



# Wise Traditions

\$12 US

IN FOOD, FARMING AND THE HEALING ARTS

A PUBLICATION OF THE WESTON A. PRICE FOUNDATION®

*Education ♦ Research ♦ Activism*  
westonaprice.org

Volume 22 Number 1

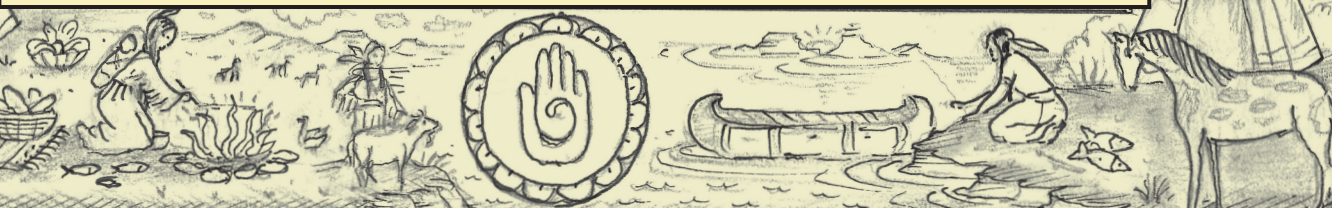
Spring 2021

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Volume 22 Number 1

Spring 2021

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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. 



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## President's Message

In the concluding chapter of our recent book, *The Contagion Myth*, my co-author Tom Cowan, MD, tells the story of Sleeping Beauty. Sleeping Beauty is “under a spell,” asleep in her castle with all her family and servants, surrounded by a dense thicket of briars. Sleeping Beauty is a metaphor for the Covid situation—the world is under a spell, surrounded by dense thickets of lies, oblivious to what is really happening.

Not everyone is asleep, of course, but numerous members have written to us incredulous to observe that their family and friends have unquestioningly signed up for the Covid injection—believing the propaganda that this jab will protect them and their loved ones from illness, even that adverse effects are a sign that the shot is “working!” Getting the injection has become a kind of virtue signaling, a reason to hold a grudge against those who refuse. “How can we help our loved ones see the light?” they’ve been asking us.

WAPF has compiled two statements on the facts about these injections ([westonaprice.org/coronavirus](http://westonaprice.org/coronavirus)), but as David Martin says in his podcast interview (page 58), “I have yet to meet someone who allowed a fact to overwhelm a belief.” It’s a belief system based on fear, including the fear of asking questions, and if you are under a spell, presentation of the facts just makes you feel uncomfortable.

While WAPF members should know the facts about what is going on—that Covid is not contagious, that the injections are a money-making scheme, that lockdown measures constitute unjustified tyranny—the only way we will convince our loved ones is to set an example. We must show the world that we are not afraid. That was how the Handsome Prince was able to part the briars and reach Sleeping Beauty with his kiss of truth. He said, “I am not afraid!” We must remain upbeat, cheerful and optimistic in the midst of all the fear-mongering going on around us. After all, this is the perfect opportunity to arouse at least some of our loved ones from their slumber. While we should arm ourselves with the facts, this is definitely a case where actions speak louder than words!

It helps to belong to a community of like-minded people. To that end, we have organized a series of small conferences—see page 5 for details. And yes, we are having our annual Wise Traditions conference in the Fall, November 5-7 in Allen, Texas (outside Dallas). Stay tuned for more information! Meanwhile, we invite you to get involved in other ways. Maybe you can help your local chapter leader organize get-togethers; maybe you can form a local chapter yourself! Please follow up on our action alerts and newsletters; and how about joining our members-only Facebook group? What the world needs at this time is an army of Handsome Princes, and WAPF is here to provide any support it can. 





# Letters



## AUTISTIC NO LONGER

I am so thankful for the Weston A. Price Foundation. It is because one of my friends went to a presentation by Dr. Natasha Campbell-McBride over ten years ago and then shared the information with my wife that my daughter was able to have a full recovery from autism, even having a psychologist reassess her and take her diagnosis away.

I am concerned about potential efforts to mandate the coronavirus vaccines, whether it be by governments or by churches, schools, businesses or employers. Due to this concern, I wrote a paper that tells my daughter's story and recounts the journey that brought us to where we are at on vaccines, while weaving it together with alarming facts about vaccine safety. My goal was to tell a story that would be compelling to people who are neutral or on the other side, that would tug on their heartstrings, put a face on people who are labeled "anti-vaxxers," help them to see the reasonableness of the choices we made and encourage them to accept us and not support efforts to push us out of society.

My family and I are patients under the care of a doctor who uses information from Weston A. Price to guide him in his medical practice. He was so thoroughly impressed with my paper that he suggested I send a copy to you. I thought it might brighten your day to know just how much of a positive impact your work has had on me and my family. You can read my paper at [livinginfaith.network/blog/](http://livinginfaith.network/blog/).

Andy DeGier  
Merrill, Wisconsin

## ACTION ALERT = ACTION

I wanted to thank you for your February 2 Alabama action alert, and let you know that I have contacted all of my district's representatives and senators—by phone and email—urging their support for Alabama House Bill 214, which would prohibit employers from taking adverse actions against employees (or prospective employees) based on Covid-19 vaccination status, and would also prohibit ticket issuers from denying entry to entertainment events based on vaccination status. I have also contacted every member on the House Business and Commerce Committee about this bill.

Without your notification, I would not have known that this bill had been introduced! With your email, I was able to take action. I am so grateful for the work that you (the WAPF team) do, and I am doing my part here in Alabama to support the future we all wish for!

Margaret Viola  
Huntsville, Alabama

## 5G TOWERS EVERYWHERE

Thank you for your recent attention to the dangers of 5G wireless technology. It seems that the government is moving ahead on placing 5G towers everywhere.

According to the Biodynamic Association's latest news magazine, "Precision agriculture is the term used to describe farm management conducted with the use of information technology." I translate that as Big Brother managing farms with the use of 5G microwave technology.

Recently proposed legislation in-

dicates the government's intention "to promote the expanded deployment of fixed and mobile broadband Internet access on unserved agricultural land." This is all part of their plan to put 5G technology everywhere—until it kills us all, I guess.

We also received a notice of information classes from the University of Idaho. The October 2019 offering, entitled *Off the Grid*, "Highlights emerging mobile data technology in natural resources for situational awareness, communication, real-time positioning, and wearable technology." I would translate this as telling us how they plan to put 5G towers in our forests so they can watch what we are doing, increase cell phone coverage, know exactly where we are at any time, and provide Internet connection for the Internet of Things' smart devices, which they hope we will be wearing on our bodies, so that those of us who are off the grid can be watched and monitored just like these people who have smart meters in their homes.

The websites for these two bits of information are: [congress.gov/bill/115th-congress/house-bill/4881](http://congress.gov/bill/115th-congress/house-bill/4881) and [uidaho.edu/extension/forestry](http://uidaho.edu/extension/forestry). We need to get people off their backs before 5G is turned on in their towns. I believe those in Britain and the many U.S. cities already on line are finding it is already too late to save themselves.

Anne Wilder Chamberlain  
Priest River, Idaho

## COMMISSION OF EXPERTS

Compliments to WAPF for your super work! Here is some information that

# Letters

you may find useful. Almost one year ago, when this crazy Covid stuff started here in Italy, the government created a super commission of “experts” to face the “pandemic.” Guess who was put at the head of such a body of experts? A doctor? A virologist? A biologist? An expert epidemiologist?

None of the above! It was Vittorio Colao, one of the top-ranking managers in Vodafone and Verizon, which at the same time were developing 5G in Italy. Coincidence? Or did they need a very strictly coordinated action between lockdown and deployment of 5G towers?

Alberto Medici  
Padova, Italy

## THE MISSING STUDY

Initially, the Swiss halted at least some of the 5G rollout due to health concerns. Per capita, Switzerland had far fewer coronavirus cases than the nearby countries of France, Spain and Germany, where 5G was going full

steam ahead. Unfortunately, that “halt” was short-lived and soon reversed.

The telecom companies easily persuaded Swiss politicians to allow them to continue with their 5G rollouts because they insisted there weren’t any studies linking 5G with any health problems. Our media have been informing us lately that much of the 5G rollout is now complete!

And guess what? Today we’re being told that our country is experiencing a sharp increase of Covid infections, and that Covid-related deaths have risen to over one hundred per day. We’re told to expect heavy lockdown measures to be taken in the next few days.

It seems that the world—including Switzerland—is becoming that “missing study”—too late to stop the technocrats from getting their way and in turn sickening and killing us Swiss, too.

Tim Wallace  
Hergiswil, Switzerland

## CRACKDOWN IN SWITZERLAND

Recently three long-time roommates went on a hike in the mountains with two close girl friends; they were in a wild and isolated place, far from everything—five of them in all, in accordance with the drastic limitation on gatherings prescribed by the Swiss government.

While they were quietly enjoying their meal, with absolutely no one else in sight, a policeman appeared unexpectedly. They had been spotted by a drone. The picnickers each received a fine of one hundred Swiss francs for not adhering to a two-meter separation, one from the other.

As soon as they returned from their hike, they appealed the fine of five hundred francs, but the authorities advised them that they were already registered in the “criminal record” and that if this fine were not paid within three days, they would additionally get at least one day in jail and a penalty charge of two hundred Swiss francs per person.

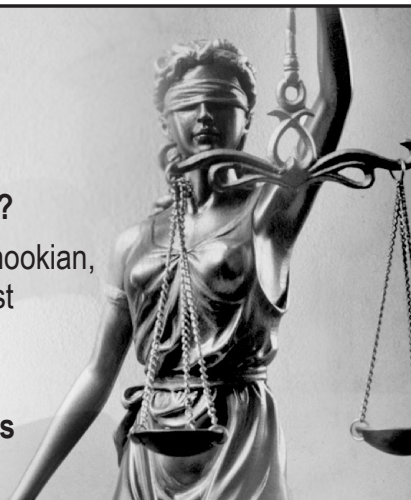
## HEALTH FREEDOM

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](https://healthfreedomdefense.org)**



# Letters

Wearing the mask is now mandatory in the street and shops; the fine for not wearing the mask in the street or any public space is two hundred fifty Swiss francs. If a Christmas celebration includes more than ten people, the fine is five hundred francs; and fifteen hundred francs for breaking a quarantine or isolation order. Stores with an insufficient protection plan must pay one thousand francs.

Anyone who engages in prostitution (on the street, by phone or Internet) is now subject to a fine of three thousand francs, immediate cell phone seizure and several days in jail. Police officers have even deliberately created fake profiles on social networks by posing as clients responding to ads for the sole purpose of busting sex workers!

R. Ryan  
Geneva, Switzerland

## RADIO WAVE EXPOSURE

During WWII, I was a telegraphist in the New Zealand Navy. The radio

waves were directed into our metal room, on a metal ship, where we did Morse code for hours on end. A lot of us got sick. I got pneumonia and the mumps, and many others got serious flu. Most interesting, we recognized that the Navy telegraph operators were prone to psychological problems—some anger and strange behavior in normally mild-mannered men. So if radio waves have this effect, imagine what 5G can do!

Geoffrey Morell, ND  
Brandywine, Maryland

## BPA IN THERMAL PAPER

Great article by James Kirkpatrick on BPA in the latest *Wise Traditions*, but the sidebar at the end of the article, “Avoiding BPA,” contains an egregious oversight: BPA has been documented to transfer from thermal paper to the body through mere dermal exposure, and it’s a huge amount. Do a search for BPA and thermal paper on DuckDuckGo and you will find many articles.

The amount of BPA someone is exposed to by merely handling paper receipts on a regular basis dwarfs exposure from plastic touching your food and drink.

John Hanson  
Erie, Ohio

*Thank you very much for this information! People who work with cash registers should wear cotton gloves at all times!*

## PLASTICS ARTICLE

I’m a huge fan of WAPF but I was very disappointed in the article about plastics (Fall 2020). In my opinion, that article should not have been published at all by WAPF and was an insult to all we are trying to accomplish. The article feels like a promotional piece for the oil and plastic industry; not at all supportive of the health of the people or the planet. With all the “statistics” quoted, it also gives the impression we should trust and believe in the agencies and

## 2021 MINI-CONFERENCES

- April 10** **Winchester, VA:** Mini Conference with Sally Fallon Morell, Mary Holland, Leland Stillman, MD, Joel Salatin and Wendy Ractliffe. **Details at:** [westonaprice.org/events/](https://westonaprice.org/events/).
- April 25** **Aquasco, MD:** The Contagion Myth with Dr. Tom Cowan and Sally Fallon Morell at P.A. Bowen Farmstead. **Details at:** [westonaprice.org/events/](https://westonaprice.org/events/).
- May 15** **Lakeland, CO:** Seminar of Healthy Traditional Diets with Sally Fallon Morell at Sunrise Ranch and Retreat Center. **Details:** [westonaprice.org/colorado](https://westonaprice.org/colorado).
- May 17** **Lincoln, NE:** Evening with Sally Fallon Morell. **Details at:** [westonaprice.org/events/](https://westonaprice.org/events/).
- June 13** **Aquasco, MD:** Wise Traditions Basics with Sally Fallon Morell and Marc DiNola, DDS at P.A. Bowen Farmstead. **Details to follow at:** [westonaprice.org/events/](https://westonaprice.org/events/).
- July 31** **Hannibal, MO:** Seminar on Healthy Traditional Diets with Sally Fallon Morell on Saturday in conjunction with <https://www.homesteadinglifeconference.com>. **Details to follow at:** [westonaprice.org/events/](https://westonaprice.org/events/).
- Oct. 2** **Swoope, VA:** A Healthy Future with Sally Fallon Morell, Joel Salatin and others. **Details to follow at:** [westonaprice.org/events/](https://westonaprice.org/events/).





# Letters



corporations that profit heavily from this industry.

Alice Rogers  
Lincoln, Nebraska

*The author of the article on plastics provided data to show that whether we like it or not plastics are not going away any time soon—because of their strength-to-weight ratio, low cost of production and moldability. Plastics provide the casing for our telephones (landline or iPhone), the insulation for virtually all electrical wiring, the bottle for our organic shampoo, the seating in rapid transit vehicles—plastics are an inevitable part of modern life, which none of us can escape, no matter how environmentally minded we may be. Kirkpatrick then provides some common-sense strategies for minimizing plastic pollution, along with a plea to make the industry responsible for recycling and for more efforts to develop biodegradable plastic packaging.*

## NEW WAYS TO RUIN OUR FOOD

Over the past couple of weeks I've had about a dozen phone calls about a new ultrafiltered milk product, which is now available in one of the major supermarkets here in Queensland. The authorities claim that forcing the milk through an extremely fine filter at high pressure does the same as pasteurizing so it's safe for human consumption.

I've explained each time that the high pressure that destroys the cellular structure of both milk and cream will result in creating a substance that our digestive system and microbiome would not recognize as nutrition or even food, so the best thing to do is leave it

on the shelf in the shop.

By the way, since February 1, 2021, the radiation of all fresh local fruits and veggies came into practice throughout all of Australia.

James Cutcliffe  
Sunshine Coast, Australia

## A FLYER ON COVID?

Thank you so much for the article by you and Dr. Cowan, "The Contagion Fairy Tale" (Winter 2020)! Is there any possibility that the article could be put into an inexpensive flyer or brochure booklet form? There is such a need for something like that.

Quite a few years ago, I came to question the validity of the Pasteur germ theory of disease. I subscribed to Dr. Roy Kupsinel's information-packed publication, *Health Consciousness*, for several years. It was full of information about the dangers of dental amalgam, the dangers of vaccination and criticism of the germ theory—on which the entire vaccination agenda is based.

I began to think that if something wasn't done to bring this criticism of the germ theory to the attention of the public, it was going to be used to destroy our society and our health freedom, primarily because of the argument I kept hearing the pro-vaxxers use that, while it's okay to put one's own health at risk by not being vaccinated, it is not okay to put the health of others at risk—such as the immuno-compromised or those on chemo, etc.—by not being vaccinated.

But I never ever envisioned something as bad, as totally crazy, as this "pandemic" of 2020.

Several years ago I made up a brochure entitled "Vaccination is Based on

Fraud." The two points I tried to make in the brochure were: the Pasteur germ theory has been questioned since the time of Pasteur; and vitamin C is known to be an "absolute virucide" for many of the diseases we've been told we need to be vaccinated against.

Since this info had impressed me so greatly, I wanted others to know about it. I have no scientific background but I gave it my best shot and have been passing out my brochure for years.

So please do seriously consider putting out a brochure or pamphlet of some sort. The world needs something like that from people with your expertise and knowledge—inexpensive and easy to read and understand.

In fact, while out with my husband today for a walk on the snowy roads, we met a neighbor for the first time. We stopped to chat a few minutes. The Covid "pandemic" issue came up and I just up and told him that I thought it was a fraud and a hoax. He agreed! I wished so much that I'd had a flyer or pamphlet to give to him.

Violet H. Fuller  
Mackay, Idaho

*We will put this on our list, but in the meantime, "The Contagion Fairytale" can be printed out from our website.*

## A BIG THANKS

I would like to say thank you from the depths of my heart. I'm a thirty-four-year-old happy-go-lucky person who was misled into believing that a vegetarian diet was the way to go and so I was a vegetarian from age fourteen to twenty-six. I had four miscarriages over the course of about eight years.

# Letters

Thanks to a good friend and my acupuncturist, we were guided to the wonderful, insightful world of Standard Process and the Wise Traditions diet. We now have the most wonderful, happy, smart and beautiful little two-year-old girl. I wish more women who thought they were barren knew about this wonderful life-changing avenue right at their fingertips.

Thank you also for your articles on the contagion myth. I can clearly recall telling my mom when Nextell phones came out that my inner ear would burn and itch after a phone call. So the 5G dilemma is not at all surprising. It baffles my mind that this is such an obvious and logical reason for health issues, and yet it seems the majority of the human race doesn't even consider it.

Still, we are confused as to why people in the same household end up with the same symptoms? This is what makes people think it is contagious.

Lisa  
St. Augustine, Florida

*The reason people get sick at the same time is that they are subjected to the same poisons—it may seem like “contagion” but there is always another explanation—EMFs, toxic water or air, poisons like DDT, etc. Physicians used to think that scurvy was contagious because they had no other explanation for why people in the same ship got sick with the same symptoms. Now that we know scurvy is caused by vitamin C deficiency, no one would claim that it is contagious.*

## DEATH IN GIBRALTAR

I had to share this at once as it came out today—it is so sad. In the first ten days of administering almost six thousand doses of the experimental Pfizer Covid vaccine in Gibraltar, fifty-three people have died—almost 1 percent of doses. Reportedly only sixteen people had died “from Covid” up to this point. It would seem that the media are blaming an increase in deaths not on the



vaccine but on Covid. Sadly, we've seen this same pattern in other countries.

Leslie Manookian  
Ketchum, Idaho

## DISPOSAL PROBLEM

I just listened to a Robert Kennedy Jr. (Children's Health Defense) interview with Jason Shurka. He talked about an aspect to getting mercury out of vaccines, in the late 1990s. I had not heard it before.

RFK said that it became clear that the mercury had to be removed from childhood vaccines. But the industry had a big issue in that they had so many

doses already made that they would have had an expensive hazardous waste disposal problem because of the mercury already in the vaccines getting on their hands!

They decided they would dump this hazardous waste into children's bodies instead so they wouldn't have to pay for the hazardous waste disposal of the mercury. They did this until all the already-manufactured vaccines containing mercury were used up—they disposed of them in children. Apparently that took until about 2003. Maybe you already heard this, but I'm dumbfounded and further horrified by it.

Laurie Lenz-Marino  
Belchertown, Massachusetts

## ELECTRICIANS REFUSE

I recently had lunch with an electrical lineman from Michigan who told me that his electrical workers union refused a job to install 5G in the area. See this link for electrical workers from around the world

who have signed an appeal against 5G: [5gspaceappeal.org/engineers](https://5gspaceappeal.org/engineers).

It is interesting also to note that much of the 5G controversy that I found on the web pre-dates the pandemic, as though the defenders of 5G have gone silent since Covid-19.

Jessica McGovern  
Manchester, Massachusetts

## DANGERS OF IVERMECTIN

People are recommending the heartworm drug ivermectin for treatment of Covid—be warned!

My first exposure to Ivermectin was many years ago when my young

dogs were diagnosed with demodectic mange. Unfortunately, this happened before I understood how to keep my dogs healthy, and I didn't yet know about WAPF principles. Mange is a skin disease and a sign of a poor immune system, likely brought on by vaccines, flea and heartworm meds, and anesthesia drugs. ivermectin, the main ingredient in heartworm medications, is a last-ditch treatment (administered orally in higher doses). While the ivermectin helped at first, we watched our dogs decline steadily throughout treatment, and eventually they needed to be euthanized. Like giving a cancer patient poison, ivermectin took a bad health situation and made it worse.

Fast forward to 2019 I became aware of unusual activity in Samoa. The government began routinely giving their citizens ivermectin for an extremely rare tropical disease. Less than two thousand people worldwide per year get this disease. Subsequently, cases of measles began to rise. Enter the World Health Organization, UNICEF, etc. with a ton of money to help with national vaccinations. After many babies were injured and even killed, Facebook censorship against anti-vaxxers reached new heights and a Samoan protester was arrested. Then came police lockdowns and mandatory vaccines.

Ivermectin is now being lauded, even within natural health communities. We need to raise the alarm. No chemical is better than herbs, vitamins, minerals and amino acids along with a daily non-SAD diet. Do not take ivermectin in any form. You need a functioning immune system, now more than ever!

Name Withheld

#### HUNGER PAINS

I used to suffer from what I could only call "food emergencies." In my pre-WAPF, super-malnourished state, as a mother of both a toddler and new-

born baby boy—having had an early miscarriage between the two—I was reduced to living in a near-animalistic, instinctual frame of mind, what I now refer to as "basic-survival mode." I'd go from feeling okay after eating a meal to suddenly having alarm bells going off throughout my body. There'd be no warning, just a sudden, intense need to eat right away. I compulsively carried nuts and water in my car with me at all times and would nearly panic if I ran out. It seemed like I could never feel full, nor carry that sense of fullness with me for any amount of time. I've also described it as feeling like there was a trap-door at the bottom of my stomach that would suddenly swing open and leave me feeling even more hungry than before I ate! It was a nightmare.

Finally I discovered WAPF, and I quickly came to see that so many of my symptoms seemed to stem from vitamin A deficiency. So the first thing I implemented was daily cod liver oil. I realized that it was the missing piece, the thing I needed in order to absorb the nutrients I was eating. And it didn't take long for me to feel the difference. Of course, incorporating a full-fat, traditional diet is the long-term solution, but I believe that putting cod liver oil first helped me heal faster than anything else I've added since. Just two weeks on cod liver oil ended my insomnia. The dark clouds that I didn't even realize I'd been living under started to break, and I found myself having pleasant thoughts and even found myself giggling—the sound of it actually startled me, it had been so long since I had laughed.

An added bonus: my fertility cycles have only gotten better and better throughout the years.

Ellie Sodergren  
Master Certified  
Healing Foods Specialist  
Former WAPF Chapter Leader  
Cincinnati, Ohio

#### WISE TRADITIONS PODCAST

Thanks to WAPF for all it has done to bring Price's work and insights to the world. It clearly has touched so many lives positively, mine and my family's among them.

My dad gave me a membership a few years ago but I wasn't in the frame of mind to pay much attention to keep up the yearly membership myself until I was preparing to deliver my first son and I realized I felt like I knew nothing about how to keep him and us healthy. I kept up regular fermented cod liver oil doses while I was pregnant along with intakes of raw milk and cheese. He is now a thriving, smart, kind four-and-a-half year-old, and so beautiful to boot!

When I was pregnant with our twin boys (now one year old), I rediscovered Wise Traditions through the podcast. Hilda Labrada Gore is a gem and we are all so lucky to have her brilliance, her compassion and her enthusiasm for this lifestyle each week on the podcast. I renewed my subscription and applied to become a chapter leader.

This lifestyle has so many answers for so many questions that folks are asking, and I feel compelled to do my part to bring the information to others and share and delight in the well-being it brings to our lives.

Natanya Bittman, Chapter Leader  
Berkshires, Massachusetts 

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



# Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

As of March 4, the Vaccine Adverse Event Reporting System (VAERS) reported eleven hundred deaths linked to the Covid-19 vaccine in the U.S.—including deaths among the young and healthy. As only about 1 percent of all adverse events are reported to VAERS, that means that something like one hundred thousand Americans have died so far after their first or second Covid-19 injection. At this rate, there will be more deaths from the vaccine than those attributed to Covid-19. In Israel, where over half the population has received Pfizer's experimental jab, death rates have skyrocketed. According to a report posted at [nakim.com](http://nakim.com), during the five-week vaccination period, about forty times more elderly people died from the injection than the disease itself would have killed, and about two hundred sixty times more people than the disease among the younger age groups. For those who survive, reported side effects are horrendous: paralysis, Bell's palsy, twitching, seizures, brain fog, heart and circulatory problems including blood clots and palpitations, skin rashes, miscarriage and pulmonary effects including pneumonia. According to one Facebook post, the hospital in North Bay, Ontario has suddenly seen a massive increase in patients going to the emergency room after their Covid-19 injection. Many of them seem to be exhibiting mental health problems, saying they don't know where they are or what is happening. "The vaccine appears to be attacking their minds as these poor souls are rapidly losing contact with reality." Not to worry, says Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases; "Adverse reactions to any vaccine are to be expected."

## BUT IS IT CONTAGIOUS?

Lockdowns, social distancing and masks are predicated on the theory that even asymptomatic people can spread the disease; in other words, that coronavirus is contagious. But is it? A study of almost ten million people in Wuhan, China, found that those without symptoms did not spread the disease at all. A study published in the journal *Nature Communications* in November 2020 looked at data on almost ten million residents of Wuhan who took part in a screening program between May 14 and June 1. Out of these, three hundred tested positive but had no symptoms. Researchers followed these cases and noted that out of over one thousand close

contacts of the asymptomatic positive cases, they all tested negative and none got sick. After two weeks in isolation, the results were the same. "None of the positive cases or their close contacts became symptomatic or newly contracted with Covid-19 during the isolation period." Now it remains to carry out studies with symptomatic sufferers—to expose sick people to healthy volunteers and see what happens—as public health authorities did for the Spanish flu in 1918. In that 1918 study, not a single healthy person became sick.

## WHAT'S IN THE VACCINES?

Nothing harmful, say mainstream websites, such as GoodRx.com, just some pieces of genetic material (mRNA) wrapped in "tiny bubbles of lipid (oil)." These "lipids" are actually types of antifreeze, especially polyethylene glycol (PEG). The FDA considers PEG as biologically inert and safe. However, over 70 percent of the population has detectable levels of anti-PEG antibodies in the bloodstream, causing hypersensitive reactions to the compound. Then there's tromethamine (tris) with side effects such as fever, allergic reactions, low blood sugar, racing heartbeat, confusion, hunger, weakness, passing out, numbness or tingling, trouble breathing, swelling in the arms and legs, tissue damage and weight gain. Sodium acetate, another "harmless" ingredient, has a similar list of side effects. Not mentioned in mainstream websites is monobasic potassium phosphate, which causes a long list of problems including blood in the urine, blurred vision, burning, crawling, itching, numbness, prickling, "pins and needles" or tingling feelings, changes in skin color, chest pain or discomfort, confusion, decreased or increased urination, dizziness, irregular heartbeat, fever, mood or mental changes, muscle cramps, nausea, nervousness, numbness and tingling, seizures, sweating, trouble breathing, unusual tiredness or weakness and vomiting; its cousin ingredient, dibasic sodium phosphate dehydrate, can cause permanent impairment of kidney function leading to long-term dialysis. But the clincher—never mentioned as an ingredient by the mainstream press or on pro-pharma websites—is potassium chloride, used as the third drug in the "three-drug cocktail" for executions by lethal injection because it causes cardiac arrest.

# Caustic Commentary

## MASK MADNESS

"If 80% of Americans Wore Masks, COVID-19 Infections Would Plummet." So proclaimed *Vanity Fair* in their May issue. Now eight months later, the number of new cases has not plummeted, even though mask compliance is estimated at about 88 percent. It does seem odd that to control a disease characterized primarily by hypoxia (lack of oxygen), we should wear face masks, which cause hypoxia. And there are other side effects, including bacterial pneumonia, increased tooth decay, facial rashes and acne. And kids don't like them! A German study involving over twenty-five thousand children found that mask wearing had a negative impact on the psychological and behavioral health in 68 percent of participants. We have reports of high-schoolers passing out when forced to wear masks during sports training. So masks don't work, they increase health problems and cause psychological damage. "Masks are utterly useless," says top pathologist Dr. Roger Hodgkinson of Alberta, Canada. "There is no evidence base for their effectiveness whatsoever.

Paper masks and fabric masks are simply virtue-signaling." So what solution does the CDC propose? All travelers must wear two masks! In late January, the CDC announced that all travelers must wear two or more layers of "breathable" fabric while using any form of public transportation, including buses, trains, taxis, airplanes, boats, subways or ride-share vehicles. The CDC said it "reserves the right to

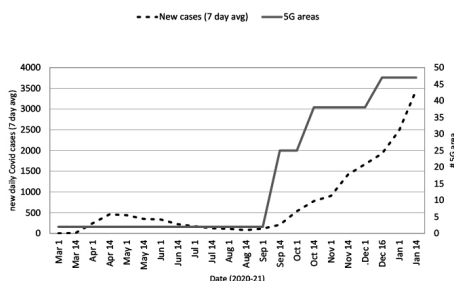
enforce the order through criminal penalties"! (Since when did the CDC obtain the power to make its own laws?) White House coronavirus task force leader Dr. Anthony Fauci is also promoting "double masking," despite his pronouncement in March that wearing masks wouldn't prevent the spread of Covid-19. Oh, and we'll need to wear masks into 2022.

## EPIDEMIOLOGICAL OBSERVATIONS

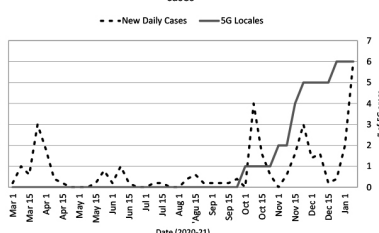
Reports of illness after the installation of 5G—fifth generation wireless—accumulate from all sides. The town of Manaus, Brazil is reeling with devastating illness after installation of "the fastest Internet signal in the world." "We're seeing lots of hospitalizations and illness in Sioux Falls after we got 5G during the first quarter of 2020, first in downtown and now in the residential areas." "AT&T just rolled out their 5G in Mount Shasta and I am now experiencing severe dizziness and head pains, my neighbor as well." "We have a 5G mast within three hundred meters of our home, poor health and fatigue have become normal for so many of my neighbors." "I've been to the ER twice in the last thirty days for my heart. My arms and hands shake, my fingers quiver independently of one another, and the muscles on my back have recently gone into twitching spasms. My heart feels like it's got an electrical current burning through it. It feels like it wants to explode out of my chest. I live on the tenth floor and there are five



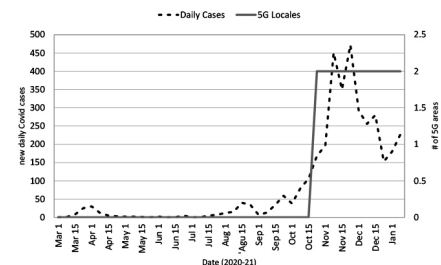
Ontario: Correlation of 5G rollout to new daily Covid cases



New Brunswick: Correlation of 5G rollout to new daily Covid cases



Manitoba: Correlation of 5G rollout to new daily Covid cases



# Caustic Commentary

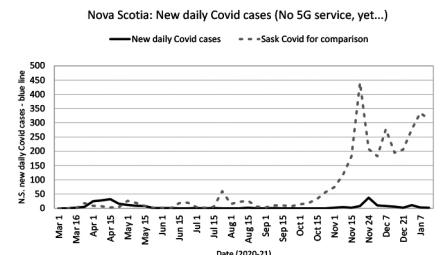
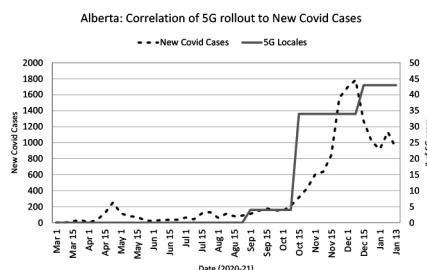
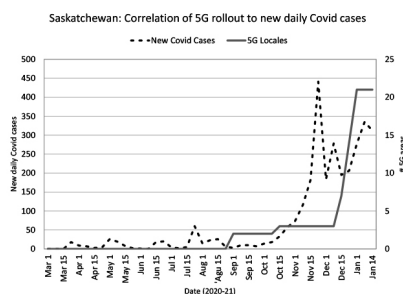
5G cell tower panels approximately thirty-five feet above my sofa.” These are observations of individuals but thanks to Tom Rockenfield of Petersburg, Ontario, Canada, we have some excellent epidemiological data for Canada, where the number of Covid cases correlates well with the 5G rollout in New Brunswick, Manitoba, Saskatchewan, Alberta and Ontario. Nova Scotia, which has no 5G and virtually no cases of Covid serves as a control (resistcovid.org). None of these observations proves that 5G causes Covid, but they make a very strong epidemiological case.

## A SMALL VICTORY

In a campaign to urge New Yorkers to submit to the Covid injection, New York State’s Department of Health prepared an ad stating that the vaccines “went through the same rigorous approval process that all vaccines go through” and that “the vaccine is safe and effective. It was approved by the FDA, the CDC, and by NY’s independent vaccine panel.” Informed Consent Action Network (ICAN), a nonprofit organization focused on the scientific integrity of vaccines and the pharmaceutical industry, contacted Dr. Howard Zucker, commissioner of New York State’s Department of Health and Governor Cuomo by letter, demanding they remove the false messaging—and the officials quickly complied. The letter noted that the FDA had not “approved” any Covid vaccine and that the only two vaccines then in use were authorized by the FDA pursuant to an emergency use authorization (EUA). Moreover, the CDC does not have the authority to approve vaccines. Both vaccines are still undergoing clinical trials and have not undergone a “rigorous approval process that all vaccines go through” (ICANDecide.org).

## NO COMPULSORY VACCINATIONS

On January 27, the Council of Europe signed Resolution 2361, which states that vaccinations in EU member states should not be mandatory. Furthermore, the resolution forbids discrimination against persons who have not been vaccinated, effectively ruling against “vaccine passports.” The resolution goes further in ordering member states such as Sweden to actively inform citizens of these rights. Of course, the media and European governments have ignored the resolution. Swedish law prohibits involuntary medical interventions, yet the government could exert such strong pressure on the population that it could become almost impossible to live without getting the experimental jab. Denmark is considering a vaccine passport to gain access to malls, sports events and other public places, public transport or travel abroad. In Germany, Bavaria’s Prime Minister Söder (CSU) is similarly pushing for compulsory vaccinations for certain professional groups, such as in nursing. The Council of Europe is an intergovernmental European cooperation organization with forty-seven member states, which despite its name and the same flag, is separate from the EU. Its resolutions are not legally binding, but recommendations to member states are almost always followed. The resolution on forced vaccination briefly describes the problems caused by restrictive pandemic measures with the resulting unemployment, economic downturn and poverty. Point 7.3 of the resolution obliges all member states to ensure that citizens are informed that Covid vaccinations are NOT (the only word written in capital letters throughout the resolution) mandatory and that no one can be politically, socially or otherwise pressured to be vaccinated (freewestmedia.com).





## PFIZER DEMANDS

As reported by New Delhi-based World Is One News (WION), vaccine-manufacturer Pfizer is demanding countries put up sovereign assets as collateral for expected vaccine injury lawsuits resulting from its Covid-19 inoculation. In other words, it wants governments to guarantee the company will be compensated for any expenses resulting from injury lawsuits against it. WION reports that Argentina and Brazil have rejected Pfizer's demands. Initially, the company demanded enactment of indemnification legislation similar to the indemnity it enjoys in the U.S. Argentina proposed legislation that would restrict Pfizer's financial responsibility for injuries to those resulting from negligence or malice. Pfizer rejected the proposal. It also rejected a rewritten proposal that included a clearer definition of negligence. Pfizer then demanded the Argentinian government put up sovereign assets—including its bank reserves, military bases and embassy buildings—as collateral ([legitgov.org](http://legitgov.org)).

## FAILING GREEN REVOLUTION

The “green revolution” is locking African farmers into a system that is not designed for their benefit but for multinational corporations, according to newly published research. The study examines the Alliance for a Green Revolution in Africa (AGRA), a nonprofit launched by the Bill & Melinda Gates and Rockefeller foundations in 2006 with promises to double yields and incomes for thirty million farming households while cutting food insecurity in half in twenty African countries by 2020. Billions of dollars spent promoting and subsidizing commercial seeds and agrichemicals across Africa have failed to fulfill their promises to alleviate hunger and lift small-scale farmers out of poverty, according to the paper, published by the Tufts University Global Development and Environment Institute. The researchers found “little evidence of widespread progress on any of AGRA's goals, which is striking given the high levels of government subsidies for technology adoption.” The paper documents slow productivity growth, no significant increases in food security or small-farmer incomes, and worsening hunger in most of AGRA's target countries. Among the key findings of the Tufts paper is a 30 percent increase in the number of hungry people in AGRA's thirteen focus countries during the AGRA years, despite the massive investments in agricultural productivity gains ([theecologist.org](http://theecologist.org)). As with Big Ag everywhere, production may go up, but the fate of small farmers gets worse and worse.

## SALT AND THE BRAIN

Mainstream advice could not be any worse when it comes to salt. The “experts” aim warnings to cut back on salt—an

absolutely essential nutrient—to all ages, including pregnant and breastfeeding women, infants and growing children, adults supposedly at risk for heart disease, and the elderly. Yet salt is essential for brain development and cognitive function. A recent study from the University of Colorado found that in older men, low sodium levels in the blood (a condition called hyponatremia) was associated with reduced cognitive function, including lowered reasoning power, memory deficits, reduced attention span and impaired command of language ([pubmed.ncbi.nlm.nih.gov/29439092/](http://pubmed.ncbi.nlm.nih.gov/29439092/)). As for the premise that a reduced salt diet is good for heart health, a Canadian study of more than ninety-five thousand individuals worldwide found that moderate consumption of salt—about two to three teaspoons per day—is beneficial for heart health. According to researcher Andrew Mente, “While low sodium intake does reduce blood pressure, at very low levels it may also have other effects, including adverse elevations of certain hormones associated with an increase in risk of death and cardiovascular diseases” ([pubmed.ncbi.nlm.nih.gov/30129465/](http://pubmed.ncbi.nlm.nih.gov/30129465/)).

## DEADLIER THAN BULLETS

In our Winter 2020 issue, we presented the cause of anthrax as arsenic poisoning, not a microbe that justifies eradication by vaccination. Yet after 9/11, the rarely used anthrax vaccine was dusted off for injection into members of the military. The vaccine requires five—f-i-v-e—consecutive doses with a booster every year. A 2004 legal injunction that challenged the vaccine's safety and effectiveness briefly halted the anthrax vaccine program, but the Defense Department reinstated the jabs after a 2005 FDA report claiming the vaccine was safe. A new film, *Vaccine Syndrome*, produced by Oscar-nominated filmmaker Scott Miller, provides interviews with military personnel who received the controversial vaccine. According to the film, a “RAC-GWVI Government Report,” published in 2008, noted that thirty-five thousand soldiers have died from the effects of the vaccine—that's five times more than the number of soldiers who died in combat in Iraq and Afghanistan combined. ☸

## 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.

# Bringing Up Baby: When to Wean...and How

By Sally Fallon Morell

**D**ebate on how to feed a growing baby permeates the Internet. When should moms introduce solid food? And what kinds of foods should come first? What about baby-led weaning—is that the way to go? Does it even matter what baby eats?

In these online debates, many moms agree with the statement that “food before one is just for fun.” But the practices of non-industrialized peoples, supported by modern science, show us that the early months are the most important time of life for the right kind of diet—a nutrient-dense diet that will determine babies’ growth and development during the early years and overall health for the rest of their lives.

More than half the [non-industrialized] cultures introduced solid foods before six months, with five to six months being the most common timeframe.

#### WHEN TO WEAN?

Internet discussions on infant feeding start with debate on the best time to introduce solid foods. Most medical organizations, including the American Academy of Pediatrics (AAP), the World Health Organization and the European Society for Pediatric Gastroenterology, Hepatology and Nutrition recommend the introduction of solid foods sometime between the fourth and sixth months. All are in agreement that solid foods before the fourth month can predispose babies to gastrointestinal problems and allergies; at the same time, these organizations note that delaying introduction of solid foods after six months may result in baby not getting all the nutrients needed.

These recommendations about when to begin solid foods are completely in accord with those of the Weston A. Price Foundation.

