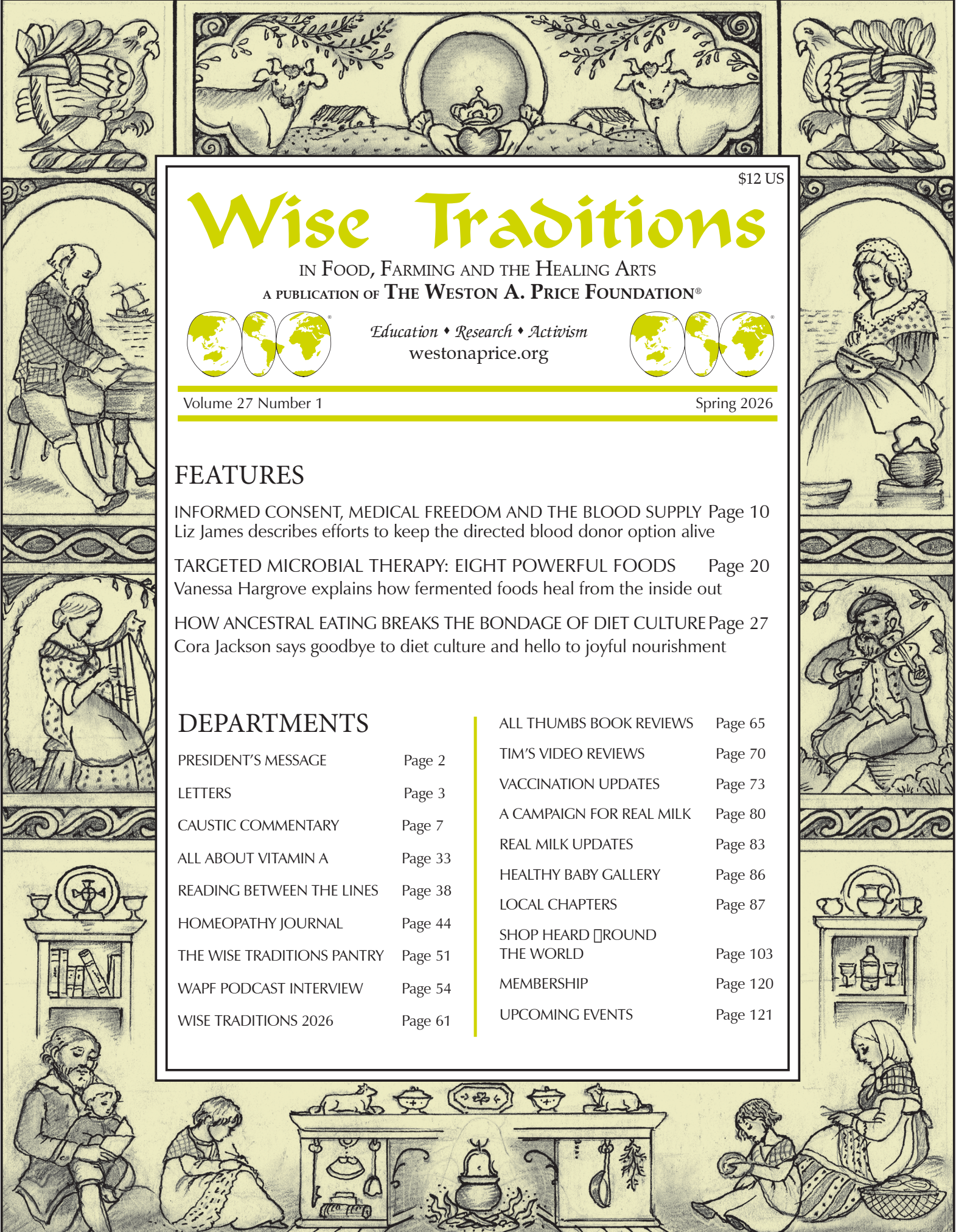




\$12 US

Wise Traditions

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



Education ♦ Research ♦ Activism
westonaprice.org



Volume 27 Number 1

Spring 2026

FEATURES

- INFORMED CONSENT, MEDICAL FREEDOM AND THE BLOOD SUPPLY Page 10
Liz James describes efforts to keep the directed blood donor option alive
- TARGETED MICROBIAL THERAPY: EIGHT POWERFUL FOODS Page 20
Vanessa Hargrove explains how fermented foods heal from the inside out
- HOW ANCESTRAL EATING BREAKS THE BONDAGE OF DIET CULTURE Page 27
Cora Jackson says goodbye to diet culture and hello to joyful nourishment

DEPARTMENTS

- PRESIDENT'S MESSAGE Page 2
- LETTERS Page 3
- CAUSTIC COMMENTARY Page 7
- ALL ABOUT VITAMIN A Page 33
- READING BETWEEN THE LINES Page 38
- HOMEOPATHY JOURNAL Page 44
- THE WISE TRADITIONS PANTRY Page 51
- WAPF PODCAST INTERVIEW Page 54
- WISE TRADITIONS 2026 Page 61

- ALL THUMBS BOOK REVIEWS Page 65
- TIM'S VIDEO REVIEWS Page 70
- VACCINATION UPDATES Page 73
- A CAMPAIGN FOR REAL MILK Page 80
- REAL MILK UPDATES Page 83
- HEALTHY BABY GALLERY Page 86
- LOCAL CHAPTERS Page 87
- SHOP HEARD ☐ROUND THE WORLD Page 103
- MEMBERSHIP Page 120
- UPCOMING EVENTS Page 121

WiseTraditions

IN FOOD, FARMING AND THE HEALING ARTS

Volume 27 Number 1

Spring 2026

EDITORS

Sally Fallon Morell, MA
Merinda Teller

COVER DESIGN

Kim Waters

COPY EDITORS

Kathy Kramer
Anita Schubert

LAYOUT & DESIGN

Michelle Bielovitz

WiseTraditions is mailed
quarterly to members of the
Weston A. Price Foundation
PMB 106-380

4200 Wisconsin Avenue, NW
Washington, DC 20016
Phone: (703) 820-3333
Fax: (571) 777-8932

Email: info@westonaprice.org
Website: westonaprice.org

DISCLAIMER

The information published herein
is not intended to be used as a
substitute for appropriate care of a
qualified health practitioner.

PERMISSION TO REPRODUCE

We encourage the reproduction and
dissemination of the information
published in WiseTraditions
with credit to the
Weston A. Price Foundation,
as long as it is solely used
to educate others.

Permission in writing is required
if you intend to make money
using the material herein.

THE WESTON A. PRICE FOUNDATION®

Education ♦ Research ♦ Activism

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

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

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

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

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



Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

A PUBLICATION OF

THE WESTON A. PRICE FOUNDATION®



Volume 27 Number 1

Spring 2026

CONTENTS

FEATURES

Informed Consent, Medical Freedom and the Blood Supply Page 10

Liz James describes efforts to keep the directed blood donor option alive

Targeted Microbial Therapy: Eight Powerful Foods Page 20

Vanessa Hargrove explains how fermented foods heal from the inside out

How Ancestral Eating Breaks the Bondage of Diet Culture Page 27

Cora Jackson says goodbye to diet culture and hello to joyful nourishment

DEPARTMENTS

President's Message Page 2

Wise Traditions 2026, a cast of luminaries

Letters Page 3

Caustic Commentary Page 7

Sally Fallon Morell challenges the Diet Dictocrats

All About Vitamin A Page 33

Pam Schoenfeld explains vitamin A's role in growth and development

Reading Between the Lines Page 38

Merinda Teller explains why private equity is bad news for healthcare

Homeopathy Journal Page 44

Anke Zimmermann says homeopathy can help with the vaccine injury epidemic

The Wise Traditions Pantry Page 51

Sandeep Agarwal celebrates spices for flavor and gentle therapeutic benefits

Wise Traditions Podcast Interview Page 54

Del Bigtree describes the birth and attempted suppression of an inconvenient study

Wise Traditions 2026 Page 61

All Thumbs Book Reviews Page 65

A Life of Weston Price

Cheese Trekking

Milk into Cheese

One-Cow Revolution

Vaccines, Amen

Tim's Video Reviews Page 70

Vaccination Updates Page 73

Kendall Nelson considers vaccine mandates and the erosion of religious freedom

A Campaign for Real Milk Page 80

Three important tables on raw milk safety and benefits

Real Milk Updates Page 83

Healthy Baby Gallery Page 86

Local Chapters Page 87

Shop Heard 'Round the World Page 103

Membership Page 120

Upcoming Events Page 121

BOARD OF DIRECTORS

Sally Fallon Morell, MA, President
Christine Muldoon, Secretary
Valerie Cury, Treasurer
Leslie J. Manookian, MLCHom, Health Freedom Defense Fund
Pete Kennedy, Esq., A Campaign for Real Milk
Ben Edwards, MD
Mandy Blume, MS, Clinical Nutrition

BOARD MEMBERS IN MEMORIAM

Mary Enig, PhD, FACN, CNS
Jerry Brunetti
Fred Kummerow, PhD
Kim Schuette, CN
Cherie Calvert

HONORARY BOARD

Mark Bailey, MD
Samantha Bailey, MD
Manel Ballester-Rodés
Natasha Campbell-McBride, MD
Christopher Cogswell, MA
Monica Corrado
Tom Cowan, MD
Janice Curtin
Maureen Diaz
Mike Fitzpatrick, PhD
Ruth Ann Foster, MA
Laura Hayes, BA
Suzanne Humphries, MD
Andrew Kaufman, MD
Mark A. Kastel
Felix Liao, DDS
Karen Lyke, BA, MS, DSc
Judith McGeary, Esq.
Leigh Merinoff
Carlos Monteiro
Kenneth Fielding Morehead, DOM
David Morris, BS, DC
Kendall Nelson
Ronda Nelson, PhD, MH, CNC
Jill Nienhiser, BS, MA
Lawrence B Palevsky, MD
Symbria Patterson
Sandrine Perez
Kathryne Pirtle, BS, MA
Gerald Pollack, PhD
Jessica Prentice
Lawren Pulse, MS
Philip Ridley, MSc, PGDip.
Bruce Rind, MD
Julia Ross, MA
Beverly Rubik, BS, PhD
Joel Salatin
Adrienne Samuels, PhD
Pam Schoenfeld, MS, RDN
Stephanie Seneff, BS, MS, EE, PhD
Alana Sugar, CN
Merinda Teller, MPH, PhD
David Wetzel, BS
Louisa L. Williams, MS, DC, ND
Lindsea Willon, MS, NTP
Will Winter, DVM
Anke Zimmermann, BSc, FCAH

President's Message

An Inconvenient Study, a 2025 film from Del Bigree, presents a new research paper that found much higher rates of chronic disease, including autism spectrum diseases, in vaccinated children compared to unvaccinated. The study looked at over eighteen thousand children, including over two thousand fully unvaccinated children. Please read Del's podcast interview on page 54 and Tim's review of the film on page 66. Only through Del's brave and cunning actions has this pivotal study come to light.

The other hero is attorney Aaron Siri, who managed to get *An Inconvenient Study* into congressional testimony and the congressional record. There's no hiding anymore the fact that unvaccinated children are healthier than vaccinated, and that parents who vaccinate may be exchanging a few days of fever and rash for a lifetime of chronic disease in their children. I say "may be" because it's becoming increasingly clear that the vaccines don't really work, that childhood diseases still appear in vaccinated children.

I am pleased to announce that Aaron Siri will be speaking at our conference. He will give the keynote address at the awards banquet on October 17.

But there's more. Two other heros will make up the list of luminaries speaking at our 26th annual conference. One is Congressman Thomas Massie, whose Friday evening talk will focus on legislative efforts to help the small farmer; the other is Joel Salatin who will inspire us at the closing ceremony on Sunday.

We have lots of new speakers this year, including Dr. Ben Edwards, who will talk about cod liver oil for the treatment of measles; Alejandro Carrillo on managed grazing in desert areas; Elisha Celeste on fascia health; Laura Delano, author of *Unshrunk*, on her victory getting off psych meds; Kate Pope on feeding babies and Gregory Wrightstone on the climate change hoax. And many of your favorite speakers will be returning, including Natasha Campbell-McBride (on the dangers of vegetarianism), the Bigelsen brothers (on live blood analysis), Chris Knobbe (on industrial seed oils), Neal Bosshardt (on healing with clay) and Vanessa Hargrove (on the healing properties of fermented foods).

All that plus wonderful food, great exhibits, Monday farm tour and a children's program at the lovely, old-fashioned Omni-Shoreham Hotel in Washington, DC. Volunteer work exchange spots, CEUs, room share and ride share are all available.

For details and to register, visit wisetraditions.org. We look forward to seeing you there!

Letters

RAW MILK EVERYWHERE

I am an eighty-one-year-old female. I was raised on raw milk.

I live in Virginia and had a raw milk share last spring for a while, but I had to take a gallon every week and couldn't use that much milk.

I would like to be able to walk into my local farm or grocery store and buy a quart of raw milk when I want, and buy cream and butter from raw milk also.

The President and Secretary Kennedy need to Make America Healthy Again by putting raw milk back in schools and homes and stores and restaurants and . . . well . . . everywhere.

Linda Hutchins
Virginia

We agree and are working slowly and steadily to make raw milk available in retail stores everywhere. But Rome wasn't built in a day, and this will take time. Maybe in the meantime your local chapter can find someone to share your milk with.

A RICO OPERATION

Here is a copy of an email I sent to the American Academy of Pediatrics (AAP).

Dear AAP,

You just put the nails into your own coffin! How wonderful! You are trying to keep your RICO operation going and trying to use children's health as a political football.

I am learning about the AAP lawsuit against HHS to restore the CDC

vaccine schedule, which was filed in December. What the AAP did was completely foolish, because it shines a bright light on their decades-long corruption.

And in response to that lawsuit, two days ago Children's Health Defense brought a RICO lawsuit against AAP. How wonderful! First off, the AAP shot themselves in the foot by bringing a lawsuit against HHS. Now their entire RICO operation can be exposed to the world. They are 100 percent in Big Pharma's pocket, and they couldn't care less about children's health. Because of their own actions in taking out a lawsuit against HHS, they are opening this door for the world to see.

With CHD taking out a RICO lawsuit against AAP, we see the exact

CHANGES AT WAPF

NEW PODCAST HOST:

Hello listeners of the wonderful Wise Traditions podcast! We are so grateful to Hilda Labrada Gore for starting our podcast and, as host and producer, building an enthusiastic audience over the last ten years generating sixteen million downloads.

Hilda has decided to pursue other interests and is stepping down from her role on our podcast. She will pass the baton to the very capable Kendall Nelson. Much gratitude and best wishes to Hilda and welcome Kendall to the Wise Traditions podcast starting in April 2026. (More details page 56.)

NEW BOARD MEMBERS:

We are sadly saying farewell to Dr. Tom Cowan who has served on our board of directors for twenty-five years. Much gratitude to Tom for his leadership during our founding and growing years.

We are happy to announce our new board members: Ben Edwards, MD, Mandy Blume, PhD and Leigh Merinoff. Dr. Ben founded Veritas Wellness in 2012 to help patients by addressing the root causes of their illness. He successfully treated a large number of measles cases with cod liver oil during a recent outbreak in West Texas. Mandy's wellness practice, DrMommy.com empowers new moms and families to "clean up" and personalize lifestyles to mitigate adverse reactions from disrupting chemicals. Leigh is passionate about teaching farming and food prep skills to children at her Vermont farm. She is working to bring home economics and shop back to American schools and advocates for national policy supporting small farms, health and education.



Letters

same tactics for bringing Big Tobacco down. How wonderful! Neither of these lawsuits will put an end to vaccine mandates, they do not even address the immoral and unconstitutional vaccine mandates. However, they will shine a bright light on the truth and on the corruption of the entire CDC vaccine schedule.

The issue of childhood vaccines is in the spotlight right now. The only way to put an end to vaccine mandates, which have been in existence since 1855, is with a grassroots movement of the vaccine-injured, a movement that consists of taking action by bringing class action lawsuits against the states and federal government. These two lawsuits, the AAP lawsuit and CHD lawsuit, are fuel for our grassroots class action lawsuits.

Thanks for being so stupid, you are just making my job easier!

Caroline Chang
Tobyhanna, Pennsylvania
Producer/Host
Awake 2 Oneness Radio

HEART TRANSPLANTS

How is it that we so casually discuss heart transplant as if it is a life-saving medical procedure? On Page 19 of the Fall 2025 *Wise Traditions* magazine, Dr Ballester-Rodes is excited to unroll an “explanted” heart. Does this doctor even realize what the heart “donor” goes through when the heart is “explanted?” The donor is literally killed during the explanting procedure. It is not morally licit to kill someone to save another, not even if the donor “consents” to the killing in advance.

A heart is useless to an organ re-

cipient unless said heart is taken while the “donor” is alive. Organs deteriorate within minutes after death, making it necessary for the medical minds to devise a category called brain-dead. Brain death is not true death. Did you know that they paralyze the organ donor but do not administer anesthesia for harvesting, because anesthesia would harm the organs to be harvested?

There is little physical difference between what happens in a heart “explantation” and the human sacrifice practiced by the Aztecs at Tenochtitlan. There is a great spiritual difference, however. Montezuma and his people did not know Jesus Christ. We have been told of Christ and have rejected His teachings for the sake of “Science.” The Aztecs repented of their ways and Mexico became Christian. Will we ever repent? We will owe the Aztecs an apology for painting them barbaric. Our barbarians wear lab coats and use antiseptic procedures to kill while claiming the moral high road.

Furthermore, in a 2003 article, authors Truog and Robinson pointed out that the concept of brain death “is incoherent in that it fails to correspond to any biological or philosophical understanding of death.” Also, “during the early stages of organ removal lacrimation is a common phenomenon” (www.nature.com/articles/3102107). Should we pay attention to the fact that brain-dead donors cry when the organ harvesting begins? Or that brain death has no basis in biology?

According to Paul A Byrne, MD, it is the excruciating vital organ removal procedure that causes true death of the donor (www.truthaboutorgandonation.com/factsaboutbeinganorgandonor.html).

com/factsaboutbeinganorgandonor.html).

I respect the Weston A. Price Foundation for the good that it does. Unfortunately, our medical experts have lost their common sense and are on the way to losing their souls if they continue to reject Christian moral order. Weston A. Price Foundation should realize the influence they carry with the public and should reject immoral content for its magazine.

Phyllis Crespo
Gamewell Township, North Carolina

Thank you for your thoughtful and eye-opening letter, which gives us a whole new look at the transplant industry.

A NEW GENERATION

My granddaughter was raised from day one on the WAPF raw milk formula, and was in the 95th percentile in growth when she was little. Probably still is, we have just not had occasion to visit a pediatrician to find out. I suspect that’s because 100 percent of her life energy could be directed towards growth—physical, emotional and



Letters

spiritual—rather than dealing with the fallout from antibiotics, drugs and other suppressive environmental toxins. The harshest medicine she received was a few homeopathic doses of *Mercurius* for her ophthalmia neonatorum. To date she has not had a cough, a cold, fever or a stomachache. We are hoping she catches a few childhood diseases but no luck so far. She has perfect vision, hearing, sleep, digestion, teeth, skin and emotional equilibrium.

Now at a year old, she has learned to shake her head and say no to the things she doesn't want, and yes to the things she wants. She says "Hi," "Mama," "Kai," "Aji" and a host of other words. She babbles a lot when she gets excited. She crawls and she walks holding her mama's hand. She is obsessed with her six-year-old cousin, who makes bird and monkey sounds to entertain her. She loves her aunt and has her entire neighborhood wrapped around her little finger.

This one-year-old knows her mind. Her smile slays your heart. She assesses, observes and interacts with her environment in a very intelligent

manner. When you look into her eyes, you see her soul. I thank God and her mum (my daughter) for letting me be part of their life, but more particularly for using the WAPF principles of diet and health. She's heart of my heart, and my beloved grandchild. Therefore, I am a little biased but you would have the same reaction to her as I do. You'd fall in love.

There is a dark side to all this. I didn't give my children raw milk growing up, I vaccinated them on the 1980s schedule and will probably spend a lifetime making up for it by educating young mamas through the teachings of the Weston A. Price Foundation. Grandmothers with knowledge, you need to step up to teaching your daughters and granddaughters. I was the lost generation because I lost my links very young. I emigrated to this country at twenty-two, and foundered upon the shores of the Western medical system. It took me several decades of stumbling around to get to my roots through traditional foods and homeopathy.

The learning and teaching needs to be intergenerational. And rewards will

be correspondingly intergenerational, too. That 11th principle is probably the most important WAPF principle. Pass it on.

Sushama Gokhale
Sebastopol, California

A FORGOTTEN NUTRITIONAL TREASURE

While rereading *Nutrition and Physical Degeneration* by Weston A. Price, I paused on a line that struck a deep chord. In the chapter on the Gaelic people, Dr. Price notes: "An important and highly relished article of diet has been baked cod's head stuffed with chopped cod's liver and oatmeal."

This wasn't just a historical curiosity—it felt like a call. I had never encountered this dish in modern life, and yet it seemed to carry the essence of ancestral wisdom toward whole-animal nourishment, reverence for the sea, and the kind of nutrient density that modern diets often lack.

Driven by curiosity, I began searching for any trace of this preparation in today's culinary world. While no restaurant in the USA appeared

CRAPPIT HEIDS: STUFFED COD'S HEAD WITH LIVER AND OATMEAL

INGREDIENTS:

4 fresh cod heads (cleaned, gills removed)
1 cup medium or coarse oatmeal
1 cup chopped fresh cod liver
(or high quality canned)
1 cup fish stock (optional)
1 small onion, finely chopped
2 or more tablespoons suet or butter
Salt and pepper to taste
Chopped parsley (optional)

INSTRUCTIONS:

1. Presoak the oatmeal the night before.
2. In a bowl, combine the chopped cod liver, soaked oatmeal, onion, suet or butter, parsley, salt, and pepper.
3. Stuff each cod head with the mixture and secure with kitchen twine or skewers.
4. Place the stuffed heads in a baking dish with water or fish stock.
5. Bake at 350°F (175°C) for 45–50 minutes, basting occasionally.
6. Serve hot with boiled potatoes, root vegetables or a simple broth.

This dish is rich in vitamins A and D, omega-3s and ancestral wisdom. Traditionally served in coastal Scottish communities, it reflects a nose-to-tail philosophy and deep respect for the whole animal. Note: *Crappit* means stuffed, and *heids* refers to fish heads.

to serve it, I discovered a traditional Scottish dish called *Crappit Heids*—a nearly identical recipe involving cod’s head, liver and oatmeal, once common among coastal fishing families.

This discovery felt like more than a recipe—it was a recapitulation of ancestral memory, a bridge between Dr. Price’s observations and my own evolving relationship with food, tradition and vitality. I believe this dish deserves a place in our kitchens again — not just for its nutritional value, but for the story it tells about honoring the whole animal, the whole self and the whole lineage.

I share this recipe (see p. 5) in the spirit of synergestation—a term I’ve come to embrace for the sacred co-creation of wisdom across time, tradition and intuition. May this dish nourish more than the body. May it nourish memory, meaning and the ancestral flame within us all.

Chef Jemichel
San Diego, California

POWER-PACKED ARTICLES

The *Wise Traditions* journal is always full of good stuff, and the education about proper food and EMF exposure is invaluable; but the Fall 2025 issue has two really power-packed articles:

1. The exposé on aluminum really put the dangers of this substance (especially injected) into proper perspective (along with the homeopathic piece about alumina); and,
2. The in-depth piece on tattooing, which should be mandatory information for any idio...uh, individual considering such masochistic self-abuse.

Keep up the great work!

Allan Spreen, MD
Tallahassee, Florida

FAN OF TIM

I’m a serious fan of Tim Boyd. Here are two examples of his work from our last issue (Winter 2025).

For example, in his book review of *Turtles All the Way Down* he says “vaccine safety claims are based on nothing.” “They don’t say it is okay or good or even remotely acceptable—but it was legal.” (Food for thought here, huh?!)

Then he reviews a book by Gerald Pollack: *Charged: The Unexpected Role of Electricity in the Workings of Nature*. “This review is a little outside our normal orbit of health and nutrition, but I think the lines between different scientific subjects are artificial and should be crossed much more often than they are.” And this: “...from old Ben Franklin: if everyone is thinking alike, then no one is thinking!” and, finally, “There are certainly way-out-there ideas that I don’t agree with, but I encourage people to keep thinking outside the box; that is where all the fun is. If you are curious about physics, astronomy, weather, how ships sail against the wind, or how planes or birds fly, this book is gold.”

You go, Tim!

Nyla Blair
Santa Rosa, California

SPANISH PODCAST

We are happy to share the good news that we closed 2025 publishing Spanish Podcast Episode Number 143 and have surpassed one hundred thousand downloads. The podcast has featured guests from fifteen different countries.

Some of our new guests learned for the first time about Dr. Price’s work and the Foundation when we contacted them, and as a result their followers, patients and students from different countries now know about the Foundation also. Also, one of our guests, an Argentinian biological dentist, shared with

us that she includes the Foundation’s materials to teach her college dentistry students. We think that is a big deal. She is also part of the organizing staff for a very prestigious Biological Dentistry and Holistic Health Conference in Argentina, and expressed interest in some kind of collaboration with WAPF. It sounds like a great opportunity to expand the Foundation’s reach and positive impact with the Spanish-speaking community from different countries.

Topics we have covered include:

- Biological dentistry
- Agroforestry
- Permaculture
- Regenerative agriculture
- Industrial agriculture problems
- Regenerative meat production
- Obesity
- Microbiome
- Hydrological design
- Menopause
- Lard
- EMF exposure in children
- Rescuing ancestral grain varieties
- The relationship between soil health and human health
- New German Medicine
- The new biology
- Organ meats
- Non-conventional edible plants
- Proper detox
- Milk properties
- Women’s nutritional needs
- Regenerative food production in the Galapagos Islands, the Amazon rainforest, Mexico’s drylands and Patagonia

It has been a very fulfilling and exciting year full of growth for the Spanish podcast!

Alberto and Anette, Hosts/Producers
Tradiciones Sabias
Trujillo Alto, Puerto Rico 

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

IMPORTANT NUMBERS

Here are two important numbers to remember: seven and one hundred ninety-three. As revealed by study author Nicholas Hulscher (focalpoints.com, February 17, 2026), seven is the number of U.S. deaths from measles since 1995; one hundred ninety-three is the number of deaths from the MMR and MMRV vaccines (given to prevent measles) reported to VAERS (Vaccine Adverse Event Reporting System) during the same period—that's almost thirty times more deaths from the vaccine than from the disease the vaccine is supposed to prevent. The reality is almost certainly worse because it's estimated that only about 1 percent of adverse effects are reported to VAERS. That means that the measles vaccine may be causing almost three thousand times more deaths than measles itself. The report noted that the deaths “were heavily concentrated in the routine first-dose window and tightly clustered in the days immediately following vaccination.”

NO EATING ZE BUGS

Ynsect, the largest insect production company in Europe, was just declared bankrupt, in spite of investment surpassing six hundred million dollars, including almost two hundred million in public funds. Described as “another blow to the creepy-crawly globalists trying to force the peasants to eat beetles instead of beef,” the main focus of the company was actually animal feed. The idea was to offer an alternative to proteins like fishmeal and soy. But the vision came full stop against market realities. Animal feed is a commodity market driven by

price, not sustainability premiums. Company planners believed that insect protein would be completely circular, with insects fed food waste that would otherwise end up in landfill. But in practice, industrial-scale insect production typically ends up relying on grain byproducts

already usable as feed, meaning insect protein simply adds a costly additional step. For animal feed, the calculations simply didn't add up. Although “Iron Man” star Robert Downey Jr. extolled the merits of insects on the “Late Show” during the 2021 Super Bowl weekend, the venture turned into one of the most expensive industrial flops of the decade. And even though the company envisioned that 10-15 percent of the product would find acceptance as human food, “it's clear that westerners from first-world countries are not voluntarily going to switch from meat to bugs so long as they have any choice.

Globalists always love to blather about

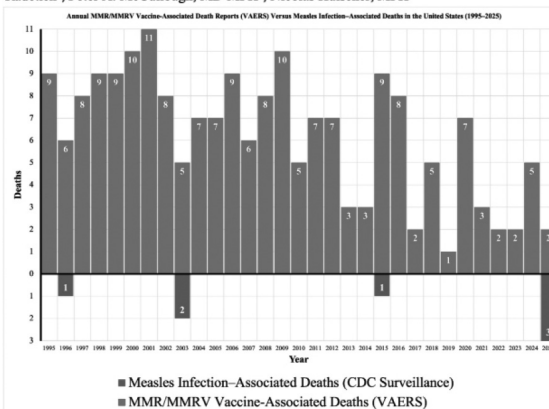
how Asian nations serve insects as street food, delicacies or entrees, but they never mention that the people selling and eating the bugs are by and large very poor. If you can't afford pork, chicken or beef, you'll eat whatever protein you can get, especially if it's plentiful, like insects. But when people have a choice, only a very small number of them will willingly eat worms, scorpions and ants instead of hamburgers, roast chicken and bacon. Certainly, the elites never follow their own advice by cutting meat entirely in favor of crickets and grasshoppers. And globalists have not yet succeeded in so impoverishing and crushing European citizens that most of them cannot afford meat and have to grub up alternatives. So naturally, the insect production company went out of business” (pjmedia.com, December 30, 2025).

BUTTER SALES

November 2025 saw a record of almost two hundred fifty million pounds of butter purchased by Americans, up 22 percent from 2023. Yearly production has surpassed two billion pounds, yet butter prices on the Chicago Mercantile

Deaths Following MMR and MMRV Vaccination in the United States

Kirstin Cosgrove, BM, CCRA^{1,2,3*}, Breanne Craven, MSPAS, PA-C³, Claire Rogers, MSPAS, PA-C³, John A. Catanzaro, ND, PhD⁴, Albert Benevides⁵, M. Nathaniel Mead, MSc, PhD³, Mila Radetich¹, Peter A. McCullough, MD MPH³, Nicolas Hulscher, MPH^{3*}



Caustic Commentary

Exchange (CME) have reached unprecedented levels—a classic struggle of limited supply versus massive demand. According to thebullvine.com (January 13, 2025), a website for professionals in the dairy business, “these trends impact the whole dairy sector.” Indeed, they do! The dairy industry does not want you to buy butter, and not whole milk either (for which sales are also trending up). The industry makes far more money from butterfat when it is put into ice cream, or from whole milk when it is made into cheese (especially when you add in extremely profitable whey powder). Rising demand for butter (and whole milk) presents a real dilemma for the dairy industry, which is predicated on consumers following a virtuous lowfat diet all day and ending up starving for ice cream in the evening. Big changes will be needed as consumers embrace the nourishing full-fat diets of their ancestors, like transitioning the national herd into Jersey cows and away from Holsteins. But this will take time; meanwhile expect butter prices to rise and more efforts to produce expensive ice-cream-like products made without any butterfat at all.

WHOLE MILK OVER SKIM

While the dieticians are sticking to their skim-milk story, lots of recent research supports the consumption of whole milk over skim. For example, a 2017 study published in *Preventive Medicine Reports* found that full-fat milk consumption protects against severe childhood obesity in Latinos, a population with a disproportionate burden of obesity and severe obesity. A twenty-five-year prospective cohort study, published in *Neurology*, 2026, found that higher intake of high-fat cheese and high-fat cream (but not other dairy products) was associated with a lower risk of all-cause dementia and Alzheimer’s. Finally, people who consumed greater amounts of whole-fat dairy products were less likely to have early signs of heart disease. according to a new study from the Minnesota School of Public Health. The finding, said the researchers, “challenges long-standing dietary advice to avoid whole-fat dairy products” (*Journal of Nutrition*, 2025). These studies support the new government policy to allow full-fat milk in school lunches.

PROTECTION WITH BEEF FAT

Old timers often followed the folk wisdom of eating a high-fat meal before a night on the town. It turns out that such

a practice is supported by the science. In a study with rats, scientists looked at alcoholic liver disease (ALD), when the animals were given alcohol (ethanol) with lard, tallow or corn oil over a period of two to six months (*Alcoholic Clinical Experimental Research*, 1989). Rats that got alcohol with tallow did not develop ALD; those that got alcohol with lard developed minimal to moderate disease; but the rats fed alcohol and corn oil developed the most severe pathology. The degree of abnormality correlated with the linoleic acid (polyunsaturated) content of the diet: tallow at 0.7 percent, lard at 2.5 percent and corn oil at 56.6 percent. The replacement of animal fats with vegetable oils in recent times may explain why our parents and grandparents seemed to have a much greater tolerance for alcohol than this generation—not that we recommend heavy drinking, but just saying.

A TRAGIC TALE

In 2017, medical journalist Del Bigtree challenged Dr. Marcus Zervos of Henry Ford Health to conduct the most comprehensive vaccinated-versus-unvaccinated study ever undertaken. The results remained hidden until Bigtree captured Dr. Zervos on hidden camera admitting that publishing his completed study would end his career. Now the results are out, and they tell a tragic tale. The study involved over eighteen thousand children enrolled in Henry Ford Health’s insurance plan in Michigan. Vaccinated children had 4.29 times the rate of asthma, 3.03 times the rate of atopic disease (a group of allergic conditions), 5.96 times the rate of autoimmune disease, and 5.53 times the rate of neurodevelopmental disorder. Most remarkably, among nearly two thousand unvaccinated children, there were zero cases of ADHD compared to two hundred sixty-two cases in the vaccinated group. By age ten only 43 percent of vaccinated children remained free from chronic health conditions compared to 83 percent of unvaccinated (publichealthpolicyjournal.com).

STOPPING SIDS

Henry Ford Health didn’t look at sudden infant death syndrome (SIDS) but pediatrician Paul Thomas did. In an interview with CHD.TV he described six SIDS studies that looked at when infants died relative to when they got a vaccine. Seventy-five to 90 percent of all SIDS happened within one week of a vaccination, while the remaining 3 percent of infant deaths happened between ten and twenty days after

Caustic Commentary

vaccination. He noted that “the countries that have the most infant vaccines have the highest infant mortality.” In the U.S., we do nothing about this slaughter of the innocents, but the Japanese did something about it. Noting that sudden infant deaths were surging in Japan during the 1970s, 1980s and early 1990s, in 1994, the government raised the age of vaccination to two. Then, poof! The SIDS crisis disappeared. We don’t think that children should get vaccinations at any age, but giving them before the age of two constitutes reckless child endangerment, also known as murder (slaynews.com, June 27, 2025).

COINCIDENCES?

In July 2025, eight children were hospitalized after seizure-like symptoms at a church concert in Harvard Square (abcnews.com, July 23, 2025). Over two hundred cell towers and thirty-five hundred antennas are located within a three-mile radius of the church. Combine that with Wi-Fi inside the church and over fifty cell phones among those in the audience and a possible explanation presents itself. A deadly flu-like disease has claimed the lives of up to one hundred fifty people in the Republic of Congo, beginning in late October, 2025. Telecommunications companies had been installing 5G in the RoC throughout the previous year (energycapitolpower.com, October 25, 2024). A type of brain cancer called glioblastoma has increased 230 percent in young people (ages fifteen to thirty-nine) during the last twenty years in France (santepubliquefrance.fr, March 3, 2025). This is the age group with the heaviest cell phone use. Coincidences? We think not. When will the medical establishment connect these dots? Unfortunately, not any time soon.

JUNK FOOD AND DISEASE

Research links ultra-processed foods (formerly called “junk foods”) such as candies, chips, donuts, cookies, breakfast cereals, fried foods and sodas with an increased risk of thirty-two negative health outcomes, including cancer, mental health conditions, diabetes and early death. The researchers of this paper, published in 2024 in the *American Journal of Medicine*, conducted a review of forty-five pooled meta-analyses from fourteen articles associating ultra-processed foods with adverse health outcomes. The data revealed a 50 percent increased risk of death from cardiovascular disease, about a 50 percent higher risk of anxiety and other common

mental disorders, a 12 percent increased risk of type 2 diabetes and a 21 percent greater risk of death from any cause. The article blames added sugar and “excessive amounts of fat and salt.” Sugar for sure, but there is no animal fat in these ultra-processed foods, only industrial seed oils. (The salt is refined, but not particularly harmful.) Anything to vector the blame away from polyunsaturated oils to innocent animal fats.

FLUORIDATION HOAX

Most municipal water receives treatment to add a fluoride compound—usually toxic fluorosilicic acid—based on the theory that fluoride can prevent cavities, even in those who eat a lot of sugar. The man responsible for this atrocity was the chemist Gerald Cox who, working for the Sugar Fellowship at the Mellon Institute of Industrial Research, conducted studies to find a substance that would protect against dental caries. During the first five years of his research, he found that many dietary items in the maternal rat diet protected against caries in the offspring, including halibut liver oil, butter, milk, whey concentrate, a high-fat diet, a meat diet and increased calcium and phosphorus. He also looked at fluoride, a waste product of the aluminum industry—the Mellon family dominated aluminum production in the U.S.—and claimed that fluoride reduced decay by about 20 percent, less than many of the diet items. From 1941 on, Cox promoted fluoride as an answer to preventing tooth decay, giving the sugar industry the “magic bullet” they were seeking. Later he took a job at the Corn Products Refining Company, makers of dextrose (corn sugar) and sweet malt syrups. He ended up in a position at the University of Pittsburgh Dental School where he could continue his promotion of fluoride. The sugar industry had their man in the right place to cover up what Dr. Weston Price discovered: that cavities are the direct result of refined carbohydrates, especially white sugar (zerohedge.com, October 9, 2025).

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 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.

Informed Consent, Medical Freedom and the Blood Supply

By Liz James

Every two seconds, someone in the United States will require platelets or blood.¹ One in seventy to eighty people in the U.S. will require a blood transfusion each year.² If these statistics surprise you, you are in good company. Few people imagine needing blood. . . until they find themselves (or a loved one) in need of a transfusion.

For the health-aware individual who is thoughtful about what they eat, drink, inject or willingly expose themselves to, receiving blood is likely both a humbling and troubling experience. If the need for blood is not urgent, the option to receive directed donor (also known as “known donor”) blood in lieu of anonymous donor blood provides the patient with greater personal authority and peace of mind over what enters the body, and arguably also allows for an increased measure of quality and safety of the blood that is used.

Unfortunately, in many parts of the U.S. the blood industry is denying or dissuading people from using this aspect of medical freedom. There is a growing and concerted effort, which began in 2023, to quietly shut down this patient choice completely in states that do not have legislation preventing this.^{3,4}

BLOOD AS A COMMODITY

The U.S. blood market is a quiet, multi-billion-dollar industry. The revenue of blood companies (in millions to billions of dollars) and the salaries (often in excess of one million dollars per year)^{5,6} paid at many of the larger “not for profit” blood banks reflect the lucrative nature of the business.

In many areas, however, only about 20 percent of donated blood actually stays in the community for which the donors assumed it was being collected. The fact is that the U.S. supplies roughly 70 percent of the world’s blood products (shocking, but true); American blood accounts for 1.8 percent of the country’s total goods exports and is the U.S.’s ninth largest goods export, ahead of coal and gold.^{7,8}

Blood is also sold to pharmaceutical companies for the production of the multibillion-dollar class of pharmaceuticals called “biologics” and to research companies. The U.S. Food & Drug Administration (FDA) defines biologics as “a wide range of products such as vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins.”⁹ (See “The Elephant in the Transfusion Room” below.)

The blood market is highly competitive. Contract details between blood donation centers and the hospitals, transfusion centers, pharmaceutical companies and overseas buyers that purchase their products constitute closely guarded information.¹⁰⁻¹² Notwithstanding this fierce competition, the industry understands that its strength lies in its united control of the blood supply,¹³ its deep pockets and ability to engage lobbyists well known in political circles, and its occupancy of key positions within Department of Health and Human Services (HHS) Advisory Committees without consumer representation (at least at the time of this writing).¹⁴

WHY DENY DIRECT DONOR BLOOD?

From outward appearances, it would seem logical that every person who is eligible to donate would be a welcome donor to the process, regardless of whether their donated blood ends up in the anonymous donor pool or is reserved for a particular individual. After all, only an estimated 3 percent of the eligible population donates blood, and there is a perceived shortage nearly all the time. Additionally, for many years, the industry itself strongly encouraged people to “find their own direct donors.”¹⁵ So, why would there be an abrupt change in its policy stance beginning in 2023?

Blood industry spokespeople have recently issued a multiple-point argument as explanation for their denial and dissuasion of directed donor blood transfusions. It is worthwhile to look at their written objections (italicized below) as outlined in an editorial published in the *Annals of Internal Medicine* in July 2025.³ Below each objection, I have provided responses to their debatable claims.

CLAIM: “*Directed donor blood presents an increased risk of infectious disease transmission.*”

RESPONSE: Both direct donor blood and anonymous donor blood are tested for exactly the same diseases.¹⁶ There is no difference in safety. In fact, statistically, plasma centers (which pay people to donate) are often located in poorer socioeconomic areas, which can more likely contribute to lower the quality of blood in a variety of ways.¹¹ The industry also argues that *a known donor will be more likely to hide a habit or a condition from their loved one, which would increase the riskiness of the blood donation.* This is an argument that defies logic and was stated as such in the 2025 Texas Legislative Session during the House Committee Hearing on Public Health for SB125.¹⁷

CLAIM: “*Family donations raise immunologic risks.*”

RESPONSE: While we agree that donated blood from a blood relative sometimes can raise immunologic risks, it makes no sense

The U.S. supplies roughly 70 percent of the world’s blood products.

