaterials "unexpected translational potential . . . to target selective synapses *in vivo*," including synapses "crucial to learning and memory." Researchers also emphasize GO's "ability to attach to carrier molecules for drug delivery" and its "therapeutic potential. . . used either alone or included in a medical device." ¹⁶

ELECTROMAGNETIC IMPLICATIONS: GO's properties mean that its presence in vaccines could make recipients highly sensitive to electromagnetic (EM) fields. This hypothesis could be tested "by assessing sensitivity to EM fields amongst vaccinated compared to non-vaccinated." 4000

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The Karnataka Prevention of Slaughter and Preservation of Cattle Act-2020:

Legislation that Fails to Take into Account Serious Adverse Economic, Social and Nutritional Consequences

By Dr. Sylvia Karpagam

representation of Slaughter of Cattle via the Karnataka Prevention of Slaughter and Preservation of Cattle Act-2020. The Act defines cattle as "cow, calf of a cow, bull and bullock of all ages and he or she buffalo below the age of thirteen years" and beef as the flesh of cattle "in any form." While the Act—according to some, "one of the most stringent laws in the country"—does not specifically prohibit the consumption of beef, the prohibition of slaughter of all animals whose flesh is defined as beef effectively translates into a default ban on beef consumption derived from the flesh of any cattle and buffaloes below the age of thirteen within the state of Karnataka.

The stated objectives of the new Act prohibiting the slaughter of cows, bulls, bullocks and buffaloes are to preserve and improve the breed of cattle and to organize agriculture and animal husbandry in terms of Article 48 of the Constitution of India. Article 48 states, "The State shall endeavour to organise agriculture and animal husbandry on modern and scientific lines and shall, in particular, take steps for preserving and improving the breeds, and prohibiting the slaughter, of cows and calves and other milch and draught cattle." 4.

Along these lines, a Cabinet note by the Government offered the following reasons as justifications to pass the bill:

1. Citing the 2019 cattle census, Karnataka's Animal Husbandry Minister stated that roughly two hundred thirty-eight thousand cattle (2.38 lakh) are slaughtered every year. Arguing for the bill's passage, he said, 5.

- "Even a single day's delay [in bringing the bill] will lead to the slaughter of 662 cows [per day]."4
- 2. Cabinet members described prevention of illegal slaughtering and illegal transportation of cattle as the "need of the hour."
- 3. Arguing that the state's livestock is decreasing instead of increasing, in a manner both drastic and alarming, the state government promoted the bill as essential to stopping the decline.
- Instead of continuing the present trend of selling mule bullocks, aged cows and unwell cattle to illegal slaughter, the government made the case that the bill would be good for bioenergy, promising that bull power, cow dung and urine would make available a cheap source of fertilizer, energy and rural products as well as being good for health and hygiene.⁵
- 5. The bill's proponents argued that it would

The prohibition of slaughter of all animals whose flesh is defined as beef effectively translates into a default ban on beef consumption.

TABLE 1. Karnataka Nutrition Indicators

INDICATOR	PERCENTAGE
Women	
Mothers who consumed iron and folic acid for > 100 days when pregnant	44.7%
Mothers who consumed iron and folic acid for > 180 days when pregnant	26.7%
Women whose body mass index (BMI) is below normal (<18)	17.2%
Women who are overweight or obese (BMI >25)	30.1%
Non-pregnant women (15-49 years) who are anemic (<12 gm/dl)	47.8%
Pregnant women (15-49 years) who are anemic (<11 g/dl)	45.7%
Children	
Children (< 3 years) breastfed within one hour of birth	49.1%
Children (< 6 months) exclusively breastfed	61.0%
Children (6-8 months) receiving solid or semi-solid food and breastmilk	45.8%
Breastfeeding children (6-23 months) receiving an adequate diet	11.0%
Non-breastfeeding children (6-23 months) receiving an adequate diet	19.5%
Total children (6-23 months) receiving an adequate diet	12.8%
Children (< 5 years) who are stunted	35.4%
Children (< 5 years) who are underweight	32.9%
Children (6-59 months) who are anemic (<11 g/dl)	65.5%
Men	
Men whose body mass index is below normal	14.3%
Men who are overweight or obese	30.9%
Men (15-49 years) who are anemic (<13 g/dl)	19.6%

In addition to taking away their livelihood, the law that has been passed is eliminating essential nutrition for these communities.

- represent a milestone in preventing farmer suicides by providing cheap agricultural inputs and additional sources of income generation.
- 6. Finally, the bill was put forth as an instrument for the conservation of India's cattle breeds.

The Act now allows authorities to conduct search and seizure operations merely on suspicion and to stop transport of cattle out of the state. In addition, the law includes a clause offering impunity to anyone acting "in good faith" to implement the law. The new Act also stipulates steep penalties and punishments for contravention of any of its provisions. These include strict provisions for imprisonment (not less than three years and up to seven years) on conviction, and fines of not less than fifty thousand and up to one million rupees. For repeat offenses, the penalty is one hundred thousand to one million rupees "along with imprisonment which may extend to seven years."

BELEAGUERED COMMUNITIES

Many vulnerable communities in Karnata-ka—such as Muslims, the Adivasi and Dalit (officially the "Scheduled Tribes" and "Scheduled Castes")⁶ and other minorities—are dependent on cattle trade for their livelihood. Before the law's passage, they were already in a terrible situation because of the Covid pandemic and lockdowns.

In addition to taking away their livelihood.

the law that has been passed is eliminating essential nutrition for these communities, which now face both acute and chronic hunger as well as several nutritional deficiencies. A news report said, "If the state decides to ban the consumption of beef then it is hindering access to nutrition for a large number of minorities... for whom bovine meat is a major source of protein." The groups affected by the ban have categorically said that while they respect Hindus' veneration of the cow, bringing a blanket ban to cover oxen, bulls and buffaloes suggests that targeting minorities and Dalits (the lowest or "untouchable" caste) seems to be the bigger agenda.

There are other instances of these same communities serving as targets by communal and casteist forces, leading to physical, social and psychological stress. Karnataka has already had several such incidents of communal violence, and instead of making all efforts to protect vulnerable citizens, the government has instead passed a law that further victimizes the same communities and makes them economically insecure, while enabling lynch mobs and self-appointed vigilante groups to take action under the bill's legal protection for persons "acting in good faith" to prevent cow slaughter. Speaking of this provision, the state's deputy chief minister stated, "Vigilantes or anyone who is working for a cause and the law of the land should definitely have a scope to work in this provision."2 This does not create faith in the government.

Among the many groups for whom the law

TABLE 2. Nutrition provided per 100 grams of lean beef (USDA Standard Reference-21)

NUTRIENT	AMOUNT (per 100 grams)	% OF DAILY REQUIREMENT
Protein	27 g	54%
Riboflavin	0.2 mg	10.6%
Niacin	6 mg	29%
Vitamin B6	0.5 mg	21.2%
Vitamin B12	2.8 mcg	48%
Calcium	28 mg	2.3%
Phosphorus	225 mg	22.4%
Potassium	380 mg	10.6%
Zinc	6.4 mg	42.4%

has led or is leading to adverse physical, social and psychological consequences are farmers, transporters, slaughterhouse workers, tannery workers, loaders and unloaders, cleaners, sanitation workers, butchers, small and large eateries and street vendors, as well as a whole gamut of services associated with these.

Beef is the cultural food of these same communities, and the right to consume meat from cattle is protected by Article 29 of India's Constitution. Article 29 assures minorities of protection of their distinct culture, stating: "Any section of the citizens residing in the territory of India or any part thereof having a distinct language, script or culture of its own shall have the right to conserve the same." Given the diverse food culture of Karnataka, it is evident that bringing this ban will take away from the rich and nutritious diet and eating culture of the state.

The claims that consuming beef will reduce the indigenous cattle population and lead to illegal slaughter and transportation, or to farmer suicides, is not borne out by the facts. On the contrary, in states that do not have rigorous cattle slaughter bans, the indigenous cattle have thrived. Not only that, but criminalizing a normal, essential activity is what will lead it to go underground and become illegal rather than the other way around. In essence, the law itself will lead to a rise in illegal activities. As a farmer leader said, "This law is making criminals of all of us who have been in the cattle economy for generations. We get targeted, fined and punished for doing the activity which has contributed to the thriving dairy economy of the State." The same farmer also said that there is a genuine risk of more farmers committing suicide if they are unable to sell their unproductive cattle and buy younger more productive animals.

MAKING A BAD SITUATION WORSE

Karnataka already has very poor nutrition indicators (see Table 1), which likely have worsened considerably following the prolonged Covid lockdowns. During Covid, midday meals and rations and meals provided through maternal and child health programs called *anganwadis* have not been provided to children either in adequate quantity or quality. In the context of this already dismal scenario, further taking

away a cheap and highly nutritious food such as beef is not scientific. Beef, and especially the organ meat, is a nutrient-dense food that can go a long way in addressing anemia and deficiencies of vitamin A, B-complex, zinc and protein (see Table 2).

It is crucial that the government of Karnataka—elected by the people—take cognizance of the enormous damage to livelihood, nutrition and mental health that this poorly thought-out Act has caused. The Act has to be withdrawn immediately. Further, the government should commit that no person attached to the cattle business will be harassed, threatened or abused for their occupation or their cultural or nutritional choices. Those citizens of Karnataka who have been devastated by the Act should be compensated at the earliest in the interest of justice and due process.

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In states that do not have rigorous cattle slaughter bans, the indigenous cattle have thrived.

The Batwa Pygmies of Uganda

By Mary Ruddick, CNC

he sun has barely risen when we pile into a rickety old van and head out on a bumpy ten-hour drive across Uganda, careful to finish our journey before sunset. (The roads are not safe after dark.) Only in the last two hours do we reach the perilous mountain roads leading to the Bwindi Impenetrable Forest. This is where the Batwa Pygmy community used to reside; today the community is exiled to the edge of the forest.

We wind along an uneven gravel path with women and children on the roadside, bashing rocks into gravel for a livelihood. Toddlers crawl around unsupervised between cliff and road as the mothers and older children sit on a pile of endless work. The road is steep. The landscape changes from brown to a lush green and, as the sun sets, we arrive at the edge of Bwindi Forest—nature in its rawest form.

The next morning, we set out on footpaths that look as though no one has traversed them in months. Our guide uses a machete to cut the path ahead of us, which has overgrown from the day before. We use walking sticks and gloves to brace our falls in thorny thickets. We walk in a forest elephant's tracks, filled with muddy water.

DIETARY EXILE

The Batwa were a traditional hunter-gatherer tribe until the Bwindi Impenetrable Forest was designated as a National Park in 1991 and the Batwa were evicted without compensation.¹ Now, they are allowed to live at the edge of the

forest and can go on the roads that cut through the forest, making gravel, but they are not allowed to set foot in the forest itself.

Since their forest exile, countless Batwa have died from malnutrition and violence. It is said that the people sometimes go back into the forest out of desperation for their old way of life, but the rangers are said to shoot and kill any Batwa who enters the forest for any reason. We were told that many Batwa go into the forest and never return At the time of this writing, I cannot say whether this is a local myth or whether it is fact

What is known is that the forest-dwelling

Batwa had an abundance of food and never required a financial system or agricultural system to ensure their ancestral way of life. Although they ate fruits for the three to four months they were available, honey in season, root vegetables like wild yam and taro and a wide range of medicinal herbs, they primarily relied on daily meat and organs from the wild pig and dik-dik (a small antelope). They did not store food for tomorrow or for the next season because there was no sense of a lack or a need to hoard.

The truly "impenetrable" forest is where Nyiramagoli Prisika spent her first ninety years of life, before the creation of the National Park. Prisika is the matriarch of the Batwa Pygmy community. At one hundred twenty years of age, and as the local elder, she has six generations below her.

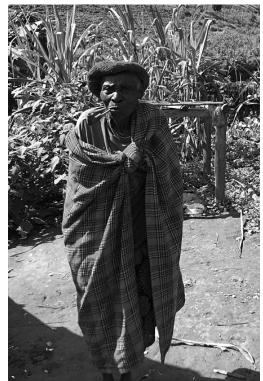
Prisika states that previously, "We lived in the trees eating meat three times a day. We now eat meat one to three times a year. My parents' generation had no illness. They died in their sleep when they were very old. Now, we catch infections frequently. We drink the same water, but we eat different food. We are not allowed

> to hunt, and we do not have access to our medicinal plants."

Currently, the Batwa are subsisting on foods that are new to them and not part of their traditional ancestral diet. These newly introduced foods are maize, rice, beans, cassava, plantain, Irish potato, millet and sorghum. The only foods they have been able to maintain from their traditional diet are taro. sweet potato and small amounts of pork-just twice a year; prior to their exile, pork was part of their daily diet.

From what I could assess, their diet is lacking in essential fats,

fat-soluble vitamins and protein. Most of the vegetables they eat are cooked in water rather than their traditional lard. They grow these vegetables on the edge of the forest, yards away from where they used to live. Further, the maize upon which they have become reliant has not undergone the multistep process needed to release niacin. As such, the consumption of maize can create nutritional deficiencies and other conditions of high caloric malnutrition. As we walked through the village, we saw many children in



Nyiramagoli Prisika, mother to six generations.

Currently, the Batwa are subsisting on foods that are new to them and not part of their traditional ancestral diet. Prior to their exile, pork was part of their daily diet.

the corn fields chewing on raw corn stalks for breakfast, spitting out the fiber and drinking the juices.

We visited several households and watched the women and children cook. One elderly lady was cooking cassava—not for herself but for her pigs. She said, "When we fed the pigs the uncooked cassava and corn stalks, the pigs got sick and died. Now, we cook the vegetables for the pigs." It was clear that they were learning through experience how to neutralize plant toxins (cooking cassava in water helps to reduce both cyanide and oxalates).

The few pigs in the village are free-roaming and are not kept in stalls. If a family is lucky, it may have one pig. The pigs are slaughtered only once or twice a year, and these are often the only times that the Batwa eat meat. They all reminisced over the days when meat was abundant. When asked what their favorite food was, the answer was always "meat."

SURPRISING RESILIENCE

This is where things get interesting. The story of the Batwa turns out to be a story of phenomenal resilience.

In my research on similar hunter-gatherers, I have found, like Dr. Weston A. Price and Dr. Francis Pottenger, that as soon as the "displacing foods of modern commerce" (namely, corn and vegetable oil) are brought into the diet, health declines rapidly. In the first generation that eats such foods, one sees a lack of immunity to infections such as pneumonia, bronchitis and malaria. In the second generation, one starts to see chronic disease develop—namely, type 2 diabetes, cancer and heart disease—in those seventy and older. In the third generation, chronic disease such as arthritis sets in, and individuals in their fifties get diabetes, cancer and heart disease. By the fourth generation, you see the same health issues we see in the U.S.; mental health problems abound, autoimmunity comes in, children are born disabled, infertility becomes common, chronic disease is seen in those in their twenties and thirties and dental health is poor.



Members of the Batwa. Notice the wide smiles with healthy teeth.

The Batwa, however, seem to be far more resilient and do not fit this pattern. Only in the sixth generation are we seeing these major downward shifts in their health, which makes them far more resilient than other tribes.

Our guide, Remegious, grew up in the neighboring agricultural village and played with the Batwa as a child. As a result, he grew up speaking the Batwa language fluently, which allowed us to ask more specific and more personal questions than if we had used a Swahili guide.

We interviewed Nyiramagoli Prisika's sixgeneration family, along with her sister Maria and the other elders. As we did so, the rest of the village circled round and nodded their heads in agreement with the elders as they answered our questions, while the children played underfoot and snuggled up on our laps.

One thing was evident: fertility was not a problem here. Women who appeared to be in their fifties had infants nursing as we spoke. We asked them whether any of the Batwa women had experienced infertility, cramps with their periods or difficulty in childbirth. The answers were a solid "no," accompanied by puzzled looks and questions: "Can your women not have children? Your women's periods are painful?"

We asked if anyone had any body pain. Again, they looked at us quizzically and after a long while said, "You mean after an injury? Yes. If I injure my leg, it will hurt." However, they had no chronic back pain, headaches or arthritis.

We asked whether anyone had trouble sleeping at night. They thought this question was very funny! "What do you mean, your people can't sleep? We have never heard of that!"

We asked whether anyone had lost a tooth or had a tooth infection. The answer was "no" to tooth infections, and they had only heard of elderly people losing a tooth. Even then, it would typically only be one tooth, and not several from the same person.

OLD AGE

Watching the villagers and the elders dance, it was impossible not to notice the perfect posture, robust energy, proper circulation to the extremities and lack of western old-age problems such as toenail fungus. During all the time that we asked questions—over the course

of a few days, compiling several hours of video footage—the elderly never sat down. They were upright with perfect posture for our entire series of interviews. The elderly ladies also hiked and danced at the same pace as the children and needed no time to catch their breath after welcoming us with three back-to-back dances that consisted of constant and aggressive stomping. I joined in on the last dance and was very out of breath by the end!

Death for the Batwa is a significant event. When a clan member dies, the clan collapses the house on the member who has passed, and the entire village moves to a new location. In fact, the Batwa celebrate all life events, from birth-days to weddings (the Batwa are monogamous). Although this may sound normal to you and me, it is unusual in the context of my previous tribal experiences. Most tribes I have spent time with do not celebrate or track birthdays, but the Batwa do. They love to celebrate!

We asked what their family members died of. Tribe members stated that before they left the forest, everyone died when they were "very very old," and typically in their sleep. When we asked them to reference "very very old," they all pointed at Prisika. Apparently, her ninety-year-old daughter was not old enough to serve antibiotics. The Ba

We also asked what death was like for the elderly in former times. Were they sick for a week or a month before passing away? The answer was "No, we would not know they were about to die. It would often happen in their sleep." We asked, "Do your elderly ever forget words or get lost?" Again, the answer was no. When we asked whether anyone ever died from injuries, they answered, "Yes, but it is not common. Very rare."

The Batwa stated that no one experienced any kind of illness when they were living in the forest—not even infectious illness. However, when they were taken from their homes, many of their family members died. They stated that now, malaria has become a problem. There is a current theory that malaria is simply not as prevalent in the forest as on the forest edge. However, given my time spent with other tribes, and the prevalent pattern of rising infection as nutrient-density declines, my personal theory

of a few days, compiling several hours of video is that the lack of traditional foods available to them has depressed their footage—the elderly never sat down. They were immune systems, allowing infections to take hold.

BATWA CHILDREN

We visited the school to see more children and look for overt signs of mental or physical disease. They all made eye contact, were highly social and athletic and had generous smiles. We heard and saw no temper tantrums during our entire stay with the Batwa. Instead, the children were calm and helpful. Even two-year olds were given big knives to peel potatoes, and they cooked over the fire without supervision.

In contrast to the impressive health of the school-age children and the adults, young children (seeming to be under the age of four) often had swollen bellies. With their fleshy faces and bright eyes, we could see that they were not starving; rather, they were infected. There is a tight relationship between malaria and the microbiome;^{2,3} I hypothesize that because mothers are experiencing malaria with greater frequency, this may be reshaping the maternal microbiome in ways that are making younger children less robust.

We interviewed a local nurse who confirmed that parasites were an issue in the young children. Discussing her monthly hikes into the village, she stated, "The previous Batwa generations do not catch the parasites, but for some reason, this last generation of children is very prone to the infections. I treat most of the children once a month."

The nurse took us to her apothecary and went through each medication with us. She exclusively stocked antimicrobials (mainly antiparasitics and antivirals). She had no need for chronic disease treatments, as there were no chronic diseases in the village, and she had little need for antibiotics

The Batwa are renowned for their traditional herbal medicines. All we also asked what death was like for the rly in former times. Were they sick for a k or a month before passing away? The

The Batwa are renowned for their traditional herbal medicines. All around the village, I noticed medicinal plants that have shown benefit for many of the common infections the Batwa experience. Studies have identified dozens of local medicinal plants used by the group, many of



A child's belly full of parasites.

which contain active compounds against diseases such as malaria, diarrhea and intestinal worms.⁴ However, when I asked them if they used wormwood (a common antimalarial growing wild within the village) for medicine, they did not know what it was for. It was clear (at least to me) that the plants outside the forest were very different from the forest plants about which they held such deep knowledge.

CHALLENGES AHEAD

The Batwa have many struggles ahead.⁵ They are new to agriculture, and as such, they have not been able to keep up financially with neighboring villages. Their water source is a muddy brown water that must be hauled long distances through rough terrain. They often get thirsty before reaching home and drink the water prior to boiling. They are also poorly educated and have not adjusted to a modern way of life.

The Batwa have yet to experience most of the health conditions we in the west now consider "normal": autism, diabetes, Alzheimer's disease, cancer, autoimmunity, allergies, arthritis, dental decay, insomnia, infertility, anxiety, depression and so on. However, they are living in an area rife with deadly infectious agents, with little protection from the elements, no clean water and little means to buy proper, nutrient-dense food. It is clear to me that the Batwa's microbiome is becoming weaker with each generation, ultimately leaving them susceptible to infections. I fear it is only a matter of time before they start experiencing the same chronic conditions so common to most of us.

On the other hand, their ancestral diet up until thirty years ago seems to have protected their immune systems and microbiomes far more than in other regions of the world. Their attitudes are positive, too. They want to work. They want to guide tourists into their homeland to see the gorillas and teach others their knowledge of medicinal plants. They are generous



Mary Ruddick sitting with Maria (her English name) in her hut. In the background is Maria's bed, a cloth on the mud floor. Maria has never worn shoes and has feet without health issues.

and joyful, and they dance frequently.

Right now, it seems that the Batwa are in dire need of the fat-soluble vitamins that animal-based nutrition can provide. From what I could tell, they were consuming pork just twice a year, and no meat otherwise. I left feeling a deep sense of responsibility to help preserve their traditional way of life. Their uncanny resilience to their edge-of-forest environment is fading away with each new generation. Unless the tide can be turned soon, their brilliant example of what natural health actually is will be lost to us as quickly as a footpath in the Bwindi Forest.

Mary Ruddick is a seasoned medical nutritionist who specializes in immune, nervous system and metabolic disorders. She is the director of nutrition for EnableYourHealing.com, Captain-Soup.com, The REIGNS Method and the Back to Joy Program. She travels the globe studying traditional diets and sees patients online via her private practice. She has been featured in the book, Beat Autoimmune, and can be found in several productions from GundryMD as well as the Food Lies documentary and the MeatRx podcast.

Want to help the Batwa? Mary Ruddick cofounded Cows4Kids.com after a life-changing trip to Tanzania and Uganda with Brian Sanders and Jay Hanamura. All three founding members have long worked toward reversing disease in the western world. Upon seeing the perfect health of so many villages start to decline, they knew something had to be done. Cows4Kids.com is a result. Please visit it and consider joining the effort!

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Reading Between the Lines

By Merinda Teller

Acne—A Message to Get Your Internal House in Order

Acne vulgaris, as its name suggests, is so widespread as to be considered, in the general population, "ordinary" or "common" (which is what "vulgaris" means). Epidemiologists rate acne as the world's eighth most prevalent disease, estimating that it afflicts 9.4 percent of the global population and close to fifty million Americans annually. In primary and secondary care settings worldwide, it is one of the top skin issues that patients ask clinicians to help them address.

Although adults, and especially women, also experience acne, much of the focus is on teens, in whom acne is described as "virtually ubiquitous." U.S. dermatologists state that up to 85 percent of youth between ages twelve and twenty-four experiences some form of acne, ranging from mild to severe. Beginning in the 1980s, however, twelve was no longer the "low end of the 'normal' range for onset of acne," with a downward shift in facial breakouts starting to become apparent. Health websites now state that it is "perfectly normal" for "preteens" (defined as starting at age seven!) to develop acne.

Swiss dermatologist Bruno Bloch declared in 1931 that acne is "a normal reaction to the physiological changes taking place during puberty." Normalization has been the medical profession's default stance ever since. On the other hand, wrote RNR Grant, MD, in 1951, "Acne cannot be regarded as a serious disease or measured in terms of life and death, but it has a nuisance value out of all proportion to its seriousness, affecting, as it does, young people at an age when they are most sensitive to any disfigurement."

Seventy years later, with far greater awareness of the role of the skin as the immune system's first line of defense and with an understanding that skin issues may be an early warning sign of gut imbalances, ¹⁰ it is debatable whether acne should be dismissed as merely a

"nuisance." At the same time, few would deny that for adolescents and young adults in their peak years of self-consciousness, acne can have spillover effects on mental health, including documented associations with anxiety, depression and "social impairment." These impacts are apparently so common that a specialized field of dermatology called "psychodermatology" has stepped forward to help sufferers of acne treat both their physical condition and its social-emotional fallout.

ACNE THROUGH THE AGES

Although the term "acne vulgaris" was not coined until 1840, historians are convinced that acne is an "age-old problem," citing descriptions of puberty-associated skin conditions dating back to ancient Roman, Greek and Egyptian times.^{3,13} Early physicians influenced by the Greeks linked skin disease to an imbalance of the four "humors" (blood, phlegm, black bile and yellow bile), with pores in the skin thought to be "orifices through which humors could pass"; a sixteenth-century acne-like condition, for example, was attributed to "melancholy blood."³

With the invention of the microscope, practitioners turned away from trying to understand acne's deeper causes, acknowledging only that "many morbid processes conspire to favour the existence of the disease." Instead, they grew fascinated with the various "unpleasant appearances" that they could now observe up close.³ This was already evident in Shakespeare's time; in his famous history play, *Henry V*,¹⁴ the bard colorfully describes Bardolph's face as "all bubukles and whelks and knobs and flames o' fire."

Modern dermatologists, alas, have transitioned to drier language, telling us that acne is characterized by "comedones, papules, cysts, nodules, and scarring" (in lay terms, skin bumps, lesions and pitted or raised scars).³ However, they are still visually fascinated, as a 2010 editorial in the *Journal of Visual Communication in Medicine* indicates, stating: "The wide variety of anatomical location, distribution, form and texture of skin lesions presents the medical photographer with many challenges, but nevertheless offers many opportunities to demonstrate his or her skills, arguably more than in any other medical specialty." ¹⁵

Microscopy's rise encouraged acne's chroniclers to try to squeeze the condition "into the elaborate classifications which were then becoming popular." By the nineteenth century, "the literature on acne becomes voluminous, with division of opinion particularly on the subjects of classification and nomenclature. There is argument as to whether the primary lesion of acne is a pustule or a papule; whether all pustular conditions of the face should be called acne; whether it was necessary for any lesion to have a red areola for it to qualify for the name acne, and so on."

Those adopting a whole-body approach recognize that skin problems are often the first alarm bell that something is wrong inside.

OUR LARGEST ORGAN

People often forget that the skin is an organ—the largest organ in the body¹⁵ and also "a major organ of elimination, nutrient production, physical protection, and a major organ of the innate immune system second only in size and importance to the gastrointestinal [GI] tract."¹⁶

The sebaceous glands, found on nearly all parts of the skin, play a pivotal role in skin and whole-body health. The glands produce and secrete the oily substance called sebum, which protects and helps hydrate the skin, but in addition the glands possess "an innate antibacterial activity and. . . a pro- and anti-inflammatory function," as well as transporting antioxidants, helping with wound healing and regulating the activity of xenobiotics (chemicals foreign to the body).¹⁷

Importantly, the sebaceous glands are also a site for the formation of hormones, ¹⁸ notably the class of "male" sex hormones called androgens (several of which are also quite normally present in women¹⁹). Many researchers believe that androgen overproduction plays a causal role in acne by ramping up sebaceous gland activity.¹⁷ Other researchers, however, describe the role of androgens as "complicated and incompletely understood,"¹⁹ and some hypothesize that the higher-than-normal androgen levels observed in acne could be a *result* rather than the cause of the skin problem.²⁰

MORE THAN SKIN-DEEP

While conventional dermatologists maintain a narrow focus on things like "clogged pores" and "acne bacteria"—leading to recommendations for topical and oral antibacterials and other toxic symptom suppression measures—those adopting a whole-body approach recognize that skin problems are often the first alarm bell that something is wrong inside.²¹ Another clue that the problem is more than skin-deep is the rare form of acne called "acne fulminans," which presents not just with "painful, hemorrhagic pustules" but sometimes with systemic symptoms such as arthritis.²²

A holistic skincare company founded by nationally recognized skincare physician Dr. Ben Johnson bluntly describes acne as a "toxin purge" and asserts that the treatment goal should

be "to detox your skin and remove the source of the toxicity internally." Gut imbalances and liver congestion are two key contributors to toxicity. In a skin-mapping tool²⁴ that matches facial zones with body organs, Johnson suggests that acne on the forehead, cheeks or nose point to digestive system imbalances and toxicity related to candida overgrowth, while acne on the jawline, neck, chest or back may signal a liver overwhelmed by endocrine-disrupting xenoestrogens (including pesticides, chlorine, BPA and food additives). Johnson also views each individual's gut microbiota as unique—the commensal equivalent of DNA.