Very mature—or fast-growing—babies will be ready for some solid food at four months, while smaller, less mature babies may not be ready until six months. Moms often find that with the introduction of pureed foods, their baby becomes less fussy, goes longer between feedings and sleeps better through the night—a great relief to mom herself as she can also sleep through the night and settle into a better routine. Of course, moms can and should continue nursing or using the raw milk formula for as long as they like. Some babies enjoy nursing for up to three or four years; others lose interest before they are a year old.

In online debates, many mothers object to giving any solid food before six months, and some argue that solid foods should be delayed as long as possible—in other words, making the case for prolonged exclusive breastfeeding. Some claim that baby can get everything needed from breastmilk alone even past the one-year mark; one mother, recognizing the research showing that babies need more iron than mom can supply after six months, and that the mineral levels in mom's breastmilk decline over time, suggests solving the problem by letting baby get his minerals by playing in the dirt! Others cite their babies' "lack of interest in food," often describing how little food gets into baby's mouth when they practice baby-led weaning (more on this later).

In questions of this importance, our first step is to look at the practices of traditional peoples—and then to see whether they jibe with what modern science has to tell us. On this topic, we have two studies that provide us with valuable information. One is a 1983 survey of childbirth and breastfeeding practices in one hundred eighty-six non-industrialized cultures.<sup>1</sup> The main focus of the study was maternal bonding traditions, but the authors also looked at feeding practices. They were surprised to find that most cultures began weaning at six months or earlier. In fact, in one-third of the cultures, solid foods were given before one month of age!

Contrary to the expectation of a prolonged period of breast-milk as the sole source of infant nutrition, solid foods were introduced before one month of age in one-third of the cultures, at between one and six months in another third, and was postponed more than six months for only one-third.<sup>1</sup>

A more recent survey from 2001 looked at infant feeding practices in one hundred thirteen non-industrialized populations from around the world.<sup>2</sup> The researchers found that more than half the cultures introduced solid foods before six months, with five to six months being the most common timeframe. Breastfeeding continued for anywhere from ten to twenty-nine months.

Some online comments indicate that WAPF's advocacy of solid foods by six months is proof of our "opposition" to breastfeeding. Nothing could be further from the truth—the solid foods are in addition to breastmilk (or homemade formula when necessary). The combination of solid foods plus breastmilk can continue for many months.

By the way, this is exactly what we see in the animal world. Baby animals breastfeed exclusively only for a short period of time—just a month or so in the case of cows and pigs—and then get nourished with a combination of solid foods plus breastmilk for a much longer period.

The key reason for the introduction of solid food by six months is the baby's iron status. Although a mother's breastmilk contains lactoferrin, which helps the baby absorb 100 percent



of the iron in her milk, iron content is generally low. One explanation for this is that babies need more zinc than iron during the first few months of life, and breastmilk is high in zinc. Babies should also get a good supply of iron in the cord blood, but the normal turnover for red blood cells is four months. By six months, iron deficiency is a distinct possibility in the exclusively breastfed baby. In fact, mineral levels start to decline in mother's breastmilk almost from birth and continue to fall after the six-month mark. A 1984 study showed a decrease in zinc, copper and potassium.<sup>3</sup> And a 1990 study of mothers in Bangladesh documented a decline in zinc and copper over time.<sup>4</sup>

What about the argument that allergies can be avoided by delaying solid food? A recent review of available research found that where the risk of allergy is a key consideration, introducing solids at four to six months may result in the lowest allergy risk.<sup>5</sup> Said the authors of the review, "When all aspects of health are taken into account, the recommended duration of exclusive breastfeeding and age of introduction of solids were confirmed to be six months, but no later."

Another argument holds that baby's gut is too permeable for solid food at four months, or even much later. We asked Natasha Campbell-McBride for her opinion on this—remember that she is one of the world's experts on gut permeability. Her reply: "The majority of babies are ready to be weaned by six months, but many babies are ready earlier—they start getting hungry because they don't get enough from the mother's milk. To add formula to those babies is not a good idea; it is much better to start adding real foods [although] no grains, beans or any other starchy and difficult-to-digest plant foods. Animal foods—meat stock, meats, fish, eggs and fermented raw dairy (from proper milk)—should be introduced, as well as cooked vegetables and some freshly pressed juices from raw vegetables and fruit. Gradually! The gut wall of babies is permeable for a reason, because it is necessary to develop oral tolerance of a plethora of antigens from the environment. Introducing foods during that time ensures that the child develops tolerance and can eat natural foods without reacting with allergies." (I'm not sure we agree about the juices, but in everything else, Dr. Campbell-McBride and WAPF are in accord.)

Back to the assertion that "food before one is just for fun." There is no age at which baby is growing faster—and forming more connections in the brain—than the age from zero to one. This is not the time to be casual about feeding your baby—because food before one matters a ton! The way you feed baby—when and what and how—will make all the difference in his or her future health, appearance and intelligence.

## BAD ADVICE

It's very clear from both tradition and science that babies should receive solid foods by age six months—advice with which WAPF is in complete agreement. As for what to feed baby, here we are mostly in *disagreement* with conventional recommendations.

In fact, what passes for advice on infant feeding in books and on the Internet is not only confusing and conflicting, but woefully inadequate. Most health professionals are absolutely clueless when it comes to nourishing a baby during that critical first year of life.

Let's start with the AAP—we might assume that this august institution would have the most accurate and detailed advice on how to feed baby. Here's what they recommend: introduce solid foods around six months of age; expose baby to a wide variety of healthy foods; and offer a variety of textures.<sup>6</sup> These suggestions don't seem very helpful, to put it mildly.

An older AAP suggestion, which persisted for many years, was to give iron-fortified rice cereal as baby's first food. Widespread criticism about starting baby off on pure carbs and the recent arsenic scandal (which found high levels of arsenic in conventional rice) have the AAP retreating from this dogma. Today, if you dig around on the AAP website long enough, you will find a grudging recommendation for red meat as a source of iron for baby.<sup>7</sup>

By the way, years ago, the AAP refused

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## BABY FOOD IN PLASTIC CONTAINERS



Get your child used to phthalates at an early age!

to recommend soy infant formula, due to reports of severe intestinal damage and thyroid problems in babies fed this toxic food. But when the AAP built its shiny new headquarters, the organization accepted a large contribution from the formula industry; the AAP's objections to soy formula then disappeared.

However, most moms don't query the AAP when they decide to feed solid food to their babies; they just go to the grocery store. There they will find mostly pureed fruits and vegetables, along with strange mixtures like quinoa and peas. Plain pureed meat will come with a "gravy" of water and cornstarch. In the old days, you could purchase pureed liver or egg yolk for your baby, but no longer.

Even worse, conscientious mothers are unlikely to find many choices in glass jars. Instead, much baby food today comes in plastic (so you can introduce phthalates at an early age) or aseptic containers lined with aluminum and flash heated to 295°F. And yes, aluminum does migrate into the food when heated to such high temperatures, especially for acidic foods like applesauce.

What about the USDA dietary guidelines? Can they enlighten us? The book *MyPlate for Moms: How to Feed Yourself & Your Family Better*<sup>8</sup> provides the following recommendations for feeding infants:

- Lean meat or tofu
- Occasional egg
- Occasional cheese
- Fruits and vegetables
- Whole grains – dry breakfast cereals
- Lowfat milk
- Low-trans spreads
- Reduced salt

This is a largely plant-based diet, with most calories coming from fruits and vegetables. Baby is allowed no butter or other animal fats, and there is no suggestion of organ meats. He will get small amounts of fat from the lean meat and occasional egg and cheese, but if mom decides to feed tofu rather than meat, even these sources of fat will be lacking.

Recently the Weston A. Price Foundation was asked to endorse the book, *What to Feed Your Baby*,<sup>9</sup> by Tanya Altmann, MD, FAAC, a pediatrician who claims to be a spokesperson for the AAP. "Dr. Tanya Altmann knows that good nutrition is essential for healthy kids," reads the back-of-book copy: "In *What to Feed Your Baby*, Dr. Tanya provides the latest nutritional recommendations and best practices for feeding babies and young children."

The "latest nutritional recommendations" suggest eleven foundational foods for your baby:

- Eggs
- Prunes
- Avocados
- Fish

- Yogurt/cheese/milk  
(soy milk if allergic to cow's milk)
- Nuts
- Chicken/beans
- Fruit
- Green veggies
- Whole grains
- Water

Dr. Altmann also advises parents to avoid giving salt to their babies, and there is no butter or other animal fats, no red meat and no organ meats on this list. Baby gets lowfat or nonfat milk after age two, but plenty of rough whole grains—which could include rice cakes, "multi-grain" Cheerios and even granola—foods impossible for baby to digest. Needless to say, we did not endorse her book!

Overall, it seems that fruits and vegetables have replaced rice cereal as baby's first foods, as illustrated in the meme below—but pasta and toasted (why toasted?) bread are OK. These guidelines allow small amounts of animal foods but state that it's no problem to replace these with tofu. In all versions of conventional guidelines, Dr. Altmann's included, and in baby foods sold at the grocery store, animal fats are absent,

## Best First Foods for Baby



### Fruits:

Banana  
Pear  
Avocado  
Peach  
Apple  
Melon, etc.

### Vegetables:

Sweet potato  
Butternut squash  
Carrots  
Pumpkin  
Beets  
Green beans, etc.

### Other ideas for later:

Chicken, turkey, fish  
Scrambled egg  
Pasta  
Cheese  
Tofu  
Toasted bread

## Worst First Foods for Baby



### White rice cereal or any grain-based infant cereals.

When flour is refined to make cereal, the most nutritious part of the grain is removed, so the flour essentially becomes a form of sugar. When you feed your baby a bowl of infant cereal, picture yourself dipping directly into your sugar bowl and feeding baby a spoon or two, because that's essentially what it amounts to. - Dr. Mercola

Modern suggestions for babies:  
a plant-based diet.

and no one seems to understand the concept of nutrient density for baby.

#### BABY-LED WEANING?

Recently I visited a Whole Foods in Washington, DC, and went upstairs to the café area to eat my lunch (cheese and homemade paté) before shopping. A woman with a baby of about eight months sat at the table next to mine. She ate a meal she had purchased at the deli. But what did baby in her high chair get? A few pieces of green pepper and cucumber on the high chair tray. When they left, those vegetable slices were scattered on the floor, with no evidence that baby had eaten much of anything.

It's likely this mom was following the suggestions of *Baby-Led Weaning*,<sup>10</sup> a best-selling book on how to feed babies. Marketing for the book characterizes the approach as “The Natural, No-Fuss, No-Purée Method for Starting Your Baby on Solid Foods.” As described on Amazon, “*Baby-Led Weaning* explodes the myth that babies need to be spoon-fed and shows why self-feeding from the start of the weaning process is the healthiest way for your child to develop. With baby-led weaning (BLW, for short), you can skip purées and make the transition to solid food by following your baby's cues.”

The premise of baby-led weaning is that mom doesn't need to spend any time in the kitchen making purées for her six-month-old child, but that baby can be fully nourished on chunks of food like broccoli and rice cakes. The idea is to put “a variety of foods in front of baby and baby will know what to eat.” Furthermore,

according to the authors, babies need this training in order to learn to put things in their mouths without any spoon feeding. (Seriously!) Babies need to eat with the family at the table, and baby-led weaning is the way to accomplish this. Also, babies might be traumatized and grow up to be axe murderers if you put a spoon in their mouths and feed them yourself. Please forgive my sarcasm, but as a mother of four children who grew up just fine after their infant diet of purees, I have to wonder where this deep-seated aversion to pureed baby food and initial spoon-feeding is coming from.

According to *Baby-Led Weaning*, baby's early diet should look something like the pictures below.

One has to ask; how much nourishment is baby getting from carrot sticks and pieces of lettuce? How much is even going down the gullet? And what about the danger of choking?

There is just so much wrong with this book. . . . Let's start with the dietary guidelines themselves. Suggestions for baby's first foods include raw carrot, raw broccoli and a strip of meat—remember, baby doesn't have molars yet! Even adults sometimes have trouble chewing a strip of meat. Baby gets full-fat dairy but no butter. Instead, he gets “healthy fats” such as vegetable oils, oily fish and olive oil. Salt is bad for babies, insist the authors of *Baby-Led Weaning*. Baby gets whole grains, including oat cakes, rice cakes and dry breakfast cereal (Rice Krispies are especially recommended). According to the authors, pasta and pizza are OK—they make great finger foods, after all!

The premise of baby-led weaning is that mom doesn't need to spend any time in the kitchen making purees for her six-month-old child, but that baby can be fully nourished on chunks of food like broccoli and rice cakes.

#### BABY-LED WEANING



Typical meal for baby—you'd look sad too, if you had to eat this way.



Baby gets zero nourishment from lettuce.



Expect a mess!



And microwaving is also OK. The key is that mom just puts a few of these objects on baby's tray, and baby then "tells" mom what he is going to eat. Once baby learns to talk, he can even dictate all his food choices! Don't be surprised if he wants to eat nothing but pizza.

As justification, proponents of baby-led weaning point to a 1926 baby feeding study by Clara Davis, carried out at the Mt. Sinai Hospital in Cleveland. In this study, Davis fed a group of orphans by putting a variety of foods in front of them every day.<sup>11,12</sup>

The first thing to notice is the choice of foods that Davis considered important for babies. These included "sweet milk"—in 1926, that would be whole raw milk—as well as sour milk. In addition to fruits, vegetables and grains, the babies got to choose from beef, lamb, chicken, bone marrow, bone jelly, sweetbreads, brains, liver, kidneys, fish and eggs. Notice all the organ meats and the lamb jelly! To top it off, babies got to dip their fingers in a bowl of sea salt! Most importantly, Davis did not give the infants any foods containing sugar and white flour.

The babies did well—they thrived and had rosy cheeks. Does that mean the babies knew what they should eat? No, it means that Clara Davis knew what babies should eat—far, far better than what modern moms know, plunking slices of green pepper down on the high chair tray.

Commentators have declared that the Davis study shows that "all the babies ended up eating a balanced diet." The babies did well, for sure, but how do we know they all got a balanced diet? Did they measure the nutrient levels in the foods? Were the babies followed into adulthood? Were they given blood tests to determine blood levels of vitamins and minerals?

The babies studied by Davis developed definite tastes. For example, one baby ate two pounds of oranges in one day. I'm not sure I would call that a "balanced diet." If I had a child who only wanted to eat oranges, I would not let him tell me what he wanted to eat, but do my best to vector him to other foods.

But the key point is this: In the Davis study, the foods were mashed, ground up or finely minced—not raw and in big chunks. Moreover,

when the babies indicated what they wanted, the nurses fed them *with a spoon*. Babies also ate with their fingers. The baby-led weaning folks have definitely twisted the Davis study to justify giving babies raw broccoli or raw carrots as their first foods!

Another flaw: The cover of *Baby-Led Weaning* promises "no purees, no stress, no fuss." But moms are advised to "expect a mess."

Motherhood is hard enough without having to clean up a mess like this, three to four times per day! Making purees for your baby is a joyful, relaxing activity—but cleaning up a horrendous mess at every feeding time is stressful indeed!

## PARENT-LED FEEDING

It's easy to feed purees to baby, even before he can sit up. Put a bib on and strap him into a child seat. (Later you can feed him in a high chair.) The puree should be thin and easy to swallow—the food can get thicker as baby gets older, but the first purees should be somewhat watery.

At first, baby will push a little food out with his tongue (called tongue thrust). Actually, at the first feeding, he will push most of it out. Just be patient and keep putting it back in his mouth, and he will soon get the hang of it. (You can also let baby lick the food off your fingers for the first few tries.) Baby pushing food out does not mean that "baby is not ready for solid foods" or "baby is not hungry," as some mothers say. It just means that baby is still learning how to eat.

## Food Choices at the Orphanage



Clara Davis, as she appeared in a 1918 photograph, spearheaded the classic food-choice study.

- |                       |              |                 |                    |
|-----------------------|--------------|-----------------|--------------------|
| 1. Water              | 17. Spinach  | 23. Barley      | 29. Chicken        |
| 2. Sweet milk         | 18. Potatoes | 24. Ry-Krisp    | 30. Sweetbreads    |
| 3. Sour (lactic) milk | 19. Lettuce  | 25. Beef        | 31. Brains         |
| 4. Sea salt           | 20. Oatmeal  | 26. Lamb        | 32. Liver          |
| 5. Apples             | 21. Wheat    | 27. Bone marrow | 33. Kidneys        |
| 6. Bananas            | 22. Cornmeal | 28. Bone jelly  | 34. Fish (haddock) |
| 7. Orange juice       |              |                 |                    |
| 8. Fresh pineapple    |              |                 |                    |
| 9. Peaches            |              |                 |                    |
| 10. Tomatoes          |              |                 |                    |
| 11. Beets             |              |                 |                    |
| 12. Carrots           |              |                 |                    |
| 13. Peas              |              |                 |                    |
| 14. Turnips           |              |                 |                    |
| 15. Cauliflower       |              |                 |                    |
| 16. Cabbage           |              |                 |                    |



A photo from Davis' 1928 paper shows foods from the eating experiment. Babies in the study were given around 10 foods to pick from at a time, presented minced, mashed or ground up in bowls or cups they could point at.



While feeding him, you can talk to him and laugh. Baby will not be traumatized. At first, he may seem surprised, but soon he will coo and kick his legs with delight. Rather than leave a child alone with some food objects on his tray, you can make meals a time of real engagement with baby. You are looking at him; talking with him; laughing with him. This is the right kind of training for family meals—the association of food with pleasant social interaction. And finally, there is no mess! No yucky food on high chair, floor and baby for mom to clean up.

What about family meals—do we need to practice baby-led weaning to have baby participate in family meals? Not at all! In fact, a lot of family members would not find it enjoyable to eat with a baby making a terrible mess with his food.

Instead, feed baby his puree before the family meal, so that he is well-fed, satisfied and not fussy. Then at meal time, put a few small pieces of banana or cheese on his tray—something nourishing but not too messy. Let him play with those while the rest of the family eats. If he is teething, give him a bone to chew on—bones are a great teething tool, but definitely not a source of nourishment at that age. As he grows older, you can start giving him some of the family food, such as soup

or finely minced stews, fed to him with a spoon until he learns how to do this himself.

There are so many downsides of baby-led weaning. Let me count the ways: malnutrition, wastefulness, choking risks, messiness, and horrible family meals—but the most serious may be that this feeding approach pretends to put baby in charge of what he eats.

Mom and Dad need to be in charge of what baby eats. Baby does *not* know what to eat; only wise parents know what and how to feed baby. Gladys Davis herself concluded that food

selection for young children should be left “in the hands of their elders where everyone has always known it belongs.”

If you put a cookie on baby’s high chair tray, he will eat it even though this is a horrible choice for a baby. Of course, if baby exhibits a real aversion to something you are feeding

her (demonstrated, for example, by throwing up), then you will need to find a substitute (but equally nutritious) food.

The precedent of parents deciding what baby should eat needs to be established from the start. Give baby plenty of freedom to play, develop and explore on his own, but take full charge of baby’s diet—his good health and optimal development depend on it.



Parent-Led Feeding:  
A time of fun and engagement for baby!

You can make meals a time of real engagement with baby. This is the right kind of training for family meals—the association of food with pleasant social interaction.

#### SUPPLEMENTS FOR BABY

Should babies receive supplements? The American Academy of Pediatrics (AAP) says yes, recommending that baby get added iron and vitamin D in tacit recognition that the infant diet the AAP promotes lacks these nutrients.

However, supplemental iron for baby should be avoided at all costs. The inorganic iron in supplements can increase susceptibility to infectious diseases as well as encourage inflammatory chronic diseases such as diabetes, obesity, metabolic syndrome, atherosclerosis, neurodegeneration, liver disease and even cancer.<sup>13</sup> Of course, babies do need iron but only from iron-rich foods that contain important cofactors (copper and vitamin A), such as liver and egg yolk.

Likewise, vitamin D supplements can cause calcium build-up in the soft tissues, where it does not belong. Baby needs vitamin D from foods like cod liver oil, butter and egg yolks, which also supply vitamin A.

Beware children’s chewable vitamin tablets, which contain refined sweeteners like sugar, fructose, maltodextrin and sorbitol, along with colorings, flavorings and fillers. The “vitamins” they contain are all synthetic and unlikely to do your baby any good. Instead, baby will be beautifully nourished with real, nutrient-dense foods like liver, egg yolks, butter, cod liver oil, unrefined salt, raw dairy products and pastured meats; with these in his diet, he won’t lack for any of the essential nutrients.

## WHAT TO EAT?

At no other time in his life will your baby be growing as fast or making as many brain cells as during the first year of life—and this growth and development cry out for abundant nourishment.

During the first year of life, your baby is programmed to make seven hundred new neural connections every second, and the cerebellum triples in size, corresponding to the rapid development of motor skills that occurs during this period. Full vision comes online in the first year, and language circuits in the frontal and temporal lobes become consolidated.

During the toddler years, the number of nerve connections in the brain increases to one thousand trillion, twice the number the baby had at birth. Myelin, an insulating material around these nerves, is diminished in malnourished toddlers because fewer cells that make myelin are produced. This can result in smaller brains. What does baby need to produce myelin? First and foremost, cholesterol! There's no cholesterol in rice cereal or vegetables—and baby cannot make his own cholesterol at this young age. He must get it from the diet.

Your baby also needs abundant choline—another nutrient absent in typical baby foods. Baby goes through windows of opportunity when brain connections can be made—and without choline, these connections won't occur. Consuming choline later will not help—it needs to be there



Use a syringe or eye dropper for cod liver oil.

and available for making the connections during the specific windows of opportunity.

Iron deficiency in one- to two-year-olds has been linked to learning and behavior problems, including irreversible cognitive problems. Fat is also crucial for toddlers because it's needed for the accelerated pace of myelin formation during this period. Fats carry the fat-soluble vitamins A, D and K2, which are critical for neurological development. Your baby cannot absorb iron without vitamin A. Thus for optimum brain development, at least 50 percent of a child's total calories should come from fat, mostly animal fat.

Bone density is established during the first year of life. As bones are forming and growing, baby needs easily absorbed calcium and phosphorus, plus vitamin D, vitamin A and vitamin K2—along with numerous other cofactors.

B12 is critical to all these processes—there's no vitamin B12 in plant foods. And abundant B6 is also important, largely supplied by animal foods.

Given these nutritional requirements, which foods from Table 1 (next page) would you choose for your baby's first foods? It's obvious that baby's first foods should be liver and egg yolk—not only for the abundant cholesterol and

### PUREES MADE EASY

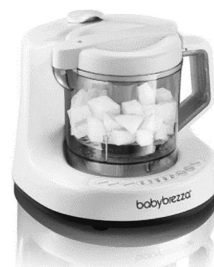
Intimidated by the thought of making purees? It's not hard, and there are plenty of gadgets available for this task. Just cook baby's food gently in water or stock, drain off the liquid and puree, adding the cooking liquid as needed. (Avoid gadgets that steam baby's food, as you don't want to be steaming baby's food in plastic.) Then stir in butter or cream and salt. Leftover puree can be frozen in metal ice cube trays, which make individual servings that can be removed and steamed to thaw. And making baby food purees will get you into the habit of preparing all your family's food as baby grows.



This food mill is an old-fashioned choice, but my favorite.



A mini immersion blender for baby food.



A mini food processor for making baby food.

choline they provide, but also for minerals, fat-soluble vitamins and vitamins B12 and B6. For variety, red meat and gizzards are also good, but nothing can match egg yolks and chicken liver for nutrient density. Start feeding these at four to six months, depending on the maturity of the baby. Natural cod liver oil, for vitamins A and D, can be given even earlier, starting at three months. It's easy to give cod liver oil using a syringe or eye dropper.

None of the foods listed above is a significant source of calcium, but remember that baby should still be breastfeeding or getting a raw milk formula. Raw milk (human or otherwise) provides calcium, phosphorus and many minerals in abundance (the exception being iron), plus a myriad of compounds that build the immune system, strengthen the gut wall and protect against pathogens. And raw milk is an important source of vitamin C for your child.

For the egg yolk, boil a whole egg—preferably pasture-raised—for three and one-half minutes; then peel and discard the white. Add a pinch of salt to the yolk (which will still be soft). Start by feeding just one-half teaspoon on a spoon (or have baby lick the egg yolk off your finger) and gradually build up from there. An even easier way is to dip your finger in the runny egg yolk of your own fried egg and let baby lick it off; then graduate to giving it to him

with a spoon. If baby does not adjust to the egg yolk or has an allergic reaction, hold off for a week or two and then try again. Some moms have found that babies don't tolerate egg yolk on its own, but do fine with egg yolk mixed with liver puree.

Baby's first pureed liver should be very runny—and have salt added. You can also stir in a little butter or cream. Once baby has adjusted to his egg yolk and liver, you can add other foods, such as pureed red meat, pureed fish, pureed dark chicken meat, and pureed fruit and vegetables with cream or butter. Puree meats with water, bone broth, raw milk or cream, and always with added fat, especially butter. Introduce new foods one at a time and observe any possible allergic reactions.

As he or she matures, baby can also be given finger foods cut into small pieces, such as banana and cheese. Salmon eggs make a great finger food, as do dried anchovies. For a real treat, give baby bits of natural bacon!

Another critical food for baby is salt. Salt provides chlorine for hydrochloric acid production—without salt it will be difficult for your baby to digest the meats you are giving him. And the sodium in salt is essential for brain development. Formula makers learned this lesson the hard way when they produced a low-chloride, low-sodium baby formula called Neo-Mul-Soy. The babies on this formula had very retarded intellectual development (compared to babies on regular soy formula) and, after several lawsuits, the formula was removed from the market. Yet very few baby foods contain salt, and almost all books on feeding babies claim that babies should not consume salt. For shame! Be sure to put salt in all your baby's purees and egg yolk, and also consume plenty of salt while you are breastfeeding—and make that unrefined salt to provide adequate magnesium and trace minerals.

As for fruits and vegetables, in the early days these should be well cooked, then pureed or mashed, and mixed with butter or cream. Raw


TABLE 1. Comparison of nutrients available in selected animal and plant foods

Nutrient (per 100 grams)	APPLE	CARROT	RED MEAT	GIZZARD	EGG YOLK	CHICKEN LIVER
PHOSPHORUS	6 mg	31 g	140 mg	148 mg	390 mg	299 mg
IRON	0.1 mg	0.6 mg	3.3 mg	2.5 mg	2.7 mg	9.0 mg
ZINC	0.05 mg	0.3 mg	4.4 mg	2.7 mg	2.3 mg	2.5 mg
COPPER	0.04 mg	0.08 mg	0.2 mg	0.04 mg	0.08 mg	0.4 mg
VITAMIN B2	0.02 mg	0.05 mg	0.2 mg	0.2 mg	0.5 mg	1.8 mg
VITAMIN B6	0.03 mg	0.1 mg	0.07 mg	0.1 mg	0.4 mg	0.72 mg
VITAMIN B12	0	0	1.84 mcg	1.2 mcg	1.9 mcg	16.6 mcg
VITAMIN C	7 mg	6 mg	0	3.7 mg	0	18 mg
VITAMIN A	0	0	40 IU	64 IU	2300 IU	34,000 IU
VITAMIN D	0	0	8 IU	?	1400 IU	370 IU
VITAMIN K	0	0	2.5 mcg	?	35 mcg	9.5 mcg
CHOLINE	3 mg	7 mg	38 mg	104 mg	820 mg	290 mg
CHOLESTEROL	0	0	78 mg	537 mg	1085 mg	631 mg

fruit contains pectin, which is very hard on the immature digestive tract. The exception is ripe bananas, which are a fine early baby food and a good source of vitamin B6. Mash a few banana slices with a little cream and a pinch of salt—your baby will love this!

As for hard-to-digest foods like grains, egg whites and raw fruits and vegetables, it's best to wait until baby is at least one year old for these. Again, introduce slowly and watch for any allergic reactions. Introduce whole egg as scrambled egg, made with extra yolks and cream. Grains should be soaked overnight in an acidic medium (water with a small amount of lemon juice, vinegar, yogurt, kefir or whey) and then well cooked. A toddler can eat bread if it is genuine sourdough bread—spread thickly with butter, of course.

Remember that above all, babies need animal fats. They are critical for growth, hormone production and indeed practically all functions in the body, right down to the mitochondria. Animal fats provide cholesterol for neurological development; arachidonic acid for healthy skin, brains and digestion; and fat-soluble vitamins needed for just about everything, including iron assimilation and hormone production.

Above all, remember that *you* are in control, especially during that critical first year. In fact, this is the *only* time in baby's life that you will have complete control over what baby eats. It's the time when habits and tastes are created, and the path for optimal growth and development is set. As baby grows into a child and then an adult, you will not have that control, but the good start you give your baby in those early years—especially during the first year—will protect him against the inevitable indulging in processed food that will occur as he makes his way in the wider world. 

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## ANOTHER REASON TO MAKE YOUR OWN

In February, a congressional subcommittee report made headlines when it disclosed that 95 percent of tested baby foods contained toxic, IQ-lowering heavy metals. According to the report, titled “Baby Foods Are Tainted with Dangerous Levels of Arsenic, Lead, Cadmium, and Mercury,” both conventional and organic baby foods display high levels of the metals. None of the products come with warning labels for parents. The report's authors noted the disturbing implications: “Exposure to toxic heavy metals causes permanent decreases in IQ, diminished future economic productivity, and increased risk of future criminal and antisocial behavior in children” and “endangers infant neurological development and long-term brain function.”

Four companies—Nurture (HappyBABY brand), Beech-Nut, Hain (Earth's Best Organic) and Gerber—cooperated with the subcommittee's request for internal documents and test results. Arsenic, lead and cadmium were detected in baby foods made by all four responding companies, and high levels of mercury were found in products made by Nurture—the only company even to test for mercury. For all four metals, the results were “multiples higher than allowed under existing regulations for other products.” Three companies—Campbell (Plum Organics), Walmart (Parent's Choice) and Sprout Organic Foods—refused to cooperate. The report's authors speculate that the three companies' “lack of cooperation might obscure the presence of even higher levels of toxic heavy metals in their baby food products, compared to their competitors' products.”

Source: Subcommittee on Economic and Consumer Policy. *Baby Foods Are Tainted with Dangerous Levels of Arsenic, Lead, Cadmium, and Mercury.* Committee on Oversight and Reform, U.S. House of Representatives, February 4, 2021.



# Monosodium Glutamate, Glyphosate, Seizures and Autism

By Stephanie Seneff, PhD

**K**atherine Reid, PhD, is a biochemist and the mother of five children, one of whom is a girl who had been diagnosed with autism at age three.<sup>1</sup> Dr. Reid saw improvements in her daughter's autistic symptoms when she put her on an organic diet and eliminated gluten (for example, wheat) and casein-containing foods such as milk.

Although a gluten-free, casein-free diet for people with autism is the subject of heated debate, many parents of children with autism find that when they eliminate gluten and casein from their children's diets, digestive symptoms improve. Dr. Reid reasoned that products made with gluten and casein are often high in glutamate. She was aware that monosodium glutamate (MSG) is a common additive in processed foods, primarily because it acts as a taste enhancer, and she also knew that glutamate is a neurotoxin.

In unbound form, free glutamate's rapid uptake past the gut barrier can cause too much glutamate in the blood, and, subsequently, in the brain.

#### FREE (UNBOUND) GLUTAMATE

Once she began researching MSG, Reid discovered that there was a large body of literature connecting various illnesses to glutamate dysfunction. Glutamate is essential in that it is one of the twenty or so coding amino acids that are the building blocks of proteins; it is also an alternative fuel for the mitochondria to replace glucose. In addition, glutamate is an excitatory (as opposed to inhibitory) neurotransmitter, stimulating neurons to fire.

Although many foods naturally contain glutamate, it is usually tied up in a long chain of amino acids making up a peptide, which in turn is a segment of an even longer amino acid sequence in a complete protein. That means it gets digested slowly, because the protein has to be disassembled into individual amino acids before it can be absorbed. MSG, on the other hand, is a single free (unbound) glutamate molecule. Figure 1 (next page) shows a free glutamate molecule and a glutamate that is the last residue in a tripeptide (leucine-alanine-glutamate). Ordinarily, the glutamate in the tripeptide would be hooked up to a following amino acid as well (via the COO- in the lower right corner of the figure).

It may be surprising to learn that an amino acid that has so many important roles in the body could be toxic. To understand how glutamate becomes neurotoxic, you need to understand how glutamate is managed in the brain. As an excitatory neurotransmitter, glutamate is a powerful stimulator of nerve cell activity, so it needs to be carefully managed. Normally, glutamate is sequestered inside vesicles in an inactive mode

in the nerve cells. It is released into the synapse in order to transmit a signal to a neighboring cell. Following its release, it is quickly cleared by surrounding astrocytes (protective brain cells), which take it up and immediately convert it to glutamine, a benign molecule without any neuroexcitatory effects. The glutamine is then shipped back to the neurons through a pathway not involving the synapse, and the neurons take it up and convert it back to glutamate while inserting it into the sequestered environment of the vesicles.

In unbound form, free glutamate's rapid uptake past the gut barrier can cause too much glutamate in the blood, and, subsequently, in the brain. This can overstimulate glutamate receptors in the brain and cause excess neuronal firing. In turn, this induces oxidative stress through reactive oxygen species (ROS), which can result in neuronal damage.<sup>2</sup> The technical term for a condition of excessive neuronal firing in response to an excitatory stimulus is neuroexcitotoxicity. A neurosurgeon named Russell Blaylock wrote an entire book titled *Excitotoxins: The Taste that Kills*, focusing on glutamate as well as other neurotoxic food additives such as artificial sweeteners.<sup>3</sup>

Acting as a neurotransmitter, glutamate has been implicated as an excitatory neurotoxin in the brain not only in autism but also in association with multiple neurological diseases, including Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis and multiple sclerosis.<sup>4</sup>

#### ARTICLE SUMMARY

- Glutamate neuroexcitotoxicity appears to be a significant factor in autism, as well as in other neurological diseases and mood disorders.
- Glutamate neuroexcitotoxicity leads to excessive oxidative stress in the brain, causing hyperactivity, seizures and neuronal damage, particularly in the hippocampus—the seat of learning and memory.
- Monosodium glutamate (MSG), which is a common ingredient in processed foods, can cause seizures in mice if it is injected into their bodies.
- Glyphosate works synergistically with glutamate to cause harm.
- In different types of studies with rats, glyphosate has been shown to cause neuroexcitotoxicity in the hippocampus. This is associated with excess extracellular glutamate and overstimulation of glutamate receptors, called NMDA receptors.
- A certified organic whole foods diet is a simple step you can take that will provide protection from glutamate excitotoxicity, while also reducing your family's exposure to glyphosate.

## GENERALLY REGARDED AS SAFE?

The U.S. Food and Drug Administration (FDA) has approved MSG as a food additive, designating it as “generally regarded as safe” (GRAS).<sup>5</sup> But there are many people who complain of a syndrome aptly named “Chinese Restaurant Syndrome” due to the fact that they often experience symptoms after dining out at Chinese restaurants. (MSG is commonly used to enhance flavors in Chinese dishes.) The condition, though considered a “food intolerance” rather than a food allergy, produces complex and varied symptoms that include muscle pain, heart palpitations, generalized weakness, headaches, nausea, flushing, tingling, chest pain and drowsiness. Individuals also report a connection to migraine headaches.<sup>6</sup> People with migraine headaches have been found to have elevated levels of glutamate in their blood.<sup>7</sup>

Most parents don’t know that free glutamate is a hidden ingredient in many processed foods. It is almost impossible to eliminate free glutamate from your diet completely because glutamate hides behind many disguises on food product labels. These include “hydrolyzed protein,” “hydrolyzed vegetable protein,” “autolyzed plant protein,” “protein isolate,” “soy extracts” and “yeast extract.” After Dr. Reid became conscious of glutamate in foods, she became a very astute shopper at the grocery store. And remarkably, after she switched the family to a diet consisting entirely of whole foods and real foods—eliminating all processed

foods—her daughter made a full recovery and lost the autism diagnosis. Reid is now working tirelessly to get the message out to the general public. She has presented her story in a moving TEDx Talk titled, “Unblind My Mind: What are we eating?”<sup>8</sup>

## GLUTAMATE AND GLYPHOSATE

In addition to the presence of free glutamate in processed foods, there is another factor, pervasive in our environment today, that may be causing free glutamate to have an even larger impact on our health. This factor is glyphosate, the active ingredient in the ubiquitous herbicide Roundup. Glyphosate is a contaminant in many common foods, both because it is used to kill weeds—predominantly on GMO Roundup-Ready crops such as soy, corn, sugar beets, canola and alfalfa—and because it is used as a desiccant or ripener just before harvest on many other food crops, including wheat, barley, oats, legumes and sugar cane. While U.S. regulators assure us that glyphosate is practically nontoxic to humans, much recent research is proving that statement false.

Some of this research is highly suggestive that glyphosate—in conjunction with a diet high in free glutamate—could be working synergistically to cause glutamate excitotoxicity in the brain, leading to autism. It is important to understand that free glutamate is, by a wide margin, the most abundant excitatory neurotransmitter in the vertebrate nervous system, accounting for

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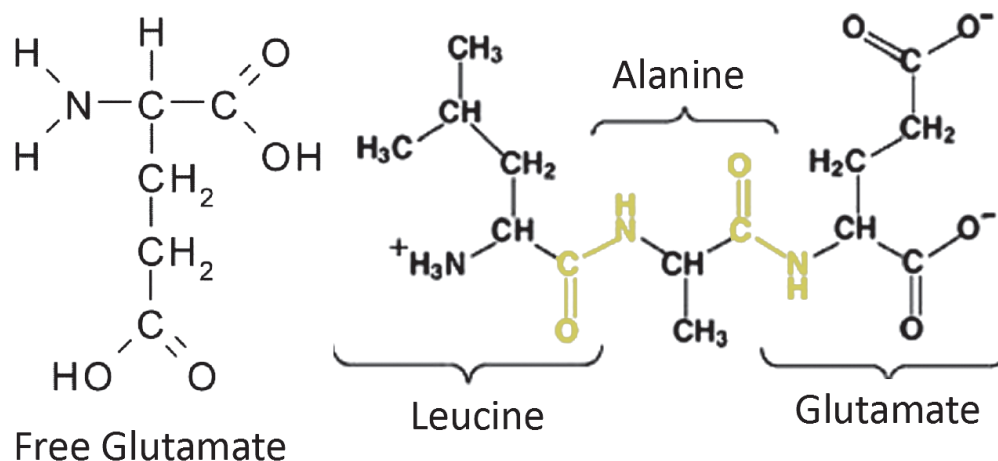


FIGURE 1. Illustration of a stand-alone free glutamate molecule (left) and a tripeptide consisting of a sequence of leucine-alanine-glutamate joined together (right). The parts colored in green are the seams where the two amino acids bind together.

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well over 90 percent of the synaptic connections in the brain. The hippocampus is especially rich in glutamate receptors, which are essential for the important role of the hippocampus in learning and memory.<sup>9</sup> In fact, the hippocampus depends on glutamate signaling to a greater extent than other parts of the brain. Too much glutamate, however, is dangerous.

A seminal paper on glyphosate and neurotoxicity published in 2014, the title of which speaks for itself, illustrates the risks: “Mechanisms underlying the neurotoxicity induced by glyphosate-based herbicide in immature rat hippocampus: involvement of glutamate excitotoxicity.”<sup>10</sup> Simply stated, the study found that glyphosate causes glutamate to become neurotoxic in the hippocampus in young rats.

The study focused on the hippocampus of fifteen-day-old rat pups. In one branch of the study, the investigators fed the mother a low dose of Roundup (40 percent of the No Observed Adverse Effect Level [NOAEL]) every day from day five of gestation until the pups were fifteen days old, thereby exposing the pups to glyphosate *in utero* and indirectly during lactation. The pups were killed at day fifteen, and hippocampal slices were prepared for examination and analysis. In a second branch of the study, the researchers prepared hippocampal slices from unexposed fifteen-day-old pups and then exposed the samples to glyphosate acutely for thirty minutes at varying concentrations.<sup>10</sup>

Both branches of the experiment revealed that Roundup increased calcium uptake in the cells by activating NMDA (N-methyl D-aspartate) receptors (a type of glutamate receptor) as well as calcium channels. The researchers observed two actions of Roundup: it increased the amount of glutamate released into the synapse by neurons, and it interfered with the ability of astrocytes to clear glutamate from the synapse. (Recall that astrocytes normally clear glutamate and convert it to glutamine, which does not have neuroexcitatory effects.) Excess glutamate in the synapse led to neuronal burnout in the rat pups, with oxidative stress damaging delicate components of the cells.