The screening process does not include looking for illicit or prescription drugs within the blood, nor is there any guarantee as to the veracity of the information given by the donor.

to issue a blanket ban on directed donors. Directed donors also include friends, acquaintances, non-biologically related relatives and members of like-minded organizations, all of whom would no more raise an immunologic risk than an anonymous donor.

CLAIM: *“Directed donation increases logistical burdens of the blood industry.”*

RESPONSE: Every bag of blood has a unique barcode on it and is easily tracked and accounted for at any time with the press of a button. Hospitals and transfusion centers handle complex logistics daily. The fact that direct donations were encouraged for decades by the very entities that are now opting to deny them, citing cost and logistics, does not make sense. Specific bags of blood are transported, often multiple times daily, to specific patients, and with barcode tracking, logistics should be simple. Conversations with retired directors of blood banks have confirmed this.

CLAIM: *“Direct donations exacerbate blood shortages.”*

RESPONSE: It has been our experience¹⁸ within the direct donor community that the opposite is actually true. Direct donors largely tend to be people who otherwise do not donate blood on a regular basis. They are stepping forward to donate because they have a relationship or community bond with the individual in need of a transfusion. Enabling and encouraging direct donations may increase net donor participation. Additionally, it is not necessarily local need that is driving the stated shortages, but the selling of blood products overseas and to the pharmaceutical industry and research organizations.

CLAIM: *“Direct donor blood may be wasted if the units go unused. And physicians may feel pressured to direct a transfusion that may not necessarily be needed.”*

RESPONSE: While some blood banks do have the wasteful policy of discarding unused direct donor blood, other blood

banks opt to add any unused blood into the anonymous donor supply for use in another patient. Additionally, expired or “unusable” blood is frequently sold for research use.

CLAIM: *“Directed donation preferences based upon the patient’s personal beliefs introduce biases that are not grounded in medical necessity.”*

RESPONSE: The respect and honoring of a patient’s autonomy is foundational in patient-centered medicine and is supposed to be a cornerstone of clinical ethics.¹⁹ Clinical ethics have been codified in most physician and medical organizations, but the codes often appear to protect the profession’s (or industry’s) interests more than offering a broad and impartial viewpoint or addressing issues of importance to patients and society.²⁰ In other words, *protection of profit and professional interests often supersedes patient care.*

ADVANTAGES OF DIRECT DONOR BLOOD

According to the American Red Cross website, blood is screened for only a limited number (twelve) of bloodborne diseases.²¹ The FDA website adds, “a blood supply with zero risk of transmitting infectious disease may not be possible.”²² Even when additional pathogen reduction modalities are used on separate blood product components, donated blood products remain a potential source of bacterial, toxin, parasitic and as yet unstudied or unidentified entity transmission.²³ Thus, directed donor blood has a number of advantages in regards to medical outcomes.

While the FDA and American Red Cross guidelines for blood donation exclude donors with a recent (volunteered) history of drug use or addiction, the screening process of the blood itself does not include looking for illicit or prescription drugs within the blood, nor is there any guarantee as to the veracity of the information given by the donor. This becomes even more problematic when examining “for pay” plasma donations. According to research, commercial plasma centers are far more likely to be located in lower socioeconomic areas and are considered high risk in terms of both

contamination and quality of donation.^{11,24} Because the donor receives payment for their plasma, they are statistically far more likely to lie about their health and lifestyle choices.

Once blood has been donated, it has an approved shelf life of about forty-two days; however, measurable decline of red blood cell (RBC) quality (known as “storage lesion”) is evident by day seven, with oxygen delivery compromised considerably by day twenty-one of storage. At least one study strongly suggests limiting transfusion of red blood cells to blood that has been stored less than fourteen days.²⁵ While researchers have made efforts to improve the lifespan and health of the red blood cell, the vast majority of these improvements are still in experimental stages, and blood banks have not widely adopted them.

The amount of “storage lesion” that has occurred in a bag of transfused blood will likely play a large role in the measured success of the transfusion. In a healing crisis, one of the most important factors in healing is well-oxygenated tissue. Older stored blood experiences metabolic, structural and functional changes, which means that the patient will receive less oxygen-carrying benefit per transfused unit, resulting in tissue hypoxia even after transfusion. Storage lesion also contributes to oxidative stress and inflammation, an increased incidence of hyperkalemia (elevated blood potassium levels) and acidosis. In addition, older transfused blood increases risk of transfusion-related organ injury, infection, blood clots and cardiac stress, especially in “selected categories of patients [who] are potentially more vulnerable.”²⁶ The authors of a 2019 study observe that “vulnerable” categories include “patients with less common blood groups (such as AB) [who] often receive older RCCs [red cell concentrates] as compared to other groups, and patients who are massively or chronically transfused [such as patients with sickle cell anemia, cancer or beta thalassemia] [who] receive a disproportionately large fraction of RBC units that may include older RCC.”²⁶

Because blood is a commodity, hospitals and transfusion centers typically use the oldest matching blood first for a patient, so as not to waste the bag due to expiration of the product. In a direct donor situation, the blood a patient receives is always very fresh, which makes for lower risk of complications related to storage lesion.

DENYING THE RIGHT TO CHOOSE DIRECTED DONOR BLOOD: A VIOLATION OF HUMAN RIGHTS?

When doctors write directed donor orders for their patients, they are practicing medicine within their scope of practice and ethically honoring the patient’s autonomy. This is similar in practice to honoring the Jehovah’s Witness custom of refusing blood transfusions altogether, which has resulted in an alternative, largely successful, hematology treatment protocol (see page 13).²⁷

God gave each person the right to express free will, and that right, as it pertains to medical freedom, is echoed within the governance of the preamble of the Declaration of Independence:

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable

Rights, that among these are *Life, Liberty, and the pursuit of Happiness*: That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed.”

The 14th Amendment of the Constitution (Section 1) further protects these rights:

“[N]or shall any State deprive any person of *life, liberty*, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.”

The Patient Self-Determination Act of 1990²⁸ further affirms the common-law right of self-determination as guaranteed by the 14th Amendment of the U.S. Constitution. The person receiving medical care has the right to make choices and decisions about his medical care and the extent of medical care that he would or would not want. Additionally, the United States Commission on International Religious Freedom²⁹ protects a person’s right to freedom of thought, conscience and religion or belief.

THE ELEPHANT IN THE TRANSFUSION ROOM

In some parts of the U.S., it is now virtually impossible to receive direct donor blood. In others, it will likely require perseverance, knowledge of the system and strong advocacy to overcome the dissuasion⁴ presented by the medical establishment and/or the blood bank serving the hospital or transfusion center.

The arguments in favor of disbanding the directed donor blood option are weak at best, and represent a direct assault on personal choice, medical freedom and the very laws that protect us all. This assault also extends to limiting a doctor’s ability to practice medicine in partnership with his patient.

The weakness of the blood industry’s arguments, and the lengths to which it has gone to dissuade patients and their doctors from direct donation—including for example, tactical use of Child Protective Services (CPS), medical bullying, intimidation, excessive fees for direct donor blood and claims of extended time to process the

blood (which should take less than three days at most, including transport time)—force one to ask what the real motives might be behind the industry’s move to attain full control of every single bag of blood it harvests.

Perhaps it is one (or all) of the following four reasons. First, is the blood industry’s first

concern stellar patient care or is it profit? Although donors usually give blood in a spirit of community altruism, we have seen that collected blood often doesn’t stay in the community for which it is donated. As mentioned, an estimated 80 percent of the blood collected is graded and profitably sold either overseas or to research facilities and pharmaceutical companies. According to a 2012 article by Sophia Chase in the *William & Mary Business Law Review*,³⁰ blood is one of the most precious and

ABOUT BLESSED BY HIS BLOOD

Blessed By His Blood (BBHB) is a not-for-profit cooperative rich in faith, Christian values and the core belief that all people have the God-given and Constitutional right to determine what is allowed into their own bodies. BBHB was “born” in May 2021 as a result of a word from the Holy Spirit with the command to “preserve the blood,” but the actual process of developing how BBHB would look and operate didn’t begin until November 2021 (interestingly, at the Wise Traditions Conference in Allen, Texas!). Initially, the singular vision was to identify and connect a nationwide network of like-minded individuals who had chosen to abstain from mRNA technology injections, with the intent that we would help one another should a non-emergency transfusion need arise. God has been with BBHB every step of the way, and we give all glory to Him as we match donors with recipients in need across the U.S.

In January 2023, the Holy Spirit gave another command to go “protect the blood,” and the BBHB mission expanded. This led initially to the first of many trips to the Texas Capitol (my home state) and strategizing with Texas Senator Bob Hall. Unbeknownst to us, Texas-based Carter BloodCare was simultaneously making the decision to shut down the right to the directed donor blood transfusion option. Carter BloodCare enacted its decision in April, less than one month after Senator Hall presented SB1584 to the Texas Senate. (The bill passed in the Senate 28-2 but died unheard in the House on the last day of the session.)

Carter BloodCare’s policy decision has had significant implications for medical freedom and the health of those in need of “clean” blood transfusions. One family membership that BBHB serves has two daughters with beta thalassemia, a disorder requiring monthly blood transfusions for survival. The family’s hematologist wrote a letter to Carter BloodCare explaining the necessity of direct donor transfusions for the girls’ health, but to no avail; during summer 2023, they were forced to receive anonymous donor blood. As their mother has relayed (in Senate and House hearings in 2025^{32,36}), the girls were listless the entire summer and their hemoglobin would not rise, despite the transfusions. (Normally, the girls are active in sports and excel in school.) Even their teachers noticed the extreme changes when they returned to school in the fall. Thankfully, the family was able to find a way to return to their direct donors, but that required a great deal of effort and meant leaving the area served by Carter BloodCare. Moreover, there is no guarantee that the new blood processing organization won’t follow in Carter’s footsteps at some point in the future.

Unfortunately, this story is not rare, and it is destined to become progressively more common if legislation is not enacted throughout the U.S. to protect the right to choose direct donor blood. Medical bullying and intimidation are very real problems, especially in the case of children in need of transfusions. We have heard firsthand stories of providers either calling CPS or referencing CPS as a not-so-veiled threat after parents asked for direct donor blood for their child. As of this writing, this is exactly what is happening to the mom of an autistic boy at Oklahoma University Children’s Hospital under treatment for leukemia. She had been successfully pursuing natural means of healing for her son; CPS took the child, who has now received at least one transfusion as well as chemotherapy against his mother’s desired and holistic plan of treatment.³⁷

In 2024, BBHB expanded its legislative mission and began working with legislators in other states. To date, we have testified, provided information and worked with legislators in twelve other states as awareness of this concern grows. In Texas, we reintroduced the Texas Blood Bill (SB125) in the 89th Legislative session. Although the bill again passed effortlessly in the Senate and then passed 8-2 in the House Health Committee, the blood industry’s extremely powerful lobbying efforts—financially attractive to some legislators—led to a purposeful slow-walking to the House floor. The delay cost the bill its opportunity for legislators to hear and vote upon it, and it once again died unheard on the last day of the session. This scenario is happening in all of the states working to pass protective direct donor legislation; there is a concerted and coordinated effort by the blood banks and medical industry to retain full control of the blood supply. While we are continuing our state-by-state efforts, it is clear that we need federal help to protect our constitutional rights as they pertain to blood transfusions.

BBHB is 100 percent not-for-profit and all-volunteer—there are no salaried board members or employees. Membership is \$25 a year for adults; children under eighteen are free, as are adults with disabilities that necessitate guardianship. If you would like more information, to become a member or volunteer, please visit blessedbyhisblood.com.

expensive resources in the world. Based on Chase's work and adjusted for the 2025 economy, one pint of altruistically donated blood will easily yield over seven hundred dollars in gross profit when "parted out." Conversely, when a directed donor's blood is collected, the donation is specific for the recipient according to a doctor's written orders. This means that this particular bag of blood is not eligible for sale to these outside markets, effectively eliminating the opportunity to make a much larger profit than they might otherwise make through the contract price with the hospital or transfusion center. Direct donation requests have reportedly increased by 11.1 percent as compared with 2019.³ Honoring all direct donations could represent a significant financial affliction for the booming blood industry.

Second, both the blood and pharmaceutical industries actively seek blood products that have certain attributes. Direct donation might be especially frustrating to the profit-driven industry if they found a unique or very profitable attribute in direct-donated blood. It's not a large stretch of the imagination to assume that one or more of the attributes the industry is currently seeking may command even higher premiums

than the seven hundred dollars listed above, especially post-2020.

Third, it is an established fact that not all blood is equal in quality. Take the most basic example of an athletic twenty-five-year-old who eats a healthy diet, is unmedicated and mostly strives to avoid toxins, versus a sedentary, obese fifty-year-old who eats the Standard American Diet and is on four medications. Whose blood would the reader choose in the event of a needed transfusion? Is it possible that the blood industry fears legal implications if the general population becomes aware of differences in blood quality, especially post-2020? The industry experienced and attempted to hide problems with tainted blood in the 1980s,³⁰ and it ultimately spent millions of dollars settling lawsuits.

Finally, beyond financial considerations, perhaps there is something else—something elephantine—to be considered as well. In the late 1990s, the pharmaceutical industry expanded the wide range of products called "biologics," including vaccines, gene therapy and injectable products isolated and made from a variety of natural sources, including human blood. Each biologic that has a human cell base isn't made from just one blood donor. Blood products are

Both the FDA and American Red Cross acknowledge that "they can't test for what they don't know." And in the post-2020 era, there is much that we "don't know."

THE STATE OF THE UNION (AS IT PERTAINS TO ACCESS TO DIRECT DONOR BLOOD IN EACH STATE)

In a given region, the availability of directed donor blood is explicitly dependent upon the answers to three questions. While few people ever consider the possibility of needing a blood transfusion, these are questions best not left unknown until the last minute. All three answers must be in the affirmative for a direct donor blood transfusion to occur.

1. Is your doctor willing to write the order for direct donor blood?
2. Do the policies of the hospital or transfusion center honor doctors' written orders for direct donations?
3. Does the blood bank contracted with the hospital or transfusion center facilitate direct donations?

Thankfully, as of this writing, a non-emergent direct donor blood transfusion can be received, with correct and diligent preparation, in all states except Minnesota, and we (at BlessedByHisBlood) have strategies for people living in that state. We have found that most often, the weakest link is the blood bank's refusal to process a direct donor order (#3). Depending on the size and scope of contracts the blood bank holds, this policy can drastically affect many hospitals and transfusion centers in a given region. For example, when the largest blood bank in North Texas (Carter BloodCare) quietly "turned off" the right to direct donor blood in 2023, that policy move affected over two hundred fifty hospitals and transfusion centers. (This situation made it painfully clear how important it is to develop legislation to protect the right to direct donor blood!) Thankfully, many hospitals have secondary contracts with other blood banks, so BBHB has largely been able to navigate around these roadblocks and help our cooperative members in need.

In other instances, if a doctor refuses to write an order (#1) or a hospital administrator blocks a doctor's order (#2), the patient or patient's family will need to have a "plan B" in place and be willing to change doctors or facilities if they want direct donor blood. As we have all learned over the last many years, standing strong for medical freedom and choice requires courage and a willingness to fight. It is our hope that as more people stand up for their freedom to choose and move their "medical business" to providers and facilities that honor their wishes, the loss of revenue for those who deny patients' rights will be motivation to reconsider their policies and practices.

pooled in vats, making it virtually impossible to track the source of a pathogen, should that become a problem, particularly given that not every person receiving the biologic would necessarily experience the pathogen in the same way. Both the FDA and American Red Cross acknowledge that “they can’t test for what they don’t know.” And in the post-2020 era, there is much that we “don’t know.”

INFUSING HOPE

In 2023, Texas State Senator Bob Hall’s filing of SB1584 marked the beginning of the legislative fight to protect and preserve the right to directed donor blood. Shortly after Hall filed the bill, Carter Blood-Care—the largest and most profitable blood collection agency in North Texas (serving over two hundred fifty hospitals and transfusion centers in that region)—announced that it was no longer honoring direct donor orders. The bill did quite well and likely would have passed, had blood bank lobbyists not intervened. The bill ultimately died unheard on the last day of the legislative session.

In 2025, legislators resurrected the Texas bill (now SB125), and again it did quite well, passing easily in the Senate despite strong opposition by the blood industry.³¹ It later also passed in the House Public Health Committee, and then, for “reasons unexplained,” got held up in the House not once, but twice by a single key individual. Once again, it died unheard on the last day of the legislative session. As mentioned, the blood industry has very deep pockets and a great deal of influence.

In the meantime, legislators in other states are waking up to the concerns surrounding the blood supply, and they have introduced other bills protecting the right to choose in varying degrees. At least twelve states have begun the arduous process of working to preserve the right to choose directed donor blood through legislation, and two states (Tennessee and California) have older laws on the books that provide a small measure of protection, provided the patients actually know their rights and are aware of the laws.

It is our hope that RFK Jr. will recognize the importance of protecting the rights of transfusion patients—rights that currently get trampled on, multiple times a day. This is an urgent problem in need of an urgent solution. Currently, individuals who have recently received a

Covid-19 vaccination may donate with “no wait period,”³² a policy that is extremely concerning for the blood supply in light of confirmation by a Centers for Disease Control and Prevention (CDC) workgroup (Figure 1)—presented on September 19, 2025—of mRNA presence and persistence after vaccination of over seven hundred days (Figure 2).³³ The CDC workgroup also flagged gaps in knowledge related to Covid vaccine impurities (Figure 3) and recommended ongoing blood- and tissue-based monitoring (Figure 4). That same day, the CDC’s Advisory Committee on Immunization Practices (ACIP) “unanimously recommended that vaccination for COVID-19 be determined by individual decision-making.”³⁴

In 1995, the National Academy of Sciences’ Institute of Medicine (IOM) released an analysis of the events surrounding the contamination of blood products with the disease labeled as HIV. An estimated twenty thousand Americans reported contracting HIV through blood and its derivatives. The blood industry knew there was a problem with the blood supply for at least eighteen months before alarm bells began sounding, and yet it did nothing. The IOM faulted the federal government for failing to take regulatory leadership over an industry that frankly regulates itself. It also faulted blood banks for “sending overly reassuring messages to the public” when danger clearly existed. Years later, James McPherson—who was head of Red Cross regulatory affairs at the time and later (1986–2013) served as CEO of America’s Blood Centers—“ruefully admit[ed] they had made a mistake: ‘When we were touting the risk as one

FIGURE 1. Workgroup safety uncertainties of mRNA Covid vaccines

Workgroup Safety Uncertainties of mRNA COVID Vaccines

Wafik El-Deiry, MD, PhD, FACP
Director, Legorreta Cancer Center
Associate Dean, Oncologic Sciences
Warren Alpert Medical School, Brown University

Charlotte Kuperwasser, PhD
Director, Tufts Convergence Laboratory of
Biomedical, Physical, and Engineering Sciences
Professor Developmental, Molecular & Chemical
Biology, Tufts University School of Medicine

September 19, 2025
Legorreta Cancer Center
BROWN UNIVERSITY

Tufts School of Medicine

FIGURE 2. Persistence of vaccine mRNA in human blood after vaccination

Biodistribution		
Vaccine mRNA in humans	Site	Persistence After Vaccination
	Axillary lymph node	Up to 30 days
	Heart (myocardium/cardiac ventricles)	Up to 30 days
	Blood	~15 days to 23 months
	CNS (skull/meninges/ Cerebral arteries)	Up to ~17 months
	Breast milk	45 hours
	Reference(s)	
	1. Yonker et al., <i>Circulation</i> (2023) 2. Boros et al., <i>Pharmacol Res Perspect</i> (2024) 3. Krauson et al., <i>NPJ Vaccines</i> (2023) 4. Patterson et al., <i>Hum Vaccin Immunother</i> (2025) 5. Ogata et al., <i>Clin Infect Dis</i> (2023) 6. Fertig et al., <i>Biomedicine</i> (2022) 7. Bhattacharjee et al., <i>medRxiv</i> (2025) 8. Brogan et al., <i>Proteomics Clin Appl</i> (2023) 9. Ota et al., <i>J Clin Neurosci</i> (2023) 10. Luis et al., <i>Brain Behav Immun Health</i> (2021) 11. Hanna et al., <i>JAMA Pediatr</i> (2022)	

in a million, we hadn't a clue. It was a stupid thing to say, but we were afraid. We had this desire to reassure the public. We should have been honest and said, 'we really don't know what is going on.' If it started a panic, well, so be it."¹⁵

According to public opinion polls, the level of trust in the medical establishment has declined by more than 30 percent—to an all-time low of just 40 percent—since 2020.³⁵ It behooves the well-informed consumer to have a plan and a medical advocacy system in place before there is need. This is especially true when it comes to an event where a blood transfusion is called for.

The CDC's estimate back in 1984 was that approximately 0.04 percent of donated blood was contaminated. With the introduction and rollout of mRNA Covid shots, that is a drop in the proverbial bucket compared to the potential contamination of today's blood supply. Erring on the side of caution is a personal choice and a freedom we all deserve to express when we feel it is warranted. 

Liz James is a Texas-based, holistically minded pharmacist and health coach who refused to participate in the Covid-19 vaccination program. She is the founder of the not-for-profit Blessed By His Blood Cooperative (blessed-byhisblood.com), a philanthropic organization designed to unite like-minded members with a common goal, serving as a network of volunteer donors to provide trustworthy blood and blood products when members find themselves in need. BBHB has been actively pursuing legislative protection of the right to choose

directed donor blood since 2023 throughout the U.S. If you would like help introducing legislation to protect the right to directed donor blood in your state, please contact BBHB at government.relations@blessed-byhisblood.com.

REFERENCES

1. Blood product market growth driven by cancer treatment needs and rising RBC demand – forecast to 2035. Towards Healthcare, updated Nov. 25, 2025. <https://www.towardshealthcare.com/insights/blood-product-market-sizing>
2. U.S. Blood Donation Statistics and Public Messaging Guide, Version 1.0. America's Blood Centers and ADRP, May 2022. https://americasblood.org/wp-content/uploads/2022/05/Whitepaper-National-Stats_5.22.pdf
3. Jacobs JW, Booth GS, Lewis-Newby M, et al. Medical, societal, and ethical considerations for directed blood donation in 2025. *Ann Intern Med.* 2025 Jul;178(7):1021-1026.
4. Oh D. "Autologous and Directed Donations WHY?" Presented by David Oh, MD." *YouTube*, uploaded by Hoxworth Blood Center, Apr. 18, 2024. <https://www.youtube.com/watch?v=tBNU7YdPNV4>
5. Carter Bloodcare Foundation Tax Filings. ProPublica, n.d. <https://projects.propublica.org/nonprofits/organizations/752388952>
6. American National Red Cross Tax Filings. ProPublica, n.d. <https://projects.propublica.org/nonprofits/organizations/530196605>
7. Sumner S. America's 9th largest export. *EconLog*, Sep. 9, 2024. <https://www.econlib.org/americas-9th-largest-export/>
8. USA | Imports and Exports | World | Human blood; animal blood prepared for therapeutic, prophylactic or diagnostic uses; antisera, other blood fractions and immunological products; vaccines, toxins, cultures of micro-organisms (excluding yeasts) and similar products | Value (US\$) and Value Growth, YoY (%) | 2012-2023. *TrendEconomy*, Jan. 28, 2024. <https://trendeconomy.com/data/h2/UnitedStatesOfAmerica/3002>
9. What are "biologics" questions and answers. U.S. Food & Drug Administration, content current as of Feb. 6, 2018. <https://www.fda.gov/about-fda/center-biologics-evaluation-and-research-cber/what-are-biologics-questions-and-answers>
10. Palmer J. What many donors don't know: their blood is sold. *Oklahoman*, Jul. 5, 2014.
11. McLaughlin K. *Blood Money: The Story of Life, Death, and Profit Inside America's Blood Industry*. Atria/One Signal Publishers, 2023.
12. WFAA Staff. Blood business pits charities against one another. WFAA, Feb. 18, 2015. <https://www.wfaa.com/article/news/local/investigates/blood-business-pits-charities-against-one-another/287-149018311>
13. <https://www.aabb.org/>
14. Roster of the Blood Products Advisory Committee. U.S. Food & Drug Administration, content current as of Nov. 3, 2025. <https://www.fda.gov/advisory-committees/blood-products-advisory-committee/roster-blood-products-advisory-committee>
15. Starr D. *Blood: An Epic History of Medicine and Commerce*. Knopf, 1998, pp. 276, 337-339.
16. Donor safety, screening and testing. Association for the Advancement of Blood & Biotherapies, n.d. <https://www.aabb.org/regulatory-and-advocacy/regulatory-affairs/regulatory-for-blood/donor-safety-screening-and-testing>
17. "How well do you know your family?" (Texas State Capitol, May 2025, SB 125). *Rumble*, uploaded by BlessedBHB, 2025. https://rumble.com/v6w7rxe-how-well-do-you-know-your-family.html?e9s=src_v1_cbl%2Csrc_v1_upp_a
18. www.blessedbyhisblood.com

FIGURE 3. Gaps in knowledge related to impurities

COVID Vaccine Safety Issues: Impurities


Gaps in Knowledge

- Extent of DNA contamination in current lots; plasmid biodistribution.
- Genomic integration in tissues or tumors in vaccinated patients; mechanisms.
- Prevalence of adverse outcomes from impurities versus extent of contamination.
- Multiple vaccinations and Spike persistence.
- Cancer mechanisms.
- Variations in host susceptibilities to adverse outcomes.

FIGURE 4. CDC workgroup recommendation for blood- and tissue-based monitoring

COVID Vaccine Summary & Recommendations


COVID-19 vaccine safety concerns stem from unexpected biological activities of mRNA gene therapy platforms, raising questions about potential pathogenic mechanisms and HRP.

- Proactive and modernized safety surveillance programs including:
 - Blood- and tissue-based monitoring
 - Epidemiologic studies
 - AI-driven analyses using reliable, standardized datasets
- Expanded autopsy programs to clarify causality in serious outcomes
- Programs that systematically evaluate COVID-19 vaccine safety
- FDA approval policies calibrated to gene therapy-like risks; DNA limits
- Stronger pharmaceutical accountability
- CDC guidelines ensuring transparent risk disclosure, mitigation strategies, and robust informed consent

<https://www.cdc.gov/acip/downloads/slides-2025-09-18-19/06-el-deiry-kuperwasser-covid-508.pdf>

JEHOVAH'S WITNESS PROTOCOL

In the U.S., one in seven people admitted to a hospital will need blood, with an estimated 90 percent of individuals seventy-two years of age or older receiving a blood transfusion sometime in their lives.³⁸ Yet despite these astounding statistics, few people proactively plan, think or understand the potential ramifications of receiving a blood transfusion. In 2000, the blood industry formally adopted a consent form that must be signed before blood is transfused (provided the patient is conscious and mentally capable or an advocate with medical power of attorney is present).³⁹ Generally, it is at this moment that patients become aware of the issues and often find themselves between the proverbial “rock and a hard place.”

What is often not fully discussed or disclosed at the moment of informed consent are the non-transfusion options available. It is in the consumer's best interest to be aware of these alternatives in the event that their healthcare provider does not thoroughly discuss them. Often called the “Jehovah's Witness Protocol,” these are potentially workable alternatives for someone who chooses not to sign the consent waiver for various personal reasons. Jehovah's Witness is a Christian denomination whose doctrine prohibits them from receiving blood and blood products. While at one time refusing a transfusion was considered bordering on suicidal, the alternative measures employed in lieu of a transfusion are now standard practice in many hospitals. In the hospitals that have chosen to employ bloodless surgeries, even complex procedures such as heart and orthopedic surgeries and organ transplants are performed without the use of blood transfusions.⁴⁰ Practitioners should be able to explain to patients the pros and cons and viability of each alternative according to the patient's individual health situation.

Opting for a bloodless surgery or an alternative for anemia remediation may actually improve outcomes in certain situations. Data indicate that recognized alternatives to transfusions, when appropriate, trend toward improved survival rates, shorter hospital stays and fewer cases of renal failure, with no difference in morbidity and mortality, provided “aggressive planning” is also in play. “Aggressive planning” includes:

- Knowing pertinent lab values (complete blood count [CBC], iron/ferritin panel, B12 and folate) well before the surgery date and addressing any underlying concerns prior to the procedure.
- Assessing the amount of expected blood loss.
- Determining whether the use of antifibrinolytics (such as tranexamic acid [TXA]) would be appropriate.
- Determining whether cell saver technology (the process of capturing blood as it is lost, cleaning it and transfusing it back into the same patient) is available and appropriate for the procedure.
- Arranging for the use of pediatric tubes to limit blood loss and also keep blood draws to a minimum, especially if a long hospital stay is anticipated and/or many blood samples are required.
- Implementing strategies to enhance red blood cell and/or platelet production if applicable.

The following modalities are currently utilized strategically when a blood transfusion is not a patient-approved option:

IV IRON: Iron infusion replenishes iron stores and allows for endogenous RBC production rather than just replacing the RBCs themselves, and it can lead to a longer-term correction of anemia (especially when deficiency is due to blood loss, pregnancy or malabsorption). There is no risk of volume overload, hemolytic reactions or transmission of infections. IV iron can still take days to weeks to restore RBC mass, and its success requires functional bone marrow and a body's ability to produce RBCs.²⁷

ERYTHROPOIESIS-STIMULATING AGENTS (ESAs): ESAs are pharmaceuticals that stimulate bone marrow to produce red blood cells.⁴¹ Multiple studies have found that giving an ESA with iron supplementation reduces the need for RBC transfusions, and “priming” the patient with an ESA can help speed post-operative recovery of hemoglobin.^{27,42} [Note: Some brands of ESAs contain human albumin (a human blood component); if a patient wishes to avoid all blood products, they will need to be explicit in their medical directives. The following brands do not contain human albumin: darbepoetin alfa (Aranesp by Amgen) and epoetin alfa-epbx (Retacrit by Pfizer).]

TRANEXAMIC ACID (TXA): TXA is available in both oral tablet (Lydesta by Nordic Pharma) and injectable form (Cyklokapron by Pfizer). It works by blocking fibrinolysis, thereby slowing bleeding down. It can be significantly effective in reducing risk of death due to bleeding, particularly in cases of severe trauma, postpartum hemorrhage and in surgeries involving lower limb or spinal orthopedic surgery.^{27,43,44} It has few associated risks (no apparent increased risk for thrombosis) and “should be strongly considered for any patient undergoing surgery with expected blood loss of more than 500ml.”²⁷

RECOMBINANT FACTOR VIIa: rFVIIa is a synthetic recombinant version of the naturally occurring clotting Factor VIIa. It was originally developed for people with hemophilia or Factor VII deficiency but has demonstrated a measure

19. Varkey B. Principles of clinical ethics and their application to practice. *Med Princ Pract.* 2021;30(1):17-28.
20. Berkman ND, Wynia MK, Churchill LR. Gaps, conflicts, and consensus in the ethics statements of professional associations, medical groups, and health plans. *J Med Ethics.* 2004 Aug;30(4):395-401.
21. Infectious disease, HLA and ABO donor qualification testing. American Red Cross Blood Services, n.d. <https://www.redcrossblood.org/biomedical-services/blood-diagnostic-testing/blood-testing.html>
22. Questions about blood. U.S. Food & Drug Administration, content current as of May 11, 2023. <https://www.fda.gov/vaccines-blood-biologics/blood-blood-products/questions-about-blood>
23. Blood transfusion risks. Health Services Administration, n.d. <https://www.hsa.gov.sg/blood-donation/blood-transfusion/risks>
24. George R. *Nine Pints: A Journey through the Mysterious, Miraculous World of Blood.* Metropolitan Books, 2018, pp. 168-169.
25. Tuo WW, Wang D, Liang WJ, Huang YX. How cell number and cellular properties of blood-banked red blood cells of different cell ages decline during storage. *PLoS One.* 2014 Aug 28;9(8):e105692.
26. Yoshida T, Prudent M, D'Alessandro A. Red blood cell storage lesion: causes and potential clinical consequences. *Blood Transfus.* 2019 Jan;17(1):27-52.
27. DeLoughery TG. Transfusion replacement strategies in Jehovah's witnesses and others who decline blood products. *Clin Adv Hematol Oncol.* 2020 Dec;18(12):826-836. <https://www.hematologyandoncology.net/files/2020/12/ho1220DeLoughery.pdf>
28. Patient Self-Determination Act (PSDA). EBSCO, n.d. <https://www.ebsco.com/research-starters/law/patient-self-determination-act-psda>
29. United States Commission on International Religious Freedom (USCIRF). <https://www.uscirf.gov/>
30. Chase S. The bloody truth: examining America's blood industry and its tort liability through the Arkansas prison plasma scandal. *William & Mary Business Law Review.* 2012 Apr;3(2):597-644.
31. "Texas State Capitol, March 2025." (Senate Health and Human Services Committee Hearing on SB125, March 2025). *Rumble*, uploaded by BlessedBHB, 2025. <https://rumble.com/v6smf15-texas-state-capitol-march-2025.html>
32. You can give blood after getting vaccination for flu, COVID-19 or RSV. American Red Cross, Oct. 12, 2023. <https://www.redcross.org/about-us/news-and-events/news/2023/you-can-give-blood-after-getting-vaccination-for-flu-covid-19-or-rsv.html>
33. El-Deiry W, Kuperwasser C. *Workgroup Safety Uncertainties of mRNA COVID Vaccines.* Brown University Legorreta Cancer Center and Tufts University School of Medicine, Sep. 19, 2025. <https://www.cdc.gov/acip/downloads/slides-2025-09-18-19/06-el-deiry-kuperwasser-covid-508.pdf>
34. HHS Press Office. ACIP recommends COVID-19 immunization based on individual decision-making. U.S. Department of Health and Human Services, Sep. 19, 2025. <https://www.hhs.gov/press-room/acip-recommends-covid19-vaccination-individual-decision-making.html>
35. Perlis RH, Ognyanova K, Uslu A, et al. Trust in physicians and hospitals during the COVID-19 pandemic in a 50-state survey of US adults. *JAMA Netw Open.* 2024 Jul 1;7(7):e2424984.
36. "Texas State House Hearing May 2025." (Texas State Capitol, May 2025, SB125). *Rumble*, uploaded by BlessedBHB, 2025. <https://rumble.com/v6ub183-texas-state-house-hearing-may-2025.html>
37. Corkill S. Teen with leukemia taken from Canadian County mother amid medical negligence claims. *News9*, Oct. 6, 2025.
38. Fun facts about blood. LifeServe Blood Center, n.d. <https://www.lifeservebloodcenter.org/education/fun-facts-about-blood/>
39. *AABB Guide to Informed Consent in Transfusion Medicine.* Association for the Advancement of Blood & Biotherapies, 2024. <https://www.aabb.org/aabb-store/product/aabb-guide-to-informed-consent-in-transfusion-medicine—print-18202826>
40. Why don't Jehovah's Witnesses accept blood transfusions? JW.org, n.d. <https://www.jw.org/en/jehovahs-witnesses/faq/jehovahs-witnesses-why-no-blood-transfusions/>
41. Information on erythropoiesis-stimulating agents (ESA) Epoetin alfa (marketed as Procrit, Epogen), Darbepoetin alfa (marketed as Aranesp). U.S. Food & Drug Administration, content current as of Mar. 31, 2017. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-erythropoiesis-stimulating-agents-esa-epoetin-alfa-marketed-procrit-epogen-darbepoetin>
42. Kaufner L, von Heymann C, Henkelmann A, et al. The use of erythropoietin plus iron to correct anaemia before surgery to reduce the risk of blood transfusion. *Cochrane Database Syst Rev.* 2020 Aug 13;8(8):CD012451.
43. CRASH-2 trial collaborators, et al. Effects of tranexamic acid on death, vascular occlusive events, and blood transfusion in trauma patients with significant haemorrhage (CRASH-2): a randomised, placebo-controlled trial. *Lancet.* 2010 Jul 3;376(9734):23-32.
44. WOMAN-2 Trial Collaborators. The effect of tranexamic acid on postpartum bleeding in women with moderate and severe anaemia (WOMAN-2): an international, randomised, double-blind, placebo-controlled trial. *Lancet.* 2024 Oct 26;404(10463):1645-1656.
45. Kandane-Rathnayake RK, Isbister JP, Zatta AJ, et al. Use of recombinant activated factor VII in Jehovah's Witness patients with critical bleeding. *ANZ J Surg.* 2013;83(3):155-160.
46. Simpson E, Lin Y, Stanworth S, et al. Recombinant factor VIIa for the prevention and treatment of bleeding in patients without haemophilia. *Cochrane Database Syst Rev.* 2012 Mar 14;2012(3):CD005011.
47. Lindquist JD, Vogelzang RL. Pelvic artery embolization for treatment of postpartum hemorrhage. *Semin Intervent Radiol.* 2018 Mar;35(1):41-47.
48. Baldwin HJ, Randall DA, Maher R, et al. Interventional radiology in obstetric patients: a population-based record linkage study of use and outcomes. *Acta Obstet Gynecol Scand.* 2023 Mar;102(3):370-377.

of success as a way to achieve hemostasis without transfusion. Because rFVIIa does promote clotting, there is an inherent risk of thrombosis, and some meta-analyses and trials do show an increased risk of arterial events in non-hemophilic patients. Nonetheless, doctors consider it an option in bloodless surgeries.^{45,46}

THROMBOPOIETIN AGONISTS: These stimulate the body's own production of platelets. These drugs may be integrated into the patient care plan pre-emptively if there is enough lead time to maximize platelet count before surgeries, chemotherapy, and so forth, or as maintenance or bridging therapy during periods of high risk of low platelet count.²⁷

INTERVENTIONAL RADIOLOGY (IR): IR may be used to embolize a bleeding vessel selectively in patients with massive bleeds. Uterine artery embolization is a strategy in patients with postpartum hemorrhage to avoid urgent hysterectomy. IR has a high success rate and is minimally invasive compared to surgery, increasing the odds of preserving both fertility and the uterus.^{47,48} Additionally, in trauma patients, targeted embolization to a bleeding vessel can allow time for the patient to stabilize.

Finally, while not part of the "Jehovah's Witness Protocol," there are whole foods, herbs, botanicals and therapeutic-grade essential oils that have shown benefit in support of replenishing and restoring hematologic homeostasis, which patients may employ as a part of good practice and personal responsibility for self-care (assuming partnership with their practitioner team). Additionally, a vast number of chemicals and agents commonly found in households and workplaces can cause bone marrow suppression, contribute to or cause anemia or damage to existing RBCs, and/or cause immunosuppression; it would behoove the aware patient to adopt toxin-free practices in his home as part of the care, recovery or maintenance plan.

Targeted Microbial Therapy: Eight Powerful Foods That Heal from the Inside Out

By Vanessa Hargrove

My interest in fermented foods and their medicinal powers began nearly twenty years ago when my mother, a Weston A. Price Foundation member, suggested that I try the GAPS diet to address the severe joint pain that I was experiencing. The GAPS diet features fermented foods as staples, along with other healing foods like meat stock and animal fats.¹ Discovering the power of fermented foods—and what I call “targeted microbial therapy”—changed the course of my life.

Nowadays, the recommendation to eat some fermented foods is becoming more common, backed up by a growing body of research. A 2021 Stanford University study highlighted the benefits of fermented foods rather dramatically.² A husband-and-wife research team³ at the School of Medicine’s Department of Microbiology and Immunology conducted a clinical trial in which they randomly assigned thirty-six healthy adults to one of two ten-week dietary interventions; one group ate a diet high in fermented foods (yogurt, kefir, fermented cottage cheese, fermented vegetables, vegetable brine drinks, kombucha or other non-alcoholic fermented beverages) and one group ate a high-fiber diet (fruits, vegetables, legumes, grains, nuts and seeds).⁴

Many people think that fiber is what builds the microbiome, but as this study showed, that was not the case. Over the course of the ten weeks, it was the participants who ate a diet high in fermented foods who displayed increased microbial diversity, “with stronger effects from larger servings,” as well as decreased levels of nineteen out of nineteen inflammatory markers. These findings were consistent across all participants in the fermented foods group. By contrast, microbial diversity in the high-fiber group remained unchanged, and none of the inflammatory markers decreased. In this article, I will describe eight types of fermented foods and what makes them so powerful.

WHERE TO START?

TRY FERMENTED VEGETABLES

Fermented vegetables are one of the easiest fermented foods with which to start. Once you have learned to make simple vegetable ferments, you can ferment any vegetable you like.⁵ When you eat a raw, unfermented vegetable, your body has to work to unlock the nutrients, whereas the nutrients in fermented vegetables are immediately bioavailable and ready to help your body.

Consider the humble cabbage. One cup of raw cabbage contains about twenty-five micrograms of vitamin C, but fermenting it increases the vitamin C content tenfold, so that one cup of fermented cabbage has two hundred fifty micrograms of vitamin C. This is one of the most nutrient-packed, vitamin-C-filled foods that you can eat. Fermentation also turns the vitamin K₁ in cabbage into vitamin K₂, which tells calcium where to go in your body. In addition, all fermented foods, including fermented vegetables, are loaded with bioavailable B vitamins.