Johnson's skin-mapping tool points the way toward a view of the skin as "a mirror to the gut."26 Many others acknowledge that candida (principally Candida albicans) often plays a significant role in acne. Acne websites put it this way: "If you have acne it is very likely you also have Candida overgrowth."²⁷ C. albicans, naturally present in many areas of the body and notably in the GI tract, is the most prevalent fungal species of the human microbiota and one of the very few capable of wreaking health havoc.²⁸ In healthy individuals, *C. albicans* is generally harmless, but factors that alter the gut microbiota or the immune response—such as a sugar-heavy diet, glyphosate exposure, ²⁹ heavy metal toxicity, 30 fluoride, 31 antibiotics, oral contraceptives,³² other medications or stress—can opportunistically drive it into overgrowth.²⁸ This more aggressive form of candida is capable of releasing over eighty different toxins; these can cause a wide variety of symptoms, some of which are skin conditions.³³

High percentages of adolescents and young adults report depression and anxiety (with the numbers rising dramatically since Covid), and many are quite willing to resort to medication as a response.³⁴ Perhaps young people would be less willing to do so if they knew of the relationship between antidepressants and acne—a relationship that is both direct³⁵ and probably also indirect via antidepressants' reshaping of the composition of the gut bacteria.³⁶

TOXIC TREATMENTS

Following World War II, the prevalence of and growing attention to acne proved to be

fortuitous for chemical-pharmaceutical conglomerates pivoting from chemical production to drug development.³⁷ By the 1950s, the U.S. pharmaceutical industry had a "plethora" of acne treatments on offer—including creams like Clearasil as well as tranquilizers and antidepressants—all promising "the hope of both clear skin and psychic succour to the acne sufferer."8

Acne drug and skin product development has continued apace ever since, even producing billionaires such as the two dermatologist founders of the skincare company Rodan + Fields; the two admit, "the need for acne [products] is pretty sizeable, and that's why we're going after it." For over-the-counter acne products alone, U.S. sales amounted to over six hundred million dollars in 2017—a quarter of global sales. 38

As for prescription treatments, it is questionable whether the options currently available are much better than the ammonia, mercury and arsenic that Victorian-era women once used to tackle problem skin, 13,39 for the modern arsenal of acne drugs comes with adverse effects that insiders admit "pose a significant health risk to the patient. Moreover, modern-day dermatologists typically prescribe topical or oral acne treatments ("based on disease severity, patient preference, and tolerability"2) only with the limited goal of controlling acne, preventing scarring or making scars less noticeable. In general, they do not profess to tackle underlying causes.

Commonly recommended topical agents—including synthetic derivatives of vitamin A called retinoids, 42 topical antibiotics and an antibacterial gel called dapsone—routinely come

with side effects discounted as "minor" (such as increased sun sensitivity, skin dryness, skin redness or discoloration and skin irritation), but also with effects that are undeniably serious. 41 Serious side effects of dapsone are listed as facial swelling, rash, numbness or tingling of the extremities, muscle weakness, back pain, shortness of breath and dark brown urine, among others. 43 Many of these topical agents require weeks or months of use to produce any results.

Oral acne options include antibiotics, combined oral contraceptives, the anti-androgen agent spironolactone (prescribed for females due to its "undesirable" tendency to cause breast growth and other "feminizing" effects in men)44 and a drug called isotretinoin. Hoffmann-La Roche removed its isotretinoin brand, Accutane, from the U.S. market in 2009 (though the drug is still sold in other countries as Roaccutane), but many generic versions of isotretinoin remain on the American market. 45 In its first twenty years of U.S. use, Accutane generated twenty-three thousand adverse event reports to the Food and Drug Administration (FDA), 45 with many other adverse events likely going unreported. Due to the risk of severe birth defects in offspring, pharmacists, prescribers and patients must register with an FDA-mandated isotretinoin "risk management program."2

The website acne.org describes isotretinoin as a "powerful drug that changes the skin and the body forever" by reducing skin oil production, adding, "Once you take it, there is no going back." Prescribed for "severe, recalcitrant acne," isotretinoin is also, says acne.org, "the

prescription treatments. it is questionable whether the options currently available are much better than the ammonia, mercury and arsenic that Victorian-era women once used to tackle problem skin.

NOT JUST KIDS

Kids are not the only ones susceptible to acne, although in adults the condition is more common in women. Dermatologists describe two main categories of adult acne, with "persistent acne" (skin problems that follow an adolescent into adulthood) estimated at 80 percent of cases and "late-onset" acne (for example, in women going through menopause) estimated at 20 percent.⁷¹ However, other expert groups hypothesize that there may also be a third category, "recurrent acne," that is "present in adolescence, improves for a variable period of time, and returns in adulthood."⁷²

The toll is heaviest in younger adults. Researchers state that more than half of young women in their twenties and more than 35 percent of women in their thirties have acne (presumably of the "persistent" or "recurrent" varieties).⁷³ The quality-of-life impacts on adult women are, according to qualitative researchers, substantial, ranging from the psychological to the social and emotional.⁷¹

Although adult women may be eager to banish their bumps and lesions by whatever means necessary, caution is in order, particularly for reproductive-age women. The teratogenicity (propensity to cause birth defects) of isotretinoin, formerly Accutane, is one obvious warning sign. Other "treatments," such as oral contraceptives and antibiotics, will damage the gut⁷⁴—a counterproductive state of affairs for women as well as their future babies. Research shows numerous correlations between maternal gut dysbiosis and adverse outcomes in infants.⁷⁵

The Canadian Inuit, South African Zulus, lapanese Okinawans, the Aché of Paraguay and the Kitavan islanders of Papua New Guinea did not show signs of acne until they began eating processed foods and refined sugars.

'nuclear option' due to its ability to provide the adolescents died. In an understatement, the remission of acne in about 2/3 of people who take it, while at the same time causing troubling, potentially lifelong side effects."46 The latter—including not just the fetal abnormalities but also joint pain, depression, suicidality and permanently altered eyesight—seem like grave risks for young people and reproductive-age women to take, particularly given the conclusion of a 2018 Cochrane review of randomized clinical trials indicating no clear evidence "that isotretinoin improves acne severity compared with standard oral antibiotic and topical treatment when assessed by a decrease in total inflammatory lesion count."47

"Standard" topical and oral antibiotic treatment comes with its own set of problems, with a principal one being antibiotic resistance— "a major concern in dermatology since the 1980s."48 For the patient, antibiotic resistance can lead to bad outcomes such as treatment failure, alterations in normal skin flora, eradication of gut flora and "induction of opportunistic pathogens locally and systemically"; for wider society, problems include "dissemination of resistant strains to both healthcare personnel and the general population."48

Nonetheless, though oral antibiotics produce only "moderate results," "only work for some people" and come with potentially harsh side effects, the dermatology profession continues to prescribe them.⁴⁹ A shocking case report published in 2019 described the development of acute respiratory failure in five previously healthy adolescents (ages thirteen to eighteen) who had taken a recent two- to four-week course of a widely prescribed combination antibiotic called trimethoprim-sulfamethoxazole (TMP-SMX); four took the drug for acne and one for a urinary tract infection. 50 Upon hospitalization, all five needed invasive respiratory support, and four required mechanical life support, in some cases for months. Despite these measures, two of authors of the study concluded, "The findings from this case series is [sic] a reminder that the benefits must be weighed against the known and unknown risks of any medication."50

THE NONTOXIC TREATMENT OF CHOICE: A WISE TRADITIONS DIET

Although some researchers still describe the relationship between acne and diet as tentative or "controversial," the general consensus is that the association between the two "can no longer be dismissed."51

Noting the substantially lower prevalence of acne in non-Westernized cultures eating traditional diets characterized by few highglycemic carbohydrates, some experts recommend ketogenic (very-low-carbohydrate) diets. The pathway to acne, these researchers argue, arises through the carb-heavy Western diet's stimulation of insulin and insulin-like growth factor-1 (IGF-1) activity as well as greater androgen bioavailability.⁵² Other researchers concur that populations such as the Canadian Inuit, South African Zulus, Japanese Okinawans, the Aché of Paraguay and the Kitavan islanders of Papua New Guinea did not show signs of acne until they began eating processed foods and refined sugars.⁵³ It is likely that these latter two items—with their additives and negative impact on gut bacteria—bear the lion's share of responsibility for the burgeoning skin problems. Certainly, a ketogenic or GAPS diet may play a role in restoring gut health, but beyond that point, there is little reason to avoid properly prepared grains or other Wise-Traditionscompatible carbohydrates, as long as they are consumed with plenty of animal fats containing the all-important fat-soluble vitamins.

Where refined carbohydrates are concerned, many people intuit that overconsumption of sugar, in particular, has something to do with hormonal acne. Researchers have

WHAT ABOUT ROSACEA?

Another skin condition called rosacea, uncommon before age thirty and experienced by roughly sixteen million American adults, is often confused with acne. Skincare guru Dr. Ben Johnson argues that rosacea, like acne, is largely the result of digestive issues and candida overgrowth (not mites in the pores, as dermatologists often claim).⁷⁶ An interesting study that examined the intestines of cadavers with rosacea found that about 35 percent contained "profound alterations in the lining of their guts."77 Studies have linked small intestinal bacterial overgrowth (SIBO) and rosacea.

uncovered one reason why this may be the balance of skim milk itself is "impaired."51 case. A diet with too much sugar gets the liver's metabolic state "out of whack"—with the liver converting the sugar to fat—and this conversion process reduces a protein (sex hormone binding globulin or SHBG) that plays an important role in maintaining testosterone and estrogen at appropriate levels.⁵⁴ With reduced SHBG in the blood, the body will release more testosterone and estrogen, leading to an increased likelihood of acne.55 Lower SHBG is also associated with other hormone-imbalance-related conditions such as polycystic ovary syndrome (PCOS) and type 2 diabetes.⁵⁶

Modern acne advice often comes with a warning that milk consumption is linked to acne, but the beautiful skin of the milkmaids of yore provides a clue that these dairy naysayers are barking up the wrong tree. The fact is that virtually all studies involving dairy include only pasteurized milk or, even worse, pasteurized skim milk. For example, a 2008 study with over four thousand teenage boys, conducted over several years, found a strong correlation between acne and consumption of skim milk.⁵⁷ Other studies confirm that skim milk is more "comedogenic" ("pore-clogging") than whole milk and also float the notion that the hormonal

Although such studies make a good case for jettisoning pasteurized milk from the diet, raw milk is a different story altogether.⁵⁸ High-quality raw milk—which builds gut integrity and supports balanced gut flora—is more likely to contribute to glowing skin than acne outbreaks. ⁵⁹ Dr. Josh Axe notes that success stories of raw milk improving skin conditions such as psoriasis, eczema and acne are widespread, with the healthy fats in raw milk supporting skin hydration and the milk's probiotics helping to balance the gut flora.60

As already discussed, the possibility of candida overgrowth must be considered in cases of entrenched acne (especially if on the forehead, cheeks or nose). Because C. albicans readily forms into densely packed communities of cells called biofilms, 61 it can be challenging to kick it off center stage and back into microbial balance. Bill Thompson's Earth Clinic book Candida: Killing So Sweetly outlines a number of anti-candida strategies—including anti-biofilm protocols using substances like turpentine, 62 iodine, humic acid and borax—that have proved helpful to many. 63 Thompson notes that the anti-biofilm measures should be considered only if other anti-candida steps have not produced the desired progress.

There are also simple natural remedies for acne that may not help in all cases but certainly will not hurt.⁶⁴ These include apple cider vinegar (both internally and externally), turmeric (a blood purifier), Lugol's solution applied externally, vitamin C (needed for skin regeneration) and probiotic-rich foods. Topically, substances such as honey, oatmeal and calendula-infused witch hazel can help cleanse, sooth and tone. The Earth Clinic website has many other suggestions. Sunlight also plays an important role in skin health.65

COVID ACNE

The tyrannical lockdowns and masking requirements imposed worldwide under cover of Covid-19 have introduced new challenges for skin health. For example, with the increased use of mobile phones, clinicians are witnessing a novel epidemic of "cell-phone acne." An India-based case series described thirteen patients (healthcare workers and others) "who complained of eruption or flare up of acne, mainly involving one side of the face." As the authors of the study explained, "All the patients reported increased cell phone use and cell phone-skin contact time during the lockdown period," and the acne displayed a unique pattern: "There was a predilection or more number/flare up of acne lesions on the side of the face, which came in contact with a cell phone while talking." While there are other websites (both in India and America) that acknowledge "cell-phone acne," others tend to blame it on "germs and dust" on the phone.79 The authors of the case series suggest that "dissipation of heat" could be a contributor, ignoring the vast body of evidence describing non-thermal biological effects—including dermatological disease—of the non-ionizing radiation emitted by phones and computers.80

There is also growing evidence that Covid masking can trigger both acne and rosacea through its modification of the "cutaneous facial environment," so much so that dermatologists now have coined the term "maskne."81 Italian researchers who conducted a "real-world" study involving sixty-six patients with either acne or rosacea found that constant mask wearing (at least six hours a day) resulted in significantly increased "Global Acne Grading Scale" (GAGS) scores or a worsening of rosacea after six weeks of masking and quarantine, as well as "a statistically significant decrease in their quality of life."81 Though the authors noted that mask wearing dehydrates the skin, dysregulates sebum and alters pH, all of which are "pro-comedogenic" and capable of leading to inflammatory lesions, unfortunately they had little to offer by way of remedy. Yale Medicine dermatologists acknowledge that maskne cases may not resolve easily, especially since "typical acne medications often don't work on maskne." The Yale doctors' apparently sincere consolation is that "if the maskne sticks around for a little while, there is one saving grace: The mask will hide it."82

Wise Traditions Wise Traditions **FALL 2021** FALL 2021 43

THE RISE OF ADOLESCENT MEDICINE

Medical historians suggest that the history of acne "provides an excellent lens through which to understand both the development of adolescent medicine and rising concerns about youth mental health" after World War II.8 By constructing a view of teen acne "as a threat to the emotional well-being of teenage Americans," budding adolescent health professionals took the stance that acne was "an ailment which had to be overcome at all costs." If this could guarantee a steady (and lucrative) stream of ongoing and future patients, so much the better.

Interestingly, the late 1950s also saw acne constructed (via the mass media) as a "threat to the social order," with news accounts rife with descriptions of young hoodlums with "pock-marked faces" and disfiguring acne. The linking of physical deformity to anti-social behavior, in one historian's view, is similar to the "moral panic" later whipped up surrounding illnesses such as AIDS (and Covid-19). Across the fields of medicine, journalism, sociology and criminology, experts "warned of the significant impact acne could have on the psyche," linking acne concerns to "wider cultural anxieties about youth mental health, juvenile delinquency, sexual promiscuity and racial unrest."

Arguably, acne today is still bound up with culture. Reflecting such manifestations of the zeitgeist as "body positivity," journalists started reporting in 2018 on an "acne positivity" movement after "influencers" began declaring that "pimples are in." (There is even a hashtag, #freethepimple, to "destigmatise acne and empower others to embrace the skin they're in."67) This movement has also dovetailed with another prominent zeitgest narrative—"diversity"; a lifestyle writer recently complained, "Even beauty promotions emphasising the importance of diversity will feature an array of models who, despite their physical differences, will still have one thing in common: the same crystal-clear, flawless complexion."68

As for the field of adolescent medicine that was so bound up with acne in the 1950s, now that it is established as a "legitimate" medical subspecialty,⁶⁹ it has moved on to more contested terrain. With parents vociferously disagreeing with practitioners' willingness to sideline or

exclude mothers and fathers from their children's often momentous health care decisions, freestanding teen and college clinics are handing out like candy not just acne drugs but body- and life-changing interventions like oral contraception, vaccines and cross-sex hormones as well as referrals for "top surgery." Teens' complaints about acne seem almost quaint by comparison.

One of the biggest lies about acne—stemming from conventional medicine's focus on symptom suppression rather than investigation of root causes—is the assertion that the condition can be treated but not cured. Fortunately, many can testify that this is a false narrative. For those willing to unravel hidden sources of toxicity and tackle the job of restoring gut health, radiant skin is more than possible.

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The Wise Traditions Pantry

DRY BRINING: A BETTER WAY TO PREPARE PASTURED MEATS By John Moody

After our household transitioned to real food, we remember well the first year we purchased a pastured turkey straight from a local farmer. We were faced with a challenge: all twenty-five-plus pounds had to fit in a large pot full of water and herbs in our fridge. Why? For brining, of course!

Why does brining meat matter? How else does one cook a tasty turkey if one cannot first flavor the meat through brining? Yet all that water and weight created a real problem for our refrigerator (and our backs!).

There are, in fact, two ways to tackle brining of meat. Most people are familiar with "wet DRY BRINING 101 brining," where salt is added to water (along submerged for a few hours to a few days. What I want to focus on here is the lesser known skill of dry brining.

TRADITIONAL VERSUS INDUSTRIAL BRINING

Large-scale meat companies love brining or "plumping" meat, but for them, it isn't so much about improving the quality of the final product as improving the quality of their quarterly profits. Injecting cheap salt water into meat means companies can charge consumers a pretty penny for artificially plumped-up protein. Low-quality salt also helps cover up the bland, tasteless muscle tissue that animals produce animal feeding operations (CAFOs).

For the home cook, true brining sits somewhere in between just tossing salt and seasonings on the surface of meat shortly before cooking, and the longer-term curing methods that used to include some or all of the "four S's"—salt, sugar, smoke and sodium nitrate strategies that made meat shelf-stable before widespread modern refrigeration. Among other benefits, brining can help preserve meat for a few days to a week until it is needed.²

Where brining—and notably dry brining—really shines as a technique is with pastured meats. This is important knowledge for those who obtain their meat from real farmers, because pastured meats tend to be leaner and tougher than their industrial counterparts. Pastured animals' more natural diet combined with a more active lifestyle changes their body composition (usually resulting in less fat) and strengthens animals'

Dry brining pastured meat thus serves two key purposes, adding flavor and tenderizing tougher cuts, giving the more muscular, leaner real meat a more tender "mouthfeel". The technique works for everything from small cuts to entire animals, both small and large. As an additional benefit, it also reduces cooking time.

A liquid brine typically describes water that contains a large amount with other flavoring agents), and the meat is of salt. Wet brining is the process of placing meat or vegetables into this salt water, often along with herbs and spices.

> Dry brining uses salt (and optional herbs or spices) but works by using the natural moisture of the meat to move salt into the muscle tissue. The process actually begins with the dry brine pulling moisture out, only for the meat to pull it back in over time. As the meat pulls the moisture back in, it takes the salt and many other things with it, slowly working its way throughout the tissues until the process is complete (or you decide to cook the meat).

> Both wet and dry brining are powered by simple chemistry—diffusion and osmosis. The concentration of salt in the brine is much higher than the concentration of salt in the meat. Over time, the concentration moves toward equilibrium. And as the salt brine moves into the meat, it will carry some of the flavor of the herbs, spices and any other ingre-

In addition to flavor, salt has another beneficial impact: it changes when they are raised in modern concentrated the structure of the meat. Ordinarily, cooking causes meat tissues to contract, expelling moisture. This is why lean cuts dry out so easily and guickly; the lack of fat (which contains far more water than muscle) and the long strands of protein under heat squeeze the moisture right out. But after brining? The meat is better able to hold on to its moisture because the salt reshapes the proteins and causes the formation of a gel that helps keep the natural juices where you want them—in your meal!

> Where does dry brining diverge most significantly from wet? Although it may seem like restating the obvious, with wet brining, you are not just adding salt, herbs and spices—you are adding water. This extra moisture dilutes the natural flavor and juices of the meat and sometimes results in a rubbery texture after cooking. Indeed, many early proponents

of wet brining have mostly or completely abandoned the method because of these two major drawbacks—loss of texture and flavor—coupled with having to figure out how to handle all that additional water weight and refrigerator space safely.4

Many store-bought meats in the U.S.—even the organic options—are water-chilled after butchering, meaning they are immersed in cold water. (The alternative, air chilling, is superior but is more expensive.) This often results in meat with added retained water, sometimes disclosed as a percentage on meat packaging. Such meat is a perfect candidate for dry brining, as it will make good use of that extra moisture. However, meat that has been flavored or "enhanced" (meaning it is already wet brined or injection brined) is a different story; do not dry brine it!

Note that in some parts of the country, people dry brine and don't even realize it. For example, many barbeque recipes use "dry rubs" that sit on meat for a few hours to a day before smoking or cooking. If the rub has sufficient salt, then it's dry brining!

DRY BRINING HOW-TOs

The first step in dry brining is figuring out the amount of time your meat will need to be salted. Smaller cuts of meat, such as steaks (unless over one and a half inches thick), chicken breasts or pork chops need about twenty-four to thirty-six hours. Thicker steaks, whole chickens, whole ducks or roasts need about thirty-six to forty-eight hours. Even larger cuts or whole turkeys need a minimum of seventy-two hours to brine fully, though larger means longer is better. In our experience, there is no cut of meat nor type of animal that isn't suitable for dry brining.

The next decision is to figure out how much salt you should use. A good rule of thumb is to start with about one-quarter to one-half teaspoon salt (and one-eighth to one-quarter teaspoon dried herbs/spices) for each pound of meat. Depending on your tastes and preferences, you can adjust the total amount and ratio from there, and also make adjustments if using fresh rather than dried herbs. Mix the salt, herbs and spices thoroughly before applying the dry brine to the meat.

Note that you can turn almost any recipe into a dry-brined recipe by making a 7:2:1 blend of salt, black pepper and garlic powder and using a tablespoon of this mixture per four to five pounds of meat, dry brining for one to two days and then preparing the meat as you normally would—but don't add any additional salt!

While dry brining, meat should be stored below forty degrees Fahrenheit, so find a spot in your fridge or another chilly location for the duration of the meat's preparation. Dry brining is not a substitute for good meat handling practices.

When cooking dry-brined meats, it is important to be aware that they tend to cook more quickly, anywhere from one-fourth to one-third faster. That said, dry-brined meats—and especially thick cuts—are a perfect match for slow roasting at low temperatures for long periods of time; this creates an incredibly flavorful and tender final product.

There is one final caveat. When you are first learning to dry brine, don't start on a special occasion! Instead, get some practice with some smaller, easier cuts of meat, or try it out on a whole roast or chicken, so that you can become familiar with the technique and find blends and amounts that suit your tastes and your particular cut of meat best. 99

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BENEFITS OF DRY BRINING

- Decreases cooking time—dry-brined meat generally takes one-fourth to one-third less time.
- Changes structure of meat, making it moister and more tender.
- Is easy to do, even to large cuts or small animals, as there is no additional water weight.
- Makes meat harder to overcook, as the changes to the meat's structure help it to "hold onto" moisture better.
- Provides deeper, more even flavor through the entire portion (instead of concentrating flavor just on the skin
- Allows you to split meal prep work up and prepare meat ahead of time for quick cooking later.

46 Wise Traditions Wise Traditions **FALL 2021** FALL 2021

PERSONAL DRY BRINED FAVORITES

DRY BRINED PORK ROAST

We typically use Boston butts, picnics or shoulder roasts, but almost any pork roast cut will work. Roasts generally run in the three- to five-pound range. This recipe is slightly adapted from *The Joy of Cooking*.

Ingredients:

one five- to seven-pound picnic roast (or similar) 12 large garlic cloves, mashed (or roughly three tablespoons of fermented garlic scapes/flowers, or a mixture of both)

2 tablespoons salt

2 tablespoons dried oregano 1 tablespoon black pepper

1-2 tablespoons balsamic vinegar or red wine

Instructions:

- 1. Combine garlic, salt, oregano, pepper and vinegar or wine in a small bowl (or with mortar and pestle).
- 2. Using a sharp knife, cut slits into the meaty end of the pork roast.
- 3. Take the garlic, salt and spice paste and rub it all over the roast, working some into the slits. Allow to sit covered for twenty-four to forty-eight hours in the refrigerator.
- 4. Preheat oven to 325°F.
- 5. Place roast in a cast iron Dutch oven and cook until desired internal temperature (around 160-165°F) is achieved.
- 6. The pan drippings can be combined with stock to make a wonderful reduction sauce.

DRY BRINED WHOLE CHICKEN

If you are looking for a way to prepare a chicken that has good flavor throughout, dry brining is our favorite approach. To speed up the process (or if you are short on time), you can make a few small cuts into the breast and work some of the dry brine deep into the cuts.

Ingredients:

1 whole chicken (4-5 pounds) 6 parts salt (3 tsp for this size chicken) 1 parts garlic powder (1/2 tsp) 1 part onion powder (1/2 tsp)

3 parts paprika (1.5 tsp)

Instructions:

- 1. Make a rub of the salt and spices. Mix thoroughly.
- Rinse the chicken, if needed, and pat dry. Place chicken into a clean plastic (or similar) bag and thoroughly cover the chicken with the rub, working it all over the bird. Allow to sit refrigerated for thirty-six to forty-eight hours.
- Preheat oven to 350°F.
- 4. Place chicken on a cooking rack in a pyrex dish or Dutch oven.
- 5. Cook until done (about 90-150 minutes depending on your oven and the size of chicken). While cooking, you can turn the chicken twice if desired to crisp the skin on all sides. If the outside begins to brown too quickly, you can tent with foil or parchment paper.

DRY BRINED STEAK

Grass-fed steaks can benefit from an initial dry brining followed by a marinade. You can then use the marinade to make a lovely reduction sauce.

Ingredients:

Four to six grass-fed steaks, thawed Salt and dried or fresh garlic

1 tsp oregano 1 tsp cumin

1/4 tsp pepper (optional) 1/4 cup balsamic vinegar

1/4 cup olive oil

Instructions:

48

- 1. Combine four parts salt to one part dried garlic, or two parts salt to one part fresh garlic (or to taste).
- Rub mixture on both sides of the steaks, using about 1/2 tsp to 1 tsp per steak, depending on thickness and size.
- Allow to sit for about 12 hours in the refrigerator, turning once about halfway through (optional).
- About two to four hours before cooking, remove the steaks from the refrigerator and make a marinade with the balsamic vinegar, olive oil, oregano, cumin, and optional pepper.
- 5. Place steaks in a Pyrex or similar dish and pour the marinade over the steaks.
- 6. Flip the steaks every hour, if necessary using a spoon to reapply the marinade over the meat.
- 7. After two to four hours, remove the steaks from the marinade, allowing the excess to drip off into the dish.
- 8. Cook the steaks to your preferred level of doneness.
- While the steaks are cooking, make the reduction sauce. Take the marinade, combine it with beef or chicken stock in a pot, add gelatin or other thickeners if desired and gently simmer the liquid down. Drizzle the steaks with the sauce and serve.

Homeopathy Journal

HOMEOPATHY AND INFERTILITY By Anke Zimmermann, BSc, FCAH

of couples, or one in eight, struggle with infertility, defined as the inability to achieve a pregnancy after one year of regular unprotected intercourse.