In a follow-on study by the same research group, rats exposed to a glyphosate-based her-

bicide prenatally experienced persistent glutamate excitotoxicity even up until they reached adulthood. At the age of two months, the rats showed behaviors characteristic of depression.<sup>11</sup> Interestingly, drugs that suppress the NMDA receptors have been found to have value in treating depression.<sup>12</sup>

Glutamate and glycine work together to excite the NMDA receptors in the hippocampus. The study with rat pups showed that glyphosate not only causes glutamate to build up in the synapse, but it also acts as a glycine analogue (substitute), binding to the glycine site in the NMDA receptors.<sup>10</sup> Ordinarily, magnesium binding to the NMDA receptors suppresses activity, but magnesium is one of the minerals that is chelated by glyphosate, making it unavailable.<sup>13</sup> When both the glycine site and the glutamate site are occupied and magnesium is scarce, this is the ideal set-up for activating NMDA receptors and causing neuroexcitotoxicity.

#### GLUTAMATE OVERLOAD, AUTISM AND EPILEPSY

Epilepsy is a seizure disorder and the fourth most common neurological disorder worldwide. Individuals with autism have a much higher rate of epilepsy than the general population. A long-term study that tracked one hundred fifty individuals diagnosed with autism found that epilepsy developed in 22 percent.<sup>14</sup>

Studies have shown that activation of the NMDA receptors “kindles” limbic seizures in mice and rats. An experiment on mice that were injected with a solution containing MSG showed that after just two injections, they exhibited behaviors indicative of excessive brain stimulation, such as head nodding, tail stiffness, screeching and “generalized tonic-clonic convulsions” (seizures).<sup>15</sup> Another study—which used a measurement technique called microdialysis to obtain samples of fluid in the extracellular environment of neurons in the brain of rats—demonstrated that the extracellular concentration of glutamate increases when a seizure begins.<sup>16</sup>

GABA (gamma aminobutyric acid) is a naturally occurring amino acid that acts as an inhibitory neurotransmitter, turning down the



gain on excitatory stimuli. In a study published in 2010, researchers reported a statistically significant difference between the ratio of glutamate to GABA in the frontal lobes of children with autism compared to controls—the autistic children had more glutamate and less GABA.<sup>17</sup> An earlier study (published in 2006) had shown that twenty children with autism had, on average, higher concentrations of glutamate in the right hippocampus compared to thirteen healthy controls.<sup>18</sup>

Another relevant study, from 2011, looked at the levels of free amino acids in the serum of autistic children compared to children without autism. Remarkably, out of twenty-five amino acids investigated, only glutamate and glutamine stood out as being statistically significantly different between the autistic and non-autistic children. Specifically, glutamate levels were elevated in the autistic children ( $p < 0.002$ ), and glutamine levels were low ( $p < 0.004$ ).<sup>19</sup>

Even before publication of some of these studies, Fatemi in 2008 recognized the important role glutamate plays in neuronal excitation and proposed a “hyperglutamate theory of autism.”<sup>20</sup> It has recently been proposed that pharmaceuticals that are antagonists for glutamate receptors (suppress glutamate uptake) might be repurposed to treat autism.<sup>21</sup>

The gut microbiome likely also plays a role in glutamate overload. A study on the fecal microbiota of autistic children compared to controls revealed that the autistic kids had an overrepresentation of microbes such as certain *Clostridia* species, which can break down proteins into individual amino acids.<sup>22</sup> In addition, the autistic kids showed an overrepresentation of species that are poor at degrading the amino acids, such as *Roseburia* and *Dorea*, whereas the normal controls had a much higher representation of species such as *Clostridium bartlettii*, which are very capable of clearing amino acids. When many proteins are disassembled into amino acids that do not get metabolized by the gut microbes, the consequence is higher levels of free amino acids in the autistic gut. Most problematic is glutamate because of its potential for neurotoxicity.

## A ROLE FOR MANGANESE

The cycle that manages glutamate in the brain is clearly derailed if the astrocytes lose their ability to convert glutamate to glutamine. Ordinarily, this is accomplished by the enzyme glutamine synthetase, an enzyme that depends on manganese as a cofactor. However, manganese gets strongly chelated by glyphosate, making it unavailable.

A study on cows looked specifically at the levels of various trace minerals in the blood of cows fed a diet based on GMO Roundup-Ready foods. The researchers found that manganese and cobalt were well below the minimum of the expected range for these minerals in all the cows on eight different farms.<sup>23</sup>

Together with Anthony Samsel, I published a paper in 2015 which focused on the potential consequences of glyphosate’s disruption of manganese homeostasis in the blood.<sup>24</sup> In that paper, we identified several enzymes that would be affected by low manganese levels, identifying glutamine synthetase as one of the most important ones. We also proposed that this could be one of the ways in which glyphosate is causal in autism.

## HOW TO STAY HEALTHY

The single most important thing you can do to help protect from glutamate excitotoxicity is to switch to a certified organic whole foods diet—with special attention to purchasing and using organic sugar and wheat products. This will have the two-in-one benefit of reducing your exposure to both free glutamate and glyphosate. It is also important to eat foods that are rich in magnesium and manganese, because magnesium suppresses the NMDA receptors and manganese is essential for converting glutamate to the harmless amino acid, glutamine. Good food sources of magnesium include green vegetables, nuts, seeds, beans, whole grains, wheat germ and oat bran. Many foods contain manganese in small amounts, but seafood (clams, oysters, mussels) is an especially good source. Manganese is also found in legumes (lentils and chickpeas), as well as soybeans, nuts, rice, coffee, tea and many spices.

The Autism Community in Action (TACA), an autism support group, maintains a useful web

Remarkably, out of twenty-five amino acids investigated, only glutamate and glutamine stood out as being statistically significantly different between the autistic and non-autistic children.

page that is devoted to glutamate.<sup>25</sup> On that page, they suggest a number of supplements that can help reduce glutamate levels through their complex influence on metabolism. These include, in addition to magnesium and manganese, the mineral selenium, vitamin B12, berberine and other herbs, and N-acetyl cysteine (NAC).

Besides the obvious need to avoid all processed foods, there are a number of natural foods that are high in glutamate; they should be consumed infrequently if you are trying to maintain a low-glutamate diet. These include not only gluten and casein (in milk), but also soy, bone broth (especially if it has been simmering for a long time) and some fermented foods, such as kefir, cheese, preserved meats and soy sauce. Unfortunately, these foods are in general quite wholesome. I would maintain that they are a healthy choice, as long as you are eating a mineral-rich diet and are not chronically exposed to glyphosate. ☯

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## OCCUPATIONAL GLYPHOSATE EXPOSURE: NON-HODGKIN'S LYMPHOMA AND RELATED DISEASES

By Miguel Leyva of Atraxia Law

Many farmers think they are in excellent physical health. As an illustration, here is the story of one farmer from California's Imperial Valley. This is a man who worked hard every day, ate well and had perfect annual physicals. He didn't think he had any cause for concern. Until one day in 2012.

While spraying a glyphosate-based herbicide on his field, he stopped to check the level in the sprayer tank. When looking inside, he lost control of his legs and passed out. He was later hospitalized for several months with asthma, muscle aches and insomnia. The diagnosis he received was that of occupational asthma.

Although his doctor told him to leave agriculture, he failed to switch to another occupation. His life and that of his family were too involved in this field. In 2016, after having a small lump on his neck checked out by his health care provider, he received other unexpected news: he had stage 4 non-Hodgkin's lymphoma.

### NON-HODGKIN'S LYMPHOMA AND GLYPHOSATE

Non-Hodgkin's lymphoma is one of the most common cancers in the U.S.<sup>1</sup> It's a blood cancer that occurs when the body produces too many lymphocytes, a type of white blood cell that is part of the immune system.

While tackling his cancer head-on, the farmer read about people who were diagnosed with cancers and have a history of exposure to carcinogens. That's when he found out about the mechanisms to identify the connection between exposure to glyphosate and non-Hodgkin's lymphoma and explore proper compensation.

Not all cancers have clear causes. In most cases, it can take years or even decades before occupationally induced cancers are diagnosed. However, injuries can still be assessed and compensation should be paid if there is some verifiable glyphosate-related injury that contributed to the disease. In many cases, there is little doubt that some exposures in the past have left people with a cancer diagnosis that would not have otherwise occurred.

Glyphosate, a derivative of glycine, the amino acid that the human body uses to create proteins, is a broad-spectrum herbicide and desiccant. It entered the market in 1974 and has since become the most commonly and intensively used herbicide worldwide.<sup>2</sup>

When considering the issue of glyphosate exposure, there are some specific occupations that most people immediately think of. Gardening and farming are examples where glyphosate-based herbicides are commonly used.<sup>3</sup>

Glyphosate is mixed with other chemicals to constitute glyphosate-based herbicides used in agricultural fields and home gardens. These include products marketed under the trade names Roundup and RangerPro and manufactured by Monsanto—acquired in 2018 by Bayer Crop Science.

Many farmers and gardeners are seeking damages for their cancers by bringing lawsuits against Monsanto/Bayer. They are people from around the U.S. who claim that the glyphosate present in Roundup can cause cancer and that the manufacturer tried to cover up the risks. In part, this is because Roundup has been promoted as having extremely low toxicity and as one of the safest of all herbicides ever brought to market—nothing that farmers, gardeners and groundskeepers need worry about.

What began as a trickle of worry has widened into a flood of outrage against the manufacturer and the regulators who deemed the weed killer safe. Roughly one thousand five hundred thirty-three legal cases targeting Roundup have been filed since 2015. Plaintiffs in several of the lawsuits make the allegation that the manufacturer covered up signs of harm associated with glyphosate and even promoted falsified data.

### GLYPHOSATE-RELATED DISEASES: A COMMON STORY FOR FARMERS

The Imperial Valley farmer's experience is not uncommon. Other people in the U.S. have had to face multiple health crises due to glyphosate exposure.

"It's a common story for many farmers," says Miguel Leyva, a case manager at Atraxia Law, a firm that offers consumer safety paralegal services for patients throughout the U.S. Leyva constantly interviews farmers, landscape professionals, golf course green-keepers and private homeowners who were exposed to glyphosate and contracted non-Hodgkin's lymphoma.

That's how he found that health risks from glyphosate exposure have multiple ramifications. He hears stories like the farmer's almost every week. "That is a theme globally," he says. "People had multiple health problems after using glyphosate. Some had prior health problems before their diagnosis with non-Hodgkin's lymphoma."

### SLOW POISONING

Another farmer, this time from California's Central Valley, suffered nausea, headaches and temporary paralysis of

his left arm from exposure to glyphosate. He dreaded spraying herbicides because he knew he would feel rotten for a month after. He was slowly being poisoned. His health problems culminated with a cancer diagnosis.

Yet another farmer started having questions after hospitalization for herbicide poisoning and before a diagnosis of non-Hodgkin's lymphoma. He breathed in the mist from the herbicide Roundup while he was spraying his field. He couldn't get his breath and was just about choking. He was hospitalized for a week, and the doctor told him he was lucky.

In an effort to combat these toxic effects, many farmers in the U.S. are reducing pesticide use and switching to organic farming methods. The warnings that glyphosate and herbicide exposure could be contributing to a range of diseases and ailments, a health crisis they had or even the death of a family member is leading them to shun pesticide use on their farms and grow certified organic grains and seeds. After switching to organic methods, some of the farmers who were lucky enough to have experienced only mild health symptoms from glyphosate exposure have reported visible improvements in their state of health.

#### STUDIES ON EFFECTS OF GLYPHOSATE EXPOSURE

According to a 2019 review,<sup>4</sup> people exposed to the highest amounts of glyphosate have a 41 percent greater risk of developing non-Hodgkin's lymphoma. Forty-one percent may even be an underestimate, as the data the researchers analyzed were collected through 2010, and glyphosate use has increased since then. The review examined several studies on glyphosate's potential carcinogenic effects, including a large sample of farmworkers in the United States.

Additional research on the health effects of glyphosate exposure has started to link the substance to other diseases as well, including:

- Celiac disease and gluten intolerance<sup>5</sup>
- Neurological diseases such as autism, depression, anxiety syndrome, Alzheimer's disease, Parkinson's disease and prion diseases due to glyphosate depletion of manganese levels in plants<sup>6</sup>
- Diabetes, obesity, asthma, chronic obstructive pulmonary disease, lupus, infertility, hypertension, glaucoma, osteoporosis, fatty liver disease and kidney failure due to glyphosate substitution for conserved glycines<sup>7</sup>
- Autoimmune diseases including multiple sclerosis, inflammatory bowel disease and neuromyelitis optica.<sup>8</sup>

Although the rising levels of herbicide use should move public health agencies and regulators to action, these entities seem to be expending little effort to study the human health impacts of glyphosate. Without these herbicides, many could have safer occupations and would not have to fight for financial, medical and rehabilitation benefits after sustaining chemical-exposure-related injuries or illnesses.

*Atraxia Law (atraxialaw.com) is a team of experts who work with patients and family members to analyze and organize relevant information about their situation and qualifications for an injury claim, helping them navigate the process required for legal actions.*

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# Canary in the Coal Mine: The Story of My Rendez-Vous with Electricity

By Ruth Amanda

**A**t one year of age, I formed my first memory. I was walking barefoot in my front yard, looking down at my two chubby feet. One was planted on the soft, cool grass, the other on the hot, hard sidewalk. I could feel the wonderful resonating life in one, and the dead, grey harshness in the other, and I wondered at the difference. Though I was unable to speak, the memory formed and stuck.

Now, in my thirties, I have similar questions about something much more pervasive and unseen—non-native electromagnetic fields and electricity. I understand that we are electromagnetic beings, and that every cell in our bodies communicates through electricity, as is true for all life on earth. For most of existence, we thrived in native (nature-based) electromagnetic frequencies and freely exchanged this vital life-force energy. These frequencies come in like silent songs, feeding our cells information and life.

Since the late 1800s, another sort of frequency has become a norm for most of humanity—non-native, man-made, electromagnetic frequencies (RF, EMF) and electricity.

Since the late 1800s, another sort of frequency has become a norm for most of humanity—non-native, man-made, electromagnetic frequencies (EMFs), radio frequencies (RFs) and electricity. In his ground-breaking book, *The Invisible Rainbow*, Arthur Firstenberg shows that there is a direct correlation between the introduction of these frequencies throughout the world and many now-common diseases such as diabetes, heart disease and cancer.

As many untested wireless technologies are installed worldwide for the sake of speed and connection, I, along with a number of my peers and family members, have fallen ill and suffered a significant decline in health. Old and young, we canaries have been pushed over the edge. Our ailments include autoimmune disorders, digestive ailments, diabetes, heart disease, autism, mental illness, severe anxiety, depression and even cancer. Although for many years I did not understand the connection between my environment and my health, I am now beginning to.

I hope that this article may help those who have fallen ill to mysterious, or not-so-mysterious, diseases. I also hope to empower readers to prevent disease within themselves and loved ones. I will include an explanation of the mitigations that have helped me to survive and thrive. My wish is that each of you may grow as wise stewards of the earth and of your bodies—your temples.

#### HOW IT EVOLVED

Growing up on the edge of the suburbs, I spent most of my afternoons outdoors, barefoot. I liked to meander in the strips of woods and swamps, picking berries and flowers, lying in the sun, watching the clouds, interacting with birds and wildlife. Alongside my dad, I grew food in the garden and developed an appreciation for growing created things in fertile soil. I reveled in the fruits of my labor; carrots, tomatoes, and sunflowers were some of my best crops. In many ways, I felt at one with nature.

Homeschooling from third grade onward provided me an opportunity to explore more deeply the things I found captivating. I took on art and home remodeling projects alongside my dad, learned how to write alongside my mom,

studied math, and read nearly a dozen books a week. When I was eight, my family acquired a Windows computer. This was in the age of dial-up Internet, and the World Wide Web was relatively new. A friend of the family introduced me to coding, which inspired the beginnings of a life-long fascination with technology.

My natural inclination to sport around and climb things resulted in three concussions by age eleven. In autumn 1998, I experienced a sudden, severe migraine. I had been mowing the lawn, admiring the leaves falling to the ground. The pain came to me like a dagger through the top of my head. Terrified, I dropped my work and ran inside. (I was surprised recently to read in *The Invisible Rainbow* that the first cell phone satellites were launched in 1998, just before that first migraine.)

From that day on, I was bound to my room the majority of every summer, blinds drawn against the sun. I found relief in the cold of the winter, digging igloos and sledding. I couldn't even imagine going to school, as I often found myself faint, lethargic and in excruciating pain. My dad, a physician, could not understand what was wrong with me, and chalked it up to hypochondria.

The migraines continued through my teenage years. During summers, I was bound to my room, locked away from the sun. I meditated throughout the day and took up many hobbies, research projects and readings in order to keep my mind occupied. For my final year of high school, I tried to attend classes alongside my peers, but was found fainting in stairwells and asleep at my desk. To get through the year, I focused on excelling at indoor extracurriculars.

After graduating, I moved out to a nearby city to begin working and forging my own future. The gripping pain and lethargy continued, creating obstacles in life and work. Through a series of events, including a number of concussions, I began seeking help.

A chiropractor, acupuncturist, nutritionist, and (surprisingly) a public clinic doctor, each supported me at different times, and inspired changes in my lifestyle. I cut out inflammatory, toxic and processed foods. I found a unique, trauma-informed practice, Forrest Yoga. Whole foods, proteins and fats, Chinese medicine,

breath, movement, sunshine, meditative practices, and care from others became keys to my improved health. I began to feel relief; the pain almost entirely left me, and I began to grow strong. But still, something was not quite right.

When I began traveling in planes in my mid-twenties, the health issues returned. At the continued insistence of my physician, I accepted a few vaccinations and other medications prior to my second big trip. I flew, quite literally, into a rollercoaster ride of decline.

A trip to rural North Africa, in conjunction with many long hours on airplanes, led to a month of illness. More long flights and a semester abroad in a fully wireless campus dorm in Jerusalem resulted in constant nausea and a slew of hospital visits; I found relief in leaving the city and eating eggs sunny side up. A trip to Puerto Rico, during which I was forced to eat mostly foods fried in canola oil, with the relief of a few coconuts, resulted in five weeks of severe intestinal illness.

Each time I fell ill, my doctors were bewildered; specialists' tests were inconclusive. I was slowly wasting away, and we had no idea why.

Upon my return from Puerto Rico, I was in dire straits. I didn't understand what was wrong with me, or why I wasn't getting better. I was aware that the house I had moved into had serious electrical problems. My "smart" phone was my constant companion, and the nearby WiFi router was kept on twenty-four-seven. I had no idea that any of this could be contributing to my deteriorating condition. It never occurred to me that the signals my device was receiving went right through me, or that using it might affect my biology.

If someone had suggested such a thing, I would have scoffed at the idea that something so "invisible" and so "normal" could hurt me. Like most people, I simply had no education about these things.

After five weeks of wasting away, I had lost thirty pounds and was completely bedridden. Miraculously, a prayer, a stroke of intuition, and a jar of frozen bone broth brought me back to life. The forty-eight-hour marrow broth rapidly healed my intestines, which were inflamed and, likely, very leaky.

When I moved into a new apartment, I

found that I felt much better in a lower-level sleeping area, where coincidentally cell phone and WiFi signals were weak.

Through gene testing, I discovered that I had something called a MTHFR genetic mutation, which, meant I had challenges detoxing (learn more at [seekinghealth.com](http://seekinghealth.com)). I began to wonder more about visible and invisible toxins. I also realized that, as a C-section baby, I was devoid of the diverse bacteria I should have received from my mother during birth. I soon found the Specific Carbohydrate Diet, followed their intro diet for three months, and began making their twenty-four-hour homemade yogurt (more info at [breakingthevicious-cycle.info](http://breakingthevicious-cycle.info) and [yogourmet.com](http://yogourmet.com)). I began to heal the intestinal ailments that plagued me.

In 2016, I experienced another in a long series of concussions. A friend tried to help me, bringing a strange-looking experimental "therapy" to my aid. I sat down for fifteen minutes between what I later discovered were two large Tesla coils. My next interaction with a cell phone, hours later, created massive turbulence in my head—like a hot dagger. I was plagued by wandering pain in my head, day and night, for months. Cell phone use resulted in tingling pain through my hands and arms, wireless routers hurt my head and I was forced to pause my work in technology. Regular acupuncture and "network care" (NSA) chiropractic helped me a great deal, though mild symptoms continued.

In 2018, I adopted two practices: early morning earthing in the sunrise, and intermittent fasting and vegetarianism. While the earthing practice gave me increased clarity and vitality, I lost weight and increased in pain and sensitivity due to the fasting and vegetarian lifestyle. At the end of the summer, during a trip to NYC, I experienced one of the worst headaches of my life. Something was very wrong. At the time, I couldn't fathom what it was.

At this time, I had the good fortune to be learning alongside a network of young bio-hackers, many of whom were mitigating harmful technology by using innovative technologies and practices within their homes and workplaces. A friend had spoken of the wonders of a device called the Blushield, created by a New Zealand scientist. I was impressed by the results of the human and animal studies I found on their website, so I ordered a portable device. The moment I turned the Blushield portable on, I felt a massive wave of relief radiate through my cells and experienced an emotional breakthrough. I felt that I had begun to heal from the inside out!

Shortly thereafter, in my home in Philadelphia, I woke up to a searing and abrupt pain in my head. Through the nausea, I crawled to my car to drive to my acupuncturist, who historically had helped me with every ailment. As I approached the nearest intersection, I noticed a strange scene: a white unmarked contractor truck, a worker installing what looked like a trash can to the top of a telephone pole, and a police car with lights ablaze. My pain significantly increased as I drove by, which left me wondering. The visit to the acupuncturist was, for the first time, not helpful. When I got home, I went out to investigate that bizarre installation. I posted a video to my social media, and a number of people replied with "That's a 5G cell!" I was uneducated and clueless—so I began to research 5G. Appalled at what I found, I put together a website compilation of my

research, contacted city representatives and began searching for a safer home.

During the next few weeks, as I was striving to stay afloat, I made a number of discoveries about mitigations that really worked. Though I was in severe systemic pain, barely sleeping, experiencing intestinal meltdowns, whole-body hives, heart issues, anxiety, facial paralysis, loss of balance and grip, and a total loss of my female cycle (for eight months), I was blessed with the ability to biohack my way into survival.

## WHAT TO DO?

Once I realized the 5G millimeter wave technology was affecting me so severely, I decided that I needed to figure out how to shield myself from radiation until I could get away from the problem area. Moving out took a total of eight months, so the mitigations I discovered and adopted were incredibly helpful for my sanity and survival.

I started with the classic tinfoil hat. It had worked for me before, and it was the only substance I knew of that could block radiation. Wearing tinfoil was not sustainable, comfortable, or something I wanted to do in public, but it allowed me to sleep. I then found silver-embedded anti-radiation clothing at LessEMF.com. I invested in various pieces of clothing, with the goal of shielding my whole body, starting with a hooded scarf for my head and thyroid, then a Silverell hoodie, womb cover, gloves for handling devices, leggings and even socks. With every clothing upgrade, I would feel shivers of relief rush across my skin. It actually worked. Other products used within my circle are Lambs beanies, tees, and briefs; Shield beanies, caps, underwear, and tees; Fonz briefs; Defendershield and Belly Armor pregnancy and baby wear; SYB baby beanies; No Choice hoodies, joggers and baby onesies.

The Blushield cube (a stronger home version of the portable I already had) may very well have saved my life. I slept an entire day after I received it, a few days after 5G was installed. This incredible technology feeds my cells the thousands of native electromagnetic frequencies they crave, twice a minute. This helps my cells attune to those frequencies, rather than the non-native toxic frequencies which assault my cells multiple times per second. For illustration's sake, I like to compare the assault from non-native EMFs to Japanese water torture for every cell. The Blushield is great for traveling; I carry a portable and take a cube with me everywhere in my car, using a car adapter or portable battery. Blushield offers a few versions of their technology, in different forms and strengths, including portables, plug-ins (for the car, office or farm), and cubes, with some upgraded to mitigate the effects of 5G better. Many folks in my friend and biohacking circle now use Blushield with success; a well-known example is Luke Storey of The Life Stylist podcast.

Nevertheless, with continued exposure to 5G millimeter wave technologies, my condition worsened. I discovered that the silver-embedded clothing was not enough to block those more intense, invasive frequencies. I continued having issues sleeping, so I looked into shielding my bed. EMF-blocking canopies and sheets were pricy, so I found another way. Two tents of a heat-reflective mylar material became an EMF-proof all-encompassing cocoon which enveloped my whole body. I laid each

material flat, like a blanket, one beneath a sleeping mat and one above my body, tucked in on the sides. With this innovative discovery, I was able to relax and sleep at night. I also incorporated an additional layer when driving, a heat-reflective poncho from Survive Outdoors Longer. My findings kept me functional until I moved out of reach of all the radiating cell towers, "small cells," "smart" meters, electrical outlets, WiFi routers and environmental toxins to which I was so sensitive.

## A SAFE HOME

During my transition out of the city and into the mountains, I used the Trifield RF detection meter to measure potential issues in my environment, and have tested a number of solutions that reduce RF in my environment. I have studied materials from the Building Biology Institute, enrolled in courses from Nick Pineault and read Nick's book, *The Non-Tinfoil Guide to EMFs*.

When I discovered that the new "smart" electrical, gas and water home meters emit large amounts of radiation every few seconds, I installed a Smart Meter Guard. When I discovered that modern electricity is problematic, I invested in the GreenWave EMI meter and room outlet filters. When I moved into a home with solar electricity and inverters and subsequently found solar systems difficult to mitigate, I invested in a Satic whole house filter. I even began turning off my bedroom circuit at night. I've now made plans for my next sleeping space; it will be completely grounded and free of electricity.

For Internet use, I either turn off the router's WiFi, use a modem and router duo which does not include wireless features or use the JRS Eco-WiFi router. JRS Eco reduces all harmful radiations by 90 percent; it is a truly forward-thinking, customizable solution from the Netherlands. Some folks use the Wifi Kill Switch from techwellness.com. To ensure my solution is working as intended, I check frequency emissions using a new Trifield meter. For Internet service, I use DSL, cable and fiber optics; I avoid satellite, "fixed" wireless/broadband and all data and wireless connections.

To mitigate home EMFs, I wired all of my devices, including laptops and "smart" phones, directly to the router, using an adapter (pur-



chased with a replacement policy). I am cautious with printers that have WiFi, as their wireless capabilities often cannot be deactivated, even when the printer is off. I removed the WiFi card from my laptop, and I use a wired (Macally) keyboard and wired mouse. I use “airtube” headphones, unplug the power cord while using the laptop and maintain distance.

I deactivated my own smartphone, opting to use only wired computers and wired landline phones. If I use a friend’s phone, I use a more stylish stylus and stand from techwellness.com or LessEMF gloves. For those carrying cell phones on their bodies, I recommend turning phones off, using airplane mode or placing the phones in a silver-embedded 100 percent blocking pouch or sleeve. For those using cell phones for calls, I recommend either using the speaker phone function, or using Airtube headphones and maintaining distance.

Due to the new installation of problematic technology worldwide, I now avoid cities and populated rural areas. I often meet outdoors in rural parks. If I am invited indoors, I ask my hosts if they are willing to turn the WiFi on their routers off, and put their “smart” devices on airplane mode. Sally Fallon Morell calls this “the new home etiquette”!

Talking about my sensitivities was uncomfortable for the first few months; now, I find it a form of creative, compelling, nonviolent activism. If I can illustrate the issue to others by asking them to help me not feel pain while I’m around their devices, so much the better.

## MORE THERAPIES

Along my journey of escaping the toxic environment of city dwelling, I discovered a number of other mitigations that support my weakened cells and aid in my body’s healing and detox efforts.

Hydrogen and magnesium therapies have been critical for my recovery. Most of us are deficient in both. According to Mt. Sinai (mountsinai.org), 90 percent of Americans have a magnesium deficiency; humans once made their own hydrogen in their guts, but antibiotics have harmed this natural function.

Magnesium is challenging to get into the body; most forms available over-the-counter are ineffective. I use a few forms of magnesium in conjunction: Ancient Minerals’ flakes diluted in hot foot baths and made into transdermal “oil” (also from Crucial Four), an oral supplement from MagTech and a special form of bicarbonate water. The latter can be accessed pre-made from PristineHydro Electrolyte Balance, or as a DIY using mMagBicarb from Crucial Four.

For hydrogen, the world’s most potent anti-inflammatory, I use water-soluble tablets from Vital Reaction. They work for four to six hours, so are great for traveling. George Wiseman of Eagle Research makes the most affordable, reliable hydrogen gas machine I know of; this incredible daily therapy has made a world of difference for me.

Other supplements helpful in my journey have been American shilajit and medicinal mushrooms from Tonic Treasures; Oyster Max for zinc (zinc depletes rapidly around EMFs); strophanthus, and liposomal C from Dr. Tom Cowan; BiOcean marine plasma isotonic water from Shen Blossoms; sublingual D3 and K2 from Crucial Four; HomocysteX Plus (B vitamins for MTHFR) from Seeking Health; and probiotics from Living Streams.

To avoid toxic chemicals, I use raw live shampoos from Morrocco Method. To support my sinuses and nervous system, I use a SteloKleen stainless steel neti pot with warm, saline water. I use an air filter from Air Oasis and filter showering and drinking water with help from PristineHydro and Original Waters. To reduce mold growth in the home, I mitigate home electricity and EMFs and use an ozonator.

## EMF PROTECTION WHILE DRIVING

- **BLUSHIELD:** When driving, I carry a Blushield with me at all times. For some folks, a portable device in the pocket is adequate protection. For others, the addition of a car plug-in model, or a cube with a car adapter, may be best.
- **CELL PHONE BLACKOUT POUCH:** I discovered that driving is one of the worst times to use a cell phone, as the signal changes while going through new zones, and the metal skeleton of the car bounces that signal (RF) around and through our bodies. To prevent this from happening, I place cell phones in 100 percent shielded silver-embedded “blackout” pouches, which blocks all signal. These pouches may be obtained at LessEMF.com and techwellness.com, and beyond.
- **TURN OFF BLUETOOTH:** I also turn off Bluetooth, and location applications, in the car and related devices.
- **HOODSCARF:** I have used the hoodscarf from LessEMF for driving; it blocks much cellular radiation from penetrating my head and thyroid.
- **GROUNDING STRAPS:** Since I am sensitive to friction that builds up in my body, I also attach LessEMF’s anti-static grounding strap to the frame of the vehicle.

## SUN AND EARTH

Over the past couple of years, I have adopted three life-giving daily practices. I use sunlight as medicine (gone are the days when sunlight gave me headaches), I do earthing daily and I regularly consume unheated honey, raw proteins and raw saturated fats.

I've discovered that most man-made light sources contribute to reduced longevity. Like non-native EMFs, this "blue" light affects the powerhouse of our cell, our mitochondria, and interferes with melatonin production.

I have enjoyed talks by Matty Maruca of Ra Optics, as well as the work of his mentor Dr. Jack Kruse. Both men have helped me to understand the life-giving power of natural forms of light.

I like to gaze into the sunrise and sunset, and lie with my skin in the sun every day around noon. I use little artificial light after dusk, preferring to light evening fires and roll beeswax candles. I have removed LED and fluorescent lights from my home and have replaced them with incandescent lights, including red, amber and Edison bulbs. For blueblocking, I recommend glasses from Blublox and Ra Optics, IrisTech.co's screen software and the red screen setting on "smart" phones (originally intended for use by those with impaired vision).

Earthing has been a centerpiece of my daily practice. I rarely wear shoes, finding that my body appreciates a free interaction with the earth. I have learned that humans are built to let out static, positive ions into earth, and uptake

negative ions from the earth, specifically through the bottoms of the feet. Rubber-soled shoes, a post-WWII invention, prevents this vital, life-promoting interaction. Leather-bottomed moccasins and other footwear, like Earthrunners, layered with cotton or wool socks, naturally protect and earth the foot. Other ways to do earthing include gardening with bare hands, hugging trees, farming and animal stewardship and swimming in natural waters. For more information, read Clinton Ober's *Earthing: The Most Important Health Discovery Ever!* (Note: I personally do not use earthing contraptions wired into electrical outlets.)

For immune support, I use a rebounder and practice earthed Qi'gong. To ease tension in my body, I put my legs up a tree or wall, or use an inversion swing. For healing, pain relief and detoxification support, I have enjoyed red and infrared therapies, such as GembaRed light panels, SaunaSpace and the Relax Far Infrared Sauna. A simple wood sauna room built near a cold creek has provided a wonderful solution for many ailments, as well as a way to build community around healing.

## DNRS

Finally, this year, I discovered the work of Annie Hopper, through her Dynamic Neural Retraining System. Annie's method was recommended to me by three people, all of whom had developed and recovered from severe sensitivities to EMFs, electricity and chemicals. I have invested in the fourteen-hour DNRS instructional video, and I intend to begin the daily practice for a minimum of six months. Information on the course and accompanying book may be found at [retrainingthebrain.com](http://retrainingthebrain.com).

I now believe that the "hypersensitivity" I have been experiencing is a dysfunction of my limbic system. I believe that my brain has been stuck in a rut, in a state of chronic fight-or-flight. So it literally has been "in my head"! I now have hope for complete healing.

Since 2020, Annie Hopper, through her Dynamic Neural Retraining System, has helped a number of people recover from "long hauler COVID fatigue." I have found the associated symptoms of this "long hauler" fatigue closely parallel symptoms of existing cases of electromagnetic

## MITIGATIONS I USE OFTEN


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| <ul style="list-style-type: none"><li>• Blushield Portable, Blushield Cube <a href="http://blushield-us.com">blushield-us.com</a>.</li><li>• Vital Reaction hydrogen tablets <a href="http://vital-reaction.com">vital-reaction.com</a>.</li><li>• Aquacure hydrogen gas <a href="http://eagle-research.com">eagle-research.com</a>.</li><li>• Silver-embedded hood scarf <a href="http://lessemf.com">lessemf.com</a>.</li><li>• 100% blueblocking glasses <a href="http://raoptics.com">raoptics.com</a>, <a href="http://blublox.com">blublox.com</a>.</li><li>• Iris blueblocking software <a href="http://iristech.co">iristech.co</a>.</li><li>• Bulbrite amber incandescent bulbs <a href="http://bulbs.com">bulbs.com</a>.</li><li>• GreenWave room outlet filter <a href="http://greenwavefilters.com">greenwavefilters.com</a>.</li></ul> | <ul style="list-style-type: none"><li>• JRS Eco-wifi router <a href="http://jrseco.com">jrseco.com</a>.</li><li>• Smart Meter Guard <a href="http://smartmeterguard.com">smartmeterguard.com</a>.</li><li>• Trifield EMF meter <a href="http://trifield.com">trifield.com</a>.</li><li>• Magnesium chloride flakes and oil <a href="http://enviromedica.com">enviromedica.com</a>, <a href="http://crucialfour.com">crucialfour.com</a>.</li><li>• BiOcean plasma water <a href="http://shenblossoms.com">shenblossoms.com</a>.</li><li>• Shilajit and mushrooms <a href="http://tonictreasures.com">tonictreasures.com</a>.</li><li>• Strophanthus and Oyster Max <a href="http://drtomcowan.com">drtomcowan.com</a>.</li><li>• Forrest Yoga <a href="http://forrest.yoga.com">forrest.yoga.com</a>.</li></ul> | <ul style="list-style-type: none"><li>• 24-hour SCD yogurt <a href="http://breakingtheviciouscycle.info">breakingtheviciouscycle.info</a> <a href="http://yogourmet.com">yogourmet.com</a>.</li><li>• Network (NSA) chiropractic chiropractorspinalanalysis <a href="http://network.com">network.com</a>.</li><li>• Acupuncture <a href="http://pocacoop.com">pocacoop.com</a>.</li><li>• Stainless steel neti pot <a href="http://healthandyoga.com">healthandyoga.com</a>.</li><li>• Original Waters filter <a href="http://originalwaters.com">originalwaters.com</a>.</li><li>• Air Oasis room filter <a href="http://airoasis.com">airoasis.com</a>.</li></ul> |
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sensitivity. Electromagnetic sensitivity (ES) is defined as “a sickness, acute or chronic, caused by electromagnetic fields (EMF) and electromagnetic radiation (EMR).” Other names for ES include microwave sickness, EMF syndrome, electromagnetic hypersensitivity (EHS) and electromagnetic intolerance (EMI).

#### HELP FROM EXPERTS

For compelling scientific research from around the world, I recommend scientist Arthur Firstenberg’s book *The Invisible Rainbow*, as well as his website and newsletter at [cellphone-taskforce.org](http://cellphone-taskforce.org); Robert F. Kennedy Jr.’s work with Children’s Health Defense, and their news and views website, The Defender; and the incredible

scientific research compiled through the Environmental Health Trust (EHT) with Devra Davis, PhD. EHT’s work highlights the dangers of wireless radiation, and how it is viewed around the world; for example, in Sweden, EHS is considered a physical impairment and is recognized as a disability. Learn more at [EHTrust.org](http://EHTrust.org). To find an expert to help within your own home, visit [buildingbiologyinstitute.com](http://buildingbiologyinstitute.com).

I now understand that no biology is immune to the cumulative effects of these “invisible” toxins. Regardless of our awareness of the effects on our health, we are all affected. Through my research, both experiential and scientific, I have discovered that human-made wireless radiation affects all biology, all cells, all humans and wildlife—all creatures great and small. 

*Ruth enjoys assisting folks in creating safer spaces; she can be reached at [sparrowsrest@protonmail.com](mailto:sparrowsrest@protonmail.com).*

#### FOOD FOR THE ELECTRICALLY SENSITIVE

For years, I have been striving to heal myself by consuming certain foods, mostly in their raw forms. I have learned that local, fresh foods produced through mindful farming practices are most nutritious and supportive of my health.

Recently, I learned about the dietary practices and health histories of pre-18th century Native Americans, and of pre-cookstove Eskimos. Through these histories, I found compelling evidence for the importance of regular consumption of fats and proteins in their raw, enzyme-rich forms. These foods seem to be most easily utilized by the body, especially when consumed in specific combinations.

My diet now consists of raw saturated fats and raw proteins from pasture-raised, rotationally grazed animals (that is, dairy, eggs and meat); unheated honey (rawer than “raw”); fresh organic vegetable juices (contain naturally structured and mineralized water, alkalizes the blood); fermented foods; bone broths; and fresh organic coconuts and avocados. These foods provide wonderful sources of nutrition and energy for my body.

The Weston A. Price Foundation’s local chapters have helped me to find sources of ethically raised, truly pastured, nourishing foods. I have loved the raw dairy herdshares available in many states. Both Amos Miller Organic Farm and Your Family Farmer provide drops for states on the East Coast, and both farms ship products around the country. I purchase celery and herbs for juicing and for broths at farmer’s markets and co-ops. Seven Stars Farm provides the only yogurt I buy in-store. For shelf-stable solutions, I appreciate Wildly Organic’s truly raw coconut oil and Gold Nugget’s high-quality ghee.

I have especially appreciated the work of Aajonus Vonderplanitz, the man behind the Primal Diet. In his youth, Aajonus survived three forms of cancer and a medical death sentence. His healing medicine came in the form of fresh, uncooked, not previously frozen, and raw saturated fats and proteins, obtained mostly from carefully raised farm animals. He also recommended modest amounts of raw green juices. He studied biochemistry, helped many ill people and wrote about his discoveries and methods in the books *We Want to Live*, *The Recipe for Living Without Disease* and *Beneficial Home Baths*. I have access to PDFs, audio, and video of Aajonus’s works and share those often.

In conjunction with getting away from EMFs and getting a Blushield, this diet has been very helpful for healing digestive and energetic issues I grapple with. I know others who were formerly vegan or vegetarian, many of whom had become ill, who have also benefitted from the Primal Diet. Many folks have found this diet to be so helpful that they have continued eating this way for years and even decades.

Many written resources have helped me in my journey. Biologist Ray Peat’s articles, found on his website, have been especially thought-provoking; I admire his research on polyunsaturated and saturated fats, yellow fatty liver disease and estrogen. Adam Bergstrom’s eBook, *The Nitrogen Theory of Cancer*, provides a compelling scientific explanation as to why consuming raw animal products may be essential for preventing disease. I have read many of Dr. Mercola’s articles, especially on statins, cholesterol, fats and the heart. I appreciate Dr. Tom Cowan’s works on the heart, structured water, cancer and vaccines. I am learning of practical applications of earth stewardship through Polyface Farm and Joel Salatin’s books and courses. I study biodynamic farming through Rudolph Steiner. I also listen to various audio broadcasts, including those by Dr. Peat and Dr. Cowan, on One Radio Network.