I recommend fermented vegetables or fermented vegetable brine for any gastrointestinal

(GI) issue, such as vomiting, diarrhea or gall-bladder issues. A fermented beverage like beet kvass can also help with constipation. If you are “stopped up,” drink eight ounces of beet kvass or the liquid from another fermented vegetable, and it will clear you out. Beet kvass is also very hydrating, promoting electrolyte balance. I have even seen fermented vegetable brine actively stop a pancreatitis attack. A friend went to the hospital, but after they sent her home, she was still experiencing diarrhea and vomiting. I gave her a spoonful of fermented vegetable brine and some kefir, and by the next day, she was up and about. I suggest that everyone keep fermented vegetables in their fridge at all times.

The microbe that makes this so magical is *Lactobacillus plantarum* (renamed *Lactiplantibacillus plantarum*).⁶ It is a “transient” microbe, meaning that it does not proliferate in your body—it just passes through. *L. plantarum* is a gentle binder that grabs onto bad microbes and escorts them out the back end. Hospitals use *L. plantarum* in cases of extreme diarrhea, although they may not tell you that they’re using microbial medicine or that you can make your own at home!

Another notable aspect of fermented vegetables is that they are prebiotic as well as probiotic. You are getting fiber, but the fiber is already broken down. This is fantastic for people who have small intestinal bacterial overgrowth (SIBO), a form of dysbiosis involving “increased bacterial colonization of the small intestine with some of the bacteria more characteristic of the colon microbiota.”⁷ Although SIBO is not very well known, it is actually quite common. In practical terms, it shows up as intolerance to things like fruits, vegetables and whole grains, triggering bloating, gas and abdominal discomfort. In cases of SIBO, the predigestion aspect of

All fermented foods are loaded with bioavailable B vitamins.

VEGETABLE FERMENTATION MADE EASY

Those new to fermentation sometimes find the recipes to be vague or confusing. For example, when a recipe says, “get a cabbage and add two tablespoons of salt” but does not specify the size of the cabbage, what does that mean? Fortunately, you can use a very simple ratio to ferment any vegetable.

Using a scale, weigh the vegetables and any other ingredients. (If it is a vegetable like carrots that does not have a lot of water content and you are adding water, you will need to weigh the water, too.) If you take the weight of the contents and multiply it by .03, that will tell you the amount of salt (by weight) needed for a 3 percent brine. A 3 percent brine makes any ferment safe, ensuring a low enough pH that you will not run the risk of mold. Make sure all weights use the same unit of measurement (such as grams).

Kombucha is very high in polyphenols, which interact in important (and bidirectional) ways with gut microbes.

fermented vegetables is very helpful because the body doesn't have to do as much work.

KOMBUCHA

Kombucha is a fermented tea traditionally made by fermenting sugar and black, white, green and/or oolong (*Camellia sinensis*) tea with a “symbiotic culture of bacteria and yeast” (SCOBY), also referred to as a pellicle, which is composed mostly of bacterial cellulose.⁸ The culture includes acetic acid bacteria, lactic acid bacteria and yeasts such as *Saccharomyces cerevisiae*. Even a small serving of kombucha may contain anywhere from fifteen to thirty microbe strains as well as colony-forming units (CFUs) up into the tens of billions. Like fermented vegetables, kombucha is loaded with bioavailable B vitamins.

Different microbes prefer different environments, so the type of tea used will make a difference in the microbial profile of the kombucha.⁹ Black tea, for example, is higher in tannins, and not all microbes appreciate that. Green tea is more favorable for *L. plantarum*. You can also change the type of tea you use with different batches to broaden the kombucha's microbial profile. I will use green tea one time and white tea the next. This makes your SCOBY stronger and more diverse.

The same microbes that create the cellulose pellicle create their own form of glucosamine, which makes kombucha excellent for joint health. Another compound in kombucha is glucuronic acid, which binds and removes toxins, thereby supporting liver health and helping with liver detoxification. Thus, consuming kombucha can help with skin conditions like eczema, which are often a sign of poor liver function.¹⁰ In addition, thanks to its acetic acid component, kombucha helps with weight loss and blood sugar regulation (comparable to drinking a little apple cider vinegar before a meal). If you are making kombucha and you forget about it for a while, it will actually turn into vinegar, and you can use it just like vinegar in your cooking. Remembering that *L. plantarum* is a binder that helps to move toxins out of the body, kombucha can also be a great support for those suffering from diarrhea.

In addition to being good for joint, skin and

metabolic health, kombucha can be helpful in clearing *C. diff* (formerly *Clostridium difficile*, now *Clostridioides difficile*), a microbe linked to severe “poop” problems. Hospitals' standard response to *C. diff* is antibiotics, but they don't work, so gastroenterologists are now recommending fecal transplants for many patients with recurrent *C. diff*.¹¹ Rather than going that route, drink kombucha instead! A friend cleared *C. diff* by doing a two-week broth fast, during which she also drank kombucha three times a day. At the end of the two weeks, the *C. diff* was gone.

Kombucha is very high in polyphenols, which happen to be abundant in tea as well as in deep red fruits and vegetables such as berries, pomegranate and red cabbage. Hibiscus is also high in polyphenols, and I like to use it as a flavoring for my kombucha. Polyphenols interact in important (and bidirectional) ways with gut microbes,¹² including *Akkermansia muciniphila*, which lives in the mucus lining. *Akkermansia* eats polyphenols, so keeping your *Akkermansia* well fed will help your gut lining remain thick and intact. However, if your diet is deficient in polyphenols—whether because you are eating a high-carbohydrate and junk food diet *or* a low-carb carnivore diet—guess what your *Akkermansia* does? It's got to eat, so it eats the mucus lining, contributing to “leaky gut.”¹³ In my view, a short-term carnivore diet may be helpful for some acute issues, but it is wise to add back kombucha or another source of polyphenols as soon as possible.

Kombucha is fantastic for someone who is getting off of alcohol. Often, the desire for alcohol is driven by microbes such as *Candida* that have grown accustomed to the carbohydrates in the alcohol; swapping alcohol for kombucha can help kick out the *Candida* and repopulate the gut microbiome with healthier microbes.

Interestingly, when I started drinking kombucha daily, I stopped getting bitten by mosquitoes. Mosquitoes come after people who are low in B vitamins, so if you get gobbled up by mosquitoes, this is your notice to start drinking kombucha or eat more fermented foods.

Many store-bought kombuchas are now available, but generally they will be a lot less potent than homemade kombucha, for several

reasons. First, store-bought kombucha is not fermented for nearly as long as homemade, because companies need it to be shelf-stable—they don't want bottles exploding in the store. Second, flavored kombuchas are diluted with a lot of juice. This also makes the sugar content of store-bought much higher. When you make kombucha at home, you have a lot more control over how much sugar is left in it. The only store-bought kombucha I trust is the GT's brand, because I was able to grow my original SCOBY from a GT's bottle. In a pinch—if someone doesn't have access to homemade and has diarrhea or is taking antibiotics—then store-bought is better than nothing, but I would try to get plain rather than flavored. It will make it better for you if you leave a store-bought kombucha on the counter for a day or two to ferment off a little more of the sugar.

KEFIR SODA

Another fermented (probiotic) beverage is kefir soda. I use a culture from Cutting Edge Cultures.¹⁴ What I love about this specific soda culture is that it includes the beneficial yeast *Saccharomyces boulardii* as well as bifidobacteria and *L. plantarum*. *S. boulardii* binds to pathogenic bacteria and other toxins, preventing them from attaching to the intestinal lining, and has well-documented benefits for gut healing and gut health.¹⁵

Bifidobacteria are of particular interest at the moment because of the intriguing research by Dr. Sabine Hazan demonstrating a decrease in the relative abundance of bifidobacteria six

to nine months after receiving a Covid mRNA shot.^{16,17} Bifidobacteria are also your “youth microbe.” You get bifidobacteria from birth, but they slowly degrade as you age, so adding them back when you're older is really good for you. Bifidobacteria also help with food allergies and dairy intolerance in, for example, colicky babies.

Kefir soda is fantastic for children because you can make it quickly, it tastes good and you can flavor it in many ways. It is also very low-maintenance. I make it with a coconut water base and a little maple syrup; then I take a bit of that out, put it in a different bottle, add juice or tea (or whatever flavor I want) and let it ferment for twenty-four hours. In twenty-four hours, you've got a busy, active, happy, fermented soda.

NATTO

Natto is an umami-tasting staple in Japan, where they eat it for breakfast. Traditionally fermented from soybeans, it contains *Bacillus subtilis* bacteria that release spores (what one writer calls “little probiotic babies”) that do well in the large intestine.¹⁸ Natto is rich in vitamin K₂ as well as B vitamins, calcium, magnesium, iron, zinc and potassium.

Natto and *B. subtilis* help to eliminate toxins from the body by creating the equivalent of a surfactant—what amounts to a bubbling cleaning agent—that can neutralize toxins in the gut and prevent biofilm formation.¹⁹ *B. subtilis* also produces digestive enzymes such as amylase, protease and lipase. (When a naturopath tells you to buy an expensive enzyme supplement, just eat natto instead.) Nattokinase, another one of the enzymes produced by *B. subtilis* during fermentation, has been found to be a “potent blood-clot dissolving protein,”²⁰ and for that reason, nattokinase supplements have become a key component of protocols developed to detoxify “spike protein” after Covid vaccination.²¹ For my part, I think someone would derive more benefit from food-source nattokinase—that is, from eating natto—than from taking a random nattokinase supplement that is probably made in China.

Natto is somewhat time-consuming but not difficult to make. The roughly four-day process requires soaking, cooking and inoculating the beans and then letting them ferment for twenty-four hours, but it is not hands-on the whole time. It is also possible to make natto with black

RESOURCES AND TIPS

CUTTING EDGE CULTURES: This is an excellent source of starter cultures for fermented dairy and kefir soda (cuttingedgecultures.com).

CULTURED FOOD LIFE: Donna Schwenk's website includes articles, videos, a podcast, recipes, and a shop selling starter cultures, fermenting accessories and Schwenk's books (culturedfoodlife.com).

FREEZE-DRIED PROBIOTICS: If you have freeze-dried probiotics, I recommend that you create yogurt from them. The probiotics will be far more effective if turned into food.

BOOKS: Helpful books include *Super Gut* by Dr. William Davis, *Wild Fermentation* by Sandor Katz and, of course, *Nourishing Traditions* by Sally Fallon Morell.

SHIPPING: I have shipped cultures all over the United States, even in the summer, and they are fine without a cold pack or any special shipping treatment.

beans. However, a helpful feature of natto made with soybeans is that it functions like an estrogenic adaptogen, straightening out your hormone balance—meaning that if you have high estrogen, it will bring it down, and if you have low estrogen, it will bring it up.

MILK KEFIR

Milk kefir is my favorite ferment. I drink a quart every day for breakfast, and I consider it my “multivitamin.” Milk kefir features a high level of microbial diversity—thirty to fifty distinct species of bacteria and yeasts—and CFUs in the hundreds of billions. Even one spoonful a day will provide more probiotic benefits than an entire bottle of store-bought probiotics. Milk kefir has had a powerful impact on my own health—and for my family, neighbors and everyone that I’ve given it to, it has been game-changing.

The beneficial microbes in milk kefir come with a sort of “safety bubble” around them, so that when you drink the kefir, they can travel through the body to the location where they are needed. Milk kefir can rebuild the gut microbiome, and it is also incredibly nutrient-dense, rich in B vitamins, tryptophan, calcium, magnesium, phosphorus, zinc and the fat-soluble vitamins (A, D and K₂). The only thing that isn’t in milk kefir is vitamin C, so when I drink it, I add baobab powder (from the fruit of Africa’s baobab trees), which is very high in vitamin C.

Like kombucha, milk kefir is made with a symbiotic community of bacteria and yeasts, referred to as kefir “grains.” Milk kefir originated in Russia’s Northern Caucasus region, and food historians have ascertained that the traditional process went something like this:

“[M]ilk kefir was made by combining fresh milk and kefir grains inside goatskin bags. During the daytime, the goatskin bags were hung in the sunshine of the doorways, and prodded or pushed by each person who went through the doorway. As the milk kefir was consumed, more fresh milk was added to the goatskin bag, forming a continuous fermentation cycle.”²²

The “grains” eat lactose and break down casein. People who have a dairy intolerance are missing the enzyme needed to digest lactose, but milk kefir takes care of that. My best friend thought she was allergic to dairy, which she couldn’t eat without significant discomfort. After about four months of slowly increasing her intake of milk kefir, her dairy intolerance disappeared such that she can once again eat cheese and drink milk. She started with a “shot” of kefir before meals, three times a day, and incrementally worked herself up to four cups a day. I have not worked with anyone with a dairy intolerance who was not able to eventually handle milk kefir, but you have to listen to your body. If your body is telling you, “maybe not,” then you might want to start very slowly or try a different fermented food.

There are many other conditions that can benefit from regularly consuming milk kefir, ranging from issues with blood sugar regulation to constipation²³ and sinusitis. If you have bone density problems, the vitamin K₂ in kefir will tell the calcium where it needs to go. It is amazing

for skin conditions, including acne, eczema and psoriasis—it has cleared eczema for many of my clients. Research and anecdotal reports also indicate that milk kefir is fantastic for kidney function and can even repair significant amounts of kidney damage,^{24,25} so I would highly recommend it for anyone who is having renal issues.

Another benefit of the microbes in milk kefir is that they can help strengthen the immune system, so kefir is your best friend if you are immunocompromised. When I was a kid, I suffered with asthma and would be hospitalized every single year with pneumonia. Today, my asthma is gone, and if I get sick, I recover quickly, with none of the respiratory issues that I used to experience. Milk kefir can also take care of sugar cravings. I used to be a serious sugar addict, but when I started drinking milk kefir, it killed the *Candida* that was making me crave candy and other sweets, and I have no interest in them anymore.

When it comes to making kefir, it is certainly preferable to make it from raw milk if you can, but kefir will “amp up” the nutrients and maximize the potential of any milk you use. If you can’t afford or don’t have access to raw milk, making milk kefir in any form is better than not having milk kefir at all. I have also learned that good microbes will eat the bad stuff during fermentation, so, for example, if you ferment regular store-bought milk, they will eat up the microplastics.

Once you start making milk kefir, all you have to do is strain out the “grains” once a day, give them fresh milk and drink your kefir—it takes me about five minutes a day. Because milk kefir can be rather sour, I do a secondary fermentation. After I strain out the kefir, I put it into a bigger jar, adding another equal part of fresh milk; then I leave it on the counter (with a lid) for another twelve to twenty-four hours. It turns into a thick, creamy, mild milk kefir. When the milk kefir “grains” reproduce, you can either eat them, give them to your friends, put them in smoothies or give them to your animals (dogs, chickens and goats all love them).

If you need to take a milk kefir break, you can temporarily put the “grains” to sleep in the refrigerator. If you strain them out, give them a quart of fresh milk and put them in the fridge,

they will go into hibernation. When you want to start up again, strain that milk off and start feeding them again. However, I do not advise leaving them in the fridge for too long. If you are going away for a month, you can freeze them, and they will come back fairly well, although it may take a day or two for them to kick into high gear.

Commercial “milk kefir” sold in grocery stores are made using far fewer strains—perhaps four to five that are shelf-stable and proliferate easily—and the result does not have nearly the potency of the milk kefir that you make at home. I even left one well-known store-bought brand on the counter for four weeks, and it did not change one bit. That told me that it was not a living food.

THREE YOGURTS

The concept of “targeted microbial therapy” especially comes into play with yogurt. Two single-strain cultured yogurts—made with *Lactobacillus reuteri* and *Lactobacillus gasseri*, respectively—can do very powerful things both individually and together. Dr. William Davis describes them in his book *Super Gut*.²⁶ *L. reuteri* colonizes the upper GI tract (stomach and small intestine), while *L. gasseri* populates the colon, rectum, urinary tract and female reproductive system. Taken as a team, these two single-strain yogurts form a powerful combo to get rid of SIBO.

Both have bacteriocins (“microbial antibiotics”), which are basically the microbes’ attack dog or protection system to stop other microbes from killing them. *L. reuteri* has just one bacteriocin, while *L. gasseri* has five. As an illustration of their power, manufacturers use *L. gasseri* bacteriocins in fermentation facilities to clean out their vats.

L. reuteri is supposed to be in our gut from birth but is very sensitive to antibiotics. In addition to antibiotics from the doctor, we may be exposed to environmental antibiotics, notably glyphosate, which has even been patented as an antibiotic.²⁷ When you eat glyphosate-sprayed grains, you are killing your microbiome. (I recommend eating grain-free at restaurants for that reason.)

I call *L. reuteri* the “big daddy” of microbes because it helps increase testosterone in both men and women. When testosterone is low, we feel terrible; this is a way to add it back in for more energy and motivation. *L. reuteri* also increases the “feel-good” hormone oxytocin (consider the implications for happiness if someone takes antibiotics during childhood and wipes out their *L. reuteri*). For men, *L. reuteri* can help with infertility, and for women, it will improve libido and sexual health and take care of vaginal dryness. It also increases skin thickness and collagen production.

L. gasseri is great for female issues like urinary tract infections, yeast infections and bacterial vaginosis. A pregnant friend had bacterial vaginosis, which is very hard to get rid of, and she cleared it in a week taking a daily spoonful of *L. gasseri* yogurt. It is also good if you have seasonal or food-related histamine issues (such as sneezing, runny nose, headaches or insomnia) because it helps stabilize mast cells. Studies have linked histamine issues to an imbalanced gut microbiome²⁸—due to “bad” bacteria in the gut that secrete histamine—so getting rid of the “bad” microbes and repopulating your gut with *L. gasseri* can resolve the histamine issues. I recommend starting very slowly, literally “micro

dosing” by dipping a spoon into the yogurt and licking it once a day, and then slowly working up. Depending on the severity of the histamine intolerance, it can take a couple of weeks. A little bit of fermented vegetable brine or a little milk kefir can serve the same purpose. I sometimes suggest reducing high-histamine foods during this period to give the body breathing room.

I generally recommend that people make both of these yogurts. Even just one spoonful of each per day, properly cultured, can make a major difference. You don’t need much because the CFU count is so high. To make them, ferment the starter culture with milk at one hundred degrees for thirty-six hours with a prebiotic such as inulin, FOS (fructo-oligosaccharides) or GOS (galacto-oligosaccharides). (The prebiotic provides food for the microbes after they have finished eating all the lactose.) Thirty-six hours is a very extended fermentation time, but that is how long it takes for the *L. reuteri* and *L. gasseri* to proliferate. Importantly, the milk has to be heated or pasteurized because you don’t want any microbial competition—you want the *L. reuteri* or *L. gasseri* to be in the hundreds of billions of CFUs for maximum therapeutic potential. Both cultures are available at Cutting Edge Cultures.

A third special yogurt, made with a Cutting Edge Cultures starter called Yogurt Plus, includes bifidobacteria (*B. longum*) as well as *L. plantarum*, *L. reuteri* and a couple of other strains. In this case, you’re not trying to culture one specific strain as with the *L. reuteri* and *L. gasseri* yogurts. For many people, a history of antibiotics or Covid shots will have wiped out their bifidobacteria, so this is a good way to recolonize the entire GI tract, top to bottom. This yogurt is helpful for anyone with colon issues, including colon cancer. It is also good for metabolic issues and weight management, skin health (acne and eczema) and autoimmune conditions. Bringing back bifidobacteria can help with colicky babies who can’t tolerate dairy. This is also a good one to consume during pregnancy; if you repopulate your bifidobacteria while pregnant, they will be available to transfer to the baby at birth as nature intended. I make Yogurt Plus with heavy cream and use it as a delicious replacement for sour cream. It is one of

the fastest yogurts to make (ready in about ten hours) and gets very thick and creamy.

A SUCCESS STORY

After I healed, the first person I helped was a woman living in another state who I became friends with on social media. She reached out, and eventually I discovered that she was very sick and, in fact, bedridden. Among other conditions, she had been diagnosed with ulcerative colitis, Crohn's disease and gastroparesis. She vomited after every meal and couldn't eat meat. At her smallest, she weighed eighty-two pounds. When I asked how she had become so sick, she told me that she had had numerous surgeries and antibiotics following a car accident. The antibiotics had "carpet-bombed" her microbiome.

I told her that if she wanted to heal, she needed to eat fermented foods. For six months, I walked her through how to make them, and today, it is almost unbelievable how much better she is. After six months of drinking milk kefir and kefir soda and eating the *L. reuteri* and *L. gasseri* yogurts and cultured vegetables, she is no longer bedridden. She can eat meat again, she has taken herself off of six medications, her collagen has come back and she is able to play with her grandchildren and go on vacations.

This friend also healed her husband, who had horrible eczema all over his body. Initially, we saw no improvement after he started eating the yogurts and fermented vegetables. I speculated that something else was going on and learned that he was taking daily ibuprofen and was eating seed oils when he went out with friends. Three weeks after I told him to stop taking the ibuprofen and stop eating seed oils, his skin was clear.

Both stories demonstrate the fact that fermented foods are powerful medicine. For those who want to start eating fermented foods, I suggest listening to your intuition and starting with the one that you feel will help you. I can promise that you will feel better. 

Vanessa Hargrove is a wife, mother of two and member of WAPF's Denver chapter. She has spent twenty years learning all she can about health and wellness. She makes everything from soap to sourdough bread to fermented foods,

and—prompted by friends' chemical sensitivities and her children's allergies—founded Hargrove General Goods (hargrovegeneralgoods.com). She is the author of Homestead to Homestead: A Complete Guide to a DIY Toxin Free Homestead and, as a microbiome coach, teaches clients how to heal themselves by reconnecting with food, nature and inner wisdom. She offers a twelve-week Gut Reset Program.

REFERENCES

1. Campbell-McBride N. An update on GAPS: following the GAPS nutritional protocol is not easy, but for many, it is easier to follow it than not! *Wise Traditions*. Winter 2023;24(4):12-19.
2. Weaver J. Fermented-food diet increases microbiome diversity, decreases inflammatory proteins, study finds. *Stanford Medicine News Center*, July 12, 2021.
3. Justin and Erica Sonnenburg: the gut connection. *52 Insights*, Sept. 15, 2015.
4. Wastyk HC, Fragiadakis GK, Perelman D ... Sonnenburg ED, Gardner CD, Sonnenburg JL. Gut-microbiota-targeted diets modulate human immune status. *Cell*. 2021 Aug 5;184(16):4137-4153.e14.
5. Shockey KK, Shockey C. *Fermented Vegetables: Creative Recipes for Fermenting 72 Vegetables, Fruits, & Herbs in Brined Pickles, Chutneys, Kimchis, Krauts, Pastes, & Relishes* (10th Anniversary Edition). Storey Publishing, 2024.
6. Garcia-Gonzalez N, Battista N, Prete R, et al. Health-promoting role of *Lactiplantibacillus plantarum* isolated from fermented foods. *Microorganisms*. 2021 Feb 10;9(2):349.
7. Skrzydło-Radomańska B, Cukrowska B. How to recognize and treat small intestinal bacterial overgrowth? *J Clin Med*. 2022 Oct 12;11(20):6017.
8. <https://kombucha.com/blogs/kombucha-101-general-knowledge/what-is-a-scooby-and-what-is-a-pellicle/>
9. Antolak H, Piechota D, Kucharska A. Kombucha tea—a double power of bioactive compounds from tea and symbiotic culture of bacteria and yeasts (SCOBY). *Antioxidants (Basel)*. 2021 Sep 28;10(10):1541.
10. Zeng T, Xie T, Ganesan K, et al. Targeting eczema treatment by clearing the liver heat and detoxification: a clinical case report. *Pharmacophore*. 2021;2.
11. AGA now recommends fecal microbiota transplant for the majority of recurrent C. diff patients. *American Gastroenterological Association*, Feb. 21, 2024.
12. Plamada D, Vodnar DC. Polyphenols-gut microbiota interrelationship: a transition to a new generation of prebiotics. *Nutrients*. 2021 Dec 28;14(1):137.
13. Xue C, Li G, Gu X, et al. Health and disease: *Akkermansia muciniphila*, the shining star of the gut flora. *Research (Wash D C)*. 2023;6:0107.
14. <https://cuttingedgecultures.com/home/>
15. Kelesidis T, Pothoulakis C. Efficacy and safety of the probiotic *Saccharomyces boulardii* for the prevention and therapy of gastrointestinal disorders. *Therap Adv Gastroenterol*. 2012 Mar;5(2):111-125.
16. Hazan S, Dave S, Barrows B, et al. Persistent damage to the gut microbiome following messenger RNA SARS-CoV-2 vaccine (abstract S2099). *Am J Gastroenterol*. 2022 Oct;117(105):p e1429-e1430.
17. Is the COVID vaccine killing your gut biome? *The Highwire*, episode 316, Apr. 20, 2023.
18. Wilder C. What are spore probiotics and are they right for me? *Minneapolis Integrative Medicine Center*, Aug. 3, 2022.
19. Wu CY, Huang HT, Chiang YT, et al. Surfactin inhibits enterococcal biofilm formation via interference with pilus and exopolysaccharide biosynthesis. *BMC Microbiol*. 2025 Feb 24;25(1):85.
20. Weng Y, Yao J, Sparks S, et al. Nattokinase: an oral antithrombotic agent for the prevention of cardiovascular disease. *Int J Mol Sci*. 2017 Feb 28;18(3):523.
21. Hulscher N, Procter BC, Wynn C, McCullough PA. Clinical approach to post-acute sequelae after COVID-19 infection and vaccination. *Cureus*. 2023 Nov 21;15(11):e49204.
22. Smith S. The fascinating history of milk kefir. *Raw Milk Institute*, July 10, 2025.
23. Does kefir help relieve constipation? *Yemoos Blog*, Feb. 28, 2019. <https://www.yemoos.com/blogs/yemoos-blog/does-kefir-help-relieve-constipation>
24. Kahraman M, Ertekin YH, Satman İ. The effects of kefir on kidney tissues and functions in diabetic rats. *Probiotics Antimicrob Proteins*. 2021 Apr;13(2):375-382.
25. Schwenk D. Your kidneys might need some kefir. *Cultured Food Life*, n.d.
26. Davis W. *Super Gut: A Four-Week Plan to Reprogram Your Microbiome, Restore Health, and Lose Weight*. Grand Central Publishing, 2023.
27. Walsh L, Hill C, Ross RP. Impact of glyphosate (Roundup™) on the composition and functionality of the gut microbiome. *Gut Microbes*. 2023 Dec;15(2):2263935.
28. Sánchez-Pérez S, Comas-Basté O, Duelo A, et al. Intestinal dysbiosis in patients with histamine intolerance. *Nutrients*. 2022 Apr 23;14(9):1774.

How Ancestral Eating Breaks the Bondage of Diet Culture

By Cora Jackson

I took a deep breath and stepped on the scale. The glass chilled my bare feet as I anxiously waited for the numbers to load. I sighed. “Ugh.” Up a pound and a half from yesterday. As I stepped off the scale, the racing thoughts began. “I should have run another mile this morning. Looks like no carbs today. Sticking to rice cakes and protein bars should do the trick. Maybe I won’t go to that party tonight.”

This is a peek into the brain of someone trapped within diet culture. Just how would I know these things? Because I was that teenage girl sucked into the world of dieting, gripped by a desire to be as lean and thin as possible.

A fixation on thinness, calories and weight has permeated our society.

The phrase “diet culture” has risen in popularity in recent years. But what does it *really* mean?

First of all, diet culture is not synonymous with diet. According to the Merriam-Webster dictionary, a diet is the “food and drink regularly provided and consumed,” or “habitual nourishment.”¹ At base level, it is the food that one consumes, whether nutritious or not. Yet, a quick scroll below these definitions will reveal yet another: “a regimen of eating and drinking sparingly so as to reduce one’s weight.” This is the definition that most Western minds will populate when speaking of a diet.

In this article, I argue that an ancestral way of eating, inspired by Weston A. Price, can break the bondage of diet culture, revive broken metabolisms and restore joy to nourishment. But to show why an ancestral diet is a better approach to food and weight management, we first must answer the question: what is diet culture, anyway?

DIET CULTURE

In 2023, researchers defined present-day diet culture as “a societal norm that ranks thin bodies as superior to other body types,” noting that it “has been associated with negative outcomes, such as eating disorders.”² The definition found at *Medical News Today* is a “set of myths and expectations around food and weight, which typically equate thinness to health and categorize foods into ‘good’ or ‘bad’ types.”³ The National Alliance for Eating Disorders agrees, stating that “diet culture is the pervasive belief that certain body types are better than others.”⁴

While the definitions vary slightly, the overarching characteristics are similar: thin bodies are morally better and thinness is the end goal, true health always means a lower number on the bathroom scale and food restriction is the primary means of weight loss. Those trapped in this mentality, particularly women, are susceptible to body image struggles, disordered eating and mental health battles.³

It’s not difficult to see dieting behavior interwoven throughout the fabric of our society. The American nation is obsessed with weight and physical appearance, and will choose less nutrient-dense foods in the name of calorie re-

duction—for example, egg whites over a whole egg, or rice cakes over brown rice simmered in bone broth. Every house and gym contains a scale, which has the power to form identities and crush confidence. Restaurants and prepackaged foods draw customers in with marketing schemes such as “this only has X calories!” For many people, the goal of working out is not overall health and longevity, but a free ticket to eat more Ben & Jerry’s after dinner. Additionally, how many people starve themselves all day in preparation for gorging themselves that evening?

In short, a fixation on thinness, calories and weight has permeated our society. But how did we get here?

TRACING THE ROOTS OF DIET CULTURE

Ever since dieting was invented in the nineteenth century, America has had “dietary whiplash.”⁵ In a *Smithsonian Magazine* article titled “The Seesawing History of Fad Diets,”⁵ Lisa Kingsley provides a chronological overview of the nation’s dieting history, shown in Table 1 on the next page.

As becomes evident when looking at the list of diets recommended and undertaken over the past century, dieting for the purpose of weight management is nothing new. These “fad diets”—which did not even include the more recent entries of paleo, keto or Trim Healthy Mama—set the stage for a culture obsessed with dieting.

However, the plethora of diets is merely a symptom of a deeper issue: our society is extremely visual and body-centric where external appearance trumps internal health. For example, who cares if you have insulin resistance, as long as you’re skinny? Who cares if you cannot lift weights, as long as you are thin? Who cares if you’re always hungry and never satisfied, as long as you look good in your dress?

This leads to a fundamental question: if the actual goal should be true nourishment from the inside out, and diet culture fails this, what are we to do? Enter the ancestral approach to food.

ANCESTRAL DIETS

How does a Weston A. Price-inspired diet—called the Wise Traditions diet—not fall

under the umbrella of diet culture?

To pass the exam of diet culture, a specific way of eating must be characterized by the goal of weight loss, a fixation on morally “good” and “bad” foods, and an obsession with skinny bodies and the numbers on the bathroom scale. The Wise Traditions diet does not pass the test because the goal is not thinness or a certain weight. The goal is to purchase and properly prepare foods in such a way that they are nutrient-dense and truly nourish the body.

Additionally, do not be fooled by the word “diet.” Our culture has so skewed the meaning of the word that it probably would be more helpful to substitute “way of eating” or “lifestyle.” After all, an ancestral approach to food is not a strict diet—it is a framework and philosophy that informs the food choices one makes.

The Wise Traditions way of eating is further set apart from diet culture by a lack of obsession with calories and macronutrients. The Weston A. Price Foundation (WAPF) website states, “the Wise Traditions Diet does not dictate specific ratios of macronutrients—protein, fat and carbohydrates—nor does it mean we have

to eat unfamiliar foods like insects, seal oil or fermented fish.”²⁶ This means that there is freedom in the Wise Traditions food framework. While the Foundation does encourage proper cooking techniques, it does not advocate for the elimination of entire food groups, as do other diets such as paleo (no grains) or keto (no carbs). WAPF is far more focused on the *quality* of the foods we consume, in contrast to diet culture’s numeric obsession with quantity.

Does this mean that it is always a “toxic” habit to track macronutrients (“macros”) or calories? I believe the answer is no, with one caveat—I do *not* believe that tracking macros or calories is a prerequisite to nutritious eating or maintaining a healthy body weight. With that said, in a society that abounds with food (and especially processed foods), it is quite easy to exceed one’s caloric needs without even realizing it. Thus, paying attention to calories and macros can serve as a tool—if done correctly. If someone has no clue how much they eat in a day, and they are struggling with excess body fat, then keeping a food log for a week and tracking their protein intake may be useful. The

The goal is to purchase and properly prepare foods in such a way that they are nutrient-dense and truly nourish the body.

TABLE 1. A Century of Fad Diets

DIET	PERIOD	COMMENTS
Banting Diet	1863	William Banting went on a low-carbohydrate diet in an effort to lose weight, which became known as the Banting Diet.
Reducing Salons	Early 1900s	People flocked to “reducing salons,” which offered machines with two rollers, so that ladies could stand between them and be squeezed with electricity up to 80 times per minute.
Grapefruit Diet	1930s	The Grapefruit Diet grew in popularity; proponents advocated for one grapefruit eaten with every meal.
Cabbage Soup Diet	1950s	The Cabbage Soup Diet promised dieters that they could eat whatever treats they desired—provided that they first consumed a certain amount of cabbage soup.
Weight Watchers	1963	Weight Watchers rolled out “weight management” propaganda.
Atkins Diet	1972	The Atkins Diet encouraged people to focus on getting into ketosis.
Beverly Hills Diet	1980s	The Beverly Hills Diet took a new approach by suggesting that certain foods should not be paired together.
Mediterranean Diet	1990s	Still popular today, the Mediterranean Diet emphasizes consumption of olive oil, grains, legumes and lean meats.

Source: Kingsley L. The seesawing history of fad diets. *Smithsonian Magazine*, Feb. 7, 2023.

Diets that fixate on macronutrient numbers typically do so at the expense of food quality.

goal is to develop caloric awareness that allows the person to better navigate toward building a healthy plate.

If you find it helpful to count calories and macros for a (brief) period of time, use it as an educational tool, not a way of life. But if the idea of counting calories makes you want to pull your hair out, just focus on cooking and consuming nutrient-dense foods. And remember—our ancestors never even heard of calories or macronutrients.

WHAT IS A WISE TRADITIONS DIET?

The Weston A. Price Foundation website spells out eleven clear principles⁶ that can become the food framework from which one operates:

1. Avoid all refined and denatured foods.
2. Include animal foods.
3. Emphasize nutrient-dense foods (organ meats, animal fats, eggs, raw dairy, shellfish, fish liver oils and fish eggs).
4. Eat some animal foods raw; cook most plants.
5. Enjoy lactofermented condiments and beverages.
6. Prepare seeds, grains and nuts properly to minimize antinutrients and increase digestibility.
7. Enjoy saturated fats and avoid industrial seed oils.
8. Consume animal foods from land and sea to balance omega-6 and omega-3.
9. Use unrefined sea salt liberally.
10. Include gelatinous bone broths.
11. Emphasize nutrient-dense foods before and during pregnancy, and for growing babies.

In *Nourishing Traditions*, Sally Fallon Morell notes that the macronutrient proportions of traditional diets likely resembled the following: 40 percent of calories as carbs, 20 percent as protein and 40 percent as fat.⁷ However, Morell is careful to note that these proportions should “serve as guidelines only and not as rigid dogma that causes us to make a fetish of our eating habits.”⁷ For weight loss, she recommends about 20 percent as carbs and 60 percent as fat.

(Her article titled “Thoughts on Weight Loss” provides four basic steps—Purge, Splurge, Fast and Last—that can help with permanent weight loss.⁸) Morell also makes an excellent point: diets that fixate on macronutrient numbers typically do so at the expense of food quality.⁷

This is the beauty of ancestral eating—nourishing foods are a far kinder master than the tyranny of calorie-counting regimens. If this piques your interest and you’d like to learn more, I encourage you to read *Nourishing Traditions*, explore the Weston A. Price Foundation website (westonaprice.org) and listen to the *Wise Traditions* podcast (westonaprice.org/podcast/).

NUTRIENT-DENSE FOODS, NOT CALORIE COUNTING

Although many people long to delete their calorie-counting app, throw out their scale and never look at a rice cake again, some may still be hesitant to embrace the ancestral approach to food with open arms. Why? Because an ancestral way of eating defies the rules and regulations of diet culture! Grass-fed steak with *tallow*? Freshly milled sourdough *bread* with *butter*? Raw milk that is *full fat*? Because these foods are not only nutrient-dense but higher in calories than kale chips and lowfat yogurt, many people ask the question: “Will I gain weight on an ancestral diet?”

Unless you are eating in excess and constantly ignoring your hunger cues, eating a whole-foods, ancestral diet is unlikely to make you gain weight. In fact, for many it will not only help you maintain a healthy weight but also shed the stubborn pounds you would like to lose. When we consume foods such as—pastured eggs, grass-fed meat or fermented sourdough—it helps regulate the body’s satiety hormones and metabolism which, in turn, makes it easier to not overeat and to maintain a healthy weight.

Weight is a big problem for many Americans. Today, although an estimated forty-five million Americans go on a diet every year,⁹ approximately three out of four adults are overweight or obese.¹⁰ Of the roughly 43 percent of adults who are obese, almost 10 percent are “seriously obese.”¹¹ A study published in late 2025 suggested that if one measures obesity using not only body mass index (BMI) but also

other anthropomorphic measures such as waist circumference, waist-to-height ratio or waist-to-hip ratio, the prevalence of adult obesity rises to a startling 69 percent.¹²

What's the missing piece here? While there are many pieces in the obesity puzzle, processed foods may be one of the biggest culprits. These denatured foods wreck the body's metabolism—and consequently lead to the need for calorie counting. The cycle never ends, and diet culture lives on.

How do processed foods destroy the body? First, most Americans are not having a processed treat merely once a year at Thanksgiving. Out of thirty-two countries, the U.S. consumes the most ultra-processed foods,¹³ with about 58 percent of daily caloric needs coming from them.¹⁴ Second, industrial seed oils account for 80 percent or more of the average American's daily calories from fat.¹⁵ Third, researchers have found that people tend to consume more food on a processed diet. According to a small 2019 study,¹⁶ healthy individuals who volunteered to eat an ultra-processed diet for two weeks “ate about 500 calories more per day, ate at a faster rate and gained weight. On average, participants gained 0.9 kilograms, or 2 pounds while they were on the ultra-processed diet and lost an equivalent amount on the unprocessed diet.”¹⁷ Though processed foods lack nutrients, they have an abundance of calories.¹⁴ The combination of industrial seed oils, modified starches, refined sugar and addictive flavorings like MSG¹⁸ creates products that will hook consumers. Yet, after three Little Debbie's, the consumer will hardly feel full—and thus, the pounds begin to pack on.

What many people do not realize is that a fast-food diet will not only add to external body weight but will also wreak *internal* havoc. Because those captured by diet culture fixate on thinness, they often miss the significance of internal health. In her 2024 book *Dark Calories*, Dr. Catherine “Cate” Shanahan touches on the fact that people can have inflammatory body fat (generally referred to as visceral fat¹⁹), which typically builds up internally around the liver, pancreas and other organs.¹⁵ The problem is that this type of fat does not produce enough leptin to signal satiety to the brain, leading to

overeating.¹⁵ Alarming, someone can be at a “normal” weight and still have visceral fat. Up to 45 percent of thin women and 60 percent of thin men actually have significant amounts of visceral fat, which Shanahan calls “skinny fat.”¹⁵ This kind of fat can lead to a dysregulated metabolism, hormone imbalance and, ultimately, disease.

Shanahan comments on modern metabolism:

“Just as the modern diet is profoundly unhealthy compared to the kind of diet humans historically ate, the modern metabolism is profoundly unhealthy too. The modern diet is nutrient-poor and toxin-packed. Therefore, the modern metabolism is constantly forced to generate oxidative stress and then adapt to it.”¹⁵

Fortunately, we can put the pieces of this puzzle together. If we swap the processed junk for whole foods, properly prepared, we can regulate our hormones and lose inflammatory fat. If we can regulate our hormones and lose inflammatory fat, we can restore a healthy metabolism. And if we can restore a healthy metabolism, we can maintain a healthy weight without joining the diet culture ranks.

FREEDOM FROM DIET CULTURE

In addition to the forty-five million Americans who go on a diet annually, thirty-three billion dollars is spent every year on weight loss products,⁹ due to the three-quarters of the adult population that is overweight.

It does not have to be this way. What if we focused instead on truly nourishing our bodies through properly raised and prepared foods, high-quality minerals, clean water, sunlight and movement? What if we sought to regulate our metabolism by feeding our starving bodies the nutrients we so desperately need?

I know that an ancestral way of eating can free someone from the chains of diet culture because I lived it. Diet culture was not kind to me. I achieved the skin-and-bones look I coveted—but at the price of my menstrual cycle, hormone vitality, energy and joy. As I yearned to break free from My Fitness Pal and the yoke

What many people do not realize is that a fast-food diet will not only add to external body weight but will also wreak internal havoc.