Men and women are equally likely to be the causative factor, although the woman's reproductive system is far more complicated, and many more things can go wrong on the journey to baby joy. The causes of female infertility include failure to ovulate, endometriosis, infections, physical obstruction (for example, via fibroid tumor scars) and endocrine disorders such as hypothyroidism and autoimmune diseases.²

Sadly, the current coronavirus pandemic, and more importantly, the new mRNA vaccines, are likely to add a whole new set of causative factors to the increasing rates of male and female infertility. Research indicates that the vaccine spike protein accumulates in both ovaries and testes and is similar in structure to the placental hormone syncytin.³

Over the years, I've been able to help a few bundles of joy join this world by using a combination of nutrition, herbal medicine and my favorite: homeopathy. Homeopathy can be a very useful tool to support clients with infertility in clinical practice, and its effectiveness has been confirmed by some clinical research.⁴⁻⁶

CLOSED OFF

Many years ago, a woman in her midthirties I shall call Helena consulted with me regarding infertility. She and her husband had been trying for three years without success to start a family, so she decided to give homeopathy a try.

Those new to constitutional case-taking sometimes find it a somewhat emotionally invasive procedure, as the homeopath must deeply

Infertility is a common and heartbreaking probe the client about her life, traumas, personality and more. Thus, Helstruggle for many couples. About 15 percent ena looked at me with suspicious eyes and revealed very little personal information, keeping her answers to only a few words. She seemed to be cringing in her seat under my relentless attempts to squeeze anything useful out of her, and I felt guilty for making her feel so uncomfortable. But homeopathy is a bit like surgery—you have to open things up!

> Pondering the case after the appointment, I suddenly realized that her intense guardedness and closedness might just be the key to a very special homeopathic remedy, a remedy famous for the quality of being emotionally closed like this. Could this be connected to her infertility? After all, conception requires openness.

> There was nothing to lose in trying. During the second consultation to discuss the treatment plan, Helena again seemed extremely uncomfortable, but she got the remedy. Then I never heard from her again.

> The case troubled me for quite some time; I was still inexperienced then and wondered whether I had done the right thing by probing so deeply.

> About two or three years later, I saw Helena's name on my schedule for the next day and had an instant flashback of her apparent discomfort and mine—all that time ago! So imagine my surprise when she sat down and said: "Anke, I have to admit I was skeptical about homeopathy, but I got pregnant right away and we now have a beautiful two-year-old son! We'd like to have another child and I was wondering, would you give me another dose of that remedy?" I gave her another dose and never heard from her again, but this time I felt happy about it!

> The remedy was *Natrum muriaticum*, a homeopathic remedy made from table salt—plain old sodium chloride. Sodium chloride is the most widely distributed substance on the planet besides water, and even there, it is ever present in our oceans. Sodium is especially concentrated in the organs of perception and feeling, including the brain, eyes and nerve tissue, as well as in perspiration and tears. Plants, on the other hand, contain relatively little sodium, instead using potassium for fluid regulation and other functions.

> The innocent but important salt shows fascinating effects on the body and mind when its energy, or spirit perhaps, is released by virtue of homeopathic potentization. In fact, *Natrum muriaticum* is one of the most emotionally complex remedies in our *materia medica*, characterized by ailments from deep grief and disappointment, which are common human experiences. Could sodium somehow impart feeling and emotion for us and homeopathic salt help to regulate blocked or stuck emotions? Perhaps. People requiring this remedy tend to be serious, sensitive, introverted

Wise Traditions Wise Traditions **FALL 2021** FALL 2021 49 and perfectionistic. *Natrum muriaticum* is probably a more common remedy in infertility, especially as the monthly grief and disappointment of yet another menstrual period instead of conception can exacerbate the problem.

Another client who tragically suffered two stillbirths, consulted with me regarding her overall physical and emotional health. She felt deeply stuck in chronic grief due to the stillbirths. After she received *Natrum muriaticum* in a 10M potency, she cried non-stop for three days; shortly after—to her surprise, as she was not trying or hoping for another child—she conceived again and with close monitoring from the medical community as well as homeopathic support, gave birth to a healthy son.

A BIRTHDAY PRESENT

Another client, whom I will call Miriam, thirty-nine at the time, consulted me regarding endometriosis with severe menstrual pain and heavy bleeding. She had been experiencing these symptoms for ten years. Due to the endometriosis, she had been pronounced infertile, and she and her husband had adopted a child five years earlier.

At the time she contacted me, she just wanted to address her menstrual cramps. I gave her a wonderfully effective herbal formula called Herbotox by Genestra, which I've used for thirty years with marvelous results in cases of endometriosis, heavy bleeding and fibroid tumors. This herbal complex, designed for liver and kidney detoxification, is truly almost a secret weapon in such cases, but it needs to be taken for four to five months for best results. It contains a few simple herbs, including dandelion, parsley and beet root.

Miriam also received a homeopathic remedy made from squid ink, known as *Sepia*. This remedy is commonly used in many cases of hormonal imbalances, especially when the client complains of premenstrual syndrome (PMS) with irritability, and a feeling of bearing-down pains during menses as if the uterus might fall out.

Over the next few months, Miriam's menstrual cramps gradually lessened and her bleeding became less heavy. Then for her fortieth birthday, lo and behold, she found herself pregnant! She delivered a healthy son nine months later and gave me a big basket of flowers in gratitude, as she believed the treatment helped her to fulfill her heart's desire for another child. It was a heartwarming experience all around.

Sepia ranks within the top ten constitutional remedies, and in women ranks within the top three. The remedy's core theme is one of stasis, the lack of dynamic tension which animates all organisms. All life is characterized by a constant ebb and flow—contraction and expansion—that is finely tuned, especially when it comes to the intricate process of human reproduction. In Sepia clients, the tissues can be lax, the energy low and the emotions flat and indifferent. Exhaustion and irritability are close to the surface, and libido may be non-existent (which needless to say does not help conception). It's a wonderful remedy for many modern women, who are overtaxed and burned out.

THE PILL

Synthetic hormones were invented in the 1940s, and millions of women have been exposed to them—often for many years before desiring to conceive. A great homeopathic teacher, Melissa Assilem, feels that synthetic estrogen,

SOME REMEDIES TO CONSIDER

NATRUM MURIATICUM: History of deep grief or disappointment; persons who are closed, reserved, sensitive; often averse to consolation; controlled and perfectionistic.

IGNATIA AMARA: Another wonderful grief and disappointment remedy; persons who are romantic and idealistic; highly sensitive emotionally (often touchy and defensive); often due to romantic disappointments.

SEPIA: History of hormonal imbalance or hormonal changes after childbirth; emotionally flat to highly irritable; lax tissues; bearing-down pain with menses.

PULSATILLA: Scanty, short and suppressed menses; mild, gentle temperament (but can be irritable); many premenstrual syndrome (PMS) symptoms; often thirstless.

MEDORRHINUM: A remedy made from gonorrhea; history of gonorrhea in client or client's ancestors; history of pelvic inflammatory disease; person can be intense and adventurous or withdrawn.

FOLLICULINUM: History of oral contraceptive use in woman (or in her mother); living someone else's expectations; lack of individuality; "doormat" or emotional rescuer.

CORONAVIRUS INTERVENTION REMEDIES: Potentially helpful for menstrual or fertility changes caused by these interventions; too soon to know if may be helpful, but should be kept in mind.

primarily in the form of oral contraceptives, has contributed to an inherited and heritable miasm.⁷ (Homeopaths view miasms as genetic weaknesses or underlying predispositions to specific maladies or disease processes.) Oral contraceptives regulate women's periods and fecundity by totally blocking the ovaries from working properly and tricking them each month with a false message. This changes and "jangles" the very delicate and complex pattern between pituitary, ovary, hypothalamus and uterus.

Assilem has contributed a lot to our understanding of the homeopathic remedy Folliculinum, a remedy made from estrone (also called oestrone), a synthetic form of estrogen. Women needing Folliculinum can complain of a feeling of being controlled by another and/or having lost their will and individuality. This type of woman may become a doormat, an emotional rescuer or someone who tries to live out other's expectations. It is also a common remedy to help women with infertility who have been on the pill for years—or whose mothers were taking the pill before they conceived their daughter.

CORONAVIRUS "VACCINES"

Highly troubling evidence is emerging that suggests the mRNA coronavirus "vaccines," which are really a type of gene therapy, may have the potential to affect fertility in a number of ways. Research has shown that the synthetic spike protein created by the body under instruction from these "therapies" accumulates in the ovaries and testes, with unknown long-term consequences.⁸

Thousands of cases of abnormal menstrual bleeding, shedding of the entire lining of the uterus and miscarriages following vaccination have been reported. 9-12 In addition, the spike protein also shares similarities in structure with parts of the placental hormone syncytin-1,13 necessary for normal placental function. Numerous doctors and researchers have sounded the alarm on the potential impact all this may have on fertility.14

Does homeopathy have something to offer in such cases? Potentially, yes. Homeopathic remedies prepared from both the various "vaccines" as well as the spike protein are available from specialized homeopathic pharmacies and

primarily in the form of oral contraceptives, has contributed to an inherited and heritable miasm. (Homeopaths view miasms as genetic adversely affected by these interventions in regard to fertility.

CONCLUSION

Homeopathy may be a good adjunct or even a stand-alone approach to address infertility concerns. Inexpensive and noninvasive, homeopathy helps the body gently regulate itself and has been shown effective clinically and also in some studies. In addition, it is nontoxic, avoiding potential adverse effects from conventional infertility treatments, which usually require various drugs and can be quite invasive. Best of all, it can facilitate the great joy, for parents and practitioner alike, of sharing in the wonderful journey to a healthy baby—a strong heart's desire for many couples.

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Technology as Servant

THE ELECTRIFICATION REVOLUTION By James Kirkpatrick

A power plant uses much the same principles as the Newcomen-Watt steam engine: a fuel is combusted or reacted in an engine, boiler or reactor.

In my last column, I discussed the development of fossil fuels, which created the Industrial Revolution; the Industrial Revolution caused tremendous disruption, but overall helped free mankind from drudgery, and in fact, took away a main motivation for slavery, which had existed since ancient times.

The final major technological breakthrough, connecting the Industrial Revolution to the modern energy complex of today, was the late 1800s.

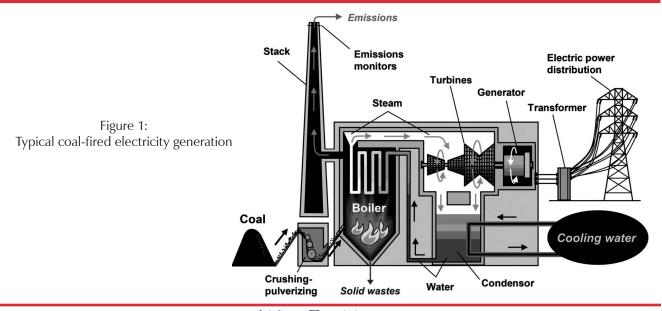
The two fathers of the electric revolution. Thomas Alva Edison and Nikolai Tesla, were actually bitter rivals. Although both men contributed greatly to scientific progress and invention, ultimately Edison's alternating current system would become the chosen form for producing electricity.

After Edison solved the puzzle of the incandescent filament lightbulb, he turned his attention to spreading the gospel of electricity and alternating current. On January 12, 1882, Edison's Electric Light Company began operation of the world's first power plant in London. The

coal-fired power plant was known as Holburn-Viaduct Power Station. When operating, the power plant produced about 95 kW of electrical power (125 HP) and had the capacity to illuminate 7,200 lamps across London. Ironically, this first power plant produced Tesla's direct current electricity (DC), but the plant operated for only four years before closing, following significant financial losses.

Edison's second venture into power generathe electrification revolution that emerged in tion started the same year (September 1882) at the Pearl Street Station in New York City and had a similar troubled operating history. Yet despite early financial setbacks, a new model for harnessing the work potential of controlled combustion had been demonstrated for the world to see and copy.

> Now that we understand the broad strokes of the history that got us to this point, a key question remains: what is a power plant and how does it work? A power plant uses much the same principles as the Newcomen-Watt steam engine: a fuel is combusted or reacted in an engine, boiler or reactor.



HOW POWER PLANTS WORK

Using a coal-fired power plant as an example, coal is pulverized and then burned in a boiler. The boiler is encased in steel tubes that circulate water, which is then converted into high pressure steam (500-2000 psig). Water and/or steam is known as the "working fluid" and still to this day is the most common type of working fluid. High-pressure steam from the boiler is reduced (pressure lowered) by passing it through a turbine, which spins as it absorbs energy from the steam.

The turbine is connected to a spinning electrical generator. The electrical generator produces electricity through electromagnetic induction as a spinning copper induction coil is spun rapidly between the poles of a horseshoetype magnet. The steam, after passing through the turbine, enters a heat-exchanging condenser, where it is cooled with circulating cooling water, condensed back from steam into water, pulling a vacuum in the process, increasing the pressure drop and power output of the turbine. In the final step the water is returned to the boiler where it is converted back into steam and the loop begins again (see Figure 1).

Pretty much every power plant follows the design shown in Figure 1. The coal-fired boiler can be replaced with an oil-fired boiler, but the back-end power-generating section remains unchanged. When combusting natural gas, the entire front end of the power plant is replaced with a gas turbine, where gas is directly combusted inside the turbine—effectively a large stationary jet engine. In a nuclear power plant, the entire boiler and front end are replaced with a nuclear reactor where controlled fission takes place, but in most cases water is still the working fluid, and the back end looks much like a conventional power plant. For the socalled renewable fuels, mainly wind and solar, the power plant is replaced up to the electrical transformer with either a field of spinning wind turbines or a field of photovoltaic power cells, directly converting the wind's or sun's energy into electricity.

EMISSIONS

One key distinction that differentiates power plants in different parts of the world is how the emissions are handled. The fundamental chemistry equation governing combustion for methane (the simplest hydrocarbon) is:

$$CH_4 + 2 O_2 \longrightarrow CO_2 + 2 H_2O$$

 $\Delta H = -891 \text{ kJ/mol}$

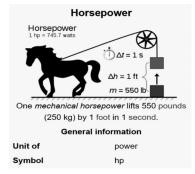
Perfect combustion of a fossil fuel or hydrocarbon produces three byproducts; carbon dioxide, water and heat (-891 kJ / mol). Unfortunately, perfect combustion does not exist in practical terms, as all hydrocarbons contain impurities that are absorbed in the formation process and interact with the combustion process. Coal and oil contain sulfur, nitrogen and heavy metals. Natural gas contains small amounts of sulfur and nitrogen that are typically removed during gas processing. These impurities and the physical reality of imperfect combustion produce detrimental emissions of sulfur oxide (SOx), nitrogen oxide (NOx), carbon monoxide (CO), particulate matter (PM) and vaporized heavy metals (especially from coal and oil), all of which have a deleterious effect on air quality and human health if breathed continuously and in high enough concentration. Due to these realities, many power plants (almost all in the West) come equipped with a second set of industrial

Perfect combustion of a fossil fuel or hvdrocarbon produces three by-products; carbon dioxide. water, and heat.

ENERGY AND POWER UNITS OF MEASURE

The primary units of energy and power measurement used in this article include the following:

- BRITISH THERMAL UNIT (BTU): The amount of heat energy required to increase one pound of water one degree Fahrenheit, MMBTU is one million BTU
- HORSEPOWER: A measure of useful energy produced/consumed over time (defined as work or power) produced by a standard horse, 1 BTU per second is equal to roughly 0.71 HP.
- WATT OR KILOWATT (KW): The metric measurement for power, where 1 HP is equal to 745.7 watts or 0.746 kilowatts or .000746 megawatts.
- KILOWATT-HOUR: The standard measure of power production over time. Both horsepower and the watt are instantaneous units of measure, typically a heat value (BTU or Joule) per second. A KW-Hour represents 1 KW of power generated continuously for 3600 seconds or 1 hour.



52 Wise Traditions Wise Traditions **FALL 2021** 53 FALL 2021

pots and pans for the removal of harmful combustion emissions, excluding the carbon dioxide and water that come from perfect combustion.

Today, the Earth is home to approximately eight billion individuals whose aggregate energy consumption is the astronomically large number of 570 quadrillion BTUs or somewhere around 70 million BTUs per year per person. On a continuous basis, this calculates to a continual work usage rate for every person on the planet of ~2.0 HP or the antiquity equivalent of every person on the planet owning two horses, working around the clock.

It should be noted that energy usage isn't distributed evenly across the planet. On one end of the scale are countries like the U.S., where the average energy consumption is 265 MMBTU per person per year or roughly four times the global average. Compare this to India with five times the population of the U.S,. where the average energy consumption per capita per year is a mere 25 MMBTU, one-tenth the per capita energy usage of the U.S.

SCENARIOS FOR THE FUTURE

In 1900, the energy mix of the world was about 90 percent coal and 10 percent everything else. See page 19 for a discussion on each of the primary energy sources used in the world today; provided below is a graphical representation of our changing energy mix over time. It should also be observed that energy usage in the world as a whole is shifting from more concentrated sources such as wood and coal, to more diffuse sources of energy such as natural gas, hydrogen and direct electricity. As a fuel source moves from solid to gaseous and more dispersed states, the cost to produce, transport and store it increases geometrically, or at least it has for the past one hundred years.

Figure 2 is a projection by British Petroleum (BP), which shows how

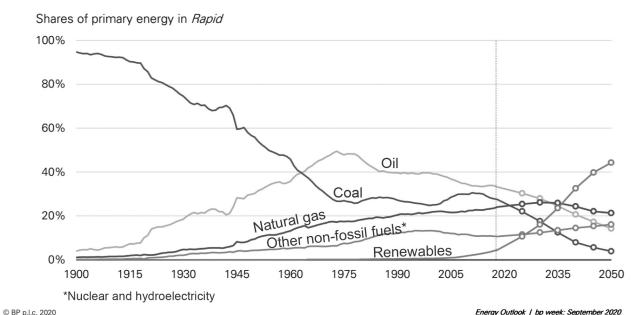
the energy mix of the planet would change with a rapid forced transition to low fossil fuels and high renewables usage. It represents one possible outcome of many. With all of these diverse energy sources available to mankind, the logical questions are: what is the best energy source, economically speaking, and what we should be investing in?

The real-world answer is: "it depends." It depends on who you ask and what assumptions you make. The challenge, as with many comparisons, is factoring in the complex and patchwork system of regulations around the world that change the answer, depending on what country you reside in and the natural availability of resources in the region.

In general, the following variables all influence the cost of producing power, based on location and regulatory framework:

- Capital construction cost of the plant
- Delivered gate price of selected fuel
- Plant operating eosts
- Plant operating availability
- Electricity sales price
- Tax credits associated with different fuel types and plant configurations
- Additional costs to mitigate emissions or pay emissions tax





54 Wise Traditions FALL 2021

- Acceptable profit margin
- Financing terms

Each of these variables is highly specific to individual real-world projects and makes an apples-to-apples comparison of the cost of producing power highly subjective and a bit futile. Figure 3 provides a comparison of energy costs developed by the energy investment bank Lazard, which I believe is realistic. However, always remember that a good accountant or engineer, by tweaking the input assumptions, can change the result to suit the expectations of the intended audience.

Figure 3 is just one example of a comparison that accurately frames the comparative

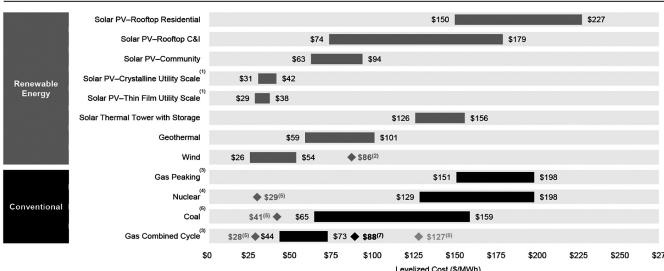
levelized cost of producing energy and incorporates the various tax credit subsidies that are available for renewable power generation but not fossil fuels. Notice the number of explanatory footnotes and assumptions. As an example of where one assumption can change the entire analysis, pay close attention to Note 3, where they state that the assumed price of natural gas for the analysis is \$3.45 / MMBTU. Compare that to the average benchmark price of natural gas (Henry Hub Basis) in the U.S. for the past ten years, which has averaged \$2.56 / MMBTU, or 25 percent lower than what was assumed as the natural gas fuel cost in this particular analysis.

Over the past two hundred years, humanity has demonstrated a full mastery of Prometheus' gift of fire and scaled the use of energy from local combustion to gargantuan levels. We harness this thermal energy to produce our power needs and displace incremental human labor—avoiding deforestation in the process. It is not a coincidence that during this period as a society we have ended the immoral and barbaric practice of human bondage for agriculture and construction and replaced it with

55

Figure 3: Levelized Cost of Energy Comparison—Unsubsidized Analysis

Selected renewable energy generation technologies are cost-competitive with conventional generation technologies under certain circumstances



Source: Lazard estimates

Note: Here and throughout this presentation, unless otherwise indicated, the analysis assumes 60% debt at 8% interest rate and 40% equity at 12% cost. Please see page titled "Levelized Cost of Energy Comparison—Sensitivity to Cost of Capital" for cost of capital Sensitivities. These results are not intended to represent any particular geography. Please see page titled "Solar PV versus Gas Peaking and Win versus CCGT—Global Markets" for regional sensitivities to selected technologies.

- 1. Unless otherwise indicated herein, the low case represents a single-axis tracking system and the high case represents a fixed-tilt system.
- 2. Represents the estimated implied midpoint of the LCOE of offshore wind, assuming a capital cost range of approximately \$2,600 \$3,675 kW.
- 3. The fuel cost assumption for Lazard's global, unsubsidized analysis for gas-fired generation resources is \$3.45 / MMBTU.
- Unless otherwise indicated, the analysis herein does not reflect decommissioning costs, ongoing maintenance-related capital expenditures or the economic impacts of federal loan guarantees or other subsidies.
- 5. Represents the midpoint of the marginal cost of operating fully depreciated gas combined cycle, coal and nuclear facilities, inclusive of decommissioning costs for nuclear facilities. Analysis assumes that the salvage value for a decommissioned gas combined cycle or coal asset is equivalent to its decommissioning and site restoration costs. Inputs are derived from a benchmark of operating gas combined cycle, coal and nuclear assets across the U.S. Capacity factors, fuel, variable and fixed operating expenses are based on upper- and lower-quartile estimates derived from Lazard's research. Please see page titled "Levelized Cost of Energy Comparison—Renewable Energy versus Marginal Cost of Selected Existing Conventional Generation" for additional details.
- 6. High end incorporates 90% carbon capture and storage. Does not include cost of transporation and storage.
- 7. Represents the LCOE of the observed high case gas combined cycle inputs using a 20% blend of "Blue"hydrogen (i.e., hydrogen produced from a steammethane reformer, using natural gas as a feedstock, and sequestering the resulting CO2 in a nearby saline aquifer). No plant modifications are assumed beyond a 2% adjustment to the plant's heat rate. The corresponding fuel cost is \$5.20 / MMBTU.
- 8. Represents the LDOE of the observed high case gas combined cycle inputs using a 20% blend of "Green" hydrogen (i.e., hydrogen produced from an electrolyzer powered by a mix of wind and solar generation and stored in a nearby salt cavern). No plant modifications are assumed beyond a 2% adjustment to the plant's heat rate. The corresponding fuel cost is \$10.05 / MMBTU.

FALL 2021 Wise Traditions

cheaper mechanical labor.

But has our mastery of combustion tipped the scales too far, where the rerelease of hundreds of millions of years of concentrated sunlight back into the atmosphere is leading us to a day of reckoning? Nobody knows the answer, but I can assure you that vast swaths of the political elite, scientific community and the consulting industrial complex are squarely focused on providing that answer—or at least providing an answer that best suits their current agendas.

I'll end this discussion with a practical question. At current population levels and average current energy consumption, could we replace all the fossil fuel usage in the world

with wind and solar and how much land would that require? The answer is about thirty million square miles, depending on the mix of wind and solar, or roughly 50 percent of all land currently above sea level—this is the amount of land that we would need for solar and wind farms to maintain the current global energy standard of living for eight billion inhabitants without using fossil fuels or nuclear power generation.

Policymakers are facing the mother of all Malthusian energy crunches. Personally, I expect pragmatism to win the day and take hold of this monumental challenge for the planet, where twenty years from now the energy mix will look like 25 percent natural gas, 25 percent oil and petroleum, 10 percent coal, 30 percent renewables and nuclear and 10 percent emerging exotic forms of energy.

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ENERGY CRISIS IN EUROPE

There is an energy crisis brewing in Europe due to a combination of low wind velocity, decreased natural gas deliveries from Russia, and skyrocketing carbon credit prices, which have resulted in a *tripling* of European electricity prices over the last six weeks, from roughly \$100 GBP / MWh to over \$300 GBP / MWh.

Recent ripples in the European energy markets provide an ominous foreshadowing of dark things to come. Most of the world has embraced the new political religion of the green eco-warrior, valuing all things "renewable" and shunning the apparent dirtiness of hydrocarbons. This has resulted in a large-scale capital redistribution away from coal, oil and even natural gas toward wind turbines and solar photovoltaic arrays. Nowhere has the push been stronger than in Europe, specifically for electricity generation.

In fact, 2020 proved to be a banner year for Europe's decarbonization push, where electricity from renewables exceeded electricity produced from traditional fossil fuels, specifically coal. One of the triumphant headlines, seen over the course of 2020 and 2021, was that there were months across the year where Britain produced no electricity from coal. As the champagne corks pop, however, we need to remember that old saying, "Don't count your chickens before they hatch." Although there is no technical issue with producing electricity from solar and wind, both come with two explicit downsides that policymakers have overlooked or ignored: intermittency of supply and the large amounts of real estate necessary for industrial-scale production.

Over the past two months, the wind hasn't blown as hard as Europe was expecting. One current estimate puts United Kingdom wind capacity as operating at only 10-20 percent of capacity for much of the past year. When the wind stops blowing, the back-up plan is to use natural gas-fired "peaking" plants to offset the shortfall. The majority of Europe's natural gas supply comes from three sources: pipeline gas from North Africa, imported liquified natural gas (LNG) from the Middle East and the United States, and Russian pipeline gas, Russia being by far the largest source by volume and energy content. Whether through operational issues, financial impairments or outright political motivations, the supply of gas from Russia to Europe has dwindled.

Unbeknownst to much of the outside world, one of Russia's strategic energy thrusts over the past ten years has been to diversify the customer base for their natural gas production away from Europe, their sole external customer base since the 1970s. They have done this primarily through building pipelines and LNG facilities in the East to give them the option to sell their gas bidirectionally, effectively pitting Europe against China, Japan and Korea for access to Russian energy molecules.

With wind's recent non-performance and a new Eastern market for Russian gas, Europe is suddenly finding itself short of energy. The only immediate solutions available to Europe are either to shut down large industrial energy users (factories and manufacturing) or fire up old coal-fired power plants on the verge of mothballing. The problem with the latter option is that within Europe's integrated carbon credit and trading system, coal-fired power generation requires the purchase of a large volume of increasingly expensive carbon credits to legally support operation.

The end result of all of this is both intermittent power supply and much higher cost. So who ends up footing the bill for these shortsighted policy decisions? The consumer does! This emerging issue has the potential to grow into a full-blown energy crisis as winter looms. We can also expect an impact on U.S. gas and electricity markets through the interconnectivity provided by U.S. LNG exports.

PRIMARY ENERGY SOURCES AND USAGE

FOSSIL FUELS

COAL is used primarily to produce heat from direct burning and electricity in power plants, and represents roughly one-third of primary energy usage. The second main use of coal is as a direct input into the production of steel. Thus the world of coal is split between thermal and metallurgical use along with a couple of niche applications, such as converting coal into a liquid fuel through the Fischer-Tropsch process, also known as coal-to-liquids (CTL).

PETROLEUM includes crude oil and the products made in a refinery, including gasoline, diesel and jet fuel. Petroleum is primarily used as a transportation fuel; about 85 percent of transportation energy is petroleum-derived. Petroleum liquids have superior energy density (energy per unit of volume) and are easily transported long distances, making them an ideal transportation fuel. Outside of transportation, the other dominant use of petroleum is for producing petrochemicals—close to 10 percent of every barrel pumped from the ground is converted into petrochemical products. Outside of a few specific places in the world, petroleum is no longer heavily used in power generation, and its use as a heating and cooking fuel has largely been displaced by natural gas and light hydrocarbons such as propane and butane. Today, oil consumption stands at about 100 million barrels per day, although the world did experience a 15 percent drop in petroleum demand due to the global pandemic, this has quickly rebounded in the past year.