# Reading Between the Lines

By Merinda Teller

## Routinely Risky: The Shadow Side of Colonoscopy

In terms of new cases and cancer deaths, colorectal cancers (also called colon or rectal cancers) are the fourth leading cancer in the U.S.<sup>1</sup> Almost nine in ten colorectal cancer cases are diagnosed in individuals age fifty and up. Since medical professionals claim that colorectal cancer is treatable with early detection, over two-thirds of American adults aged fifty to seventy-five opt to follow the Centers for Disease Control and Prevention's (CDC's) recommendation for routine screening in that age group.<sup>2</sup>

Routine colonoscopy (a type of endoscopy) is one of the primary tools used for colorectal cancer screening—and an estimated nineteen million are performed annually in the U.S.<sup>3</sup> Judging by this number, it is probably safe to assume that most of the Americans seeking colonoscopies (or acquiescing to colonoscopy recommendations) are focused on the purported benefits of the test rather than its risks. The risks of colonoscopy are not insignificant, however. Experts from Yale University conservatively estimate that two of every one hundred twenty-five “otherwise low-risk healthy” colonoscopy recipients (1.6 percent) experience a complication—such as perforation, infection or hemorrhage—serious enough to send them to a hospital or emergency room.<sup>4</sup> Other studies have found hospitalization rates within a month of colonoscopy as high as 3.8 percent.<sup>5</sup> A 2010 study reported that the cost of these “unexpected” hospital visits “may be significant and should be taken into account in screening or surveillance programs.”<sup>6</sup> But even more importantly, colonoscopy can come at the cost of one's life<sup>7</sup> (see “Fatal Complications” sidebar).

### MULTIPLE SCREENING OPTIONS

There are three broad categories of colorectal cancer screening tests: stool tests called fecal occult blood tests (FOBT), sigmoidoscopy

(insertion of a short tube into the rectum—the lower third of the colon) and colonoscopy (insertion of a longer scope through the entire colon). Providers frequently also use colonoscopy as a diagnostic tool when one of the other tests identifies a potential problem.

Researchers have stated that there is “insufficient evidence to identify which [colorectal cancer screening] approach is definitively superior,” asserting that none of the methods is “universally ideal.”<sup>8</sup> Nonetheless, physician preference (buoyed by economic incentives) has caused colonoscopy rates to skyrocket over the past couple of decades; meanwhile, use of the noninvasive FOBT (which can be performed at home and has no known risks) has been declining, and sigmoidoscopy (with ten times fewer complications than colonoscopy) is experiencing “negative growth.”<sup>9-12</sup>

The CDC tells most adults aged fifty to seventy-five years to get a colonoscopy every ten years. However, if polyps are found (growths on the colon wall that doctors consider to be “precancerous”), the recommended testing interval shortens to every five years. Thus adults who follow the guidelines may undergo anywhere from three to six colonoscopies by their mid-seventies.<sup>4</sup> This means, according to the Yale experts who studied colonoscopy adverse events, that “the risk [of complications] is even higher on a per-person basis” than the 1.6 to 3.8 percent calculated on a per-procedure basis.<sup>4</sup>

Only 5 percent of the most common type of polyp, called an adenoma, ever progresses to cancer (in a slow-to-unfold process that usually takes ten to fifteen years).<sup>13</sup> However, the rationale driving colonoscopy is that “for colonoscopy to prevent cancer, the doctor must find and remove as many precancerous growths as possible.”<sup>13</sup> Thus, gastroenterologists recommend removing “all the adenomas they find” during a colonoscopy, as well as removing—“just to be safe”—another type of polyp (hyperplastic polyps) not even considered precancerous.<sup>13</sup> As practitioners like to put it, “If you get them at the precancerous phase, they don't have a chance to grow and turn into cancer.”

In a *Scientific American* blog post published in 2012, titled “Why I won't get a colonoscopy,” science journalist John Horgan (director of the Center for Science Writings at New Jersey's Stevens Institute of Technology) questioned gastroenterologists' gung-ho “remove it all” philosophy.<sup>14</sup> A self-described “anti-testing nut,” Horgan pointed to research on PSA testing for prostate cancer, which shows that men are forty-seven times “more likely to get unnecessary, harmful treatments—biopsies, surgery, radiation, chemotherapy—as a result of receiving a positive PSA test than they are to have their lives extended.” Contending that a similar dynamic is at play with colonoscopy, Horgan tellingly quoted a UK National Health Service expert: “Invasive procedures may have fatal complications, while



overdiagnosis—that is, the identification and treatment of tumors that otherwise would have caused no disease—may also result in death.”<sup>14</sup>

#### RISKS OF COLONOSCOPY SEDATION

During a thirty- to sixty-minute colonoscopy, gastroenterologists insert—through the rectum to the end of the colon—a long, narrow (about one-half-inch in diameter), flexible, lighted tube with a video camera on the tip to scan the colon for colorectal polyps. Ignorant of the fact that it is entirely possible to request (and comfortably survive) a sedation-free colonoscopy,<sup>15</sup> the majority of patients agree to be sedated during the procedure. Gastroenterologists describe the purpose of sedation as twofold: On the patient side, clinicians claim that sedation “relieve[s] patient discomfort and anxiety” and (apparently this is desirable) “diminish[es] the patient’s memory of the event;” on the provider side, sedation reportedly allows providers to focus on “improv[ing] the outcome of the examination.”<sup>16</sup>

Traditionally, colonoscopy patients were put into a state of *conscious* sedation, with the gastroenterologist administering a drug cocktail containing a benzodiazepine and an opiate (fentanyl). In the mid-2000s, however, gastroenterology practitioners increasingly began shifting to *deep* or *full* sedation using a

drug called propofol—the infamous drug that killed Michael Jackson and was also allegedly given to Joan Rivers shortly before her death. Yale Medicine estimates that 95 percent of colonoscopy patients now go under deep sedation.<sup>17</sup>

Doctors claim that propofol provides “ideal working conditions”—by sidelining the patient as a “moving target”—and helps physicians find more precancerous polyps.<sup>18</sup> But because propofol must be managed by an anesthesiologist rather than the gastroenterologist, the cost of a colonoscopy can be anywhere from several hundred to two thousand dollars higher per patient.<sup>19</sup> In addition, deep sedation comes with more physical risks to the patient. The use of propofol, according to *Consumer Reports*, is “overkill,” increasing the risk of aspiration pneumonia by almost 50 percent as well as the risk of side effects such as “confusion, seizures, irregular heart beats, and potentially deadly allergic reactions.”<sup>20</sup>

Studies indicate that sedation with propofol has notable parasympathetic effects, leading to a “significant decrease” in heart rate and blood pressure,<sup>21</sup> especially in the older age groups that are colonoscopy practitioners’ primary bailiwick.<sup>22</sup> Sedation researchers recommend that these effects be taken into account, “especially in patients at risk of cardiovascular complications.”<sup>21</sup>

Yale Medicine estimates that 95 percent of colonoscopy patients now go under deep sedation.

#### FATAL COMPLICATIONS

One of colonoscopy’s potentially fatal complications is “iatrogenic colonoscopy perforation,” which is common enough to have its own acronym (ICP). Noting the increase in the number of colonoscopies performed around the world, researchers describe the occurrence of ICP as “not infrequent.”<sup>50</sup> Because “many ICPs are not immediately recognized,” ICP can “lead to the development of secondary peritonitis, which is associated with significant morbidity and mortality”—with estimated ICP-related mortality ranging from 5 to 25 percent.<sup>50</sup>

In a revealing YouTube video titled “Death by Colonoscopy,” the white-coated narrator (apparently a clinician) criticizes the gastroenterology profession for masking the procedure’s true risks and confidently asserts that “hundreds of thousands of people suffer and die from colonoscopy.”<sup>7</sup> Describing two kinds of death by colonoscopy—immediate and slow—he states:

Usually they do not report these cases of [immediate] death due to a colonoscopy; they usually classify it as “acute peritonitis” and “inflammation of the colon.” . . . The [slow] deaths from these complications also [are] reported from the doctors who did the colonoscopy as “severe intestinal infection” or “diverticulitis” and they never mention the colonoscopy as the primary cause of this condition. So the possibility of death after colonoscopy according to the gastroenterology doctors is between 1 to 2 percent. And I doubt too much these numbers.<sup>7</sup>

In a Yahoo news account of a fatal colonoscopy, the victim—talked into having her first colonoscopy at age eighty-three by her daughter—died of internal bleeding one day post-procedure after medical staff at the hospital allegedly ignored telltale signs of distress.<sup>51</sup> After the daughter filed a complaint with the state and the findings were passed on to the federal Centers for Medicare and Medicaid, the latter classified the situation prevailing at the hospital as one of “immediate jeopardy” to patients.

Describing slow heartbeat and low blood pressure as “common side effects” of propofol, WebMD states that individuals who experience them “tend to have a severe expression” of these symptoms.<sup>23</sup> Individuals who enlist for a simple outpatient colonoscopy may not even be aware of these risks, nor of the fact that if their heart rate goes too low, they may end up with a cascade of additional interventions and medications. For example, a drug called glycopyrrulate (brand names Rubinul or Cuvposa) is often used intraoperatively to “counteract” drug-induced arrhythmias.<sup>24</sup>

## BOWEL PREPARATION

Colonoscopies require significant “bowel preparation” or “prep,” including eating a low-fiber diet for three to five days beforehand (“because fiber gets stuck in the nooks and crannies of the colon wall, and can block the doctor’s view”),<sup>13</sup> fasting one day ahead (clear liquids only) and abstaining from all foods and beverages for the two to four hours immediately leading up to the procedure. In addition, gastroenterologists demand a “purge” the night before—facilitated by strong prescription or over-the-counter laxatives designed to produce “frequent, forceful diarrhea,” cramps and bloating as well as possible nausea, vomiting and aggravation of hemorrhoids.<sup>25</sup> Under the circumstances, is it any surprise that three-fourths of colonoscopy recipients rate bowel preparation as their least favorite part of the process?<sup>26</sup>

As if the experience of “frequent, forceful diarrhea” were not bad enough, most of the leading colonoscopy prep solutions are composed almost entirely of a synthetic substance called polyethylene glycol (PEG). Though widely used in drugs, personal care products, food additives, lubricants and gels, PEG is coming under in-

creasing scrutiny by researchers who question its biocompatibility<sup>27</sup> and its association with adverse immune responses such as anaphylaxis.<sup>28</sup> Case reports have linked PEG-based bowel preparation not just to anaphylaxis<sup>29</sup> and hives<sup>30</sup> but also to problems such as hyponatremic (low sodium) seizures,<sup>31</sup> exacerbation of heart failure<sup>32</sup> and kidney injury,<sup>33</sup> among other reactions. A 2018 meta-analysis that compared PEG against a different bowel preparation before elective colonoscopy reported that patients were less able to tolerate PEG and experienced a higher prevalence of adverse events when taking it compared to the non-PEG option.<sup>34</sup>

A 2016 study in *Analytical Chemistry* published the unexpected finding that about 72 percent of contemporary human blood samples displayed sensitization to PEG—as ascertained by detectable and sometimes high levels of anti-PEG antibodies—that could set individuals up for adverse reactions when subsequently exposed to PEG-containing drugs or products.<sup>35</sup> Worryingly, the researchers reported two pathways to PEG sensitization: (1) *immediate* sensitization induced through exposure to a drug containing PEG; and (2) *pre-existing* sensitization in individuals never treated with PEG-containing drugs but “most likely. . . exposed to PEG through other means”—such as colonoscopy bowel preparation?!

Notably, the two messenger RNA (mRNA) Covid-19 injections authorized for emergency use by the Food and Drug Administration, made by Pfizer and Moderna, contain PEG.<sup>36</sup> [Editor’s note: See Vaccination Updates in this issue of *Wise Traditions*.] The FDA has acknowledged that PEG could be responsible for the anaphylactic reactions often observed following coronavirus vaccination.<sup>37</sup>

An additional concern related to colonoscopy bowel preparation is that the strong synthetic laxatives decimate the gut flora. Italian researchers who studied fecal samples one month after colonoscopy reported “clear evidence that, in normal individuals, a high-volume polyethylene glycol bowel cleansing preparation has a long-lasting effect on the gut microbiota composition and homeostasis, in particular, with a decrease in. . . a population of protective bacteria.”<sup>38</sup> Posing a question about colonoscopy’s impact on the gut flora to the popular public radio show, *The People’s Pharmacy*, a woman stated that her sixty-year-old husband—“who takes no medication and is otherwise healthy”—had failed to recover healthy bowel function *two years* after a colonoscopy and was experiencing ongoing constipation, occasional loose stools and weight loss.<sup>39</sup> Unfortunately, the poor man’s doctors then subjected him to a repeat colonoscopy to rule out intestinal disease!

## VIRTUAL COLONOSCOPY: INDUCE CANCER TO FIND CANCER?

In recent years, the “virtual colonoscopy” has become available in some settings. The more costly x-ray-reliant procedure replaces traditional scoping with a CT scan of the “entire abdominal and pelvic area” that produces “hundreds of cross-sectional images of [the] abdominal organs,” which are then “combined and digitally manipulated to provide a detailed view of the inside of the colon and rectum.”<sup>52</sup>

Authoritative medical voices such as the Mayo Clinic promote the virtual colonoscopy as “minimally invasive.”<sup>52</sup> However, an FDA webpage titled “What are the radiation risks from CT?” notes that “the increased possibility of cancer induction from x-ray radiation exposure” is one of the two “main risks” of CT scans.<sup>53</sup> The Mayo Clinic discreetly admits that individuals who have a history (or a family history) of colon polyps, colon cancer or gastrointestinal conditions (such as Crohn’s disease, ulcerative colitis or diverticulitis) are not good candidates for a virtual colonoscopy.<sup>52</sup>

## MORE CHEMICALS AND CONTAMINANTS

Increasingly, colonoscopy patients and experts are also sounding the alarm about improper sterilization (“reprocessing”) of colonoscopy scopes, expressing concern that inadequately reprocessed instruments may be transmitting “superbugs.”<sup>40</sup> In a 2013 review of “reported gastrointestinal endoscope reprocessing lapses,” the authors concluded that such lapses are an “ongoing and widespread problem” with “significant implications for patients, including. . . microbial transmission, and increased morbidity and mortality.”<sup>41</sup> Moreover, even when there are no lapses and “the devices are cleaned strictly in accordance with manufacturers’ FDA-approved guidelines,” says a physician at the CDC, the scopes “have a lot of intricate mechanisms and pieces that are very difficult to disinfect.”<sup>42</sup>

A headline-attracting 2018 study published in the journal *Gut* reported that post-colonoscopy infections such as *E. coli* and *Klebsiella* were “more common than previously thought,” affecting one or two patients in a thousand—one hundred times more than previously assumed—and hitting those with a recent history of hospitalization especially hard.<sup>43,44</sup> Even the CDC reports that “more healthcare-associated outbreaks have been linked to contaminated

endoscopes than to any other medical device.”<sup>45</sup> In the agency’s guidelines for the disinfection of health care equipment, it states: “Because of the types of body cavities they enter, flexible endoscopes acquire high levels of microbial contamination (bioburden) during each use.”<sup>45</sup>

Endoscopes (including colonoscopy scopes) are heat-sensitive. Thus, the CDC directs health care facilities to use FDA-cleared “liquid chemical sterilants and high-level disinfectants,” the most common of which are glutaraldehyde and a “liquid chemical sterilization process that uses peracetic acid.”<sup>45</sup> But while the FDA may have okayed these sterilants, their routine use points to another, less-discussed explanation for the “infections” and other problems observed in the aftermath of colonoscopy—the disinfectants are toxic chemicals. Far from protecting patients, “sterilized” colonoscopy equipment introduces these toxic substances directly into the colon. As long ago as 1995, researchers reported an outbreak of hemorrhagic proctocolitis (inflammation of the colon with bleeding) induced by colonoscopes disinfected with glutaraldehyde, attributing the inflammation to “direct action [of the glutaraldehyde] on the mucosa.”<sup>46</sup> More recent case reports continue to refer to glutaraldehyde-induced colitis<sup>47</sup> and “chemical colitis.”<sup>48</sup> Unfortunately, calls for the FDA to

Far from protecting patients, “sterilized” colonoscopy equipment introduces toxic substances directly into the colon.

## COLORECTAL CANCER IN YOUNG ADULTS

Since 1999, the age-adjusted colorectal cancer death rate has declined steadily, from twenty-one deaths per hundred thousand to fourteen deaths per hundred thousand presently. However, the cancer that historically has appeared later in life is, disturbingly, on the rise in young adults in their twenties and thirties.<sup>54</sup> A 2017 study showed that individuals born around 1990 (that is, who are currently in their early thirties) “have double the risk of colon cancer. . . and quadruple the risk of rectal cancer” as adults born around 1950 (that is, who are currently in their early seventies).<sup>55</sup> Some are predicting that by 2030, colorectal cancer incidence rates will be up 90 percent in young adults between ages twenty and thirty-four.<sup>56</sup> Naturally, the explosion of young-onset colorectal cancers and other gastrointestinal diseases in the young is leading to calls for colonoscopy at ever-younger ages.<sup>57</sup>

Scientists are struggling to explain the surge in colorectal cancers in young people. As a physician from the Dana-Farber Cancer Institute noted at a September 2020 gathering organized by the National Cancer Institute, “When the incidence of a disease changes by generation, that suggests the culprit is something in the environment.”<sup>58</sup> Given the lengthy lag time for abnormal cells in the colon wall to turn cancerous, it seems apparent that one must look to early-life exposures.


In addition to the heavy childhood vaccination schedule, Children’s Health Defense posits that one of the more likely environmental culprits is glyphosate due to the herbicide’s well-documented effects on the gut flora.<sup>59</sup> Studies show “that individuals with colorectal cancer ‘display instability in the composition of their gut bacterial communities when compared with healthy controls’ and have elevated levels of unfavorable bacterial species,” some of which could have an impact on colorectal carcinogenesis.<sup>60</sup> Researchers Anthony Samsel and Stephanie Seneff have described how glyphosate disrupts gut bacteria in animals, “preferentially killing beneficial forms and causing an overgrowth of pathogens.”<sup>61</sup>

do more about the problem of endoscope cleanliness may do little more than usher even more toxic chemicals up the rectum.

## CONSIDER NUTRITION INSTEAD

Considering the serious and potentially fatal risks posed by sedation, bowel preparation, perforation and the toxic chemicals used to sterilize colonoscopes, it is growing harder to argue that the colonoscopy's putative benefits outweigh its risks. Why then do so many Americans continue to get one?

A blog that explains “why no sane person should do a colonoscopy” offers one compelling (and unsurprising) reason: “Colonoscopies are a multimillion-dollar industry.”<sup>12</sup> The author points out that colonoscopies are the most expensive screening test in the U.S., “often cost[ing] more than childbirth or an appendectomy,” and that physicians get kickbacks for colonoscopy referrals. Moreover, cancer screening tends to generate new cancer patients.

The blog also points out something that is equally obvious to many—colon cancer is a lifestyle disease. Eating the foods that protect against cancer<sup>49</sup>—especially the high-quality animal foods and fats that conventional and even alternative nutritionists urge people to avoid—and staying away from the compounds in processed foods that can cause cancer are far more satisfying strategies for cancer prevention than the episodic chemical and physical assault that a colonoscopy represents. 

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# The Wise Traditions Pantry

## RAISING BABY WITH SAFER—AND LESS—STUFF

By John and Jessica Moody

Babies! Cute little bundles of boundless fun and exhaustion! Since our family has just added our sixth child, we believe we have attained enough expertise to write something for an issue of *Wise Traditions* focusing on babies—and especially to write something about the stuff that goes into caring for a baby.

New parents confront two basic questions: What do you and your baby really need, and how do you make sure it is safe? After six babies, we can start off with one simple piece of advice: *You don't really need all that much baby stuff.* With each additional child, the amount of stuff we thought we needed has decreased, because we have learned over time that we really don't need it. At most, we now consider about 20 percent of the stuff that we had on hand for our first child to be necessary.

### CLOTHES: WHAT TOUCHES YOUR BABY MOST

Other than you, what your baby has the most physical contact with is his or her clothes. So clothing is one of the important things to invest in for your child's health. Overall, we think it is better to have fewer but higher-quality items than a lot of low-quality clothes. Fortunately, organic clothing is now more common than when we first started having kids. When we cannot get organic clothing, we focus on finding used clothes in good condition, because many of the residual chemicals are washed

out after the first year. Above all, avoid clothes treated with flame retardants or other chemicals.

As a big family facing the challenge and expense of feeding and clothing six kids, we often shop for clothing at our local thrift stores. Jessica has found numerous articles of organic baby clothing in such stores, for which we pay from twenty-five to fifty cents per item (versus ten to fifteen dollars per item when new).

Prices for new organic items have also come down quite a bit; while they still cost more than conventional items, the price difference no longer makes them unaffordable. Even stores like Costco carry organic options that are affordable and these options often also go on clearance.

For our new baby's first few months, we only had to buy a handful of new articles of organic baby clothing, plus a few sheets and blankets, to round out what we already had or were able to find in thrift stores. For example, we found a five-pack of cute organic onesies for

### A VERY MOODY BABY LIST

If a summary checklist of baby essentials will help you or someone you know, here you go. We do not include clothing in our list, given that specific clothing needs will be highly dependent on your baby, your situation and your climate.

- A place for baby to sleep: If you are not co-sleeping with baby (or even if you are), a bassinet or Pack'N Play-type system can still be very useful
- A bouncy chair or swing are nice and let you keep baby close even when you are on the move
- High chair or booster chair
- Stroller (not a must-have for us, but for many this will be a staple item)
- A car seat system
- A baby quilt or floor blanket (quite useful when out and about—we prefer this to a playmat)
- Diapers, wipes and (if using cloth diapers) diaper covers
- Diaper bag (including a changing pad, a “wet bag” in which to put soiled diapers and clothes, and a nursing cover)
- Swaddle blankets (three to four)
- Burp clothes (we use old-style receiving blankets that are too small for swaddling but great for absorbing stuff and protecting clothing)
- Baby carriers (we like having both a ring sling and a soft structured carrier)
- Nursing pillow
- Baby oil (we often use coconut), baby powder and diaper/rash cream
- Toys (for example, wooden blocks, teething toys, soft toys)
- Play gyms—you can now find plans online to make your own wooden play gym!

sixteen dollars; in comparison, a five-pack of conventional onesies ranged from ten to eleven dollars (for plain white or colored). An absolutely lovely set of three organic swaddle blankets in a gift box cost twenty-three dollars, versus eighteen dollars for conventional blankets. And this was just price shopping—not looking for sales or going to any extra effort to find deals. So while waiting for sales and comparison shopping are good ideas, the price difference to go organic may not be as significant as you think!

#### CHEMICALS ABOUND

Unfortunately, every baby item you buy—including personal care products—is a potential hazard to the new little person in your family. According to one parenting website, a shocking “77 percent of the ingredients in 17,000 reviewed children’s products have never been assessed for safety by industry or government.”<sup>1</sup> The website reports that each day, the average baby is exposed to twenty-seven untested chemicals just in baby care products.<sup>1</sup>

In a study of leading children’s bath and body care products conducted by the Campaign for Safe Cosmetics—titled “No More Toxic Tub”—82 percent (twenty-three out of twenty-eight products tested) contained formaldehyde, 67 percent (thirty-two out of forty-eight products tested) contained 1,4-dioxane and 61 percent (seventeen out of twenty-eight products tested) contained both.<sup>2</sup> Formaldehyde and 1,4-dioxane are both, according to the Environmental Protection Agency (EPA), probable carcinogens.

Because formaldehyde and 1,4-dioxane are manufacturing byproducts (toxic ones) rather than formal or intentional ingredients of these baby products, the Food and Drug Administration does not require manufacturers to list them on the ingredient labels.<sup>2</sup> In fact, as the “No More Toxic Tub” report explains, the FDA (1) “lacks basic authority needed to ensure that

products are actually safe”; (2) “cannot require companies to test products for safety before they are sold”; (3) “does not systematically review the safety of ingredients”; and (4) “does not set limits for common, harmful contaminants in products.”<sup>2</sup>

If the labels are leaving you confused about the safety and quality of a particular baby product, the Environmental Working Group’s (EWG’s) Skin Deep database can be a useful tool.<sup>3</sup> However, rather than go overboard on lotions and creams, we personally love the simplicity and effectiveness of coconut oil, jojoba and other traditional and natural oils.

#### BABY GEAR: PLASTIC AND MORE PLASTIC

While you don’t need much, there is some baby gear that you really can’t do without. Unfortunately, most of it is plastic. Freshly manufactured products that contain plastics and other synthetic components—such as fabrics, liners and covers—usually “outgas.” What that means is that they give off dangerous volatilized chemicals (that “new product smell” most of us are familiar with). As a result, car seats, strollers, bouncy chairs and other such items cause a lot of chemical exposure.

Our first rule for baby gear is to try to borrow, which helps us minimize the amount of total plastic we put into circulation. However, borrowing isn’t always possible. In that case, we buy used (and then regift) because we want to avoid the outgassing that brand-new items generally produce during their first few months of use.

Given that horse-and-buggy travel isn’t a thing for most modern people, one necessary piece of baby gear is a quality, unexpired baby car seat. Unfortunately, in terms of chemical exposure, car seats are some of the worst offenders! Not only are they always made of plastic, but many are also treated with flame retardants.

In a study of leading children’s bath and body care products, 82 percent contained formaldehyde, 67 percent contained 1,4-dioxane and 61 percent contained both.

#### THAT PARKED CAR: AIR IT OUT

If you park outdoors, especially on warm, sunny days, it is always a good idea to air out your car before you and baby enter it. Warm days cause the release of chemicals not just from the baby plastics in the car but also from other car components and contents. We try to always park in the shade for this reason. Installing window tints and shades can help further reduce how much your car heats up.

We have found that breathable clothing, along with attentive parenting when it comes to potty use and diapering needs, can go a long way in minimizing common baby discomforts such as diaper rash.

Gentle Nursery has a helpful (though slightly dated) breakdown of car seats with the least (or even no) chemical treatments.<sup>4</sup> Because new companies and improvements are constantly emerging, it is also important to look for (or do) up-to-date research.

#### CARRYING, SITTING, SLEEPING

Baby carriers and slings go back thousands of years, and we have found that having a few is quite useful. Over time, we have used the Maya Wrap sling and the Ergo baby carrier as well as others. As with clothes, organic options now abound, and used baby carriers and slings are not hard to find. Even in our rural, non-crunchy area of Kentucky, we found an organic Ergo baby carrier for two dollars at a thrift store! Many areas also have buy, sell and swap baby groups, which are a great place to look for baby items you may need.

Once baby is bigger, a high chair or booster seat may be desired. Fortunately, numerous high-quality, all (or mostly) natural options are now available, made primarily of wood and with safer, non-toxic finishes. We had a lovely wooden Eddie Bauer model with minimal plastic parts that endured five kids and fourteen years of near constant use—retired solely because of the need to replace a few parts that were no longer available.

For bedding, the resurgence of wool over the past two decades has been a wonderful thing for families as well as farmers. Wool is naturally antibacterial and anti-smelly. Wool pads can help keep the parental bed (if co-sleeping) or the baby's bed (if not co-sleeping) much easier to clean. Wool is also great for diaper covers and many other uses.<sup>5</sup>

#### PLAYTIME

For teething and rattle toys, wooden and organic fiber options now abound. There are also organic or all-natural rubber options as well as plastic options purported to be safer, though we recommend caution and suggest you still keep these to a minimum. Many (or most) are made in China, or with materials manufactured in China; unless the company is doing independent post-production testing, I would consider claims of safety suspect at best.

For our younger kids, Jessica made several of their first stuffed animals using simple patterns, organic cotton (now widely available) and all-natural fillings like wool or buckwheat hulls. If you are not interested in the DIY approach, ask around in your community, as there is almost certainly someone who has the skills and interest. If not, all-natural toys are also available online, such as on Etsy, and as a bonus, you can support small businesses. As with clothing, we feel that it is better to purchase a few high-quality play items rather than dozens of dangerous and junky ones.

#### DIAPERING OPTIONS

No doubt, babies are mess-making machines, and there are many ways parents can tackle the diapering issue. Rather than engage in the arguments and unnecessary guilt that diapering discussions sometimes create, we prefer to describe the options.

For all of our children, we have used a mixture of infant potty training—also known as elimination communication (EC)<sup>6</sup>—along with cloth and disposable diapers. We mostly reserve disposable diapers for travel or sometimes for nighttime use (as we have heavy wetters and hard water)—or when life gets crazy (for example, a stomach bug sweeps through the family). We have also found that breathable clothing, along with attentive parenting when it comes to potty use and diapering needs, can go a long way in minimizing common baby discomforts such as diaper rash.

You may wonder how two newly-married, completely mainstream Americans learned about EC. Not long before we wed, Jessica spent three months in Indonesia, and I spent over a month in the Mideast. Both of us were exposed to traditional ways of dealing with this particular challenge and were fascinated by how other cultures worked with a child's natural instincts and rhythms to get them potty-trained much earlier—and with far less stress—than what we had observed in Western cultures. To me, it just made sense; no creature wants to sit around in its excrement. And if kittens and puppies can learn soon after birth, how much more so human babies?

As with any traditional practice, there is a



learning curve for EC. Rather than focusing on “success” or speed, the goal is to work with your new family member, showing respect and not worrying about misses and accidents. Nonetheless, the result has been that most of our kids were potty-trained by eighteen to twenty-four months, which allowed us to cut both cloth and disposable diaper usage by about 75 percent (give or take).

According to the EPA (as cited by the EWG), disposable diapers generate over four million tons of waste annually.<sup>7</sup> However, if you are primarily using cloth diapers and/or EC, the impact of occasional disposable diaper use is small in the scheme of things. For disposable diapers, we do encourage parents to purchase the best brands possible, and especially brands that are free of chlorine, fragrance, dyes and latex.

Be aware that the Consumer Product Safety Commission does not require diaper manufacturers to test their products or materials for hazardous chemicals.<sup>7</sup> Conventional disposable diapers use petroleum-derived crystals (Super Absorbent Polymers or SAPs) to absorb as much moisture as possible—up to thirty times their weight in liquid.<sup>7</sup> Studies indicate that sodium polyacrylate, a SAP commonly used in disposables, can be contaminated with acrylamide (a probable carcinogen) and acrylic acid (a strong skin and eye irritant).<sup>7</sup>

Fortunately, better disposable options are coming to market, many of which claim to be either more biodegradable or even completely biodegradable.<sup>8</sup> Between bamboo and hemp, even more eco-friendly options should soon become available. Moreover, these types of disposable diapers are not necessarily more expensive. Look for sales and buy in bulk to bring down the cost per diaper.

If you plan to cloth diaper, it is important to realize that what works for one person may not work well for you. Fortunately, there are many available options. For our last several babies, we have used OsoCozy organic flat diapers. We have found them to be inexpensive and effective, and they do not have the issues with ammonia build-up that we previously encountered with prefolds, all-in-ones or pocket diapers. Perhaps due to some combination of our hard water,

laundry detergent, washing machine and other factors, we have also found the OsoCozy diapers to be the easiest to keep clean.

We have used a combination of wool and PUL (polyurethane laminate) covers to go with the cloth liners. Because PUL “leaves something to be desired in terms of air-flow and breathability,” one cloth diapering website recommends alternating with natural fabrics to “provide a chance for tiny bums to air out from time to time” as well as giving baby some diaper-free time in the sun.<sup>9</sup>

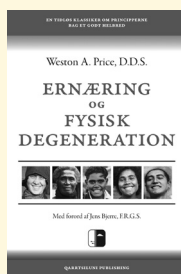
## PARENTS, NOT PRODUCTS

Ours is a consumeristic culture that often tries to solve so-called problems by spending more money. Over our years of parenting, we have learned to save the money and instead solve the problems with time—time that we now have more of, since we are not trying to earn so much money to pay to solve the problems! Sure, you can get self-rocking and shushing cradles and chairs, or toys that will sing and speak—but really, what baby most wants (and needs) is YOU. ☺☺

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## DANISH TRANSLATION!

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Many thanks to WAPF member Henrik Hanson for the translation!

# Homeopathy Journal

## EXCESSIVE CRYING AND SLEEP PROBLEMS IN BABIES

By Anke Zimmermann, BSc, FCAH

Early excessive crying and insomnia in babies can be an indicator that the child may be at risk for developmental disorders.

A baby who has trouble sleeping and—usually—also cries excessively can put a tremendous strain on his or her parents. Not only are the parents worried about their child, but they are also suffering from sleep deprivation themselves, not to mention tortured ear drums.

I understand how stressful this can be because my own daughter started crying excessively and not sleeping within hours after birth, for no apparent reason. I could not find the right homeopathic remedy and almost lost my mind. Fortunately, we both found help from an energy healer when she was six months old.

Years later, I realized that my daughter might have been affected by an ultrasound late in my pregnancy. I came to this realization after I helped a very restless child who had been exposed to multiple ultrasounds in utero. This girl had insomnia and could not sit for any length of time. A homeopathic remedy made from ultrasound helped her dramatically.

### MULTIPLE CONTRIBUTING FACTORS

Over the years, I have learned that there can be multiple reasons for insomnia and excessive crying in babies and children, which can be broadly classified into four categories.

1. Inherited factors (mostly epigenetic or miasmatic)
2. Events during pregnancy
3. Events during labor and delivery
4. The baby's early life experiences

Each category includes emotional stressors and traumas as well as toxic stressors related to medical interventions and environmental toxins. Usually, more than one cause is at play. More importantly, early excessive crying and insomnia in babies can be an indicator that the child may be at risk for developmental disorders.

### A BOY WITH AUTISM, SLEEP PROBLEMS, AGGRESSION AND OCD

When I first met eight-year-old Oliver (not his real name), he had been diagnosed with autism and severe obsessive-compulsive disorder (OCD), which was focused on ripping and tearing things into small pieces. In addition, Oliver could not sleep without his mother next to him nor with the lights off. He suffered from pica (an eating disorder), eating copious amounts of sand, rocks, dirt, grass and paper. He was not yet toilet trained and still wore diapers. His language development was delayed. He used about one hundred fifty words for objects and people.

The most distressing problem for the parents at the time, however, was Oliver's intense irritability and aggression. His mother reported, "He will attack us if he's frustrated with something. He'll go for our faces and claw at our mouths; this happens daily." The irritability and aggression had gradually increased over the years, especially over the previous year.

### POST-VACCINATION CHANGES

Oliver had received his first round of vaccines at four months old. A month later, he suddenly developed insomnia and night terrors. "It was horrifying," his mother said. "He looked right through us with his eyes open, but he was gone. This went on for quite a few months, every single night. Before, he had slept very well. In addition, his engagement with us dropped and he became very irritable and fussy."

At seven months, he received his second round of vaccines. At eight months he developed eczema on his cheeks. At ten months, Oliver got another round of shots, in spite of the alarming changes after the first two rounds. His mother reported, "Suddenly his eczema flared. He was found allergic to soy, dairy, dust, grass, trees, even turkey. He reacted to absolutely every-

thing. We bought a new mattress; we were constantly cleaning. Then we took him off formula and his eczema got better.” But the worst was yet to come. By the time Oliver was thirteen months old, he had lost all of his words. By sixteen months, he had a badly bloated belly. And just before he turned two, he was diagnosed with autism.

## MEDICAL HISTORY

As Oliver’s mother described it, “I had intense work stress during the better part of the pregnancy due to ongoing conflicts with a superior at work. I had to do a lot of extra work and felt totally unsupported. I felt angry and cried a lot; however, I felt pressure to continue working until just five days before his birth.” Oliver’s mom also had four or five ultrasounds due to some concerns with the placenta.

Labor and delivery were a nightmare. Labor was induced with a vaginal tablet three days before the due date because the mother had developed high blood pressure. “Twelve hours later, I was induced with an IV drip of Pitocin, even though I did not want to be induced. I totally felt pressured into it. Contractions then came hard every few minutes.

They hooked me up to monitors. The whole situation felt chaotic to me and was not at all what I had wanted.”

Dilation of the cervix stalled for many hours at eight centimeters. Oliver’s mother received a morphine shot, slept for a while and was given nitrous oxide, which made her feel irritable and aggressive. “I’ve never felt that aggressive in my entire life. I could barely control myself. The nitrous oxide also caused projectile vomiting.”

Finally, after twenty-eight hours of labor, “the baby’s heart rate went down. They gave me an epidural and prepped me for a C-section. But the epidural made me feel freezing cold. I could not stop shaking. Here I was, lying on the operating table, and nobody did anything about it. I felt almost violated, certainly not honored.”

## SLEEPLESS AND CRYING BABIES: SOME REMEDIES TO CONSIDER

**ACONITUM NAPELLUS:** Agitated, easily startled babies whose mothers experienced one or more intense shocks with feelings of fright or panic during pregnancy or delivery.

**CARSINOSIN:** Babies crying for apparently no reason and with insomnia who are consoled by rather intense rocking or up and down movement. Often a family history of cancer.

**CHAMOMILLA:** Very restless and agitated babies; inconsolable; can’t be satisfied; want to go from person to person; tendency to bite. Often indicated during teething and infections.

**COFFEA:** Restless sleep or sleeplessness in newborns; sleep disturbed by the slightest noise; sleeplessness after excitement.

**HYOSCYAMUS:** To consider when mother experienced intense emotions during pregnancy, especially disappointment, jealousy or being treated as inferior. Baby may clench fists, grind teeth and twitch.

**IGNATIA:** Consider for sleepless, restless babies if the mother suffered emotional shocks and setbacks during pregnancy, especially in romantic relationships, disappointment in husband or family in association with the pregnancy.

**SACCHARUM:** Insomnia; irritability; clinging; wants to feed constantly; separation anxiety. Family history of emotional abandonment, being orphaned, adopted.

**STRAMONIUM:** Intense crying; night terrors; great irritability; violence; biting. Can be associated with adverse vaccine reactions, neurological injuries, after meningitis. Consider if mother was threatened with or experienced violence during pregnancy.

**SULPHUR:** Babies waking every one and a half to two hours to feed; hot, vigorous babies with good color. May have skin rashes; may fight diaper changes.

**SYPHILINUM:** Causeless crying from birth; failure to thrive; family history of OCD, schizophrenia, bipolar disorder, alcoholism.

**VACCINE REMEDIES:** Remedies made from vaccines (if insomnia and crying started four to eight weeks after a vaccination).

**VITAMIN K SHOT REMEDY:** Should also be considered if baby is crying from birth and was given the vitamin K shot.

## ASSESSMENT AND PLAN

Here was an eight-year-old boy with a likely history of delayed reactions to routine childhood vaccines, with initial night terrors, insomnia and irritability, followed by the onset of multiple allergies and eczema, developmental regression and an autism diagnosis. Also of note was the emotionally intense and stressful pregnancy, as well as the complicated and stressful delivery with adverse reactions to anesthetics, including severe aggression and shock-like symptoms.

Oliver received the homeopathic remedy *Stramonium* for the history of night terrors and fear of sleeping alone and in the dark as well as for his aggression. *Stramonium* is a common remedy for neurological problems in children, especially when they are associated with aggression and violence. I have seen this remedy come up frequently after vaccines, as well as after emotional traumas, such as frights.

Many years ago, I saw a four-year-old boy who also had sleep problems from birth and was overly clingy with his mother. The boy was brought in because he was suicidal and kept asking to die. His mother had been stalked and threatened with death while she was pregnant. A few doses of *Stramonium* cleared the slate.

Oliver did very well on *Stramonium*. Over the next few weeks, his aggression drastically diminished, and he completely stopped attacking his parents. It also became easier for him to fall asleep, and his pica as well as his OCD symptoms diminished somewhat. We then added a homeopathic remedy made from a mixture of vaccines, which greatly helped his speech and cognitive development. His obsession with tearing and cutting did not change much.

## A PREGNANCY IMPRINT?

Three months into his homeopathic care, Oliver suddenly developed what seemed like bladder pain when urinating. He had to urinate frequently and was crying out in pain. After he got a couple of acute remedies for this, he developed a new symptom of compulsively spitting and urinating on everything. “He is refusing to wear clothes and is peeing on the couch and his clothes on purpose. He rips off his diaper and pees a few drops into it. Then he spits into the diaper and licks the urine and spits up in a very

obsessive way. He gets extremely agitated when we try and stop him, yelling, screaming, hitting.”

I recognized the remedy, *Hyoscyamus*. The day after his first dose, this strange and disturbing behavior completely stopped, much to everyone’s relief. The emotional situation Oliver’s mother was in during the pregnancy might have contributed to this layer. *Hyoscyamus* is one of the more common remedies in children with insomnia when the mother has suffered wrongs during pregnancy, such as in a work or relationship situation, or for patients who feel like they are not good enough, which may cause great agitation. It is always very important to understand the mother’s state during pregnancy when a child develops problems in infancy or early childhood.

## A MIASM REARS ITS UGLY HEAD

By our next appointment a month later, Oliver had developed another new symptom. He was lining up everything in the house—toys, shoes, furniture—and became obsessed with smashing rocks with a hammer. Moreover, he was now obsessed with water and with washing his hands. “He constantly has to go to the washroom to wash his hands. We’re lying in bed at night and he has to get up and go to the washroom to wash his hands a few times; in fact, the behavior is much worse at night.”