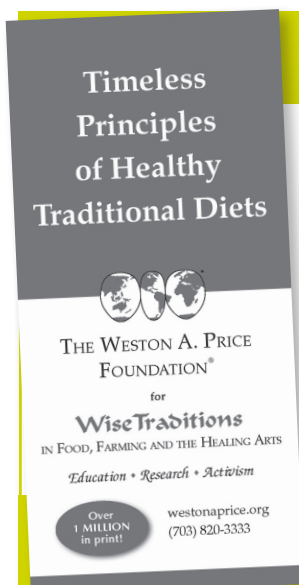
of counting macros, I stumbled upon ancestral eating. I not only changed the food I consumed, but I also changed my mentality around food. I focused on nutrient density—through *delicious* foods, I might add. I traded my rice cakes for freshly milled sourdough bread, slathered with butter. I traded my extra-lean ground turkey for fatty grass-fed ground beef. I traded my egg white sandwiches for delicious yolks. And to my amazement, my health returned. I no longer felt like a shell of a person, nor was I gripped in the snares of the “way I must eat.”

Let’s make diet culture a thing of the past and embrace the wise dietary traditions of our ancestors. 

A wife and mom to one on the way, Cora Jackson is a freelance writer living in Durham, North Carolina. She is not only passionate about cooking from scratch, but also educating those in her community about nutrient-dense cooking, homemaking skills and non-toxic living. Find more of her articles at realflourishing.com, Substack (@realflourishing), or on Instagram at [c.a.jax](https://www.instagram.com/c.a.jax).

REFERENCES

1. “diet.” Merriam-Webster.com. <https://www.merriam-webster.com/dictionary/diet> (retrieved 1 Nov 2025).
2. Fitterman-Harris HF, Davis GG, Bedard SP, et al. Digital mental health interventions: differences in diet culture intervention framing. *Int J Environ Res Public Health*. 2023 Dec 23;21(1):24.
3. Sissons B. What to know about diet culture. *Medical News Today*, Nov. 30, 2023.
4. The surprising history of diet culture. National Alliance for Eating Disorders, Jun. 27, 2023.
5. Kingsley L. The seesawing history of fad diets. *Smithsonian Magazine*, Feb. 7, 2023.
6. *Wise Traditions Dietary Principles: Introduction*. Weston A. Price Foundation, n.d. <https://www.westonaprice.org/introduction-principle/>
7. Fallon S, Enig M. *Nourishing Traditions: The Cookbook That Challenges Politically Correct Nutrition and the Diet Dictocrats*, New Trends Publishing, 2003, p. 58.
8. Morell SF. Thoughts on weight loss. *Wise Traditions*. Spring 2017;18(1):30-33. <https://www.westonaprice.org/health-topics/thoughts-weight-loss/>
9. Medical weight management. Boston Medical Center, n.d. <https://www.bmc.org/nutrition-and-weight-management/weight-management>
10. Henry Ford Health Staff. American obesity rates are increasing. Here’s how you can maintain a healthy weight. Henry Ford Health, Feb. 20, 2025.
11. USAFacts Team. US obesity rates have tripled over the last 60 years. *USAFacts*, updated Nov. 5, 2025. <https://usafacts.org/articles/obesity-rate-nearly-triples-united-states-over-last-50-years/>
12. Fourman LT, Awwad A, Gutiérrez-Sacristán A, et al. Implications of a new obesity definition among the All of Us cohort. *JAMA Netw Open*. 2025 Oct 1;8(10):e2537619.
13. Stearn E. Revealed: Britain and US eat more ultra-processed foods than anywhere else in world, with junk like cakes, sweets and biscuits making up almost 60 per cent of an adult’s average diet. *Daily Mail*, Feb. 29, 2024.
14. Persellin K. Study: Consumption of ultra-processed foods may cause harmful ‘food addiction.’ EWG, Oct. 31, 2023.
15. Shanahan C. *Dark Calories: How Vegetable Oils Destroy Our Health and How We Can Get It Back*. London: Hachette Books, 2024, pp. 58, 62, 63, 84.
16. Hall KD, Ayuketah A, Brychta R, et al. Ultra-processed diets cause excess calorie intake and weight gain: an inpatient randomized controlled trial of ad libitum food intake. *Cell Metab*. 2019 Jul 2;30(1):67-77.e3.
17. First randomized, controlled study finds ultra-processed diet leads to weight gain. National Institutes of Health, Clinical Center News, Jul. 1, 2019. <https://www.cc.nih.gov/news/2019/summer/story-01>
18. Teller M. MSG: Three little letters that spell big fat trouble. *Wise Traditions*. Spring 2017;18(1):42-46. <https://www.westonaprice.org/health-topics/modern-diseases/msg-three-little-letters-spell-big-fat-trouble/>
19. “Visceral fat.” Cleveland Clinic, last updated Aug. 22, 2025. <https://my.clevelandclinic.org/health/diseases/24147-visceral-fat>



ONE MILLION IN PRINT!!

Our main educational tool is packed with life-changing information.

It has educated and inspired countless people on the findings of Dr. Price and the importance of returning to traditional foodways.

It includes:

- Short biography of Dr. Price
- 11 characteristics of traditions diets
- Details about fats to use and fats to avoid
- 20 dietary dangers
- 20 dietary guidelines
- What’s wrong with politically correct nutrition
- Comparison chart of traditional diets vs. modern diets
- The many roles of saturated fat and fat-soluble activators
- Myths and truths about nutrition and soy
- Information on heart disease and holistic dentistry

SPECIAL MEMBER PRICE: 50¢ each (for any quantity).

Please help us share this life-changing information.

All About Vitamin A

VITAMIN A: ESSENTIAL FOR GROWTH AND DEVELOPMENT

By Pam Schoenfeld, MS, RDN

In my last article on lactation and vitamin A,¹ you learned that infants with low levels of vitamin A can have slowed growth and increased susceptibility to respiratory infections. This article will further discuss many of the key ways in which vitamin A is needed for children to grow and develop fully according to their genetic blueprint.

GROWTH

Vitamin A is required for the development and growth of all types of cells, and hence all organs and tissues.² In fact, the earliest symptom of vitamin A deficiency is a loss of appetite and an ensuing decrease of growth.³ This is a primary reason why vitamin A is a very important nutrient for children, especially during phases of accelerated growth.⁴

Clinically, vitamin A supplementation in short children increased nighttime growth hormone secretion; this may be one reason that vitamin A has been shown to increase height and weight for age in children. And when compared with growth hormone therapy for young children born small for gestation age, vitamin A, together with zinc and iron supplementation, produced similar improvements in growth.

IMMUNITY AND GUT HEALTH

An equally important role for vitamin A is combating childhood infections.⁵ Compared to their well-nourished peers, vitamin A-deficient children are more susceptible to developing infections, especially those of the respiratory and gastrointestinal tracts. Even milder vitamin A deficiency leads to the keratinization and disruption of the function of the mucosal tissues, potentially allowing opportunistic infections to take hold.⁶

Vitamin A is critical from the earliest stages of life for the proper development and

functioning of the immune system. Through its interaction with both the innate and the adaptive immune systems, vitamin A improves defenses against infections. Deficiency, either in utero or early life, decreases the number of immune cells in a child and has the potential to suppress the immune response in the gut.⁶ Deficiency also impairs what is known as “oral tolerance” (the ability of the immune system to not over-respond to ingested antigens), increasing the risk for food allergies.⁷ In a study of neonate mice, giving vitamin A accelerated the development of oral tolerance to an antigenic protein. A similar strategy could prove effective for addressing the increasing rates of food allergies in very young children, especially considering the prevalent low intakes of vitamin A by breastfeeding mothers and in the weaning diets of their babies, which emphasize fruits and vegetables instead of vitamin A-rich animal foods.^{1,8,9}

Infancy is a crucial period for establishing the gut microbiome; proper establishment has short-term as well as long-lasting benefits for infant health.¹⁰ Vitamin A is needed for the integrity and functioning of the intestinal barrier and the microbiome that resides in it. Deficiency can impair the development of that barrier because vitamin A is required for the intestinal cells to replicate and differentiate—in other words, to function as they are designed. The mucus produced by these cells also protects the lining of the gut from damage by the resident microbes.

Additionally, vitamin A is needed for the development of the gut mucosal immune system. This involves the development of the various types of cells that regulate adaptive immunity, and most importantly, the cells that produce secretory IgA, which actually “coats” intestinal bacteria, both the beneficial and harmful strains. Thus, vitamin A deficiency

Clinically, vitamin A supplementation in short children increased nighttime growth hormone secretion; this may be one reason that vitamin A has been shown to increase height and weight for age in children.

Vitamin A is essential for regulating pathways in regions of the brain critical to learning and memory; prolonged deficiency leads to a deterioration of these functions.

(VAD) increases the risk for invasive bacterial infections in the gut. Infants born in developing countries are known to be at high risk for VAD; supplementation in early life reduces the risk of diarrheal disease and other common infections including measles.^{10,11}

In summary, vitamin A modulates the immune system directly through communication with immune cells, or indirectly through its interaction with the microbiome. Deficiency increases susceptibility to infection both at the initial (innate) and second line (adaptive) immune response, impairs oral tolerance and negatively affects the function of lymphocytes (white blood cells that fight off infection and destroy cancer cells).^{4,12}

MENTAL DEVELOPMENT

Research on the role of vitamin A in the brain is in its early stages. What is currently known is that vitamin A is essential for regulating pathways in regions of the brain critical to learning and memory; prolonged deficiency leads to a deterioration of these functions. The actions of vitamin A are crucial for maintaining the balance of neuronal (brain cell) excitation and inhibition. While the brain seems to be able to utilize lower levels of vitamin A more effectively than other tissues, the developing brain is particularly sensitive to vitamin A deficiency.¹³ Even a mild deficiency can be a problem when combined with a genetic susceptibility to vitamin A deficiency.¹⁴

Studies in rodents allow scientists to observe the brain changes occurring as a result of prenatal and postnatal vitamin A deficiency, changes that cause deficits in neurodevelopment, notably in spatial learning, memory and social behavior.¹⁵ Vitamin A deficiency reduces the ability of newly formed cells in the hippocampus region of the brain to differentiate into neurons and survive. Following birth, the hippocampus is one of the few regions in the brain where new neurons are made, necessary for certain types of memory formation.¹⁴

In an observational study of children with autism spectrum disorder (ASD), the lower their vitamin A levels were, the more severe their ASD was. A pilot study providing higher-dose

vitamin A to Chinese children with autism significantly improved their scores on the Childhood Autism Rating Scale six months after administration.¹³ Unfortunately, there have been increasing reports of vitamin A deficiency among children with ASD in developed nations.¹⁶

In the United States, Dr. Mary Megson has improved the cognitive and behavioral health of thousands of children diagnosed with autism using a protocol that includes the “natural lipid soluble concentrated *cis* form of vitamin A in cod liver oil.”¹⁷ She reports that these children also require another form of vitamin A, 14-hydroxy retro-retinol, naturally present in cod liver oil, to activate their immune systems, which then improves their physical health. I would encourage readers to share Dr. Megson’s detailed description of her therapy with parents who are looking for answers to their child’s ASD symptoms.¹⁷ (Also according to Megson, Boston University pediatric neurologist Margaret Bauman has described “a lack of cell growth and differentiation in the hippocampus seen on autopsy in autistic children.”¹⁷ The frontal lobe is the seat of attention, inhibition of impulse, social judgment and all executive function.) Cod liver oil use in young children is also associated with a significantly lower risk of type 1 diabetes and upper respiratory tract infections.^{18,19}

SEXUAL MATURATION

Vitamin A has an important role in the sexual development of both females and males, although, like brain development, it is not completely understood. Deficiency can delay puberty and restrict the rapid growth that normally accompanies this stage of life. In a group of teenage boys with low intake, supplementation with vitamin A and iron worked as well as testosterone therapy in inducing normal pubertal growth and maturation.²⁰ In well-nourished girls, an increase in the carrier protein for vitamin A occurs during the latter stage of puberty, suggesting a higher demand for sexual maturation.²¹ In another study, painful menstrual periods with excessive blood loss were alleviated with vitamin A therapy.²² Adolescent and teenage girls suffer physically, socially and

emotionally when periods are heavy and painful; increasing the intake of vitamin A should be considered a first-line therapy. Looking to the future, abundant vitamin A is needed to support growth of the skeletal structure, including the pelvic region.

BONES AND TEETH

Vitamin A is important in controlling the activity of skeletal bone formation, orchestrating the balance between the bone-forming cells (osteoblasts) and the bone “breaking down” cells (osteoclasts). Without this balance, bone growth is unregulated, and bones become overly dense—cranial bones do not expand properly to accommodate the growing tissues, causing nerve damage due to compression.^{23,24}

In the mouth, vitamin A is needed to form teeth of the proper shape, size, spacing and structure.²⁵ More specifically, vitamin A is needed by cells called odontoblasts to form the dentin properly, by cells called ameloblasts to create the strong enamel coating and by the glands producing saliva that moistens the mouth and neutralizes the acids that are produced by oral bacteria.²⁶ Without enough vitamin A during development, teeth are weaker, don’t line up properly in the mouth and are more prone to cavities and chipping. They also may come in later than normal, contributing to difficulty chewing solid foods.²⁷ All of these dental problems are common among children today, unfortunately. Dr. Weston A. Price, a pioneer in the field of nutrition, recorded the same dental problems in children raised in communities who adopted “modern” diets devoid of nutrients, including vitamin A and the other fat-soluble vitamins.

WHY DO CHILDREN BECOME DEFICIENT?

In developing nations, VAD is prevalent among children, especially after weaning due to the problems of widespread malnutrition compounded by frequent infections, which lower vitamin A levels. VAD is considered a “public health problem” when the prevalence of Bitot spots (foamy white or grayish patches that appear on the surface of the eye) is 0.5 percent or more in preschool children and more than 5

percent of a population has low serum retinol levels.^{6,28} While the incidence of severe VAD has not been seen in developed countries for several decades (Bitot spots are very rare),²⁹ there is evidence of decreased dietary vitamin A intake and marginal deficiency in populations that were previously considered to have adequate vitamin A status.^{30,31} Even in “food-secure” developed nations, inappropriate feeding patterns and restrictive diets have created the hidden problem of vitamin A deficiency in children.^{34,45} There are numerous reports of low vitamin A levels (measured in the serum and livers) of “healthy” newborns, infants and children from countries that continue to be considered as having a vitamin A-sufficient food supply.⁸

In the United States, large national surveys of dietary intake by children report inadequate intakes of multiple key nutrients, including vitamin A.³² According to data collected between 2001 and 2020, almost half of teenagers and about one quarter of adolescents had low vitamin A intakes, below the Estimated Average Requirement (EAR). (The EAR is already low—set to meet the needs of just half of the individuals in a given age and sex category.) Yet less than 1 percent had low serum retinol levels, seeming to indicate that vitamin A deficiency among children is not a concern in the U.S. Children eight years old and younger were not found to have low vitamin A intakes; however, those intakes also include the vitamin A precursor, beta carotene, which is very inefficiently converted to retinol in very young children.³³ In the special case of infants, when setting the Dietary Reference Intakes, the Institute of Medicine (IOM) did not consider the contribution of carotenoids in breastmilk because in infants, their conversion to retinol is unknown (and likely very inefficient according to earlier studies).³³ In addition, the EAR for children was extrapolated from a study of adult men, using a downward scaling factor based on body weight, again due to the absence of data.³⁴

Researchers from Iowa State University used a sensitive blood test (the modified relative dose response test or MRDR) to evaluate the vitamin A status of a group of socioeconomically disadvantaged American preschool

Without enough vitamin A during development, teeth are weaker, don’t line up properly in the mouth and are more prone to cavities and chipping.

Wise parents know that including liver, eggs, full-fat dairy, butter and fish liver oil in their regular family meals, beginning with the introduction of solid foods, will give their children the best opportunity to develop to their fullest genetic potential.

children.³⁵ The MRDR test can detect marginal vitamin A status, whereas the much more commonly utilized test, serum retinol, cannot. The true status of vitamin A cannot be adequately determined by measuring plasma retinol, since it is homeostatically maintained across a range of intakes except at the extremes of the continuum.^{6,36} In this group of preschoolers, who were determined to be in “general good health,” 32 percent had inadequate vitamin A status according to the MRDR test, but only 3.9 percent had low serum retinol levels. The researchers concluded, “Vitamin A inadequacy must consequently be considered as a *major nutritional problem* among socioeconomically disadvantaged segments of our population, as it is in other cultures” (emphasis added).

Considering the typical diets of American children, marginal vitamin A levels are likely prevalent across all socioeconomic groups. Notably, 35 percent of pregnant women of the same socioeconomic group also were found to be low in vitamin A per the MRDR test.

FACTORS BEHIND THIS DECLINE

As recently as the 1960s, it was considered important to include a weekly serving of liver in the diets of growing children and/or a daily spoonful of cod liver oil.^{19,37} Commercial baby food companies sold strained liver in jars for convenience.

Today, American children are no longer introduced to this supremely nutrient-dense food. When prepared properly, infants enjoy eating liver (I have seen this firsthand in my own grandchildren), and as they grow, they will continue to enjoy it if offered routinely.

There has also been a decline in dairy intakes by American children, and less than one in five eat egg(s) on any given day, further contributing to the decline in vitamin A intakes.^{32,38} Raw carrots are a popular childhood vegetable and are widely believed to be rich in vitamin A, yet they are a very poor source of vitamin A for children.^{33,39} Infant and toddler vitamins containing vitamins A, C and D have been replaced by vitamin D-only recommendations; I suspect that this is due to the belief that young children are at risk for getting too much vitamin A. While the Weston A. Price Foundation does

not recommend synthetic vitamins, this does illustrate the general lack of knowledge among pediatricians about the importance of vitamin A.

Another problem that I suspect is reducing the levels of vitamin A in children is their consumption of commercially fried foods. Chicken fingers and nuggets fried in industrial seed oils are one of the most popular processed foods for young children. (For a healthy alternative, see “Homemade Chicken Nuggets” at the WAPF website.⁴⁰) Toxic aldehydes produced in frying oils not only create a cell-localized deficiency of vitamin A in the body; they require the body to use a lot of vitamin E to limit their damaging oxidation.⁴¹⁻⁴⁵

Studies on animals published in 1940 indicate that vitamin E is needed to protect the liver’s stores of vitamin A.^{33,46} A study published in 2025 examining the relationship of vitamins A and E levels in children highlighted the “importance of maintaining optimal Vitamin E status to support Vitamin A status” and “their implications for public health interventions.”⁴⁷

In conclusion, the problem of low vitamin A intakes puts our children at risk for compromised mental and physical growth. Children’s meals should not consist of overly processed foods like chicken fingers and cold cereals. Wise parents know that including liver, eggs, full-fat dairy, butter and fish liver oil in their regular family meals, beginning with the introduction of solid foods, will give their children the best opportunity to develop to their fullest genetic potential. ☯

Pamela Schoenfeld, RD, LDN, is a registered dietitian who practices in Raleigh, North Carolina, focusing on family and reproductive nutrition. She is passionate about helping families bring vibrantly healthy children into the world. Her practice, Women and Family Nutrition, can be accessed at womenfamilynutrition.com.

REFERENCES

- Schoenfeld P. Vitamin A for lactation: its importance and modern challenges. *Wise Traditions*. Winter 2025;26(4):41-45. <https://www.westonaprice.org/health-topics/can-i-take-vitamin-a-while-breastfeeding/>
- Li Z, Shen J, Wu WK, et al. Vitamin A deficiency induces congenital spinal deformities in rats. *PLoS One*. 2012;7(10):e46565.
- Zile MH, Cullum M. The function of vitamin A: current concepts. *Proc Soc Exp Biol Med*. 1983 Feb;172(2):139-152.
- Wiseman EM, Bar-El Dadon S, Reifen R. The vicious cycle of vitamin A deficiency: a review. *Crit Rev Food Sci Nutr*. 2017 Nov 22;57(17):3703-3714.
- Vitamin A supplementation in infants and children 6-59 months of age. *WHO*, last updated Aug. 9, 2023. <https://www.who.int/tools/elena/interventions/vitamina-children>
- West Jr. KP. Vitamin A deficiency. Its epidemiology and relation to childhood mortality and morbidity. In *Vitamin A in Health and Disease*, Blomhoff R (ed.). CRC Press, 1994, pp. 587, 588, 603.
- Strober W. Vitamin A rewrites the ABCs of oral tolerance. *Mucosal Immunol*. 2008 Mar;1(2):92-95.
- Turfkruyer M, Rekima A, Macchiaverni P, et al. Oral tolerance is inefficient in neonatal mice due to a physiological vitamin A deficiency. *Mucosal Immunol*. 2016 Mar;9(2):479-491.
- Chad Z. Allergies in children. *Paediatr Child Health*. 2001 Oct;6(8):555-566.
- Huda MN, Ahmad SM, Kalanetra KM, et al. Neonatal vitamin A supplementation and vitamin A status are associated with gut microbiome composition in Bangladeshi infants in early infancy and at 2 years of age. *J Nutr*. 2019 Jun 1;149(6):1075-1088.
- Huiming Y, Chaomin W, Meng M. Vitamin A for treating measles in children. *Cochrane Database Syst Rev*. 2005 Oct 19;2005(4):CD001479.
- Racelis A. What are lymphocytes and why are they important? *WebMD*, Sep. 7, 2025. <https://www.webmd.com/a-to-z-guides/what-are-lymphocytes>
- Woloszynowska-Fraser MU, Kouchmeshky A, McCaffery P. Vitamin A and retinoic acid in cognition and cognitive disease. *Annu Rev Nutr*. 2020 Sep 23;40:247-272.
- Stoney PN, McCaffery P. A vitamin on the mind: new discoveries on control of the brain by vitamin A. *World Rev Nutr Diet*. 2016;115:98-108.
- Kacimi FE, Esselmani H, Ed-Day S, et al. Vitamin A supplementation restores neuroanatomical integrity and behavior in a valproic acid-induced autism model. *J Mol Histol*. 2025 Aug 8;56(4):258.
- Ozawa Y, Hikoya A, Tachibana N, et al. Vitamin A deficiency in children with autism spectrum disorder. *Cureus*. 2025 Jan 8;17(1):e77129.
- Megson M. Autism and vaccinations. *Wise Traditions*. Fall 2000;1(3):33-35. <https://www.westonaprice.org/health-topics/childrens-health/autism-and-vaccinations/>
- Stene LC, Geir J. Norwegian Childhood Diabetes Study Group. Use of cod liver oil during the first year of life is associated with lower risk of childhood-onset type 1 diabetes: a large, population-based, case-control study. *Am J Clin Nutr*. 2003 Dec;78(6):1128-1134.
- Lindsay LA. Cod liver oil, young children, and upper respiratory infections. *J Am Coll Nutr*. 2010 Dec;29(6):559-562.
- Zadik Z, Sinai T, Zung A, et al. Vitamin A and iron supplementation is as efficient as hormonal therapy in constitutionally delayed children. *Clin Endocrinol (Oxf)*. 2004 Jun;60(6):682-687.
- Brabin L, Brabin, BJ. The cost of successful adolescent growth and development in girls in relation to iron and vitamin A status. *Am J Clin Nutr*. 1992 May;55(5):955-958.
- Lithgow DM, Politzer WM. Vitamin A in the treatment of menorrhagia. *S Afr Med J*. 1977 Feb 12;51(7):191-193.
- Robinson A, Leshner M, et al. Nutritional status of children; blood serum vitamin A and carotenoids. *J Am Diet Assoc*. 1948 May;24(5):410-416.
- Mellanby E. Vitamin A and bone growth; the reversibility of vitamin A-deficiency changes. *J Physiol*. 1947 Jan;105(4):382-399.
- Vitamin A deficiency & tooth development. *Tyler Family Dental*, n.d. <https://www.tyler-familydental.com/2024/07/29/vitamin-a-deficiency-tooth-development/>
- Mulla SA, Ansari A, Bhattacharjee M, et al. Oral manifestations of nutritional deficiencies: a micro review of macro issues in the mouth. *Oral Maxillofac Pathol J*. 2023;14(2):217-219.
- Paul B. The causes and complications of late teething in babies. Dr. Paul's Dental Clinic, Jul. 13, 2021. <https://www.drpaulsdentalclinic.com/late-teething-in-babies/>
- Awasthi S, Awasthi A. Role of vitamin A in child health and nutrition. *Clin Epid Glob Health*. 2020;8:1039-1042.
- Black RE. Global distribution and disease burden related to micronutrient deficiencies. *Nestle Nutr Inst Workshop Ser*. 2014;78:21-28.
- Agarwal S, Reider C, Brooks JR, et al. Comparison of prevalence of inadequate nutrient intake based on body weight status of adults in the United States: an analysis of NHANES 2001–2008. *J Am Coll Nutr*. 2015;34(2):126-134.
- Whatham A, Bartlett H, Eperjesi F, et al. Vitamin and mineral deficiencies in the developed world and their effect on the eye and vision. *Ophthalmic Physiol Opt*. 2008;28(1):1-12.
- Bailey AD, Mketinas DC, London HE, et al. Usual nutrient intake adequacy and nutritional status of United States children and adolescents: National Health and Nutrition Examination Survey 2001–March 2020. *J Nutr*. 2026 Jan 27;156(3):101377.
- Bicknell F, Prescott F. *The Vitamins in Medicine*, 3rd Ed. Milwaukee: Lee Foundation for Nutritional Research, 1953, pp. 12, 23, 59.
- Ross AC, Moran NE. Our current Dietary Reference Intakes for vitamin A—now 20 years old. *Curr Dev Nutr*. 2020 May 29;4(10):nzaa096.
- Spannaus-Martin DJ, Cook LR, Tanumihardjo SA, et al. Vitamin A and vitamin E statuses of preschool children of socioeconomically disadvantaged families living in the midwestern United States. *Eur J Clin Nutr*. 1997 Dec;51(12):864-869.
- Hooper L, Esio-Bassey C, Brainard J, et al. Evidence to underpin vitamin A requirements and upper limits in children aged 0 to 48 months: a scoping review. *Nutrients*. 2022 Jan 18;14(3):407.
- Douglass I. The stomach-turning rise and fall of liver. *MEL*, n.d. <https://melmagazine.com/en-us/story/liver-meat>
- Sebastian RS, Crawford SB, Moshfegh AJ. *Consumption of Eggs/Omelets and Egg Sandwiches by U.S. Children: What We Eat in America*, NHANES 2017–March 2020. In: FSRG Dietary Data Brief No. 65. Beltsville, MD: United States Department of Agriculture (USDA); May 2025. <https://www.ncbi.nlm.nih.gov/books/NBK615376/>
- Schoenfeld P. Vitamin A-mazing. *Wise Traditions*. Spring 2020;21(1):13-26. <https://www.westonaprice.org/health-topics/vitamin-a-mazing/>
- Adler G. Homemade chicken nuggets. Weston A. Price Foundation, Jan. 26, 2025. <https://www.westonaprice.org/homemade-chicken-nuggets/>
- Moumtaz S, Percival BC, Parmar D, et al. Toxic aldehyde generation in and food uptake from culinary oils during frying practices: peroxidative resistance of a monounsaturate-rich algae oil. *Sci Rep*. 2019 Mar 11;9(1):4125.
- Chiang YF, Shaw HM, Yang MF, et al. Dietary oxidised frying oil causes oxidative damage of pancreatic islets and impairment of insulin secretion, effects associated with vitamin E deficiency. *Br J Nutr*. 2011 May;105(9):1311-1319.
- Blaner WS, Shmarakov IO, Traber MG. Vitamin A and vitamin E: will the real antioxidant please stand up? *Ann Rev Nutr*. 2021 Oct 11;41:105-131.
- Ajayi AA, Ikweze IB, Vining-Ogu IC. Biochemical effects of re-used deep-frying vegetable oil in co-treatment with vitamin E in mice. *International Journal of Recent Research in Life Sciences*. 2026;13(1):1-6.
- Carlson BL, Tabacchi MH. Frying oil deterioration and vitamin loss during foodservice operation. *Journal of Food Science*. 1986 Jan;51(1):218-221.
- Vitamin A. In *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc*. Institute of Medicine (US) Panel on Micronutrients. Washington, DC: National Academies Press (US), 2001. <https://www.ncbi.nlm.nih.gov/books/NBK222318/>
- Liu W, Bi Y, Wang Q, et al. Two-phase linear relationship and threshold effects between Vitamin E and Vitamin A levels in children aged 0-10.8 years: a cross-sectional study. *Sci Rep*. 2025 Nov 6;15(1):38851.

Reading Between the Lines

By Merinda Teller

Private Equity in Healthcare: Another Reason to Become Your Own Doctor

Private equity
remains
woefully
invisible to
many of
those most
affected by its
shenanigans:
workers,
customers,
patients,
pensioners
and small
businesses.

If you were to do an Internet search on the largest U.S. employers, you would likely be unsurprised by the first two juggernauts (Walmart and Amazon) to pop up on the list.¹ However, such rankings mask the influence of other major behind-the-scenes players, notably the shrouded-in-secrecy private equity (PE) industry. According to one calculation, 7 percent of the U.S. labor force works for businesses backed by PE,² making PE giants like KKR (Kohlberg Kravis Roberts & Co.), Carlyle and Blackstone the third, fourth and fifth largest U.S. employers, respectively.³ In fact, as federal prosecutor Brendan Ballou explains in his 2023 book, *Plunder: Private Equity's Plan to Pillage America*, the PE industry “owns more businesses than all those listed on US stock exchanges combined.”³

Private equity—an industry with historical roots in the leveraged buyout (LBO)⁴ and “junk bond” free-for-all of the 1980s—is a powerful and ubiquitous player in today’s financialized economy, having more than doubled in size just between 2019 and 2024.⁵ Unfortunately, it remains woefully invisible to many of those most affected by its shenanigans: workers, customers, patients, pensioners and small businesses. As authors Gretchen Morgenson and Joshua Rosner explain in their own 2023 book about the PE industry and the “modern-age robber barons” who run it (*These Are the Plunderers: How Private Equity Runs—and Wrecks—America*),² “The economic wreckage caused by the take-over titans is real and measurable. Except now they call their industry private equity—a name that conveys suave sophistication but none of its brutality.” It is important for members of the public to grasp the private equity game, so that they can demand accountability and push back against a business model that the Solari Report’s Catherine Austin Fitts characterizes as “destructive and even criminal.”⁶

AN EXTRACTIVE MODEL

What is private equity? According to Ballou, the “simple” PE business model operates something like this:

“Private equity firms invest a little of their own money, a lot of investors’ money, and a whole lot of borrowed money to buy up companies (typically making them the sole, or private, owner, hence the name). They then use various tactics to extract money from those companies, with an eye toward reselling them for a profit a few years later.”

As explained in *These Are the Plunderers*, PE firms often “sicken” companies that were previously healthy, “load[ing] them with debt while bleeding them of assets and profits.”² In a January 2026 interview with Fitts,⁶ Tiffany Cianci—a former small business owner whose up-close-and-personal experience with PE turned her into an expert on the industry—put herself in a hypothetical private equity firm’s shoes, offering an example of how the debt would work if the firm (first-person “I” in her example) decided to buy “Catherine’s Tire Center”:

“If I want to buy Catherine’s Tire Center, I’m going to borrow most of the money to do that.... I’m never going to owe that money back. Catherine’s Tire Center is going to owe that money back. I have no liability whatsoever, even though I retain all decision-making authority.... All the leverage is foisted upon Catherine’s Tire Center to repay, even though I’m the one that made the decision, my fund is the one that created it, my fund is the one that borrowed it, my fund is the one that convinced the bank.”

In Ballou’s definition, “extract” is the critical verb to pay attention to. Eggregiously, as he

notes, PE firms start by extracting exorbitant fees from the companies they buy merely “for the privilege of being owned by [PE].” In addition, they often sell off the lucrative—and generally paid-off—real estate that the purchased companies are sitting on, forcing the businesses to rent back the very properties they once owned.³ (The Steward hospital chain had to file for bankruptcy after a sale-leaseback agreement with private equity left it \$50 million in arrears on rent payments.⁷) Equally cleverly, Morgenson and Rosner explain, “The plunderers also arrange to have the entities they buy do business with other companies they own, guaranteeing several streams of income from their investments.”² In short, PE firms “take money from productive companies, their employees, and their customers and redistribute it to themselves.”³

Not infrequently, as the Steward hospital story illustrates, the short- or medium-term result of a PE takeover is business collapse and bankruptcy. Companies acquired by private equity have bankruptcy rates ten times higher than for other types of acquisitions, with enormously damaging ripple effects on workers and households, effects that include not just lost jobs but loss of health insurance, potential loss of home, and family stress and dislocation.² In the first quarter of 2025, seven out of ten of the largest bankruptcies (with “largest” defined as companies with over \$1 billion in liabilities) were filed by PE-owned companies, as were 54 percent of the largest bankruptcies and 11 percent of all corporate bankruptcies in 2024.⁸ Thanks to legal insulation tactics, these bankruptcies not only tend to leave the PE owners untouched but, says Ballou, can “counterintuitively. . . be desirable, even profitable.” Following a bankruptcy, it is the PE firm that gets paid first (while employees and small-business creditors get the shaft); PE firms can also use bankruptcy as an attractive tax write-off and “come out ahead overall.”⁵ Catherine Austin Fitts describes the bankruptcies as part and parcel of PE’s “extraction model,” saying, “that’s not a performance issue, that’s a plan.”⁶

Looking back at 2020, let’s recall that the forced shutdowns of “non-essential” businesses were a disaster for Main Street, resulting in the disproportionate failure of the small businesses

that are the job creators and dynamic engines of a productive economy. Instead, America witnessed a “sharp concentration of market share among larger businesses,”⁹ including those owned by private equity. While non-PE-backed firms struggled to obtain additional financing and stay afloat, resulting in a “higher incidence of liquidation,”¹⁰ the so-called “pandemic” was a bonanza for private equity. Not only did the PE industry fare well, going on a bargain basement shopping spree buying up distressed businesses (while thrusting the knife even deeper into the suffering workforce by aggressively cutting costs at the new acquisitions),¹¹ PE *billionaires’* personal wealth also surged, beginning in the pandemic’s earliest months.¹² By October 2021—a year that *Forbes* enthusiastically characterized as “stellar” and “record-breaking”—twenty-one leading private equity billionaires were worth a combined \$154 billion.¹³ As of 2025, the “finance and investments” sector that includes private equity remained the “dominant billionaire factory,” responsible for the wealth of 15.3 percent of all billionaires, even surpassing the tech sector (13.2 percent).¹⁴

THE SILENT PARTNER: GOVERNMENT

During Covid, hospitals and other PE-owned healthcare institutions raked in billions in government payments. This highlights the most important point at the core of Ballou’s book (a fact with which Morgenson and Rosner fully agree): *PE could not thrive without government help*. At the most obvious level, this should be unsurprising, because nearly nine in ten members of Congress (88 percent) receive campaign donations from private equity,¹⁵ with PE having spent a whopping \$150 million on the 2024 elections.¹⁶ An analysis that year found that twenty-six of the wealthiest senators and representatives (from both political parties) also had personal PE investments worth over \$150 million; because of limited disclosure requirements, the analysts believe this amount to be “almost certainly a significant undercount.”¹⁶

Ballou comments about government involvement in private equity, “[T]he stunning success of private equity is all happening with the support of the government, whose various arms. . . have not only allowed private equity to grow and dominate but have actively encouraged

PE firms “take money from productive companies, their employees, and their customers and redistribute it to themselves.”

Healthcare
and hospitals
have been
particular
PE magnets,
with private
equity
playing an
instrumental
role in
reshaping
and
restructuring
the
healthcare
industry.

it.” When it comes to the federal government, not only has it been “extraordinarily solicitous” of PE firms—including dropping major lawsuits about PE ripoffs of federal money on the eve of trial¹⁷ and abandoning whistleblowers to their fate—but it actually subsidizes private equity’s depredations in a variety of ways. The government “gravy train,” explain Morgenson and Rosner, includes subsidies, contracts, federal loans, loan guarantees, bailouts, tax loopholes and more. And nowhere is the ignominy of this unacknowledged “public-private partnership” more apparent than in private equity’s devastating incursions into healthcare.

“FULL-THROTTLE ASSAULT” ON HEALTHCARE

Private equity’s reach “extends from cradle to grave,” note Morgenson and Rosner, with its tentacles entering sectors ranging from pre-K learning centers to rental housing to podcasts to online betting to supermarkets. For nearly three decades, however, healthcare and hospitals have been particular PE magnets, with private equity playing an instrumental role in reshaping and restructuring the healthcare industry.¹⁸ According to some estimates, the PE industry has spent \$1 trillion on healthcare acquisitions since 2000.¹⁹

In the U.S., as of April 2025, PE owned nearly one in ten private hospitals (9 percent) and almost one in four proprietary for-profit hospitals (23 percent).²⁰ Twenty-three percent of PE-owned hospitals as of last year were psychiatric facilities, and at least 28 percent served rural populations.²⁰ Again illustrating the silent partnership with government, rural hospitals apparently make especially attractive PE targets because most of their funding comes from Medicaid and Medicare, “which guarantees a level of income.”¹⁵

Alongside ownership of hospitals, PE has invaded emergency departments (EDs)—a push facilitated by “a lot of regulatory cracks in the system.”²¹ Nationally, a recent study estimated that one in four ED visits takes place in emergency departments staffed by private equity, and in some states, the PE market share for ED visits exceeds 30 percent.²² Other long-standing PE favorites include ambulance services, nursing homes, outpatient physician practices (with a 600 percent increase in PE takeovers of physician-owned practices from 2012–2021¹⁵), urgent care, ambulatory surgery centers, maternal health, home care services, rehabilitation services, hospices and specialties ranging from dermatology to dentistry.

In recent years, PE has branched out to other “fast growing and niche market segments,”¹⁸ scooping up fertility clinics,²³ health information technology companies,²⁴ clinical trial entities,²⁵ autism therapy centers²⁶ and medical billing and debt collection services (euphemistically called “revenue cycle management” or RCM).²⁷ According to the nonprofit watchdog group Private Equity Stakeholder Project (PESP), PE’s entry into the RCM arena has led to more aggressive debt collection efforts as well as attempts to collect “wrong amounts” or even debts that are not owed at all!²⁸

By all accounts, PE ownership has “ravaged”²⁹ healthcare institutions and significantly lowered the quality of care they provide. This is documented in a growing number of publications,¹⁸ and even medical insiders are appalled. A retired professor of medicine wryly suggests that private equity’s goal—facilitated by ample financial resources and “arcane financial engineering strategies”—has been “to maximize profits by manipulating the fiscal opportunities in the management of business dealings surrounding care without providing any actual

THE POISONING BUSINESS MODEL

Families victimized by vaccine injury and other forms of medical harm have begun to understand that medical poisoning is a business model. Private equity’s timely entry into autism services illustrates that PE, too, understands the model. Pharmaceutical companies poison children, cause neurological damage and create a market for services to manage the damage—while private equity buys up the industry providing those services.

Catherine Austin Fitts also speculates that private equity’s careful advance positioning in hospitals and other critical healthcare infrastructure may have been a necessary (or at least helpful) ingredient facilitating the medically unethical and murderous practices that took place in hospitals during Covid.

care for patients.”²⁹ More bluntly, the current president of the American Academy of Emergency Medicine, Vicky Norton, MD, has stated that while PE firms’ clear goal—maximize profits “above all else”—may not be, in and of itself, evil, “when you mix it into healthcare, it is inherently evil.”²¹ As if to bear out Norton’s statement, a study published in 2025 announced that after private equity acquires a hospital, the emergency room Medicare population experiences 13 percent increased mortality compared to the death rate before the acquisition.³⁰ Morgenson and Rosner put it this way: “While the impact of private equity on industries tends to be negative, in healthcare it can be deadly.”²

Critics argue that private equity’s presence in the healthcare arena has also resulted in more expensive services. One study found that from one year to the next (2017–2018), Americans spent 4.6 percent more on healthcare—but they did so due to higher prices, not because they were going to the doctor or hospital more often.¹⁸

Cost-cutting actions that PE owners commonly take after an acquisition include:

- Cutting inpatient staffing (and slashing salaries) so that fewer and less-well-paid staff have to care for more patients
- Pressuring outpatient clinicians to increase daily patient volumes
- Substituting less skilled staff (such as replacing a doctor with a physician’s assistant or full-time employees with contractors)
- Not keeping up with equipment needs (or using shoddier supplies and equipment)
- Reducing training and supervision

- Hospitalizing patients unnecessarily
- Over-ordering diagnostic tests and procedures, or ordering more costly tests than required
- Booking patients for treatments they don’t need
- Demanding more aggressive coding on insurance claims
- Using “surprise medical billing” as a business model³¹ (that is, billing patients at out-of-network rates when services were delivered at an in-network facility)
- Providing loans (“via medical credit cards, high-interest payment plans, and strategic partnerships with financial service providers”) that trap patients in unpayable medical debt¹⁹

After private equity acquires a hospital, the emergency room Medicare population experiences 13 percent increased mortality.