NATURAL GAS has similar applicability and uses as coal. Natural gas is mostly methane, creates less carbon dioxide emissions per unit of energy produced and has far less harmful impurities than coal or oil. For these reasons and because of its newfound abundance due to hydraulic fracturing, natural gas has become the *de facto* choice for replacing coal in electricity generation. The challenges of gas remain diffusion and portability. Gas molecules are tiny and have a tendency to leak, and uncombusted methane is a more potent greenhouse gas than carbon dioxide. Natural gas is very difficult to transport outside of pipelines and compressors. In order to make natural gas suitable for seaborne international trade, it is converted into a liquid (liquidified natural gas, LNG) by chilling it to -300 degrees F and moving it in specially designed insulated tankers. The entire process is capital- and energy-intensive but does exist; natural gas is growing rapidly as a traded commodity.

WOOD AND ANIMAL WASTE are still part of the energy mix, but minor and declining fast. Across large swaths of Africa and India, wood and dung are still used as the primary source of energy for heating and cooking. There are substantial efforts globally, in India in particular, to eliminate this practice and replace wood with less polluting liquified petroleum gas (propane and butane). There is also a collection of power plants in the world (mostly in Europe) where wood is converted into briquets called torrefied wood pellets and used as a power-generating fuel instead of coal.

RENEWABLES

HYDROELECTRIC involves damming a river and installing a turbine-based power plant at the base of the dam; electricity is generated through the gravity-driven descent of water from the dam. There are some truly enormous hydroelectric facilities in the world such as the Hoover Dam in the U.S. (2,080 MW or 2.8 million HP) and the Three Gorges Dam in China (22,500 MW or 30.2 million HP). Hydroelectric is technically a renewable energy source; however, this does not mean that it has no environmental consequences. The damming of huge rivers to create lakes on the upstream side of the dam is massively disrupting to the local ecosystem and can become an activist focal point during droughts and other water scarcity events. Consider this: construction of the Three Gorges Dam in China involved the forced relocation of 1.5 million citizens. Hydroelectric is certainly viable going forward, but there are only so many suitable rivers in the world and many rivers cross multiple jurisdictions, leading to an inevitable conflict around who owns and controls the water.

WIND POWER, the modern-day version of the windmill, is generated from a field of wind turbines, spinning as the wind blows to produce electricity. Today, the standard wind turbine is two hundred fifty feet high, fifty feet thick and contains three massive blades producing on average 1.5 MW or 2,000 HP per turbine. The challenge with wind is intermittency (matching wind velocity with changing electricity demand throughout the day) and storage. Wind turbines directly produce electricity, which is very expensive and hard to store. Battery storage of electricity is a technology receiving huge amounts of interest and funding to address this challenge; large-scale storage of electrons is still very much in its infancy. The other problem with wind is physical space. Wind turbines take up a lot of space. A one thousand MW gas-fired power plant typically has a physical footprint of one thousand acres. The same amount of energy produced from seven hundred wind turbines would require a physical footprint of almost two hundred thousand acres.

SOLAR is similar to a windfarm in terms of its pollution footprint and also suffers from many of the same constraints as wind. A solar farm uses solar panels (polysilicon photovoltaic grids) to absorb energy from the sun and convert it directly into electricity. The problem with the sun is it is far away, the energy that it projects is diffuse by the time it reaches Earth and there is intermittency with nighttime and cloud cover. The solar constant, the amount of power the sun deposits per unit of surface area, is about 1 kW per square meter under direct sunlight exposure. A one-thousand MW solar farm requires almost forty thousand acres. Despite these constraints, the modern appeal for widely available solar generation remains strong and the costs have decreased considerably in the past decade, largely due to massive R&D and industrial factory development in China and Japan.

GEOTHERMAL AND TIDAL are both very much niches and will likely never comprise a significant portion of the energy mix. Geothermal works like a conventional power plant, spinning a turbine using geothermal steam from the depths of the earth. It has some application but is very geologically attached to places like Iceland and Northern California. Tidal uses the changing elevation of tidal flows to power a small turbine and has been experimented with on islands for many years; however, the five-to ten-foot change in tidal elevation is not enough to generate substantial amounts of energy: in my opinion tidal will forever be the domain of PhD student research projects.

EXOTICS

NUCLEAR FISSION is an utterly viable solution for large-scale, small-footprint, emission-free power generation. If fully exploited, there is enough nuclear fuel on the planet to power the Earth and its people for a millennium. Since the 1970s, nuclear has been the preferred path for developing countries with large electrified populations and very little natural endowment of fossil fuel resources (France, Japan, Korea, China, etc.), and a substantial amount of generating capacity was built. No other fuel or power-generating option better represents the dichotomy of Prometheus' Gift and Pandora's Curse than nuclear. The challenge with nuclear remains safety and managing radioactivity. As major disasters at Chernobyl and Fukushima have shown us, this is no small task. Nuclear remains viable, but I doubt very little new capacity will be added due to the overwhelming and very real concerns of safety.

NUCLEAR FUSION is not currently technically viable. Is it the ultimate dream or folly of humans to attempt to replicate the process that powers the sun? Many practical and technical challenges remain with fusion and a large volume of R&D breakthroughs would be required to make this emerging technology commercially viable. The current best chance for producing meaningful power from fusion is the thirty-five-nation ITER project under construction in France. If it works, it could produce 500 MW of power, but this is not expected until much later this decade. Assuming a huge amount of scientific progress, fusion might be a viable power-producing technology in fifty years.

HYDROGEN – Stop me if you'ye heard this one before: hydrogen is the most abundant element in the universe, so why don't we transition to a hydrogen economy? This is a true but deeply misleading statement. Yes, hydrogen is the most abundant element in the universe and the combustion of hydrogen does produce heat and energy without the inconvenience of producing carbon dioxide. Hydrogen combusts to water and water alone, with no carbon in the equation. The problem with hydrogen is that it does not occur naturally as an isolated element in material quantities. About 99.5 percent of the hydrogen available on the planet today is produced from reforming natural gas, where methane is converted to hydrogen and the associated carbon molecule is expelled into the atmosphere in the form of carbon dioxide. At present, hydrogen is sexy and touted as the "next big thing." The current thinking is to use hydrogen as a sort of battery in combination with solar and wind. Surplus electricity from solar and wind is fed to a hydrogen electrolyzer, where electricity separates water into hydrogen and oxygen. The hydrogen is then piped or compressed and used in further power generation or to power vehicle propulsion through a fuel cell. Unfortunately, all this converting back and forth is thermodynamically inefficient; hydrogen also remains one of the most difficult molecules to store and transport safely.

WHERE THE POWER PLANTS ARE

For further information on the energy mix and balance of the world, your country or your local region, there are a couple of excellent publicly available resources that can be utilized. For the macroscopic energy picture, I would recommend BP Energy's statistical handbook: bp.com/en/global/corporate/energy-economics/statistical-review-ofworld-energy.html.

For the U.S., I suggest the Energy Information Administration's (EIA's) energy portal, which allows you to see the size, location and generating mix of every power plant in every region of the U.S.: eia.gov/state/maps.php.

Wise Traditions Podcast Interviews

INTERVIEW WITH DR. LARRY PALEVSKY THE COVID SHOT: NO TURNING BACK

HILDA LABRADA GORE: We have been told repeatedly that the Covid-19 injections are "safe and effective," but there is more to this story. in New York State who utilizes a holistic approach to children's health. Dr. Palevsky is a Holistic Medicine and the past president of the American Holistic Medical Association. Larry challenges what we've heard and what we think we know related to Covid-19 shots. He covers a lot of ground, starting with his concerns about the messenger RNA technology. He discusses the problem with instructing the body to manufacture spike proteins and the damage lipid nanoparticles can do to the body. He talks about the alarming number of deaths associated with these injections which are documented by the Vaccine Adverse Event Reporting System (VAERS). Finally, he explains how the injections are DNA-altering gene therapy, which could be leading us down a road from which there is no return.

I've heard you say that you're not sure the Covid-19 "vaccine" is a vaccine. Can you explain that?

LARRY PALEVSKY: I was taught in medical school what makes an injection a vaccine. Medical students and residents are told that an injection becomes a vaccine if it does five things. First, it gives you antibody immunity to a specific virus or to a specific single bacyou are protected from getting that viral or bacterial infection when you get the injection. Third, we are told that an injection is a vaccine if it reduces death from that virus or bacteria, reduces hospitalizations and reduces severe symptoms from getting that bacterial or viral infection. Finally, we're told an injection is a vaccine if you do not carry the germ anymore, and that means you're not going to transmit it or for biological mechanisms.

to others. We're told that those five criteria will make an injection a vaccine.

I reviewed those specific criteria in regard Dr. Larry Palevsky is a pediatrician licensed to the Covid-19 injections. What I found was that these Covid-19 injections do not fit any of the criteria of what makes an injection a vaccine. diplomate of the American Board of Integrative For example, when these injections came out, the authorities said, "We don't know whether this injection will give you immunity to SARS-CoV-2 virus and infection." That makes the first criterion not applicable. "We don't know if it will protect you from getting a SARS-CoV-2 viral infection." That's the second criterion that doesn't fit. "We never tested whether or not this injection will reduce deaths, hospitalizations or severe illness—the only thing it might to is decrease your symptoms from SARS-CoV-2 viral infection." They weren't sure, so they said "may." Finally, they said "We don't know if it will stop transmission of the virus from one person to the next." It didn't fit any of the criteria that make an injection a vaccine.

> HG: Some people would say, "It's because it was fast-tracked." They call it a vaccine because the public understands what a vaccine is. If they called it an injection, people wouldn't want it.

LP: Look at the ingredients themselves. The messenger RNA technology in the Pfizer and Moderna injections has never been used in vaccines before to demonstrate the reduction of an infectious disease outbreak. We have no terium. Second, we are told, it's a vaccine if history that this technology works to reduce infectious diseases. There's no precedent at all. There's no understanding of what happens to this technology once it's injected into the body, short-term or long-term. We have no safety data on what it does once it's injected. They're using ingredients in these injections that are known toxins that can cause major damage to the health of the body and that were not tested for safety



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Hilda Labrada Gore

58 Wise Traditions **FALL 2021** Wise Traditions 59 FALL 2021

was this technology used before, if not for injections? Secondly, what are the ingredients that are so toxic?

LP: Messenger RNA technology was attempted before with coronavirus injections, and it failed in animal studies. When the animals got the injection, they were fine, but when they were later exposed to the live coronavirus itself, they also used to try to make an RSV [respiratory syncytial virus] vaccine, and that failed. It was also used for a dengue fever vaccine, and that failed. The technology has never been proven to work to reduce infectious diseases. Animal studies indicate that there's a downside to using this technology.

The other factor is that the ingredients include polyethylene glycol (PEG) and something called a lipid nanoparticle. I looked up in the literature what a lipid nanoparticle is. It is a fatty particle that's very small. A key feature of lipid nanoparticles is that they can travel anywhere in the body through any barrier, including the blood-brain barrier. The literature says, "Lipid

HG: I have two questions for you. One, how to the following tissues: male and female reproductive systems, brain, lung, liver, kidney and heart." There's no safety profile of using these lipid nanoparticles in injections in humans. After a while, more information came out about the lipid nanoparticle called SM-102, which is a chemical that has never been tested for safety, is known to be toxic and can cause cancer and infertility. The literature is rife with information about the dangers of bodily exposure to SM-102. In short, with the Covid shots, experts are using known toxins in injections that can cause major damage to the body—toxins not tested for safety or biological mechanisms.

all died. The messenger RNA technology was HG: The general public hasn't taken the time to explore the research to find out more about these lipid nanoparticles. It's a miracle if they know anything at all about what is being injected into their arm. What they see in the media are incentives like free beer, free childcare and lottery entries if they get the shot. Yet there is valuable information available. How did you dive into this information? What made you want to do that?

LP: When people hear the authorities say "safe and effective," and they're living in panic and fear that there's a deadly virus going around, and they hear that they will now have the chance to go back to the life that they were living, they're not going to want to know that their authorities aren't doing the right thing. They're just going to trust and falsely idolize the authorities to whom they attribute such great altruism, not accepting the possibility that those authorities might do something to harm them. However, something was drilled into my head during my eight years of medical school, which was: "think." I graduated in 1987 from the NYU nanoparticles have been shown to cause damage School of Medicine. I did a three-year pediatric residency at Mount Sinai

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NYU School of Medicine Bellevue Hospital in the outpatient department. What I was taught was that if somebody shows you a study, tear it apart, look at it, examine it and don't be afraid to find fault with it. There are times when the evidence is manipulated because of a bias or prejudice. Don't be afraid to work it through. And if you do this, you may come up with an answer that you or others don't like that doesn't fit the narrative.

Back in 1998, a mother came to me and said, "Dr. Larry, did you know there's mercury in vaccines?" This was fifteen years after starting medical school. All I said was "no," but what that question taught me was that there was something I didn't know. Number one, why didn't I know it? Number two, why is mercury in there? Number three, what is the mercury doing? Number four, what else is under this rock? What else do I need to know that I don't know? That's how I was taught as a medical student resident. I was taught to work through a problem, think through it, figure out what you don't know, examine it, test it, ask questions and come to some conclusion. But beginning in the late 1990s, what I quickly found was different: "Don't ask questions."

HG: The opposite of what you were told early on and trained to do.

LP: I'm vilified for using the skills that I was taught by my mentors—to critically think through a problem and come to a conclusion that may not be positive or pleasant, but at least you're answering questions. You're looking through things. I've been getting the finger-wag for the better part of twenty years. When the Covid-19 injections came up, I thought, "Why not apply the same principles?" I realized that the spike protein—the material in the injection that was supposed to be part of the virus—was not part of the virus; it's a manmade bioweapon and is not specific to any virus. It's similar to many tissues in your body. If you're going to make an antibody against spike protein, you're going to start attacking your own body. I kept thinking, "There's more here."

in New York and another year of fellowship at HG: This is the conversation we want to have on this show, where we're helping people think. evaluate and ask questions. I have heard about the spike protein, but I have understood it quite medical differently. I've understood it as part of the virus and that they were injecting it into people and it is supposed to work the way vaccines are supposed to work, where the body recognizes it and fights it. You're saying that the spike protein is a part of many cells in our body. If indeed our body's going to mount an attack or a defense against that, we could be in big trouble.

> LP: Essentially what they were saying was that the spike protein is the part of the virus that enters the cell and that it's the spike protein itself in the Covid-19 illness that causes the disease. They found that the spike protein crosses the blood-brain barrier, enters the brain and causes neurological damage. It attaches to the heart muscle and causes heart disease. It gets into the lungs and causes lung disease. It gets into the blood and causes clotting and hypoxia. It gets into the liver and causes liver damage. It gets into the male and female reproductive systems and causes those symptoms that we see in male and female reproductive systems. The spike protein, they're saying, is the part of the virus that causes the disease state of Covid-19. So why would you take an injection that causes your body to manufacture spike protein? That's what the mRNA technology is meant to do. It's meant to take the genetic instructions of the spike protein and tell your body, "Make spike protein."

HG: I do want to know why. In other words, is this a big mistake or an intentional thing? You called these spike proteins a bioweapon—so you're seeing it more as the latter, as something intentional?

LP: Nowhere in virology or microbiology does the spike protein exist naturally in nature. It only existed in SARS-CoV-1, MERS and SARS-CoV-2. The Salk Institute did a study that showed that the spike protein alone without coronavirus attached to it gave you the symptoms of Covid-19. You didn't need a coronavirus to make you sick; you just needed the spike

What I was taught in school was that if somebody shows you a study, tear it apart, look at it, examine it and don't be afraid to find fault with it. There are times when the evidence is manipulated because of a bias or prejudice.

60 Wise Traditions **FALL 2021** Wise Traditions FALL 2021 61

When you started to see that all this information was suppressed that doctors were censored and that the literature indicating their success was actually wiped out then you knew that this was not about protecting people against an infection.

protein—which then makes you question, "This is not a virus if you don't need a coronavirus." They used a pseudovirus to present the spike protein itself to human tissue and saw that it caused the same damage done to the body as if people were getting natural Covid-19 symptoms.

HG: With the knowledge that you have, why did the doctors, the World Health Organization and others promote this vaccine or technology that is dangerous to our health?

LP: I can't get into their heads. The answers should come from the whole issue of the Emergency Use Authorization (EUA). It was passed so that they could get this injection into the public without full Food and Drug Administration (FDA) approval. What the EUA says is that if there is no successful medical treatment, intervention or prevention that could either treat or prevent Covid-19, they can authorize an experimental injection in the hopes that it would prevent the illness or potentially treat it. When Covid-19 happened around the world, you had doctors screaming, "I gave my patients hydroxychloroquine, zinc, ivermectin, vitamin C, vitamin D, glutathione, iodine, hyperbaric oxygen and ozone therapy." The list went on and on. The medical community said, "Shut up. Don't talk about it."

Somebody asked me, "How did people know to look for hydroxychloroquine?" They knew because Centers for Disease Control and Prevention (CDC) researchers published a study in 2005 indicating that chloroquine, in cell cultures, was an effective treatment against SARS-CoV-1.1 [Editors' note: Hydroxychloro*quine is a derivative of chloroquine.*] When you saw the censorship of medical doctors around the world who also said that putting patients on ventilators was a mistake, then you knew that there was a different agenda. Because the only way to push through an injection like this is if you could show that there were no effective treatments or preventions against SARS-CoV-2 or Covid-19 illness. When you started to see that all this information was suppressed—that doctors were censored and that the literature indicating their success was actually wiped out—then you knew that this was not about

protecting people against an infection. This was about mandating an intervention. And then when you uncovered the rock, you realized that all the literature about mRNA technology and even the EUA requests from the manufacturers showed that this was actually a gene therapy and a transgene insertion. In other words, "we're going to alter your human DNA permanently with this messenger RNA technology." People are not aware that if you open up the textbooks and the actual material that's published by the manufacturers, whether it's in the patents or in their EUA requests, it doesn't say that it's a vaccine. It says that it's gene therapy and transgene insertion.²⁻⁴ "We're putting in genes to alter your chromosomes." And then you hear the experts say, "It's not going to alter your human DNA." Where's the study that shows that? There's no science, but there are precedents to show, in the literature, that this mRNA technology is used to alter your chromosomes—your own genes.

HG: You've given us enough information to realize that we should pause before getting this injection. Yet there is so much pressure, even pressure that we should do it for other people. What's the logic behind that?

LP: There's a longstanding belief—I say "belief" because it's not a fact—that when enough people are vaccinated against a disease, the germ that causes the disease is no longer able to circulate in society. Therefore, you will see a reduction of the disease from that germ. However, that's a hypothesis and a theory. No one has ever studied to determine whether giving enough people the measles vaccine, for example, would cause the measles virus to no longer circulate in society. This is why people say, "You've got to give the Covid-19 injection to everybody to take care of everyone else who maybe can't get it"—because there's that underlying belief that when you give injections that you categorize as a "vaccine," you are stopping the circulation of the organism in society. I say very confidently, it has never been proven that the germ that you vaccinate against—if you vaccinate a high enough percentage of people—will no longer circulate in society. That is 100 percent false. We use it as a narrative, and we suck on it like it's mother's milk, but it's not true. We don't think it through. I once asked a pediatrician, "What happens to the measles virus when we give the injection?" The pediatrician said, "What do you mean? It stops the spread." I said, "How does the measles vaccine make the measles virus disappear from the body of people who get the vaccine?" She said, "I don't understand." I said, "You're putting the live measles virus into the body when you give the vaccine. How do you stop the spread of that from person to person and make it no longer circulate if you're putting the live measles virus into the body?" She said to me, "Let's talk about something else."

HG: Interesting. What are some of the consequences of injecting ourselves or our children with this technology?

LP: It depends on what media source you use. I don't use mainstream media because it doesn't give me the truth. It may give the truth to other people. There's a system in the U.S. called VAERS. It was set up in 1990 following the 1986 passage of the National Childhood Vaccine Injury Act and the creation of the National Vaccine Injury Compensation Program. People, especially practitioners, were meant to use VAERS to report adverse events from vaccinations, but long before Covid, it was well understood that less than 10 percent of all adverse events are reported to VAERS. It's not an adequate system to understand the adverse events that are happening when vaccines are given. The 1986 act also tasked the Department of Health and Human Services (HHS)—the umbrella agency for the FDA and CDC—with writing a report every two years updating the American public on safety concerns, things happening with vaccine research, the manufacturing process and what's happening with vaccine injuries and deaths. It is now 2021, and HHS has not written one single report in those thirty-five years to update the American public on the safety profiles of licensed vaccines. And how many vaccines have we added to the childhood and adolescent schedules since 1986? We've added a slew of them: *Haemophilus influenzae* type b, hepatitis B, flu, varicella, Gardasil, injectable polio, the DTaP (diphtheria, tetanus and

acellular pertussis) vaccine that replaced the DTP, meningococcal vaccines and so on. HHS hasn't done its job. We don't have much of a reporting system. As of today, what we do have is over four thousand seven hundred reported deaths associated with the Covid-19 injections. [Editors' note: As of the end of July 2021, the number of deaths reported to VAERS following Covid-19 injections was over twelve thousand.] If you look at the previous thirty-five years, we are seeing more deaths reported to VAERS now than we've seen reported in thirty-five years associated with all other vaccines.

HG: Since injuries and deaths are underreported, that number represents a small percentage of those who even made that association.

LP: There was a study out of Harvard that showed less than 1 percent of all adverse events are reported. At less than 1 percent, four thousand seven hundred deaths should give you almost half a million deaths. There are also over two hundred thousand reports of other adverse events that have been reported to VAERS following Covid-19 injections. [Editors' note: As of the end of July 2021, the total number of adverse events reported to VAERS following Covid-19 injections was over five hundred forty-five thousand.] Our information also tells us that VAERS is about three months behind in entering all of the data. There's evidence that some of the data are not even reported. They're wiping out some of the data. There are hospitals where people are dying and the doctors are calling it Covid deaths and not in any way relating it to whether the person got the Covid injection days, a week or two weeks right before it. We're not getting true data at all.

In 1976, when the swine flu injection was implemented—I've seen several different reports, so I don't know which is the right number—upwards of fifty-three people died. They halted it. You have people in this country whose family members are dying after the Covid shot, and they still go out to get the shot anyway. That's the disconnect. That's the cognitive dissonance. That's why we can have over four thousand seven hundred deaths and that may be less than 1 percent of the true number of people

You have people in this country whose family members are dying after the Covid shot, and they still go out to get the shot anyway. That's the disconnect That's the cognitive dissonance.

We're seeing over a 400 percent increase in miscarriages in women who are either given the shot or exposed to others who have gotten the shot.

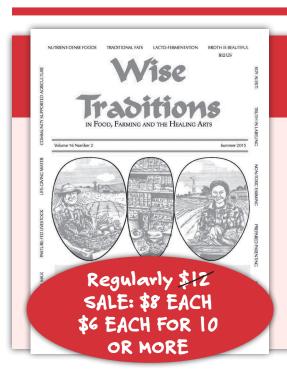
dying. And we also have two hundred thousand total adverse events, which may be twenty million adverse events or more. That's why people react like, "There's a dead horse on my lawn, but I don't smell it, I don't see it, I don't know it's there." That's why people continue to get the

HG: The other factor is they think they're more likely to die of the disease than to have a rare reaction to the injection.

LP: What the media have portrayed is that this disease is deadly. If we look at the true data, the recovery rate from Covid symptoms is well over 99 percent in most populations, except for the elderly and those who are morbidly obese, where it might be lower at a 94 percent or 95 percent recovery rate. If you add in the fact that we have tools to prevent the illness and treat those who get the illness, we see a greater recovery rate than 94 percent or 95 percent. But the public doesn't hear that. What they hear is, "Look how many people are dying from Covid." They're taught that even someone who has a positive nasal swab test is diseased. What they're not aware of is the fact that the PCR nasal swab is inaccurate, inefficient and offers a false under-

CoV-2 virus. We don't have adequate scientific information to offer to the public. They're just waiting for the authorities they trust wholeheartedly to give them the answer. I liken this to the biblical era of Noah and the flood, where God said to the people, "stop worshiping false gods and false idols." The people kept on worshipping false gods and false idols, and God killed them with the flood. Noah was the only one left with his family and the two-by-two animals that he had. That's what we're seeing. We're seeing people who are heading right into the flood, who think that they're going into some freedom and panacea.

What they're not aware of is that this technology has been used in the past to depopulate insects and animals that were overflowing in their communities. We can't go to that sinister place that these authorities may be creating a depopulation agenda, even though we're seeing an over 400 percent increase in miscarriages in women who are either given the shot or exposed to others who have gotten the shot. We're seeing all sorts of menstrual changes happening in women. We're seeing testicular pain and erectile dysfunction in men. We're seeing a reduction in sperm counts and viable eggs in people who are getting the injection. People don't see that standing of whether somebody has the SARS- there's a dead horse on their lawn and it smells—



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reeks—and it's an eyesore. They walk right past it and go right back into their house.

HG: Going back to the Noah illustration, maybe people saw a few raindrops but didn't take warning. People have had the injection and think, "I was fatigued for a couple of days and now I'm fine." because it hasn't come full force vet. The spike protein's interaction with their body hasn't fully taken place.

LP: Nor the other chemicals.

HG: You talked about reactions in people who have been near someone who received an injection. That leads me to my next question about shedding. I know many people who are not going to get the injection, but they're concerned about being around those who have. What can you tell us about that?

LP: There's a lot of concern. The authorities say there's no evidence of shedding or transmission. If you look under that rock, what study does that come from? Where have you tested the saliva, the exhalations, the air, the urine, the skin and the stool of people who have gotten the injection to see how long or whether any material comes out of their body and whether it transmits? What's interesting is that in Pfizer's clinical trial, they warned people who got the injection not to have sexual intercourse for the first four weeks after and not to get pregnant during the trial.⁵ My question to that is, what

did they know? We don't know what's coming out of people's bodies who got one of the injections because we don't know what's in the injections. People have conjectured it's spike protein. Therefore, people have recommended, "Make sure you have high levels of vitamin D, vitamin C and zinc. Make sure that you're getting your glutathione." You hear people saying, "Take pine needle tea, dandelion tea, fennel seed and anise seed." We're swimming in open water with all of these remedies because we don't know; we don't have specific studies that say, "This is what's going to protect you." We also don't know what's coming out of people's bodies. Others have conjectured that it could be a spike protein antibody passing. Some people have conjectured it could be messenger RNA. The more sinister and rather nefarious information that's coming out is that there are magnetized nanoparticles in the injection that can be transmitted from person to person. Those reports are alarming. There is tons of literature to show not only the use of messenger RNA technology to create self-spreading vaccines but also to utilize magnetized nanoparticles as a way to expose the non-injected to the material that's in the injection.

HG: That is a very bleak scenario for us to consider. I always like to end on a more hopeful note. If readers could do one thing to improve their health, what would you recommend?

LP: Stop listening to mainstream media. That's

We don't know what's coming out of people's bodies who got one of the injections because we don't know what's in the injections.



YOU ASKED FOR IT! YOU GOT IT!

Our podcast postcard was in need of an overhaul. We heard you and we acted. Chapter leader Corey Dunn (recently featured on Wise Traditions podcast 324 "Real Kids, Real Food") took the lead in designing a card that is streamlined, attractive and even includes a QR code, taking people directly to our website to find the show.

Order a number of postcards to share at farmers markets, your next chapter gathering or just to leave by the register at your favorite farm store. Go to westonaprice.org/order to place an order of any size.