This was an interesting turn of events. Yet another layer appeared to have come to the surface, a miasmatic layer. In homeopathy, we have recognized for two centuries that children can be born with various predispositions that may be linked to a family history of infectious diseases as well as cancer, a phenomenon that homeopaths commonly refer to as a miasm. The new science of epigenetics has provided much needed scientific confirmation of these clinical observations. Interestingly, the link of cancer with infections is also increasingly recognized.<sup>1,2</sup>

Homeopathic remedies prepared from infectious materials may often be indicated and helpful in such instances. For obsessive handwashing and a worsening of symptoms at night, most homeopaths will recognize the needed remedy as *Syphilinum*, a homeopathic remedy derived from syphilis. (Not to worry, the remedy is made from the sterilized product, and one cannot contract syphilis from it.) The obsessive symptoms can be linked to a family history of syphilis and often to a family history of alcoholism. The mom confirmed my suspicion: “My maternal grandfather and his father were severe alcoholics.” Oliver got *Syphilinum* and almost immediately the handwashing obsession stopped. He also continued to receive the homeopathic vaccine mixture remedy, every dose of which improved his speech further.

## HOW SWEET IT IS

During our next appointment, Oliver’s mother reported that her son had developed yet another new habit. He was running around wildly, licking his fingers and touching everything. If the family went to a store, he wanted to touch all the items in the store. He was also obsessively asking for sweets. At this point Oliver got *Saccharum officinale*, a fascinating remedy made from the juice of sugar cane.<sup>3</sup> Children who need this remedy may obsessively ask for sweets, put everything in their



mouths and exhibit behavior that is hyperactive and overly clingy. They may also have an underlying feeling that they are not loved, even though their parents are giving them ample attention and love.

Sometimes this pattern is also a type of miasm or epigenetic imprint. I have seen and read about several children who suffered from extreme crying, insomnia and clinginess from birth whose parents had histories of emotional abandonment by their own parents, or who were adopted.<sup>4</sup> Even though these babies were attended to nearly non-stop by their parents, they could not be soothed. They needed to nurse or suck constantly and be carried or entertained continuously, and they could not sleep without attachment to a parent. They also suffered from excessive separation anxiety. *Saccharum officinale* was helpful in several of these cases.

Interestingly, sugar is often a symbol or substitute for love. Mother's milk—the first food a baby receives—is by nature sweet. Loved ones are called “honey,” “sweetie” or “sugarpie,” and sweets and chocolates are ever popular as Valentine's Day gifts. *Saccharum* can be a great remedy when a child does not feel loved and just can't get enough attention.<sup>5</sup>

Oliver's mom told me that Oliver had gone through a phase of intense separation anxiety from age two to four, to the point that she could not be out of his sight. At that time, another homeopathic practitioner had given him *Pulsatilla*, and the next day the separation anxiety was gone as if by miracle. With the *Saccharum* remedy, Oliver may have been going through a phase of clearing out some ancestral imprint. The poor boy seemed to be processing every trauma and infection in his family history.

#### MORE LAYERS TO COME?


Oliver's case is ongoing, and I would not be at all surprised if he soon needs a remedy made from the anesthetics his mother received during labor. After all, she suffered intense reactions, with acute aggression in response to the nitrous oxide, and shock-like symptoms of freezing in response to the epidural. Oliver may also need a remedy made from the pregnancy ultrasounds or the Pitocin he had during birth, as well as other constitutional remedies.

In children such as Oliver, their miasmatic backgrounds and various stressors during the pregnancy and birth process damage the vital force and provide a fertile ground for adverse reactions to vaccines, medications and other stressors. However, with careful homeopathic management, all of these layers can come to the surface to be healed. It is really quite incredible. The symptoms are the guide to the next remedy.

Oliver's case shows why babies who suffer from excessive crying and insomnia should always be carefully evaluated and monitored, as these symptoms may be early signs that the child is susceptible to potentially very serious developmental disorders. If the symptoms are present from birth, the homeopathic practitioner should thoroughly assess stresses or traumas the mother suffered during pregnancy, labor and delivery as well as medical interventions received during that time. I have seen a single vitamin K shot cause years of insomnia and excessive crying in one child.<sup>6</sup> Vitamin K shots contain, among other ingredients, polysorbate 80 (a controversial emulsifier) and propylene glycol (a synthetic food additive in the same chemical group as alcohol).

Ultrasounds are probably another common contributing factor to sleeplessness and restlessness in some babies. As mentioned, my own daughter's intense restlessness and crying may have been linked to a late-pregnancy ultrasound.

Vaccines, too, can be a major trigger. Most babies in the U.S. receive a hepatitis B shot at birth, along with the vitamin K shot. Symptoms of adverse vaccine reactions are typically delayed by several weeks to months and can build on one another, as Oliver's case illustrates and as I've described in another article for *Wise Traditions*.<sup>7</sup>

Fortunately, homeopathy has the wonderful potential not only to heal these children on multiple levels, but also to help identify the many contributing factors to these imbalances, liberating the little ones from ancestral burdens as well as chemical imprints to become fully and gloriously themselves! 

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# Technology as Servant

## ENVIRONMENTAL REGULATION: SHEPHERD? OR WOLF IN SHEEP'S CLOTHING?

By James Kirkpatrick

The challenge of forming and enacting environmental policy is that the “resources,” the “best use” and, most importantly, the “cost” of utilizing those resources are all subjective concepts.

In 146 BCE, the Roman General Scipio Africanus Aemilianus completed the third and decisive Punic War, which had consumed the Western Mediterranean for almost one hundred years. The prize: control of trade in the western Mediterranean and *de facto* dominion over Western Europe. Spain, Portugal, England and France would subsequently capitulate to Roman expansionism over the next one hundred fifty years.

There remained a problem though. . . Carthage. What to do with the people of Hannibal and the city of Carthage? The North African city-state had been the dominant regional power for over a century, principal rival to Rome itself, and had come within an elephant's tail of conquering the Roman capital city during the Second Punic War, fifty years prior. Now the capital city of Carthage lay smashed and burned to the foundation stones. Through experience, the Roman leaders knew that if they let Carthage survive, in due time she would rise again as a permanent thorn in the paw of mighty Rome.

As the Roman generals ruminated, a policy solution emerged to deal with the “Carthaginian problem”—an environmental policy solution. The Romans were fond of good policy solutions, which enabled them to control Europe and the Mediterranean for the better part of eight hundred years. What if they took away Carthage's ability to grow their own food and support a sizeable and robust population of fighting-age men? What if they made Carthage dependent on Rome for basic sustenance, a true vassal state?

The salting of fields to cripple a civilization was not a new concept and had been employed throughout antiquity. A favored military practice of the Assyrians and Hittites, it was such a popular “remedy” that it received mention in the two great surviving books of the age, the *Old Testament* of the Hebrew people and Homer's *Odyssey*. Being steeped in history themselves,

the old patriarchs of Rome agreed on the solution and thus the wheat fields of Carthage were plowed with salt and rendered economically useless.

Funny thing about targeted environmental policies—they are often quite effective at achieving their stated policy goals. We don't hear or read much about Carthage after the Punic Wars; the once-great commercial empire, which brought the Phoenician alphabet to the Western world, was now humbled and ultimately forgotten in the desert sands.

### ENVIRONMENTAL TRIBALISM

Since humans began to organize themselves into multi-family societies some twenty thousand years ago, environmental decisions have been at the center of civilization. In very simplified terms, environmental policy can be reduced to a society's decision on how to use the Earth's resources in a way that provides the most benefits and incurs the least amount of cost to that society. This form of societal planning encompasses everything from “Should we use this creek to irrigate our fields?” to assessing the environmental health of the Earth and whether the roughly eight billion human inhabitants are a net benefit or negative to the long-term health of the only planet we've got. . . for the time being.

On paper, this seems like a fairly straightforward concept: The Earth is endowed with a fixed amount of resources and we (humans) should make conscientious choices to use those resources to improve the human condition and preserve those resources for current and future generations. Unfortunately, this basic concept of human self-interest has a rub—there is always a rub. The challenge of forming and enacting environmental policy is that the “resources,” the “best use” and, most importantly, the “cost” of utilizing those resources are all subjective concepts. Ask any two individuals—much less

two politically appointed decision-makers—and you are likely to get wildly different definitions and interpretations of those key concepts.

Most of us have internal definitions of what kind of policies, laws and plans constitute “good” and “bad” environmental management. However, broad consensus is elusive if not unfeasible, and environmental tribalism has become the standard when discussing how best to use the planet’s resource endowment. The spectrum of environmental viewpoints runs the gamut from the rapacious free enterprise philosophy (“any regulation is bad regulation”) to the nature’s guardians philosophy (“any disturbance is a bad disturbance”), and every position in between. The broad and far-reaching concept of “the environment” and the management of that environment has become the modern-day equivalent of the Gordian Knot.

With the above disclaimer in mind, the remainder of this article will provide a general overview of how environmental regulation in the U.S. is organized and examples of the good, the bad and the ugly of enacted environmental regulation.

## ENVIRONMENTAL POLICY AND REGULATION, U.S.-STYLE

In the United States, environmental policy and regulation are controlled by the U.S. government, which receives a broad and diverse swath of input from industry, non-profit organizations and wealthy individuals with pet causes. The

principal edifice through which U.S. environmental policy is conceived, enacted and enforced is the Environmental Protection Agency (EPA) in cooperation with local state-controlled entities such as CARB (California Air Resources Board), the TCEQ (Texas Commission on Environmental Quality) and the NJDEP (New Jersey Department of Environmental Protection). Similar to law enforcement regulations, this patchwork system of local, state and federal environmental departments creates a complicated spaghetti bowl of different laws that occasionally align, but more often conflict with each other.

Although the U.S. environmental regulation apparatus has many unique features, the basic structure of environmental policy aligns along the following core functions or enforcement departments. It should be noted that the general organization and concept is similar around the world once adjusted for local acronyms and customs.

- **CLEAN AIR:** Focuses on reducing criteria pollutants from the air, including ozone, nitrous oxides (NOx), sulfur oxides (SOx), carbon monoxide (CO), particulate matter (PM) emissions, heavy metals (lead, mercury), fugitive emissions (methane-focused, although broader in actuality) and, in some locales, greenhouse gas (GHG) emissions (primarily carbon dioxide). A good way to think about the major focus of clean air regulation is as the regulation and control of combustion and combustion’s by-products.
- **CLEAN WATER:** Focuses on managing pollution of rivers, streams and lakes; providing potable drinking water; and monitoring and managing the water intake and discharge from industrial operations that use public water resources.
- **CLEAN LAND:** Focuses on cradle-to-grave management of hazardous substances, land management, fertilizer and herbicide usage, and waste disposal sites. In the U.S., there is no explicit Clean Land Act, due to the unique U.S. structure of property ownership, mineral

## U.S. ENVIRONMENTAL PROTECTION AGENCY HOME PAGE

### Laws



- [Clean Air Act](#)
- [Clean Water Act](#)
- [TSCA](#)
- [RCRA](#)
- [Superfund \(CERCLA\)](#)
- [FIFRA](#)

[More Law Summaries](#)

### Regulations

Environmental rules are codified under Title 40 of the Code of Federal Regulations (40 CFR).

- [Comment on Proposed Rules](#)
- [More about Regulations](#)

### Regulated Topics



- [Asbestos](#)
- [Certifications \(608, etc.\)](#)
- [Mold](#)
- [Drinking Water](#)
- [Lead](#)
- [Waste](#)

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### Compliance & Enforcement

EPA helps regulated entities meet federal requirements, and holds entities legally accountable for violations.

- [About Compliance](#)
- [EPA's Enforcement Website](#)

### Regulated Sectors



- [Agriculture](#)
- [Automotive](#)
- [Construction](#)
- [Electric Utilities](#)
- [Oil & Gas Extraction](#)
- [Transportation](#)

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### Guidance & Petitions

EPA issues guidance documents to further clarify and assist in implementation of regulations.

- [EPA Guidance Portal](#)
- [Petitions](#)

rights and federal land control coming under the U.S. Department of the Interior. The salting of Carthage's fields would have fallen under this department.

- **HAZARDOUS MATERIALS AND RECYCLING:** Sometimes organized as a subdivision of the “clean land department,” such regulations focus on monitoring and regulating hazardous materials frequently used in building applications such as lead, asbestos, polychlorinated bisphenols, aerosols, refrigerants and radon, along with state and national recycling and waste management practices.
- **NUCLEAR:** Focuses on all matters involving the management of nuclear fuels, covering extraction, refinement, weapons usage, civilian electricity generation usage and temporary and permanent disposal. Also, nuclear regulations typically serve as the focal point for response to an uncontained nuclear accident. When formed in the 1940s, this was managed by the Atomic Energy Commission. This branch of government was folded into the Department of Energy during the 1970s. Due to the specific hazards associated with nuclear fuel usage and radiation, in most parts of the world this aspect of environmental regulation is handled by a separate dedicated agency.

Although U.S. laws are not quite consistent with the broad organizational system for environmental regulation just described, they largely conform to this structure (see screenshot of the U.S. EPA home page).

### GENESIS OF U.S. ENVIRONMENTAL LEGISLATION

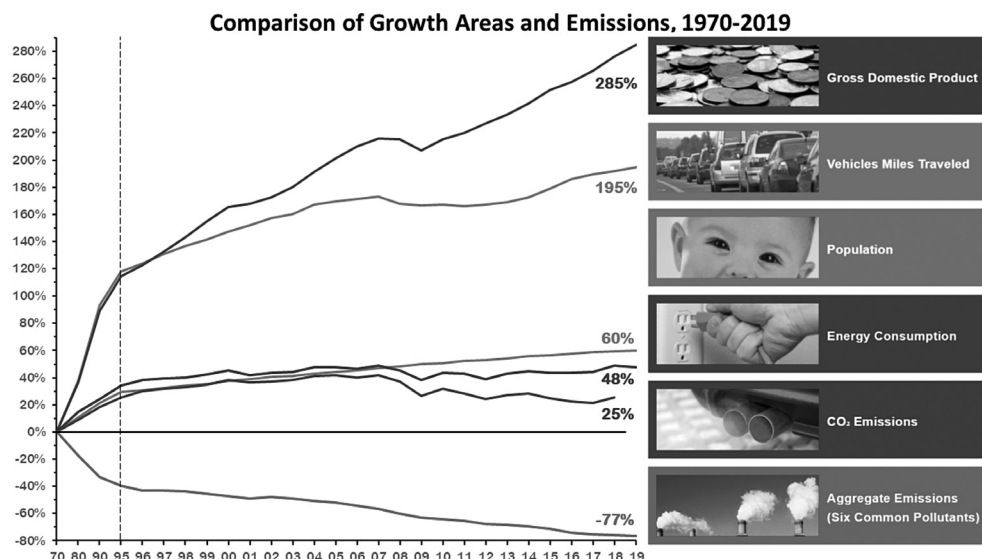
The foundations of the modern U.S. environmental regulatory system began to take shape in the late 1950s and early 1960s, and with very good reason. Since the 1870s, the U.S. had experienced an extended period of growth and development that transformed the nation from its former colony status into the workshop of the world—a designation now enjoyed by China.

After seventy-five years of unrestrained extractive activities, the U.S.

was overdue for a period of regulatory push-back and environmental reform. The response to America's ultra-aggressive form of private industry started at the close of the nineteenth century with the passage of the Sherman Antitrust Act (1890) and the break-up of the big industrial monopolies, and continued through to the passage of the 1970 National Environmental Policy Act (NEPA) and the creation of the Council on Environmental Quality (the predecessor organization of the EPA). These steps set the stage for the passage of three landmark environmental regulatory acts during the early 1960s and 1970s: the Clean Air Act (1963), the Clean Water Act (1972) and the Endangered Species Act (1973). All subsequent U.S. environmental regulation has flowed from the foundational principles established by these three laws.

The other key contribution to the modern environmental movement was an emerging national environmental consciousness that started during the late 1950s and continued into the early 1960s. This was best exemplified by Rachel Carson's *Silent Spring*, published in 1962, which focused on pesticide usage in the U.S. and the active disinformation campaign on the part of big agriculture and petrochemical interests to obscure the not-so-hidden side effects of intensive crop spraying.

In addition to serving as the genesis event for most modern U.S. environmental legislation, the passage of these three foundational laws led to the large-scale clean-up and remediation of America's natural habitat from coast to coast.





Although these laws have without a doubt increased the cost of doing business in the U.S., they also have by and large been successful in their overarching objective to scrub clean America's heavy industrial past.

National Ambient Air Quality Standards (NAAQS) is a measure of the "cleanliness" of U.S. air. Using this as a benchmark, since its initial adoption in 1963 the Clean Air Act, though sometimes maligned, has been an overwhelming success. The chart on page 54 shows the significant reduction in per capita criteria air pollutant and carbon dioxide emissions over the past fifty years, without a significant penalty on economic growth or energy availability.

### GASOLINE: THE GOOD

Nothing that we use in daily life has received more of a transformation than U.S. gasoline. Although they are still both technically "gasoline," the 1970s version looked almost nothing like its modern-day equivalent. About 80 to 85 percent of U.S. internal combustion-based vehicles are designed to run on gasoline.

As it is a material source of U.S. air emissions and pollutants, the reformulation of gasoline has been front and center in most U.S. environmental legislation (see Chronology, page 57). For example, gone from gasoline are the lead (tetra-ethyl lead), the heavy aromatics (think kids sniffing gasoline to get stoned) and the sulfur (reduced by 98 to 99 percent); in addition, catalytic converters minimize the formation of nitrous oxides and carbon monoxide emissions by promoting full combustion. Since precious metal catalysts in the converter are poisoned by sulfur dioxides, the removal of sulfur from gasoline now ensures proper conversion efficiency of the converter and has the knock-on benefit of reducing acid rain from sulfur dioxide emissions. Reformulation of the gasoline recipe has also involved many other changes, such as limiting the amount of high volatility butane blended into gasoline, adding an oxygenate (such as MTBE or ethanol) and much tighter control of gasoline's boiling range.

The transformation of gasoline started in California in the 1960s and is now in place nationwide. The best tactile example of the improvement in U.S. gasoline and the push to make it cleaner is the reduction in direct visible smog

in the Los Angeles basin. Those clear California skies, now available on a daily basis (wildfire dependent), are a far cry from the smog-choked images of Los Angeles streets from the 1960s (see below).

### GASOLINE: THE BAD AND THE UGLY

However, while the changes to U.S. gasoline highlight "the good" aspects of U.S. environmental policy, they also highlight "the bad" and "the ugly." As with many things—and as a key takeaway from this piece—the success of the U.S. environmental regulations in the 1970s and 1980s paved the way for new and more tangled regulations in the 1990s and 2000s. This second- and third-generation environmental legislation reflects a jump in technical complexity—and a newfound interest in environmental legislation by complex, diverse and often diametrically opposed business and political interests.

Two laws passed in the 2000s under George W. Bush illustrate the bad and the ugly side of environmental legislation. First was the Energy Policy Act of 2005, a piece of legislation quickly followed by its cousin, the 2007 Energy Independence and Security Act, which, among other things, created the U.S. Renewable Fuel Standard (RFS). (See sidebar, page 56 for a sample of the complex language from the current Renewable Fuel Standard.)

The stated overarching policy goals of both pieces of legislation go something like this (author's paraphrase and license):

- Improve U.S. international relations by reducing dependence on imported crude oil.
- Reduce U.S. greenhouse gas emissions from automobiles by 10 to 20 percent.
- Increase the blending of biologically derived fuel into the U.S. gasoline and diesel blend pools by 10 to 20 percent.



Typical Los Angeles sky, then and now.

- Increase U.S. usage of corn-derived ethanol and biomass-based diesel.
- Create a market-based trading mechanism to incentivize increased levels of biofuels blending in the U.S. transportation fuel pool.
- Provide technological funding and incentives for the production and mass adoption of second- and third-generation biofuels not based on edible foods (think switch grass and prairie grass).
- Minimize U.S. land use changes.

With so many naturally aligned policy objectives, what could go wrong? A lot, as it turned out, particularly in the hands of the modern U.S. pay-to-play political system. After thousands of pages of technical regulation, here are a handful of observations on what the U.S. Renewable Fuel Standard looks like when applied in practice:

- A massive and permanent subsidy program for U.S. big agriculture interests, namely, corn and soybean growers and the seed and herbicide conglomerates.
- A lobbyist and special-interest regulatory orgy.
- Permanent employment program for the U.S. legal profession.
- No measurable change to U.S. greenhouse gas emissions specific to this legislation.
- A reduction in U.S. crude oil imports completely unrelated to this legislation. U.S. oil imports have been reduced because of technological breakthroughs in U.S. domestic crude oil production (a little thing called hydraulic fracking).
- A financial instrument—U.S. renewable fuel credits—with almost no regulatory oversight that ranks as one of the most volatile and gameable financial markers in the past ten years.
- The conversion of a huge amount of consumable food calories into

U.S. gasoline, something on the order of 10 percent of the global food supply.

- A weird if almost unbelievable set of political alliances, namely, one that puts U.S. refiners on the same side of the negotiating table as environmentalists and pits big grain against big meat against food wholesalers (grocery stores) against automotive manufacturers. The list of unnatural bedfellows goes on and on.
- No follow-up study or technical analysis on the impact of land use changes as a result of this bill.
- No real or tangible progress in the development of non-food-based biofuels in the U.S. or the world as a whole.

The RFS legislation has been an annually contested piece of legislation that has spawned hundreds of lawsuits and almost continuous debate in the legislative branch. The current regulations are set to expire in 2022; the subject is considered politically toxic and one that nobody in the U.S. Congress wants to work on. One thing is certain, however: whatever happens with the 2022 renewal or sunset of this program, the U.S. government will be firmly in a position to pick the winners and losers through regulatory arbitrage—exactly as the Founders envisioned our modified democratic-republic system working.

## U.S. RENEWABLE FUEL STANDARD CALCULATION

$$\begin{aligned} \text{Std}_{\text{CB},i} &= 100\% * \frac{\text{RFV}_{\text{CB},i}}{(G_i - \text{RG}_i) + (\text{GS}_i - \text{RGS}_i) - \text{GE}_i + (D_i - \text{RD}_i) + (\text{DS}_i - \text{RDS}_i) - \text{DE}_i} \\ \text{Std}_{\text{BBD},i} &= 100\% * \frac{\text{RFV}_{\text{BBD},i} \times 1.5}{(G_i - \text{RG}_i) + (\text{GS}_i - \text{RGS}_i) - \text{GE}_i + (D_i - \text{RD}_i) + (\text{DS}_i - \text{RDS}_i) - \text{DE}_i} \\ \text{Std}_{\text{AB},i} &= 100\% * \frac{\text{RFV}_{\text{AB},i}}{(G_i - \text{RG}_i) + (\text{GS}_i - \text{RGS}_i) - \text{GE}_i + (D_i - \text{RD}_i) + (\text{DS}_i - \text{RDS}_i) - \text{DE}_i} \\ \text{Std}_{\text{RF},i} &= 100\% * \frac{\text{RFV}_{\text{RF},i}}{(G_i - \text{RG}_i) + (\text{GS}_i - \text{RGS}_i) - \text{GE}_i + (D_i - \text{RD}_i) + (\text{DS}_i - \text{RDS}_i) - \text{DE}_i} \end{aligned}$$

Where:

$\text{Std}_{\text{CB},i}$  = The cellulosic biofuel standard for year  $i$ , in percent.  
 $\text{Std}_{\text{BBD},i}$  = The biomass-based diesel standard for year  $i$ , in percent.  
 $\text{Std}_{\text{AB},i}$  = The advanced biofuel standard for year  $i$ , in percent.  
 $\text{Std}_{\text{RF},i}$  = The renewable fuel standard for year  $i$ , in percent.  
 $\text{RFV}_{\text{CB},i}$  = Annual volume of cellulosic biofuel required by section 211(o)(2)(B) of the Clean Air Act for year  $i$ , in gallons.  
 $\text{RFV}_{\text{BBD},i}$  = Annual volume of biomass-based diesel required by section 211(o)(2)(B) of the Clean Air Act for year  $i$ , in gallons.  
 $\text{RFV}_{\text{AB},i}$  = Annual volume of advanced biofuel required by section 211(o)(2)(B) of the Clean Air Act for year  $i$ , in gallons.  
 $\text{RFV}_{\text{RF},i}$  = Annual volume of renewable fuel required by section 211(o)(2)(B) of the Clean Air Act for year  $i$ , in gallons.  
 $G_i$  = Amount of gasoline projected to be used in the 48 contiguous states and Hawaii, in year  $i$ , in gallons.  
 $D_i$  = Amount of diesel projected to be used in the 48 contiguous states and Hawaii, in year  $i$ , in gallons.  
 $\text{RG}_i$  = Amount of renewable fuel blended into gasoline that is projected to be consumed in the 48 contiguous states and Hawaii, in year  $i$ , in gallons.

$\text{RD}_i$  = Amount of renewable fuel blended into diesel that is projected to be consumed in the 48 contiguous states and Hawaii, in year  $i$ , in gallons.  
 $\text{GS}_i$  = Amount of gasoline projected to be used in Alaska or a U.S. territory, in year  $i$ , if the state or territory has opted-in or opt-in, in gallons.  
 $\text{RGS}_i$  = Amount of renewable fuel blended into gasoline that is projected to be consumed in Alaska or a U.S. territory, in year  $i$ , if the state or territory has opted-in or opt-in, in gallons.  
 $\text{DS}_i$  = Amount of diesel projected to be used in Alaska or a U.S. territory, in year  $i$ , if the state or territory has opted-in or opt-in, in gallons.  
 $\text{RDS}_i$  = Amount of renewable fuel blended into diesel that is projected to be consumed in Alaska or a U.S. territory, in year  $i$ , if the state or territory has opted-in or opt-in, in gallons.  
 $\text{GE}_i$  = The amount of gasoline projected to be produced by exempt small refineries and small refiners, in year  $i$ , in gallons in any year they are exempt per §§ 80.1441 and 80.1442, respectively. Assumed to equal  $0.11 * (G_i - \text{RG}_i)$ .  
 $\text{DE}_i$  = The amount of diesel fuel projected to be produced by exempt small refineries and small refiners in year  $i$ , in gallons, in any year they are exempt per

§§ 80.1441 and 80.1442, respectively. Assumed to equal  $0.152 * (D_i - \text{RD}_i)$ .

(d) The 2010 price for cellulosic biofuel waiver credits is \$1.56 per waiver credit.

§ 80.1406 Who is an obligated party under the RFS program?

(a)(1) An obligated party is any refiner that produces gasoline or diesel fuel within the 48 contiguous states or Hawaii, or any importer that imports gasoline or diesel fuel into the 48 contiguous states or Hawaii during a compliance period. A party that simply blends renewable fuel into gasoline or diesel fuel, as defined in § 80.1407(c) or (e), is not an obligated party.

(2) If the Administrator approves a petition of Alaska or a United States territory to opt-in to the renewable fuel program under the provisions in § 80.1443, then "obligated party" shall also include any refiner that produces gasoline or diesel fuel within that state or territory, or any importer that imports gasoline or diesel fuel into that state or territory.

## SPECIAL INTERESTS PREVAIL

It should be self-evident that good environmental policy is a cornerstone of productive civilization growth and an important mechanism in guiding the success or failure of any society. And as shown in the Carthaginian and Roman example, a targeted environmental policy can be used to extinguish a once-thriving culture.

In the U.S. specifically, the major environmental legislative initiatives of the 1960s and 1970s were necessary and successful in cleaning up widespread air and water pollution that existed after one hundred years of unrestrained extractive activities. However, since those broad-reaching and measurable early successes, environmental legislation has become a catch-all umbrella for moneyed interests and pet projects in our current corrupt political system. What was once the shepherd, helping us navigate the complexities of our modern industrial

world, has revealed itself today to be nothing more than a special-interest wolf camouflaged as environmental goddess.

It is also becoming increasingly clear that the abject failure of the late 2000s Renewable Fuel Standards is the harbinger of worse to come and not an outlier. We should all expect a

continuation of the bad side of the environmental coin when it comes to the troubling legislative storm clouds forming on the horizon—a massive vampire squid of environmental legislation addressing the perceived existential crisis of climate change. ☹☹☹

*James Kirkpatrick is a mechanical engineer and energy analyst serving as president of JKF Associates.*

#### Chronology of United States Gasoline Regulations

Federal	California
	1960 <b>Bromine Number</b> Control/reduce the formation of ozone
	1971 <b>Summer Vapor Pressure</b> Reduce evaporative hydrocarbon emissions from vehicles and fuel distribution system and reduce ozone
<b>Unleaded Gasoline</b> 1974 Reduce health risks from airborne lead oxides and enable use of catalytic converters on vehicles to reduce emissions	1976 <b>Sulfur Content</b> 1978 Reduce sulfur oxide emissions 1980 and particulates
<b>Summer Vapor Pressure</b> 1989 Reduce evaporative hydrocarbon emissions from vehicles and fuel distribution system and reduce ozone	
<b>Summer Vapor Pressure</b> 1992 Further reduce evaporative hydrocarbon emissions and ozone	1992 <b>Phase 1 Reformulated (Summer Vapor Pressure)</b> Further reduce evaporative hydrocarbon emissions and ozone - more restrictive than federal requirements
<b>Winter Oxygen</b> Reduce carbon monoxide emissions from vehicles in nonattainment areas	<b>Winter Oxygen</b> Reduce carbon monoxide emissions from vehicles
	<b>Leaded Fuel Banned</b> Help protect public health
	<b>Deposit Control Additives</b> Reduce carbon monoxide emissions
<b>Phase I Reformulated</b> 1995 Reduce ozone and toxics in nonattainment areas	
<b>Deposit Control Additives</b> Reduce vehicle emissions caused by fuel system deposits	
<b>Leaded Fuels Banned</b> 1996 Help protect public health	1996 <b>Phase 2 Reformulated</b> Achieve maximum "cost-effective" reductions in vehicle emissions, including toxics
<b>Phase II Reformulated</b> 2000 Further reduce ozone and toxics in nonattainment areas	
<b>Tier 2 Sulfur Regulation</b> 2004 Increases effectiveness of advanced emission control technologies	2004 <b>Phase 3 Reformulated</b> Bans MTBE and provides more refinery blending flexibility
<b>Removal of Oxygenate Requirement for RFG</b> 2006 No longer required to achieve benefits in newer cars	
<b>Renewable Fuels Standard</b> Reduce dependence on imported oil	
<b>Benzene Regulation</b> 2011 Further reduce toxics	2010 <b>Phase 3 Reformulated Update</b> Compensate for effects of ethanol-blended gasoline on hydrocarbon and nitrogen oxide emissions
	2012

# Wise Traditions Podcast Interviews

## INTERVIEW WITH DAVID MARTIN IT'S GENE THERAPY, NOT A VACCINE



Hilda Labrada Gore is the producer and host of our Wise Traditions podcast and a Washington, DC, co-chapter leader. An enthusiastic communicator, Hilda is passionate about wellness on every level, which is why she is known as “holistic Hilda.”

She is a speaker, podcast consultant and the co-author of *Podcasting Made Simple*. Hilda lives in Washington, DC, with her husband, children, dog and cat. Subscribe to her blog through her website ([holistichilda.com](http://holistichilda.com)) and follow her on Instagram: [@holistichilda](https://www.instagram.com/holistichilda).

HILDA LABRADA GORE: David Martin is an innovator, professor and a man with an extensive resume of accomplishments. In this interview, we focus on the messenger RNA (mRNA) Covid-19 injections and why they constitute gene therapy, not “vaccines” in our usual understanding of the word. We also discuss problems with PCR tests and how fear can make us resist the truth.

David, I have a friend who works in the school system who got a letter suggesting that she needs to get one of these new vaccines against the Covid virus. What should she know?

DAVID MARTIN: Let’s unpack your sentence. None of the words in the order that you used them actually exist in reality. First of all, there is no vaccine that is in development that is “a vaccine against the SARS-CoV-2 virus.” That doesn’t exist; that hasn’t been developed; it isn’t even in contemplation. In February, the World Health Organization made it abundantly clear that SARS-CoV-2 (the virus) and Covid-19 (a series of clinical presentations of illness) were two distinct things.

HG: I have heard that SARS-CoV-2 is “the virus” and that Covid-19 is “the disease.” Is that what you’re saying?

DM: No, Covid-19 is not a “disease”; it is a series of clinical symptoms. It is a giant umbrella of things that used to be associated with influenza and with other febrile diseases. In February, the World Health Organization was clear in stating that there should not be a conflation between these two things. One is a virus (in their definition), and one is a set of clinical symptoms. But the illusion in February was that SARS-CoV-2 *caused* Covid-19. The problem with that definition and with that expectation is that the majority of people who test positive using the RT-PCR method, which tests for fragments of

what is associated with SARS-CoV-2, are not ill at all. In other words, the illusion that the virus causes a disease fell apart. That’s the reason why they invented the term “asymptomatic carrier.”

HG: In other words, I might get a positive result from the PCR test and be “asymptomatic,” and the reason for no symptoms is that I’m not actually sick at all. They’ve made a false assumption that SARS-CoV-2 causes Covid-19.

DM: Yes—and that never has been the case and never will be the case. There is a causal statement made in the media that has intentionally misled people. For example, the media may cite Johns Hopkins or the Covid tracker (which is a collaboration between the Bloomberg, Gates and Zuckerberg Foundations and others); [and they will say, “there are five thousand new cases in Virginia”], but there are not five thousand new “cases” in Virginia. There potentially may be several thousand positive PCR tests, but most of the people who have a positive test will never have a single symptom, and most of the people who have symptoms do not have positive tests.

HG: I know individuals who have said, “I was feeling sick, and I got a negative test. My sister-in-law who was feeling great got a positive test.”

DM: It will always be the case. When the media and the CDC, using tools like the Covid tracker, cite “official” numbers—the numbers that get draped across the screens of our computers and televisions every morning—they are willfully lying. They have been willfully lying since the inception of this. There is not a causal link between these things; that has never been established. It has never even been close to established. We have a situation where the illusion of the problem is that people say, “I don’t want to get Covid-19.” What they mean is, they don’t want to get infected with a virus. The problem



is that those two things are not related to each other. A viral infection hasn't been documented in the majority of what is called "cases." And there is no basis for that conflation other than the manipulation of the public. That's the first half of the problem.

The second half of the problem is what is being touted as a "vaccination." When somebody says the word "vaccination," the public understanding is that you are being treated with an attenuated or live virus (or a fragment of an attenuated or live virus) and that the treatment is meant to keep you from (1) getting an infection and (2) transmitting the infection. That is what a vaccine is meant to do, according to the common definition of a vaccine. The problem is that in the case of the Moderna and Pfizer injections, they are not vaccines. They are gene therapy—chemotherapy agents that are gene therapy. What the injections are doing is sending a strand of synthetic RNA into the human being and invoking, within the human being, the creation of the S1 spike protein, which is a pathogen. It's a toxin inside of the human beings. This is not only *not* keeping you from getting sick, it's making your body produce the thing that *makes* you sick. A vaccine is supposed to trigger immunity—it's not supposed to trigger you to make a toxin. This is a public manipulation of a misrepresentation of clinical treatment. It's not a vaccination. It's not a device prohibiting infection or prohibiting

transmission; it's a means by which your body is conscripted to make the toxin that then, allegedly, your body somehow gets used to dealing with. Again, unlike a vaccine, which is supposed to trigger the immune response, this is intended to trigger the creation of a toxin.

HG: The way I've heard the companies put it is that this is to teach your body to fight the virus when it comes around.

DM: No. Their clinical trials didn't include any of that as even a possibility. The clinical trials did not measure the presence or absence of a virus or a virus fragment. The clinical trials did not measure the possibility of transmission suppression. This is a case of misrepresentation of a technology, and it's done exclusively so that they can get themselves under the umbrella of public health laws that exploit vaccination.

HG: What you're saying is different from what most of us have heard in the mainstream news and even from the press releases from big companies.

DM: That's because people aren't reading the actual clinical trials. If you read the clinical trials, nothing that I'm saying is even remotely different from what is written there. As a matter of fact, the companies themselves have said what I'm saying. They said they could not test for the existence or absence of the virus, and they could not test for the transmissibility because, they said, "it would be impractical." The companies themselves have admitted to every single thing I'm saying, but they are using the public manipulation of the word "vaccine" to co-opt the public into believing they're getting a thing which they are not getting. This is not going to stop you from getting the coronavirus. It's not going to stop you from getting sick. In fact, to the contrary; it will make you sick far more often than the virus itself.

## DEALING WITH CENSORSHIP ON YOUTUBE (AND HOW YOU CAN HELP)

**Yes, it's happening again! We shouldn't be surprised by now.**

We have received a warning from YouTube that our account is in danger of being penalized (if deleted altogether) because of the information we are publishing that does not align with the mainstream narrative.

The podcast that raised a red flag for this platform was:

**Wise Traditions podcast 292: It's Gene Therapy, Not a Vaccine with Dr. David Martin.**

We see it as our mission to educate the public about dangers to their health, which is why we dared to discuss the mRNA injection with an expert. Our only regret is that perhaps we were a little too straightforward with the title of that particular episode. So, what are we doing going forward? For the time being, we will refrain from posting our most "controversial" episodes on YouTube, but we remain as committed as ever to getting this information out to the public. The podcast will remain available on just about every other conceivable platform, including our website and through your favorite podcast app. To help us make up for the YouTube limits, please do your part by listening to this episode (go to the podcast page on our website to find it) or reading it in this issue of *Wise Traditions* and sharing it by email, through social media or however you can. The goal is to undermine the efforts of those trying to keep this information from the public. And of course, our ultimate objective is to strengthen the health of every individual on the planet. Thanks for your support and partnership! We value it more than ever!

But  
“effectiveness”  
here does  
not mean  
“effective in  
blocking  
illness”; it  
means  
“effective  
in allegedly  
shortening the  
duration of  
symptoms.”

HG: How can you say that so definitively?

DM: Because the data show nothing but that. For people receiving it, by the time they got the second shot, 80 percent of people had one or more clinical presentations of Covid-19. You will get Covid-19 symptoms from getting the gene therapy—passed off as a vaccine—80 percent of the time. Meanwhile, 80 percent of people who have an “infection” or are exposed to SARS-CoV-2 (according to RT-PCR) have no symptoms at all.

HG: Then what is the purpose of getting this “vaccine” or this gene manipulation?

DM: Let’s stick with what *they* say they are. It’s a gene therapy technology—that’s Moderna’s own definition. To answer your question, the benefit is non-existent. On the risk side, a human being is going to be potentially exposed to unclassified risks of altering their RNA and DNA from exposure to this gene therapy—risks that are both short-term and long-term. And on the benefit side, this is also important to understand: there is no clinical benefit except that in certain instances of CoV infection and/or Covid-19 exposure, there were a few people—by that I mean less than a few hundred out of nearly forty thousand in the clinical trial—who had a few days’ less severe symptoms with the gene therapy when compared to the control group.

But even in that comparison, if you look at the methodology that’s in the published papers for the clinical trials, they are playing games with the data. What they are doing is separating reactivity—meaning the way in which a person responds to being exposed to the gene therapy. They separated out adverse events from actual Covid symptoms. The problem is that Covid symptoms include things like fever, body aches, muscle pain and muscle weakness. They got rid of a lot of what would have been considered Covid symptoms by calling them adverse events. If you pull those data out and you say, “Compare the population that got the gene therapy with the population that didn’t get the gene therapy,” the population that got the gene therapy had way more illness—including Covid-19 symptoms—than the population that didn’t get the

gene therapy. But because they classified an enormous number of things as adverse events, they technically wiggled themselves into being able to make the ridiculous statement that the injection was “90-plus percent effective.” But “effectiveness” here does not mean “effective in blocking illness”; it means “effective in allegedly shortening the duration of symptoms.”

HG: People are afraid, so they are ready to believe what they want to believe, and they will hold onto that one bit of information: “At least it will tamp down my symptoms and limit the duration of my illness.” They’re holding out hope that this will be their saving grace to help them avoid Covid-19.

DM: Nothing about this will avoid Covid-19, and nothing about this will avoid SARS-CoV-2.

HG: We’ve been talking mostly about the Moderna and Pfizer gene therapy. Is there another one in the works that is not using gene therapy?

DM: The AstraZeneca/Oxford trial is using a viral fragment. [*Editors’ note: Subsequent to this interview, the FDA granted emergency use authorization to Johnson & Johnson for its Covid injection, which, like the AstraZeneca version, uses a viral fragment. Although the mechanism is different, the AstraZeneca and Johnson & Johnson injections do the same thing as the mRNA injections, namely, get genetic material into the cells intended to trigger the cells to produce copies of the spike protein.*] The AstraZeneca/Oxford trial has been an interesting one to watch because they have a methodology problem that is quite challenging in terms of trying to pool data and understand what’s happening either on the safety or efficacy side. The reason is simple: in certain instances, the AstraZeneca/Oxford trial has not used just a saline control group; they’ve used another vaccine as the control. In other words, they’ve stacked the deck. They’re making it look like the Covid injection is somehow neutral compared to another vaccination in several of their data collection efforts. As a result, we have a methodology problem, which by the way has been criticized by a number of clinical scientists.