The net effect of these cost-cutting and revenue-boosting measures is that assets once used for patient care are transferred “to investor profits, leaving behind a medical practice or hospital less able to provide medical care to patients.”⁵ As a physician observes, “Cutting corners to gain a competitive advantage is inherent in the PE strategy.”²³ This leads to dangerous mistakes and shortfalls for patients, including, for example, medication errors, poor management of bed sores, unskilled performance of critical procedures and, for more debilitated patients or nursing home residents, withdrawal or unavailability of assistance with eating and personal hygiene.

ASSISTED REPRODUCTION TAKEOVER

One out of every thirty-seven babies born in the U.S. is conceived using an assisted re-

WHY DO THEY SELL?

Given the often-disastrous patient and business outcomes that follow a private equity acquisition, one could be forgiven for wondering, why does anyone sell to PE to begin with? In healthcare, some authors chalk up physicians’ sale of their practices to the fact that “they were trained to be doctors and healthcare professionals, not business people.”¹⁸ As those authors suggest, “On-going financial pressures and heightened contestation over reimbursements by the government and third-party payers have led some providers to view private equity buyouts of their practices as welcome relief.”

In addition, private equity’s “cash enticement” to doctors can be powerful: “Private equity typically pays 15 times the physician’s annual income to acquire it entirely. . . . That purchase price may then be taxed at the lower capital gains rate, leaving the physician with a handsome payday and an opportunity to retire early.”²⁵ That observer, general counsel of the Association of American Physicians and Surgeons (AAPS) Andrew Schlafly, cautions, however, that there are “onerous strings attached” and “fine print” that can make the embrace of private equity “the equivalent of jumping out of a frying pan and into a fire.”²⁵

productive technology (ART) such as in vitro fertilization (IVF), with the number of ART births increasing by 23 percent between 2020 and 2022.³² This growth has attracted private equity's attention. As Spanish assisted reproduction expert A.A. Zadeh²³ explains:

- The “fragmented yet resilient [fertility] industry combines steady revenue streams with significant growth potential.”
- The industry anticipates growth due to “trends such as delayed family planning, high self-pay rates, increasing demand from LGBTQ+ individuals, and [IVF] profitability.”
- The “strong private pay component” ensures “an attractive reimbursement profile.”
- The industry anticipates “consistent demand,” helping to make it “recession-resistant.”

Thus, as of 2023, over 32 percent of U.S. fertility clinics were “private equity affiliated”—double the proportion owned by PE in 2018—and those clinics carried out 54 percent of all in vitro fertilization cycles (versus 29 percent of IVF cycles five years earlier).^{23,33}

Zadeh also notes that PE ownership increases pressure to promote add-on treatments that often are “medically obsolete, lacking robust evidence of clinical benefit, yet highly profitable.”²³ He comments that while pushing add-ons is not exclusive to PE clinics, “the scale and aggressiveness of their promotion have significantly increased under PE ownership,” where “commercial teams—rather than clinicians—often drive the inclusion of such treatments in the clinic’s portfolio.” He concludes, “The controversy lies not in the existence of these add-ons, but in how they are marketed, incentivized, and presented to patients.”

ANOTHER EMERGING NICHE: CLINICAL TRIALS

In late 2025, the Private Equity Stakeholder Project (PSEP) warned that private equity is now moving into the clinical trial industry, with clinical trial sites considered “among the most sought-after segments of the pharmaceutical services industry.”²⁵ A worried PSEP points out that private equity involvement in clinical research could “reshape how medical studies are conducted and overseen,” and that growing consolidation of research sites raises concerns about trial safety and long-term impacts on patients.

According to PSEP, two PE-backed firms also control much of the institutional review board (IRB) process that is an essential step in evaluating whether proposed research in humans is ethically acceptable. As of 2021, the two PE-backed IRBs reviewed fully 92 percent of all drug trials overseen by independent IRBs—a concentration, PSEP comments, “that could compromise objectivity.” When one of the PE-backed IRB firms approved a trial for an Alzheimer’s drug, it used a “secrecy provision” to circumvent certain aspects of informed consent, and the result was disastrous: the drug ended up causing brain bleeding or swelling in 37 percent of participants and killed two of them.

NO EXIT?

Until now, the general pattern has been for PE firms to hold companies for an average of ten years and then sell the companies off. Increasingly, however, they are having trouble exiting. For a variety of complex reasons, they are currently “choking on their portfolios” and, according to Tiffany Cianci, sitting on a \$4 trillion backlog.

Even the mainstream financial press and other media are now pointing to worries about “rot” in the private equity industry. Fitts and Cianci suggest that this is prompting the PE industry to invent new shenanigans. Cianci comments, “I don’t know a better way to explain it than they’ve run out of ways to cash out, every single vehicle they’ve used isn’t working, and so now it’s just whoever can come up with the newest thing that’s not illegal yet.” One of the “newest things” is a Ponzi-scheme-type practice called “continuation funds.” Continuation funds allow PE “to hold on to assets beyond the typical fund term and, instead of selling the assets to third parties, sell them to their own newly established fund”—that is, to themselves.³⁴ As the authors of a University of Chicago business school paper wrote in January 2024 in surprisingly honest terms, the strategy raises a “labyrinth of concerns” about conflicts of interest that “cast a shadow” on continuation funds’ growing prevalence.³⁴

Unfortunately, as the business school authors wrote, “the ‘house always wins’ is a major part of private equity managers’ incentives.” In August 2025, the PE “house” won in a big way with a new executive order³⁵ signed by President Trump that allows 401(k)s to invest in “alternative assets” that include PE, a move that augments the already sizable risks that retirees face from underperforming state pension funds’ incautious devil’s bargain with private equity.³⁶

These undesirable macro-level developments do not mean that ordinary people are powerless to push back. In the face of private equity’s shaky stranglehold on business and investment, Fitts and Cianci have one ready answer: Stop investing in and spending money on unproductive and extractive entities, and *redirect your investments and spending toward productive, high-integrity entities that build real*

wealth, including the local businesses where you live. As Cianci explains, “Every time a private equity firm acquires a business in your community, 94 percent of the money you give that company leaves your community and never comes back. But if you support a small business in your community, that small business keeps \$0.68 to \$0.74 [of every dollar] in your community. It stays in your town.” (Individuals with pension funds and 401(k)s should also call their fund administrators and make it clear that they want their investments to be private-equity-free.)

When it comes to healthcare, a simple solution is likewise available: stay healthy so that you do not have to interface with an untrustworthy healthcare system. The Weston A. Price Foundation and *Wise Traditions* offer numerous resources, including a helpful article by Dr. Andrew Kaufman that describes how to stay out of the emergency room.³⁷ And let’s be honest: the pharma-dominated healthcare system that private equity has run roughshod over was never all that safe or health-promoting to begin with. 

REFERENCES

- <https://stockanalysis.com/list/most-employees/>
- Morgenson G, Rosner J. *These Are the Plunderers: How Private Equity Runs—and Wrecks—America*. Simon & Schuster, 2023, pp. 4, 12-14, 18, 26, 175, 176, 186.
- Ballou B. *Plunder: Private Equity’s Plan to Pillage America*. PublicAffairs, 2023, pp. 3-5.
- Singh H. Evolution of leveraged buyouts: a new era or back to square one? *New York University Journal of Law & Business*, Jan. 18, 2020.
- Schlaflay A. The harm from private equity’s takeover of medical practices and hospitals. *Mo Med*. 2024 Sep-Oct;121(5):328-332.
- Fitts CA. Private equity: see the game, change the game with Tiffany Cianci. The Solari Report, Jan. 6, 2026. <https://solari.com/private-equity-see-the-game-change-the-game-with-tiffany-cianci/>
- Brownstein M. Private equity’s appetite for hospitals may put patients at risk. Harvard School of Public Health, Dec. 16, 2024.
- Dabos V. Private equity behind 70% of large U.S. bankruptcies in the first quarter of 2025. Private Equity Stakeholder Project, Apr. 25, 2025.
- Fairlie R, Fossen FM, Johnsen R, et al. Were small businesses more likely to permanently close in the pandemic? *Small Bus Econ (Dordr)*. 2023;60(4):1613-1629.
- Lavery P, Wilson N. The performance of private equity portfolio companies during the COVID-19 pandemic. *Journal of Corporate Finance*. 2024 Dec;89:102641.
- Collins C, Ocampo O, Mycklebus S, et al. Report: billionaire wealth vs. community health. *Inequality.org*, Nov. 18, 2020.
- 118 billionaires in New York see net worth jump \$77.3 billion or 14.8% in first three months of COVID-19 pandemic. Americans for Tax Fairness, Jul. 1, 2020. <https://americansfortaxfairness.org/wp-content/uploads/NEW-YORK-ATF-HCAN-CANY-Billionaires-Report-Release-FINAL-7-1-20.pdf>
- Klebnikov S. The richest private equity billionaires on the Forbes 400 List 2021. *Forbes*, Oct. 5, 2021 (updated Apr. 21, 2022).
- Rao P. Ranked: top sources of billionaire wealth by industry. *Visual Capitalist*, Sep. 2, 2025.
- Bristow L, Greenwell M. Private equity. *Health Wanted*, Emory University, Rollins School of Public Health, Aug. 1, 2025.
- Schwenk K. Lawmakers aren’t disclosing their private equity millions. *Jacobin*, Oct. 4, 2024.
- DOJ’s dismissal of the HCR ManorCare fraud case demonstrates an underlying policy shift in the current administration’s “fight” against Medicare fraud. The Law Office of Jeffrey J. Downey, P.C., Nov. 21, 2017.
- Appelbaum E, Batt R. *Private Equity Buyouts in Healthcare: Who Wins, Who Loses?* Institute for New Economic Thinking, Working Paper No. 118, Mar. 15, 2020. https://www.ineteconomics.org/uploads/papers/WP_118-Appelbaum-and-Batt-2-rb-Clean.pdf
- Jones KB. How private equity and the financialization of health services can undermine access to sexual and reproductive care. Center for American Progress, Oct. 30, 2025.
- PESP private equity hospital tracker. Private Equity Stakeholder Project, April 2025. <https://pestakeholder.org/private-equity-hospital-tracker/>
- Nielsen E. Most ED visits happen at corporate-owned facilities. *MedPage Today*, Aug. 8, 2025.
- Cai AG, Jarou ZJ, Janke AT, et al. Emergency physician employer market share and concentration by ownership type. *Ann Emerg Med*. 2026 Jan;87(1):50-55.
- Abraham Zadeh A. Private equity and reproductive medicine: “fertile breeding ground”—a physician’s perspective. *Reprod Biol Endocrinol*. 2025 Aug 1;23(1):113. Erratum in: *Reprod Biol Endocrinol*. 2026 Feb 17;24(1):26.
- Leitner R. Private equity healthcare acquisitions – December 2025. Private Equity Stakeholder Project, Jan. 28, 2026.
- Dabos V. Private equity moves into clinical trials. Private Equity Stakeholder Project, Nov. 24, 2025.
- Siliezar J. Private equity firms acquired more than 500 autism centers in past decade, study shows. Brown University School of Public Health, Jan. 7, 2026.
- Why private equity is betting big on revenue cycle management companies in 2026. I-conic Solutions, n.d. <https://i-conicsolutions.com/why-private-equity-is-betting-big-on-revenue-cycle-management-companies/>
- Fenne M. Private equity’s revenue cycle: creating and collecting U.S. medical debt. Private Equity Stakeholder Project, Sep. 12, 2024.
- Webster JR. Private equity and the ravaging of United States healthcare. *Mo Med*. 2025 Jan-Feb;122(1):7-10.
- Kannan S, Bruch JD, Zubizarreta JR, et al. Hospital staffing and patient outcomes after private equity acquisition. *Ann Intern Med*. 2025 Nov;178(11):1529-1538.
- Leitner R. Profiting on all sides: private equity and the No Surprises Act. Private Equity Stakeholder Project, Nov. 5, 2025.
- How many IVF babies are born in the US? *USAFacts*, updated Aug. 4, 2025. <https://usafacts.org/articles/how-many-ivf-babies-are-born-in-the-us/>
- Ke J, Chen J, Chun E, et al. Trends in private equity affiliations with fertility clinics in the US. *JAMA*. 2026 Feb 17;335(7):630-632.
- Kastiel K, Nili Y. *The Rise of Private Equity Continuation Funds*. Chicago: Stigler Center for the Study of the Economy and the State, University of Chicago Booth School of Business, New Working Paper Series No. #340, January 2024.
- Democratizing access to alternative assets for 401(k) investors. The White House, Aug. 7, 2025. <https://www.whitehouse.gov/presidential-actions/2025/08/democratizing-access-to-alternative-assets-for-401k-investors/>
- Neff J. State treasurer sings a new tune on private equity. *Willamette Week*, Nov. 3, 2025.
- Kaufman A. How to stay out of the emergency department. *Wise Traditions*. Summer 2024;25(2):32-43. <https://www.westonaprice.org/health-topics/when-should-you-not-go-to-the-emergency-room/>

Homeopathy Journal

HOMEOPATHY AND VACCINE INJURIES

By Anke Zimmermann, BSc, FCAH

Vaccine injuries manifest in countless forms, like a thousand-headed hydra, producing a cascade of adverse effects.

Disclaimer: None of the information in this article is intended to diagnose, treat or prevent any medical condition. It is intended for educational purposes only. If you suffer from a medical condition, please consult with a qualified healthcare professional.

The true extent of vaccine injuries is unknown—and, in many ways, deliberately hidden. After over eleven thousand hours of research and fifteen years working with more than a thousand vaccine-injured children and adults, I can, however, state with some confidence that such injuries are far more common than acknowledged—likely even epidemic, particularly among children. These injuries manifest in countless forms, like a thousand-headed hydra, producing a cascade of adverse effects that are often divided into various diagnoses or dismissed as genetic in origin.

In my view, vaccine injuries represent the greatest tragedy of our time. Not only are they rarely acknowledged by the medical establishment, but those affected—along with their families—are too often dismissed, gaslit and left without meaningful support or recognition for what they’ve endured.

Part of the problem lies in how vaccines are regulated. Because they are classified as *biologics* rather than traditional medications, they are exempt from the long-term, double-blind, placebo-controlled trials that are standard for most drugs.^{1,2} In fact, none of the childhood vaccines administered in the United States—apart from a partial exception with the HPV vaccines—have ever been tested against inert placebos or studied beyond a brief period of days or weeks. For instance, the hepatitis B vaccine (routinely given to nearly all newborns at birth and again at two, four and six months) was monitored for adverse effects only during a four- to five-day window and without any placebo con-

trol.^{3,4} If a child died on day six, the death was not attributed to the vaccine—because no one looked. Similarly, the MMR vaccine (typically administered at twelve or fifteen months) was studied for only six weeks after injection.⁵ If a child develops autism at eighteen months, it is declared “unrelated” to the MMR—because, once again, no one is looking for longer-term adverse events.

In my clinical experience, I have observed an overwhelming pattern: at least 90 percent of vaccine injuries have a delayed onset, typically appearing two to four months after the injections and later reaching full expression. Deterioration can continue even beyond that point. Because none of the childhood vaccines has ever been tested for such a duration—and, as noted, not against inert placebos—these delayed adverse effects remain officially unrecognized by the medical establishment.

The lack of proper safety evaluation extends even further. The government has consistently resisted calls to conduct vaccinated versus unvaccinated studies—leaving the true long-term health outcomes between these groups largely unknown and unacknowledged by most medical professionals. Yet parents, independent researchers, and a few courageous physicians, alternative healthcare providers and investigative journalists have noticed the stark contrast firsthand.

Meanwhile, the vaccine industry enjoys sweeping liability protection, insulated from direct lawsuits. The 1986 National Childhood Vaccine Injury Act created the so-called National Vaccine Injury Compensation Program (NVICP)⁶ as a substitute for accountability, but its limitations are glaring; although the NVICP has paid out billions of dollars, it’s estimated that only about 1 percent of vaccine injuries are ever reported.^{7,8}

Amid this landscape of denial and neglect,

homeopathy and its sub-branch *tautopathy* (energetic remedies prepared from substances that caused problems) emerge as invaluable allies—offering not only meaningful support for the vaccine-injured but also serving as a potential diagnostic tool to help identify which vaccines may have caused havoc.

SNATCHED AWAY FROM THE DEVIL JUST IN TIME

One illustrative case is that of Freddie, a fifteen-month-old boy who first came to my practice on February 1, 2014. Approximately nine weeks earlier on November 19, 2013, he had received four twelve-month vaccines—MMR, varicella, meningococcal and pneumococcal conjugate. Within four weeks, two small red spots had appeared near the injection sites on his upper left arm. By January 9, 2014, these spots had expanded into an unusual eczematous lesion measuring about 2.4 cm in diameter at the injection site. Eleven days later, Freddie’s entire body erupted in widespread, intensely itchy eczematous patches. His physician diagnosed an adverse vaccine reaction and prescribed antihistamines, which not only failed to improve his condition but also caused swelling of his ankles.

By late January, Freddie’s condition had worsened. Around January 25, he began banging his head and rocking violently back and forth. By January 31, he had started toe-walking and reverted to crawling, despite having already walked independently for two months. His behavior grew increasingly erratic—he struck out at people and objects, demanded constant holding, ground his teeth and developed blackish-green diarrhea.

Freddie’s once varied appetite collapsed; he now craved only milk and meat, perspired heavily and stopped babbling altogether. During our first appointment, he was markedly irritable, avoided eye contact and continuously banged his head against his parents.

It was evident to both his parents and me that Freddie was developing autism-like symptoms. The eruptions around the injection sites were an unmistakable clue as to the origin of his condition. Notably, the progression—from vaccination to full expression of symptoms—spanned roughly three months, at that time

marking one of the clearest temporal links I had ever observed between vaccination and developmental regression. Since then, I have witnessed hundreds of similar cases, each varying in expression but sharing the same essential pattern of a delayed reaction.

I’m happy to share that this beautiful little boy made a complete recovery—achieved primarily through carefully selected homeopathic remedies prepared from the same vaccines he had received, along with a constitutional remedy and targeted nutritional support. Because we could trace the reaction to the pronounced skin eruptions, the first remedy used was made from the varicella (chickenpox) vaccine. The response was remarkable: Freddie quickly regained eye contact, his skin cleared, and his appetite, digestion and perspiration all returned to normal.

After several months of gradually increasing potencies of the chickenpox vaccine remedy, his progress plateaued, and he began to regress slightly. At that point, we transitioned to a homeopathic preparation of the MMR vaccine, which again propelled his recovery forward. Over the following two years, we continued this systematic process, cycling through homeopathic versions of each vaccine he had received. By the end, Freddie was stable, thriving and fully neurotypical.

At our last appointment, his father looked at me with tears in his eyes and said, “We snatched him away from the devil just in time.” Freddie is now ten years old and completely well.

PROGRESSIVE DEVELOPMENTAL UNRAVELING

Unfortunately, not all children recover as quickly or as completely. In many cases, by the time a child is properly diagnosed—or the parents discover homeopathy—the child is already much older. There is no question that recovery is far easier in a two- or three-year-old than in an older child. Older children usually improve as well, but the process tends to be slower and less complete, as the vaccine-triggered destructive cycle has had more time to take hold and spread within the system.

I have observed the same pattern of gradual, progressive deterioration in nearly all of the over one thousand children with autism I’ve seen, as well as in countless others with a wide range of diagnoses. Other diagnoses include developmental delays, attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), oppositional defiant disorder (ODD), anxiety, extreme shyness, aggression, tics, seizures, every form of language delay or disorder, chronic constipation and diarrhea, celiac disease, insomnia, night terrors, sensory processing disorders, learning disabilities, fine and gross motor delays, feeding and swallowing issues, recurrent ear infections, bronchitis, pneumonia, allergies, asthma and more. The similarity among these cases is striking—eerily consistent, in fact—and it is truly astonishing that so few physicians recognize the obvious common thread.

Almost always, there is a gradual progression of deterioration, often starting subtly—with sleep disturbances or constipation, sometimes alternating with diarrhea—during the first few months of life. Doctors commonly reassure parents that “sleep regression” or difficulty digesting solids around six months are “normal” growing pains. Yet by that age, most infants have already received two to four rounds of vaccines,

allowing delayed reactions to unfold unnoticed. In some cases, the onset is more sudden, with acute symptoms appearing initially, followed by delayed symptoms weeks or months after the initial ones.

THINGS DOCTORS SAY WHEN A CHILD IS VACCINE-INJURED

Chris was a sweet, bright little boy whose life changed overnight. Two days after receiving the same twelve-month shots as Freddie—MMR, varicella, meningococcal and pneumococcal—he began screaming inconsolably for hours every night. The doctor told his desperate parents that it was “just night terrors,” but the screaming never stopped.

Within weeks, Chris stopped making eye contact, stopped babbling and developed painful digestive issues. Before long, he was labeled autistic. When I first met him, he was completely nonverbal, aggressive and still couldn’t sleep. I’m convinced that if his doctor had recognized the vaccine injury instead of dismissing it, Chris’s story could have been very different. Thankfully, with the right remedies—made from the vaccines he had received, along with *Stramonium* for his aggression and night terrors—Chris began to change. The little boy his parents had lost started to come back. This case is a good example of a mixed acute and delayed adverse vaccine reaction response.

Laura, a two-month-old, was brought in by her concerned parents. Their once-alert infant had developed a facial tic, had stopped cooing and had become unusually limp and tired shortly after her two-month vaccines, which included Infanrix Hexa, a six-in-one combination shot, as well as rotavirus and pneumococcal vaccines. When they brought her back to their doctor, they were told, “She’s just going through a normal developmental phase—don’t worry.” But they *knew* something was wrong.

Laura began improving soon after starting a homeopathic remedy made from the Infanrix Hexa vaccine. Within days, her facial tic resolved, and she became lively again. It took a few more doses of homeopathic Infanrix Hexa and homeopathic versions of other vaccines she had received at two months before she started cooing again, but she fully recovered.

Four-month-old Amelia’s parents brought their daughter to see me not long after the infant’s second round of vaccines. Since then, Amelia had been able to sleep for only thirty to sixty minutes at a time; she had completely stopped growing and gaining weight, would slump over in her highchair and was severely constipated. Her exhausted parents went back to the doctor who had vaccinated her, hoping for help—only to be told, “You have a bad baby. Put her in a room for twelve hours and let her scream it out.” Shockingly, this came from a doctor who had *just* had a baby herself.

Thankfully, starting with a remedy made from one of the vaccines Amelia had received (the meningococcal vaccine), her sleep began improving within two days and she started to sit up and eliminate again. Over the following months, with careful management, she gradually regained her health. Honestly, had she received any more shots at that point, I don’t think she would have survived—her little body had already stopped growing, eliminating and resting.

VAXXED-UNVAXXED RESEARCH

As I saw more cases of vaccine-injured children over time, I started to piece together the different symptoms vaccines were causing in kids, especially because, as in the cases of Laura and Amelia, some children had received only one or two vaccines. And now, as research finally emerges that compares health outcomes in vaccinated versus unvaccinated children in long-term studies, the results sadly confirm my exact clinical observations of numerous immunological and neurological health challenges in vaccinated children.

The most recent and largest study conducted to date is the Henry Ford study, initiated with encouragement from the Informed Consent Action Network (ICAN) in 2017 (icandecide.org). ICAN’s Del Bigtree had been searching for a scientist who could conduct a vaccinated versus unvaccinated study and found Dr. Marcus Zervos, Division Head of Infectious Diseases at Henry Ford Health as well as Co-Director of the Center for Emerging and Infectious Diseases at Wayne State University and a principal investigator for pharmaceutical companies in vaccine trials.⁹ Dr. Zervos agreed to conduct a retrospective study so that he could (from his perspective) prove that the claim that vaccines cause harm is wrong. He promised Bigtree to publish the study no matter what the findings ended up showing.

Henry Ford Health is a large, vertically integrated healthcare system, with thirty-three thousand team members, over two hundred fifty locations and access to electronic medical records (considered the gold standard for tracking real-world health outcomes) that made it “uniquely suited” to carry out the largest U.S. vaccinated versus unvaccinated birth cohort study (n=18,468) ever conducted. Roughly 11 percent of the cohort (n=1,957) had not received any vaccines. The investigators retrospectively tracked children from birth over a ten-year period.

In early 2020, Bigtree and ICAN attorney Aaron Siri received a draft copy of the completed study,¹⁰ which found that *vaccinated children had a statistically significant increased rate of various serious chronic diseases. Over-*

all, 57 percent of the vaccinated children had developed at least one chronic illness compared to 17 percent of the unvaccinated children. The vaccinated displayed 5.53 times the rate of neurodevelopmental disorders (including 3.28 times the rate of developmental delays, 4.3 times the rates of autism and 4.47 times the rate of speech disorders) and 5.96 times the rate of autoimmune disease. All of these findings were statistically significant. There were other conditions (such as ADHD, learning disabilities and tics) for which increased risk could not be calculated because, while many cases existed among the vaccinated children, there were zero cases among the unvaccinated children. The findings confirm those of smaller vaxxed-unvaxxed studies as well as the over one hundred studies described in *Vax-Unvax: Let the Science Speak*, all showing highly increased rates of allergic, autoimmune and neurodevelopmental conditions in the vaccinated.¹¹⁻¹³

Despite their study's significant findings, Dr. Zervos and his collaborators refused to publish them because, among other reasons, they did not want to make doctors uncomfortable, and Zervos was concerned about losing his job. Bigtree's subsequent documentary about the study and its non-publication, *An Inconvenient Study*, is absolutely gut-wrenching. [Watch the film at aninconvenientstudy.com and read the podcast interview with Bigtree in this issue of *Wise Traditions*.]

POSSIBLE WIDESPREAD IMPACTS OF VACCINES ON COGNITIVE AND SOCIAL ABILITIES

Liam, age eight, had been diagnosed with mild autism. He had regressed after his shots around age one but, through time and care, had recovered beautifully—attending regular school and thriving both academically and socially. Unfortunately, after receiving an MMR booster two months before our appointment, everything changed. He developed severe anxiety, sudden aggression and intense meltdowns both at school and at home. His mother told me he seemed like a different child—panicked, scattered and unable to think clearly. His former confidence and academic ability had simply vanished.

When I saw Liam, he was overwhelmed

and emotionally fragile. We began with *Stramonium* for the fear and agitation, and a homeopathic remedy made from the MMR vaccine itself. Gradually, he began improving. Over the course of several months, as he took the homeopathic MMR remedy in carefully increasing potencies, his calm, focus and brightness returned, and with it, his ability to learn and thrive once again.

Consider this—there has been a notable decline in IQ scores since the early 1990s, particularly in verbal tests, documented in many countries. Up until that time, IQ scores had actually been increasing.^{14,15} The IQ gains plateaued *just as the vaccine schedule began its exponential expansion* in the 1980s and '90s. The first documented reversals in IQ averages (in Scandinavia and the U.S.) roughly parallel two phenomena: (1) the post-1986 vaccine explosion; and (2) the simultaneous rise in neurodevelopmental disorders—particularly autism, ADHD and learning disabilities.

Today, nearly one in thirty-one U.S. eight-year-olds is diagnosed with autism,¹⁶ up from approximately one in ten thousand in the 1970s. While correlation does not equal causation, such an astronomical increase *demands* investigation rather than dismissal.

Additionally, over the past two decades, male and female college enrollment and graduation dynamics in the U.S. have shifted dramatically. The turning point (when women first surpassed men in college enrollment) was actually even earlier, around the mid-1980s. Since then, the gap has widened considerably, mirroring the increase in numbers of childhood vaccines given. Starting in the 2010s, the gender gap became a chasm.

By 2015, women made up approximately 58 percent of college students and 65 percent of college graduates and also earned the majority of masters and doctoral degrees. Men increasingly skipped college entirely, pursuing trades or, more often, dropping out without clear direction. As of spring 2025, the National Student Clearinghouse reported that only seventy-three men were enrolled for every hundred women.¹⁷ Men accounted for roughly 40 percent of all college students—the *lowest ever recorded*—and women were nearly 15 percent more likely to complete their degrees on time. This pattern worsened even more during the mid-2020s.

These trends are important because fewer educated men translates into relationship mismatches, economic instability and frustration among both sexes. Falling marriage rates could be another symptom of widespread vaccine injury. Young women's main complaints about men include lack of drive and ambition as well as inability to communicate.

Males are biologically far more fragile in early development and more susceptible to autism and other developmental disorders. The official narrative is that the male-to-female autism ratio is five-to-one, but in my practice, I have seen approximately nine hundred fifty males with autism to fifty girls—which is more like a nineteen-to-one ratio. And what about all the subtler impacts? Could it be that increasing numbers of subtle neurological injuries in males are underlying these worrying trends? Moreover, what about the ever-increasing numbers of young people with social anxiety?

Consider Lena, a lovely, thoughtful ten-year-old brought to me by her parents a few years ago because of extreme shyness, anxiety and

How many
of us may
have chronic
health
problems
possibly
stemming
from
childhood or
adult
vaccines?
Possibly most
of us.

timidity. She hardly spoke a word in class—to the point that her parents were worried about her progress in school. They described her as slow to do everything, even getting dressed in the mornings, and had affectionately nicknamed her “our little snail.”

When I met her, she looked a bit pale and unwell, with that faint ashen tone I’ve come to recognize in some vaccine-injured children. Her mother explained that Lena had received her first and only vaccine—a combination vaccine called Pentacel containing DTaP (diphtheria, tetanus and acellular pertussis), inactivated polio (IPV) and *Haemophilus influenzae* type b (Hib) components—at seven months. Her mom had delayed vaccinating her because she’d had a bad feeling about it. Within days of the shot, eczema had appeared on Lena’s face. The parents decided not to vaccinate her again after that.

That clue guided me toward the homeopathic remedy made from the same vaccine. The results were almost immediate. Lena became brighter, more confident, more talkative and far less anxious. Mornings were suddenly easy, and she began expressing a lively curiosity about everything. To everyone’s amazement, she developed a passion for public speaking—even going on to win awards for it. One single vaccine had silenced and slowed this child for years; removing that burden allowed her true spark to shine again. What would seventy-eight doses of eighteen vaccines do? This discussion is long overdue.

ADULTS ARE NOT IMMUNE EITHER

I have also seen numerous adults who were vaccine-injured. Tamara, a very pleasant and highly intelligent fifty-five-year-old, consulted me recently regarding some long-standing health issues, including chronic, constant and unpredictable diarrhea ever since an MMR shot at the age of eighteen, and chronic fatigue since a DTaP booster at age thirty-one. Her health had been altered long-term from these two vaccines received as a young adult. We are currently working through a homeopathic clearing of the MMR vaccine, which caused a temporary aggravation with insomnia and increased diarrhea. I’m hoping that the vaccine clearing will bring her much relief.

Other adults under my care or sometimes parents of vaccine-injured children under my care also have reported long-lasting injuries, including one mother who developed diabetes after a flu shot at age twenty-two and another who totally lost her ability to retrieve words for two years after a round of tropical travel vaccines in her mid-twenties.

How many of us may have chronic health problems possibly stemming from childhood or adult vaccines? Possibly most of us, frankly, and I have not even mentioned the Covid shots, which I covered in a previous article.¹⁸

Of course, vaccines aren’t the only factor behind the rising tide of chronic health issues in children or adults. Environmental pollution, toxins in our food supply, poor nutrition, stress, EMFs and the digital age also play roles. However, the vaxxed-unvaxxed studies clearly show a very disturbing pattern.

In my experience, the individuals most vulnerable to vaccine injury often have inherited constitutional weaknesses that increase immune system reactivity, making them more likely to have adverse vaccine reactions. On top of that, today’s children face a perfect storm of other stressors that seem to act synergistically—prenatal ultrasounds, medical interventions during labor, frequent antibiotics, acetaminophen use, toxins in the food supply like glyphosate, and widespread nutritional deficiencies. Each of these may chip away at resilience, and together can create a system primed for overload.

HOMEOPATHIC HELP AND SUPPORT

There are several homeopathic approaches to aid those injured by vaccines, including relatively non-specific remedies such as *Apis*, *Silica*, *Thuja*, *Ledum* and *Hypericum*, which can be quite helpful in some cases and can safely be tried even by lay people. In cases of acute adverse reactions and even long-term intense inflammatory and post-encephalitic reactions, remedies such as *Aconite*, *Stramonium*, *Beladonna* and *Hyoscyamus* may be indicated, among others (see sidebar). *Tuberculinum* and *Carcinosin* come up frequently as miasmatic remedies (remedies addressing inherited predispositions) that may help to strengthen un-

derlying weaknesses and nudge the system toward greater homeostasis.

Then, there are the remedies made from actual vaccines, which are by far the most useful but also usually need to be given in conjunction with the acute and miasmatic remedies. They are not only therapeutic, they can also help to identify the culprits; if a remedy made from a vaccine helps, that indicates that the vaccine in question did, in fact, harm that individual. These remedies can be purchased at some homeopathic pharmacies and distributors, including Helios Homeopathic Pharmacy in the UK (helios.co.uk) and, in the U.S., I&E Organics (iandeorganics.com) and PS11 (ps11collective.org). Helios sells to the public directly, but you may need a practitioner to help you with PS11 or I&E, as these remedies are coded, and code sheets are only sent to practitioners.

Vaccine clearings with remedies made from vaccines should be done very carefully and gradually and are best done under the supervision of an experienced practitioner, but if you want to try this at home, it is best to start with two pellets of a 30C potency once a week for two weeks, followed by 200C, 1M and 10M potencies once a week each for

two weeks. If your child or you have strong responses (aggravations) to the remedies, you should wait to repeat them, allowing the body to catch up while giving extra vitamin C, fish liver oil, zinc and taking Epsom salt baths. Clearing rounds of the vaccine remedies may have to be repeated several times. For those interested in learning more, consider reading Tinus Smits' book *Autism Beyond Despair*.¹⁹ However, since its publication in 2010, informed practitioners have amended and slowed down the book's clearing protocols to reduce the risk of aggravations.

It's important to find out exactly which brands of vaccines you or your child have received. Different companies produce similar vaccines, but they're sold under different names.

HOMEOPATHIC REMEDIES TO CONSIDER IN VACCINE INJURY

I. For *acute reactions* after a recent vaccination, the following remedies may be helpful:

ACONITUM NAPELLUS: Sudden onset of intense symptoms, including high fever, restlessness, shock, hot, dry skin, bounding pulse. This could be helpful for acute high fevers with shock immediately after vaccinations.

APIS MELLIFICA: Localized swelling around the injection site, heat, redness, restlessness in the child, possible allergic reactions.

BELLADONNA: Also sudden onset of symptoms, possibly high fever, more delirium, throbbing and congestion.

HYPERICUM PERFORATUM: In case of intense, radiating and shooting pains after vaccine injections, radiation along limbs. Area feels hot, sensitive, with painful tingling.

LEDUM PALLUSTRE: Main remedy if the injection site becomes hard, sore or discolored. Can be given prophylactically after vaccines to reduce risk of adverse reactions. Also for deep pain extending upward along the limb. May be helpful for vaccines received in the arm, also in adults.

SILICA: Can help to promote expulsion of foreign matter, may help the body to remove additives in vaccines. Can be given routinely after vaccines in 30C once a day for a few days. Also useful in case of abscesses after vaccines. Can be helpful if never well since a vaccination.

STRAMONIUM: In case of night terrors after vaccines. Child may scream at night inconsolably. This is a remedy with strong affinity for the brain and potentially helpful with symptoms of encephalitis.

II. For *chronic states* after vaccination, some of the above (such as *Belladonna* and *Stramonium*) may still apply, especially if a child is still in an acute-appearing, but long-term altered state after a vaccination.

CALCAREA CARBONICA: May be indicated in chubby, sweaty children who recover slowly after vaccinations and/or develop chronic weakness.

HYOSCYAMUS: Another great neurological remedy, indicated if the child develops strange behaviors after vaccines, such as licking tables, windows, floors, playing with urine and feces, precocious sexual behavior.

NATRUM MURIATICUM: Long-term emotional flattening, feelings of grief or isolation after vaccination.

SILICA: As above, to help eliminate foreign matter. This can sometimes be helpful even years later.

THUJA OCCIDENTALIS: Residual hardness, nodules or lumps that remain after vaccination. Profound fatigue, muscle heaviness, feeling "not oneself" since the injections. Increased perspiration with offensive odor or oily, waxy skin. Sleeplessness, agitation, fixed ideas and repetitive thoughts. Emotional flattening and a sense of internal fragmentation. Recurring sinusitis or ear infections post-vaccination. Skin eruptions like warts or polyps after vaccination.

III. The *homeopathic preparations of the vaccines that were given* can be most helpful as described in this article.

For example, there are multiple brands of the DTaP vaccine, such as Infanrix, Daptacel and Kinrix. Knowing the specific brand helps guide more precise treatment.

Ideally, you'll want to use remedies made from the exact vaccines that were administered. However, there are also blended options, often called *poly-vaccine* remedies, which contain energetic imprints of most or all of the common childhood vaccines. I've found these mixtures can also be very effective, and in some cases bring about excellent results when brand-specific remedies aren't available.

THE AGE OF VACCINE INJURY AND THE ROLE OF HOMEOPATHY

We are living in the age of vaccine injury—hidden in plain sight and disguised under a thousand different names. A large share of the population has likely been affected, knowingly or not, through vaccinations reaching all the way back to early childhood. The classification of vaccines as “biologics” has allowed manufacturers to skirt the more rigorous safety testing required for conventional drugs, while liability shields for both manufacturers and medical professionals have opened the door to an ever-growing list of injections offered without true long-term monitoring or accountability for harm.

As we have seen, even when research shows harm in the vaccinated, it is not published for fear of public reprisals and job loss. The result is a silent epidemic—and generations weighed down by chronic illness and neurodevelopmental struggles, all too often brushed aside as “coincidence.” Families are left to pick up the pieces, while the system that caused the harm hides behind immunity and semantics.

But there is still hope. Homeopathy stands as both remedy and revelation—a means not only to heal but also to expose what modern medicine refuses to see. It offers a light in the fog of denial, and a way for the vaccine-injured to reclaim their health, vitality and future. 

Anke Zimmermann, BSc, FCAH, is a professional homeopath with thirty-three years of clinical experience and a large international

online practice. She has a special interest in children's developmental and behavioral challenges and teaches courses on homeopathic approaches to autism and other complex challenges. She lives in Yubou on beautiful Vancouver Island in Canada. For more information, visit her website at ankezimmermann.net.

REFERENCES

1. *Vaccine Safety: Introduction to Vaccine Safety Science & Policy in the United States*. ICAN White Paper (Version 1.0), Oct. 2, 2017. <https://www.ankezimmermann.net/uploads/8/2/6/0/82607374/vaccinesafety-version-1.0-october-2-2017.pdf>
2. None of the vaccine doses the CDC recommends for routine injection into children were licensed by the FDA based on a long-term placebo-controlled trial. ICAN, updated Oct. 18, 2023. <https://icandecide.org/wp-content/uploads/2024/03/no-placebo-101823.pdf>
3. Recombivax HB Hepatitis B Vaccine package insert. (Retrieved Feb. 13, 2026). <https://www.fda.gov/media/74274/download>
4. Engerix-B Hepatitis B Vaccine package insert. (Retrieved Feb. 13, 2026). <https://www.fda.gov/media/119403/download>
5. M-M-R-II package insert. (Retrieved Feb. 13, 2026). <https://www.fda.gov/media/75191/download>
6. <https://www.hrsa.gov/vaccine-compensation>
7. Lazarus R, Klompas M. *Electronic Support for Public Health—Vaccine Adverse Event Reporting System (ESP: VAERS)*. Submitted by Harvard Pilgrim Health Care, Inc., to the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, 2011. <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
8. Stratton K, Ford A, Rusch E, Clayton EW (Eds.). *Adverse Effects of Vaccines: Evidence and Causality*. Washington: National Academies Press, Aug. 25, 2011.
9. Marcus Zervos Biography, Wayne State University Center for Emerging and Infectious Diseases. <https://ceid.wayne.edu/profile/ab8188>
10. Lamerato L, Chatfield A, Tang A, Zervos M. Impact of childhood vaccination on short and long-term chronic health outcomes in children: a birth cohort study. Detroit, MI: Henry Ford Health System, n.d. <https://www.hsgac.senate.gov/wp-content/uploads/Entered-into-hearing-record-Impact-of-Childhood-Vaccination-on-Short-and-Long-Term-Chronic-Health-Outcomes-in-Children-A-Birth-Cohort-Study.pdf>
11. Mawson AR, Ray BD, Bhuiyan AR, Jacob B. Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children. *J Transl Sci*. 2017;3(3):1-12.
12. Mawson AR, Bhuiyan A, Jacob B, Ray BD. Preterm birth, vaccination and neurodevelopmental disorders: a cross-sectional study of 6- to 12-year-old vaccinated and unvaccinated children. *J Transl Sci*. 2017;3(3):1-8.
13. Kennedy Jr. RF, Hooker B. *Vax-Unvax: Let the Science Speak*. Skyhorse Publishing, 2023.
14. Bratsberg B, Rogeberg O. Flynn effect and its reversal are both environmentally caused. *Proc Natl Acad Sci U S A*. 2018 Jun 26;115(26):6674-6678.
15. Dutton E, Lynn R. A negative Flynn Effect in France, 1999 to 2008–9. *Intelligence*. 2015;51:67-70.
16. Lyons-Weiler J. Autism prevalence: a real, accelerating epidemic. *The Defender*, Apr. 24, 2025.
17. Current term enrollment estimates: spring 2025. National Student Clearinghouse Research Center, May 22, 2025. <https://nscresearchcenter.org/current-term-enrollment-estimates/>
18. Zimmermann A. Homeopathy to help mitigate the effects of coronavirus “vaccines.” *Wise Traditions*. Spring 2022;23(1):53-59. <https://www.westonaprice.org/health-topics/homeopathic-remedies-coronavirus-vaccine-side-effects/>
19. Smits T. *Autism; Beyond Despair – CEASE Therapy*. Emryss Publishers, 2010. www.emryss.com

The Wise Traditions Pantry

THE TRADITIONAL SPICES OF INDIA

By Sandeep Agarwal

India's spice chest is more than flavor—it's a millennia-old pharmacopeia. In both everyday cookery and India's classical medical system of Ayurveda, spices are valued not only as taste-makers, but as digestive aids, conditioners of metabolism and gentle therapeutic agents. Below, I explore six of India's most popular spices—cumin, cayenne, coriander, mustard seed, turmeric and garam masala—describing their culinary roles, Ayurvedic properties, traditional uses and what modern research suggests about their health benefits.