64 Wise Traditions **FALL 2021** Wise Traditions FALL 2021 65

stream media put out. Dr. Sherri Tenpenny and I do a "Critically Thinking with Dr. T and Dr. P" podcast every Thursday night at 7:00 PM, and you have all of these other organizations and freedom fighters who are putting out good science and good material and doing their best to expose the nefarious things going on: Stand-ForHealthFreedom.com, MakeAmericansFree-Again.com, the Weston A. Price Foundation, GreenMedInfo.com, Vaxxter.com, the National Vaccine Information Center, BardsFM with Scott Kesterson, James Lyons-Weiler's IPAK. You also have Children's Health Defense, which is also putting out a tremendous amount of material (ChildrensHealthDefense.org). You have Dr. Mercola—he's putting out true information and getting canned for it; his life is even threatened There's the ThriveTime Show which Clay Clark is doing.

There are lots of ways to get information out. These are opportunities for people to become aware that something else is going on that's not necessarily what the mainstream media are feeding us. Especially now that we see all these emails that Dr. Fauci is accused of writing, saying he knew it was a bioweapon, masks didn't work and hydroxychloroquine worked. He made it all up. You have to say to yourself, "What's true here?"

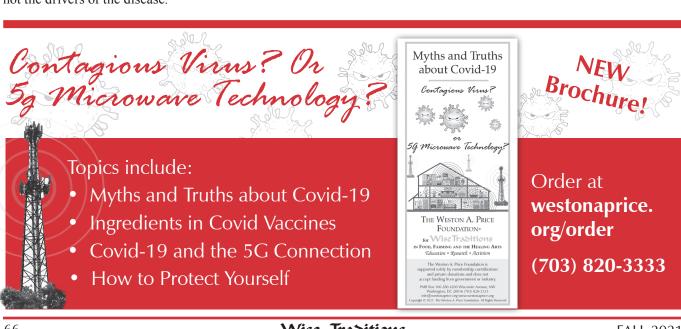
HG: He knew the asymptomatic carriers were not the drivers of the disease.

the first thing. Stop reading what the main- LP: Second, get your diet in order; eat whole organic foods and grow your own food if you can. In addition, maintain connected relationships. Make sure you're connected to a higher power, whatever that looks like for you. Maintain a practice that helps you vibrate at a higher frequency. Search for truth. Watch the levels of certainty that you maintain that could push you down an unfortunate path—because we're at a very uncertain time. Be open to uncertainty, to the unknown, to learning new things, to knowing that you were wrong and someone else was right. Be able to look through the eyes of other people to understand how another viewpoint could be incorporated into your being. Finally, get good sunshine, get sleep, exercise and take some downtime.

> This was Wise Traditions podcast episode 321 (July 12, 2021). For information about Dr. Palevsky, visit northportwellnesscenter.com/practitioner/lawrence-palevsky/about.

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All Thumbs Book Reviews

You Have the Power: Tap into Your Power to Prevent and Heal from Cancer and Other Diseases By Dr. Tedd Koren **Independently published**

I have to admit that when I first saw the title of Dr. Tedd Koren's new book, You Have the Power: Tap into Your Power to Prevent and Heal from Cancer and Other Diseases, I found it somewhat off-putting. To me, it sounded a bit like a Tony Robbins' self-improvement seminar. And when I cracked the book open and began to leaf through it, I was disappointed that it was comprised of a series of interviews Dr. Koren had conducted. "Too facile," I thought. I wanted substance, not something flashy or contrived.

I'm happy to report that once I dove into the book in earnest, I quickly put my initial skepticism aside. I discovered that Koren delivered exactly what I was looking for. His book educates and equips readers to pursue alternative healing modalities that they may not have considered before, and the interview format turns out to be ideal for making this information extremely accessible.

One thing that won me over was Koren's clear appreciation for ancestral wisdom. Right on page one, he states: "Modern medicine has forgotten and ignored many marvelous ancient and traditional approaches that are effective and have stood the test of time." In subsequent pages, he elaborates and reminds us that our bodies can provide the very answers we need. Pain or disease are simply the body's way of telling us that something is out of balance.

For example, Koren explains that tumors are not our enemies but are actually a tool for the body to deal with toxins. The body sequesters them and creates the tumor to stow them away. Many modern, westernized doctors want to remove tumors without ever asking how they got there in the first place and what purpose they serve. Asking questions about root causes reveals that in reality, toxins—not tumors—are the "bad guys."

It's this kind of innovative thinking that Koren brings to bear throughout the book. In fact, his curiosity about healing modalities is, in great part, what motivated him to put the book together. "My goal is to find what everybody else misses," he says. "Things don't happen by accident. There is a reason. There are also laws of healing, and if we honor them and respect them and work with them, we can heal." He also says, "I learned a lot from these interviews and I hope you do, as well. I was surprised by some of the insights shared. These are all designed to prevent us from being ill, to restore us to natural healing and to allow our bodies to be the selfhealing 'machines' they are designed to be."

Each chapter offers a unique protocol or product for healing from tumors and other conditions. Mike Evangel, a chiropractor, is the first practitioner featured (Chapter Two). Evangel uses tourmaline, a semiprecious stone, to help the body detox and heal. Tourmaline gives off three different types of energy. First, it takes the body's heat and converts it into farinfrared energy (like that of a sauna). Second, mechanical energy creates negative ions that scavenge free radicals. The third energy is that of the Schumann Resonance (that of the earth's magnetic field). All of this energy combines to address a wide variety of health concerns, including calming children with autism, lowering inflammation and improving REM sleep and non-REM stage IV sleep. Evangel and his team have made blankets with microscopic particles of this stone to promote healing and detoxification, and are working on a line of sportswear, scarves, pillowcases and more. Fascinating stuff!

Modalities mentioned in subsequent chapters include BrainTap (a system to help restore simply the health using alpha brain waves), Nighttime Cleansing Detox Deodorant (to help clear out heavy metals while we sleep), Essiac tea to support immune system function (inspired by tea from the Ojibwe tribe) and hydrogen water (a treatment for both cancer and Covid-19). Koren (Continued on page 70.)



Our bodies can provide the very answers we need. Pain or disease are body's way of telling us that something is out of balance.

Wise Traditions Wise Traditions **FALL 2021** FALL 2021 67

All Thumbs Book Reviews



Electrosmog: The Health Effects of Microwave Pollution **By Susan Pockett** Available at bit.ly/ElectrosmogPockett

If you want to understand the basics surrounding health effects of microwave exposure, this free resource is a good place to start. Even people who think they already know a lot may learn something. What is millimeter or microwave radiation? What is 5G?

Pockett starts off with basic definitions and explanations of electromagnetic fields (EMFs), frequencies, wavelengths and different artificially generated signals. She also explains what kind of signals cell phones use. Then we get into how these signals affect living organisms.

One basic thing to understand is that not all 5G is created equal. Some of what is called "5G" is really 4G LTE, which is a lower frequency than standard 5G. That clouds the issue of where 5G has really been unleashed and therefore what effect it is having.

Several other issues complicate interpretation of studies. For example, there is a difference between a steady, constant signal and a pulsed signal. So when someone studies a steady 6 GHz signal and observes that it is relatively harmless, doesn't go very far and is easily stopped by something as flimsy as a tree leaf, that may be true. But when that signal is pulsed (as it is in telecommunications), it penetrates much farther.

Another issue is the old conflict-of-interest topic. I'm still amazed at how many people ignore that or brush it off. The two industries most interested in using 5G are the military and telecom. They both think 5G is imperative, saying we can't live without it. (How did we survive this long?) The Defense Department therefore considers any study that shows 5G to be a danger as not only wrong but a national security threat. The telecom industry, meanwhile, learned from Big Tobacco how to produce studies to counter other studies that show their product to be dangerous. The counter-studies don't even have to be that good—they just need to sow doubt and

confusion. I'm sure you can find studies to support a belief that 5G is safe, but safety studies done by these industries cannot possibly be taken seriously by any thinking human being.

One of the most persistent myths—even though repeatedly discredited—is that radiation is harmless if there are no thermal effects or if it is non-ionizing radiation. Pockett lists studies showing that non-ionizing, non-thermal radiation can cause DNA damage.

What about *in vitro* versus *in vivo* studies? Pockett considers only in vivo studies—those done in living organisms. *In vitro* ("test tube") studies have given very conflicting results and are often not repeatable even by the same lab using the same cell lines. Aside from accusations of fraud and incompetence, at least one researcher astutely has observed that in vitro EMF studies usually involve incubators with strong magnetic fields, which makes their results mostly meaningless.

Can we trust studies done by the medical industry? The shallow thinker would think so, but as I have said before, the medical industry is one big conflict of interest. A healthy population is not good for business. There are some good people in the industry, but honest researchers who produce too many results that are bad for business usually end up "Wakefielded."

After weeding out all the noise, the good studies that remain show some interesting things. For example, the symptoms of 5G exposure are identical to the symptoms of coronavirus. If you think that is a coincidence, then never mind. If you can still think, then that should at least be interesting. Other studies show that millimeter (microwave) radiation changes the shape of insulin, making it ineffective. Millimeter radiation punches holes in cell membranes. This radiation also changes the state of water. Birds and bees that use the earth's magnetic field to find their way around cannot navigate in the presence of 5G radiation. The studies show one more interesting thing. At least for humans, our old friend vitamin D protects against the effects of radiation. The thumb is UP. Review by Tim Boyd

All Thumbs Book Reviews

Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children Edited by Louise Kuo Habakus, MA and Mary Holland, JD **Skyhorse Publishing**

The world has fractured into two warring camps—those in favor of vaccine mandates and those in favor of choice. There may also be a quiet third group that just doesn't care and either ignores the war or sits on the sidelines with popcorn and sodas watching with mild amusement.

This newly updated book, originally published in 2011, brings together multiple authors addressing details of each side of the argument. Some of the more recognizable names are Mary Holland (Children's Health Defense), Sherri Tenpenny, Boyd Haley, Julian Whitaker and Andrew Wakefield. James Turner, legal counsel for the Weston A. Price Foundation (WAPF) also writes a chapter on legal angles.

The major points promoted by those who want vaccine mandates are covered in no particular order. One point made by that camp is that vaccines are "safe and effective" and scientifically proven. How do they know? Where but when I see something that I feel has been is the science? The gold standard of scientific over-complicated, I tend to default to the big

proof is the placebo-controlled study—and that has never been done with vaccines. Nor have scientists carried out a study of any kind looking at vaccines in combination.

Vaccine "refusers," we are told, are dangerous and selfish. Dangerous to whom? If vaccines are "safe and effective," then refusers are only dangerous to themselves. In a free country, you have the right to decide what level of risk is acceptable for you. And there is still that pesky problem of lack of science. The Merck Manual is the largest selling medical textbook; it clearly states that vaccines can cause brain damage.

James Turner makes an interesting legal point. Federal capital punishment was found unconstitutional because we know at least some people on death row are innocent. The possibility of killing innocent people by government mandate is unacceptable in a civilized society. We also know some will die if vaccinated. It has happened many times. The same reasoning should apply.

One of the more insidiously evil ways of enforcing vaccine mandates is taking children from their parents for "medical neglect." These chapters are rather detailed. The information is all good, and I have no disagreement with it,



BOOK REVIEWS IN Wise Traditions

The Weston A. Price Foundation receives two or three books per week, all of course seeking a Thumbs Up review. What are the criteria we use for choosing a book to review, and for giving a Thumbs Up?

- First and foremost, we are looking for books that add to the WAPF message. Dietary advice should incorporate the WAPF guidelines while adding new insights, new discoveries and/or new therapies.
- We are especially interested in books on the fat-soluble vitamins, traditional food preparation methods and healing protocols based on the WAPF dietary principles.
- We look for consistency. If you talk about toxins in vaccines in one part of your book but say you are not against vaccines in another part of your book, or praise fat in your text but include recipes featuring lean meat, we are unlikely to review it.
- We do not like to give Thumbs Down reviews. If we do not agree with the major tenets expounded in a book sent to us, we will just not review it. However, we feel that we have an obligation to point out the problems in influential or bestselling books that peddle misinformation, and for these we will give a negative review. We also will give a negative review to any book that misrepresents the findings of Weston A. Price.
- If you want us to review your book, please do not send it as an email attachment. Have the courtesy to send us a hard copy book or a printout of your ebook or manuscript in a notebook or coil binding.

symptoms of coronavirus. If you can still think, then that should

at least be

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symptoms of

5G exposure

are identical

to the

All Thumbs Book Reviews

picture. And the big-picture question is, Who is making the decision to take children from their parents for medical reasons? As far as I can tell, it involves a combination of politicians and the medical industry—which is really the pharmaceutical industry. In addition to its obvious conflicts of interest, the pharmaceutical industry has a long and well-documented criminal record. In the U.S., if you are rich enough, especially as a large industry, and you kill people slowly enough, you may pay large fines (and pharma has), but you will not go to jail. The pharmaceutical industry's insistence that companies not be liable for any harm done by their injections should completely destroy their credibility, if it weren't in tatters already. The reputation of pharmaceutical companies is hardly stellar, and it should be obvious that they to take children from their parents.

As for the politicians—whose reputation as a group is arguably even worse than that of big pharma—they are heavily influenced by lobbyists, and the largest lobby and campaign contributor by far is the pharmaceutical lobby. Again, this is a blatant conflict of interest. I would prefer not to leave decisions about "medical neglect" to this bunch of scoundrels either.

Who should make these kinds of decisions and how? Let's stay with the big picture. Are children wards of the state or wards of some pediatrician? I think not. This whole question would disappear except for one thing—an almost fanatical faith in the medical industry. I'm an old dog over sixty. I remember what it was like fifty years ago. I've seen many impressive advances in medical technology, but have these advances translated into improved health for the average American? It doesn't look to me like the

(You Have the Power, continued from page 67.) also interviews some familiar friends, including Dr. Natasha Campbell-McBride, Dr. Linda Isaacs, Dr. Stephanie Seneff and Sally Fallon Morell. Of course, many of these emphasize the importance of diet to safeguard our health, and Sally naturally pays particular attention to the

average American has gotten healthier over the last fifty years. In fact, it looks to me like an unmitigated disaster. Autism has exploded, and the industry seems to be clueless about why. There is an increasing list of diseases that did not exist fifty years ago. Food allergies did not exist. My mother's doctor recently told her he did not know anyone over age fifty who wasn't on some prescription.

Clearly, blindly trusting an industry that suffers from such vivid delusions of adequacy is not scientific; it is a religion. Last time I checked, the First Amendment, though it may have lost some of its popularity, had not been repealed in these United States. Our highest law still recognizes our inherent right to accept or reject any religion. Mainstream medicine may increasingly consider itself infallible, but not everyone is fooled. Parents should not be criminalized for not buying this religion. No agency should be allowed to commit the atrocity of stealing a child from his or her parents for any "medical" reason. And there is no emergency in the history of the world that justifies forcibly injecting toxic substances into anyone's body.

One more footnote, and then I'll get off the stump. Some may argue should not be remotely involved in any decision that doctors have more education and thus are qualified to make decisions like this. However, the term "education" usually means "training," and there is a big difference between being trained and being intelligent. Too much "education" is one of the biggest obstacles to clear thinking. Doctors who can't question and can't think beyond what they have been taught, have not been taught to think—and they are not very good at thinking. Highly trained chimpanzees do not outrank parents.

> Artificially generated herd immunity is another fantasy addressed in this book, which brings up more big-picture common sense. We're told that we have herd immunity to polio now, thanks to a vaccine, but polio disappeared from Europe around the same time as it disappeared from the U.S., and there was no mass vaccination for polio in Europe. Measles outbreaks have repeatedly occurred in fully vaccinated populations. Bubonic plague and scarlet fever were far more dangerous but disappeared on their own without a vaccine.

> Michael Belkin demonstrated prophetic foresight in the chapter he wrote when this book was first published a decade ago. At the time, the call for vaccine mandates was increasing but was nothing like it is now. He warned this was coming. As Yogi Berra said, it's tough to make predictions, especially about the future, but Belkin nailed it. He was right. The thumb is UP for this book. Review by Tim Boyd

protective role of vitamin A.

Overall, this book is a delightful follow-up to Koren's Cancer is Natural, So Is the Cure, and I give it an enthusiastic thumbs-up. It offers hope that our bodies can indeed function properly when given the right tools. Koren points us in the right direction for just such tools—highlighting little-known protocols and products based on ancient healing techniques.

Review by Hilda Labrada Gore

All Thumbs Book Reviews

Underestimated: An Autism Miracle By J.B. Handley and Jamison Handley **Skyhorse Publishing**

Underestimated is the profoundly moving story of young Jamison Handley's journey from imprisonment within his own body as an autistic non-speaker to full communication with his family, his friends and the entire world through a remarkable method known as "Spelling to Communicate" (S2C)

This inspiring book will have you feeling the entire range of emotions, from rage to elation. It's told by Jamison (Jamie) and his amazing, dedicated father, J.B. Handley. Laid out in five parts, the book begins with seventeenyear-old Jamie's year-long journey from being tragically misunderstood—and completely incapable of expressing his emotions, desires, brilliance and incredible insights and knowledge—to one unforgettable day when everything changes. That day, Honey, the parent of another non-speaker named Vince, messages J.B. to tell him that Vince is now communicating with a letterboard through a process called S2C—and Vince is rocking everyone's world with his intelligence, wisdom and language skills. Honey encourages J.B. to investigate, assuring him that Jamie is highly intelligent and likely even more advanced than Vince.

Naturally, J.B. and his wife Lisa want to believe that everything that is possible for Vince is also possible for Jamie, but they are fearful of what J.B. calls "the most dangerous drug" for an autism parent: hope. The angst they feel is palpable, and the reader cannot help but experience what they go through. At this juncture, the Handleys have already tried so many approaches to help Jamie, including removing gluten, other dietary changes, vitamins, hyperbaric oxygen therapy, a fecal microbial transplant and more.

Still, S2C must be explored, so J.B. and Jamie head to Herndon, Virginia, to meet Elizabeth Vosseller (known as "EV") at the Growing Kids Therapy Center. Once there, Elizabeth, immediately warm and focused, greets and treats Jamie just as one would treat any other capable.

intelligent young man. Throwing seventy years of autism research out the window, Elizabeth proves the "experts" wrong, showing that the majority of people with autism are not cognitively impaired. Non-speakers are completely cognitive; they just cannot make their bodies do what they want or need them to do.

The book progresses through the Hand leys' deeply emotional discovery of their everbrilliant son (and brother), Jamie. They meet the wonderful Dawnmarie Gaivin ("DM"), the "West Coast's leading guru of S2C," who hits it off with Jamie from the start. The family's lives change. The tears (sobbing, actually) and the unleashed emotions flow as the level-headed genius of their beloved Jamie emerges. It is simply stunning! Jamie also transitions, going from patterns of acting out the deep frustrations and anguish of entrapment and being misunderstood to being far more at ease—becoming a happier, calmer and participating member of his family and of life.

In Part II, Jamie answers questions. One of several that stands out is when J.B. asks, "Is there one thing you are most proud of so far in life?" and Jamie answers: "I think I am most proud that I never allowed my disability to define me. I'm proud that I never gave up." In Part III, the "Dude-Bro" speaks. The Dude-Bro is Jamie's weekly online social hour where he and his nonspeaker friends "hang out." Here, Jamie and J.B. give Jamie's friends a chance to speak as well.

Part IV explores the science and, unfortunately, the controversies surrounding S2C. There are people and organizations who claim that the words coming out of the letterboard are not those of the spellers but rather of their communication partners, like EV and DM. These doubters mean well—they don't want non-speakers to be exploited—but in many cases, they guite stubbornly refuse to acknowledge S2C and the miracles it has created. This section, and Part V (focused on how to get started with S2C), are written to help parents of other non-speakers navigate the choppy waters that are bound to arise. This book gets a major thumbs-up.

Review by Alana Sugar



Throwing seventy years of autism research out the window, Elizabeth proves the "experts" wrong, showing that the majority of people with autism are not cognitively impaired

Tim's DVD Reviews

We are told to "follow the science," but how can we do that when science is no longer allowed?

Seeing 2020: The Censored Science of the COVID-19 Pandemic **Executive producer Court Koshar, MD Directed by Adam Mariner** seeing2020movie.com/

Several doctors in this video discuss what has been happening over the last year and a half. Never before have they seen grandchildren blamed for infecting and killing grandparents. Never have they seen doctors afraid to treat their patients. Never has anyone believed that healthy people spread disease.

We are told to "follow the science," but how can we do that when science is no longer allowed? Without free debate of different ideas and theories, there is no science. Instead, censorship has become pervasive on YouTube, Vimeo, Facebook and Twitter. George Washington said, "If freedom of speech is taken away, then dumb and silent we may be led like sheep to the slaughter."

One doctor recounts a censorship experience that sounds like something out of Monty Python. After two massive studies showed hydroxychloroquine to be safe, Facebook posted on its site an admission that they erroneously censored doctors who spoke about hydroxychloroquine. The doctor posted that admission on his Facebook page. Can you guess what happened next? Yes, he was censored. Facebook is so censor-happy, they even censor themselves.

The film covers the irrationality of the medical industry in some detail. Dr. Lee Merritt talks about a study published by Chinese authors in the journal Virology that showed you could stop replication of influenza A in a petri dish using chloroquine (an earlier version of hydroxychloroquine). That information couldn't be allowed to get out or the whole vaccine industry would collapse overnight.

When *The Lancet* published a study against hydroxychloroquine based on a massive amount of data, independent researchers wondered where this large database that no one had heard of came from. They traced it back to a company call Sur-

gisphere, which only had three or four employees, none of them doctors. Did these employees have names like Larry, Curly and Moe? I don't know, but when asked for their data, they could not produce them. That forced *The Lancet* to retract the study, something that rarely happens. The original study garnered front-page headlines, while the retraction was a back-page footnote. Many still refer to the study as though it were valid.

Hydroxychloroquine has been approved for sixty-five years and has a better safety track record than aspirin. Why is it considered safe for lupus and rheumatoid arthritis, but not Covid? Doctors who prescribe hydroxychloroquine are punished for violating "protocol." How do you have a protocol for a new disease?

The medical mafia has ignored the negative mental, emotional and physical effects of lockdowns and masks. In Las Vegas, the child suicide rate doubled from the previous school year. As a result, Las Vegas reopened schools. There is no science supporting these restrictive measures—only politically-motivated experts—but unfortunately, many people can't tell the difference.

The medical industry has gone beyond just irrational behavior and crossed into an illegal and immoral swamp. The Centers for Disease Control and Prevention (CDC), of course, is a major cog in this swamp. When I hear the letters "CDC," I get this mental image of a seedy sea of conniving bureaucrats creating recommendations that they believe carry slightly more weight than tablets of stone from Mt. Sinai. The CDC has become a key part of the rising medical dictatorship that decrees we must stop doing those things that make us human and instead wear our face diapers and get our experimental clot shots. Despite a recent high court ruling that the seedy sea has no authority to mandate anything, they not only continue to mandate but "recommend" things like rent moratoriums (in other words, stealing property from every landlord in the country). If memory serves, those stone tablets contained a recommendation which, when translated into quaint Old English.

Tim's DVD Reviews

went something like, "thou shalt not steal." I guess that is old-school, outdated and irrelevant.

If they are going to make such demands, is it too much to ask for at least one scientific study to back them up? So far, we are still waiting. While the seedy sea has been confusing itself with the Almighty, others have done real science on the effectiveness of all these demands, and they just don't work—no matter how loudly the experts insist that they do. If we persist in enslaving ourselves to the rising medical dictatorship, there will be weeping and gnashing of teeth. The thumb is UP for this video.

A Pathologist Summary of What These Jabs Do to the Brain and Other Organs Ryan Cole, MD

Available at https://rumble.com/vkopys-apathologist-summary-of-what-these-jabsdo-to-the-brain-and-other-organs.html

Dr. Ryan Cole is a Mayo-Clinic-trained pathologist with, as he admits, way too much education. In other words, if you are looking for good credentials, he is more than qualified. He asks some good questions. Even well-educated people still ask questions. Here is one of his My thumb is UP. Is that a problem?

questions: after more than eleven thousand deaths reported after Covid vaccinations (or clot shots), why are we just now getting around to doing the first autopsy?

Autopsies may be expensive, but we seem to have billions of dollars to spend promoting clot shots for children who do not need them. It is always informative to look at where the money is going when you want to know what is really going on. Billions for promotion, peanuts for safety studies or autopsies.

There is significant evidence of other problems besides the thousands of deaths reported to the CDC. Pfizer's own rat studies showed a 16 percent decrease in fertility. One can argue that no proof exists that vaccines have caused the reported deaths. It could all be a diabolical coincidence. Rat studies don't absolutely prove anything about human reactions. Okay, but you do not find what you do not look for—especially when you try very hard not to look for it. If we follow the precautionary principle, the Covid vaccines are guilty until proven innocent. If we really want to be safe, stop the vaccines until we prove the evidence is just "coincidence."

Cole explains evidence that spike proteins are toxic and highly attracted to ACE2 receptors, which are very common in the brain, heart, kidneys, reproductive organs (and other unimportant things like that). Is that a problem? He says he has seen a ten- to twenty-fold increase in uterine cancer in the last six months. Is that a problem?

There are no long-term safety data. As of this writing, the Covid shots still have not been fully approved by the Food and Drug Administration (FDA), not that that means anything. They are experimental. Why is it irresponsible or dangerous to refuse to be part of a reckless experiment?



Vaccination Dangers Trifold from WAPF

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- Important Facts about Vaccines
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- How to Protect Your Child Without Vaccines

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Vaccination Updates

COVID INJECTIONS: THE EMERGING REPRODUCTIVE FALLOUT By Kendall Nelson, Director, *The Greater Good*

Pregnant
women who
receive the
injections
should know
that they are
unwitting
participants
in the
largest
liability-free
medical
experiment
in history.

Widely shared posts on social media feature tens of thousands of testimonials from women around the world who claim Covid-19 injections have affected their reproductive health. These include reports of abnormal menstruation, miscarriages, stillbirths, birth defects and concerns about infertility. Although in lesser numbers, men have also reported reproductive disorders, including erectile dysfunction, testicular pain, scrotal pain and haematospermia (blood in the semen). While this phenomenon clearly calls into question the safety of the experimental biologics, health officials have largely dismissed these desperate accounts, insisting that the negative health ramifications being publicized are merely "anecdotal."

In addition, despite mixed and inconsistent advice from doctors, governments and industry bodies, the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) recommend that pregnant women receive Covid-19 injections. WHO says that pregnant women should do so "when the benefits... outweigh the potential risks," while the CDC more assertively states that "the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy."

The CDC recommendation that pregnant women get the Covid-19 injections is puzzling, considering the agency's tacit admission that the potential risks of messenger RNA (mRNA) and other Covid-19 injections for pregnant women and fetuses are unknown—the injections were not studied in this cohort prior to their emergency use authorization (EUA) by the Food and Drug Administration (FDA).^{4,5} To be clear, not a single clinical trial conducted to win EUA for Covid-19 injections included expectant mothers, nor were the expedited trials designed to tell us whether the injections cause problems with menstruation, birth defects or fertility.

Pregnant women who receive the injections should know, therefore, that they are unwitting participants in the largest liability-free medical experiment in history. Because the injections have no long-term safety profile, the manufacturers cannot guarantee that their biologics will not contribute to autoimmune disorders, neurodevelopmental disorders, inflammatory conditions, chronic pain syndromes or neurodegenerative diseases in either recipients or their offspring. Health professionals recommending that pregnant women receive experimental Covid-19 injections are doing so in the absence of any human safety data, at best relying on minimal developmental and reproductive animal data from the pharmaceutical companies. This begs the question: What has happened to the precautionary principle and to physicians' oath to "first, do no harm?"

FLIP-FLOPPING RECOMMENDATIONS

Late last year, the UK government produced safety instructions for Covid-19 injections indicating that pregnant women and breastfeeding mothers and children should not use the experimental Covid-19 injections. A LifeSite News report published on December 4 quoted the guidelines, titled "Reg 174 Information for UK Healthcare Professionals," as specifically stating in a section on "Fertility, Pregnancy and Lactation" that there were "no or limited [reproductive] data" on the Pfizer BNT162b2 injection.⁶ At the time, the news site reported, the guidelines indicated that "Animal reproductive toxicity studies have not been completed," "Covid-19 mRNA Vaccine BNT162b2 is not recommended during pregnancy" (or lactation) and, "It is unknown whether Covid-19 mRNA Vaccine BNT162b2 has an impact on fertility." The safety instructions further specified, "For women of childbearing age, pregnancy should be excluded before vaccination."