The bigger problem is that, like Moderna and Pfizer, they're not measuring viral susceptibility and viral transmission. Those are the two legs of the stool that are required for anyone to say that they are vaccinating a population for public health reasons. This is a simple thing to wrap your head around. It's as if I said, "Everybody needs to take chemotherapy for cancer they might get." That's exactly what is happening. This is not prophylactic; it is not helping us. Using careful marketing, manipulation and propaganda and calling these things "vaccines for public health," we're being told to take a treatment for a disease we don't have and most likely will not have.

HG: Historically, we've taken vaccines for prevention. "I don't want to get the measles, so I'll get this measles shot." We've been primed to accept that approach. It's the narrative everybody expects. Why don't you expect that, though?

DM: Because that's not what's being measured. That's not what's being done, and that's not what this technology is about. mRNA is not a vaccination. It's a gene therapy that was originally developed for cancer treatment. That's why I'm using the chemotherapy analogy.

HG: I know many people who are planning to get the injections. What can we tell these people that might wake them up?

DM: That's a complex issue. I chose a long time ago not to engage in the energy of this "waking/sleeping" metaphor. Because the fact of the matter is that if people are conditioned to react to fear, this is reflexive, and it's not conscious. We engage in self-harm because we are convinced that somehow there's a worse future ahead of us if we don't. That's something that facts are not ever going to overcome. I have yet to meet someone who allowed a fact to overwhelm a belief. Once you've adopted a belief, facts are not welcome, because facts not only indict your belief but indict the energy that you hold that says, "I have to believe what I'm told." The minute you try to engage with facts, all you do is trigger conflict.

What I do is try to take the complex science

and the complex reporting and make it accessible and easily understood. In certain instances, people will say, "I can't even believe that what he said was true." The cool thing is that you don't have to believe what I'm saying is true because I don't value belief. I value the objective reality of facts. It turns out that in this particular case, it is simple and straightforward to say to any person that Moderna's own SEC filings make it abundantly clear that their technology is a gene therapy technology. In their clinical trials, they made it abundantly clear that they could not measure the presence or absence of the virus, and they could not measure the presence or absence of transmission of the virus. Every single thing that they represented to be doing—things that prey on the public understanding of what vaccination is—they in fact explicitly said, "We're not doing that."

HG: You have been careful to lay out the facts and we're thankful. Would you take the PCR test if you had to for travel?

DM: I'm actively involved with many of the significant pieces of litigation that are going on to try to unmask the conspiracy that is driving both the PCR test as well as the medical countermeasure interventions. I'm in the vanguard with a few other souls who are fighting for the rights of citizens to make decisions informed by facts, not propaganda. The fact of the matter is that the PCR test has never been approved as a diagnostic. It is not a diagnostic. There's nothing about taking a PCR test that does anything other than reinforce a propaganda narrative. It doesn't tell you anything. The reason why we're not doing influenza testing now is that we don't want to admit the fact that the majority of people in hospitals—who are sick and dying—are experiencing exactly the same thing that's happened every year, which is influenza-like, flu-like and pneumonia-like illness, which, in many cases—when someone is immune-compromised or has other comorbidities—leads to fatalities. It's a sad reality that it happens, but it is part of the human experience. The fact is that a PCR test is not going to make or not make a confirmed diagnosis of anything because PCR tests cannot confirm a diagnosis.

The fact of the matter is that the PCR test has never been approved as a diagnostic. It is not a diagnostic.

HG: I've interviewed Dr. Tom Cowan and Dr. Andy Kaufman, and they say the same thing. The person who came up with the PCR test said it was not to be used to diagnose anything.

DM: So does the FDA; so does everybody else. The only reason we are using PCR tests is because governors and the Department of Health and Human Services are maintaining a state of emergency. The second that the state of emergency is lifted in any state or in the country, the PCR test won't be allowed. We're maintaining a state of emergency so that manufacturers can keep selling a thing that would never be approved if it was subject to a clinical trial. The same goes for what's being called vaccines, too. The gene therapy that Moderna and Pfizer are doing would be suspended immediately if the state of emergency got lifted. People don't understand that if you lift the state of emergency, the whole house of cards falls apart. The injections are in use because the emergency use authorization (EUA) falls within the state of emergency.

HG: Do you think this is one of the reasons why they have cast aspersions on hydroxychloroquine and other protocols that could possibly treat the symptoms of SARS-CoV-2?

DM: There's no question. If you look historically, for many years Dr. Anthony Fauci at NIAID [National Institute for Allergy and Infectious Diseases] has held his annual advisory committee meetings and every year, he laments the fact that they're trying to build a universal influenza vaccine—they have been trying for years—and it hasn't worked. This is an opportunity for Fauci to get what he has not been able to get through legal means; he wants to get to a place where he forces a vaccine on an entire population. He's manipulating this Covid situation to force a vaccine on the population. However, he forgot that if he's going to force a vaccine on a population, it should at least be a vaccine.

HG: What would his motives be?


DM: It always has been financial. There are billions of dollars at stake, and NIAID is es-

entially the incubator for the pharmaceutical industry. He's serving the paymasters who have let him manage one hundred ninety-one billion dollars in his career at NIAID.

HG: Let's say I'm an individual reading all these facts, and I've been persuaded. I do not want to get the gene therapy technology or the Astra-Zeneca [or Johnson & Johnson] injections. I don't want to get any of this, but I'm under pressure, either because of my job or for travel purposes. What would you advise me to do?

DM: I can't advise a person at all; that's not my role. What I can tell you is that this is a decision that every human being is ultimately going to have to make based on whether they choose to live or choose to be enslaved. This is like any point in history where you have to make decisions that are based on what is moral, ethical and right with respect to your own sense of responsibility and accountability. Like wearing a seat belt or doing a whole bunch of other things, your choice to engage in an activity is ultimately going to be a decision that you have to live with. I will not touch a thing and will not allow my body to be invaded by a thing that has been developed in an unethical and illegal way. I am not going to let anybody have the opportunity to manipulate my genetic code. It's not going to happen. If that means it comes at the cost of a particular employer or a particular relationship or whatever else, my life happens to be worth more than that. We've been conditioned to fall into this trap, which is: "Oh my, we might not be able to get on a plane." Okay, so drive. I'm not going to let my future and my well-being be enslaved to a commercial interest that is trying to extort or blackmail me into something.

HG: That does sound like living. That sounds like freedom as opposed to slavery. We at the Weston A. Price Foundation want people to live their best lives—to take responsibility for their own health and look for ways to nurture it that may not be the most modern or the most profitable for health companies but will be best for them. Let me wrap up by asking, if readers could do one thing to improve or sustain their health, what would you recommend that they do?

DM: Pick a lifestyle modification, and pick it with someone else. Begin exercising or find a more wholesome way of engaging with the food you consume. Do anything that involves bringing together the sense of well-being, which involves fellowship, nutrition and vitality and empowers you to become a person who not only has a conceptual idea of what health is but has a lived experience of it. The more you have the lived experience of health, the less you can be told you're unwell when you're perfectly fine. 



# All Thumbs Book Reviews

***The Maverick M.D.: Dr. Nicholas Gonzalez and His Fight for a New Cancer Treatment***  
By Mary Swander  
New Spring Press

Nicholas Gonzalez (1947-2015) was the son of a Mexican father and an Italian mother. He loved baseball and listened to classical music. He started his career as a journalist on the science beat. In many ways, he was a normal guy, but you don't have to look very hard to find this man's more unusual qualities.

The books on his shelf included Dr. Price's *Nutrition and Physical Degeneration*. Gonzalez was also familiar with the work of Francis Pottinger. As a journalist, he met with Dr. Linus Pauling and other leading scientists. Combining that with a photographic memory and tremendous energy, he developed a keen understanding of science.

One of the greatest influences on young Nicholas was the dentist Dr. William Kelley. When Dr. Kelley called his mom to tell her he was dying of cancer, her response was "Oh no, you're not." She invaded his house, threw out his junk food and started fermenting and soaking things. He went along with most of it but was not immediately ready for the coffee enemas. (Apparently, not everyone enjoys a good enema.) Eventually she won that argument and cleaned up his life like only a mother can. One thing led to another and, even though he was a dentist, Kelley had a steady flow of people coming to him for cancer treatment.

Gonzalez had the good fortune of meeting Dr. Kelley before he received his MD or other brainwashing that might have convinced him that the only way to treat cancer was chemotherapy or surgery. He studied Kelley's protocols as part of his medical education and advanced and refined the treatment in his own practice. Exceeding the success rate of standard cancer care does not require setting the bar very high, and he achieved success rates well beyond that.

Dr. Nick was unquestionably brilliant and

adept at cutting through the fog to solve a problem, but one aspect took him longer to wrap his mind around. When you deviate from the standard of care, use nutrition as treatment, step on the toes of crusty old experts who can't possibly learn anything from young whelps, and worst of all, when you succeed, you had better have a fully functional set of Kevlar underwear. He was under almost constant attack. There were frivolous lawsuits, medical board reviews and peers who considered Gonzalez the devil in a nice suit. The New York Department of Health tried to shut him down. The result was an intensive evaluation by Dr. William Grant, who said that in all his years of evaluating physicians, he had never seen one so lacking in deficiencies. When Dr. Gonzalez was assigned to be retrained by Dr. Hyman, the retrainer was ultimately more retrained than the retrainee.

Dr. Gonzalez did something that should be required of all oncologists. He followed his own protocol. It seems to have worked well. When he started dating thirty-something Mary Beth, she thought he was about her age. No wrinkles, gray hair or middle-age spread. She was a little rattled when she found out he was fifty-three but got over it and married him anyway.

What we see in this biography of a great doctor and scientist is consistent with a general pattern. The powers-that-be in the cancer industry (or any other) are much more concerned about maintaining their reputation and power than they are about helping people. They turn a blind eye to the damage caused by chemotherapy and surgery, while hyperventilating over how someone might get hurt by improved nutrition. Experts like this do not think outside the box and they don't want you to either. If you dare to step outside the box, be ready for a fight. If everyone understood this, they might be less willing to submit to the medical dictatorship we see taking over in 2021. The thumb is UP for the book and the man whose box-free thinking enriched and extended so many lives.

Review by Tim Boyd



Exceeding the success rate of standard cancer care does not require setting the bar very high, and Dr. Gonzalez achieved success rates well beyond that.

# All Thumbs Book Reviews



## ***Beyond the Pill: A 30-Day Program to Balance Your Hormones, Reclaim Your Body, and Reverse the Dangerous Side Effects of the Birth Control Pill***

**By Dr. Jolene Brighten  
HarperOne**

There is a 300 percent increased risk of Crohn's disease in women who take birth control pills. If that doesn't make your eyes widen, there is plenty more that might in the densely packed pages of Dr. Jolene Brighten's *Beyond the Pill*. Happily, Brighten's overall message is an empowering one. After exploring the wide-ranging and, dare I say, hair-raising detrimental side effects that the pill can wreak upon a woman's biology, Brighten provides a thirty-day protocol that can help women transition off of the pill's synthetic hormones and mitigate its effects. This is key because most women experience some form of Post-Birth Control Syndrome if they have taken the pill for six months or more (at least 60 percent of the female population).

Brighten provides an almost medical-school-level overview of hormones and convincingly explains and references how taking synthetic hormones can handicap multiple organ systems. After detailing the mechanisms of hormonal birth control and common problems women experience when they go off of it, she provides a "Birth Control Hormone Detox 101," focused on cleansing and supporting the liver. While the information can be overwhelming (and disheartening), Brighten's action steps can assist in alleviating potential damage, whether one continues using the pill or decides to stop.

Odds are, your GP or ob-gyn is not aware of many of these issues. *Beyond the Pill* includes chapters or sections on the microbiome, leaky gut and small intestinal bacterial overgrowth (SIBO); thyroid/adrenal issues; metabolic issues, including strokes, cancers, insulin resistance and elevated blood pressure; mood and anxiety; and fertility and libido. Brighten has been there—she was on the pill for years and suffered from its ill effects. And while she is

respectful of women who choose to stay on the pill, she is clear that doing so makes it hard to achieve full healing.

Brighten brims with cutting-edge science and esoteric wisdom. She recounts how she found a rare and possibly centuries-old medical textbook that detailed the differences between women whose ovulation corresponds with the full moon and those who ovulate with the new moon. It seems that women are in sync with the cosmic forces of the universe—or can be. Bombardment with synthetic hormones, toxins, EMFs and light pollution can throw a wrench or two into the beautifully tuned symphonies of womanhood.

Books like this one can help turn the tide (pardon the pun) to a more natural state of affairs. In addition to Brighten's protocol to help women regain their native health, she has protocols geared toward repairing gut health, detoxing the liver and healing the thyroid. The book's Hormone Quiz can assist in troubleshooting pesky issues such as low libido, anxiety or brain fog, directing the reader to the appropriate protocol. This root cause resolution approach can undoubtedly assist in other areas of health as well.

Along with recommendations for helpful foods, supplements and herbs (Brighten knows her botanical medicine), she talks about things like castor oil packs, seed cycling, visualizations (have you ever tried "pulling down the moon"?), and resetting the circadian rhythm. She clearly enjoys helping women tune into their bodies and handle stress in a healthy way. And she isn't afraid to mention that frequent orgasms can boost hormonal and overall health and even help women live longer! She also dedicates a chapter to alternative birth control methods (such as the Fertility Awareness Method), recommending apps like Natural Cycles and Daysy.

Although the pill affects every woman differently, after reading this book it would be hard to argue that it will not, at some point, have unwanted or unintended effects on health. Fortunately, a new wave of medical professionals is helping women embrace their inner workings

Most women experience some form of Post-Birth Control Syndrome if they have taken the pill for six months or more.

# All Thumbs Book Reviews

as powerful and invaluable. Brighten herself has become something of a powerhouse, with an Instagram following (@drbrighten) and a website (drbrighten.com) that offers a Post-Birth Control Hormone Reset Program and other classes. A functional medicine naturopathic doctor, she also sees patients at her Portland-based clinic, Rubus Health, and virtually.

*Beyond the Pill* includes a recipe section. One caveat for women eating a Wise Traditions diet is that Brighten does not recommend dairy, at least on her thirty-day protocol, instead listing coconut, cashew, almond and camel's milk. Her concern is about the hormones in dairy; however, it is usually pasteurized store-bought milk that causes issues, especially if it comes from cows receiving hormones or antibiotics. Making the effort to get local, grass-fed raw milk, cultured butter and probiotic-rich full-fat yogurt can do wonders for one's health, as thousands can attest.

Another caveat: Brighten acknowledges that fats are key to hormone health but does not mention traditional health-promoting fats such as lard or tallow, instead recommending avocado and olive, coconut and macadamia nut oils, and, post-protocol, grass-fed ghee and butter. She

also recommends avoiding all gluten-containing grains and products. While commercial grains can indeed be an inflammatory irritant due to their processing, properly prepared grains—such as traditional sourdough—can be a wholesome and extremely satisfying addition to the diet.

The appendix helps readers decode “the fifth vital sign,” which is what the American College of Obstetricians and Gynecologists recently dubbed menstruation, adding it to a list of biomarkers that includes temperature, pulse, respiratory rate and blood pressure. Your ob-gyn may not have learned enough to parse your period for messages about your biochemistry, but that doesn't mean you have to stay in the dark. Educating yourself about this key component of your biology could help you find the path back to health. Overall, Brighten has done a spectacular job, and it is obvious that she is passionate about helping women heal themselves and find greater happiness and power in the process. This book will do wonders for women who have taken the pill for any length of time. Just follow it up with the dietary recommendations in *Nourishing Traditions* and a visit to [WestonAPrice.org](http://WestonAPrice.org). Two thumbs up.

Review by Jennifer Grafiada

It seems that women are in sync with the cosmic forces of the universe—or can be.

## 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.

# All Thumbs Book Reviews



***Raw Milk and the Search for Human Kindness:  
Overcoming Fear and Complacency***

**By Michael Schmidt with**

**Beverley Viljakainen**

**Glencolton Farm**

**Available from:**

**form.jotform.com/201585414305247**

It was a dark, cold winter day in Wisconsin. I had taken two flights, with a long layover, traveling to a state I had never been to before. I became instant friends with those who collected me at the airport—folks who happened to purchase their food directly from Vernon Herschberger’s farm. A group of us from across the nation (east, west, north and south) had gone to help with what looked to be the final act of a many-years-long play. After years of harassment, Vernon’s battle with the state had reached a crescendo. Later that day, we gathered at Vernon’s farm: Liz Reitzig from Maryland; Max Kane from Wisconsin; many others from across the U.S.; and Michael Schmidt from Canada.

This was the first time I had ever met Michael. He walked into Vernon’s farm store and spacious packing room, a mixture of immense seriousness and joy contained in a massive frame, gently swinging an old German cow bell. Most of us were new to the war on real food and small farms, having been dragged into the conflict just in the previous few years. Not Michael. His battle was well into its second decade. When he spoke, everyone turned to listen, for his words were wisdom mixed with kindness.

That he has taken the time to put his long tale into tangible form—while still deeply involved in fighting the corruption and abuse of the state—is impressive. His book is a mixture of history and reflection on what it takes (and what it took) to stand up for a basic and fundamental human right: the right to feed one’s community nourishing foods and get food from the farmers of one’s choice. At over four hundred pages, *Raw Milk and the Search for Human Kindness* is neither a short nor a light read. Spanning 1994 through 2019, it focuses on what Michael

calls the three milk wars, with a chapter also discussing the “saga of the lost sheep” (related to the mistreatment of Ontario sheep breeder “Montana” Jones) and then the Finale.

It is not easy to summarize a detailed work spanning three decades, two countries and dozens of people and issues. Even so, I think the book has three main themes. First is the desire to provide nutrient-dense, health-promoting foods and the challenges that such a goal creates. The second has to do with the complicated relationship between modern governments, human rights and regulation in a world full of imperfect—and, at times, evil—people as well as a complicit media muddying the waters. The final theme involves taking a hard look at the modern justice system, specifically Canada’s.

The production of healthful food, and especially clean, safe raw milk, requires hard work. The book describes Michael’s (and others’) decades of struggle to figure out how to make raw milk available while also ensuring that it is produced in a safe manner that doesn’t destroy the fledgling industry. Michael also frequently touches on the various tensions that arise in a world where hucksters in the marketplace and hooligans in government collide with honest (but at times uneducated) farmers and sometimes uninformed consumers. How do we ensure high standards that produce safe and nutritious milk? What do we do when the media and government ignore or invent facts to protect industry rather than engage in honest and open dialogue? Michael urges the reader to consider hard questions—questions that he has had to return to, time and time again, during three decades of fighting for food rights.

Having spent years fighting the same fight in the United States, I experienced the book as a reminder of just how deep the problems in modern politics go. The book displays the immense corruption of the legal and political systems, corruption that benefits Big Ag at the expense of basic freedoms—and especially the freedom to access healthful food. Michael asks, “Why should I be devastated by our failed attempt



# All Thumbs Book Reviews

to change an unjust law when politicians keep creating new unjust laws and defending countless unjust laws affecting thousands of people?" Indeed, while raw milk and food freedom are incredibly important issues, we all need to note that they are symptoms of much larger problems.

Michael's experience shows that food freedom and full health are two sides of the same coin—and neither the U.S. nor the Canadian governments have any interest in protecting or promoting them. Michael comments, "I mentioned that we had heard many times from the courts that food rights are not protected under the Charter. This means that if we leave it up to the courts to decide what freedom is, we will

lose our right to choose our foods, who grows them, and how."

Where does this leave Michael—and us—decades into the battle over raw milk and real food? Encouragingly, Michael concludes: "When all is said and done, at this the twenty-five year mark in the ongoing process of resolving the raw-milk issue, I find myself comfortable and even optimistic." I hope his optimism proves correct and that we see, at least in some places, access to real food, responsibly produced, take firm hold. As Michael also says, "the truth deserves a sacrifice and, even if your chance of 'winning' is slim, at least you did not betray yourself." Two thumbs up.

Review by John Moody

Food freedom and full health are two sides of the same coin.

## VACCINE MANDATES: AN EROSION OF CIVIL RIGHTS? (eBook)

By Children's Health Defense

If you are familiar with Children's Health Defense, it will not surprise you that this eBook is full of inconvenient, politically incorrect facts. Here is a sampling of some of those facts which should fill in the big picture for you:

- A number of the vaccines that ACIP [the CDC's Advisory Committee on Immunization Practices] now calls for American children to get to attend school—about seventy doses of sixteen vaccines by age eighteen—are for rarely fatal illnesses and for conditions "not contagious through ordinary social contact."
- Chase E. Zachary (a legal scholar who also has a Princeton-conferred doctorate in chemistry) wrote that sixty years of compulsory vaccine policies "have not attained herd immunity for any childhood disease." It is time to cast aside coercion in favor of choice.
- Studies from around the world describe recurrent mumps and pertussis outbreaks in highly or fully vaccinated middle and high school populations, including in Belgium (2004), Korea (2006), the U.S. (2007) and Ontario (2015). In December 2019, a pertussis outbreak closed a Texas school down despite a 100 percent vaccination rate.
- The hepatitis B vaccine has been shown—by the CDC itself—to wear off well before the age of any likely exposure to hepatitis B virus.

So why would our government mandate these mostly useless vaccines? A few more facts:

- In a single year in the early 2000s, "the combined profits of the ten largest drug companies in the Fortune 500 had higher net profits. . . than all the other four hundred ninety companies [in the Fortune 500] combined."
- There are more full-time pharmaceutical industry lobbyists on Capitol Hill than there are legislators in both Houses of Congress.

These facts are enough to show that the push for mandatory vaccines has little to do with health and everything to do with money. Many will throw all this on the scrap heap of "conspiracy theory." This very popular term has come to mean pretty much anything that dares to deviate from the sacred government narrative. Many who use that term fervently believe in the infallibility of their godlike government. The Weston A. Price Foundation is a non-profit organization that is prohibited by the rules of that same government from promoting any religion. That being the case, it is inevitable that the Foundation will occasionally stray from that sacred narrative. My stray thumb is UP for this eBook, which is available at [childrenshealthdefense.org/ebook-sign-up-vaccine-mandates-an-erosion-of-civil-rights/](http://childrenshealthdefense.org/ebook-sign-up-vaccine-mandates-an-erosion-of-civil-rights/).

Review by Tim Boyd

# All Thumbs Book Reviews



***My Inner Critic Loves Aluminum:  
The Everyday Hidden Psychological  
Consequences of Vaccine Adjuvants (eBook)***  
By Louisa Williams, MS, DC, ND  
[louisawilliamsnd.com/product-page/  
my-inner-critic-loves-aluminum](http://louisawilliamsnd.com/product-page/my-inner-critic-loves-aluminum)

Although the scientific and medical communities seem to have barely noticed, not only is evidence of aluminum toxicity nothing new but it continues to pile up. The connection between aluminum and Alzheimer's disease has been known for years. Dr. Christopher Exley in the UK has studied aluminum extensively and states emphatically that if there is no aluminum exposure, there is no Alzheimer's.

Aluminum exposure is not a minor problem affecting only a few. Almost everybody, even the health-conscious, is exposed. As Dr. Louisa Williams points out, aluminum is in cookware, fast food, nutritional supplements, conventional cosmetics and hair products, antiperspirants, sunscreens, tanning lotions and prescription and over-the-counter drugs (especially antacids and buffered aspirin). Exposure also occurs through injections from allergy treatments and vaccines. And while ingested aluminum may be blocked in most cases by a healthy immune system, injected aluminum is a different story. Williams explains in some detail how injecting aluminum in a vaccine can bypass or even hijack the immune system for a ride into the brain.

This book looks more deeply at the consequences of aluminum exposure that we don't hear about very often. It goes beyond physical and mental damage. Many people are plagued by negative thinking—that "inner critic" that constantly tells them they are failures; they can't do anything right; they are lazy; and so on. While this often starts with harsh parents who are hypercritical of their children, Williams explains that when aluminum and other neurotoxins are embedded in a developing brain, every harsh and judgmental experience in a young child's life is imprinted even more deeply. The result is an overdeveloped inner critic and a chronic

negative thought pattern that is constantly fueled by aluminum.

I'm sure new and different ideas like this will meet with the usual skepticism, intolerance and demands to be more scientific. Most of the time that really means "stop thinking outside the box." Stop disagreeing with the corporate narrative.

Buried in the notes of this book is a paragraph that is so good I will quote it in its entirety: "Last time I checked the NIH hadn't knocked on my door and offered me, or any of my colleagues, a grant to research the effects of naturopathic medicine. Unfortunately, their largesse is reserved for the drug companies and universities, and only then for the purposes of determining the benefits of various pharmaceutical medications.

Excuse the sarcasm, but it gets tiring being the butt of what I have termed the 'double rape.' That is, first of all governmental agencies, universities, and conventional medicine rarely fund research to study the effects of natural supplements, remedies and diets. But then, to add insult to injury, these same groups turn around and constantly demonize in the media supplement companies as well as holistic doctors and practitioners as 'not being scientific'."

This cuts to the core of the problem with what passes as modern "science." The system is rigged to keep us inside the box. Don't go outside the box or someone might get hurt. We are so fragile now that big tech must protect us from anything outside the box or anything that strays from the official narrative. Personally, I would recommend not listening to the people who say these kinds of things. They are not really thinking—that's just the aluminum talking.

We've come a long way since the dark ages of censorship and book-burning. We're much more sophisticated at it now. Isn't that great? My sarcastic thumb is UP for this book.

Review by Tim Boyd

When aluminum and other neurotoxins are embedded in a developing brain, every harsh and judgmental experience in a young child's life is imprinted even more deeply.

# All Thumbs Book Reviews

## ***Prevent Alzheimer's, Autism and Stroke with 7 Supplements, 7 Lifestyle Choices, and a Dissolved Mineral***

**By Dennis N. Crouse, PhD**

**CreateSpace Independent Publishing**

Alzheimer's disease has been around for less than two hundred years. Many experts still try to argue that it is genetic. Dennis Crouse does a little simple math to explain how that is mathematically impossible. Millions of people around the world have Alzheimer's disease. If a genetic mutation had occurred within the last two hundred years, it could not possibly have spread to millions of people this fast. Therefore, the real cause must be an environmental toxin or poor lifestyle choice. I was just shaving this morning with my *Occam* brand razor and felt myself strangely drawn to this simple answer.

People with a certain gene do seem to be more susceptible to the disease, but that gene has been around for thousands of years. We still cannot say the gene is the cause. Crouse reviews the extensive data showing a clear correlation between aluminum levels and Alzheimer's. After he finishes explaining the mechanism by which aluminum does its damage, we have more than just an inconclusive correlation.

If you are not totally excited about the prospect of experiencing Alzheimer's firsthand, this book has a lot of advice. Vitamin D facilitates excretion of aluminum. Taurine, vitamin K2, vitamin B12 and alpha-linolenic acid reduce your risk of Alzheimer's. Crouse's charts showing the best sources for these specific nutrients are loaded with those politically incorrect animal foods. There is not one plant in the charts for those nutrients. Not even kale. The first source he lists for vitamin D is cod liver oil.

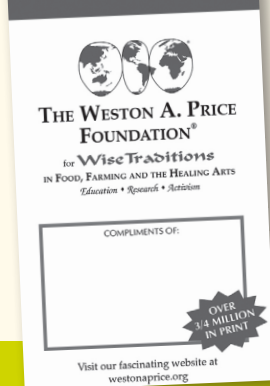
Under normal circumstances, the human body does not readily absorb aluminum, even though it is one of the most common elements on this planet. However, there are ways of overcoming the body's natural defenses. When combined with fluoride or mercury, for example, aluminum becomes much more toxic. When injected, aluminum is 100 percent absorbed. I did not know that water mains and storage tanks are lined with cement laced with aluminum. So, if you really do want to enjoy the Alzheimer's experience, drinking fluoridated tap water or getting all those aluminum adjuvants in vaccines could help your dream come true.

This book also addresses autism. Autism is even more recent than Alzheimer's, so the same logic applies. It is not genetic, and aluminum appears to be a major culprit. Soybeans are prone to accumulate high levels of aluminum, and Crouse strongly recommends against soy formula.

Crouse lists drugs used for treating these diseases but points out up front that they cure nothing. As the book's title suggests, seven lifestyle choices can improve our odds of staying healthy. Stop smoking; don't overdo alcohol; avoid aluminum; increase dissolved silica in your diet; exercise; get enough sleep; and avoid head trauma. If you like playing football or boxing, you might want to write that down because you will probably forget. But don't forget that the thumb is UP.

Review by Tim Boyd

## **Timeless Principles of Healthy Traditional Diets**



## **Timeless Principles of Healthy Traditional Diets**

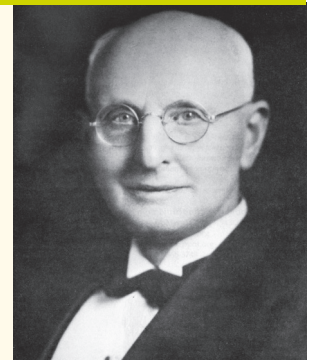
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# All Thumbs Book Reviews



***Eat Right: The Complete Guide to Traditional Foods, with 130 Nourishing Recipes and Techniques***  
**By Nick Barnard**  
**Acres USA**

I do not even know where to begin with this book; how may I adequately describe its beauty, its completeness and its incredible attention to detail? *Eat Right* is simply magnificent in every way! From his apt description of a food system gone awry, to his beautifully worded details pertaining to how to go back and why, Nick Barnard crafts a glorious book, full of gorgeous photographs and inspiring formulas and recipes. Barnard pays constant homage to the foods of our ancestors for their simplicity, flavors and quality of nutrients, providing a superb image of what food should and can be, and reflecting all that we espouse at the Weston A. Price Foundation. I salivate at the mere opening of its pages!

And besides all of this, the book is thorough. Barnard covers everything needed for a truly healthful, delicious diet that excites the palate and nourishes the body and soul. This includes making butter and yogurt from raw milk and cream; preparing well-made condiments; fermenting; rendering fats; salting fish; sprouting grains; making sourdoughs; simmering beautiful broths (including feet and heads!); and creating desserts that are not loaded with sugar.

Barnard provides us with a thorough yet readable explanation of the importance of every food group and traditional preparation method. For instance, in the “techniques” section—following eight pages of illustrated instructions for making raw-milk kefir and yogurt—he writes eloquently about the virtues of raw milk, cream, butter and buttermilk. This is followed by clear instructions (again, with gorgeous photos) for making butter, soured milk, curds and whey, including uses for the whey.

In the fermented condiments section are many recipes we are familiar with, along with variations and comments on the benefits of consuming condiments in fermented form and

an informative page about salt. There are recipes for everything from apple cider vinegar and fermented lemons to shio koji (a porridgy marinade often used for meat, poultry and seafood) and a delicious fermented ketchup.

When it comes to animal foods, Barnard details the benefits of using the entire animal, explains how to render many types of fats and again, describes the benefits. There is a recipe for chicken livers or sweetbreads, which I have not yet tried. I would have liked to see a greater emphasis on organ meats, giving more recipes and ideas for their use.

*Eat Right* features workable instructions and mouth-watering pictures of sourdough and sprouted breads, whether made with traditional glutenous grains such as spelt or with gluten-free buckwheat. Recipes cover anything you might wish to make, including sprouted pizza dough, bagels, cornbread and more.

In the dessert section, Barnard provides a thorough explanation of different types of sugars, including both benefits and cautionary details about each. His desserts are beautiful and not too heavy on sugar; the emphasis is on flavor, not sweetness.

Perhaps my favorite part of this book is the drinks section, which includes beet kvass, kombucha and ginger beers (with variations), but also several surprises such as amazake (a traditional Japanese drink made from fermented rice), water kefir sodas (lots of ideas!) and others. Barnard also includes a really useful page describing wine, including how wine-making has changed over the years and what wine may contain. This interesting page changed how I now look at a bottle of wine.

I cannot say enough about the value and usefulness of this book. It is my preferred recipe and technique book next to *Nourishing Traditions*, and it occupies the table beside my favorite chair—the most esteemed location for any book in my home. This is because I love picking it up and being inspired every time I open its pages. This book receives a resounding thumbs up!

Review by Maureen Diaz

Barnard covers everything needed for a truly healthful, delicious diet that excites the palate and nourishes the body and soul.



# All Thumbs Book Reviews

***How to Find a Healthy Home:  
A Step-by-Step Guide to Purchasing  
or Renting a Low-EMF Home***  
By Jeromy Johnson, MS  
[emfanalysis.com/healthy-home/](http://emfanalysis.com/healthy-home/)

Jeromy Johnson's book has a simple purpose: to "provide you with a detailed step-by-step process to find a low-EMF home and the steps necessary to make your current home healthier." Because this goal is flexible—and not a simple admonition to "run off and hide in the mountains!"—anyone can achieve it. Perfection isn't the standard, just prudent progress.

To this end, Johnson seeks to help readers consider things that most don't when purchasing or renting a home. Most prospective homeowners and renters do not need any prompting to ask questions about the number of bathrooms, taxes and schools, carpet versus hardwood, the neighborhood or how long it will take to commute to work. But have they considered the type of wiring in the house, or the electrical distribution system in the area the house is in? What about the residence's proximity to EMF-emitting infrastructure—cell phone towers, substations and more? All of this should be on the table—or shall we say in the book—when you are looking for a healthy home.

By the way, did you know that two nations (Sweden and Spain) recognize electromagnetic sensitivity as a "functional disability"? Or that cell phone radiation does indeed pose a cancer risk? Or that many schools now have cell phone antennas on their roofs? Or that a court case in Canada showed harm to animals from high power transmission lines? Johnson's handbook is full of this type of interesting and useful information, along with practical steps for assessing your home's or environment's EMF load and reducing your exposure.

The simplest solution? Even if you need to live in a more urban area, try to live in a spot that has a lower population density and hilly.

The book contains many pictures and tools to help you integrate the minimization of EMF

pollution into your considerations when purchasing or renting a home, including guidelines for measuring and addressing different types of energetic pollution, whether electronic or magnetic.

Because budgets vary, Johnson gives many options for basic EMF detection equipment. Some of this equipment is not something that people need all the time. This could be a great investment for local WAPF chapters, with everyone chipping in twenty dollars or so, giving the chapter members access to the equipment on an as-needed basis.

Johnson doesn't shy away from going after sacred cows. For example, he takes a brief swing at the swindlers' market of "personal protection devices," items that appear to have little to no real protective value—save protecting the bank accounts of those hawking such products. He also describes the EMF risks of solar power systems, especially on a home's roof.

Two things would make this book a bit more accessible and easier for readers to use. First, a glossary of all the major terms would be useful for readers who are unfamiliar with the more technical jargon that a book on such a subject requires. Second, checklists or summaries of the longer sections could make the content of the book easier to apply.

Nonetheless, if you consider EMFs a health risk, then the immensely practical steps and tools outlined in *How to Find a Healthy Home* will help you make decisions to protect you and your family. Personally, I am excited to borrow or buy a few of the tools Johnson describes, just to take some measurements and experiment with what I learned. Two thumbs up.

Review by John Moody



Two nations (Sweden and Spain) recognize electromagnetic sensitivity as a "functional disability."

# Tim's DVD Reviews

Noakes is well-known for being attacked and taken to court by experts with whom he dared to disagree publicly. The result? Complete disaster for the experts and vindication for Noakes.

***The Cholesterol Hypothesis: 10 Key Ideas that the Diet Dictators Have Hidden from Us***  
**Professor Tim Noakes**  
[youtube.com/watch?v=jyzkv5uFGt8](https://www.youtube.com/watch?v=jyzkv5uFGt8)

Professor Tim Noakes takes a deep dive into the science of heart disease in this three-hour video. Based on the track record of the most popular theory of what causes heart disease—the lipid hypothesis—he concludes that no one knows the true cause. He covers the history of the lipid hypothesis from the beginning. It was invented by John Gofman and stolen by Ancel Keys. Keys' first randomized, controlled trial was the Minnesota Coronary Experiment. That trial disproved his hypothesis, so Keys did what any good scientist would do—he buried it.

Other studies by other people have not helped at all. The Framingham study showed no correlation between dietary saturated fat and coronary heart disease. The Multiple Risk Factor Intervention Trial (MRFIT) showed that low-fat diets did nothing for longevity. Mary Enig's work showed that while total fat consumption in the twentieth century increased slightly, animal fat consumption stayed the same and vegetable fat consumption increased significantly. Other studies have shown declines in consumption of butter and lard and increases in shortening and soybean oil consumption.

One of the most interesting studies Prof. Noakes looks at is the NIHONSAN study, which looked at people of Japanese descent in three locations: Japan, Honolulu and San Francisco. Where the subjects lived had more effect than any of the three risk factors examined: smoking, blood pressure and cholesterol level. The Japanese in Japan had the best outcomes, and those in California had the worst. Apparently, living in San Francisco is worse for your health than high blood pressure, smoking or cholesterol. At least it is if you are Japanese.

After detailing all the disconnects between what the experts say and what the science actually shows, Noakes says a few words about

the psychology of experts. Experts as a group are brainwashed by their education and are not open-minded or objective. Noakes is fairly well-known for being attacked and taken to court by experts with whom he dared disagree publicly. The result of the court case? Complete disaster for the experts and vindication for Noakes. However, those same experts still insist that Noakes is wrong; it appears that no amount of evidence or even court decisions will change their minds. Medical experts have prescribed massive amounts of statin drugs, aggressively pushing people to lower their cholesterol, but heart disease stubbornly persists as much as ever. Could it be that the experts are wrong? Oh no. It must be the patients' fault.

This video is long and there are no great special effects or car chase scenes, but the information is good and the thumb is UP.

***Butterfly of the Week, 16 November:  
The "90%" Mythical Pfizer/Moderna Unicorns***  
**By David E. Martin**  
[youtu.be/GuhAKXQTc04](https://youtu.be/GuhAKXQTc04)

Operation Warp Speed sounds very Star Trek—very high-tech, very advanced. We are releasing the medical technical ninjas to develop a Covid-19 vaccine in record time. Wow. Moderna and Pfizer proudly report their messenger RNA (mRNA) vaccines are 90 to 95 percent effective. David Martin looks behind the curtain at the details of all this, and he doesn't seem very excited.

Martin finds a quote from Tal Zaks, chief medical officer of Moderna. Zaks says, "Our trial will not demonstrate prevention of transmission because, in order to do that you have to swab people twice a week for very long periods, and that becomes operationally untenable." That is one of the finer pieces of double-talk I have ever heard. Here is the translation into straight talk. What Moderna and Pfizer are really developing is something to reduce symptoms. A pain-killer. A vaccine is traditionally defined

# Tim's DVD Reviews

as something to reduce or eliminate a disease and prevent or at least lower transmission of the disease. So, whatever they are developing is not really a vaccine. Why? That Zaks quote basically says, because they don't have enough time. You can't develop a real vaccine in such a short time.

Almost immediately after Moderna and Pfizer announce their "vaccines," Fauci tells us that masks and antisocial distancing will still be needed. These measures are apparently "here to stay." Well, yeah—because there really is no vaccine.

Traditionally, a vaccine contains some form (active or inactive) of the virus or germ or cootie that stands accused of causing the disease. However, that is not the case with the Moderna/Pfizer potions. Why not? Because this virus that has so many fouling their underwear has never been isolated and purified, according to the CDC. They can't use it because they don't have it.

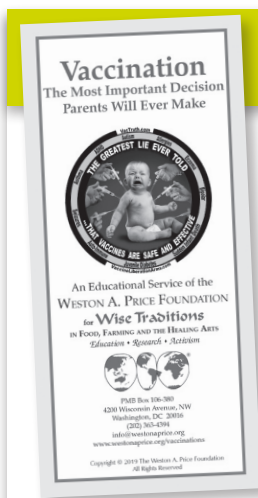
How do the companies know that a coronavirus is really causing the symptoms? Martin went looking for the studies that prove it. Like everyone else who has tried, he found nothing.

What he did find was this from the University of Pennsylvania: No study has demonstrated actual clinical evidence of the airborne transmission of SARS-CoV-2.

Oh, and how does this fake injection work if it doesn't work the way vaccines have typically been defined to work? Apparently, it messes with your DNA. If you are looking for something that will scare you into incontinence, these injections are good candidates. Do they really turn you into a GMO-human? I don't know, but I'm not interested in putting it to the test. I have written elsewhere in detail why anyone who thinks they understand DNA well enough to modify it safely instantly qualifies as a drooling idiot.