In Ayurveda, all foods, herbs and spices are characterized by their taste, energy, temperature and post-digestive effect, as well as their specific effects on the three “doshas,” which refers to different body and constitutional types known as Vata, Pitta and Kapha. Vata is composed of air and space, and is related to movement, breath and circulation. Pitta is composed of fire and water, and is related to digestion, metabolism and temperature regulation. Kapha is composed of earth and water, and is related to structure, stability and endurance.

Ayurveda teaches us that good digestion is central to health, and in India, spices are highly valued for their digestive-stimulating effects. We like to say they “kindle the agni,” which means they stimulate the production of gastric juices. “Agni” means fire; in this case, we are talking about the digestive fire. In general, spices help us digest our food better, and they help our bodies detox better, too.

Each spice has unique properties that affect the body differently. Some spices help to relieve gas and bloating, while others work to warm, stimulate or cool us down. In fact, the same spice may be used differently, depending on a person's constitution, current health problem (or imbalance) or a specific health issue.

Let's now look at six of India's most treasured spices, which we enjoy daily.

CUMIN

Cumin (*Cuminum cyminum L.*) is foundational to Indian cuisine. We call it *jeera*, which translates to mean “that which digests.” Thus, it is very good for digestive support.

Cumin seed is traditionally pan-toasted or fried in ghee or mustard oil. In ground form, it is often part of our favorite spice blends (called *masalas*); or one can add it whole to various dal recipes, soups, stews, vegetable dishes and breads. One of our favorite ways to enjoy cumin is Jeera Rice—basmati rice cooked with whole cumin seeds, salt and ghee. To deepen the flavor and release the aromatic oils, we often briefly toast cumin seeds alone or with other spice seeds in a dry skillet before grinding or adding to a specific dish.

Ayurveda values cumin seeds for their ability to support good digestion and assimilation. The seeds are pungent, hot, dry and light, making them useful for easing gas and bloating, and, according to modern research, stimulating the release of digestive enzymes which, in turn, improves digestion.¹ Cumin's volatile medicinal oils and flavonoids contain antioxidants and antimicrobials. A teaspoon of roasted cumin seed powder in warm water is a treasured, age-old, post-meal drink we use to aid digestion.

CAYENNE / RED CHILI

Cayenne (*Capsicum annuum*) was popular in India long before it became a common household spice in the West. It is integral to many of our best Indian dishes and is often found in different *masalas* as well as pickles and vegetable and dal dishes. It is a good digestive aid that increases the digestive fire, helps maintain a healthy weight and supports a healthy microbiome.

In Ayurveda, cayenne has been used as a culinary and medicinal aid to treat congestion and sluggishness, and to increase circulation and

In India, spices are highly valued for their digestive-stimulating effects.

metabolism. However, too many hot spices may aggravate acid reflux, gastritis or inflammatory conditions, so using hot chili peppers of any variety should be specific to each person.

In some instances, one can apply cayenne topically for pain management. Some interesting traditional uses include mixing cayenne with butter and applying to painful, swollen joints, making a paste of cayenne and sandalwood to be applied to the forehead to treat headaches, and mixing with honey or sugar and taken to help relieve a sore throat and improve the voice.

In modern times, researchers have studied cayenne extensively for its anti-inflammatory properties and beneficial effects on heart disease, high blood pressure and vascular and metabolic diseases.²⁻⁴

CORIANDER

Coriander seeds and leaves (*Coriandrum sativum* L.) are staples in Indian cuisine. We love to use whole coriander seeds—toasted or ground—with other spices in many of our favorite masalas. In traditional Indian cuisine, we use fresh coriander leaves (cilantro) most often as a cooling garnish for our hot and spicy dishes.

In Ayurveda, coriander is a mild diuretic and soothing digestive aid used to reduce excess heat. The combination of coriander seeds with cumin and fennel makes a popular drink known as “CCF Tea.” This delicious, calming tea is a digestive tonic, a mild diuretic and a gentle body detox. In the summer, we like to drink coriander water made from the steeped, strained seeds as a cooling tonic. Both teas are good when you’re hot, or “hot and bothered,” regardless of the weather.

Coriander contains polyphenols⁵ and antioxidants. Ancient medical doctors observed its anti-inflammatory properties, and, in modern times, researchers have studied it, including in clinical trials, for treating and managing complications from type 1 and type 2 diabetes.⁶⁻⁸

MUSTARD SEED

Cooking with mustard seed (*Brassica juncea* / *Brassica nigra*) is an age-old tradition we use when tempering spices and aromatics in oil or ghee. Using this technique, called *tadka*, we fry the mustard seeds for a few seconds until they pop and become fragrant before preparing the rest of the dish. The hot fat enlivens mustard seed’s sharp pungency, releasing great flavor. Mustard seed is also used for making a variety of pickles and mustards.

In Ayurveda, depending on the patient, mustard may be used for external or oral use; the pungent taste helps improve circulation, while mustard plasters may be used topically for healing. When consumed, mustard seed stimulates digestion and circulation, helping to reduce congestion and heaviness. Overuse or inappropriate use could aggravate inflammatory conditions due to the heating and pungent qualities. However, the small amount we use when making our *tadka* is not a problem for most people, and is typically balanced by other cooling herbs, spices and foods.

Studies of the glucosinolates (pungent-tasting compounds found in plants) and omega-3 fatty acids of mustard seed highlight antimicrobial

and anti-carcinogenic properties known to help reduce inflammation and lower the risk of cardiovascular diseases and cancer.⁹

TURMERIC

Of all the spices, turmeric (*Curcuma longa*) is probably the one that researchers have most scrutinized for its wide range of health benefits.¹⁰ A member of the ginger family, it is perhaps the most iconic Ayurvedic spice of all time. It gives curry powder that gorgeous golden/yellow-orange color, which comes from curcumin (thus the name “curry”), a carotenoid compound found in the root of the turmeric plant. Turmeric is a favorite in hot golden milk, rice dishes, roti (Indian flat bread), curries, dal, vegetable dishes, dressings, sauces and pickles.

Traditionally, turmeric has been used to brighten the complexion and heal various skin diseases. It is used through many channels, including nasally, orally and topically. We even use it in ceremonial pastes for special occasions and holidays.

In Ayurveda, turmeric’s pungent, bitter and astringent properties make it ideal for internal and external purification and wound healing. It’s an antioxidant and an anti-inflammatory, and is traditionally regarded as a mild digestive stimulant and liver tonic.

Modern research suggests potential effects on liver and skin health as well as uses in wound healing. Testing has shown that, on its own, curcumin is poorly absorbed.¹¹ To ensure proper absorption, it must be combined with black pepper (piperine) and a dietary fat (ghee, in particular). This goes for both cooking and medicinal formulations. A pinch to a teaspoon in cooking is a common daily practice in most Indian households. However, for therapeutic doses, it’s best to consult a qualified Ayurveda or naturopathic practitioner, as high-dose curcumin supplements are sometimes best used under supervision.¹²

GARAM MASALA

Garam masala is not a single spice but a warming blend that contains various spices. Our favorites are cardamom, Ceylon cinnamon, cloves, cumin, black peppercorn, coriander and nutmeg.

Traditionally, garam masala is added to dal, rice and millet dishes, dry vegetable dishes, marinades, dry rubs, stews, curries and gravies. It's commonly used as a finishing spice, stirred into a pot or sprinkled over food just before serving.

In Ayurveda, garam masala is considered warm and stimulating; it enhances digestion and circulation, and adds balancing warmth to heavier foods. Ayurvedic practitioners combine herbs and spices because the healing effects can be greater due to the synergy between the spices—meaning they work together, supporting each other, bringing balance between the taste and properties of each spice. However, in the modern published literature, the spices found in garam masala have been studied individually rather than in combination.

MORE THAN SEASONING

Our Indian culinary practices and Ayurvedic wisdom treat spices as more than seasoning—they are gentle daily medicines woven into our meals. Even modern science has validated many of our traditional observations—such as turmeric's anti-inflammatory effects, cumin's digestive properties and cayenne's action on pain and metabolism—while also highlighting the complexities of dosing and bioavailability. The real strength of these spices lies in food-based, habitual use. Small amounts taken regularly in food, combined with healthy diet and lifestyle practices, support good digestion, excellent immunity and well-being with very low risk.

As with all traditional therapies, spices are meant to be personalized to your unique constitution and state of health. For this reason, and for significant health issues, we recommend consulting with a qualified Ayurvedic practitioner familiar with the tastes and properties of all of India's superb healing spices. Happy cooking! 

Sandeep Agarwal is a graduate of David Winston's Center for Herbal Studies, where he learned the use of three hundred medicinal herbs from the healing traditions of Ayurveda, Traditional Chinese Medicine and European and Native American cultures. He is an avid lover of nature, cooking, travel, traditional foods and cultures, as well as jokes, riddles, fables and stories. His lifelong love and respect for traditional wisdom and culture as well as his desire to keep his family healthy eventually led him to the Weston A. Price Foundation, where he has been a chapter leader for the past thirteen years.

REFERENCES

1. Rokonuzzaman, Jannat N. A comprehensive review of cumin is a natural remedy for health and wellness. *Int J Med Res Health Sci.* 2023;12(4).
2. Chauhan M, Kant C, Negi C, et al. Blood circulation stimulation properties of cayenne pepper: a review. *IOSR Journal of Applied Chemistry.* 2018;11(5):78-83.
3. Health benefits of cayenne pepper. Cleveland Clinic, Nov. 30, 2021.
4. McCarty MF, DiNicolantonio JJ, O'Keefe JH. Capsaicin may have important potential for promoting vascular and metabolic health. *Open Heart.* 2015 Jun 17;2(1):e000262.
5. Mechchate H, Es-Safi I, Amaghnoije A, et al. Antioxidant, anti-inflammatory and antidiabetic proprieties of LC-MS/MS identified polyphenols from coriander seeds. *Molecules.* 2021 Jan 18;26(2):487.
6. Gray AM, Flatt PR. Insulin-releasing and insulin-like activity of the traditional anti-diabetic plant *Coriandrum sativum* (coriander). *Br J Nutr.* 1999;81(3):203-9.
7. Kumar S, Lamba D, Khanduri S, et al. Potential of *Coriandrum sativum* in management of diabetes and hyperlipidemia: a comprehensive review of pharmacological evidence and mechanisms. *Int J Basic Clin Pharmacol.* 2025 Mar;14(2):324-329.
8. Zamany S, Barzegar A, Aghapour B, et al. Effects of dietary supplementation with coriander seed powder on serum lipid profile, glycemic indices, and oxidative stress biomarkers in patients with type 2 diabetes mellitus: a randomized, double-blind, placebo-controlled trial. *Prev Nutr Food Sci.* 2025 Dec 31;30(6):529-538.
9. Das G, Tantengco OAG, Tundis R, et al. Glucosinolates and omega-3 fatty acids from mustard seeds: phytochemistry and pharmacology. *Plants (Basel).* 2022 Sep 1;11(17):2290.
10. Restivo J. Turmeric benefits: a look at the evidence. Harvard Health Publishing, Mar. 22, 2024.
11. Hewlings SJ, Kalman DS. Curcumin: a review of its effects on human health. *Foods.* 2017 Oct 22;6(10):92.
12. Brown ME. Turmeric benefits. Johns Hopkins Medicine, n.d.

JEERA (CUMIN) RICE (serves 4)

INGREDIENTS:

1 cup organic basmati rice and 2 cups filtered water
Good quality salt, to taste
4 tsp organic, grass-fed ghee
1 tsp organic whole cumin seeds
Cilantro

INSTRUCTIONS:

1. Put the rice, water and salt in a saucepan. If time permits, allow the rice to soften in the water for an hour or two. Otherwise, proceed with cooking.
2. Bring the water to a boil. Reduce heat to low; cover and cook until water is absorbed.
3. When rice is done, melt ghee in a skillet over medium heat. When hot, add cumin seeds, stirring and frying just until toasted and aromatic, about 1-1½ minutes.
4. Immediately add the ghee to the rice, using a fork to fluff up the grains. Garnish with cilantro.

Wise Traditions Podcast Interview

INTERVIEW WITH DEL BIGTREE
AN INCONVENIENT STUDY



Hilda Labrada Gore has been the host and producer of the Wise Traditions podcast for the Weston A. Price Foundation from 2016 to 2026. Hilda is a certified integrative nutrition health coach who has traveled extensively—to Mongolia, Peru, Ethiopia, Ecuador, Kenya, Australia and many other countries—to continue uncovering ancient health practices. Besides WAPF podcast interviews, she shares information from experts, experiences and epic adventures on her Holistic Hilda YouTube channel and social media platforms. Hilda has energy to spare in part because she keeps her feet on the ground and her face to the sun.

HILDA LABRADA GORE: The study we've been waiting for is here! A researcher at Henry Ford Health conducted a retrospective study of vaccinated and unvaccinated children to document their health outcomes. He promised that he would publish the results, but then decided not to. Why not? The answer may have to do with the "inconvenient" results of the study. Del Bigtree, CEO of the Informed Consent Action Network (ICAN) and host of *The HighWire*, decided to get the results out to the world through his film, *An Inconvenient Study*,¹ focusing on the alarming results that the investigators were not eager to reveal: unvaccinated children had better health outcomes than vaccinated children.

DEL BIGTREE: This study exists by the grace of God. Back in 2016, I was traveling the country with the *Vaxxed* movie, and we were in Detroit, where Henry Ford Health is headquartered. [Henry Ford Health provides healthcare services at over five hundred fifty sites across Michigan, as well as offering health insurance and conducting research.] Someone told me that a top infectious disease specialist at Henry Ford Health, Dr. Marcus Zervos, MD, had watched *Vaxxed* and was interested in having dinner with me. I said yes.

Dr. Zervos is a world-renowned scientist and head of Infectious Disease at Henry Ford Health. Some years ago, he was one of the lead investigators at the center of the water crisis in Flint, Michigan,² which included reports of lead in the water as well as problems with Legionnaires' disease. The state health department was acting like there was no problem. Dr. Zervos did the studies on the water and stood up against the health department, telling them that the water was toxic and they needed to do something about it.³ He got into some trouble when he "outed" the health department for not taking care of people. He is a good scientist who follows the data and tries to do what's right.

When we sat down to dinner, the conversation started out in an interesting place. The first thing Dr. Zervos said to me was, "I've watched your film, *Vaxxed*. It's very compelling, but you're saying something in all your speeches that I find difficult. You keep saying they've never done the science to prove that vaccines are safe. I'm a huge proponent of vaccines. I was offended by that. I sit on the biggest databases in the world. I went to get all the information so I could show you that you're wrong." Then he looked me in the eyes and said, "I'm shocked that I have to sit across from you and tell you, you're right. We have never done any proper placebo-based trials to establish safety in any of the childhood vaccines. I want to be clear. That doesn't mean the vaccines aren't safe, but it does mean we can't *say* that they're safe." I said, "Marcus, that's all I've been saying." He said, "I've watched you. You're very careful about being accurate."

Ultimately, he said, "I'm pro-vaccine. I don't know what I can do for you." I said, "If vaccines are making us healthier, why don't you prove it by doing a study that compares vaccinated to unvaccinated? Henry Ford is one of the greatest research institutes in the world. Would you do this study?" He said, "I would do that study."

For the medical freedom movement, this is the holy grail of studies. We've been asking for it for decades. But then I warned him. I said, "If this study turns out the way I think it might, it could be damaging to your career." He said, "I don't care about things like that. I follow the data where they lead me. Besides, I'm about to retire." I said, "Great."

The study didn't happen right away, but I kept pushing. I would call Dr. Zervos and ask, "Are you going to do that study?" Finally, in 2018, Aaron Siri (ICAN attorney) and I flew to Michigan to talk to Dr. Zervos in person. We said, "Marcus, you should do this study. There's

almost a civil war over this conversation. Are these vaccines safe or not? Are they causing other effects we're not seeing? You could end this question forever and prove that vaccines are great." We challenged him in that way, and he said, "Okay." He did the study and finished it by 2020. The study included over eighteen thousand children; nearly two thousand were unvaccinated.

HG: This was a retrospective study looking back at data accumulated at Henry Ford Health.

DB: Henry Ford Health has its own medical system and its own insurance system. It's a provider and insurer, and it's also the hospital. This study had some of the best data collection on children, because not only did Henry Ford Health provide the healthcare and give the vaccines, but if a child happened to go to a doctor outside of the Henry Ford Health system, the fact that Henry Ford was also the insurer meant that they had those data, too. This study was done with some of the best data we've ever seen.

The idea was to compare the two groups and ask simple questions about their health outcomes. And that's what they did. I knew that Dr. Zervos was pro-vaccine. He had made that clear. He was doing the study to prove us wrong. Some would say that could have been risky, but I had seen so much science around this issue at this point that I thought, "Let the chips fall where they may." We only had one request for Dr. Zervos. I said, "No matter what, agree to publish it. Whatever the study shows, publish it." He said, "I'll publish it."

But in 2020, after he had completed the study, he was not publishing it. Suddenly, we could barely get him on the phone. Something was wrong. We kept reaching out, and he said, "I can't publish it." I finally said, "Would you have dinner with me? Can we talk about it?" I flew to Detroit to have dinner with him, and I brought hidden cameras with me and recording equipment.

HG: This is the part that felt like a James Bond movie to me. Was that legal?

DB: Yes. I'm lucky that ICAN has the greatest

attorney, certainly of our lifetime, in Aaron Siri. There's not a single thing I do that I don't run through my legal team. And indeed, you need to be careful about this because there are states where that is illegal. If, for whatever reason, you find yourself in a situation where you want to record a conversation, you have to be in what's called a "one-party state." That means that in that state, only one of the two people in a conversation has to know that there's a recording happening. In "two-party states," both parties have to be aware that the recording is happening. I cannot remember another time I've ever brought hidden cameras to something. It's not my style. There are guys who are famous for having that style. I leave that to them.

This was a different situation. At that point, I hadn't even seen the study results, but I thought, "If that study says what I think it says, this may be the most important study that has ever been conducted. Children are in harm's way. If he's not publishing it simply because he's afraid or something like that, then it's my duty to get that information or have that information in a way that I can prove it and figure out a way to save children's lives with that." It overrode my usual concern because when I do reporting, I always tell my contacts and whistleblowers, "I'm never going to 'out' you." In this case, it wasn't about my reporting. This was about an agreement we had. I said, "You said you would publish this study, so I want to know why you're not." That's why I brought the cameras. That's why we have this very important information that comes from Dr. Zervos.

HG: I noticed that the word "important" is exactly the word Dr. Zervos used to describe the study. He agreed with you that it was an important study. What did that meeting reveal about why he wasn't publishing his results?

DB: If you watch the film, he says several times in many different ways that it's a good study and an important study. I even asked him, "Is there any way this study could be done better?" He said, "I don't see how." I asked, "Why won't you publish it?" He said many different times, "It's because it will destroy my career. I will be finished." I even reminded him of what he had said back in 2016. He had said that he was about to retire and that he "follows the data where they lead." I reminded him, "That was your energy at the time." He said, "I'm not in the same headspace any longer."

A part of it, which is lightly revealed in the film, is that he had just overseen a study at Henry Ford Health on hydroxychloroquine,^{4,5} showing that hydroxychloroquine reduced death in Covid patients by 50 percent. He got attacked by Fauci and everybody on that, and he'd previously been attacked for standing up for what was right on the Flint, Michigan water thing. I think he had no armor left to his consciousness or his soul. But I want to leave it to people to decide. It's what makes the film so fascinating. We have a lot of crazy footage. Ultimately, it is a very interesting study of a human being because his soul comes through. You can feel that he wants to do the right thing, but he says, "I'm not a good person." It's a sad realization. He says, "I'm not like those other heroes that come out and speak out." It's a fascinating moment.

The results of the study are shocking. The conclusion was that the vaccinated had two and a half times the rate of chronic disease compared to the unvaccinated. I'm not talking about a 20 or 25 or even 80 percent increased risk—this study found a 250 percent increased risk of having a chronic disease. When you look at the results for autoimmune diseases and neurodevelopmental disorders, it is nearly a 600 percent increased risk among the vaccinated. These are off-the-charts numbers.

One of my favorite things about this film and this study is that they are sparking debate around the world among scientists and doctors. One of those is Dr. Peter Gøtzsche, who is one of the founders of the Cochrane Collaboration. He is brilliant. This is a guy who built the collaboration that was going to analyze all studies in the world. They are famous for doing this. In fact, you think of Cochrane when you're going to design a study because you have to look at what they need from a good study.

Dr. Gøtzsche has pored through the Zervos study. He acknowledges that any retrospective study has problems because people have

already made decisions, and you don't have control over it the way you would if you did a placebo-based trial. But he says, "Those placebo trials were skipped by the childhood vaccine program. They've never been done. Now they say it's unethical to do them. They won't do the studies now, so the gold standard that's left is a retrospective study." Gøtzsche has pointed out that while there may be problems with any study like this, these numbers are so big, they cannot be written off by "confounding issues" or the types of things that Henry Ford Health and other scientists on the pro-vaccine side are trying to argue.

The critics are saying that it's not a good study, or that the data are not good, or that there is not a big enough control group. But there are

WISE TRADITIONS BIDS GOODBYE TO HILDA AND WELCOMES KENDALL AS PODCAST HOST

In 2015, chapter leader Hilda Labrada Gore approached Sally Fallon Morell with the idea of a podcast for WAPF. Hilda had recently returned from Kenya, where she spoke with the Maasai about wise traditions, and she believed it would be valuable for WAPF to launch a show highlighting indigenous traditions, experts, authors and leaders in the ancestral food movement.

WAPF launched the *Wise Traditions* podcast in 2016 with Hilda as host and producer. Dedicated to conversations about food, farming and the healing arts, the podcast has become a tremendous success—regularly appearing in the top

200 of Apple Podcasts' Health & Fitness charts and reaching over 16 million downloads to date. Now, after ten years, we bid Hilda farewell as she steps away from her role as host and producer. We are deeply grateful for her vision and dedication in launching and building the podcast over the past decade.



The podcast baton (aka microphone) is passed to Kendall.

We are delighted to welcome Kendall Nelson as the new host and producer. Kendall brings extensive experience in media production. In 2011, she directed and co-produced *The Greater Good*, an award-winning documentary about families whose lives were profoundly affected by vaccination, and she is currently working on a film project for WAPF. With a background in filmmaking and years of interviewing experience, Kendall is well prepared to carry forward the podcast's thoughtful, in-depth conversations. For ten years, she has also served as WAPF's vaccine expert, shaping action alerts and contributing a regular column to the *Wise Traditions* journal.

Kendall is honored and excited to step into this new role, and WAPF is thrilled to welcome her as the next voice of the *Wise Traditions* podcast.

two thousand unvaccinated kids in this study! To give some perspective, the study that was used to approve the hepatitis B vaccine given to day-old babies had only one hundred forty-seven total children, with no control or placebo group, and the children were followed and monitored for only five days. In other words, a five-day safety study of one hundred forty-seven children was deemed perfectly good science—good enough to mandate and give a vaccine for a sexually transmitted disease to newborns across America. Yet a study with eighteen thousand kids, including two thousand unvaccinated, followed for multiple years, doesn't have “good enough data”? I don't buy it.

Henry Ford has sent us a cease-and-desist. They're saying that it's defamation for me to be saying that they didn't publish the study because they were afraid of the results. They're saying, “The reason we didn't publish it was because it's not a good study. It's bad data.” They said that before they knew that I had the hidden camera footage of their lead scientist and infectious disease expert.

Henry Ford wants to see all the footage. They want all of it, not just what's in the film. I said, “First, you're going to have to give us all the data for your study.” We'll see where that goes.

HG: You're holding their feet to the fire in your inimitable way. Have other groups done this kind of retrospective study before? Your film hints at that fact.

DB: It does. It is the most important part of this film. Truthfully, any single retrospective study could potentially have some anomaly or flaw. That is why good science has to be reproducible. In fact, to take a side note, it's one of the beautiful things that Jay Bhattacharya is involved with as the head of the National Institutes of Health (NIH). He says, “We're no longer going to infer the quality of a study based merely on its publication in an esteemed journal like the *Lancet* or the *British Medical Journal*. The quality of a study will be judged on the number of studies that have produced the same results.” He is moving science to where it should have been.

Over the last several years, almost every

editor of major peer-reviewed science journals has said, “More than 50 percent of the science that's happening in our journal can't be reproduced,” which means it's total baloney. All these things that we see being published, you can't assume they're true. Harvard started testing many of the scientific realizations in papers across the country, and it's the same thing—less than 50 percent where they could reproduce the science. Reproducible science is everything. In a world where there's so much funding, there's a lot of motivation to hide your flaws under the bed.

I say all that because that is what is so important about this study. Depending on how you look at it, there have been around four or five decent vaccinated-versus-unvaccinated studies. One of the most famous ones was by Dr. Anthony Mawson out of the University of Mississippi. He did a homeschool study where he pulled six hundred mothers of homeschooled children and collected data on the vaccinated and the unvaccinated.⁶ That study had very similar numbers to this one. There was something like five times the rate of neurodevelopmental disorders, four times the rate of autism, thirty times the rate of rhinitis and off-the-charts rates of asthma. The same signal happens in the Henry Ford study.

You also have Dr. Paul Thomas, the Oregon doctor who had a huge pediatric practice. He was waking up to vaccines. He was allowing people not to vaccinate. One day, he said, “I have a lot of patients who aren't vaccinated. Let me take all the health records of every kid that was born in my practice and compare the vaccinated to the unvaccinated.” He had very similar results.⁷ The vaccinated were sicker. They had higher rates of asthma and higher rates of all sorts of autoimmune diseases. In addition, Brian Hooker and Neil Miller have done a study.⁸ Same results. I say “the same” in that it is the same signal. Not one of these studies shows that the unvaccinated are the ones who are sick. Every single one shows serious chronic disease issues among the vaccinated.

Mainstream science has torn into those studies, saying they were done by “anti-vaxxers,” which is not true. Anthony Mawson wasn't an anti-vaxxer, he was a legitimate professor. Or if you look at Brian Hooker, yes, he has a vaccine-injured child, so some might argue he has a bias—but these are good scientists. Paul Thomas lost his medical license for doing his study. Anthony Mawson had his career attacked. Dr. Marcus Zervos knows these stories. He knows that when you decide to delve into this territory, the pharmaceutical industry starts attacking you, as well as the U.S. government and health agencies. Luckily, with Robert Kennedy Jr. at the Department of Health and Human Services (HHS), I don't think HHS will attack the Henry Ford study.

What sets it apart is that Henry Ford Health states how pro-vaccine it is in its own advertising. Dr. Marcus Zervos said, “I'm the reason we force-vaccinate everyone who works at Henry Ford Health.” You couldn't get more pro-vaccine. If you're going to say, “This study had a bias,” it was going to be a bias in favor of the vaccinated, which is what makes this so unique. They set out to prove that the vaccinated were healthier. Instead, some of their data are even more damaging and terrifying than those other studies.

Up until this moment, no study in the world comparing vaccinated to completely unvaccinated has been able to show that the vaccinated are

healthier. That highlights a major problem with the vaccination program. That is what we're shouting from the mountaintops with this film. This is only eighteen thousand kids. The CDC needs to take a larger database. We need to take the health databases of every single state in America. We need the National Health Service (NHS) in England to take its entire database, as well as Sweden, Japan and countries across the world. "Compare your vaccinated to your unvaccinated."

Around the world, of course, countries are all using different vaccine schedules, but we in the U.S. are the most vaccinated nation in the world. If the Henry Ford study results are true, and the other four or five studies that have been done are true, then we have made an absolute and complete scientific error with this vaccine program—because the numbers are staggering.

RFK Jr. and President Trump say that 40 percent of children have at least one chronic disease. I say 54 percent, because I like to add in obesity. I don't think you can blame obesity just on lifestyle decisions. These chemicals and maybe even these vaccines are contributing to it. Fifty-four percent of our children are chronically ill with either a neurological disorder, an autoimmune disease or obesity. That is up from 12 percent in the 1980s. That means that in roughly forty years, we've seen the greatest decline in human health that has ever been recorded. We're the sickest nation in the world. We have the sickest generation of children that has ever been in this country. So, Tony Fauci and Peter Marks do not get to dance around and say how great they are and praise the CDC and HHS. Our regulatory agencies have overseen—and, frankly, been responsible for—the greatest decline in human health, especially children's health, that has ever been recorded.

Keeping the 54 percent of American children with chronic disease in mind, look at the Henry Ford study. When they did a chart showing the likelihood, over ten years, that a vaccinated individual would develop a chronic disease, that likelihood was 57 percent. That is close to 54 percent.

HG: You asked Dr. Zervos to do this study because you had seen the data accumulating from true scientists indicating that unvaccinated populations are consistently healthier.

DB: I was also suspicious because not a single health agency in the world has ever produced this type of study. I'm a journalist. You learn to have a feeling about things or a red flag about something. You also have had Robert Kennedy Jr. out there saying that they've never done placebo-based trials. I was his director of communications when he ran for president, so I have a bias on this story. There was not a health agency in the world that wanted Robert Kennedy Jr. to be HHS secretary. I assure you, it is not lost on them that—if vaccines were truly safe—all they would have needed to do to prove RFK's statements wrong would be to compare the vaccinated to the unvaccinated. In the U.S., the CDC under Joe Biden could have done it. The CDC under Obama could have done it. The CDC at any time could have done this study to "shut up" Del Bigtree, every anti-vaxxer, Andy Wakefield and Robert Kennedy Jr. They could have said, "See? We compared these two groups of kids, and the vaccinated are clearly living

longer and have healthier lives." Why has that study never been done? If it had been, you would have known about it. That would have been a huge headline—Sanjay Gupta would have never stopped talking about it. It would have been the headline around the world. Why wouldn't they do the most obvious study known to man to finally win this argument?

I had a hunch when I went to Dr. Marcus Zervos. My hunch is that they have done this study, every way possible. Thousands of ways. But the data are so incredibly toxic and damning that all they can do is attack anyone who tries to do this type of study—because it's all they have left. The genie is out of the bottle. This study shows that this conversation is all but over. We are going to have to ask, "Did we trade chickenpox for permanent chronic eczema?" Parents will have to ask, "Are my kids going to have to fight a rash all over their body their entire life, versus me allowing them to have a rash for four or five days?" That is the question of our time. "Did we trade a trivial childhood illness for a chronic lifelong disease?"

The CDC came out with a study in 2025 that 76 percent of adults are chronically ill.⁹ We're dying. Our species is dying. We're the only animal on the planet that is losing the ability for our immune systems to protect us. That's what that is. When you have an autoimmune disease, you have immune system dysregulation—your immune system isn't working right. Why would that be? Is it the fluoride in our water? Is it the pesticides on our crops? Is it the plastics? Is it the "forever chemicals"?

Is it possible that if immune system dysregulation is the crisis of our times, that it's this product we're giving you that is designed to alter your immune system for life? Vaccines are designed to trick your immune system into fighting a disease you don't have. We're not tricking it one time, ten times, twenty times, fifty times or even sixty times. We have seventy-two vaccines by the time we're eighteen, yet we're shocked that we suddenly have immune system dysregulation and immune systems that are confused. Our immune system is attacking proteins in our own body, attacking the myelin sheath around our nerves and attacking our liver and our pancreas.

It shouldn't take a rocket scientist to at least say, "We should probably move vaccines up to the number-one thing we test in the middle of this crisis. Maybe we've made a mistake." Maybe one vaccine was okay, or five. Maybe ten in the 1980s, when we were only at 12 percent chronic disease. Maybe that was a trade-off, but we are past that point. What this study and multiple studies show is that your child has more than a coin-toss risk of having a chronic disease if you vaccinate them. That's horrible. That's worse than 50 percent. This study shows that only 43 percent of the vaccinated will escape having chronic disease, whereas 83 percent of the unvaccinated will never have chronic disease. That is the news flash of all news flashes.

HG: How can people find the study if it hasn't been published?

DB: We got lucky. The reason this took so many years was that we couldn't figure out a way to publish it legally. That would be a copyright infringement or something. It wasn't the right way to go about it. We were looking for other scientists who might somehow be able to get these data from Henry Ford. The breakthrough came when Aaron Siri handed the study to Senator Ron Johnson to look at and said, "Senator, you've been doing great work on this topic. You should know about what this unpublished study shows." Senator Johnson said, "This is an outrage. This study needs to be seen by the world." As a public representative working for the public good, he was able to overcome some of the limitations. He published the study on the Senate website and had a hearing about it. By publishing it, he made it available to the public so that we could tell this story. I want to tip my hat to Senator Johnson, who has been an absolute hero for the vaccine-injured throughout Covid, which woke him up. Moving beyond that, he is looking at the childhood vaccine program. He "gets" it, and does so at great risk to his own career. That's what made it possible.

For anyone who wants to read the study, it is available on the Senate website¹⁰ and downloadable at the film's website (aninconvenientstudy.com). You can watch the film for free. I want everyone to share it with the world. You can

download it and have a house party. If you want a movie theater to screen it, you can ask for it, and we'll send the high-quality copy that a movie theater would use.

On the film's website, we are also publishing all the attacks on the study and our responses. I believe in the scientific method, and I want the challenges. I don't want to censor people who do not agree with me. I want an uncensored scientific debate to take place. It needs to take place, and it appears to be happening. We are putting out all the attacks that the mainstream scientists are making on this study, and we're rebutting them with scientific evidence and presenting the reasons why we think this study stands up. Peter Gøtzsche is doing the same, all on his own.

We're all saying the same thing. This should not be the final study. This does not end this conversation. Hopefully, this is the beginning of the most robust conversation that will ever happen. We need more studies. They need to be bigger. We need both sides signing off on how they're going to do the study before it's done, so we keep bias out of it. We need to make sure that we're not letting in any bias that can affect the studies. This is what Robert Kennedy Jr. is trying to do. This film and this study prime our understanding of the vaccinated-versus-unvaccinated studies that need to happen.

HG: What is keeping the government agencies, scientific institutions and health centers from doing or replicating this type of study or asking this important question? Is it money?

DB: Greed is a huge factor, but greed is not as big a factor as power. The pharmaceutical industry and the medical establishment have power over the world. We experienced it during Covid. No one saw it coming. Maybe Bill Gates did when he started buying up nongovernmental organizations (NGOs) and getting behind vaccine programs and pharmaceutical advancement. When did America take the greatest blow to its sovereignty we've seen in over a century? It was through health. If they could make us afraid that there was a pandemic, they could take away our rights to go to church, they could take away our rights to go to school, they could take away our rights to make a living, they could take away the most important and fundamental right of free speech. I lost my YouTube and Facebook channels. We had a president who we now know was involved in stopping free speech through social media and was promising that if re-elected, he would make misinformation their number-one campaign.

It was that very administration that told us that the vaccine stopped transmission, and it couldn't. They told us we had to wear masks when we know there's no science showing it can stop a particle as small as the coronavirus. [Editor's note: *The Weston A. Price Foundation has uncovered no evidence that viruses exist or that they cause disease.*] They told us about six-foot distancing, which is why we had to lock ourselves in our home, and that turned out to be an arbitrary, made-up rule with no basis in science whatsoever. Anthony Fauci said, "You're not attacking me. You're attacking science," as though he were the science.

The misinformation came from our own president, our own nation and all the leaders of the world. They want to be the ones to decide

what “misinformation” is. That was the most terrifying election I’ve ever sat through. I believe no matter what party you’re in, no party should ever stand for censorship or for having the government decide what the truth is. That is exactly why our founding fathers created the First Amendment. That is why we have the nation that we do. If we lose our First Amendment rights, we lose every right that comes after because you cannot fight for them.

That’s why this issue has been so important. I think researchers have never done these studies because they can’t do them. They’re all funded and corrupted by pharma. They’re not allowed to do these studies. People get fired for doing these studies, which is exactly what Zervos says over and over again. He is like a man who has seen a ghost. Some are angry at him because he wouldn’t charge into that fire, but for scientists, this is a suicide mission, which it should not be. It should never be scientific suicide to tell the truth. This has got to change.

With where technology is going, the games that they’re playing, and the things that they’re trying, if we can’t challenge it, I don’t think our species will last long on this earth. We can’t keep doing what we did during Covid, which is rush a product on the market that had never been successful in animal models, race it out to the public in a year, lie to the public about its efficacy, lie to the public about its safety, and then tell them, “You can’t go to work or school without getting that product.”

I hope that we’ve survived Covid. There are a lot of very scary things happening with the rise in cancer, heart disease and all the things that can be attributed to that vaccine. More studies need to be done, but let’s be clear. If we keep allowing the pharmaceutical industry to work that way—rush products out without long-term safety studies and use our government to force us to take them—can you imagine? It would only take one mistake to wipe our species off the planet. Not since the dawn of mankind has there been a “virus” that came anywhere close to wiping our species off this planet, but a mistake by man that is forced into every single body could be the end of us. That is why we need the scientific method. I feel like this film and this study have acted like a couple of shock paddles,

waking up science. It’s great that they’re attacking us, because it shows that they’re awake. “Let’s have this debate. Let’s do this!”

HG: What do you say to the critics who dismiss this study and its results?

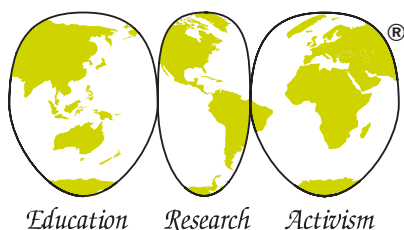
DB: You dismiss it at your own peril if you decide to stick your head in the sand and not look at the other side of the argument. The definition of insanity is believing you’re the only one who’s right. I make sure that I’m very careful to ask myself, in everything I do, “Am I seeing this because I have a bias?” We all have confirmation bias. No doubt about it. It’s “what we believe is what we see”—not “what we see is what we believe.” We have to be careful with everything that we do. That is why I’ve approached this film that way. What it presents is not an opinion. I’m showing you the evidence, the studies that have shown this result, and the people who have done these studies. You need to take that information in. If you can’t listen to the other side, then you don’t believe in science. You are a part of a religion. Religions demand faith in the perspective that you have. Science demands the challenge. You should want the challenge. You should want to see the challenge. You should want to have the argument and say to your side, “What are we going to challenge that with? What is our rebuttal to that?” Then, you can come to your own conclusions. You cannot be informed if you do not know both sides of this conversation.



Podcast #555 (Dec. 1, 2025).

REFERENCES

1. <https://www.aninconvenientstudy.com/>
2. Teller M. Lead in the water: Flint’s cautionary tale. *Wise Traditions*. 2016;17(1):42-46.
3. Gerstein M, Oosting J. Doctor: State health chief tried to conceal Flint data. *The Detroit News*, updated Jun. 18, 2017.
4. Arshad S, Kilgore P, Chaudhry ZS, ... Zervos M; Henry Ford COVID-19 Task Force. Treatment with hydroxychloroquine, azithromycin, and combination in patients hospitalized with COVID-19. *Int J Infect Dis*. 2020 Aug;97:396-403.
5. Zervos M, Arshad S, Kilgore P, et al. A sound approach: hydroxychloroquine reduces mortality in severe COVID-19. *Int J Infect Dis*. 2020 Oct;99:138-139.
6. Mawson AR, Ray BD, Bhuiyan AR, Jacob B. Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children. *J Transl Sci*. 2017 Apr 24;3.
7. Lyons-Weiler J, Thomas P. Relative incidence of office visits and cumulative rates of billed diagnoses along the axis of vaccination. *Int J Environ Res Public Health*. 2020 Nov 22;17(22):8674. Retraction in: *Int J Environ Res Public Health*. 2021 Jul 22;18(15):7754.
8. Hooker BS, Miller NZ. Analysis of health outcomes in vaccinated and unvaccinated children: developmental delays, asthma, ear infections and gastrointestinal disorders. *SAGE Open Med*. 2020 May 27;8:2050312120925344.
9. Watson KB, Wiltz JL, Nhim K, et al. Trends in multiple chronic conditions among US adults, by life stage, Behavioral Risk Factor Surveillance System, 2013-2023. *Prev Chronic Dis*. 2025 Apr 17;22:E15.
10. Lamerato L, Chatfield A, Tang A, Zervos M. Impact of childhood vaccination on short and long-term chronic health outcomes in children: a birth cohort study. Detroit, MI: Henry Ford Health System, unpublished. <https://www.hsgac.senate.gov/wp-content/uploads/Entered-into-hearing-record-Impact-of-Childhood-Vaccination-on-Short-and-Long-Term-Chronic-Health-Outcomes-in-Children-A-Birth-Cohort-Study.pdf>



Wise Traditions 2026

TWENTY-SIXTH ANNUAL INTERNATIONAL CONFERENCE OF THE
WESTON A. PRICE FOUNDATION

THE CONFERENCE THAT NOURISHES YOU IN EVERY WAY



Friday, October 16 – Sunday, October 18

Chapter meeting on October 15 & Farm Day October 19

AMERICA'S PREMIER NUTRITION CONFERENCE

Life-Changing Lectures • Practical Classes

Cutting-Edge Nutrition • Traditional Nutrient-Dense Meals

Wise Kids Program • WAPF-Friendly Vendors • Networking

For those interested in improving their health through food, farming & the healing arts.