In the version of the UK guidelines available online as of August 2021, all of this language has vanished,⁷ and England has joined the U.S. in recommending the injections to pregnant women, stating that the shots "have been shown. . . to have a good safety profile." The "Reg 174" guidelines now merely state that "Animal studies do not indicate direct or indirect harmful [reproductive or developmental] effects"; the guidelines still admit, however, that it is "unknown" whether the chemicals in the experimental gene therapy injections are excreted in breast milk.⁷

TOO LITTLE, TOO LATE

As of August 16, 2021, the CDC website stated that nearly one hundred forty-nine thousand pregnant women enrolled in a smartphone-based monitoring system called "v-safe" had received a Covid-19 injection. V-safe uses text messaging and web surveys to check in with individuals after they have received one or more Covid shots and is supposed to function as a repository for reports of side effects.

To gather more detailed information about the reproductive impact of the injections, the CDC also established a "v-safe COVID-19 Vaccine Pregnancy Registry." The registry is collecting voluntary information from a limited number of women who received Covid-19 injections either in the periconception period (within thirty days before last menstrual period) or during pregnancy. Through periodic "checkins," the registry is intended to assess general health, pregnancy complications, pregnancy outcomes and newborn outcomes through three

months of age. By August 16, just over five thousand pregnant women had enrolled in the registry.⁹

Manufacturer studies of pregnant women are also belatedly underway, primarily focusing on short-term "safety and reactogenicity" or "safety and tolerability" of Covid-19 injections in women in their second or third trimesters of pregnancy. Pfizer began a clinical trial with seven hundred healthy pregnant women in February; scheduled to end in late 2022, the trial will consider adverse events reported through one month after the second dose, and serious adverse events only through six months after delivery.¹⁰

Moderna began conducting a trial in late July, with plans to enroll one thousand adult women who have received a Moderna vaccine either twenty-eight days prior to their last menstrual period or any time during pregnancy. Outcome measures include pregnancy complications "up to mid-third trimester," preterm birth, stillbirth, "infants with suspected major and minor congenital malformations" (assessed up to one year of infant age) and maternal death, among others.

Janssen/Johnson & Johnson (J&J) launched a clinical trial with four hundred women in their later stages of pregnancy in August 2021; the protocol states that the study will monitor "unsolicited adverse events" (defined as "any untoward medical occurrence") for only twenty-eight days following each injection; "serious adverse events" and "adverse events of special interest" (such as blood clots) will be assessed at most for sixteen months.¹²

CONFLICTS OF INTEREST ABOUND

Who oversees the "independent boards" called Data and Safety Monitoring Boards (DSMBs) that evaluate clinical trial findings? The members of DSMBs are selected in secret and meet in secret—and are notorious for their conflicts of interest.

Investigations by the Informed Consent Action Network (ICAN) uncovered the fact that the DSMB overseeing clinical trials by Astra-Zeneca, Moderna and Pfizer-BioNTech was created by Dr. Anthony Fauci's National Institute of Allergy and Infectious Diseases (NIAID). Although members' identities are supposed to remain secret, ICAN was able to identify two DSMB members. Both have blatant conflicts, having

COVID-19 AND PREGNANCY

The CDC states that pregnant women may be at greater risk than non-pregnant women for severe illness after SARS-CoV-2 infection, particularly if they have preexisting conditions such as diabetes, hypertension or obesity.⁷⁴ Complications have been reported to include adverse pregnancy outcomes such as preeclampsia, preterm birth and cesarean delivery.⁷⁵ In a CDC study that compared Covid-19-symptomatic pregnant and non-pregnant women, researchers reported similar frequencies of cough and shortness of breath, though pregnant women less frequently reported headache, muscle aches, fever, chills and diarrhea.⁷⁴ The CDC authors found that pregnant women who had Covid-19 were roughly twice as likely to have comorbidities such as chronic lung disease, diabetes mellitus and cardiovascular disease compared to women who were not pregnant. The study could not determine, however, whether these chronic conditions had been present before pregnancy or were exclusively associated with the pregnancy. Although the authors reported that approximately one-third of pregnant women were hospitalized, compared with 5.6 percent of non-pregnant women, data were not available to differentiate between hospitalization for Covid-19-related illness versus for pregnancy-related reasons, including giving birth!

Additional complications reported to VAFRS both early and late in pregnancy include premature delivery, fetalmaternal hemorrhaging, placental disorders, fetal cardiac disorders, birth defects fetal loss.

served as paid spokespersons for pharmaceutical companies. birth.¹⁷ Additional complications reported to VAERS both early and late in pregnancy include

NIAID's DSMB chairman, Dr. Richard Whitley, has personally received payments of over two million dollars from the pharmaceutical industry. Dr. Kathryn Edwards (member of the Pfizer DSMB) has received personal fees from Pfizer, Merck, GlaxoSmithKline, Sanofi and more. Edwards even gave a presentation to the CDC's Advisory Committee on Immunization Practices (ACIP) titled, "Covid-19 Vaccine Safety Considerations." ¹⁴

These conflicts of interest go directly against the assurances proclaimed by Fauci and other public health officials that members of the DSMBs are "independent" of the pharmaceutical industry. Ludicrously, Fauci told the public last September: "[P]eople need to understand that an independent body, the Data and Safety Monitoring Board, is beholden to no one, not to the president, not to the vaccine companies, not to the FDA. Not to me."¹⁵

and late-term ADVERSE REPRODUCTIVE EVENTS THUS FAR

In a June 2021 webinar, the WHO stated. "Data from animal studies and post-introduction surveillance data have not shown harmful effects in pregnancy." However, the Vaccine Adverse Event Reporting System (VAERS) in the U.S. and other reporting systems in various countries demonstrate otherwise. As of August 20, 2021, over six hundred twenty-three thousand adverse events, including over thirteen thousand six hundred deaths, had been reported to VAERS post Covid-19 injection; excluding "foreign reports" filed in VAERS, the U.S deaths numbered six thousand one hundred twenty-eight.¹⁷ Through July 2021, the European Medicines Agency's twenty-seven-country EudraVigilance database included reports of nearly two million injuries and well over twenty thousand deaths post-Covid-19 injection.¹⁸

These reports reveal disturbing indications of Covid-19 injection-related miscarriages, stillbirths and other reproductive problems. As of the August 20 VAERS data dump, over three thousand women had reported adverse events related to the injections, including nearly one thousand reports of miscarriage or premature

VAERS both early and late in pregnancy include premature delivery, fetal-maternal hemorrhaging, placental disorders, fetal cardiac disorders, birth defects and late-term fetal loss. Given that a government-commissioned Harvard Pilgrim Healthcare study found adverse events may be underreported by as much as 99 percent, ¹⁹ the true number of post-injection problems experienced by pregnant women could be in the hundreds of thousands. The EudraVigilance reports through July likewise included over seven hundred "pregnancy, puerperium and perinatal conditions," including twenty-four deaths, as well as over eight thousand "reproductive system and breast disorders," including two deaths.18

The VAERS reports provide harrowing details of the adverse outcomes that have been occurring almost from the moment the injections began rolling out in December 2020. *Vision Times* summarized several reports in early March:²⁰

- In one VAERS report from late December, a thirty-eight-year-old Californian woman received the Pfizer-BioNTech injection when nearly six weeks pregnant. Four hours after the shot, she experienced lower abdominal cramping and vaginal bleeding that "steadily increased in severity" over the next twenty-four hours, which ultimately resulted in a miscarriage [VAERS ID 924247].²¹
- A thirty-two-year-old woman from Virginia, eight weeks pregant, received a Moderna injection in mid-January after two different obstetrician-gynecologists advised her to get it. Two days later, she began to feel stomach cramping and had vaginal bleeding. She suffered a miscarriage five days after injection [VAERS ID 958501].²²
- In early February, another thirty-two-yearold woman from Nebraska had a positive home pregnancy test the same day she received the Moderna injection. Light vaginal bleeding and spotting began that night, followed by heavier bleeding two days later. She also experienced severe abdominal and back pain. Lab tests shortly after indicated

that a miscarriage had occurred [VAERS ID 1045927].²³

Also in February, a Wisconsin physician miscarried in the second trimester of pregnancy just days after enthusiastically tweeting, "14 weeks pregnant and fully vaccinated!" In her misguided tweet, the physician encouraged others to "do the same," stating that she had chosen to receive the injections "to protect myself, my baby, my patients, and my community!"²⁴

A MISLEADING STUDY

On June 17, 2021, the *New England Journal* of *Medicine* (NEJM) published a CDC study titled, "Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons." The authors examined data from more than thirty-five thousand pregnant women (December 14, 2020 – February 28, 2021) from three databases: the general v-safe system, the v-safe Pregnancy Registry and VAERS.

Presenting results specific to the eight hundred twenty-seven women enrolled in the v-safe Pregnancy Registry who had a "completed pregnancy," the authors reported that one hundred four women (12.6 percent) experienced miscarriages (spontaneous abortion) at less than twenty weeks of pregnancy (that is, before the third trimester).²⁵ However, it seems the authors deliberately sought to deceive the public by obfuscating numbers in their calculations. Specifically, they included in their twenty-week-or-earlier miscarriage denominator women who should not have been included: seven hundred women who received their first dose of vaccine in the *third* trimester. Only one hundred twenty-seven received it during the first or second trimesters. A correct analysis of pregnancy loss at less than twenty weeks would have produced an astounding 82 percent miscarriage rate (104/127).²⁶

Among the seven hundred twelve women who had a live birth, 9.4 percent experienced preterm birth and 3.2 percent had babies who were small size for gestational age. Nonetheless, the CDC authors concluded that their "preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines," noting that ACIP

and physician trade groups (the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics) had each issued guidance stating that Covid-19 vaccines "should not be withheld" from pregnant women.²⁵ Based on the retrospective study and trade group guidance, CDC Director Rochelle Walensky began actively recommending that all pregnant women get the injections, stating that "no safety concerns were observed" for women injected in the third trimester or their babies, with no mention made of the first and second trimester results or the almost one in ten women who had preterm births.²⁷

And what about the many pregnant women who have already had Covid-19 illness? Why are they being offered the "investigational vaccines," when the science shows that having had Covid-19, even mildly, produces long-lasting and possibly even lifelong immunity? According to Dr. Peter McCullough, an internist, cardiologist, epidemiologist and professor of medicine at Texas A&M College of Medicine, natural immunity is "far superior" to vaccine-induced immunity—"robust, complete, and durable."²⁸

MENSTRUAL ABNORMALITIES

None of the clinical trials for the EUA Covid-19 injections being distributed in the U.S. examined changes in menstruation as a potential adverse effect. And as of early August, the CDC did not list it as a potential side effect either.²⁹

Others are paying attention, however, and given the volume of women reporting unusual menstrual cycle changes following Covid-19 injections, doctors have also begun to formulate hypotheses about possible biological mechanisms. A hematologist at Loma Linda University School of Medicine, Akshat Jain, MD, reached out to reporters about the problem, stating: "Inflammatory reaction has been noticed with the COVID vaccine. We know that because many, including myself after the second vaccine, developed some mild flu-like symptoms. That inflammation can potentially modulate estrogen response, which could be the link between certain women having heavy periods after the vaccine." 30

Another plausible explanation, according to Dr. Victoria Male, a reproductive immunologist at the Imperial College of London, has to do with the chemical signals that circulate in the body post-injection, which have the potential to affect immune cells.³¹ Noting that the lining of the uterus is part of the immune system, Male stated that these chemical signals could cause the womb lining to shed, leading to spotting or earlier periods. Choosing to ignore the true implications of the NEJM study, however, Male asserted that "extensive evidence from women who have had the jab" indicates they are "at no higher risk of pregnancy loss."

Not everyone is inclined to believe that the changes in menstruation can be so easily explained. A group of independent data analysts, doctors, lawyers, scientists and citizens—"in agreement that there is 'something' happening"—are collecting data from women experiencing menstrual irregularities (either post-injection or in uninjected women who have been exposed to others who received the jab) at the mycyclestory.com website.³² Their aims are to make sure women are heard, provide some answers and use their findings to demand further investigation. The researchers'

If such an autoimmune reaction were to occur, it could result in several possible adverse outcomes: loss of pregnancy, birth defects continued sterility.

concerns were augmented when they began witnessing tens of thousands of stories erased from the Internet and when other studies failed to ask the right questions.³³

LONG-TERM EFFECTS ON FERTILITY: THE BIG UNKNOWN

Pfizer's former chief scientific officer and vice president of Allergy and Respiratory Research, Dr. Michael Yeadon, and German lung specialist Dr. Wolfgang Wodarg warned from the beginning that women might become infertile from Covid-19 injections, submitting an urgent petition to the European Medicines Agency in early December, 2020.³⁴ In their petition, the two doctors suggested that injections against coronavirus spike proteins could trigger an immune reaction in which antibodies could mistakenly attack human Syncitin-1 proteins in placental tissue because they are similar to SARS-CoV-2 spike proteins.

If such an autoimmune reaction were to occur, Yeadon and Wodarg argued it could result in several possible adverse outcomes: loss of pregnancy, birth defects and continued sterility. The doctors noted that pregnant and breastfeeding women were excluded from the clinical trials, and women of childbearing age were allowed to participate only if they were using pharmaceutical contraception. They wrote: "This means that it could take a relatively long time before a noticeable number of cases of postvaccination infertility could be observed."35 No animal studies to investigate the potential cross-reaction of Covid injection spike protein with Syncytin-1 have been conducted.

One thing we know for sure is that nanometer-sized materials found in vaccines can pass through protective biological barriers. Specifically, nanoparticles can pass through the blood-testis, placental and epithelial barriers,

which protect reproductive tissues. Nanoparticle accumulation damages reproductive organs by destroying Sertoli cells, Leydig cells and germ cells.36 (See my Summer 2021 article in Wise Traditions, "Tiny but Toxic: Nanoparticles in Vaccines," for more information.)³⁷

Writing for The Highwire, journalist Jefferey Jaxen summarized alarming biodistribution data from animal studies that Japan (unlike the U.S.) insisted on from Pfizer. The results have potentially serious implications for female fertility. The study, Jaxen wrote, "released to the public via a freedom of information act request from Japanese health authorities, shows that Pfizer's vaccine ingredient, lipid nanoparticles called ALC-0315 and ALC-0159, which travel with the spike protein, began to accumulate in the ovaries as quickly as fifteen minutes after injection. Perhaps more concerning is that the nanoparticle accumulation showed a linear increase in the ovaries through the end of the study's duration window of forty-eight hours."38 In addition, the group Doctors for COVID Ethics has warned that "a high level expression of spike [protein] in the ovaries raises the prospect of significant damage to that organ, with possible consequences for female fertility."39

Ryan Cole, MD, one of the physicians who have banded together under the umbrella of America's Frontline Doctors (AFLDS), is in a position as a pathologist to assess, via autopsy, whether the gene sequence given via investigational Covid-19 injections stays in the deltoid muscle as we are told. Dr. Cole confirmed in a presentation for an AFLDS "White Coat Summit" that it does not. 40 Rather, pathologist autopsies visibly show that spike proteins circulate in the blood and land in multiple organs in the body. In fact, Pfizer-BioNTech's own data show widespread distribution of the mRNA and subsequent spike protein in the body within hours.⁴¹

LYMPH NODE SWELLING: "NORMAL" AND "HARMLESS"?

In addition to cycle irregularities, health care providers are witnessing an influx of female patients reporting enlarged lymph nodes (lymphadenopathy) in the armpit area after receiving Covid-19 injections, sometimes exhibiting as a lump the size of a golf ball. Yet once again, doctors are largely dismissing these reports, labeling the reactions a "normal" immune response by lymph nodes just "doing their job."

Calling the reaction "harmless," Yale Medicine has sought to reassure the public by noting that swelling of the lymph nodes was a recognized side effect in the Pfizer and Moderna clinical trials.⁷⁷ Whereas less than 1 percent of Pfizer-BioNTech trial participants reported lymph swelling after the first dose, 11.6 percent of Moderna's participants did so after the first dose, and 16 percent after the second dose.⁷⁸

This is a serious problem because we including children and young adults, pregnant know that the spike protein alone induces the same diseases credited to the purported virus, including damage to the lungs, cardiovascular system and brain. Cole asks, "Why are we injecting something into the body that is the toxin?"42 Cole has been able to demonstrate through various tissue samples that the spike protein from Covid injections changes the cells' mitochondria—imperative for good health, innate immunity and disease prevention—leaving them "blown apart" and "fragmented."42 When the spike protein interacts with ACE2 receptors, it can disrupt mitochondrial signaling, inducing the production of reactive oxygen species and oxidative stress; if the damage is serious enough,

HALT THE INJECTIONS

uncontrolled cell death can occur.

Cole is clear about something else: Covid-19 injections are not "vaccines." Many prominent doctors share this sentiment, stating that Covid-19 injections should not be called "vaccines" because they do not meet any of the criteria and standards by which a vaccine is supposed to work. As Dr. Joseph Mercola has summarized, one of the distinct features of the Covid shots is that "they're not designed to block infection. They allow infection to occur and at best lessen the symptoms of that infection."⁴³

Clearly, we must consider the health ramifications of giving these experimental biologics to groups for whom the injections pose the greatest risks with no compensatory benefit,

women and those who have already recovered from Covid-19.

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At an August 2021 roundtable, fourteen high-profile vaccine-risk-aware doctors shared different opinions about the injuries resulting from Covid shots and the mechanisms of injury. 44 Some in attendance, like Dr. Peter McCullough, are focusing on the short-term neurological, immunologic, hematologic and cardiac injuries. Others, like Dr. Vladimir Zelenko, who has treated thousands of Covid-19 patients, believe there is a "distinct possibility" that all who receive the injections will die from complications within two to three years, notably from blood clots and lung damage. Dr. Richard Fleming, a physicist, nuclear cardiologist and attorney, posits that the injections will lead to "an inflammable thrombotic process affecting every organ system and prion diseases that not only affect the brain, but also affect the heart and other vital organs in the body." Cole, for his part, is concerned about the "post-vaccine immunodeficiency syndrome" he is observing in his practice, which has led to increases in herpes viruses and human papilloma viruses. He has also seen a ten- to twenty-fold increase of uterine cancer. All fourteen experts agreed there is enough evidence to halt the mass Covid-19 injection program.⁴⁴

OTHER VACCINES GIVEN TO PREGNANT WOMEN

Lessons learned from pharmaceutical

AN ALARMING TRACK RECORD

One need not look too many decades into the past to see other instances of pharmaceutical companies inflicting harm on pregnant women and their offspring. For example, doctors prescribed a synthetic form of the female hormone estrogen, called diethylstilbestrol (DES), to pregnant women beginning in 1940 and continuing until 1971, even though as early as 1953, published research showed that the drug did not live up to its promise of preventing miscarriage, premature labor and other complications of pregnancy. An estimated five to ten million pregnant women and their children were exposed to DES in the U.S.79 Daughters of women who used DES while pregnant ("DES daughters") have roughly a forty times greater risk of developing cancer of the cervix and vagina than women whose mothers did not take DES. They are also at greater risk of infertility, pregnancy complications and other forms of cancer. New research additionally shows that increased risks for cancer and birth defects even extend to the granddaughters and grandsons of women exposed to DES due to heritable changes in DNA.80

Thalidomide proved to be another horrific tragedy bestowed upon pregnant women and their babies. Doctors prescribed the drug widely in the 1950s and early 1960s as a treatment for nausea. The use of thalidomide was banned in most countries after it caused irreversible fetal damage, with thousands of children born with severe congenital malformations. Many did not survive more than a few days. Those who did survive were forced to live with abnormalities such as bilateral limb atrophy, missing fingers, extra toes, hearing loss, vision loss and paralysis.⁸¹

fiascos such as DES and thalidomide (see sidebar) should have taught and older, debate is swirling about the liability us that we need to exercise extreme caution when administering drugs to pregnant women—especially drugs that have not undergone proper regulatory testing. Such is the case with the influenza and Tdap (tetanusdiphtheria-acellular pertussis) vaccines recommended for use in pregnancy. These vaccines have been aggressively promoted to pregnant women since 2006 and 2011, respectively.

Among other toxic ingredients, many flu shots contain organic mercury, and Tdap shots contain high levels of neurotoxic aluminum. Both vaccines also contain polysorbate 80, a chemical that has exhibited delayed toxicity to rat ovaries. Polysorbate 80 is also found in AstraZeneca's Covid-19 injections as well as in human papillomavirus (HPV) vaccines, which were previously recommended to pregnant women. HPV vaccines have been suspected of causing ovarian damage associated with autoimmune reactions. As with Covid-19 injections, HPV-vaccinated women have reported spontaneous abortion, amenorrhea and irregular menstruation following vaccination. Case reports also document premature ovarian failure, premature menopause and infertility in recipients of the HPV injections, yet they are still recommended and in some cases are mandatory for all teens. (See my Fall 2018 article in Wise Traditions. "The Troubling Truth Behind HPV Vaccines: Prepare to Be Outraged.")45

At the time when the CDC began recommending influenza and Tdap vaccines for pregnant women, no prelicensure studies of safety during pregnancy had been conducted, and to this day, each of these vaccines comes with very specific warnings. Influenza vaccines come with a package insert that says the safety and effectiveness of the vaccines have not been established in pregnant women or nursing mothers, 46 and online information for Boostrix states that "it is not known whether Tdap vaccine will harm an unborn baby."47 In the 2010-2012 flu seasons, women vaccinated with inactivated influenza vaccine had a 3.7-fold greater chance of experiencing a spontaneous abortion within twenty-eight days compared to women not receiving the vaccine.⁴⁸

To illustrate just how dangerous these vaccines really are, it is worth mentioning that influenza-vaccine-related injuries and deaths are the most compensated claims for adults through the U.S. National Vaccine Injury Compensation Program (NVICP), and pertussis-vaccine-related injuries and deaths are the most compensated claims for infants and children. Of note, the 21st Century Cures Act, passed by Congress and signed into law in 2016, amended the National Childhood Vaccine Injury Act of 1986, giving vaccine manufacturers indemnity so they cannot be sued in civil court when there is evidence that a federally licensed vaccine recommended by the CDC for pregnant women injures or kills either women or infants injured in utero. 49 (See my Summer 2018 Wise Traditions article, "Vaccines and Pregnancy.")50

Vaccine manufacturers also have full indemnity against injuries or deaths resulting from EUA Covid-19 injections under the Public Readiness and Emergency Preparedness (PREP) Act passed in 2005. 51 With the FDA's August 23 decision to grant full approval to the Pfizer-BioNTech injection (under the brand name Comirnaty) and ACIP's August 30 decision to recommend the licensed vaccine for people sixteen years of age

implications. 52,53

Thanks to a leaked confidential agreement between Pfizer-BioNTech and Albania, we also know that the vaccine manufacturer's indemnification agreement ensures that other countries Pfizer sells to cannot hold the company responsible for damages under any circumstances. According to the agreements, the countries must acknowledge that "Pfizer's efforts to develop and manufacture the Product" are "subject to significant risks and uncertainties."54 And as America's Frontline Doctors has reported, treatment with drugs such as ivermectin has been suppressed in many areas "because the agreement that countries had with Pfizer does not allow them to escape their contract, which states that even if a drug will be found to treat COVID-19, the contract cannot be voided."55

WHAT ABOUT THE CHILDREN?

One of the most important questions we should be asking is what will happen if we inject our children with the experimental biologics? In Israel, ninety-three doctors signed a joint letter of protest calling on the chiefs of the Ministry of Health, their fellow doctors and the general public to refrain from administering Covid-19 injections to children.⁵⁶ The letter stated that "the increasingly prevalent opinion within the scientific community is that the vaccine cannot lead to herd immunity, therefore there is currently no 'altruistic' justification for vaccinating children to protect at-risk populations." In addition: "We believe that not even a handful of children should be endangered through mass vaccination against a disease that is not dangerous to them." They also emphasized that "it cannot be ruled out that the vaccine will have long-term adverse effects that have not yet been discovered. . . including on growth, reproductive system or fertility."

We have already seen devastating adverse reactions in our pediatric and young adult populations following Covid injections, including escalating reports of myocarditis for which the long-term cardiac effects remain unknown. As of August 20, 2021, excluding "foreign reports," four hundred forty-four adverse cardiac events in twelve- to seventeen-year-olds had been reported to VAERS, a subset of the over two thousand total adverse cardiac events reported.¹⁷

FALSE NARRATIVES

Perhaps it is time to stop listening to the fear-mongering and unscientific narratives of "officials." Since early 2020, the public has heard one lie after another, including the latest propaganda about the delta variant, being advertised by the likes of Anthony Fauci as both more transmissible and more dangerous than the original virus.⁵⁷ Fauci and others are now using the hysteria about variants to justify and urge booster shots—less than a year after the original injections first rolled out. 58 Admitting to ineffective shots and waning immunity, ⁵⁹ Israel began recommending a third booster shot for people over the age of sixty on August 1, expanding the booster program to those over age thirty a few weeks later.⁶⁰ In the U.S., the FDA authorized a third dose of the Pfizer-BioNTech or Moderna Covid injections for people with compromised immune systems in mid-August, 61 and the Biden administration now plans to offer a third dose to all by late September.⁶²

The CDC and mainstream media report very high Covid vaccination rates in the U.S.—saying that roughly three in five adults (and more than four in five seniors) are fully vaccinated. This has led the unvaccinated to believe they are in the minority. But are they? In mid-May, the Kaiser Family Foundation reported on data gathered from two thousand four hundred fifteen counties—about 77 percent of all U.S. counties—and reported that an average of 28.5 percent of people living in primarily red counties were fully vaccinated, while 35 percent of people living in primarily blue counties were fully vaccinated.⁶³ Pam Popper, president of Wellness Forum Health, points out that the average of these two numbers is about 32 percent.⁶⁴

This does not bode well for a federal government that has purchased 1.41 billion injections but distributed only four hundred fifty million doses, and only some of the distributed doses having been administered. 65,66 The feds have committed to purchase another five hundred sixty-two million doses from Moderna, Pfizer and J&J by year's end, as well as five hundred million for low- and middle-income

countries. 65 Moderna is forecasting almost two hundred billion dollars in revenue from Covid jabs this year, 67 and Pfizer has raised its 2021 sales forecast to thirty-three billion dollars.⁶⁸ As Popper notes, "This is an incredible gift to the vaccine makers, but hard to justify in view of so little demand."64

One of the most egregious false narratives is the one that claims that the devastating economic and social disruptions of the past eighteen months are due to a virus rather than intentional and coordinated policies.⁶⁹ Yet we know that Covid has a survival rate of over 99.98 percent for women of childbearing age and children, even without treatment. Under the guise of "protecting public health," "lockdowns" and other tyrannical policies have caused tens of millions to lose their jobs, with many falling into extreme poverty, and have produced trauma for children that will reverberate for years. Meanwhile, the unneeded "vaccines" cause widespread injuries and deaths.

If we were to "vaccinate" every pregnant woman during the first twenty weeks of pregnancy, the NEJM study suggests that four out of five would experience a spontaneous abortion, and U.S. live births would plummet by 3.2 million over the next year alone.²⁶ Recent reports show that fertility rates are already falling dramatically worldwide. In the U.S., birth rates have been falling continually since 2007. And while some people see decreases in global population as beneficial, others are issuing warnings that the looming fertility crisis is a threat to human survival. 70 Suffering what is known as a "baby bust," many countries are seeing an insufficient number of children born to maintain their population size, which can mean challenging economic consequences.⁷¹ China, meanwhile, expanded its family planning policy this year to allow couples to have three children.⁷²

In a free society, the government has no business mandating vaccines or imposing penalties on those who choose not to take their drugs, yet that is what is happening. We are already seeing Covid-19 injection mandates for federal employees, the military, schools and private businesses. Cities like New York and San Francisco are creating two classes of

If we were to "vaccinate" every pregnant woman during the first twenty weeks of pregnancy, the NEIM study suggests that four out of five would experience a spontaneous abortion.