Meanwhile, our big-pharma-funded news media are all excited about this non-vaccine that is "more than 90 percent effective." Many people now have looked at the numbers and calculated that the recovery rate for this disease is about 99.5 percent for anyone under age seventy. Explain to me again why we need this injection? Are the news media asking these questions or furnishing any of these details? They don't have time. They are too busy scaring us with out-of-context numbers of new cases. If you listen carefully, you will notice they talk about cases now, not deaths. Deaths aren't spiking, just cases. I have lived through the Cold War, Y2K, 9-11 and numerous *Godzilla* movies. I have never seen fear like I see it now. If this isn't terrorism, I don't know what is.

This video is full of great information, though it may be hard for some to follow the details. It would be nice to have the same information presented a little more clearly, but the gist is clear and the thumb is UP. ☺☺



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# Vaccination Updates

## QUESTIONS AND ANSWERS ABOUT COVID-19 INJECTIONS

By Lynda Smith Cowan

*Note: The materials for this article were compiled by Lynda Smith (and edited by Wise Traditions) from DrTomCowan.com; childrenshealth-defense.org; greenmedinfo.com; westonaprice.org; and Dr. Frank Shallenberger, MD, HMD.*

At the end of 2020, the U.S. Food and Drug Administration (FDA) granted emergency use authorization (EUA) to two experimental coronavirus vaccines manufactured by Pfizer/BioNTech and Moderna, respectively. In late February, the FDA additionally granted EUA to Johnson & Johnson's (J&J's) experimental Covid injection. The EUA designation permits use of experimental drugs or vaccines during a declared public health emergency but does not signify formal FDA approval.<sup>1</sup>

In evaluating the risks and declared merits of these emergency-use injections, it is important to bear in mind who the players are. Pfizer—the second largest pharmaceutical company by revenue in 2020—has been involved in repeated consumer lawsuits for products such as Lipitor,<sup>2</sup> Zoloft,<sup>3</sup> Viagra<sup>4</sup> and others. In 2009, the Justice Department ordered Pfizer to pay what was then the largest health care fraud settlement in history, over two *billion* dollars, to resolve criminal and civil allegations that the company had illegally promoted four of its drugs.<sup>5</sup> At the FDA's request, Pfizer had already pulled one of the drugs off the market after FDA concluded that its risks outweighed its benefits.<sup>6</sup> On the day that the Pfizer Covid vaccine was released, Pfizer's sixteen-million-dollars per-year CEO told the media that he would not be taking his company's injection.<sup>7</sup>

Until the emergency authorization of its Covid injection, Moderna, established in 2010, had “never successfully produced a medicine of any kind”<sup>8</sup> nor managed to get any of its nine or so vaccines approved by FDA. Yet as early as February 2020, Barron's was reporting that

“bad news about the coronavirus is good news for Moderna stock.”<sup>9</sup> In August, the investment site The Motley Fool pointed out that “The company's insiders have made high-profile exits from their stock positions” through the sale of “tens of millions of dollars of the company's stock. . . in a slew of pre-planned trades”; the website speculated that this could be a sign of the senior leadership's lack of confidence in their future stock price.<sup>8</sup>

Johnson & Johnson, like Pfizer, has a decades-long history of criminality, paying out billions in settlements for drugs and products such as Risperdal, opioids, asbestos-laced baby powder and flawed hip implants.<sup>10</sup> Journalists Richard Gale and Gary Null also note that the company has “no history whatsoever in vaccine development,” pointing out that not one of the fifty-three vaccines currently approved and licensed by the CDC “is manufactured by the nation's leader in mouthwash and baby powder.”<sup>11</sup> Gale and Null state: “Finally, there is a disturbing question that we have no certain answer for. How is it that a drug and household health product company, with no prior history in vaccine development, can develop and rush to market its first vaccine against a viral strain that was only identified fourteen months ago?”<sup>11</sup>

### THE INJECTIONS

The Pfizer and Moderna Covid-19 injections call for administration of a two-dose series. The Moderna doses are supposed to be given one month apart,<sup>12</sup> while Pfizer's shots are spaced twenty-one days apart.<sup>13</sup> J&J's product is administered in a single shot.<sup>14</sup> The experimental Pfizer and Moderna injections are mRNA (messenger RNA) vaccines with a “lipid nanoparticle” (LNP) carrier system, while J&J uses an adenovirus vector. No mRNA or adenoviral-vectored vaccine has ever been licensed for commercial use in Americans.

No mRNA or adenoviral-vectored vaccine has ever been licensed for commercial use in Americans.



Moreover, no other therapies or prophylactics on the market use the mRNA approach, despite a handful of prior efforts.<sup>6</sup>

Because they are different from licensed vaccines currently on the market, all three experimental Covid vaccines raise unique safety concerns, including risks of subsequent disease enhancement, autoimmunity, infertility and life-threatening anaphylaxis. Moreover, though their delivery systems differ, the three injections have the same goal—a goal that is completely different from that of traditional viral vaccines. As integrative physician Dr. Frank Shallenberger explained in a December letter to his patients, traditional vaccines introduce pieces of a virus (“live” or inert), as well as adjuvants such as aluminum, to stimulate an immune reaction, but an mRNA vaccine “actually injects (transfects) molecules of synthetic genetic material from non-humans [*sic*] sources into our cells. Once in the cells, the genetic material interacts with our transfer RNA (tRNA) to make a foreign protein that supposedly teaches the body to destroy the virus being coded for.”<sup>15</sup> Stated another way, Dr. Tom Cowan says that “the vaccines are hijacking the protein-makeup machinery.”<sup>16</sup> The J&J vaccine works in similar fashion, shuttling DNA (instead of RNA) into the cells to force them to manufacture coronavirus spike protein.<sup>10</sup> As Dr. Shallenberger further explains, the “newly created proteins are not regulated by our own DNA, and are thus completely foreign to our cells”; ominously, “what they are fully capable of doing is unknown.”<sup>15</sup>

#### RISKS OF EXAGGERATED IMMUNE REACTIONS

One major concern voiced by some scientists and physicians is the potential for the coronavirus vaccines to function as a Trojan horse, laying the groundwork for a phenomenon known as antibody-dependent enhancement (ADE)<sup>16</sup> or “pathogenic priming.”<sup>17</sup> In an unheeded December 4 letter to the director of the FDA’s Center for Biologics Evaluation and Research (CBER), Children’s Health Defense Chairman Robert F. Kennedy Jr. cited ADE as a key reason to be cautious about approving the mRNA injections.<sup>18</sup>

Scientists warning about ADE include the

former head of respiratory research at Pfizer, Dr. Michael Yeadon, and Dr. Wolfgang Wodarg, a lung specialist and former head of the German public health department. On December 1, the two experts filed a petition with the European Medicines Agency urging the agency to pause the phase three trials of the Pfizer vaccine.<sup>19</sup> Among the various reasons cited, the two highlighted the problem of ADE, alluding to studies documenting ADE in humans,<sup>20</sup> non-human primates<sup>21</sup> and ferrets<sup>22</sup> in connection with the coronaviruses linked to severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

Their petition stated: “If ADE occurs in individuals, their response to the virus can be worse than their response if they had never developed an antibody in the first place. This can cause a hyperinflammatory response, a cytokine storm, and a generally dysregulation of the immune system that allows the virus to cause more damage to our lungs and other organs of our body. . . . There are many studies that demonstrate that ADE is a persistent problem with coronaviruses in general, and in particular, with SARS-related viruses.”<sup>19</sup>

In his letter to the FDA,<sup>18</sup> Mr. Kennedy also pointed out that the Covid-19 vaccine trials were not designed to detect ADE.<sup>23</sup> Moreover, although it is impossible to know what proportion of the U.S. population might suffer ADE after receiving a Covid-19 vaccine, individuals with preexisting autoimmune diseases—estimated at fifteen to twenty-four million Americans<sup>24</sup>—could be especially vulnerable. A leading surgeon, Dr. Hooman Noorchashm, has written letters to the FDA questioning the wisdom of vaccinating the millions of Americans who have already had Covid-19, arguing that the elderly, frail and those with serious cardiovascular comorbidities, in particular, are “at risk of being harmed by a dangerous exaggerated immune response triggered by the COVID vaccine.”<sup>25</sup>

#### AUTOIMMUNE RISKS

Dr. Cowan observes that the vaccine trials did not rule out whether the new genetic material the injections will insert into human bodies are the same (homologous) as other genetic sequences in the body. If homologous

One major concern voiced by some scientists and physicians has to do with the potential for the coronavirus vaccines to function as a Trojan horse, laying the groundwork for a phenomenon known as antibody-dependent enhancement (ADE) or “pathogenic priming.”

The response to these as well as to other potential genetic sequences included in the vaccines could be either an acute inflammatory reaction or, later in life, the development of an autoimmune disease.

sequences are present, the body will be “taught” to attack itself.<sup>6</sup>

In support of this possibility, Cowan cites information presented in an *Off-Guardian* article (titled “COVID19 – Evidence of global fraud”) describing something called the Basic Local Alignment Search Tool (BLAST).<sup>26</sup> A BLAST search is a way to search the compiled genetic data bank for all human and microbial sequences.

A search for one of the SARS-CoV-2 sequences (called the RdRp sequence) being used in the PCR test to diagnose the presence of the coronavirus reveals that there are ninety-nine human genetic sequences with a 100 percent sequence-identity match to the RdRp SARS-CoV-2 sequence.<sup>26</sup> Another sequence (called the ORF1ab sequence) used in the PCR test returns ninety results with a 100 percent sequence-identity match. In addition, as BLAST reveals, there are ninety-two microbes identical to the ORF1ab sequence and one hundred microbes identical to the RdRp sequence. As the *Off-Guardian*’s Iain Davis concludes, “Whenever we check the so-called unique genetic markers for SARS-CoV-2. . . we find complete or high percentage matches with various fragments of the human genome. This suggests that the genetic sequences, which are supposed to identify SARS-CoV-2, are not unique.”<sup>26</sup> (By implication, this means that PCR testing for the SARS-CoV-2 virus has no scientific validity, as it is not testing for any sequence that is unique to any virus.)

It’s logical to assume, says Cowan, that the genetic sequences identified as part of the coronavirus—sequences homologous to human genetic sequences—are in the coronavirus vaccines as well. The response to these as well as to other potential genetic sequences included in the vaccines could be either an acute inflammatory reaction or, later in life, the development of an autoimmune disease.<sup>6</sup>

#### RISKS TO FERTILITY

The vaccines are expected to produce antibodies against spike proteins of SARS-CoV-2. However, as Drs. Yeadon and Wodarg stated in their December petition to the European Medicines Agency, spike proteins also contain proteins homologous to syncytin-1, which is

“responsible for the development of a placenta in mammals and humans and is therefore an essential prerequisite for a successful pregnancy.”<sup>19</sup>

According to Yeadon and Wodarg, the possibility that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1—thereby preventing the formation of a placenta—has not been ruled out. The vaccine clinical trials were too short and were not designed to assess this outcome. Such an immune reaction could cause infertility “of indefinite duration” in vaccinated women. Drs. Yeadon and Wodarg also caution that “it could take a relatively long time” for a “noticeable number of cases of post-vaccination infertility” to become evident.<sup>19</sup>

#### RISKS OF POLYETHYLENE GLYCOL AND POLYSORBATES

In his letter to patients regarding the Covid vaccines, Dr. Shallenberger explained that there are many unknowns surrounding mRNA vaccination.<sup>15</sup> For example, Shallenberger calls attention to the presence of a synthetic substance called polyethylene glycol (PEG) in the vaccines:

“The mRNA molecule is vulnerable to destruction. So, in order to protect the fragile mRNA strands during insertion into our DNA, they are coated with PEGylated lipid nanoparticles. This coating hides the mRNA from our immune system, which ordinarily would kill any foreign material injected into the body. PEGylated lipid nanoparticles have been used in several different drugs for years.”<sup>15</sup>

In fact, PEGs and/or PEGylated lipid LNPs are used in numerous drugs<sup>27</sup> as well as in cosmetics<sup>28</sup> and even food.<sup>29</sup> And although the J&J Covid-19 vaccine does not contain PEG, it does include polysorbate 80, an ingredient structurally similar to PEG.<sup>30</sup>

Studies have found that PEGylated LNPs can induce allergic reactions, including anaphylaxis.<sup>31,32</sup> Researchers have also grown increasingly aware that individuals who are hypersensitive to PEG may cross-react to polysorbate 80, with PEG hypersensitivity functioning as the “mechanism” for the polysorbate reactions.<sup>30,33</sup> Because the vaccine clinical trials excluded people with a history of severe allergic reac-

tions, no safety signal was reported in the clinical trials.<sup>34</sup> Immediately after the launch of the Pfizer-BioNTech Covid-19 vaccine in the UK, however, media outlets began reporting severe anaphylactic reactions post-injection.<sup>35,36</sup> According to Reuters and other news outlets, the FDA and others instantly suspected that PEG could be the culprit.<sup>34,37,38</sup>

A 2016 study in *Analytical Chemistry*,<sup>39</sup> summarized by Children’s Health Defense, “reported detectable and sometimes high levels of anti-PEG antibodies (including first-line-of-defense IgM antibodies and later-stage IgG antibodies) in approximately 72% of contemporary human samples and about 56% of historical specimens from the 1970s through the 1990s.”<sup>40</sup> The investigators, who admitted that the findings were unexpected, also reported that 8 percent of the samples displayed especially elevated anti-PEG IgG antibody levels.<sup>39</sup> Extrapolated to the U.S. population of three hundred thirty million intended eventually to receive Covid-19 vaccines, over twenty-six million Americans could have the extremely high anti-PEG antibody levels most strongly associated with adverse effects.

Moderna is well aware of the safety risks associated with PEG and other aspects of its mRNA technology.<sup>40</sup> In Moderna’s 2018 corporate prospectus, the biotech company specifically acknowledged the potential for its proprietary PEGylated LNPs to produce systemic reactions, stating, “Certain aspects of our investigational medicines may induce immune reactions from either the mRNA or the lipid as well as adverse reactions within liver pathways or degradation of the mRNA or the LNP, any of which could lead to significant adverse events.”<sup>41</sup>

PEG has also been a suspected carcinogen since at least the 1980s.<sup>42</sup> Researchers who question its biocompatibility have issued warnings about PEGylated particles’ ability to “enhance tumor growth.”<sup>43</sup>

## CANCER RISKS

The FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) is the purportedly “independent” panel that licenses new vaccines as “safe and effective.” VRBPAC is also the group that authorized the Pfizer,

Moderna and J&J vaccines for emergency use.<sup>44,45,46</sup>

In a December article illustrating VRBPAC’s questionable independence and integrity, Robert F. Kennedy Jr. described how the committee unanimously agreed to allow adult human cancer cells into vaccines a decade ago.<sup>47</sup> The FDA also allows vaccine manufacturers to use human fetal cell lines.<sup>48</sup> Both types of cells have cancer risks.

The J&J and Oxford/AstraZeneca Covid vaccines—both of which use adenovirus vectors—propagate their adenovirus using human fetal cell lines, meaning, says Kennedy, that “the final vaccine products will contain cellular debris and DNA fragments from these cells.”<sup>47</sup> J&J’s fact sheet for the health care providers who are administering its vaccine confirms this fact, stating that each dose of vaccine “may. . . contain residual amounts of host cell proteins. . . and/or host cell DNA.”<sup>49</sup> Other adenovirus-vectored Covid vaccines using human fetal cell lines in the production stage include four U.S. vaccines under development or in phase one trials (Altimmune, ImmunityBio, Vaxart and the University of Pittsburgh), China’s CanSino Biologics vaccine and the Gamaleya Sputnik V vaccine in Russia.<sup>50</sup> Pfizer and Moderna tested their mRNA vaccines using fetal cells but claim that there is no fetal cell debris or DNA in their final products.<sup>50</sup>

The J&J vaccine relies on a cell line called PER.C6 (a proprietary cell line derived from the eyeball of a healthy fetus aborted at 18 weeks), while the Oxford/AstraZeneca injection (authorized for emergency use outside the U.S.) relies on the more widely used HEK293T cell line (derived from the kidney cells of an aborted fetus). Children’s Health Defense recently explained that production of “continuous” or “immortalized” cell lines of this type requires artificial manipulation of the original cells, which “is accomplished by introducing chemical exposures or rendering them cancerous,” a process that “introduces genetic changes into the cells.”<sup>10</sup> Children’s Health Defense goes on to explain the risks:

“A senior FDA official warned over two decades ago about the inherent risks of using continuous cell lines for vaccine development, noting that such cell lines, ‘by definition’ have abnormalities, and worriedly acknowledging their ‘potential for growing tumors in laboratory animals.’ An FDA document published in late 2020 shows that these issues are far from resolved; explicitly referring to cell lines such as PER.C6 and HEK293T, the FDA author states: ‘The use of tumorigenic and tumor-derived cells is a major safety concern’ and observes that the cell lines contain ‘latent’ or ‘quiet’ threats that ‘might become active under vaccine manufacturing conditions.’”<sup>10</sup>

Referring to these challenges, the senior FDA official unnecessarily added, “It’s very important to assure that these things are safe before they are given to people.”<sup>51</sup>

## LONG-TERM RISKS

The FDA authorized the three Covid injections for emergency use on the basis of abbreviated clinical trial results. No long-term safety studies have been conducted on any of these vaccines, and if placebo group participants start getting the injections after six months, as the manufacturers hope, the opportunities for meaningful long-term comparisons

“will be lost.”<sup>52</sup> At the December 10 FDA/VRBPAC meeting to review the Pfizer vaccine, “less than 2.1% of the safety study cohort had been followed for over three months as of the Nov. 14 cutoff date,” a period of time “inadequate to determine any long-term effects of the vaccine.”<sup>52</sup>

Additionally, Children’s Health Defense points out: “Only 2.1% and 1.8% of the study cohort included patients 75 years old and older with pre-existing medical conditions, for the vaccinated and the placebo groups, respectively. There were only 41 total African Americans older than 75 in both arms of the Pfizer vaccine study. These are insufficient samples on which to base broad recommendations for these very important and vulnerable segments of the population.”<sup>52</sup>

Moderna’s preliminary clinical trial data suggested that participants in the vaccine group were more likely to experience systemic adverse events—clinical-trial lingo for “difficult side effects”—after the second dose. Participants in all three companies’ clinical trials reported reactions such as high fever, chills, muscle pains and headaches, and some reported severe reactions requiring hospitalization.<sup>53</sup> This was the case even though the clinical trial participants were in excellent health, as trial participants usually are—screened out if they have pre-existing chronic health issues such as asthma, allergies or autoimmune diseases. Thus, at the time that the FDA granted its emergency use authorizations, there were no data on the effects of the injections in populations weighed down by chronic health problems.

At an October FDA meeting, the director of CBER’s Office of Bio-

statistics & Epidemiology presented a “working list” of twenty-one “possible adverse event outcomes” from Covid vaccines (see Figure 1). The list—labeled “draft” and “subject to change”—included Guillain-Barré syndrome, brain swelling, muscle weakness and paralysis, convulsions and seizures, stroke, narcolepsy, shock, heart attack, autoimmune disease, arthritis and joint pain, multisystem inflammatory syndrome in children and death.<sup>54</sup> The adverse event reports that have been pouring in since the experimental vaccines’ rollout—reports of deaths, allergies, Bell’s palsy, convulsions and cardiac problems, among many others—are provocative checkmarks for many of the items on the FDA’s list.<sup>55</sup>

#### CAPTURED REGULATORS, FLEECED TAXPAYERS

Unfortunately, the American people cannot trust regulators to look out for their interests. As Dr. Cowan states, though “We would especially hope that the FDA, entrusted to examine and review pharmaceutical products, has the high-

FIGURE 1: FDA WORKING LIST OF POSSIBLE ADVERSE EVENTS

### **FDA Safety Surveillance of COVID-19 Vaccines :** **DRAFT Working list of possible adverse event outcomes** **\*\*\*Subject to change\*\*\***

- |   |  |
|---|--|
| ▪ Guillain-Barré syndrome   | ▪ Deaths   |
| ▪ Acute disseminated encephalomyelitis  | ▪ Pregnancy and birth outcomes                     |
| ▪ Transverse myelitis   | ▪ Other acute demyelinating diseases               |
| ▪ Encephalitis/myelitis/encephalomyelitis/<br>meningoencephalitis/meningitis/<br>encephalopathy | ▪ Non-anaphylactic allergic reactions              |
| ▪ Convulsions/seizures  | ▪ Thrombocytopenia                                 |
| ▪ Stroke  | ▪ Disseminated intravascular coagulation           |
| ▪ Narcolepsy and cataplexy  | ▪ Venous thromboembolism                           |
| ▪ Anaphylaxis   | ▪ Arthritis and arthralgia/joint pain              |
| ▪ Acute myocardial infarction   | ▪ Kawasaki disease                                 |
| ▪ Myocarditis/pericarditis  | ▪ Multisystem Inflammatory Syndrome<br>in Children |
| ▪ Autoimmune disease  | ▪ Vaccine enhanced disease                         |



est standards of integrity,” the FDA and sister agencies that are supposed to protect the public “have acted in ways that do not engender trust.”<sup>6</sup>

In an article describing “the cavalier, ignorant and astonishingly unethical deliberations” that took place during a 2012 VRBPAC meeting—the meeting where attendees agreed to allow use of human tumor cells in vaccines—Robert F. Kennedy Jr. shares several quotes that illuminate the FDA’s appalling track record:<sup>47</sup>

Len Lutwalk (FDA scientist): “If the American people knew some of the things that went on at the FDA, they’d never take anything but Bayer aspirin.”

Drummond Rennie (deputy editor of the *Journal of the American Medical Association*): “The FDA, by spinelessly knuckling under to every whim of the drug companies, has thrown away its high reputation, and in doing so, forfeited our trust.”

Ronald Kavanaugh, PhD (pharmacist who reviewed medications for FDA from 1998-

2008): “While I was at FDA, drug reviewers were clearly told not to question drug companies and that our job was to approve drugs. . . . If we asked questions that could delay or prevent a drug’s approval—which of course was our job as drug reviewers—management would reprimand us, reassign us, hold secret meetings about us or worse. . . . [I]f you found issues that would make you turn down a drug, you could be pressured to reverse your decision, or the review would then be handed off to someone who would simply copy and paste whatever claims the company made in the summary document. . . . I believe I also have documentation of falsification of documents, fraud, perjury and widespread racketeering, including witnesses tampering and witness retaliation.”

Moreover, while Covid vaccines have benefited from generous U.S. taxpayer support,<sup>56,57</sup> their manufacturers are legally immune from lawsuits for any harms that the injections may cause. The Public Readiness and Emergency Preparedness (PREP) Act declaration that designated Covid-19 as a public health emergency also immediately indemnified vaccine makers.<sup>58</sup> Manufacturers of licensed vaccines recommended for children have also enjoyed freedom from liability since the passage of the 1986 National Childhood Vaccine Injury Act (NCVIA). Unfortunately, the NCVIA legislation may very well apply to Covid-19 vaccines if they graduate from being experimental to being licensed. ☹☹

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#### SOME RECENT WINS

Good news! For the first time ever, this legislative session saw the introduction of more good vaccine bills than bad! In various states, a total of two hundred forty-five vaccine bills were introduced—including a whopping one hundred forty-nine good ones (and ninety-six bad ones).

As of March 9, 2021, seventeen good bills died in committee. Two Utah bills passed both the House and Senate and have been sent for enrolling (that is, to be signed by the governor). These bills are UT HB 233, which ensures vaccine exemptions for college students, and UT HB 308, which prohibits government entities from requiring emergency use Covid-19 vaccines.

The Weston A. Price Foundation is tracking a small number of bills that have passed out of committee. In addition, a handful of good bills have passed either the Senate or the House, but not yet both. These include:

- Idaho: HB 140, which passed the House on February 23, 2021, prohibits the state from contracting with companies that discriminate based on vaccination status.
- Kansas: SB 273 prohibits the governor from directing or permitting mandatory vaccination during a declared emergency. The bill passed the Senate on March 1.
- Montana: SB 332 prohibits requiring foster families to undergo vaccination as a condition of participating in the program. The bill has passed the Senate and went to the House on March 1.
- Montana: HB 334 strengthens vaccine medical exemptions and provides privacy protections. It passed the House on February 27 and transferred to the Senate.

On other fronts:

- In early to mid-March, the governors of six states—Iowa, Mississippi, Montana, North Dakota, Texas and Wyoming—lifted their states’ mask mandates. Texas and Mississippi also gave the green light for businesses to operate at 100 percent capacity.
- Alabama’s governor plans to let the state’s mask mandate expire in April.
- Governors in states such as Louisiana and Michigan loosened restrictions on bars, restaurants and other businesses.

Many thanks to all of you who took action and contacted your legislators!

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# Farm and Ranch

## ANTHROPOGENIC APOCALYPSE: FEAR, MALTHUSIANISM AND FAMINE

By Anneliese Abbott

On August 6, 1945, the United States dropped the first atomic bomb ever used against humans on the Japanese city of Hiroshima. Temperatures at the site of impact reached 7200°F, producing a huge firestorm that engulfed most of the city. A flash of light brighter than the sun caused serious burns from ultraviolet radiation and blinded many people who survived the blast. Between ninety thousand and one hundred sixty-five thousand people died either from injuries or radiation poisoning. Three days later, the U.S. dropped a second atomic bomb on Nagasaki, killing approximately seventy-five thousand more people. On August 15, Japan, appalled at this devastation, surrendered unconditionally to the United States.

The atomic bomb brought Victory, but it also brought Fear. “Physically untouched by the war, the United States at the moment of victory perceived itself as naked and vulnerable,” historian Paul Boyer wrote in his 1985 book *By the Bomb’s Early Light: American Thought and Culture at the Dawn of the Atomic Age*.<sup>1</sup> “Sole possessors and users of a devastating new instrument of mass destruction, Americans envisioned themselves not as a potential threat to other peoples, but as potential victims.”

The atomic bomb brought, for the first time in history, the fear of an anthropogenic (man-made) apocalypse. It seemed that humanity had broken out of some limit, had finally seized the reins of nature, and now had the power to destroy all life on earth, either purposefully or accidentally. Never before had this seemed possible on a global scale, only a local one. The result, Boyer explained, was an intense “bone-deep fear” that “pervaded all society” for the remainder of the twentieth century.

“The celebrated middle-class affluence of postwar sprawling suburbs, backyard barbecues, electric appliances, and gigantic cars decked out in shiny chrome was accompanied by an

underlying awareness that it might all end in an instant,” said historian Thomas Jundt in his 2014 book *Greening the Red, White, and Blue: The Bomb, Big Business, and Consumer Resistance in Postwar America*.<sup>2</sup> “With the advent of the Bomb it seemed dreadfully clear to many that human technology had dangerously outpaced humanity.”

Fear of the atomic bomb led to other fears. Perhaps a nuclear war wasn’t the only form of anthropogenic apocalypse. What if resource degradation, pollution or overpopulation could end life on earth, too?

One major fear during the Cold War—which led to the changes in global agriculture commonly known as the Green Revolution—was the Malthusian belief that world population would soon outstrip food supply and cause massive famines, perhaps even triggering a nuclear war. To understand why the Green Revolution was regarded as a miracle by its promoters, we must first look at the fear that was behind it.

### OUR PLUNDERED PLANET

“Man’s conflict with nature contains potentialities of ultimate disaster greater even than would follow the misuse of atomic power,” Fairfield Osborn warned in 1948.<sup>3</sup> Osborn (1887-1969) was interested in zoology, natural history and evolution. He designed exhibits at the Bronx Zoo and was president of the New York Zoological Society.

Before and during World War II, Osborn was not a leading figure in the conservation movement. This changed in 1948, when he published a book entitled *Our Plundered Planet*.<sup>3</sup> “The impulse to write this book came towards the end of the Second World War,” Osborn wrote in his introduction. “It seemed to me, during those days, that mankind was involved in two major conflicts.” One, of course, was the war itself; the other was “man’s conflict with nature.”

Fear of the atomic bomb led to other fears. What if resource degradation, pollution or overpopulation could end life on earth, too?

Vogt believed that the world was already over carrying capacity and that overpopulation was the root cause of all environmental problems.

In the “long” view of space and time, Osborn argued, what was man? With skillful, poetic prose, he wove together a narrative that portrayed humans, for most of evolutionary history, as an insignificant part of the grand scheme of nature. But such was no longer the case, Osborn claimed. With the aid of modern technologies and knowledge, humans had become a “large-scale geological force,” turning formerly lush natural areas into “man-made deserts—sterile, barren, beyond reclamation.” As human population increased, the amount of arable land in the world was actually decreasing—and was already below the 2.5 acres per person that Osborn, like others at the time, believed was necessary to provide an adequate diet.

“Blind to the need of co-operating with nature, man is destroying the sources of his life,” Osborn wrote. “Another century like the last and civilization will be facing its final crisis.” Yet there was still hope, Osborn believed. “There is only one solution: Man must recognize the necessity of co-operating with nature. He must temper his demands and use and conserve the natural living resources of this earth in a manner that alone can provide for the continuation of his civilization.”

*Our Plundered Planet* was a good summary of the state of the American conservation movement in 1948, and it was an immediate bestseller. Most people agreed with the book’s premise that humans should learn to work with nature rather than wantonly destroying natural resources, and many people—including the famous author-farmer Louis Bromfield—hoped that the “New Agriculture” after World War II would be founded upon natural principles.

But just a few months later, concerns about resource degradation took a darker, often misanthropic turn when another little-known conservationist, William Vogt, published his own scary book about the possibility of an anthropogenic apocalypse. While fear of overpopulation was only a small part of Osborn’s book, it took center stage in the chilling situation that Vogt portrayed.

#### ROAD TO SURVIVAL

William Vogt (1902-1968) grew up on Long Island. After becoming an ornithologist, he spent several years working for the Peruvian

government to figure out why the population of guano-producing birds on Peru’s guano islands was decreasing. During World War II, he worked for the Pan-American Union in South America, where he observed soil erosion, poverty and overcrowded cities.

While other observers might have concluded that soil erosion had caused poverty, Vogt came to the less typical conclusion that overpopulation had caused the destruction of natural resources. And when the new publishing company of William Sloane Associates asked him to write a book about environmental degradation, Vogt jumped at the chance. His book, *Road to Survival*, came out in August 1948.<sup>4</sup>

The central theme of Vogt’s book was the ecological concept of carrying capacity—that a given environment could only support so many of a given species. Like many other conservationists of his era, Vogt illustrated the concept of carrying capacity by telling the tragic tale of the deer on the Kaibab Plateau in Arizona.

Deer had been living on the Kaibab Plateau for thousands of years, their population naturally kept in check by mountain lions, wolves and other predators. But conservationists in the early twentieth century, appalled by such “waste” of their trophy hunting animals, launched a predator eradication program.

The protected deer flourished, especially since hunters didn’t keep the population as low as the predators. Unfortunately, there wasn’t enough food for a lot more deer. They stripped the forest bare to a height of eight feet above ground level, and then they starved. In the spring of 1925, the ground was littered with the bones of deer who had died from starvation. The conservationists and hunters were shocked and started to reconsider their predator eradication program.

While the story of the Kaibab deer was most directly applicable to wildlife management, Vogt used it as an illustration for his contention that humans also had a carrying capacity. Vogt was a very strong believer in neo-Malthusianism: the idea that birth control was the only humane way to keep population from outstripping food supply. Otherwise, famines, wars and pestilence would do the job. (See my article, “Feeding the World,” for the origins of this idea.<sup>5</sup>) Vogt be-



lieved that the world was already over carrying capacity and that overpopulation was the root cause of all environmental problems.

Vogt blamed the world's overpopulation problems on the capitalistic economic system, an industrial civilization that emphasized an unrealistically high standard of living; he also blamed misguided humanitarian efforts to provide medical care to developing countries to lower the death rate without decreasing the birth rate. In Vogt's view, it was better to let people die or keep them from being born than to have them live in anything less than what he considered ideal circumstances. He took the fatalistic view that conservation efforts would be ineffective "unless human breeding is checked."

Because Vogt wrote so many negative things about South American countries, he was forced to resign from the Pan American Union after his book was published. He worked as the national director of the Planned Parenthood Federation of America from 1951–1961 and in 1960, published another book entitled *People! Challenge to Survival*.<sup>6</sup> In this depressing book, he concluded that "it is better to let human beings die than to let the earth die."

"Without birth control the world cannot possibly escape disaster," Vogt concluded pessimistically. "The population explosion is both more dangerous and more immediate than the H-bomb. The population explosion has already been triggered off." Vogt was so depressed about the future of the world that he committed suicide in 1968, convinced that "all of his efforts had been futile."

#### FAMINE—1975!

Not surprisingly, Vogt's provocative *Road to Survival* aroused a huge response from many different groups of people. Some, like the Catholic Church, found Vogt's emphasis on birth control objectionable. Others, even if they weren't opposed to birth control, were shocked by Vogt's callous belief that it was better to let people die of preventable diseases than for their population to increase.

All of Vogt's calculations about the earth's human carrying capacity were based on the assumption that 2.5 acres of good agricultural land were required to provide a "minimum ad-

equated diet" for each person. This statistic was already outdated by 1948, as agricultural yields began increasing at a faster rate than population growth. By the mid-1950s, food surpluses were piling up and the prices paid to farmers were so low that they could hardly stay in business.

Yet so strong was the fear appeal used by Vogt and other neo-Malthusians—so close did it strike to the unspoken but always present fear of nuclear war—that to many people, the fear of overpopulation was more powerful than the reality of abundance. By the mid-1960s, the overpopulation rhetoric had changed from "if we don't act now, it will be too late" to "it's already too late and catastrophe is inevitable."

Such was the view taken by William and Paul Paddock in their 1967 book *Famine—1975! America's Decision: Who Will Survive?*<sup>7</sup> "The famines which are now approaching," they wrote, "will last for years, perhaps several decades, and they are, for a surety, inevitable." The Paddocks believed that it was too late even for birth control to stop population growth in time to prevent worldwide food shortages.

When the "time of famines" that the Paddocks predicted around 1975 arrived, the United States would have to decide which countries to save by sending them food and which to let starve. They proposed a concept of "triage," in which some countries would be dismissed as "can't-be-saved" because their population had already surpassed agricultural production. Others, the "walking wounded," didn't need food aid to survive. Food aid should, they argued, only be sent to "nations in which the imbalance between food and population is great but the degree of the imbalance is manageable."

"During the coming Age of Food the nation which has the most food will be, if it uses that food as a source of power, the strongest nation," the Paddocks concluded. "This will be, then, clearly an era [in] which the United States can dominate."

#### THE POPULATION BOMB

One man who read the Paddocks' book and took their predictions very seriously, dates and all, was an evolutionary biologist named Paul Ehrlich at Stanford University. Ehrlich's main research involved studying the coevolution of

"During the coming Age of Food the nation which has the most food will be, if it uses that food as a source of power, the strongest nation," the Paddocks concluded.

butterflies and flowering plants, and he was dismayed to see many of his collecting areas disappearing under new subdivisions and freeways as the population of California mushroomed in the 1950s and 1960s.

Ehrlich had also read Vogt's *Road to Survival* as a young man, and he viewed overpopulation as the root of suburban sprawl, pollution, wilderness destruction and the other serious environmental problems he saw around him. Heavily influenced by Vogt and the Paddocks, Ehrlich believed that the only hope lay in an immediate, extreme birth control program. Even so, he thought it might be too late—but in hopes of winning more people over to his cause, he published a provocative book in 1968 with the title *The Population Bomb*.<sup>8</sup>

"The battle to feed all of humanity is over," Ehrlich argued. "In the 1970s the world will undergo famines—hundreds of millions of people will starve to death in spite of any crash programs embarked upon now." To help illustrate his point, Ehrlich included three scenarios about what the world's future could look like. These ranged from a worst-case scenario where fighting over food led to a nuclear war that killed every human on earth to a "more realistic" scenario where "only" half a billion people starved before draconian population control measures stabilized the world's population at two billion people—which, like Vogt twenty years earlier, Ehrlich believed was all the world could support.

Because of its sensational quality, *The Population Bomb*, too, became a bestseller. In fact, many historians regard it as one of two main books, along with *Silent Spring* by Rachel Carson, that started the modern environmental movement. Not that all environmentalists agreed with Ehrlich—some, like Barry Commoner, pointed out that pollution and natural resource destruction had increased at a much faster rate than population growth and that the real problem was new technologies developed since World War II. Nonetheless, it is undeniable that environmentalism in the 1970s had a strong neo-Malthusian component, thanks largely to Paul Ehrlich.

#### ERRONEOUS NEO-MALTHUSIAN PREDICTIONS

Were Vogt and Ehrlich right? Was the carrying capacity of the earth really only two billion people, and was it impossible for more people than that to live sustainably without degrading natural resources? While these questions are impossible to answer objectively, it is now obvious that the world's agricultural land is capable of feeding far more people than any of the neo-Malthusians predicted.

According to the Food and Agriculture Organization, world food production actually increased from 2196 kilocalories per capita in 1961 to 2884 kilocalories per capita in 2013, despite the fact that the world's population increased from three to seven billion people during that time period. While there are still hungry people in the world, malnutrition today is mostly caused by socioeconomic and political factors, not by an absolute shortage of food.

Despite the increased food production, population growth has followed a logistic curve, not an exponential curve. The United Nations now predicts that the world's population will level off at ten or eleven billion people around 2100.<sup>9</sup> Current agricultural methods are sufficient to feed

that many people without any new technological breakthroughs.

Usually, the worldwide adoption of American-designed chemical and machinery-intensive agriculture, often known as the Green Revolution, is given credit for preventing the famines predicted by Ehrlich. Whether that was the best or only way to feed the world is still a matter of debate. But one thing is certain—a global anthropogenic apocalypse, whether caused by the atomic bomb or the population bomb, did not happen in the twentieth century. ☯

(This article first appeared in *Acres USA*.)

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# Legislative Updates

## FOUR ELEMENTS OF SUCCESSFUL ACTIVISM

By Judith McGeary, Esq.

The Weston A. Price Foundation (WAPF) sends numerous action alerts urging members to take action on issues ranging from raw milk access to meat processing regulations to vaccine choice and medical freedom. Why? And what does it take to have a successful activism campaign?

Let's start with why. WAPF is, first and foremost, an educational organization, and its members spend a lot of their time, energy and money obtaining high-quality, nutrient-dense foods. Surely that's enough, right?

Unfortunately, we cannot shop (or farm) our way out of the problems facing our food systems. Decades of government policy that told farmers to "get big or get out," combined with the economic and political power wielded by huge monopolistic and oligopolistic companies, mean that we do not have a functioning free market nor the basic infrastructure necessary for a healthy food system. Where there used to be small canneries and slaughterhouses in every county, now entire regions lack any processing options—leaving each small farmer and business to pay exorbitant amounts either to use distant facilities or build their own. The same problem is replicated for almost every type of farm or food input, as well as all the distribution and marketing channels. We need systemic change to rebuild the infrastructure and counter anti-competitive practices.

But even when they know there's a need, people are only going to dedicate the time and energy to being an activist if they have a reasonable belief that their efforts will make a difference. And that means building a successful movement.

Successful activism can be distilled into four basic elements: Know what you want; know who can give it to you; get enough people involved; and make them give it to you. However, behind each of those simple phrases is a lot of

work! The fact is that activism is an ongoing, iterative process, and there are no silver bullets or quick fixes.

Before getting into the four elements, there is a background concept that is important to understand: the power ladder. At the bottom are people who are powerless. As one slowly rises in the power structure, one is first recognized, then "at the table," then able to make a deal, then able to make a deal stick. The top rung on the ladder is governance, where one is in a position to actually make the laws and rules. Because one's position on the power ladder can be fluid and may differ based on the topic, it's not useful to spend a lot of time or energy trying to classify your position precisely. Rather, it's a concept to keep in mind generally when setting goals, looking for allies and engaging in the other elements of an activism campaign that we will discuss next.

### ONE: KNOW WHAT YOU WANT

Step One is, "Know what you want." This step can be broken down into goals and objectives. *Goals* are broad, general statements of purpose or aspirations. *Objectives*, which can be achieved more quickly, are specific, achievable and measurable. Objectives can be stated in a short phrase with this structure: "to [do something] [how much] [by when]."

There are always multiple objectives that could be chosen on the path to a goal. In assessing which one(s) to pursue, it's helpful to consider not only what you gain with that objective, but how it may (or may not) help in taking the next steps. In addition, possible objectives should always be assessed with respect to their ability to attract more allies and supporters (more on that in Step Three).

### TWO: KNOW WHO CAN GIVE IT TO YOU

Step Two is, "Know who can give it to you,"

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namely, the decision-maker(s). Although in many ways this is the easiest step, it often trips people up. People tend to want to focus on their opponents, which is a mistake. There is also a tendency to generalize and talk about things like “the government.”

Decision-makers are the people who have the power and responsibility to make the changes you want, to meet your demands, and/or to make decisions that lead toward the achievement of your objectives. This is often a majority of the city council or the state legislature, plus the mayor or governor. It is *not* “the legislature,” because you don’t need every member on your side. In addition to getting a majority of the members to vote the way you want them to, however, you also need to identify those in key positions, such as committee chairs, and either gain their support or find an alternative pathway. (More on that in the final “make them give it to you” step.)