CONFERENCE SPEAKERS

Josh and Adam Bigelsen, Holographic Blood
Neal Bosshardt, Healing Clay
Alejandro Carrillo, Soil Rejuvenation
Elisha Celeste, Fascia
Steve Campbell, Cattle Geneticist
Natasha Campbell-McBride, Vegetarianism
Cheryl Cidcko, Mold-free Building
Spencer Clanin, WAPF-style Desserts
Michael Clarage, Esoteric Science
Laura Delano, Mental Health
Ben Edwards, Measles
Mollie Englehart, Former Vegetarianism
Shannon Gooseen, Frequency Specific Microcurrent Therapy
Vaness Hargrove, Ferments and Sourdough Bread
Liz James, Blood Donations
Dan Kittridge, Soil and Nutrients
Chris Knobbe, Seed Oils
Helene Leeds, Wise Traditions Cooking
Amy Mihaly, GAPS

Thaddeus Owen, EMF Mitigation
Kate Pope, Feeding Babies
Thomas Massie, Supporting Local Farms
Leigh Merinoff, Educating Children
Sally Fallon Morell, Nourishing Traditions; Contagion
Toby Rogers, The Cost of Autism
Bill and Christina Schindler, Super Hot Dogs and Sour Beer
Reinette Senum, Geoengineering
Loredana Shapson, Reproductive Microbiome
Aaron Siri, Fighting Vaccine Mandates
Joel Salatin, Farming and More
Andi Simons, GAPS
Kate Tietje, Herbs
Ronald Whitemont, Homeopathy
Allen Williams, Soil Health
Will Winter, DVM, Expert of Pastured Livestock
Gregory Wrightstone, Climate Change Hoax

CONFERENCE HOTEL

OMNI SHOREHAM HOTEL

2500 Calvert St, NW, Washington, DC 20008

Special conference room rate is \$279 per night (plus taxes and fees).

You may book online (details at wisetraditions.org) or call (800) 843-6664 and mention the Wise Traditions conference.

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

Early Bird Discount • Monday Guided Farm Visit • Continuing Education Units • Volunteer Discounts • Children's Program

For more information, call (703) 820-3333 or visit wisetraditions.org

POST-CONFERENCE ACTIVITY

MONDAY, OCTOBER 23

Will Winter DVM & Steve Campbell Professionally Guided Farm Visit

Wise Traditions 2026

Washington, DC Schedule

THURSDAY, OCTOBER 15

~SCHEDULE IS SUBJECT TO CHANGE~

12:30-4:30 Chapter Leader Meeting with Lunch (For current chapter leaders--no charge)

FRIDAY, OCTOBER 16

7:15-8:45 Breakfast (extra fee) **8:00-5:30** Exhibit Hall Open
7:30-8:30 Movement

9:00-10:15 Sally Fallon Morell: Nourishing Traditional Diets, Part 1
 TBD
 Dan Kittredge: Soil and Nutrients

10:15-11:00 *Break and Visit Exhibits*

11:00-12:15 Sally Fallon Morell: Nourishing Traditional Diets, Part 2
 Natasha Campbell-McBride: Regenerative Farming the GAPS Way
 Laura Delano: Unshrunk

12:15-1:45 *Lunch and Visit Exhibits*

1:45-3:00 Leigh Merinoff: Teaching Children
 Michael Connett: Fluoride
 Vanessa Hargrove: Targeted Microbial Therapy: 8 Powerful Foods

3:00-4:00 *Break and Visit Exhibits*

4:00-5:15 TBD
 Panel: Ask The Practitioner
 Toby Rogers: Cost of Autism

6:00-7:00 *Dinner*

7:30-9:00 Thomas Massie
 Film: TBD

SATURDAY, OCTOBER 17

7:15-8:45 Breakfast (extra fee) **8:00-5:45** Exhibit Hall Open
7:30-8:30 Movement **7:30-8:15** Sponsor Presentation

9:00-10:15 Mollie Englehart: Former Vegetarian
 Amy Mihaly and Andie Simons: GAPS Diet Continued, Part 1
 Josh and Adam Bigelson: Holographic Blood
 Neal Bosshardt: Healing Clay

10:15-11:00 *Break and Visit Exhibits*

11:00-12:15 Helene Leeds: Mastering the Basics of WT
 Amy Mihaly and Andie Simons: GAPS Diet Continued, Part 2
 Elisha Celester: Fascia Alejandro Carrillo: Soil Rejuvenation

12:15-1:45 *Lunch and Visit Exhibits*

Wise Traditions 2026

Washington, DC Schedule

SATURDAY, OCTOBER 17 (continued)

1:45-3:00 Meaghan and Shane Carpenter: Fermentation without Compromise
Liz James: Blood Donations
Kate Tietje: Herbs
Gregory Wrightstone: Climate Change Hoax

3:00-4:00 *Break and Visit Exhibits*

4:00-5:15 Cheryl Cidcko: Mold-free Buildings
Kate Pope: Feeding Babies
Shannon Goossen: Frequency Specific Microcurrent Therapy
Michael Clarage: Estoteric Science

5:15-5:45 *Break and Visit Exhibits*

6:30-9:30 **Awards Banquet Keynote:** Aaron Siri

SUNDAY, OCTOBER 18

7:15-8:45 Farm-to-Consumer Fundraiser Breakfast
7:30-8:30 Movement

8:00-1:30 Exhibit Hall Open
7:30-8:15 Sponsor Presentation

8:45-10:00 Spencer Clanin: WAPF-Style Desserts
Sally Fallon Morell: The Contagion Myth
Loredana Shapson: Reproductive Microbiome
Thaddeus Owen: EMF Triage for Real Life

10:00-10:45 *Break and Visit Exhibits*

10:45-12:00 Bill and Christina Schindler: Super HOtdogs and Sour Beer
Allen Williams: Soil Health
TBD
Ronald Whitmont: Homeopathy

12:00-1:30 *Lunch and Visit Exhibits*

1:30-2:45 Vanessa Hargrove: Unlocking the Secrets of Sourdough
Ben Edwards: Measles and Cod Liver Oil
Reinette Senum: Geoengineering
Natasha Campbell-McBride: Don't be a Vegetarian

3:00-4:00 **Closing Ceremony:** Joel Salatin

MONDAY, OCTOBER 19

6:30 am-6:30 pm Will Winter and Steve Campbell: Professionally Guided Farm Visit

WISE TRADITIONS 2026 REGISTRATION FORM

First Name

Last Name

Name for Badge (if different)

Organization/Affiliation

☐ Check here if you are interested in donating food.

Address

☐ This is my first Wise Traditions conference.

City

State

Zip Code

Country

Phone

Email

NOTE: Please fill out one form per adult. The registration packet with meal tickets will not be mailed but will be available at the registration desk at the conference.

THREE DAY REGISTRATION includes sessions and lunch each day, Friday dinner and Saturday banquet. **Please circle the price you are paying: *EARLY BIRD ENDS AUG. 31ST**

	BY AUG 31	AFTER AUG 31	AGE 20 & UNDER
☐ Full registration with 5 meals (not breakfast).....	\$450	\$500	\$300
☐ Full Registration No-Meal Option	\$300	\$350	\$150

SINGLE DAY REGISTRATION includes sessions and lunch (no dinner).

Pick day(s) attending: ☐ Fri ☐ Sat ☐ Sun \$125/PER DAY \$140/PER DAY \$85/PER DAY
☐ Monday Guided Farm Visit 7 AM-6 PM (includes lunch).....\$110

EXTRA MEALS – Breakfast is NOT included in registration above.

- ☐ Breakfast: 1 day \$25: ☐ Fri ☐ Sat ☐ Sun
☐ Friday Dinner and Evening Sessions\$65
☐ Saturday Evening Awards Banquet.....\$85
☐ Lunch \$35/each Pick day(s): ☐ Friday ☐ Saturday ☐ Sunday\$50

DISCOUNTED ITEMS

Annual Membership: Renew or new with registration: ☐ \$30 (regularly \$40/\$50)
 Recordings with registration by Oct 15: \$126: On Demand ☐ OR \$156: Select format: ☐ USB ☐ DVD-ROM
 OR Combo: \$186 On Demand with either: ☐ USB ☐ DVD-ROM

CHAPTER LEADER DISCOUNT

☐ \$50 discount for chapter leaders for three-day rate (not for the volunteer rate) -\$50

CEUs FOR RNs & LACs

☐ RN ☐ LAC – ☐ All 3 days \$65 ☐ or Friday \$25 ☐ Saturday \$25 ☐ Sunday \$25
☐ Certificate of Attendance \$5 (for RD or nutritionist and anyone else)

CHILDREN'S PROGRAM (For children 3-12 years old and potty trained.)

_____ @ \$325 per child for Friday - Sunday with conference meals except Saturday dinner is not the banquet.
 _____ @ \$200 per child, for Friday - Sunday but no meals. _____ @ \$85 per child one day with lunch.
 Child's Name(s) _____ Age(s) _____

PAYMENT

Registration amount: _____ Additions _____ **Total Due: \$** _____

☐ Credit Card ☐ Check/Money Order (payable to WAPF)

Name on Card _____

Signature _____

Card Number _____

Exp. Date _____ CVV Code _____

CHAPTER LEADERS

- ☐ I'm a chapter leader. (\$50 discount on 3-day)
☐ I plan to attend the Chapter Leader Lunch & Meeting: **Thursday, Oct. 15, 12:00-4:30 PM**

How did you hear about the conference?

- ☐ WAPF journal ☐ WAPF email
☐ Friend/colleague ☐ WAPF flier
☐ WT podcast ☐ Twitter or FB
☐ Web advertisement ☐ WAPF website
☐ Print advertisement ☐ Radio
☐ Another conference ☐ Chapter
☐ Other, please specify _____

HOTEL (with special rates):

THE OMNI SHOREHAM HOTEL
 2500 Calvert St, NW, Washington, DC 20008
 (800) 843-6664 (mention WT conference)
 or book from our site

VOLUNTEER SPOTS & ROOM/RIDE SHARE:
 wisetraditions.org

REGISTRATION & INFORMATION

- ONLINE** wisetraditions.org
- PHONE** (703) 820-3333
- EMAIL** info@westonaprice.org
- FAX** (571) 777-8932
- MAIL** WAPF Conference
 4200 Wisconsin Ave, NW; PMB 106-380
 Washington, DC 20016

CANCELLATIONS

Requests for refunds must be emailed by September 30, 2026. Depending on the date, a processing fee of either \$50 or \$150 will be charged. No refunds after Oct 10.

EXHIBITING

wisetraditions.org/exhibit
 Contact Paul Frank (240) 481-3755
 paul@ptfassociates.com

By submitting this form, I authorize Wise Traditions to charge the applicable registration fees. If you cannot attend, substitutions will be permitted at any time.

All Thumbs Book Reviews

A Life of Weston Price: The Darwin of Nutrition

By Anne Wellman
Independently Published

Those of us with dog-eared copies of *Nutrition and Physical Degeneration* and *Nourishing Traditions* might wonder what another book can add to our knowledge of Dr. Weston A. Price. Well, wonder no more. Anne Wellman's 2025 biography brings fresh context to who Dr. Price was, what drove him to conduct in-person research on the diets of traditional peoples, and the impact of his work on the world.

Wellman divides her book into three parts: The Evolution, The Odyssey and The Book. In "The Evolution," she focuses on Dr. Price's life prior to his explorations to learn from "primitive people." (He did not use this term pejoratively—it was the terminology of the time.) Wellman describes the health challenge Price himself confronted when he had typhoid as a young man and includes details about his faith and marriage, where he and his wife Flo honeymooned (Lake Massanoga in Canada), and even about his ambitious project of building a hotel in that remote area. She also suggests that the passing of Price's only son Donald at age sixteen may have motivated him to explore how the body resists disease and sickness. This section highlights, in addition, Price's research and interest in making dentistry more effective and less painful. (He urged colleagues to use early iterations of x-rays and to become aware of the dangers of root canals and infections.)

In "The Odyssey," Wellman details Price's preparations for and experiences among the various groups he visited, from Switzerland to Kenya and beyond. Although the lion's share of this section will likely be familiar to most WAPFers, Wellman adds tidbits that may pique the reader's interest. For example, between 1921 and 1938, another explorer-dentist (coincidentally also Ontario-born) named Leuman Waugh traveled to Alaska to study the health

of indigenous people. Waugh came to a similar conclusion as Dr. Price—that the introduction of sweets and "white man's food" was leading to tooth decay and compromised health. (As far as we know, the two intrepid dentists never met.) Another interesting tidbit is that, early on, Price apparently was convinced that cereals, milk and seafood were "the best possible basic foods for obtaining the body's daily requirements of vitamins and minerals." Over time, he replaced the recommendation of cereals as a foundational food with organ meats.

In "The Book," Wellman assesses reactions to Dr. Price's book. Journalists of the time took issue with the fact that he never offered a "precise or concise definition" for the term "physical degeneration." Others mocked his work: "If parents wanted their babies to have perfect teeth and to be safeguarded from tuberculosis and facial deformity, then feed them seal oil, fish heart, fish eggs, caribou, milk made from moose marrow, bone extract of wild game and milk made from the stomach walls of the denizens of the frozen north."

Today, Price's work and that of the Foundation established in his name are still targets of criticism and ridicule, but the truths he uncovered have withstood the test of time. As a case in point, Dr. Price said: "It is doubtful if any sadder commentary will ever be written concerning our misguided craze for foods that are highly satisfying because they are high in energy and easily eaten. We have thought because they satisfy our hunger they were adequate. How strange that in our ignorance we have not before inquired the way from these experienced primitive people." How prescient! In 2026, we remain just as enamored by pseudo foods that promise much and deliver little.

To Wellman's credit, she does not gloss over inconsistencies or parts of Price's life that cast him in a poor light. She explains, for example, how early editions of *Nutrition and Physical Degeneration* included a forward by eugenicist



Price's work and the truths he uncovered have withstood the test of time.

Continued on page 63.

All Thumbs Book Reviews



Cheese Trekking: How Microbes, Landscapes, Livestock, and Human Cultures Shape Terroir
By Trevor Warmedahl
Chelsea Green Publishing

In a world addicted to ultraprocessed foods, virtual reality and AI, *Cheese Trekking* is the book we didn't know we needed. Trevor Warmedahl grounds us and reminds us of the smell of sheep, the importance of grandmothers, the gift of milk and the sacred in the mundane.

Cheese Trekking brings us back to wise traditions. Warmedahl visits cheesemakers in far-flung corners of the world, including remote Italy, Albania, Georgia, Mongolia and Spain. In exchange for room and board, he works alongside the locals, learning their regional approach to the ancient art. He describes in vivid detail the dozens of cheeses he encounters—some robust with surprising textures and aromas, others mellow and tender and sweet. Pecorino Siciliano (a mozzarella-like cheese), Brunost (a famous “brown” cheese from Norway) and Tushuri guda (Georgia) are just a few examples.

He kicks off with an overview of basic cheesemaking ingredients—milk, culture, rennet, salt—but, as we soon discover, all cheesemaking really requires is milk and a container. Warmedahl laments the industrialization and homogenization of cheese. In our haste to monetize and modernize, especially in the U.S., we rely on packaged cultures, stainless steel facilities and contactless production practices. We have disconnected cheese from the complexities of regional flavors and from the people and traditions that brought it about. Terroir—shaped by the animals, grasses, time of year, where the cheese is stored and the hands that milk, bless and handle it—is what gives cheese its character and unique flavor profile.

Traditional practices yield robust cheese in all of its raw, beneficial microbial diversity. “A certain paradigm still tends to view microbes in milk as contaminants, and it is even upheld by many producers of raw drinking milk, who

attempt to produce milk with the lowest possible bacteria counts. This view is misguided and dangerous. Milk and microbes are inseparable. Microbes are not just an integral part of milk but are also the basis for healthy, functioning bodies, soils, landscapes and planets. Life without microbes is the delusion of a sociopathic, distorted worldview. *Contamination* is another word for ‘life.’”

Warmedahl didn't always see it this way. He once worked in a U.S. cheese factory that obeyed the usual purchased input and sanitation requirements, but upon observing traditional practices around the world, his paradigm began to shift. Iodine on teats? Discarding the initial milk because of perceived high bacterial count? Sterile milk buckets? None of the above are traditional cultural practices.

In Piedmont, Italy, Warmedahl observed the morning milking of sheep. When the old-school cheesemaker began, Warmedahl asked why he didn't discard the initial burst of milk. The cheesemaker said, “That's the starter!” and, pointing at the udder, proclaimed, “The culture of the cheese lives on the udder.” When Warmedahl incredulously asked, “You can trust that the microbes native to the milk will ferment it successfully into cheese?” the cheesemaker's response was, “Of course. . . . How do you think people made cheese for hundreds of years before packaged starters were introduced?”

These snapshots are the soul of the book, which goes well beyond cheesemaking basics. Warmedahl's explorations represent a step back in time to organic, pasture-raised, regenerative practices that predate such labels. The reader is swept up, alongside the trekker, on the journey of “unlearning” and remembering the old ways—that every bit of the animal is to be honored, that life in all its complexity can be embraced and even that “all parts of milk are sacred and should be revered.” Readers will find Warmedahl's take on cheesemaking, terroir and life entertaining and educational. Thumbs up.

Review by Hilda Labrada Gore

We have disconnected cheese from the complexities of regional flavors and from the people and traditions that brought it about.

All Thumbs Book Reviews

One-Cow Revolution: Achieving Food Independence with a Grass-Fed Family Cow **By Shawn and Beth Dougherty** **White River Junction**

I know I'm not alone in feeling that the reality of having a small homestead seems daunting. How do I begin, how much land do I need and what are the first priorities? Should I buy a cow, and if so, what is the process? In *One-Cow Revolution*, Shawn and Beth Dougherty show us how just one of these domestic ruminants can change your life and homestead. Through detailing all that they have learned on their own journey, they make a convincing point that the cow is the logical first step to a healthy homestead.

The Doughertys take us by the hand and lead us through the “why” and “how” of getting a cow. They show that the “why” goes beyond simply having raw milk on the family table. The cow, as an integral part of a homestead, adds organic matter and microorganisms to build soil and soil fertility. The cow doesn't just benefit the family but also the community. In addition, they beautifully describe part of the magic of the cow as the invaluable opportunity to experience true connection to nature and its rhythms.

The “how” covers the financial aspects of buying a cow, where to shop for one and everything that comes after that special purchase! Of course, the cow needs to be kept secure on the property, as well as kept healthy and properly fed, milked and bred. As with any living being, issues will arise such as illness, lack of milk production or even kicking behavior. This book

is the guide to have in one's back pocket. The authors also share expert tips such as figuring out the smartest time to take a break and how to find quality help.

What I appreciated the most is that the Doughertys are realistic in their advice. I have read more books written by farmers and homesteaders than the average American, and I've found that such books are often very black and white, without any gray. The Doughertys honor the gray. . . realizing, for example, that there may be times when feeding grain to your cow is necessary and they outline when those times are. In addition, while they hold similar values to WAPF regarding unnecessary animal immunization and testing, they share how vital it is to build a respectful relationship with a local vet, even when foundational principles differ.

If you dream of having a homestead but have no idea how to begin or what the first steps should be, or you simply want to provide raw milk for your family, or you have already bought land and are looking for some guidance from experienced farmers, this book needs to be on your shelf! Moreover, it is sprinkled with real-life blurbs from families who have brought a cow into their lives—each with varying experience, conditions and circumstances—showing that having a cow is possible. My favorite line, which the authors successfully support throughout the book, is, “When you have made the leap. . . the blessings become apparent.” Are you ready to commit to a cow? *One-Cow Revolution* is the trusty handbook that can help you succeed. Thumbs up!

Review by Anya Adams



Just one of these domestic ruminants can change your life and homestead.

(*A Life of Weston Price*, continued from page 61)

Earnest Albert Hooton. She also points out that in some countries, Price overlooked principal contributors to indigenous diets like potatoes and even sweet foods. Was this an intentional omission because aspects of certain diets didn't align with his developing paradigm, or was it simply an oversight? The answer remains unclear. What is clear is that Dr. Price's work

fundamentally shifted the understanding of what it takes to support physical, mental and spiritual health. As Wellman notes, “The best thing he had to suggest was to eat plenty of butter.” If you agree that butter is better and want to spread the message around, along with the work of Dr. Price himself, get this book. I give it a thumbs up.

Review by Hilda Labrada Gore

All Thumbs Book Reviews



Asher spares
no detail
to help you
make the
“perfect”
cheese.

Milk into Cheese: The Foundations of Natural Cheesemaking Using Traditional Concepts, Tools, and Techniques

By David Asher

Chelsea Green Publishing

Do you dream of curds and ponder over the proper preparation of rennet? Do you wonder about the dynamics of microbial communities and the quality of fermentation within the process of cheesemaking? What about brining, ripening, hastening, wrapping, waxing and aging cheese? Do you want to learn about the exact proper tools and materials needed, the techniques, and the recipes that will lead you on the cheese journey of your life? If your answer is “Yes,” then David Asher’s *Milk into Cheese* is for you, and I am guessing you will never need another book about cheesemaking in your life!

I am not a cheesemaker. However, I am a semi-professional cheese eater, and this book was like a long love letter to this glorious and nutrient-dense food. Even those like myself who have no desire to make cheese will enjoy

reading about the “elements,” the “making and aging,” and the “techniques.”

Asher divides the book into those three sections and goes into fine and beautiful detail, taking the reader on an extremely educational yet somehow romantic journey celebrating oh-so-glorious cheese! My favorite section was “The Techniques,” which Asher organizes according to the four seasons; under each season are approximately twenty recipes for cheeses that bloom best in that time of year.

Asher also includes ten appendices at the end of his book that are reason enough to add this volume to your library and coffee table, covering topics ranging from whey culture to thermophilic starters to the cultivation of *mucor* for rinds and rennet. Asher spares no detail to help you make the “perfect” cheese using tried-and-true traditional methods or grow in your appreciation of cheese. Definite thumbs up!

Review by Anya Adams

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 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

Vaccines, Amen: The Religion of Vaccines

By Aaron Siri

Injecting Freedom, LLC

The title of this book is brilliant. Two words, *Vaccines, Amen*, perfectly encapsulate the mindset of many on this subject. It's giving me this strange, overwhelming urge to wax Shakespearean and hold forth in ye olde King James English.

Forsooth (what meanest that word, anyway?), the truth is, when someone sayeth that he believeth in vaccines, that revealeth his religious, nay cultish attitude. Doth anyone ever say they believeth in spoons? Or light bulbs? Verily, we knoweth from common experience these things worketh. We do not just believe. When ye *believeth* in a thing, the strong implication is, that thing cannot be proven or proof lacketh so far. Ye believe in Santa Claus or climate change, but ye knowest, not just believeth, that spoons be real and they work, at least most of the time.

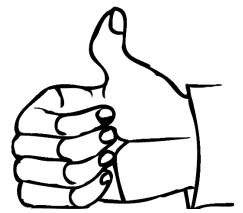
When thou doubttest the holy vaccines, the pharmaceutical high priesthood (from whom all blessings flow) and its choir of true believers melteth down. Methinks they doth protest too much. Whence cometh this angst? Could it be filthy lucre? One of the strengths of this fine book is that Aaron Siri hath deposed a multitude of these vaccinologist knaves in court. They dare not dissemble concerning these pernicious poisons lest they be conveyed hastily to prison. In court, their considerable conflicts of interest are revealed. It be also revealed that their public prevarications runneth over.

A multitude of points of great import resideth in the pages of this tome. Thus spake Aaron Siri about the 1986 Act which rendereth big pharma without liability or responsibility should their products cause injury or death (I paraphrase, of course): If this enforced corporate immunity shouldst enlarge thy faith in the holy

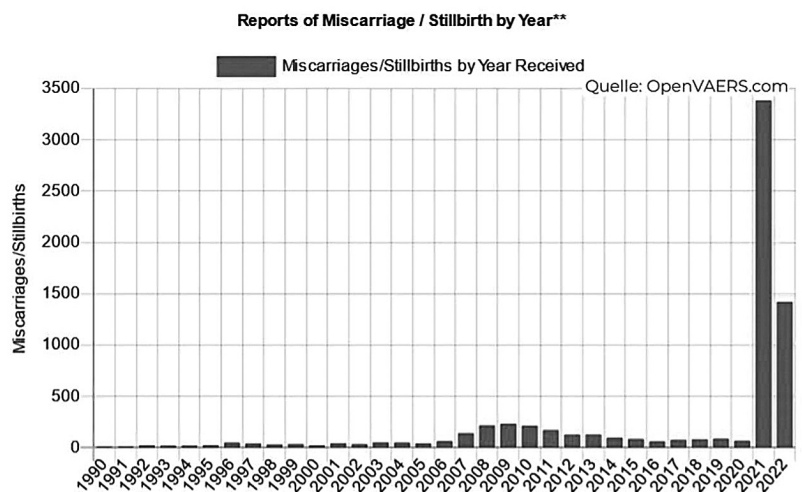
vaccine, peradventure ye should convey thyself toward thy neighbor's house seeking to borrow a cup of IQ. Pharma presumes innocence under this corrupt law while ignoring higher laws like—thou shalt not kill. Apparently, such higher laws are sound and fury, signifying nothing.

Plastic platitudes and pompous pronouncements are plentiful in the public discourse. One such example: "Vaccines save millions of lives every year." Other such pontifical excretions abound. A sober look at the data completely dispels this illusion. No scientists who value their integrity would make such claims, especially when they can consult with newfangled computing devices to help them with the math and see the light. Siri provides data that reveal vaccines to be a greater cause of death than the diseases from which they purport to protect us. Indeed, in 2021, after the advent of mRNA coagulants, we witnessed an apocalypse of biblical proportions. Alas, the carnage reached not just adults, but the unborn (see chart). All ye who dispute these data should know that they come from the sacred halls of the CDC. Are these results, perchance, intentional? For best results, take your vaccine with a heaping helping of hemlock.

In days of yore, *thou shalt not kill* seemed to carry more weight. Siri explains that attempts to get the government to do a study of vaccinated versus unvaccinated are blocked at every turn. Meanwhile, non-government studies show the unvaccinated to be dramatically healthier by almost every measure. There be signs of hope. Today, the majority of Americans oppose vaccines. Ye auld thumb elevateth heavenward. Amen and Amen. (Cue harp music.)



Review by Tim Boyd



Tim's Video Reviews



An Inconvenient Study

Executive Producer – Del Bigtree

<https://www.aninconvenientstudy.com/>

The vaccine debate rages on. Are vaccines safe and effective? No government-sanctioned or -funded studies have shown vaccines in general to be dangerous. So, there is nothing to worry about, right? Well. . . .

Independent studies comparing vaccinated to unvaccinated children have shown a dramatic difference in outcomes. The unvaccinated are the clear winners. At least one study showed that DTP-vaccinated victims had five times the mortality of those who did not receive a DTP vaccine. Other studies showed that allergies and autism were 500 and 400 percent more common in the vaccinated, respectively.

One strategy to dismiss these studies (besides sealing them behind a cone of silence) is to claim they are too small to prove anything. A major part of this video, produced by Del Bigtree, looks in detail at a large study done by a well-respected medical authority at Henry Ford Health. This center has a very large database that includes a large number of completely unvaccinated children. When one of the lead doctors there was asked to do a vaccinated-versus-unvaccinated study—and publish the results, no matter the outcome—he agreed.

This doctor was not just pro-vax, he was in favor of mandates—so you can probably guess how he expected his study to turn out. When the results turned out to be dramatically different than expected, he changed his mind about publishing the study. He is shown on hidden camera footage confirming that he believed it was a good study and that the information should be made public. But he couldn't do it. He even said at one point that he was not a good person. At least he was honest enough with himself and others to admit that. However, it is not my intent to harshly judge the lead investigator. Why didn't he want to publish the study? Because he

believed it would mean the end of his career. I'm sure he's right. Is that how science works, by sweeping unpopular data under the rug and destroying the career of anyone who dares to pull up the rug?

When I say the results of the study were dramatic, let me give you a few numbers to illustrate. Children who were vaccinated had around four times the rate of asthma, six times the rate of autoimmune disorders, five and a half times the neurodevelopmental disorders and four times the rate of speech disorders. In comparison, the unvaccinated had zero diabetes, ADHD or learning disabilities.

We can hope that this film helps people learn to distinguish between science and religion. "The science is settled" is not a scientific statement, it is a religious statement. Mandates spring from these religious pronouncements. I'm not against religion. Everyone has a religion, but in the U.S., at least, you are not supposed to mandate a religion. Attorney Aaron Siri is featured in this film, and I have reviewed his excellent book, *Vaccines, Amen*, which goes deeper into this subject (see page 65).

The most popular argument against these types of studies is that correlation does not prove causation. That is true. You can argue that the correlation between touching a hot stove and a burned finger is "coincidence," but the coincidence is so consistent and the consequence so severe and immediate that I don't know anyone who wants to ignore that correlation a second or third time.

In the last fifty years, we have seen a rise in diabetes, food allergies, allergies in general, turbo cancer, autism, obesity, the conditions labeled AIDS and Covid, and men who could win wet T-shirt contests. This is the track record of our current healthcare system. Why would anyone want to continue down this road to ruin? Why cling so tightly to systemic child sacrifice? Maybe one more study needs to be done to determine whether there is any intelligent life on

We can hope that this film helps people learn to distinguish between science and religion.

Tim's Video Reviews

this planet (but who would do the study?). This film does a great job of raising awareness about the insanity fueled by our healthcare system. The thumb is UP.

Joe Rogan Experience #2420 –

Chris Masterjohn

Uploaded by Powerful JRE (Nov. 29, 2025)

<https://www.youtube.com/watch?v=QBn54YNnKD0>

Congratulations to Dr. Chris Masterjohn for scoring the big interview with Joe Rogan. Many of our members will recognize the name. Masterjohn has contributed many articles to our journal and spoken at several conferences.

The YouTube version is about two hours and twenty minutes, so the conversation covers a wide range of subjects, as you might imagine. One item that Rogan and Masterjohn spend some time on is methylene blue. What is that? Harvard describes it as one of the world's oldest "organic dyes." In recent times, it has gained a reputation for enhancing mitochondrial efficiency. Masterjohn explains that it might help with certain very specific mitochondrial issues, but otherwise, it is likely to do more harm than good. You don't want to mess with that stuff unless you know exactly what you are doing.

A recurring theme is "food first, pharma last." Food should also come before supplements. If you need more CoQ10, for example, it is much better to get it from food than a supplement. According to Masterjohn, the best source of CoQ10 is heart. He makes the point that it is best to consume animal protein from nose to tail. Don't just eat beef muscle meat; eat a proportional amount of heart, liver, kidney and other organ meats. Supplements are not a substitute for a bad diet. Again, you need to really know what you are doing. We often get questions at WAPF asking us what exact quantities of food or supplements to take. Everyone is different. There is no one-size-fits-all formula.

This podcast makes the point well.

Rogan asks why some experts claim seed oils are not a problem, while other experts disagree. It depends on what studies you are looking at. A number of studies run for only twelve weeks or less—these studies will not reveal any useful information. Cell damage can take eight years or more to accumulate, so experts who look at longer-term studies see a clear difference between those who consume seed oils and those who don't. This provides some good insight into how you can cheat on studies to get the results you want.

Masterjohn explains why there is a financial incentive to do short studies as opposed to longer ones. If you have ever looked at published research, you will often notice that somewhere the authors will say, "more studies are needed" (translation: "gimme more money"). (I could also argue that it means, "this study wasn't very well done," but I'm sure I'm not supposed to think that or say it out loud.) The opportunity to make a play for more money obviously comes sooner and more frequently with shorter studies.

Masterjohn has a history of being exceptionally good at tracking down all the studies on a given subject, smoking out any flaws and sorting out what it all means. That is on full display in this video, and the thumb is UP.

Dave Stetzer Tests Solar Farm

Uploaded by Grandma Jo Friedman (Nov. 3, 2025)

<https://www.youtube.com/watch?v=qoTmhzdovHg>

We previously reviewed a talk by Dave Stetzer (westonaprice.org/dave-stetzer-talk-on-solar-electricity/), and a new half-hour video featuring Stetzer has come out. In this video, he is helping farmers by testing their land for electro-pollution. He often finds 20KHz noise, which is typically characteristic of nearby solar power.



A recurring theme is "food first, pharma last."

Tim's Video Reviews



Some of this video may be difficult for the non-technical viewer to follow, but the bottom line is that electrical equipment manufacturers routinely produce systems that violate rules that require them to filter out harmful high-frequency noise. The solutions range from filters to something as simple as a bigger neutral wire. The added expense is nothing compared to the expense of sick, unproductive farm animals or people.

On a sad note, it has come to our attention that Dave Stetzer passed away on November 15, 2025, at age seventy-five. He lived a life filled with good work, and the thumb is UP for the video and a life well-lived. I'm sure he is in a better place now.

Jefferey Jaxen Investigates: A Rush to Green Energy, Part 1

The Highwire

<https://thehighwire.com/ark-videos/the-climate-agenda/>

The message we have been hearing for decades is that the climate is changing, and it is our fault. The science is settled, so don't try to argue. For the umpteenth time, I will point out that it is hard to get more unscientific than to claim "the science is settled." To me, that just underscores how weak the claim is.

Data from the Intergovernmental Panel on Climate Change (IPCC) are considered to be the definitive source of information on the climate. Jaxen points out that the first IPCC assessment showed nothing unusual going on. Climate has varied as long as we have had a climate, and current climate events are nothing new.

The fearmongers would have us believe that dangerous warming is coming. Ocean levels will rise, coastal areas will flood, people will die, dogs will cohabit with cats, your mother-in-law will never, ever leave, and we

will experience other unthinkable nightmares, the likes of which the human race has never seen. How, exactly, do they define dangerous global warming? For a long time, they didn't. Finally, when they couldn't dodge the question anymore, they came up with a number: "two degrees." Where did they get that number? No one has been able to connect any science to that number. They pulled it out of a place not even a proctologist wants to go.

Jaxen also asks, why is the only solution for transportation electric cars? Why not hydrogen? How will power be generated for e-cars? Right now, we don't produce nearly enough power for every American to switch to electric cars. There is not enough power in the world to make them work in extreme cold temperatures.

Lithium for batteries is another issue. It turns out that there is nothing "green" about lithium mining. Environmental impact studies are not done by independent agencies with no conflicts of interest. The real impact is far worse than we are being told.

This is not mentioned in the video, but I find it encouraging and amusing that climate alarmism is starting to fall out of favor, as big governments become obsessed with building data centers that require obscene amounts of power to track every breath you take. They will never get that kind of power from a windmill or solar panel, and they know it. The thumb is UP for this video. ☺☺

How, exactly,
do they
define
dangerous
global
warming? For
a long time,
they didn't.

Vaccination Updates

VACCINE MANDATES AND THE EROSION OF RELIGIOUS FREEDOM

By Kendall Nelson, Director, *The Greater Good*

For many Americans, faith is not a political statement or an abstract idea. It is something deeply personal—woven into family life, moral decision-making and the way parents care for their children. Religious traditions carry meaning because they are shaped by history, belief and practice. When those traditions are diluted or treated as interchangeable symbols, it can feel like a quiet loss of something sacred.

That sense of loss became visible this past holiday season in Europe, when a public Nativity display replaced traditional figures with faceless cloth forms, including an infant Jesus depicted without eyes, nose or mouth. Officials in Brussels described the display as an effort to be “inclusive,”¹ yet many Christians experienced it differently—not as a gesture of welcome, but as a removal of the very humanity at the heart of the Christian story. When someone later vandalized and stole the baby Jesus figure, the incident took on an unsettling symbolic weight, reflecting how easily religious meaning can be diminished in public life.²

These moments are not merely cultural curiosities. They point to broader societal discomfort with religion as something real and practiced. Increasingly, faith is tolerated only when it remains private and detached from con-

crete choices. When religious belief is pressured to conform to secular expectations or government norms, it loses its standing as a protected matter of conscience.

This pattern also plays out in public health policy, and ever more so in debates over vaccine mandates. Across the United States, there is a push to weaken or eliminate long-standing religious exemptions to vaccination—once widely recognized as reasonable accommodations for sincerely held beliefs. This ominous trend asks parents—those who rely on faith to guide medical decisions for their children—to justify their beliefs, where once those beliefs were respected as a matter of principle.

The concern is not about rejecting science or public health, but about preserving a foundational American value: the freedom to live according to one’s convictions without coercion. Just as religious symbols deserve to be treated with dignity in public spaces, religious beliefs deserve meaningful legal protection. When governments strip away exemptions, what is lost is not merely a policy option, but the official recognition that conscience—especially parental conscience—still matters.

HISTORICAL ORIGINS OF VACCINE MANDATES

Questions pitting conscience against state authority are not new. From the earliest days of American public health law, lawmakers recognized that compelling medical interventions raised serious constitutional and ethical concerns. Vaccine mandates did not emerge in a vacuum, nor were they ever intended to operate without limits.

The first vaccine widely promoted for public use was the smallpox vaccine, introduced in the late eighteenth and early nineteenth centuries. In 1809, Massachusetts became the first U.S. state to enact a statute encouraging smallpox vaccination,³ and by the mid-nineteenth century

THE GREATER GOOD

If you think you know everything about vaccines...Think Again.

A must see award winning documentary film.

Visit our site to stream or purchase the DVD Amazon Prime no longer wants you to see.

WWW.GREATERGOODMOVIE.ORG

DALLAS-FILM DOC NYC WATERFRONT SIDEWALK LAD MATTERS

Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

Volume 16 Number 2 Summer 2015

Regularly \$12 SALE: \$8 EACH \$6 EACH FOR 10 OR MORE

SUMMER 2015:

Vaccination Issue

Topics included are:

- Risks versus benefits of vaccines
- The vaccination debate
- Holistic remedies for vaccine injuries
- How to protect your child
- Adjuvants in vaccines

Order at westonaprice.org/order
(703) 820-3333

Modern
vaccination
policy
operates
through a
layered
system of
federal
guidance
and state
enforcement.

it required proof of vaccination as a condition of school attendance. For decades, however, smallpox vaccination stood largely alone. From the early twentieth century through 1940, it remained the only vaccine commonly mandated under state public health laws.⁴

In 1905, the U.S. Supreme Court addressed mandates in *Jacobson v. Massachusetts*,⁵ upholding the authority of states to require smallpox vaccination under their police powers. Importantly, however, the law at issue did not forcibly vaccinate individuals or impose criminal penalties. Individuals could refuse vaccination by paying a modest civil fine. The Court also cautioned that public health laws must not be applied in an “arbitrary and oppressive manner” and explicitly acknowledged that compulsory vaccination could be unconstitutional if it posed a serious risk to an individual’s health.

Today, this cautionary language is frequently overlooked. Even as the Court affirmed state authority, it recognized clear limits on that power—limits grounded in proportionality, medical judgment and individual circumstances. These principles informed the exemption frameworks that developed over time and reflected an understanding that public health measures must coexist with constitutional protections.

HOW VACCINE MANDATES FUNCTION TODAY

Modern vaccination policy operates through a layered system of federal guidance and state enforcement. At the federal level, vaccines are not directly compulsory for the general population. Instead, federal health authorities issue recommendations that function as national standards.

These recommendations are translated into vaccination schedules primarily by the Centers for Disease Control and Prevention (CDC) through its Advisory Committee on Immunization Practices (ACIP)⁶ and are reinforced by influential private medical trade associations such as the American Academy of Pediatrics (AAP)⁷ and the American Medical Association (AMA).⁸ Although formally described as non-binding guidance, these schedules carry substantial practical force. They shape standards of medical care, determine insurance coverage and

reimbursement, influence hospital protocols and serve as benchmarks for compliance throughout the healthcare system.