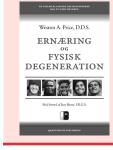
citizens, requiring proof of vaccination to enter REFERENCES restaurants, bars, gyms, theaters and more. Recently the National Football League's Raiders announced that fans would need to show proof of vaccination at home games or get jabbed at the entrance of the stadium. What if a pregnant woman wants to attend a football game? Worse vet, what if all pregnant women are mandated to receive the harmful injections? Parents should have the right to refuse vaccination for their children, including in utero, and adults should have the right to refuse vaccination for themselves. And every citizen, vaccinated or not, should be concerned about the human rights abuses, the encroachment on our civil liberties and the lack of informed consent we are witnessing.

Around the world, tyrannical governments are using fear to maintain and aggregate power with unprecedented speed. Remember the word of Martin Niemöller: "First they came for me and I did not speak out because I was a socialist Then they came for the trade unionists and I did not speak out because I was not a trade unionist. Then they came for the Jews and I did not speak out because I was not a Jew. Then they came for me and there was no one left to speak for me." People might want to think again if they believe censorship and restrictions are not going to affect them. The U.S. Department of Homeland Security has gone so far as to release a bulletin implying that those who question, resist or disobey government Covid-19 restrictions or question the origin of Covid-19 or vaccine effectiveness could be treated as a domestic terrorism threat.⁷³ The global "pandemic" was never about public health. Everyone in America needs to stand strong and take to the streets in peaceful protest because if we do not, this land that we love and all the freedoms we enjoy will soon be gone.

Kendall Nelson is a documentary filmmaker actively engaged in directing, producing and distributing media that matter. With over twenty years of television and film experience, Nelson's lifelong commitment is to bring about awareness through her work, including advocating health freedom, simple living and real food. She is an Idaho chapter board member of the International Women's Forum.

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DANISH TRANSLATION!

Dr. Price's masterpiece, Nutrition and Physical Degeneration is now available in Danish. Visit: q-publish.dk/udgivelser/ ernaering-fysisk-degeneration/ Many thanks to WAPF member Henrik Hanson for the translation!

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Farm and Ranch

THE CUSTOM AND PERSONAL USE EXEMPTIONS FROM THE FEDERAL MEAT INSPECTION ACT By Pete Kennedy, Esq.

Access to slaughterhouses, especially USDA- and state-inspected slaughterhouses, remains the biggest weakness in the local food system. The federal requirement that only meat from an animal slaughtered and processed in an inspected facility (a facility where an inspector is present when slaughtering and processing takes place) can be legally sold has made it difficult for many farmers and ranchers to meet demand

Federal law does provide two exemptions from the mandatory inspection requirements for slaughtering and processing: the custom slaughter and custom processing exemption and the personal use exemption. Even though the law bars sales of meat from anyone operating under either exemption, there are still ways farmers can use the exemptions to help their business.

The federal

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CUSTOM SLAUGHTER EXEMPTIONS

The custom slaughter and custom processing exemptions (the "custom exemption") in part 9 CFR 303.1(a)(2) provides, in part, "(2) The custom slaughter by any person of cattle, sheep, swine, or goats delivered by the owner thereof for such slaughter, and the preparation by such slaughterer and transportation in commerce of the carcasses, parts thereof, meat and meat food products of such livestock, exclusively for use, in the household of such owner, by him and members of his household and his nonpaying guests and employees; nor to the custom preparation by any person of carcasses, parts thereof, meat or meat food products derived from the slaughter by any individual of cattle, sheep, swine, or goats of his own raising or from game animals, delivered by the owner thereof for such custom preparation, and transportation in commerce of such custom prepared articles, exclusively for use in the household of such owner, by him and members of his household and his nonpaying guests and employees. . . . "1

Under the exemption there is no limit on the number of owners there can be for an animal that is an amenable species (cattle, hogs, sheep and goats),² and there is no specific minimum size portion each owner must have according to the current interpretation of the law by the USDA's Food Safety Inspection Service (FSIS).² At one time, FSIS allowed a group such as a consumer cooperative to be the owner of a custom animal,³ but its current policy is that only individuals (whether they are on their own or part of a group such as a food buyers club) can be an owner at any time up to slaughter. The individuals owning the animal must be identified before slaughter takes place; it is illegal to become the owner of a custom animal after slaughter.

Livestock slaughtered and processed under the exemption can be shipped across state lines. In the last couple of legislative sessions, several states have passed animal share bills where someone may purchase an ownership interest in an animal (or herd of animals) entitling the purchaser to a share of meat from the animal (or herd). FSIS has made no public comment on the animal share laws.

What FSIS has made public is that it has asked the National Advisory Committee on Meat and Poultry Inspection (46 FR 486116) to consider, among other things:

- 1. Should FSIS conduct rulemaking to set a numerical limit on the number of individuals allowed to co-own an animal presented for slaughter/processing under the custom exemption provision (e.g., limiting to four the number of individuals allowed to co-own a market hog presented for slaughter)? If so, what factors should the agency consider, if any, to determine the limits for different amenable species?
- 2. Should FSIS conduct rulemaking to clarify that collectively owned membership orga-

nizations or other firms (e.g., a group of individuals residing across disparate locations organized into a "livestock ownership co-op" via an online platform) cannot "own" animals for purposes of the custom exemption?⁴

The custom slaughter and processing exemption has helped livestock farmers who have been unable to get timely access to inspected slaughterhouses. FSIS rulemaking on either topic could reduce the market for custom animals considerably.

PERSONAL USE EXEMPTIONS

The personal use exemption, 9 CFR 303.1(a)(1) provides: "The requirements of the [Federal Meat Inspection] Act and the regulations in this subchapter for the inspection of the preparation of products do not apply to: (1) The slaughtering by an individual of livestock of his own raising and the preparation by him and transportation in commerce of the carcasses, parts thereof, meat and meat products of such livestock exclusively for use by him and members of his household and his non-paying guests and employees."

In 2018, FSIS published a guidance document explaining what those under various exemptions from inspection, including the personal use exemption, can legally do. FSIS's interpretation of the law provides a way for farmers to sell live meat animals while remaining under the personal use—rather than the custom slaughter—exemption. The guidance states that under the personal use exemption: A person may purchase livestock from a farm or ranch and then slaughter it on-site using the farm or ranch facilities or equipment; a. If a person purchases livestock, and uses the onsite facilities without assistance from the seller, then the activity remains personal use; b. If the seller participates in the slaughter or processing activity, then the facility owner is subject to the custom slaughter exempt criteria.⁵

In the past, FSIS has treated farmers slaughtering and processing livestock as part of a workshop as regulated by the personal use exemption. The arrangement acceptable to FSIS was that those attending the class would pay one fee for the education and another for an ownership interest in the animal being slaughtered and processed. It isn't known whether this is still FSIS policy; with the high demand for skilled meatcutters, it makes sense for the agency to maintain this interpretation of the law. The guidance document states, "The owners of the livestock may or may not reside at the same physical location as the animal,"5 establishing that there can be more than one owner under the personal use exemption. FSIS has indicated that there can be unlimited owners for a farm-slaughtered animal whether under the personal use or custom exemption. Nowhere has FSIS required that owners obtaining meat under the personal use exemption must receive a specific minimum amount; as with the custom exemption, livestock slaughtered and processed under the personal use exemption can be shipped interstate.

The personal use exemption has fewer requirements than the custom exemption; the only requirements are that no livestock be slaughtered which are unfit for human consumption, no "specified risk materials"

(SRMs) be distributed for use as human food, and that the carcasses and parts are not prepared, packed or held under insanitary conditions." The custom exemption has additional requirements for the physical facility, water, labeling, recordkeeping and ingredients used in the preparation of meat products. There are also state licensing requirements for custom facilities; usually no license is needed for a farmer operating under the personal use exemption.

The personal use exemption is a possible solution for livestock farmers who can't even get timely access to a custom facility and have an experienced meatcutter as an owner of an animal whether that owner is a farmer or someone experienced in the trade.

The requirements for the custom and personal use exemptions are what the Feds mandate. Those interested in operating under either exemption should check their state law to see whether there are additional requirements; in most states, there are not. The federal meat inspection laws are in dire need of amending to expand local slaughterhouse infrastructure and small-scale meat processing; until they do change, the custom and personal use exemptions are valuable tools for small farmers to better meet the demand.

Anyone with questions about the exemption can email pete@realmilk.com.

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4 Wise Traditions FALL 2021 FALL 2021 Wise Traditions 85

ON THE FARM IN ONTARIO: THE ABATTOIR CHALLENGE IN CANADA by Donna Costa

Last October, while picking up several meat orders to stock my freezers for winter, I chatted with area farmers to find out what's been happening on the farm. One consistent topic was the shortage of available butcher time. This problem has existed for a while in Ontario but worsened in 2020.

Federally inspected processing plants—also known as meat packing plants—process meat intended for trade across provincial or national borders. These plants are used by large farms or confinement operations. According to statistics from Agriculture and Agri-Food Canada (the government agriculture department), in 2007 there were seventy such plants across Canada. By 2019, only forty-seven plants remained, due to consolidation of the plants.¹

Large meat processing operations, fewer in number, have now become mega-operations. One operation, Cargill, processes around four thousand five hundred cattle per day.² In 2016, the top ten companies from each sector—beef, chicken, pork, dairy—controlled nearly a quarter of all global meat and dairy production.³ That year, the top ten poultry companies controlled 47 percent of chicken production in the world.³

In Canada, four companies own 97 percent of beef processing infrastructure.⁴ When these processors also raise their own livestock or have contracts for farmers to raise livestock solely for them, this creates a "captive supply," enabling large processors to squeeze out small farm operators or force them to sell at low prices.

ONE-SIZE-FITS-ALL REGULATIONS

The number of provincially licensed abattoirs—which offer custom services that large processing plants cannot—has also declined over the years, but for different reasons. Over many years, the provincial government has mandated that stringent food safety rules intended and necessary for the large meat packing plants also apply to small Ontario abattoirs. (In other provinces, abattoirs may also be regulated by municipalities.) The abattoirs are used by smaller farms that focus on local—not transborder—markets. These local markets are largely direct-to-consumer sales because large food chains (such as Sobeys or Loblaws) will not allow store owners to carry meats from the abattoirs.

"The bio-safety model favors large farms, centralized processing, and global integration," says Devlin Kuyek, a researcher at GRAIN, an international non-profit organization that supports small farmers. Kuyek monitors and analyzes global agribusiness and spoke at the National Farmers Union (NFU) 2020 Convention. Kuyek said, "farmers' interests do not align with meat companies." Kuyek added that there is a correlation between outbreaks or pandemics in livestock and the expansion of industrial livestock. The intensive confinement of large operations enables diseases to spread more quickly, as with the shedding of salmonella the longer cattle are in a feedlot. Mechanization on this massive processing scale produces its own risks and necessitates regulations to manage those risks; unfortunately, those regulations are then forced on decentralized, low-risk systems.

Tony McQuail of Meeting Place Organic Farm in Lucknow, Ontario, also spoke at the NFU 2020 Convention. He said that the industrial bio-safety model imposed on local abattoirs has had a negative impact and is very unrealistic. "A [local] plant operating a kill floor for a shift a couple days a week is a very different risk and health situation than a plant running 24/7." McQuail was describing small abattoirs that tend to slaughter only once or twice a week, devoting the rest of their time to processing those relatively few carcasses—between ten and fifty. When the industrial-scale bio-safety rules came into effect, they created a significant financial burden on smaller facilities. With already high overhead, shortages of skilled labor and low profit margins, many local abattoirs closed. From three hundred provincially licensed abattoirs in Ontario in 1995, only one hundred fifteen remained by 2021.^{6,7} A 2014 master's thesis by Hillary C. Barter, titled *Slaughterhouse Rules: Declining Abattoirs and the Politics of Food Safety Regulation in Ontario*, indicates that while the reasons for abattoir closures are complex, "Ontario's food safety regulations were the most-cited cause."

NEW CHALLENGES

The decades-long decline began in the 1960s with the introduction of a provincial meat inspection system but worsened after 1992, when on-farm slaughter for resale meat became illegal. With new challenges, the decline has continued. In spring 2020, for example, more abattoirs were temporarily closed when employees tested positive on PCR tests. Even after reopening, processing facilities operated at a lower capacity due to government distancing guidelines for employees, causing ongoing backlogs. The overnight destruction by fire of a Wingham butcher shop compounded the problem still further. Describing the situation, Brad Martin of Echo Valley Ranch says, "2020 high-lighted the shortfalls of a centralized processing system. If there were a hundred mom-and-pop cutting operations versus one or two abattoirs, there would be more resilience in these times."

86 Wise Traditions FALL 2021

At the same time, many small farms saw an increase in demand for their products in 2020 due to various factors—threats or actual shortages of meat in the stores, fear of shopping in grocery stores or at farmers markets, hoarding of food supplies as well as consumers being better informed about quality foods. According to McQuail, "Covid-19 has created dramatic increases in people's awareness of the problems with our existing system. . . and a hunger for a more local and accountable food system."

To take advantage of the increased demand, many farmers scrambled to become more visible on eCommerce platforms. One platform alone reported that over fourteen hundred customers registered in a matter of days. Unfortunately, the local abattoir system could not meet the sharp uptick in demand. Nathan Kuepfer of Riverside Acres Farm confirmed that last year, his butcher was booking six months out. Fortunately, because of his longstanding relationship with his butcher, he was able to get his animals done sooner. "Know your farmer" is the mantra of WAPF members. For farmers, perhaps the mantra should be, "Know your butcher." Similarly, Martin's butcher called him in the spring advising him to book all processing dates through to year-end, while Angela Wisnoski of Wisnoski Family Farms reported booking in 2020—twelve months in advance—to secure a reservation for autumn 2021. "I didn't even own those pigs yet," she laughed. Laugh or go crazy. . . .

IMPACT ON SMALL FARMERS

In addition, each year farmers find it harder to get butchers to do custom work. Sarah Hargreaves of Three Ridges Ecological Farm said, "Our customers, for instance, like the giblets inside the chicken, but some butchers won't do it that way. It's quicker to throw all the organs together than to have to restuff them into individual birds." According to Hargreaves, it was difficult for processors even to find employees this year and, when they did, the staff was often unskilled. She noticed, for instance, more bruising on her processed chickens. "Freshly killed chickens are 'tumbled' to remove the feathers," Hargreaves said. "The speed of the machine can be altered, but if someone tries to hurry the process and tumbles on a high speed, it can result in a lot of bruising." With the backlog of farmers needing butchering, it's easy to see how this part of the process could be rushed, resulting in an inferior end product. "Processing affects the quality of the meat," Hargreaves continued. "It's frustrating when you take such care in moving your animals on pasture—every step of the way, you're trying to make sound ethical and ecological decisions—and then you get to the processing where so much of it is out of your hands." For instance, while she would prefer beef to be hung for a minimum of two weeks, butchers are just too busy to have animals in their facility for that long. "You're lucky to get one week," she said.

For many farmers, it's now a two- to three-hour drive to take their animals to slaughter. Travel time is stressful for an animal. It's separated from its herd, it's in a truck—an unfamiliar environment—with other, unfamiliar animals, and it's jostled about, no matter how carefully one drives. The stress of pre-slaughter handling can potentially deplete glycogen stores in the muscles, causing acidification. This then produces "dark cutting beef" (DCB), which is more prone to spoilage. Travel time also adds to the costs for the farmer, and that additional expense can make a difference in profitability. "I used to do twenty to thirty ducks at a time," says Wisnoski, "but with longer drives, I need a minimum of one hundred to make it worthwhile. I don't have enough customers for that size of flock, so I no longer raise ducks commercially."

While many small family farmers are forced to drive long distances to the butcher, Sylvia Bennewies of Naturnah-Farms is more fortunate; she lives ten minutes from a butcher who is willing to squeeze in a single animal. It seems that farmers with more than one or two animals are the ones finding it most challenging to secure butcher time. In other words, the average small family farm has been affected most. "It used to be you could call up and get your animal butchered within two to three weeks," Wisnoski says. "Now the wait can be two to four months." Hargreaves says, "That means extra months of feeding an animal—and hay costs can make or break your profitability."

POTENTIAL SOLUTIONS

Family farm operators agree that something needs to be done about the situation, but there is no consensus on solutions. According to Echo Valley Ranch's Martin, "On-farm processing for resale meat is necessary for small farms to survive." Along these lines, a potential solution to the butchering backlog might be mobile abattoirs, but these are currently not legal in Ontario for resale meat. (They are, however, legal for meat that will be consumed by the farm family; for instance, when a cow is injured or pregnant and cannot be legally sold at a sale barn.) A mobile abattoir is essentially a traveling semi-truck with built-in refrigeration, used primarily for large animals such as beef cattle. A butcher arrives at the farm, the animal is killed with a single shot from a high-powered rifle and the carcass is partially processed on-site, then hung in the refrigerator truck to chill and age. Typically, it is "aged" overnight, and the butchering is completed the next day.¹⁰

FALL 2021 Wise Traditions

On-farm processing has a number of benefits. "The single shot is an ethical death," says Hargreaves, who favors legalizing mobile abattoirs. When an individual animal is pulled from the rest of the herd to be transported by truck, it creates stress, both for the animal being removed and for the remaining herd, which often becomes agitated and unsettled. A single shot, in contrast, often goes unnoticed in a herd; or if the herd is briefly startled by the loud noise, the animals very quickly resume grazing.

NFU continues to work to address regulatory issues and has produced an internal report to guide the provincial unions in making informed policy suggestions on the regulations. In British Columbia, which is facing similar problems with abattoirs, NFU-BC issued a report suggesting five remedial actions: (1) Allow on-farm slaughter and cut/wrap capacity emergency measures (temporary cold storage rental facilities and incentives for butchers); (2) update regulations to be proportionate to the lower risk and increased traceability of the shorter food chain in small-scale agriculture and direct-to-consumer marketing; (3) permit virtual inspections for smaller, low-risk operations; (4) provide government assistance to upgrade existing facilities, create bursaries for staff training and financially support new operators; and (5) update meat processing training programs, create bursaries and training incentives and consider wage subsidies.¹¹

The NFU-Ontario (NFU-O) has held a seat at the table of Ontario's Ministry of Agriculture, Food and Rural Affairs (OMAFRA) "Livestock Capacity Working Group" alongside Meat & Poultry Ontario and other farm organizations and commodity groups. The coalition group, led by the Minister of Agriculture, is looking at building capacity in the abattoir industry. Until a recent cabinet shuffle that resulted in a new minister of agriculture, there had been "a real sense of momentum behind the issue." NFU-O hopes to meet with the new minister soon, and the abattoir capacity shortage remains high on its list of priorities.

According to Sarah Bakker, 2020 NFU-O executive director, "There is a lot of work to be done. The biggest challenge will be convincing the government that reducing regulatory burdens will not affect food safety." The fate of local food systems and food sovereignty depends on overcoming this challenge.

Donna Costa (donnacosta.ca) is a former WAPF chapter leader in London, Ontario, and has worked in holistic health for over twenty years. In 2020, she released her debut novel, Breathing With Trees, a coming-of-age story of a young teen raised on a Nourishing Traditions diet faced with making an adult decision about the HPV vaccine. For those interested in more thoroughly understanding the history and complexity of meat processing in Ontario, Hillary Barter's 2014 thesis, Slaughterhouse Rules,⁸ available online, is well worth reading.

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Legislative Updates

FOOD FREEDOM PROGRESS

By Pete Kennedy, Esq.

Less reliable supply chains, price inflation and deteriorating quality in the conventional food system have led to increased demand for locally produced food and more concerns about food security. The path to greater food security is decentralization of food production and distribution along with deregulation of locally produced food.

As demand for foods direct from small farms and local artisan producers accelerates, the biggest obstacles to prosperity for small producers are the regulatory climate and one-size-fits-all laws that favor big business. Fortunately, 2021 has been a year of substantial progress for local food systems in the state legislatures. Bills passed by legislators in 2021 centered mainly in four areas:

- COTTAGE FOODS: This type of bill pertains to unregulated or minimally regulated sales direct from producer to consumer of foods prepared in an individual's home that don't need time or temperature control for safety—called "non-TCS foods." Examples include baked goods, jellies and some fermented foods.
- 2. FOOD FREEDOM: Food freedom bills address the unregulated sale of most or all foods direct from producer to consumer except meat (due to federal law), including foods that do need time and temperature control for safety, such as dairy, eggs and poultry (under federal law, poultry is classified separately from meat).
- 3. MEAT: Bills in this category focus on decentralizing meat production or increasing access to custom-slaughtered meat, which is less regulated than meat slaughtered and processed at a federal- or state-inspected facility. There are federal requirements that

states must adopt for the slaughter and processing of amenable species (cattle, hogs, sheep and goats).

4. RAW (UNPASTEURIZED) DAIRY PRODUCTS: There is a federal ban on the shipment of raw dairy products (other than cheese aged sixty days) in interstate commerce; states, however, are free to legalize the regulated or unregulated sale or distribution of any raw dairy product within intrastate commerce. In some states, the only legal distribution of raw milk is through a herdshare agreement; a herdshare is a contractual arrangement where someone with an ownership interest in a dairy animal can obtain raw milk and/or other raw dairy made from milk produced by that animal.

From the standpoint of food security (self-sufficiency in the production of quality food), food safety, human health and local economies, locally produced food—whether regulated or unregulated—is superior to industrial food in all respects. The more state legislators take the regulatory shackles off locally produced and sold food, the better off we will all be. The 2021 legislative session has seen a significant step in the right direction. The following paragraphs summarize local food legislation so far this year in the four areas (listed in alphabetical order).

ALABAMA (Cottage Foods)

Senate Bill 160 (SB 160) expands the types of foods that can be sold to encompass all non-TCS foods, including "fermented or preserved vegetables or fruit that do not result in the production of alcohol and that have an acidity level allowed by the department [state health department]," and removes the cap on annual sales for cottage food producers. The only requirements are a labeling requirement

From the standpoint of food security, food safety, human health and local economies, locally produced food whether regulated or unregulated —is superior to industrial food in all respects.

Wise Traditions FALL 2021 FALL 2021 Wise Traditions 89

and a requirement that producers take a food safety course approved by the state health department.

ALASKA (Raw Dairy)

Current law allows the distribution of raw milk through herdshare agreements; House Bill 22 (HB 22) expands that to allow the distribution of all raw dairy products through herdshares. It goes into effect on September 29.

ARKANSAS (Meat)

House Bill 1315 (HB 1315) establishes a state meat inspection program, making Arkansas the twenty-ninth state to have its own meat inspection program. In 2020, Oregon became the twenty-eighth state to start up a state program—marking the first time in almost twenty years this had happened.

ARKANSAS (Cottage Foods)

Senate Bill 248 (SB 248) expands the cottage foods law to allow the mostly unregulated sale of all homemade non-TCS foods. Producers selling acidified vegetable products are subject to limited requirements. Sales can be either direct from producer to consumer or by third parties such as retail and grocery stores; sales can also be in interstate commerce if the producer is in compliance with applicable federal law.

COLORADO (Meat)

Senate Bill 21-079 (SB 21-079) allows the intrastate sale of "animal shares," which the bill defines as "an ownership interest of at least 1% in the meat of a live animal." The person making the sale must give the buyer the following disclaimer: "The seller of this meat is not subject to licensure and the sale of animals or meat (including any value-added product) from this seller is not subject to state regulation or inspection by a public health agency. Animals or meat purchased from this seller are not intended for resale." The bill also allows the unregulated sale of rabbit meat if the seller raised, slaughtered and butchered the animal.

FLORIDA (Cottage Foods)

House Bill 663 (HB 663) raises the cap on annual sales of cottage foods from fifty thousand to two hundred fifty thousand dollars and expands ways producers can deliver to consumers to include mail-order sales. Under HB 663, an entity other than an individual can operate a cottage food business as long as the entity "packs or produces cottage food products. . . at the residence of a natural person who has an ownership interest in the entity." The new law bars any local government from prohibiting or regulating "the preparation, processing, storage or sale of cottage food products by a cottage food operation," although the localities may regulate other aspects of the business.

MAINE (food freedom)

Legislative Drawer 95 (LD 95), a resolution proposing a state constitutional amendment to establish a right to food, has passed out of the

legislature and will be on the ballot this November. The measure reads: "Do you favor amending the Constitution of Maine to declare that all individuals have a natural, inherent and unalienable right to grow, raise, harvest, produce and consume the food of their own choosing for their own nourishment, sustenance, bodily health and well-being?" A majority vote is needed for the amendment to become law.

MONTANA (Food Freedom)

Senate Bill 199 (SB 199) allows the unregulated intrastate sale of homemade food (other than foods with meat as an ingredient) from producer to informed end consumers, including all raw dairy products if the producer keeps no more than "five lactating cows, 10 lactating goats or 10 lactating sheep" on the farm for the production of milk. There are limited testing requirements for raw milk producers. Producers can sell poultry under SB 199 if they slaughter and process no more than one thousand birds during a calendar year and comply with federal record-keeping requirements.

MONTANA (Meat)

House Bill 336 (HB 336) establishes the Interstate Cooperative Meatpacking Compact Act and allows the shipment of state-inspected meat to other states that are members of the compact. With limited exceptions, federal law prohibits the interstate shipment of meat slaughtered and processed at a state-inspected facility. HB 336 becomes effective only if either: the United States Congress ratifies the Interstate Cooperative Meatpacking Compact Act or "a court of competent jurisdiction has entered a final judgment on the merits finding that the Interstate Cooperative Meatpacking Compact Act is not preempted by federal law and is no longer subject to appeal." The act terminates if neither event occurs before July 1, 2025.

NEBRASKA (Meat)

Legislative Bill 324 (LB 324) allows the acquisition of meat from livestock under an animal share arrangement. The bill partially defines "animal share" as "an ownership interest in an animal or herd of animals between an informed end consumer and farmer or rancher where the from that animal or herd." Like the Colorado bill, the Nebraska legislation attempts to address deficient meat processing infrastructure caused by the state's lack of inspected slaughterhouses.

NEW MEXICO (Cottage Foods)

House Bill 177 (HB 177) expands the state cottage foods law by allowing the unpermitted, unregulated sale of non-TCS foods direct from producer to consumer; the exception is that Albuquerque and Bernalillo County can establish a mandatory permit system. Sellers must first complete a food handler certification course approved by the state Department of Environment. The seller is required to disclose to the consumer that the homemade food item is produced at a private residence that is exempt from state licensing and inspection and may contain allergens.

OKLAHOMA (Food Freedom)

House Bill 1032 (HB 1032) allows the unregulated sale of all non-TCS foods and TCS foods that have either pasteurized milk or eggs either from a producer direct to the consumer or by a third party (such as retail or grocery store); however, sales of TCS foods must be direct from producer to consumer. Producers selling TCS foods must first complete food safety training approved by the state's Department of Agriculture, Food, and Forestry. Sales of homemade food can occur across state lines if the producer is in compliance with applicable federal law. The bill raises the cap on annual sales from twenty thousand to seventy-five thousand dollars.

TEXAS (Meat)

House Bill 2213 (HB 2213) allows hunters to donate meat from some species of wild game to a non-profit food bank. The slaughter or preparation of the meat can take place at the owner's premises, on the premises where the hunter killed the exotic animal or at a processing establishment. Federal law prohibits the sale of meat from wild game.

TEXAS (Raw Milk)

A new Texas raw milk law is not the result of

consumer is entitled to retain a share of meat a bill, but it is a big victory for state raw milk producers and consumers. The Texas State Department of Health has issued regulations that allow the delivery of raw milk by licensed dairies (previously sales were legal only on the farm), increases the type of raw milk dairy products producers can sell and officially recognizes herdshare agreements as legal (herdshares are not regulated) as long as the farmer and consumer have a written bill of sale for the purchased interest and the consumer receives an amount of milk proportionate to that interest.

UTAH (Meat; Private Home Kitchens)

House Bill 94 (HB 94) allows the permitted sale of most foods, including meat, by private home kitchens. There are regulatory requirements for private home kitchens in the bill, but they are much less than those for commercial kitchens operating in the state. Utah already has a food freedom law in place allowing for the unregulated sale of most foods other than meat and raw dairy.