### THREE: GET ENOUGH PEOPLE INVOLVED

Step Three is, “Get enough people involved.” This step can be the biggest challenge. On the plus side, local food and regenerative agriculture can be a great way to bring people together from every location on the political spectrum. *Food is not a conservative or liberal issue—it’s a human issue.* It’s vital to embrace truly that perspective and *not* just pay lip service to it. All too often, unfortunately, people will develop their objectives based on their personal philosophy, and then expect everyone else to buy into it.

If you truly want to build a broad power base, you have to engage people who have different views from the very beginning. In developing your objectives, get their input and take it seriously. It’s often the case that there are several possible objectives that would meet your needs; some of them may be more or less appealing to people from different political viewpoints. Pick the one(s) that will bring people together and keep the diversity of views in mind as you develop your messages.

A positive is that agriculture is not a particularly high-profile issue on which most elected officials have staked out positions (as compared with issues like gun control, abortion or tax policy). So where it may take thousands of people speaking up to change a politician’s position on one of those high-profile issues (and sometimes not even then), it often only takes a small handful of constituents to shift politicians on a local food issue.

At a recent conference, Kentucky Congressman Thomas Massie noted that, on many days, his office receives around ten phone calls. That’s all. He went on to share that several of those come from “frequent flyers”—people who call every day. Don’t become a frequent flyer! But do you think you could convince ten people who live in your district to care enough about a specific local food issue to call your U.S. Representative in the same week? Now you’ve got their attention! And at the state level, it can take as few as half a dozen constituent calls to make a difference.

To be clear, there is no magic number, and there are certainly no guarantees. We have some very powerful opponents with deep pockets who make significant campaign contributions to key officials. But the number of constituents you need to make an impact is far fewer than most people imagine!

Note that I reference the power of constituents. Elected officials answer to their voters. When they get calls or emails from non-constituents, they basically ignore them. If you send an alert telling people all over the state or the country to call committee members, for example, generally all you get is very annoyed legislators and staff.

What those constituents do is also important and can make a major difference as to what “enough people” means. For example, online petitions and auto-emails are almost useless. Typically, the staff will quickly set up a filter that sends all emails with the same subject line to a folder—and they may not ever bother checking how many emails went to that folder.

Elected officials want to know how much you care and why you care. There are two reasons for this. First, as human beings, it helps them relate. Second, as elected officials who depend on the voters to keep their jobs, they want to know whether you really care enough to remember this when it comes time to vote. Do you care enough to be talking with your friends, family and community members and influencing *their* votes?

Some people resort to saying things like, “If you don’t do X, I won’t vote for you next year.” While it sends a clear message, it’s not helpful; it comes across as a threat, which no one reacts to well. Moreover, it’s often an empty threat, made in anger. It’s far more effective to demonstrate with your actions that you will remember this issue come voting time, actions that include taking the time to call or write a personal letter, putting in the time to develop a clear message, sharing the reasons this issue is important to you and following up.

### FOUR: MAKE THEM GIVE IT TO YOU

All of this leads to Step Four: “Make them [the decision-makers] give it [your objective] to you.” Obviously, this is much easier said than done, and entire books are written about campaign strategies. For this article, I’m going to focus on the issue of negotiation.

Negotiation means you get some of what you want, and the other side gets some of what they want. Too many people view compromise as a bad word and consider any kind of com-



promise as an abandonment of one's beliefs or ideals—which simply isn't accurate. No one gets what they want, when they want it, all the time (and I hope, for the sake of your family and friends, that you already realize that!).

There are rare occasions when refusing to negotiate is the right move, namely when: (1) you have complete power; (2) you have no power; (3) you have nothing to lose; or (4) you would prefer to risk losing completely. I have never been in the first three positions, but I have been in the fourth more than once. Another way to look at that last situation is that you have reached the point in the negotiation where any further concessions would leave you with a result that is either meaningless or, in some cases, actually takes a step in the wrong direction. At that point, it is legitimate to draw a line in the sand—but only if you and your allies truly believe that it would be better to risk losing completely than accept the deal being offered.

When negotiating, it's important to keep the power ladder in mind. How much power do you have, and how much do your opponents have? Be honest in your assessments. What can you give the decision-maker in return for doing at least part of what you want? That can be something positive (support from constituents) and/or the removal of something negative (lifting negative press attention).

This is also the time to step back and really look at your goals and objectives. Think about what you need to improve on the current situation. If you get some portion of your original objective, what can you do with it? Does it set you up in a good position for more later? If you wait, will you get more, or does a delay mean a permanent loss of some kind? Bring together your core allies and have these hard discussions.

## TEXAS EXAMPLES

Consider two different examples from Texas. The first Texas cottage food law was proposed in 2009 and died. In 2011, we brought it back. The bill garnered opposition from not only local health departments, but the powerful Texas Medical Association and Texas Retailers Association. They succeeded in blocking the bill from coming for a vote before the House, just as in 2009. We found another bill to which we

could add an amendment. . . but the only chance of success was if we severely restricted the bill to focus on baked goods, herbs and jams and jellies sold only if the consumer drove to the person's home.

Was it worth it? While we were frustrated at getting such a small change after an immense amount of work, the answer was yes—and looking back ten years later, our yes is even more resounding. Because that little success meant that there was no longer a blanket prohibition on the sale of foods made in home kitchens. And in the next legislative session, we came back, showing that no one had gotten sick and the law had helped many small start-up businesses. That helped us get more foods and more locations allowed. In 2019, we got yet more foods—including live ferments—and a removal of any restriction on location (so long as the sale is direct to consumers). Each step not only expanded options for some groups of people (even if not as many as we wanted) but also laid the groundwork for us to be better positioned in the next round.


In contrast, while being willing to agree to changes to our original bill, we repeatedly rejected certain compromises on Texas raw milk bills because of a consensus among the stakeholders that the compromises would actually move us backwards even while appearing to be victories. In refusing, however, we never lost sight of our objective. We continued to organize, build our grassroots and talk with legislators. And after ten years of failing to get a bill passed, the political power we built through those efforts has paid off: the state agency is adopting significant reforms to Texas raw milk regulations this spring.

Two different decisions, both based on an assessment of our objectives, our position on the power ladder and the options available to build more power.

## THE LONG VIEW

It's also important to recognize the difference between “negotiation” and “persuasion.” This is where advocacy differs significantly from outreach and education. Education is all about persuasion—giving people the facts in a format that convinces them to change their mind (and hopefully their behavior or decisions). Negotiation, on the other hand, can occur whether or not the other side changes their mind on anything. The decision-makers don't have to agree with your arguments. Can you get something from them anyway? Recognize that simply repeating your arguments doesn't work. If you can't persuade and you don't negotiate, you gain nothing.

The single most important thing is your mindset: take the long view. We didn't get into the current situation overnight—it's the result of over fifty years of bad government and social priorities—and we're not going to fix it with a single bill or any other simple, easy approach. It's going to take decades of hard work to reach our long-term goals. Along the way, we will win on some objectives, and we will lose on some.

But even our losses can bring us closer to that ultimate goal, if we keep focused on concepts such as building allies and rising on the power ladder. No one person can do it alone, but each person can make a difference. 

## FEDERAL POLICY UPDATES

### FOOD SAFETY MODERNIZATION ACT

In the Food Safety Modernization Act (FSMA), Congress directed the FDA to develop additional traceability requirements for foods the agency designates as “high risk.” Those requirements were to apply to “facilities,” which would *exclude* farms and retail food establishments (grocers, restaurants, cottage food producers and anyone else who sells primarily to individual consumers). The agency was also directed to consider the impact on small businesses; given that in previous FSMA rules, the FDA had classified food businesses with up to one million dollars in gross sales as “very small businesses,” it was anticipated that the agency would end up excluding the vast majority of local producers.

Unfortunately, due to some language inserted by a well-intentioned but careless organization, the FDA identified ambiguities that led to a proposal to apply these new requirements to every person and business in the food chain, with only extremely narrow and circumscribed exemptions.

Anyone who grows, harvests, manufactures, packs, stores, sells or uses any of the high-risk foods as an ingredient in food that they make, manufacture or sell will have to keep extensive, detailed records with electronic spreadsheets. The list of covered foods includes eggs, leafy greens, cucumbers, tomatoes, soft and semi-soft cheeses, seafood and more.

Farmers would have to keep records that include the GPS coordinates where each crop was grown, and the date and time it was harvested, cooled and packed. Only farms with less than twenty-five thousand dollars in annual sales of produce would be exempt. Farm sales that are direct-to-consumer would also be exempt, but if the farm makes any wholesale sales (to grocers, food hubs or others), those sales would be subject to the rule. And even tiny farms that are exempt for having annual sales below twenty-five thousand dollars could be forced to keep the records if they make any wholesale sales, because the businesses buying their crops would need that information.

A presentation by the FDA on the proposed rule included a thirty-five-page-long example of all the steps required just to document the cherry tomatoes used in a packaged salad kit.<sup>1</sup> And that’s just one ingredient!

The FDA received numerous comments about the problems with its proposed rule. While there is no official way to force the agency to make changes to a proposed rule, public pressure—whether directly on the agency or through legislators who influence the agency—can be successful. We will be working on this issue in the months to come.

### ELECTRONIC ANIMAL ID

*To end with good news:* Last summer, the USDA proposed mandatory electronic ID for cattle through an informal “policy” decision. The cost of electronic IDs, and all the related infrastructure, would pose undue costs on small farms, threatening their future. But by avoiding the normal rule-making process, the USDA also dodged the normal requirements to do a cost-benefit analysis and identify the impact on small businesses.

President Biden’s Executive Order 5 put a halt to rules and regulations that were not yet finalized, pending review by new administration appointees.<sup>2</sup> While the Animal ID plan was not officially a rule, the executive order also covers “any agency statement of general applicability and future effect that sets forth a policy on a statutory, regulatory, or technical issue or an interpretation of a statutory or regulatory issue.” The Office of Management & Budget (OMB) has confirmed that the Animal ID proposal was withdrawn.

This is excellent news! But the fight is not over. Just as when we stopped the National Animal Identification System (NAIS) back in 2010, we know that many powerful players, both within and outside the agency, still want to move to a mandatory, all-electronic system for animal ID. Their plans are designed to benefit large-scale agriculture’s export market, at the expense of small-scale farmers and our ability to rebuild local and regional food systems. Stay tuned—we will need you to speak up again.

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# A Campaign for Real Milk

PASTEURIZED MILK: A NATIONAL MENACE

Review by R. Ryan

*Pasteurized Milk: A National Menace*, published in 1943 by James C. Thomson (and available through Selene River Press) is a valuable historical document that illustrates the strong resistance to pasteurization dating from the inception of the practice.

Considered a pioneer of naturopathic medicine in Scotland and founder of the Kingston Clinic in the Edinburgh area, the author, James C. Thomson (1897–1960), first published this title in 1943 in the columns of “Rude Health” in *The Kingston Chronicle*, under the aegis of the Lee Foundation for Nutritional Research. The book—originally twenty pages in length, then forty pages in the later revised and expanded editions of 1949, subsequently in 1960 and 1998 respectively under the auspices of the Society of Metaphysicians Ltd. and Health Research Books—is a vibrant plea for raw milk to be consumed in its most natural form: grass-fed, unheated, unpasteurized, unhomogenized, unprocessed, unmicrofiltered, etc., in full accordance with the precepts fervently advocated by Weston A. Price as a result of his concordant observations during his peregrinations throughout the world.

The Kingston Clinic, founded in 1939, where James C. Thomson welcomed both his naturopathy students and patients, considered the initial transition to a targeted restoration of intestinal flora to be an essential step in improving health. Each candidate at the time was thus generally entitled four times a day to a kind of home-made “kumis” made not from mare’s or camel’s milk (as in Kazakhstan or Mongolia) but from grass-fed raw cow’s milk. While both Dr. Otoman Zar-Adusht Ha’nish (1856–1936), founder of the Mazdaznan spiritual movement, and the Mayo Clinic in the USA advocated the “raw milk cure,” the Kingston Clinic offered its famous fermented “sour milk” that the beneficiaries absorbed four times a day until they

recovered a better digestive balance.

Known for his “bull-headed” nature (as described by his granddaughter Joanna Thomson during one of her interviews), James C. Thomson does not mince words in denouncing milk pasteurization, which he considered not only a “National Menace”, but also “An Organised Threat to Public Health.”

The book’s content is presented as an informal talk punctuated by focused questions to which the author provides straightforward answers.

According to Thomson, “pasteurized milk is an unbalanced article of diet. Even in the healthiest of individuals it produces great vital strain. It can be deadly for tubercular patients, due to their lessened margins of safety, or for anyone else whose health is below par. Here, as elsewhere, what may only be mildly hurtful for the healthy person can be lethal for the invalid.”

He clarifies his thought as follows: “We are told that cow’s milk in its raw state is the cause of bovine tuberculosis in children and that pasteurization acts as a preventative. If this were true, what is called bovine TB [tuberculosis] should be found in the villages where only raw milk is consumed, and there should be none in the towns where pasteurization is the rule. In point of fact, the situation is exactly reversed. This is hard fact number one.”

In this sense, he agrees with Professor Henry E. Armstrong’s conclusions—published on September 19, 1919 in the *Journal of the Royal Society of Arts*—which postulated that pasteurization makes the human system “particularly susceptible to tuberculosis infection.” Further on, Thomson adds that “when milk is sterilized, the lactic organism is destroyed; [the milk] becomes a particularly favorable nidus for the putrefactive organisms and is therefore a potent cause of infantile diarrhea.”

Thomson also refers to the experiment car-



According to Thomson, “pasteurized milk is an unbalanced article of diet. Even in the healthiest of individuals it produces great vital strain.”

“Up to fourteen times more tuberculosis arises among the regular consumers of pasteurized and TB-free milk than occurs in those who take only fresh [and raw] milk, even when it is swarming with TB germs.”

ried out by the Auchincruive Agricultural College (South Ayrshire, Scotland) during which calves raised on pasteurized milk fell ill or died while those benefiting from raw milk remained healthy. He further cites long-lasting tests carried out by Dr. MacDonald who—in a five-year comparative experiment in several orphanages in England—found that of the seven hundred fifty boys fed pasteurized milk during this period of time, fourteen cases of tuberculosis occurred, compared to only one in the seven hundred fifty other boys receiving raw milk.

Thomson deplores the fact that Dr. MacDonald’s report, although published at the time in the *British Medical Journal*, has fallen into oblivion. Criticizing with vigor the germ theory advocated by Pasteur, Thomson would rather compare these microorganisms to useful scavengers and garbage collectors, nay some sort of devoted “mini-surgeons” that intervene precisely when the body needs a good cleansing. This view of things calls to mind a more or less identical perception that seems to prevail in certain remote regions of Scotland where, during a meeting with a close friend or relative who has not been around for a certain period of time, an improvised dialogue could sometimes take place as follows: “Oh, you look so great, so healthy. Have you been sick by any chance?” This unexpected popular approach tends to consider many illnesses not as a deleterious fatality but, on the contrary, as a kind of “detoxification process” that eventually conveys a radiant look.

Continuing along the same lines, Thomson adds: “Remember that up to fourteen times more tuberculosis arises among the regular consumers of pasteurized and TB-free milk than occurs in those who take only fresh [and raw] milk, even when it is swarming with TB germs.” Further on: “Pasteurized milk, even when dirty, grows old and harmful to the consumer without giving any outstanding indication of deterioration. Degenerative changes within it no longer cause it to become sour. Instead, for from three to ten

days—depending largely upon temperature—it can be, and is, sold as fresh. Then, suddenly, it becomes bitter and obviously putrescent. From beginning to end, the processing is fraught with danger to the consumer.”

In France, Dr. Jean Seignalet (1936–2003), founder of a gluten-free diet that bears his name, spent his life stigmatizing milk and dairy products, arguing among other things that humans are the only animals consuming milk from another species. This type of targeted statement was subsequently taken up by other followers, including Professor Henri Joyeux who, even if he allowed some concessions in relation to cheeses (preferably goat’s or sheep’s), frequently made the point, in the form of jokes regularly voiced during his lectures, that if he were to allow a patient to eat a yogurt only once in his life as a derogation and exception, it would be “solely the day before his journey to the afterlife.”

It is certainly regrettable that the reasons of causality these proponents invoke ultimately focus on the sole milk available in supermarkets, namely, milk that is pasteurized, processed, sometimes sterilized at high temperature, homogenized, or subject to many other equally damaging transformations. In the end, one could nevertheless almost venture to assume that, somehow, all these paradoxical insights—including those upheld by Thomson—would come together in the face of potential harmfulness of milk. . . but only when it is not 100 percent raw. ☺☺

*A passionate advocate for raw milk, R. Ryan is a former concert pianist, opera singer, composer and songwriter who serves as a coach for opera singers using his groundbreaking teaching program aimed at allowing each student to find his or her individual range and sing in a way that fosters the emergence of multidimensional resonances.*

#### 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](mailto:pete@realmilk.com).



## BACK ISSUES OF **Wise Traditions** AND OTHER INFORMATIVE LITERATURE

Summer 2011	Sulfur Deficiency; The Importance of Salt; The Senomyx Scandal; Why We Crave; Raw Milk Safety.
Fall 2012	Vitamin & Mineral Synergies; Bacon; Protect Against Tooth Decay with a High-fat Diet; Kombucha.
Winter 2012	Vitamin A Synergies; The Story of Zinc; Natural Skin Cream; Slovenian Soups and Stews; Soy Infant Formula.
Summer 2013	Our Broken Food Supply; The Marketing of Crisco; GMOs in Europe; Insights of a Meat Processor; Natto.
Fall 2013	GMO Dangers; Roundup Dangers: Culinary Traditions in Romania; The Battle for the People's Milk.
Winter 2013	Beyond Cholesterol; Cancer as a Healing Strategy; Grain Traditions in Russia; Push to Pasteurize Breast Milk.
Spring 2014	Dr. Price's Scientific Approach; Weston Price and the Fluoridationists; Cows and Climate; Economics of Raw Milk.
Summer 2014	Nutrition for the Elderly; A New Look at Alzheimer's Disease; In Defense of Wheat; Dangers of Vegetable Oils.
Fall 2014	What Causes Heart Attacks? The Myogenic Theory of Heart Disease; Thrombi in Heart Disease.
Winter 2014	Effects of Smart Phones on the Blood; Dangers of Smart Meters; Protection Against EMR; U.S. Dietary Guidelines.
Spring 2015	Cleansing Myths and Dangers; Toxicity and Chronic Illness; Gentle Detoxification; Great Nutrition Pioneers.
Summer 2015	Vaccination Dangers Issue.
Fall 2015	The Scandal of Infant Formula; Vitamin D in Cod Liver Oil; Cod Liver Oil Controversy; Fermented Fish Foods.
Winter 2015	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.
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Summer 2017	Cholesterol Sulfate and the Heart; Vitamin D Dilemmas; Five Obstacles to Cure; The Adrenal-Heart Connection.
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Winter 2017	The HPA Axis; A Primer on the Thyroid; Recovery from Bioidentical Hormones; WAPF in Peru.
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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.

**HEALTHY BABY ISSUE:** Traditional Remedies for Childhood Illness; Baby Food and Formula; Vitamins for Fetal Development; Wrong Advice in Baby Books; Vaccinations; Baby Food; Gut and Psychology Syndrome.

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## NEW ZEALAND - GOVERNMENT FILES CRIMINAL CHARGES AGAINST 9 RAW MILK FARMERS

In one of the more draconian enforcement actions ever taken against raw milk producers, the New Zealand Ministry for Primary Industry (MPI) brought criminal charges against the farmers of nine different raw milk dairies for violations of that country's Raw Milk for Sale to Consumers Regulations 2015 (the "2015 regulations"). Some of the defendants have also been charged with violations of the Animal Products Act (APA). The raw milk charges assert that by engaging in the supply of raw cow milk "a direct or indirect risk to human or animal health would be created."

The Weston A. Price Foundation (WAPF) is aware of specific charges against three of the farms (two of the three are operated by pensioners). Cedric Backhouse and his wife (WAPF chapter leader Susan Gales) of Alt Energy Farm are each being charged with twenty-six violations of the 2015 regulations and the APA related to the distribution of raw milk and meat through a herdshare agreement; the potential penalties for each defendant are up to nineteen years in jail and almost two million dollars (over one million dollars in U.S. dollars) in fines.

Phillippa (Pip) Martin and John Martin of Manna Milk are each facing seven charges with penalties of up to twelve years in jail and over one-half million dollars in fines (almost four hundred thousand dollars US) for alleged violations of the 2015 regulations and the APA related to the distribution of raw milk through a limited partnership agreement.

Paul and Christine Ashton of Lindsay Farms are each facing five charges with penalties up to eight years in jail and over three million dollars in fines (over two million dollars US) for alleged violations of the 2015 regulations related to the distribution of raw milk through a limited partnership agreement.

A majority of the farmers charged were operating under a herdshare or a limited partnership business model as a matter of survival after MPI issued the 2015 regulations affecting raw milk production and sales (the regulations went into effect in March 2016). The ministry promulgated the regulations as a result of a 2014 foodborne illness outbreak associated (or blamed on) raw milk consumption where seven people became ill.

The number of dairies selling or distributing raw milk is a fraction of what it was before MPI imposed the new regulations. It is considerably more difficult for the remaining dairies to make a living than it was five years ago. MPI's enforcement action against the farmers—in addition to putting the charged farms out of business—is designed to create a chilling effect on the remaining farms and on farmers thinking of starting up a raw milk business.

Before the 2015 regulations went into effect, it was estimated that as many as two hundred farms were selling or distributing raw milk in New Zealand; today there could be less than 20 percent of that number still left.

### A. Compliance Barriers

The cost to raw milk farms to comply with the 2015 regulations was in the range of ten to twenty thousand dollars per year for each farm regardless of what the farm's production volume was—an expenditure that many farms could not afford. Beyond that, there were several ways that the new requirements significantly hurt the farmers' ability to make a living.

#### 1. Depot Permits and Burdens

Before 2016, farmers were able to deliver raw milk to a central distribution point (also known as a "depot"), a necessity given the distance between most farms and their customers plus the substantial amount of extra time it takes to deliver door-to-door. The new regulations required a permit for each depot the farmers were delivering to; otherwise, sales were limited to on-farm and to customer premises. Given the estimated cost of permitting each depot, out of the twenty-six raw milk farms that have registered with MPI (registration was also a requirement in the 2015 regulations), only one has obtained depot permits. Any customer wanting to pick up milk at the depot had to be registered with MPI as a transport operator. There are numerous recordkeeping requirements for a transport operator even when that individual is picking up milk for his or her own family.

#### 2. Sell-by and Use-by Constraints

The most damaging provisions for farmers in the new regulations were sell-by and used-by requirements for raw milk. The regulation for a sell-by time states the following: "The sell-by time for a lot of milk is the time that is the thirty hours after the commencement of milking for the oldest milk in that lot. (For example, if milking commenced at seven am on Monday 4 June, the sell-by time is one pm on Tuesday 5 June, even if milk from a subsequent milking is added to that lot.)" One of the registered farms estimated that this mandate cost them thirty percent of their business since the farm was unable to meet the time constraints in getting the milk to its more distant customers. The requirement for the use-by date for raw milk "is four days after the commencement of milking for the oldest milk in the lot."

#### 3. Testing

Another onerous mandate for the farmers is on testing. Dairies are required to test for five different pathogens, coliforms, plate count, somatic cell counts, and "inhibitory substances" every ten days. Estimates for the cost of testing

are around seven hundred fifty dollars per month.

#### 4. Records

Lastly, the regulations require that farmers not only keep customer names on file for MPI inspection but also every transaction with each customer as well.

#### B. Alternate Business Models

Many dairies, knowing they couldn't afford the cost of compliance with the new regulations, went out of business before the new law took effect. Others—believing their only way to stay afloat was to not have to comply with the 2015 regulations—set up business models such as herdshare programs and limited partnership agreements, proceeding in good faith that giving their customers an ownership interest in their dairy livestock would exempt them from the new requirements.

#### C. MPI Raids

When fewer raw milk producers registered than MPI had anticipated, in 2019 the ministry launched “Operation Caravan,” an investigation of dairies that MPI suspected were not complying with the new regulations. The investigation included the extensive use of MPI undercover operatives. In December 2019 MPI obtained search warrants and raided eight raw milk farms and farmers’ homes around the country, seizing everything from customer lists to computer hard drives. Some of the raided farms shut down; others kept on going. After a year-long investigation, MPI filed criminal charges in December 2020. The Ashtons had registered Lindsay Farm with MPI months earlier, having been told by the ministry that any potential charges would go away if the farm was registered.

Backhouse and Galea are each charged with seventeen counts of selling or offering to sell illegally home-killed meat; each count lists the amount allegedly sold as under one hundred dollars and one was for only fifteen dollars. The potential fine for each of the seventeen charges is up to seventy-five thousand dollars. MPI has never accused Backhouse and Galea of making anyone sick with the milk or meat they produced.

An attorney representing one of the charged farmers has been unable to find evidence that any of the charged farmers made anyone ill with the milk they produced. Under the law, MPI can only prosecute those whose products pose a public health risk. Arraignment for defendants was scheduled to take place in March.

Please contribute to this effort to protect freedom of choice, strong local food systems, and the right of small farmers to make a living producing nutrient-dense food. The accused farmers and the quarter million New Zealand residents who consume raw milk need your support.

You can donate to the litigation fund for “New Zealand Raw Milk” online at [westonaprice.org/donate](http://westonaprice.org/donate) or mail a check. Thanks for your generosity and your help in spreading the word..



**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 7 6 states.**



## ONTARIO, CANADA - JUDGE REJECTS CHARTER CHALLENGE

In an unsurprising but disappointing decision, Ontario Superior Court of Justice Judge Shaun O'Brien held that provincial and national bans on raw milk sales and distribution did not violate the rights of the Applicants (that is, the two raw milk farmers and the nineteen raw milk consumers in the suit) under the Canadian Charter of Rights and Freedoms. The Applicants had filed the Charter challenge in 2018, mainly alleging that the raw milk bans violated their freedom of conscience guaranteed under the Charter. (See Wise Traditions Summer 2020 and Winter 2020 issues for more background on the case.)

In her February 11 opinion, Judge O'Brien discounted recent evidence the applicants' experts provided on raw milk safety and health benefits; finding that there was a "rational connection between [mandatory] pasteurization and protecting the public health." The dismissal of the Charter challenge appears to leave the only legal way raw milk consumers (who don't own and board their own dairy animals) can obtain raw milk is to cross the border and purchase the product from American producers, reducing revenues for the dwindling number of Canadian dairy farms.

## NEW JERSEY - RAW PET MILK SALES

This past fall New Jersey became the 44th state to allow farmers to produce raw milk for sale or distribution when the New Jersey Department of Agriculture (NJDA) approved the application of a goat dairy farmer to register with NJDA to sell raw pet milk. A 2019 dispute between the state and New Jersey pet food stores and distributors paved the way for approval. In January 2019, the New Jersey Department of Health (NJDH) had sent cease and desist letters to several stores and distributors selling raw pet dairy products produced by a national manufacturer. Representatives for the stores and distributors were eventually able to convince NJDH to retract the cease-and-desist letters by establishing the fact that state regulations clearly allow the sale of raw pet dairy as long as the producer has registered with NJDA. (See Summer 2019 issue of Wise Traditions for more background.)

There are currently forty-nine states that allow the sale or distribution of raw milk for pet or human consumption, but in five of those states the only raw milk that is sold is produced by national raw pet dairy manufacturers (only in Nevada are there no legal sales of raw milk for either pet or human consumption). The law, as it now stands in all five of the states, could be interpreted to allow farmers to legally produce raw milk for pet consumption.

In these five states (Delaware, Rhode Island, Louisiana, Iowa and Hawaii), we are happy to help any farmer acquire a license to sell pet milk. As soon as a farmer from any of these five states begins selling raw pet milk, we will list that state as one where raw milk sales are allowed. ☺☺

## Healthy Baby Gallery



Here they are, our very nearly one-year-old twins, eating their dinner of cod and potato pie, baked apples with clotted cream from Dorset (the nicest cream I can get here), their staple favorite—sheep's milk yogurt—and their salmon eggs, which they also love. My six-year-old daughter also continues to love the salmon eggs, which is grand.



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## WASHINGTON, DC CHAPTER

In January, the WAPF DC chapter visited Sally Fallon Morell's farm, P.A. Bowen Farmstead. Organized by DC chapter leader Hilda Gore, the group enjoyed seeing the chickens, cows and pigs and learning about the cheese-making process and the biodynamic approach to farming. They also visited the two stores on the farm: the farm store and the alpaca shop.

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## WAYNE COUNTY CHAPTER

Phyllis Young, Wayne County WAPF member, demonstrates how to make a beeswax wrap at the February chapter meeting she hosted. The approximately twenty attendees then had the opportunity to make their own wraps to take home. Phyllis also taught those in attendance how and why to grow microgreens and shared her tips and experience. It was a lovely meeting, with many new faces present.



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## LOCAL CHAPTER BASIC REQUIREMENTS

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

## OPTIONAL ACTIVITIES

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

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The Weston A. Price Foundation currently has 404 local chapters:  
322 serve the District of Columbia and every state in the U.S. except Delaware,  
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## CHAPTER RESOURCES

Resources for chapter leaders can be accessed at [westonaprice.org/local-chapters/chapter-resources](http://westonaprice.org/local-chapters/chapter-resources), including our trifold brochures in Word format, the chapter handbook, PowerPoint presentations, business cards and more.



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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](mailto:outreach@westonaprice.org)

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# International Chapters

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Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in WY. Production practices detailed on our website. Custom beef, Farmers markets, and food co-op in Fort Collins. meadowmaidfoods.com, (307) 534-2289.

Rafter W Ranch, Simla, CO. A family-owned ranch, practicing regenerative agriculture, bringing you nutrient-dense food. Our animals are **100% certified American Grass-fed**. Our beef is 30-day dry-aged. We also offer pasture-raised lamb and broiler chickens. Bones, offal (liver, tongue, oxtail, kidney, cheek, heart) and other choice cuts available. Bulk and piece orders. Pick-up locations along the Front Range and **NOW shipping** in CO. (719) 541-1002, rafterwranch.net

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Washington, Iowa. Harmony Farm SOY FREE WHEAT FREE chicken and duck eggs. Pastured on 40 acres. Fed Organic grains from local mill. \$4.00/dozen chicken eggs and \$7.00/dozen duck eggs. Farm pickup and delivery from Iowa City to Fairfield. (319) 653-9109 harmony4healthiskey@gmail.com.

## IN

Now accepting reservations for 2021 Dairy Goat Herd Shares. Raw Goat Milk Pet Treat available now. Herd raised on certified organic pasture and hay. Hamilton County, Cicero, Indiana. Amy Jo Farmer. (317) 250-0963. farmersgoldhoney@comcast.net.

## MA

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.

## MD

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.

## NY

Grass fed Farm Fresh food to help you achieve vibrant health by enjoying high quality, nutritious, 100% grass fed raw dairy from sheep and Jersey cows. 100% grass fed/finished beef and lamb, Soy Free pasture raised pork, turkey and chicken, and lots more. Order online and utilize our convenient home delivery or pick up locations. Shop farmmatch.com/pleasantpastures or call (717) 768-3437.

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## PA

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GAP VIEW FARM MARKET Raw milk, raw milk cheese, cream butter, eggs, including duck eggs and fresh vegetables from our chemical free farm. Call (484) 667-1382 or visit our farm market in the heart of Lancaster County, PA at 5230 Newport Rd, Gap, PA 17527.

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## VA

Salatin family's Polyface Farm has salad bar beef, pigator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. **Nationwide delivery available**. Call (540) 885-3590, polyfacefarms.com.

Grass fed Farm Fresh food to help you achieve vibrant health by enjoying high quality, nutritious, 100% grass fed raw dairy from sheep and Jersey cows. 100% grass fed/finished beef and lamb, Soy Free pasture raised pork, turkey and chicken, and lots more. Order online and utilize our convenient home delivery or pick up locations. Shop [farmmatch.com/pleasantpastures](http://farmmatch.com/pleasantpastures) or call (717) 768-3437.

## WY

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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](http://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](mailto:Jkutarna@gmail.com).

## RESEARCH

WITH THE AUSTRALIAN DAIRY INDUSTRY STRUGGLING, farmers walking off the land and suicides at dismal highs—it's time for urgent action. Our biggest project this year will road test the 2009 risk assessment by Food Standards Australia New Zealand (FSANZ). Please DONATE here [ausrawmilk.org/donate](http://ausrawmilk.org/donate).

Johanna Keefe, PhD, MSN, GAPS/P, has completed her doctoral research through the California Institute of Integral Studies (CIIS) revealing, through in-depth interviews, the lived experience of mothers as they described their lifestyle following a real food diet based on WAPF principles. Please consider sharing a part of your own story with her by email or phone, to see if yours may contribute to one of her forthcoming projects: a photo-essay accompanying an uplifting mini-series or documentary with the working title, "Grass-Fed Babies", to inform and inspire our next generation of parents. Johanna looks forward to hearing from you at [johanna8@comcast.net](mailto:johanna8@comcast.net) or by phone/text at (978) 290-0266 or DM her on IG @grassfedbabies to set up a time to talk!

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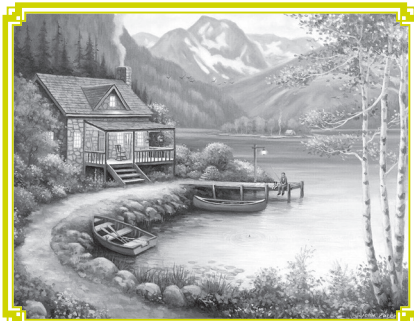


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PETE EVANS — WISE TRADITIONS PODCAST 297  
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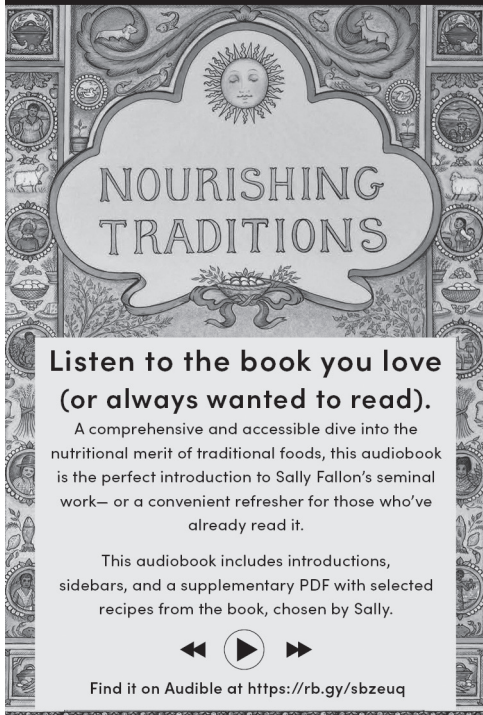
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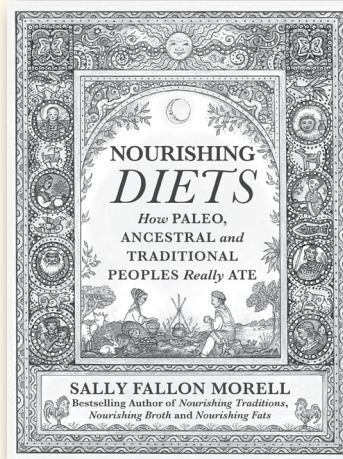
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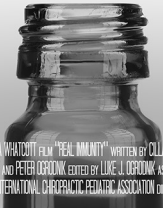
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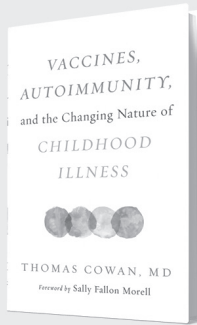


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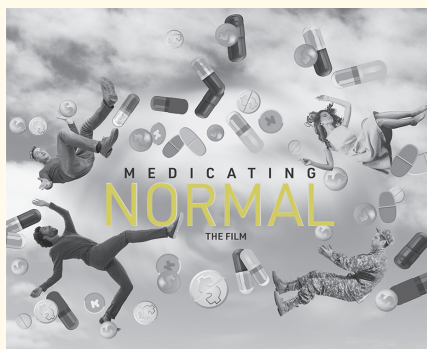
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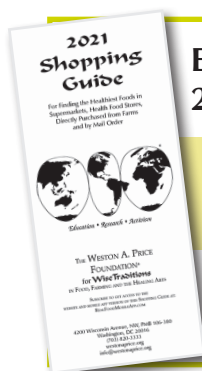
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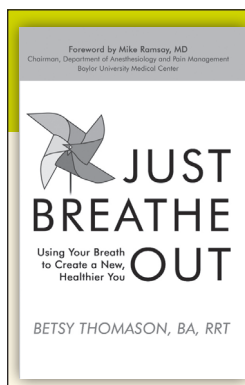
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Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship to restrict the art of healing to one class of men and deny equal privileges to others; the Constitution of the Republic should make a special privilege for medical freedoms as well as religious freedom.

*Benjamin Rush, MD, (1746-1813)  
America's "Father of Medicine,"  
Signer of the Declaration of Independence.*



# The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

## PRACTITIONERS

### Linda L. Isaacs, M.D.

Individualized Nutritional Programs  
Longtime colleague of Dr. Nicholas Gonzalez

[www.drLindaI.com](http://www.drLindaI.com)

Austin, TX

"Before you go out and save the world, take care of your own backyard. The world is in a lot of trouble, but if your own life is not in harmony and your own backyard isn't working, we shouldn't be out in the street yet. We should first ask, 'Can I take care of myself?'"

DR. BRUCE LIPTON

WISE TRADITIONS PODCAST 293  
[westonaprice.org](http://westonaprice.org)

Laura Poe  
Mathes,  
RD

Integrative  
Gut Health  
Dietitian

Online health  
coaching & nutrition  
counseling

[laurapoerd@gmail.com](mailto:laurapoerd@gmail.com)

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Mother Nature obeyed.

Weston A. Price, DDS



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# The Shop Heard 'Round the World

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# Membership

## NEW OR RENEWAL

**Yes!** I would like to become a member or renew my membership in the Weston A. Price Foundation and benefit from the timely information in **WiseTraditions**, the Foundation's quarterly magazine!

\_\_\_\_ U.S. membership \$40  
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**Yes!** I would like to support the work of the Weston A. Price Foundation with an additional donation.

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Please send me \_\_\_\_\_ copies of the Weston A. Price Foundation informational brochure at \$1.00 each, so I can pass them along to my family, friends and colleagues, and be true to Dr. Price's dying words:

"You teach, you teach, you teach!"

(Health professionals are encouraged to provide this brochure to their patients.)

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**Yes!** \_\_\_\_ Please send me details about starting a Weston A. Price Foundation local chapter in my community.  
Chapters are listed on our site: [westonaprice.org/find-local-chapter/](http://westonaprice.org/find-local-chapter/)

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# Upcoming Events

## 2021 MINI-CONFERENCES

- April 10**    **Winchester, VA:** Mini Conference with Sally Fallon Morel, Mary Holland, Leland Stillman, MD, Joel Salatin and Wendy Ractliffe. **Details at:** [westonaprice.org/events/](https://westonaprice.org/events/)
- April 25**    **Aquasco, MD:** The Contagion Myth with Dr. Tom Cowan and Sally Fallon Morell at P.A. Bowen Farmstead. **Details at:** [westonaprice.org/events/](https://westonaprice.org/events/)
- May 15**    **Lakeland, CO:** Seminar of Healthy Traditional Diets with Sally Fallon Morell at Sunrise Ranch and Retreat Center. **Details:** [westonaprice.org/colorado](https://westonaprice.org/colorado).
- May 17**    **Lincoln, NE:** Evening with Sally Fallon Morell. **Details at:** [westonaprice.org/events/](https://westonaprice.org/events/)
- June 13**    **Aquasco, MD:** Wise Traditions Basics with Sally Fallon Morell and Marc DiNola, DDS at P.A. Bowen Farmstead. **Details to follow at:** [westonaprice.org/events/](https://westonaprice.org/events/)
- July 31**    **Hannibal, MO:** Seminar on Healthy Traditional Diets with Sally Fallon Morell on Saturday in conjunction with <https://www.homesteadinglifeconference.com>. **Details to follow at:** [westonaprice.org/events/](https://westonaprice.org/events/)
- Oct. 2**    **Swoope, VA:** A Healthy Future with Sally Fallon Morell, Joel Salatin and others. **Details to follow at:** [westonaprice.org/events/](https://westonaprice.org/events/)

## Wise Traditions 2021

21<sup>st</sup> Annual Conference of the Weston A. Price Foundation

November 5-7, 2021

Allen, Texas (outside Dallas)

Details to be Announced

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Last words of Dr. Weston A. Price, January 23, 1948



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