VERMONT (Raw Milk)

House Bill 218 (HB 218) expands raw milk access in the state by allowing producers to contract with farm stands or community-supported agriculture (CSA) organizations to sell raw milk; previously, producers could sell raw milk only direct to consumers.

WYOMING (Food Freedom)

House Bill 118 (HB 118) expands on the best food freedom law in the as an ingredient. Sales of non-TCS foods can be country by allowing the sale of foods by producers under the Wyoming Food Freedom Act in interstate commerce as long as the producer is in compliance with applicable federal law. The bill also allows the sale of eggs—produced without regulation—through third-party vendors such as a retail shop or grocery store. State law had already allowed the sale of all non-TCS foods through third-party vendors; the unregulated sale of TCS foods other than meat is legal from the producer direct to the consumer.

SUPPORT DECENTRALIZATION AND DEREGULATION

Government and industry are increasingly using tools such as artificial intelligence, machine learning, digitization and expanded data collection; the upshot is further centralization of the conventional food supply without any improvement in food quality, safety and security. It has never been more important to deregulate local food and improve the regulatory climate for small farmers and local artisans; it is hoped that the 2021 state legislative session is just the start.

Pete Kennedy, Esq. is a Florida attorney whose legal efforts have focused on the right of farmers to distribute raw milk and raw milk products direct to consumers, right-to-farm and zoning laws, custom slaughter, on-farm poultry processing and more. In addition to writing regular raw milk updates for Wise Traditions and serving as an information resource for WAPF members, Pete is a past president of and current attorney for the Farm-to-Consumer Legal Defense Fund. Pete also spearheads the Solari Report Food Series; Solari.com sponsored this report.

BACK ISSUES OF Wise Traditions AND OTHER INFORMATIVE LITERATURE

Summer 2011 Fall 2012 Winter 2012 Summer 2013 Fall 2013 Winter 2013 Spring 2014 Summer 2014 Fall 2014 Winter 2014 Spring 2015 Summer 2015 Fall 2015 Winter 2015	Sulfur Deficiency; The Importance of Salt; The Senomyx Scandal; Why We Crave; Raw Milk Safety. Vitamin & Mineral Synergies; Bacon; Protect Against Tooth Decay with a High-fat Diet; Kombucha. Vitamin A Synergies; The Story of Zinc; Natural Skin Cream; Slovenian Soups and Stews; Soy Infant Formula. Our Broken Food Supply; The Marketing of Crisco; GMOs in Europe; Insights of a Meat Processor; Natto. GMO Dangers; Roundup Dangers: Culinary Traditions in Romania; The Battle for the People's Milk. Beyond Cholesterol; Cancer as a Healing Strategy; Grain Traditions in Russia; Push to Pasteurize Breast Milk. Dr. Price's Scientific Approach; Weston Price and the Fluoridationists; Cows and Climate; Economics of Raw Milk. Nutrition for the Elderly; A New Look at Alzheimer's Disease; In Defense of Wheat; Dangers of Vegetable Oils. What Causes Heart Attacks? The Myogenic Theory of Heart Disease; Thrombi in Heart Disease. Effects of Smart Phones on the Blood; Dangers of Smart Meters; Protection Against EMR; U.S. Dietary Guidelines. Cleansing Myths and Dangers; Toxicity and Chronic Illness; Gentle Detoxification; Great Nutrition Pioneers. Vaccination Dangers Issue. The Scandal of Infant Formula; Vitamin D in Cod Liver Oil; Cod Liver Oil Controversy; Fermented Fish Foods. Water Issue: The Fourth Phase of Water; Sewage in a Glass; Water Stressors; Teaching WAPF to College Students.
Spring 2016	Folic Acid and Glyphosate; Why We Need Saturated Fats; Cod Liver Oil Testing; Flint, Michigan Cautionary Tale.
Summer 2016	Vitamin A; Healthy Fertility; Recovery from the Pill; The Concussion Epidemic; EMR and the ADHD Child.
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Winter 2016	Men's Health; Protein Powders; Fueling the Modern Athlete; Restoring Male Fertility; Glyphosate in Collagen.
Spring 2017	Type 2 Diabetes; Couch Potato or Marathon Runner?; Weight Loss; Costa Rica; Moving Heavy Loads; MSG.
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Fall 2017	Why Do We Get Cancer; Support for Pediatric Cancer; The Tijuana Clinics; GCMaF and Raw Milk; Black Salve.
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Spring 2018	Mercury Issue: Mercury as Anti-Nutrient; The Thimerosal Travesty; Poisoning Our Children; The Cutler Protocol.
Summer 2018	Treating GERD; Gallbladder Health; Herbal Bitters; Hidden Histamine Problems; Constipation.
Fall 2018	Seniors on Drugs; Chronic Hyperinsulinemia; Dangers of Daily Aspirin Use; Incontinence; Nepal.
Winter 2018	Glyphosate and Non-Hodgkin's Lymphoma; Dangers of Sunscreens; Chronic Disease and Vaccines.
Spring 2019	Surviving in the Aluminum Age; The Cannabis Craze; Fluoride Dangers; Risks from Tablet Use.
Summer 2019	Rancidity Testing of Cod Liver Oil; Getting Informed about 5G; The Ketogenic Diet; Ukraine's Traditional Foods.
Fall 2019	Why We Cook; Mitochondria and Health; Prenatal Ultrasound, Not So Sound; Dissecting Fake Burgers.
Winter 2019	Dietary Support for the Alcoholic; Vitamin B6 and Nutritional Dependencies; Switzerland's Sourdough Bread.
Spring 2020	Vitamin A-Mazing; Sunlight and Vitamin D; Vitamin K2 MK-4, Dr. Price's X Factor.
Summer 2020	Is Coronavirus Contagious? Air Pollution, Biodiesel, Glyphosate and Covid-19; The Current Health Crisis.
Fall 2020	Toxic Iron, Arsenic and Anthrax, Traditional Foods of Morocco; Modified Food Starch.
Winter 2020	The Contagion Fairytale; Chlorine Dioxide Controversy; Ecuadorian Coconut Stews; Infant Constipation.
Spring 2021	Bringing Up Baby; MSG-Glyphosate Connection; Advice for the EMF-Sensitive; Colonoscopy Risks.
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A Campaign for Real Milk

TED BEALS: AN APPRECIATION By Pete Kennedy, Esq.

Dr. Theodore (Ted) F. Beals, MD, passed away on August 19th at the age of eighty-seven. He had lived a rich life dedicated to public service. He spent the last twenty years of his life working on issues pertaining to raw milk science and safety. All raw milk producers and consumers owe him a huge debt of thanks.

A decade or two ago there were more enforcement actions against raw milk producers and distributors than there are today; there were also more foodborne illness outbreaks blamed on raw milk consumption. If there was an allegation that raw milk was responsible for an outbreak, stories on the outbreak would appear on the Internet for days. Public health officials made comments like, "Drinking raw milk is playing Russian roulette with your health," and "Raw milk should not be consumed by anyone at any time for any reason."

There was a stronger campaign back then to restrict raw milk access and even ban sales of the product. Opponents criticized any evidence of raw milk safety and health benefits as unscientific and anecdotal. The alphabet soup government agencies and health organizations (FDA, CDC, AMA, etc.) all had their credentialed experts reinforce each other's opinion on what a dangerous (harmful) product raw milk was.

Raw milk opponents and their experts had a major problem, however, and that was Ted. He had a CV that was over a hundred pages long that included training in microbiology, epidemiology and pathology in addition to his status as a medical doctor. Even worse for the opposition, Ted never took a dime for his efforts, spending thousands of uncompensated hours establishing the fact that raw milk is a safe, nutritious food. Raw milk critics would have jumped on him for taking any pay at all; he never gave them that chance.

Ted taught courses in pathology to University of Michigan graduate and medical students

for over thirty years. He finished his career by serving as the national director of Pathology and Laboratory Services in the Department of Veterans Affairs (VA), having oversight and responsibility for some seven hundred labs in the VA system. He also had the largest database on foodborne illness outbreaks attributed to raw milk consumption in the U.S., spanning 1999 to 2019. Ted said that the raw milk illnesses in his database were so few in number that it wasn't possible to establish any pattern on what caused illness from consuming the product.

Ted served the raw milk movement as an

expert before courts, legislatures and government agencies; as a speaker, author and educator on raw milk science and safety; and as a valued consultant for raw milk farmers suspected by government agencies of producing unsanitary milk or being responsible for illness. He was an expert witness in both the California courts and legislature for Claravale Farms and Organic Pastures Dairy Company when stealth legislation threatened the viability of both dairies. His testimony for Morningland Dairy in a Missouri court was the high point in a case where the judge ultimately ordered the destruction of over thirty thousand pounds of raw cheese without a valid positive pathogen test. Ted was a key witness in an Ontario Court for Michael Schmidt's successful defense of the legality of his herdshare program, a case where a judge made the landmark ruling that there was a legal distinction between the public and private distribution of food and that informed consumers All raw milk had the right to waive the protection of public health laws. Ted said that he and fellow expert witness Ron Hull were able to get a draw on the science of raw milk safety with the government's experts—something that rarely happens—with the courts usually deferring to the government's version of the science.

On the legislative front, Ted testified for Of thanks.



producers and consumers owe him a huge debt

He loved helping dairy farmers; he reveled in the challenge of finding a solution for farmers going through adversity.

raw milk bills in Iowa and New Jersey; met of raw cow milk and raw goat milk, publications with Texas regulators to make the case for raw milk legislation in that state; and was part of a working group that was instrumental in passing a raw milk bill in South Dakota, being largely responsible for whittling down a provision on coliform testing in the legislation that threatened to trip up producers with little corresponding benefit to the public health. He was a master at crafting language for proposed bills and regulations, opting to keep the wording as general as possible and leaving people to fight over specifics once the bill or proposed regulation became law.

For over ten years, Ted worked directly and indirectly with farmers under investigation by the government for producing adulterated raw milk, never turning down a request for help. If there was a flaw in the government investigation or evidence exonerating the farmer against charges of producing unsanitary milk or making people sick, Ted would find it. If the producer was responsible for producing adulterated milk, he would provide the farmer a path forward, if asked, on producing a safer product.

In his home state of Michigan, Ted was a leader of a working group that wrote a groundbreaking report on raw milk science and safety. The report led the Michigan Department of Agriculture and Rural Development to adopt a written policy legalizing herdshare agreements. The group, which met monthly for over five years before issuing the report, consisted of regulators, academicians, a member of the dairy industry and raw milk producers and consumers. As far as is known, this level of cooperation between groups with divergent views on raw milk access hasn't occurred before or since the report's publication. Ted was a principal drafter of the document, taking it word by word until he could forge the consensus he wanted.

Ted served on the board of the Farm-to-Consumer Foundation (FTCF) for fourteen years. Ted and his wife Peggy were the drivers behind books FTCF published on the production

that were timely with continually increasing demand and expanding legal access. Ted also worked with Peggy on her consumer guide to safe handling of raw milk, a publication that has thousands of copies in circulation. He wrote numerous articles and made several PowerPoint presentations on raw milk safety.

Ted worked nearly until the end of his life, recently writing a story for Wise Traditions (Summer 2021) that included a comparison of milk samples from licensed raw milk dairies versus milk samples from dairies producing raw milk for pasteurization. Ted had accumulated and analyzed thousands of state-collected data on raw milk test results for pathogens around the country, convincingly showing that the positive pathogen rate for milk samples from licensed raw milk dairies was extremely low and much lower than dairies producing raw milk for pasteurization. His final work provided strong proof for a contention he and others in the raw milk movement had long made—that there are two raw milks, one for direct consumption and one for pasteurization.

Ted was a formidable presence; with his intellect and thorough preparation, he had command of the room in many a discussion. He loved helping dairy farmers; he reveled in the challenge of finding a solution for farmers going through adversity. He was a great teacher and could make complex subjects like product testing and foodborne illness understandable for the layperson. He was a strong supporter of freedom of food choice and unregulated local food commerce direct from farmer to consumer. Raw milk producers and consumers are in a much better place today thanks to Ted and Peggy Beals. Educator, mentor and friend, Ted was a giant and one of a kind.

It was Ted's wish that those wanting to honor his memory make a contribution to either the Farm-to-Consumer Foundation or the Weston A. Price Foundation.

INFORMATION RESOURCE FOR WAPF MEMBERS

Consult with Pete Kennedy on state laws, regulations and policies including food freedom legislation and issues regarding consumer access to raw milk, cottage foods and on-farm meat and poultry processing. (Pete cannot give individual legal advice or recommend support for or opposition to pending legislation.) Contact Pete at pete@realmilk.com.

94 Wise Traditions **FALL 2021**

RAW MILK UPDATES by Pete Kennedy, Esq.

HAWAII - RAW PET MILK EMBARGO

On July 1st the Hawaii Department of Health (HDH) embargoed raw goat milk and other raw dairy products in nearly twenty pet food stores in the Honolulu area; HDH also issued cease-and-desist orders to the stores that threatened penalties of up to ten thousand dollars for each violation of the order. The order stated that Hawaii law only allows the sale of Grade A pasteurized milk and milk products to the final consumer; the department provided zero evidence that any of the stores' customers were consuming the milk and other dairy products themselves. HDH gave the retailers the option of either destroying the embargoed product or returning it to distributors.

There is no statute or regulation that expressly prohibits the sale of raw pet dairy products in Hawaii; the law HDH referenced in its order governs only raw milk for human consumption.

In a press release about the enforcement action, a department official claimed, "The goat milk is being advertised as 'pet food' but the sale of any form of raw fluid milk is a risk to public health because it is easily diverted for human consumption." Again, HDH provided no evidence that this was happening.

The department's actions have caused law-abiding pet food store owners—and national pet food manufacturers selling to those stores—a substantial loss of revenue. The manufacturers produce products that are not only regulated by state agencies but by FDA as well. The manufacturers, some of the affected stores, and pet owners were all looking at ways to challenge HDH's action, an action that arguably exceeded its legal authority.

U.S. - DECLINE IN CONVENTIONAL DAIRIES CONTINUES

The future of the family dairy farm has long been the production of raw milk for direct consumption and the latest United States Department of Agriculture (USDA) figures on the decline of conventional dairies shows that this is more true than ever. Earlier this year, USDA released a report showing that the number of licensed dairy herds in the U.S. declined by over 2,500 from 2019 to 2020 with the figure at the end of 2020 being 31,657. By comparison, in 2003 there were over 70,000 dairies in the country;² going back to 1955, there were 600,000 dairy herds in the U.S.³

The growth in the average herd size, the expansion of confined animal feeding operations (CAFOs) in many parts of the country, and the increase in milk production per cow—along with poor pay prices and the higher costs of inputs—have all contributed to moving the family farm out of the conventional dairy business.

According to a recent issue of Hoard's Dairyman, fluid (pasteurized) milk sales dwindled to a 62-year low, marking the lowest sales volume since 1958 when the U.S. population wasn't much more than half of what it is today.4 Recent USDA statistics indicate that the amount of milk the average American drinks has declined more than 40 percent since the mid-70s.

In a growing number of states (e.g., Montana, Tennessee and Wyoming), it's possible that there are more dairy farms producing raw milk for direct consumption than for pasteurization. As states continue to legalize the sale or distribution of raw dairy products other than milk and aged cheese (both Alaska and Montana passed bills in 2021 legalizing the distribution or sale of all raw dairy products), this trend will accelerate.

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2000 Raw milk available in 27 states

2021 Raw milk available in 44 states

(thanks to the efforts of A Campaign for Real Milk)

Our Goal: Raw milk available in all 50 states! Help us make raw milk sales legal in the remaining χ 6 states.





Wise Traditions FALL 2021 95

Healthy Baby Gallery



Lev is a great eater and loves chicken feet soup, both hot in his bottle and icy in his smoothies. He loves liver and onions with a little ketchup, too.

Six-month-old William is thriving on the Weston A. Price Foundation infant formula recipe. He is so happy and healthy! When mom's milk supply started dropping, she didn't want to turn to commercial formula because it's so bad for babies. She remembered what she had learned from reading the GAPS book for her older son and looked up the WAPF recipe. We are very grateful.





Baby Eamon was born June 1, 2021, after an easy and pleasant forty-one weeks of pregnancy, with Mama working in the garden just hours before labor started. Both parents followed a Wise Traditions diet for years, with mama taking extra care with preconception nutrition for nearly two years. Most foods they either grow, harvest, forage or buy locally, including the raw milk, wild salmon, shellfish, eggs, cod liver oil, pastured meats, liver and organ meats and heirloom vegetables that helped create this beautiful, healthy baby boy. Pictured here at seven weeks, Eamon has been in the upper-90th percentile for weight, height and head circumference since birth. Everyone he meets comments on how happy, strong and alert he is. He is an absolute joy and blessing! Oh, the power of food!

Thomas Archer Talbot—the grandson of late Weston A. Price Foundation board member Kim Schuette—joined this world on May 26, with a fast and smooth natural labor. Archie joins his brother Field (age two), whose favorite foods are raw milk, smoked salmon, butter (by the mouthful!) and broccoli.



Local Chapters

Local chapters help you find locally-grown organic and biodynamic vegetables, fruits and grains; and milk products, butter, eggs, chicken and meat from pasture-fed animals. They also represent the Weston A. Price Foundation at local fairs and conferences and may host cooking classes, potluck dinners and other activities to help you learn to integrate properly prepared whole foods into your lifestyle. Local chapters may be able to put you in touch with health practitioners who share our philosophy and goals. IMPORTANT WARNING: This chapter list is meant for individuals to contact a local chapter for food sources and small farms or food producers to contact chapters near them. It is not for use by vendors and marketers. If you use the chapter email addresses to promote a product, even a free product or giveaway, we will not allow your company to advertise in Wise Traditions or exhibit at our conference.

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arizona

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GREATER RICHMOND, VIRGINIA REGION CHAPTER MEETS IN THE PARK

The greater Richmond group shares excitement about traditional foods and healthy children!

96 Wise Traditions FALL 2021 FALL 2021 Wise Traditions 9

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SAN DIEGO/EAST COUNTY CHAPTER

The chapter's summer 2021 meeting began with a garden tour, followed by a delicious potluck meal. The evening included a beet kvass demonstration and sampling opportunity.





Local Chapters

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AMISH FAMILY DAYS ON THE FARM

Judith and Mike Mudrak attended "Family Days on the Farm," an annual Amish Farm Fair usually held the last weekend in July. This year, there were several thousand attendees. It felt wonderful to spread the WAPF message and meet so many new folks! People seemed very interested and eager to learn more.

98 Wise Traditions FALL 2021 FALL 2021 Wise Traditions 99

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Wise Traditions 100 **FALL 2021**

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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.
- Provide a contact phone number to be listed on the website and in our quarterly magazine.
- 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.
- Provide a yearly report of your local chapter activities.
- Be a member in good standing of the Weston A. Price Foundation.
- 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.
- Represent the Foundation at local conferences and fairs.
- Organize social gatherings, such as support groups and pot luck dinners, to present the Weston A. Price Foundation philosophy and materials.
- 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.
- Represent the Weston A. Price Foundation philosophy and goals to local media, governments and lawmakers.
- 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.
- Publish a simple newsletter containing information and announcements for local chapter members.
- Work with schools to provide curriculum materials and training for classes in physical education, human development and
- Help the Foundation find outlets for the sale of its quarterly magazine.

Wise Traditions FALL 2021 101

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102 Wise Traditions FALL 2021

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103

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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at westonaprice.org/local-chapters/chapter-resources, including our trifold brochures in Word format, the chapter handbook, PowerPoint presentations, business cards and more.

The Weston A. Price Foundation currently has 389 local chapters: 315 serve the District of Columbia and every state in the U.S. except Mississippi and West Virginia and 74 serve 25 other countries.

LOCAL CHAPTER CHAT GROUP

While Yahoo groups have been disbanded, our chapter leaders have a wonderful new secure platform to carry on our many beneficial discussions, developed by the husband of one of our leaders, Jay Hamilton-Roth. We encourage all of our chapter leaders, and co-leaders, to join if interested in learning and growing as chapters, and individuals as well. To join, please contact Maureen Diaz at: outreach@westonaprice.org

104 Wise Traditions FALL 2021

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FALL 2021 Wise Traditions 105

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Hawkes Bay: Phyllis Tichinin +(64 27) 4651906 phyllis@truehealth.co.nz

Palmerston North: Susan Galea (646) 324-8586 dekmatt@ihug.co.nz realmilk.co.nz

Northland: Janie Cinzori (09) 601 1110, 021 0267 3517, janiecinzori@gmail.com

South Canterbury: Carol Keelty +03 6866 277 bckeelty@outlook.com

NZ Resource List: Deb Gully deb@frot.co.nz diet.net.nz

Innlandet: Sindre Vaernes sindre.vaernes@gmail.com & Tom Olsen 4847 1030

Brodnica: Adam Smiarowski +1 01148606209914 szkolarycerska@gmail.com

Algarve: Julia de Jesus Palma julia@onelinedesign.info Lisbon: Duarte Martins duarteccmartins@gmail.com

SINGAPORE

Singapore: Alexander Mearns +65 9239 7427 alex@levitise.com.sg

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Scotland: Central Belt: Urara Donohoe 07812 606 272, uhiroeh@gmx.com

South East Hampshire: Mart Speyers 07939 084888, SouthEastHampshireChapter@hotmail.com & Libby Farmer 07551 908550

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106 Wise Traditions **FALL 2021**

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CO

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MA

Health Hero Farm on the agricultural island of South Hero, VT, ships high-quality 100% grass-fed beef to the Boston area. Our farm is certified humane and our pastures are certified organic. See our video at https://HealthHeroFarm.com/video

Many Hands Organic Farm in Barre, MA. All products certified organic and free range. Lard, pork, chicken and turkey stocks, pork, chicken, turkey and 26 weeks of CSA. No till, nutrient dense. mhof.net; (978) 355-2853; farm@mhof.net.

100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw pet milk. Raw milk blue and cheddar cheese by cheesemaker Sally Fallon Morell. Will ship whole cheese wheels. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC. Saturday farm tours. Store open Thursday to Saturday 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

MN

Farm On Wheels offers animals raised green grass-fed & organic. USDA inspected. Nutrient-dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork, no corn or soy or GMOs. Farmers Market year around in St. Paul, Prior Lake. Linda (507) 789-6679, farmonwheels.net, farm on wheels@ live.com.

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Sugartree Ridge Grassfed Herdshare/PMA, located 60 miles east of Cincinnati in Highland County. We deliver 100% grassfed milk, optional A2-A2 milk and many other products to sixteen delivery sites in Cincinnati. Farm and contact address is: Scott Richardson, STRG Herdshare 6851 Fair Ridge Road, Hillsboro, OH 45133-9548.

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Wise Traditions FALL 2021 107

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Martin Family Farm - located between Knoxville and Chattanooga. Offers pastured pork, eggs, 100% grassfed lamb, pasture raised meat chickens, 100% grassfed - grassfinished beef, veal, and whole raw A2A2 milk from 100% grassfed Jerseys. Everything is organically raised in harmony with nature, and is sold at the farm. Contact address and farm location: Martin Family Farm 959 Co Rd 423, Athens, TN 37303.

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DVDS/ON-LINE VIDEOS

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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NETWORKING

I work as a private chef who cooks traditional foods recipes for people in their homes. I use high quality ingredients like pasture raised meats and cooking fats, raw milk, bone broths, and seasonal produce. I am interested in networking with other real foods private chefs so we can help support each other and share tips for how to run a private chef business. I am located in Canada; I look forward to chatting with you! Jana Kutarna Jkutarna@gmail.com.

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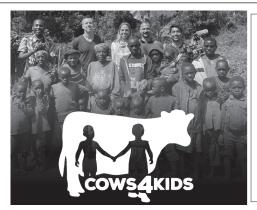
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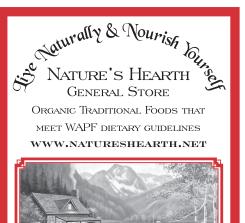
We visited many tribes in Tanzania & Uganda who ave been pushed off their land and/or are not able to afford their ancestral dist. School children go all day with only porridge from corn flour, vegetable oil, and sugar. Please contribute along with us to get them

Thanks so much! Mary Ruddick & Brian Sanders

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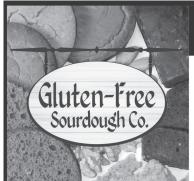
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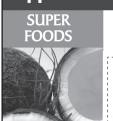
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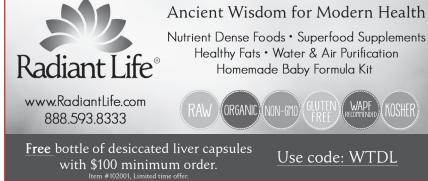
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Dr. Randolph Stone

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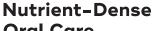
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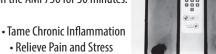
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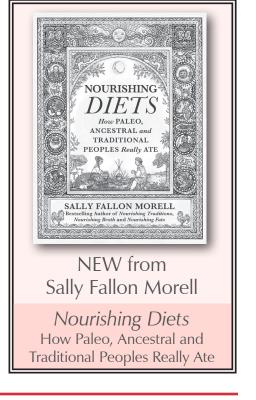
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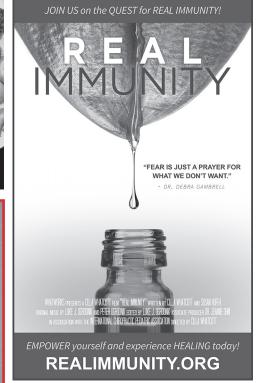
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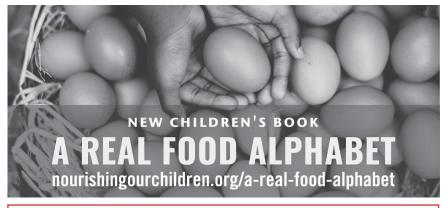
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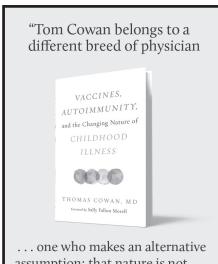
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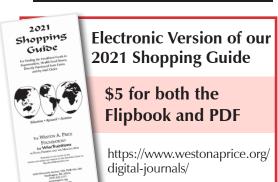
Our podcast postcard was in need of an overhaul. We heard you and we acted. Chapter leader Corey Dunn (recently featured on Wise Traditions podcast 324 "Real Kids, Real Food") took the lead in designing a card that is streamlined, attractive and even includes a QR code, taking people directly to our website to find the show.

Order a number of postcards to share at farmers markets, your next chapter gathering or just to leave by the register at your favorite farm store. Go to westonaprice.org/order to place an order of any size.



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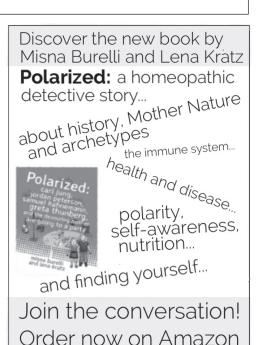




The spirit cannot endure the body when overfed, but, if underfed, the body cannot endure the spirit.

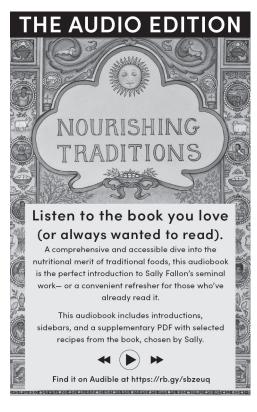
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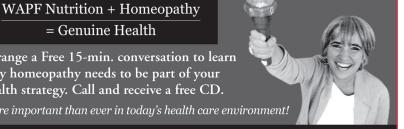
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Educational info at www.outbreathinstitute.com Ph: (551) 265-7561

Just Breathe Out received Thumbs Up review, Wise Traditions—Summer 2017.

In dramatic testimony before the U.S. Senate Finance Committee, Dr. David Graham, a senior official in the FDA's Office of Drug Safety, described the agency as "broken" and having participated in a "profound regulatory failure."

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MARY HOLLAND - WISE TRADITIONS PODCAST 304



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For details, see page 15

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