It is at the state level that the recommendations become binding. States exercise their constitutional police powers to require vaccination as a condition of school and daycare attendance and employment in certain sectors, including healthcare and military service. Legislation or health department rulemaking transforms federal guidance into enforceable legal obligations—often with limited legislative debate or public input.⁹

AN EXPANDED VACCINE SCHEDULE, MORE MANDATES

Over the twentieth and early twenty-first centuries, the scope of vaccine recommendations and mandates expanded dramatically. By 1983, children were expected to receive twenty-three doses of seven vaccines in early childhood—including DPT (diphtheria-tetanus-pertussis), MMR (measles-mumps-rubella) and polio—and these vaccines were widely required for school attendance.^{10,11}

As of 2025, federal immunization schedules for birth through age eighteen had expanded still further to include dozens of doses covering more than a dozen diseases, with more than fifty doses administered before age six.¹² Most states now require over three dozen vaccine doses for daycare or school entry, and many colleges impose additional vaccination requirements for enrollment. These schedules include combination vaccines, multiple injections at a single visit and vaccines administered within hours or days of birth.

Legal protections—for vaccine manufacturers, not vaccine recipients—have expanded in tandem with mandates. In 1986, industry concerns about lawsuits led Congress to enact the National Childhood Vaccine Injury Act (NCVIA).¹³ The Act explicitly acknowledged that vaccines can cause serious injury or death and replaced traditional civil litigation with an administrative compensation system, the National Vaccine Injury Compensation Program (VICP).¹⁴ Since its inception, VICP has paid more than five billion dollars in compensation,

despite only granting awards to a minority of claims.¹⁵ Subsequent legislative amendments, administrative actions and judicial rulings—including a pivotal 2011 Supreme Court decision—have further broadened manufacturer immunity. As a result, individuals alleging vaccine injury are largely barred from presenting their claims to a jury, even when evidence suggests a safer alternative may have been possible.¹⁶

The expanded schedules generally have met with compliance. Thus, as of the 2013–2014 school year, more than 99 percent of children entering kindergarten had received at least one vaccine; even if parents obtained a nonmedical (religious or conscientious/personal belief) exemption for some shots, relatively few children were fully unvaccinated.¹⁷ Since then, however, exemption rates have been quietly but steadily increasing,¹⁸ and the minority of families seeking alternatives continues to grow. Families in forty-five states and the District of Columbia can seek religious exemptions for school vaccines, and sixteen states permit broader philosophical or conscientious belief exemptions.⁹

An analysis of county-level vaccine exemption data across forty-five U.S. states and the District of Columbia, published in *JAMA* in early 2026, reported that the median rate of nonmedical exemptions to any vaccine rose from 0.6 percent in 2010–2011 to 3.1 percent in 2023–2024, particularly among children entering kindergarten—and with a notable spike in certain states from 2021 on.¹⁹ By the 2024–2025 school year, state-level data were indicating that nonmedical exemptions had reached 3.6 percent, with seventeen states reporting an exemption rate in excess of 5 percent.²⁰

Displeased with this trend, some states have worked to significantly narrow available exemptions. For example, though medical exemptions remain legally available in all fifty states, states have tightened approval standards and imposed more onerous documentation requirements. Physicians also face heightened scrutiny—and sometimes professional retaliation—for issuing them. Some have lost their licenses after providing exemptions they believed were medically justified.²¹ As for religious exemptions, five states—California, New York, Maine, Connecticut and West Virginia—have eliminated

them entirely (see “Legal Challenges and Policy Developments” below for discussion of recent developments in New York and West Virginia).⁹ Even where exemptions remain in effect on paper, more restrictive administrative procedures often make them effectively inaccessible.

COVID-19 AND THE COLLAPSE OF EXEMPTIONS

The long-standing vaccine policy mechanisms just described—federal recommendations, state enforcement, narrowed exemptions and limited legal recourse—helped set the stage for the unprecedented escalation of vaccine mandates witnessed after public health officials declared a “pandemic” in 2020. In addition, a powerful legal scaffolding governing public health emergencies, carefully constructed over decades, ensured the “non-regulation” of the medical countermeasures falsely presented as “vaccines” but actually functioning as injectable bioweapons overseen by the U.S. military.²²

By the end of 2021, many governments across the globe had implemented sweeping mandates that linked vaccination to access and participation in public life. For example, China, Israel, Canada, Australia, New Zealand and numerous European nations, along with some U.S. states and municipalities, required proof of Covid-19 “vaccination” to work, attend school, travel or enter public venues.²³ These requirements displaced long-standing norms of informed consent, conscience and religious freedom.

In this environment, exemption frameworks proved remarkably fragile. Public and private institutions frequently delayed, dismissed or denied religious and medical accommodations outright. New York City rejected teachers’ religious exemption requests en masse, resulting in unpaid leave or termination. Federal employees, healthcare workers and other essential personnel faced similar consequences. Several states imposed mandates with no religious opt-outs at all, using emergency powers to circumvent constitutional safeguards and the heightened scrutiny that ordinarily would have been required.

LEGAL CHALLENGES AND POLICY DEVELOPMENTS

As legislative and administrative avenues

Exemption rates have been quietly but steadily increasing, and the minority of families seeking alternatives continues to grow.

Other courts are quite willing to defer to emergency powers or agency discretion, leaving religious freedom dependent on litigation rather than principle.

for religious accommodation have narrowed, many families and institutions have turned to the courts. However, the judicial response has been uneven and often reactive, reflecting both the fragility of existing protections and the lack of clear, consistent standards for evaluating sincerely held religious objections. While some courts recognize the constitutional issues involved, others are quite willing to defer to emergency powers or agency discretion, leaving religious freedom dependent on litigation rather than principle.

Nonetheless, legal challenges related to religious exemptions continue to unfold in various states. In *Miller v. McDonald* in New York, three Amish schools challenged the state's repeal of religious exemptions, arguing violations of the First Amendment. In December 2025, the U.S. Supreme Court vacated and remanded a lower court ruling, keeping the case alive.²⁴ Supporting the appeal, twenty-two state Attorneys General filed amicus briefs urging the Court to uphold religious exemptions and warning against undermining the free exercise of these protections.²⁵ Children's Health Defense (CHD) has also sued New York State over its elimination of religious exemptions.²⁶

In West Virginia, school vaccine law historically has allowed only medical exemptions.²⁷ In January 2025, Governor Patrick Morrisey, citing state religious freedom statutes, issued an executive order directing recognition of re-

ligious exemptions, triggering resistance from education officials as well as litigation.²⁸ In July, a circuit court sided with the governor, issuing a preliminary injunction requiring schools to honor religious exemptions statewide,²⁹ followed by a permanent injunction in November.³⁰ That ruling was stayed (halted) the following month by the West Virginia Supreme Court of Appeals, effectively allowing resumed enforcement of the medical-exemption-only policy while the litigation continues.³¹ During this period, Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. warned that failure to honor religious exemptions in West Virginia could jeopardize approximately \$1.37 billion in federal funding for the state, including funds tied to the Vaccines for Children Program.³²

In February 2026, thirteen members of Congress chimed in on religious liberty and vaccination, submitting a letter to U.S. Attorney General Pam Bondi and Assistant Attorney General Harmeet Dhillon urging the Department of Justice (DOJ) to investigate the other four states (New York, California, Maine and Connecticut) that do not allow religious exemptions.³³ Expressing "serious concerns regarding ongoing infringements upon these civil liberties," the legislators asserted, "Vaccine mandate laws that fail to accommodate religious beliefs represent a clear, coercive intrusion on this freedom, compelling individuals and families

THE QUESTION OF RISK

Vaccines differ from most medical interventions in one critical respect: they are administered primarily to healthy individuals as a preventive measure rather than to treat illness. As with all pharmaceutical products, vaccines carry inherent risks, including the risk of serious injury and death. These risks are not speculative; they are explicitly acknowledged in federal statutes, regulatory frameworks and compensation programs.

The skyrocketing rates of chronic childhood illness and neurodevelopmental conditions—which have occurred alongside the expansion of the childhood vaccine schedule—powerfully illustrate the issue of risk. The most recent CDC estimates suggest that at least one in thirty-one U.S. eight-year-olds has an autism spectrum disorder.⁵⁵ Rates of asthma, obesity, type 1 diabetes, autoimmune disorders and other chronic illnesses in childhood and adolescence have also increased substantially. The 2018–2019 National Survey of Children's Health reported that more than 40 percent of school-aged children and adolescents had at least one chronic health condition,⁵⁶ making chronic disease a leading driver of disability and healthcare spending.

Secretary Kennedy told a Senate committee in September 2025 that the U.S. is "the sickest country in the world,"⁵⁷ citing CDC data published earlier last year. In that study, 76.4 percent of American adults (as of 2023) reported at least one chronic illness, ranging from 59.5 percent of young adults (ages eighteen to thirty-four) to 78.4 percent of midlife adults (ages thirty-five to sixty-four) to 93 percent of adults sixty-five or older.⁵⁸ Public health agencies attribute these trends to factors such as poor nutrition, environmental exposures and sedentary lifestyles, but while those influences are significant, they cannot fully explain either the timing or the scale of the increases in chronic illness. A belated and long-overdue concession came in late 2025 when the CDC acknowledged what parents have asserted for decades—that a link between vaccination and autism cannot be ruled out.⁵⁹

to act in direct contradiction with their faith.”³⁴

Threatened by the rising pushback, an aggressive AAP issued a policy statement in July 2025 advocating for “the elimination of [all] nonmedical exemptions.”³⁵ That same month, AAP also filed a lawsuit against HHS officials over changes to the agency’s recommendations regarding Covid shots.³⁶ Ironically, the AAP itself is now at the center of a federal racketeering (RICO) lawsuit filed by CHD, which alleges that the front group operates as a coordinated scheme to mislead the public about vaccine safety and protect pharmaceutical interests without disclosing its financial ties to major drug makers and its systematic suppression of contrary scientific concerns.³⁷

Victories in the courts underscore the potential power of legal protections. In St. Louis, public school employees who had been denied religious exemptions to Covid mandates sued their district, winning a jury award of more than \$4 million for thirteen employees placed on unpaid leave or effectively terminated, with additional settlements for others. A federal judge ruled that the policy had unlawfully forced the employees to choose between their faith and livelihood, violating the First Amendment.^{38,39}

Similarly, the University of Colorado’s Anschutz School of Medicine settled for more than \$10.3 million with students and faculty denied religious exemptions. A federal appeals court found the university’s policy unconstitutional because it treated secular exemptions more favorably than religious ones and evaluated religious objections in a discriminatory manner.⁴⁰

OBTAINING RELIGIOUS EXEMPTIONS

A religious exemption is not a mere form—it is a formal declaration that deeply held beliefs deserve legal recognition. Securing a religious exemption thus requires articulating sincerely held beliefs; clarity and sincerity matter most. Families should describe how faith informs their decision and emphasize the consistency of their beliefs, but should not cite scientific or safety arguments, bodily autonomy or generalized moral objections, which are outside the legal scope of a religious exemption.

One common basis for requesting a religious exemption involves the fact that some

vaccines are developed or tested using aborted fetal cell lines. “[E]very dose of MMR and Chickenpox vaccine contains billions of pieces of human DNA and cellular parts from the cell line of an aborted fetus,” attorney Aaron Siri recently reminded the public,⁴¹ a fact confirmed under oath in 2018 by the so-called “Godfather of Vaccines,” Dr. Stanley Plotkin.⁴² Many people of faith had similar concerns about some of the Covid shots.⁴³ Nonetheless, some religious authorities chose to accommodate government vaccine mandates, and the Vatican went so far as to characterize compliance with Covid vaccination requirements as “morally acceptable.”⁴⁴

Organizations such as the Health Freedom Defense Fund provide model religious exemption letters that can help parents articulate their convictions in a way that aligns with administrative expectations.⁴⁵ However, parents should be aware that even carefully prepared requests can face resistance; navigating these challenges requires vigilance, documentation and timely action. Families must also be careful never to agree to sign documents that frame their refusal to vaccinate as “negligence.”⁴⁶

THE REAL SOLUTION: ELIMINATE MANDATES, NOT EXEMPTIONS

For families of faith, the erosion of religious and personal belief exemptions often reshapes daily life. Parents may face stark choices between education, employment and conscience. Some turn to homeschooling, alternative schooling or relocation; others encounter barriers to medical care or community participation. Children witness government disregard for their family’s beliefs. Far from hypothetical dilemmas, these are lived realities for families navigating a system in which exemptions and other religious rights⁴⁷—once understood as essential safeguards—can no longer be assumed secure.

There are presently some signs of recourse. In September 2025, for example, HHS’s Office for Civil Rights issued guidance clarifying that vaccine providers participating in the federally funded Vaccines for Children Program must honor state-recognized religious and conscience exemptions.⁴⁸ Secretary Kennedy announced, “States have the authority to balance public health goals with individual freedom, and non-

Exemptions exist only because mandates exist—and as long as bodily autonomy is conditional, liberties remain vulnerable.

oring those decisions builds trust. Protecting both public health and personal liberty is how we restore faith in our institutions.”

As the erosion of religious exemptions highlights, the problem lies not with exemptions but with the mandates that make them necessary. Although the HHS guidance offers some relief, it also underscores a hard truth: exemptions exist only because mandates exist—and as long as bodily autonomy is conditional, liberties remain vulnerable. Government authority to dictate what enters an adult’s or a child’s body crosses the most basic boundaries of personal liberty and parental responsibility. Exemptions serve as temporary protections in a system built on compulsion rather than choice,⁴⁹ requiring families to navigate bureaucracies, defend deeply held beliefs, and bear legal, emotional and financial burdens to preserve a basic human right. Even the strongest exemption exists at the discretion of institutions.

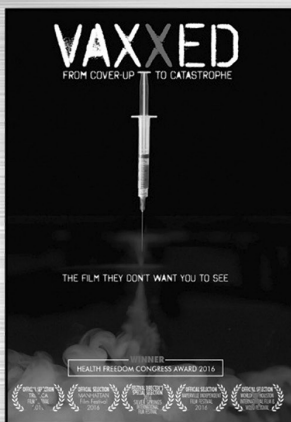
We should remember that mandates have expanded largely through administrative rule-making rather than legislative debate, distancing public health decision-making from democratic accountability. The current system—in which vaccines are federally recommended and state-enforced while manufacturers are shielded from liability—has shifted all of the risk and most of the financial responsibility for adverse outcomes to individuals and families. This did not happen by accident but reflects deliberate policy choices that prioritize institutional power and protection while leaving families to absorb uncertainty and harm.

The logical and moral solution is clear: remove mandates altogether. In 2025, the state of Florida signaled its willingness to take this approach and move to end all school vaccine mandates.⁵⁰ Without coercion, exemptions are unnecessary, and families can make health decisions grounded in conscience, faith and personal judgment—without fear of punishment or exclusion. This principle is rooted in long-standing medical ethics and legal standards. A central precept of informed consent is that individuals must receive complete and accurate information about risks and benefits and decide freely whether to accept medical interventions.⁵¹ Consent obtained through pressure, penalties or exclusion is not true consent.⁴⁹ Equally important is the precautionary principle of “first, do no harm,” which prioritizes preventing harm over enforcing compliance, recognizing that individual responses to medical interventions vary. These ethical safeguards, codified in the Nuremberg Code, establish that voluntary consent is “absolutely essential” in any human medical intervention.^{52,53}

As emphasized by Leslie Manookian, president of the Health Freedom Defense Fund,⁵⁴ bodily autonomy is a human right not subordinate to state power, expediency or majority rule. The right to control one’s own body—and that of one’s child—is fundamental. Mandates reduce parents to instruments of public policy rather than responsible decision-makers, replacing consent with coercion. Removing vaccine mandates allows families to reclaim authority, ensures genuine religious freedom and restores health decisions to those most directly affected. Liberty becomes the starting point, not a concession. ☯

As a documentary filmmaker, Kendall Nelson directs, produces and distributes media that matter. With over thirty years of television and film experience, her commitment is to bring about awareness through her work, including advocating for health freedom, simple living and real food. She is a member of the International Women’s Forum and holds certifications in health coaching, Simplicity Parenting and yoga instruction, reflecting her lifelong dedication to wellness, conscious living and the wellbeing of children. She also serves as vaccine consultant and podcast host for WAPF.

DO VACCINES HAVE RISKS? DECIDE FOR YOURSELF.



\$ 24.95

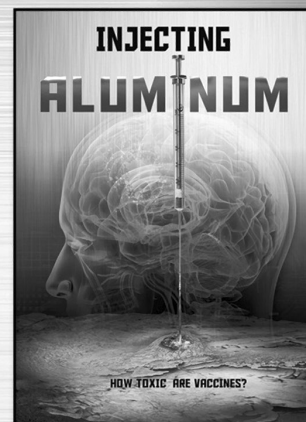
Get **15% OFF** DVDs
and public screening licenses.

Use code **WP15OFF** during checkout.

Go to: www.tinyurl.com/WPoffers

**CINEMA
LIBRE**

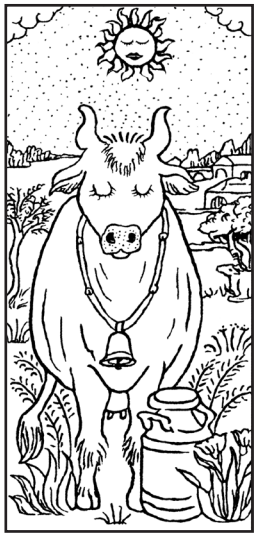
(Code must be used to receive discount and only valid
on purchases made at www.tinyurl.com/WPoffers)



\$ 19.95

REFERENCES

- Reiter TP. Faceless Nativity scene on Brussels' Grand Place sparks international controversy. *EWTN News*, Dec. 2, 2025.
- Plazy S. A controversial infant Jesus is stolen from a Belgian Nativity Scene. *AP News*, Dec. 1, 2025.
- Nelson K. Smallpox myths and the birth of the vaccine awareness movement. *Wise Traditions*. Summer 2023;24(2):75-85.
- Cole JP, Swendiman KS. *Mandatory Vaccinations: Precedent and Current Laws*. Congressional Research Service, May 21, 2014, RS21414. <https://sgp.fas.org/crs/misc/RS21414.pdf>
- Jacobson v. Massachusetts*, 197 U.S. 11 (1905). <https://supreme.justia.com/cases/federal/us/197/11/>
- Who sets the immunization schedule? CDC, Aug. 9, 2024. <https://www.cdc.gov/vaccines-children/schedules/who-sets.html>
- Vaccination recommendations by the AAP. American Academy of Pediatrics, last updated Jul. 29, 2025. <https://www.aap.org/en/patient-care/immunizations/vaccination-recommendations-by-the-aap/>
- Fryhofer SA. AMA statement on changes to childhood vaccine schedule. American Medical Association, Jan. 5, 2026. <https://www.ama-assn.org/press-center/ama-press-releases/ama-statement-changes-childhood-vaccine-schedule>
- State Vaccine Laws & Exemptions*. National Vaccine Information Center, n.d. <https://www.nvic.org/law-policy-state>
- Table 1. Recommended schedule for active immunization of normal infants and children. CDC, 1983. <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg>
- Hoeg TB, Kulldorff M. *Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries*. Washington, DC: U.S. Department of Health and Human Services, Jan. 2, 2026.
- Birth through age 18 immunization schedule, 2025. <https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules/birth-through-age-18-immunization-schedule.html>
- H.R.5546 – National Childhood Vaccine Injury Act of 1986. 99th Congress (1985-1986). <https://www.congress.gov/bills/99th/congress/house-bill/5546>
- Vaccine Injury Compensation Program. U.S. Department of Justice, Civil Division. <https://www.justice.gov/civil/vicp>
- Data & statistics. Health Resources & Services Administration, updated Jul. 1, 2023. <https://www.hrsa.gov/sites/default/files/hrsa/vicp/vicp-stats.pdf>
- NVIC position statement. National Vaccine Information Center, n.d. <https://www.nvic.org/law-policy-federal/vaccine-injury-compensation/nvic-position-statement>
- Seither R, Masalovich S, Knighton CL, et al. Vaccination coverage among children in kindergarten – United States, 2013–14 school year. *MMWR Morb Mortal Wkly Rep*. 2014 Oct 17;63(41):913-920.
- Nonmedical childhood vaccination exemptions are climbing. Global Center for Health Security, University of Nebraska Medical Center, Jan. 14, 2026.
- Fattah M, Stoffel LA, Bubbar KM, et al. Trends in county-level childhood vaccination exemptions in the US. *JAMA*. 2026 Jan 14:e2524407.
- Vaccination coverage and exemptions among kindergartners. CDC, Jul. 31, 2025. <https://www.cdc.gov/schoolvaxview/data/index.html>
- Medical Board of California. SB 806 brings changes for applicants and licensees. *Medical Board of California News*. 2021;159(4):29.
- Watt K, Latypova S, Hazel L. PREP Act, public health emergency, and EUA countermeasure law. *Bailiwick News Archives*, 2025. <https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/10/prep-act-public-health-emergency-eua-law-october-2025-2.pdf>
- Rouw A, Kates J, Michaud J. Key questions about COVID-19 vaccine passports and the U.S. *KFF*, Apr. 15, 2021.
- SCOTUS revives religious challenge against NY vaccine law. *Liberty Counsel*, Dec. 10, 2025.
- Miller v. McDonald*. Docket No. 25-133. Supreme Court of the United States, accessed Jan. 26, 2026. <https://www.supremecourt.gov/search.aspx?filename=/docket/DocketFiles/html/Public/25-133.html>
- Children's Health Defense v. State of New York*. Case 2:25-cv-06877, filed Dec. 15, 2025. <https://childrenshealthdefense.org/wp-content/uploads/2025-12-15-Complaint.pdf>
- West Virginia Code §16-3-4. <https://code.wvlegislature.gov/16-3-4/>
- Governor Patrick Morrisey provides guidance on religious exemptions from school vaccine mandates. West Virginia Office of the Governor, May 9, 2026.
- WV Board of Education statement on Raleigh County Circuit Court decision. West Virginia Department of Education, Jul. 24, 2025.
- Governor Morrisey applauds major legal win in vaccine exemption case. West Virginia Office of the Governor, Nov. 26, 2025.
- Adams SA. West Virginia Supreme Court stays ruling allowing for religious vaccine exemptions. *News and Sentinel*, Dec. 3, 2025.
- Nevradakis M. "Seismic shift": HHS warns West Virginia may lose \$1.37 billion in funding if health departments don't allow religious exemptions. *The Defender*, Aug. 25, 2025.
- Baletti B. Breaking: Congress members urge DOJ to investigate 4 states that prohibit religious exemptions. *The Defender*, Feb. 5, 2026.
- <https://childrenshealthdefense.org/wp-content/uploads/Letter-to-Department-of-Justice-Religious-Exemptions.pdf>
- Hackell JM, Brothers K, Bode S, et al. Medical vs non-medical immunization exemptions for child care and school attendance: policy statement. *Pediatrics*. 2025 Aug 1;156(2):e2025072714.
- American Academy of Pediatrics v. HHS* [Complaint]. Case 1:25-cv-11916, filed Jul. 7, 2025. <https://downloads.aap.org/AAP/PDF/FiledSuit.pdf>
- Ji S. Prescription for corruption: how the AAP's vaccine empire faces a legal reckoning. *GreenMedInfo*, Jan 26, 2026.
- Brandon v. Board of Education of the City of St. Louis* [Judgment]. Case 4:22-cv-00635-SRC, filed Jun. 27, 2025. <https://childrenshealthdefense.org/wp-content/uploads/348-JUDGMENT.pdf>
- Nevradakis M. Jury awards \$4 million to St. Louis school employees denied religious exemptions from COVID vaccine. *The Defender*, Jul. 11, 2025.
- Thomas More Society secures historic \$10 million settlement against the University of Colorado Medical School for religious discrimination. Thomas More Society, Dec. 1, 2025.
- Siri A [@AaronSiriSG]. "Progress. And a reminder, every dose of MMR and Chickenpox vaccine..." X, 8 Jan. 2023. <https://x.com/AaronSiriSG/status/2014427021347332242>
- <https://thehighwire.com/ark-videos/aborted-fetal-tissue-in-vaccines/>
- Nelson K. Use of aborted fetal tissue in vaccines. *Wise Traditions*. Fall 2020;21(3):73-81.
- "Note of the Vatican Covid-19 Commission in collaboration with the Pontifical Academy for Life. 'Vaccine for all. 20 points for a fairer and healthier world.'" Holy See Press Office, Dec. 29, 2020.
- Health freedom resources & action kit: vaccine exemption resources. Health Freedom Defense Fund, n.d. <https://healthfreedomdefense.org/resources/>
- Reform Pharma Team. Vaccine religious exemptions: what to know as your child heads back to school. Children's Health Defense, Aug. 9, 2024. <https://childrenshealthdefense.org/community/vaccine-religious-exemptions-pediatric-vaccination-schedule-parental-rights/>
- Wisconsin v. Yoder*, 406 U.S. 205 (1972). <https://supreme.justia.com/cases/federal/us/406/205/>
- HHS reinforces religious and conscience exemptions from childhood vaccine mandates. HHS Press Office, Sept. 4, 2025.
- Fisher BL. *Reforming Vaccine Policy & Law: A Guide*. National Vaccine Information Center, 2022. <https://www.nvic.org/NVIC/media/LegacySite/pdf/NVIC-Referenced-Vaccine-Law-Reform-Guide.pdf>
- Oliphant J, Steenhuysen J. Florida plans to end all state vaccine mandates, including for schools. Reuters. Sept. 4, 2025.
- "Informed Consent." *Stanford Encyclopedia of Philosophy*, updated Feb. 20, 2025. <https://plato.stanford.edu/entries/informed-consent/>
- Capron AM. Where did informed consent for research come from? *J Law Med Ethics*. 2018 Mar;46(1):12-29.
- Moreno JD, Schmidt U, Joffe S. The Nuremberg Code 70 years later. *JAMA*. 2017 Sep 5;318(9):795-796. <https://healthfreedomdefense.org/about/>
- Data and statistics on autism spectrum disorder. CDC, May 27, 2025. <https://www.cdc.gov/autism/data-research/index.html>
- Managing chronic health conditions. CDC, Jul. 9, 2024. <https://www.cdc.gov/school-health-conditions/chronic-conditions/index.html>
- RFK Jr. Senate Finance Committee Hearing [transcript]. Rev.com, Sept. 4, 2025. <https://www.rev.com/transcripts/rfk-jr-senate-finance-committee-hearing>
- Watson KB, Wiltz JL, Nhim K, et al. Trends in multiple chronic conditions among US adults, by life stage, Behavioral Risk Factor Surveillance System, 2013-2023. *Prev Chronic Dis*. 2025 Apr 17;22:E15.
- Autism and vaccines. CDC, Nov. 19, 2025. <https://www.cdc.gov/vaccine-safety/about/autism.html>



A Campaign for Real Milk

THREE IMPORTANT TABLES

By Sally Fallon Morell

“Raw milk is dangerous and provides no benefit over pasteurized.” Such is the mantra of health officials, both in the FDA and in individual states. They use these arguments to campaign against raw milk on the federal and state levels. But evidence is accruing that both statements are wrong.

SAFETY OF RAW MILK

WAPF consultant Peg Coleman has compiled the data on illnesses from leafy greens and oysters (both foods typically consumed raw) along with raw and pasteurized milk for the years 2005-2020 (see Table 1). Leafy greens are definitely the main concern, with over sixteen thousand illnesses and twenty-three deaths—and this is a food we are encouraged to eat raw (in salads and smoothies). Where are the warnings that leafy greens should not be consumed for any reason or at any time? Where are efforts to remove dangerous leafy greens from stores and interstate commerce?

Note that there have been more illnesses and deaths from pasteurized milk than raw milk. Of course, one could argue that far more people

consume pasteurized milk than raw milk, but the point is that pasteurization is no guarantee of safety. These numbers indicate that raw milk is safer than pasteurized, even though a great deal of raw milk is produced with no oversight.

DESTRUCTION OF NUTRIENTS

We know a lot more today about what pasteurization does to the nutrients in milk. Vitamin B₂ (riboflavin) and vitamin C are completely destroyed, while carrier proteins for folate, vitamins B₁₂, A and D, and minerals such as iron and calcium are reduced or destroyed by heat treatment. This means that analyses may detect these nutrients in pasteurized milk, but they are assimilated only with great difficulty by the consumer, especially the infant (see Table 2). The data indicate that raw milk offers a package of complete nutrition that is readily available to the body, especially important for infants, growing children and individuals with intestinal absorption problems.

There is no question that pasteurized milk is *not* as nutritious as raw milk.

Table 1. CDC data on burdens of illness for four foods associated with outbreaks from 2005-2020

FOOD TYPE	PATHOGEN	ILLNESSES	DEATHS
Leafy Greens	Norovirus, <i>E. Coli</i> STEC, <i>Cyclospora</i> , <i>Salmonella</i>	16,434	23
Oysters	Norovirus, <i>Vibrio</i> , <i>Campylobacter</i> , <i>E. coli</i> STEC, <i>Salmonella</i> , <i>Giardia</i> , Hepatitis, Sapovirus, <i>Staphylococcus</i>	2,408	2
Pasteurized Milk	<i>Campylobacter</i> , <i>Yersinia</i> , Norovirus, <i>Salmonella</i> , <i>L. monocytogenes</i> , <i>E. coli</i> STEC, other hazards	2,111	4
Raw Milk	<i>Campylobacter</i> , <i>E. Coli</i> STEC, <i>Salmonella</i> , <i>Cryptosporidium</i>	1,696	1*

We believe that some of these deaths were wrongly attributed to a virus.

*Although the patient had an underlying medical condition, the cause of death was attributed to raw milk.

SOURCE: Revealing Raw Truths about Milk: Scientific Advances in Understanding the Health Impacts of the Milk Microbiota by D. Warner North and Margaret E. (Peg) Coleman

HEALTH BENEFITS

Health officials are adamant that raw milk provides no health benefits over pasteurized. But evidence to the contrary is accumulating. Coleman has compiled thirteen studies showing that raw milk can protect against asthma, allergies, eczema, hay fever, milk allergies, gut microbiome disruption, lung problems and respiratory illness (see Table 3). The studies are all recent, dating from 2015 to 2023—countering the argument that studies showing benefits can be discounted because they are “old studies.” Four of the studies (author bolded) have U.S. cohorts.

It should be noted that conditions like asthma and lung disease are life-threatening conditions. Asthma kills nine people per day in the U.S., many of them children. Raw milk provides definite protection against asthma and other serious lung problems—it is a life-saving

food, not a life-threatening food. Other conditions, like eczema, hay fever, digestive disorders and frequent infections can make life miserable for a child. Raw milk helps protect against all of these illnesses.

The combination of safety, nutrient availability and protection against disease makes raw milk the perfect food for babies and growing children, something that “health” officials should be promoting with enthusiasm. These three tables can help change the debate, silence critics and usher in a new era of good health and happiness in the current generation. 

Raw milk provides definite protection against asthma and other serious lung problems.



Table 2. Destruction of nutrient value and assimilation by pasteurization. Compiled by Sally Fallon Morell

Vitamin C	Raw milk but not pasteurized can resolve scurvy. “Without doubt. . . the explosive increase in infantile scurvy during the latter part of the 19th century coincided with the advent of use of heated milks.” Rajakumar, <i>Pediatrics</i> . 2001;108(4):E76.
Calcium	Longer and denser bones on raw milk. realmilk.com/randleigh-farm/
Folate	Carrier protein inactivated during pasteurization. Gregory, <i>J Nutr</i> . 1982;112(7):1329-1338.
Vitamin B12	Binding protein inactivated by pasteurization. Ford et al., <i>J Pediatr</i> . 1977;90(1):29-35.
Vitamin B6	Animal studies indicate B6 poorly absorbed from pasteurized milk. realmilk.com/randleigh-farm/
Vitamin B2	Completely destroyed with pasteurization. Macdonald et al., <i>J Food Prot</i> . 2011;74(11):1814-1832.
Vitamin A	Beta-lactoglobulin, a heat-sensitive protein in milk, increases intestinal absorption of vitamin A. Heat degrades vitamin A. Said et al., <i>Am J Clin Nutr</i> . 1989;49(4):690-694; Runge & Heger, <i>J Agric Food Chem</i> . 2000;48(1):47-55.
Vitamin D	Present in milk bound to lactoglobulins, pasteurization cuts assimilation in half. Hollis et al., <i>J Nutr</i> . 1981;111(7):1240-1248; Yang et al., <i>FEBS J</i> . 2009;276(8):2251-2265.
Iron	Lactoferrin, which contributes to iron assimilation, reduced during pasteurization. Children on pasteurized milk tend to anemia. Duran & Otalvaro, <i>Nutr Hosp</i> . 2023;40(3):633-640.
Minerals	Bound to proteins, inactivated by pasteurization. Lactobacilli, destroyed by pasteurization, enhance mineral absorption. Burrow et al., “Interactions of milk proteins with minerals,” <i>Encyclopedia of Food Chemistry</i> , Elsevier, 2019, pp. 395-403; Varvara & Vodnar, <i>Food Chem X</i> . 2023;21:101067.

Table 3. Thirteen peer-reviewed studies

These studies provide clinical evidence on benefits and risks of raw and pasteurized milks. The studies in bold are U.S. cohorts. From: Revealing Raw Truths about Milk: Scientific Advances in Understanding the Health Impacts of the Milk Microbiota by Margaret (Peg) Coleman and Warner North, Feb. 4, 2026.

<https://www.acsh.org/news/2026/02/04/revealing-raw-truths-about-milk-scientific-advances-understanding-health-impacts>

STUDY AUTHORS	TITLE
1. Loss et al., 2015	Consumption of unprocessed cow's milk protects infants from common respiratory infections
2. Brick et al., 2016	Omega-3 fatty acids contribute to the asthma-protective effect of unprocessed cow's milk
3. House et al., 2017	Early-life farm exposures and adult asthma and atopy in the Agricultural Lung Health Study
4. Schröder et al., 2017	A switch in regulatory T cells through farm exposure during immune maturation in childhood
5. Muller-Rompa et al., 2018	An approach to the asthma-protective farm effect by geocoding: Good farms and better farms
6. Wyss et al., 2018	Early-life farm exposures and eczema among adults in the Agricultural Lung Health Study
7. Abbring et al., 2019	Milk processing increases the allergenicity of cow's milk—preclinical evidence supported by a human proof-of-concept provocation pilot
8. Sozanska, 2019	Raw cow's milk and its protective effect on allergies and asthma
9. Brick et al., 2020	The beneficial effect of farm milk consumption on asthma, allergies, and infections: from meta-analysis of evidence to clinical trial
10. Butler et al., 2020	Recipe for a healthy gut: Intake of unpasteurised milk is associated with increased <i>Lactobacillus</i> abundance in the human gut microbiome
11. Järvinen et al., 2022	Biomarkers of development of immunity and allergic diseases in farming and non-farming lifestyle infants: design, methods and 1 year outcomes in the “Zooming in to Old Order Mennonites” Birth Cohort Study
12. Wyss et al., 2022	Early-life farm exposures and eczema among adults in the Agricultural Lung Health Study
13. Pechlivanis et al., 2023	Continuous rather than solely early farm exposure protects from hay fever development

PENNSYLVANIA - LEGAL RAW BUTTER SALES

The Pennsylvania Department of Agriculture (PDA) has finished drafting a final rule, amending its dairy regulations that would, among other things, legalize sales of raw butter. The new laws should go into effect this spring; under the regulation, dairy farmers who hold a permit to produce and sell raw milk can obtain an additional permit to produce and sell raw butter. Permit holders can use only raw milk produced on their farm; there are testing requirements for the butter and the milk used to make the butter, as well as requirements for labeling and the physical facility. State law allows the sale of any legal raw dairy product in retail stores. PDA officials initially made the decision to legalize raw butter sales in 2019, but Covid and other factors sidetracked the rulemaking process. Arguably, the department has authority to allow raw milk permit holders to legally sell other raw dairy products, such as cream, kefir and yogurt by just reinterpreting existing law. But for now PDA is limiting raw dairy sales to milk, cheese and butter. In addition to raw butter sales, PDA made another potentially impactful change in amending the section of code that prohibits the sale of raw milk without a permit. The department has added a definition of “sell” stating, “the term ‘sell’ also includes selling, exchanging, or delivering to a customer who is a member of a buyers club, cow herd share agreement, or other type of membership purchasing group.”

PDA has had a policy in recent years of recognizing the legality of herd share agreements, even if a dairy farm did not have a permit. A bigger issue is CARE (Community Alliance for Responsible Eco-agriculture), food buyers club that has mostly unpermitted farmer members selling raw dairy to consumer members. CARE has been in existence for over 20 years and has had a truce with PDA for much of that time, even though the department has taken enforcement actions against CARE farmers. CARE has employed its own inspector and its farmer members have a good track record for safety. The question now is whether PDA will be more aggressive in going after herdshare and CARE farmers, or will exercise its discretion to leave them alone unless a farm is a genuine threat making people sick.

UTAH - RAW MILK BILL ON GOVERNOR’S DESK

Since 2015, the mother/daughter team of Symbria and Sara Patterson, founders of the advocacy nonprofit Red Acre Center (RCA), have had a remarkable run of success, being largely responsible for the passage of five raw milk bills into law in Utah. House Bill 179 (HB 179), which has passed out of the legislature and is now on Governor Spence Cox’s desk, would make six. Representative Kristen Chevrier is the lead sponsor.

HB 179 will bring about major changes in the state’s raw milk laws. Currently, a dairy producer can sell raw dairy at retail only if the producer is licensed and owns at least 51 percent of the retail store; HB 179 would eliminate the ownership requirement. Current law allows an unlicensed dairy to sell up to 120 gallons a month directly to the consumer on the farm only; HB 179 would not only remove the cap on raw milk sales, but would allow the producer to sell any other raw dairy product directly to the consumer as well. Sales of the raw milk and raw milk products could take place not only on the farm, but through delivery via a “designated agent” as well.



ONLY THREE STATES REMAINING!

2000 Raw milk available in 27 states

2024 Raw milk available in 47 states

(thanks to the efforts of A Campaign for Real Milk)

Our Goal

Raw milk available in all 50 states! **Help farmers provide raw milk legally in all 50 states.**



There are minimal labeling, handling and record-keeping requirements. Dairies operating under this exemption would be required to notify the Utah Department of Agriculture and Food (UDAF) of their intent to produce and sell raw dairy by providing UDAF their name and “a valid current address of where the producer is operating.” For dairies producing five hundred gallons or less in a month and selling raw dairy only on the farm, there is a further exemption for which only the notification requirement would apply.

What was impressive about the bill’s passage through the legislature is that it advanced in the face of competition from another bill, House Bill 283 (HB 283) that UDAF was pushing. The House Health and Human Services Committee held a hearing for both bills on January 30, voting to send HB 179 out of committee to the House floor while not taking action on HB 283.

It is rare when the legislature favors a competing bill over legislation backed by a regulatory agency; it’s a testimony to the relationships and influence that the Pattersons and RAC have built during their years lobbying in Utah. In the end, both UDAF and Utah Farm Bureau (most State Farm Bureaus are anti-raw milk) threw their support to HB 179. RAC has been a juggernaut in the Utah legislature. The command and mastery of the legislative process has been outstanding. The Pattersons handle the lobbying and big picture, while RAC analyst Paula Milby takes care of the bill drafting. In Chevrier they have a tough, engaged champion for a sponsor; before her, former Representative Mark Roberts was also a champion for the cause. It is a formula for success that has made a huge impact in changing Utah’s local food system for the better.

KENTUCKY - NEW STATE INTERPRETATION ON RAW PET MILK SALES

The Kentucky Cabinet for Health and Family Services (CHFS), according to a report, has changed its interpretation of the law and is no longer allowing sales of raw pet milk. CHFS has sent a letter to all county and municipal health departments about this new policy. Kentucky, like all other states, has adopted as law some or all of the Association of American Feed Control Officials (AAFCO) Official Publication. The AAFCO publication governs the production and sale of animal feed, including pet food. The publication, through its definition of “milk” and provisions in other sections of the document, allow the sale of raw milk for animal consumption. Kentucky has adopted the AAFCO definition of “milk”, so that adoption should supersede any conflicting provision of state law. Kentucky dairy farms should not let CHFS’s interpretation of the law stand.

FLORIDA - LAWSUIT AGAINST KEELY FAMILY FARMS WITHDRAWN

Last summer the Florida Department of Health issued a press release, alleging that raw milk produced by Keely Family Farms, LLC (“Keely”) was responsible for twenty-one cases of illness. (See *Wise Traditions* Fall 2025 issue for background.) A short time later, a woman filed a lawsuit against the dairy for illness she and her toddler contracted allegedly caused by the dairy; the woman admitted she did not consume any of the milk the farm produced. Keely was not actually served with the lawsuit until December. On February 9, Keely Farms filed a motion to dismiss against the plaintiff, claiming that the complaint did not show facts establishing contamination of the milk, and that the product complied with state labeling requirements warning the milk was not for human consumption. In Florida, sales of raw milk for pet consumption only are legal. Both farm owner, Keely Exum, and microbiologist Dr. Peg Coleman filed affidavits in support of the motion to dismiss. On February 13, the woman voluntarily withdrew her lawsuit against the dairy. As far as is known, no other lawsuits have been filed against Keely for allegedly causing illness. ☺☺

Do you drink Real Milk?

Support the Foundation that has made real, raw milk widely available. Membership fees and donations to WAPF make possible:

- Ongoing administration of realmilk.com (which offers free listings for dairy farmers)
- Scientific information on raw milk benefits and safety
- Raw milk updates on westonaprice.org and in *Wise Traditions*
- The WAPF chapter system, which helps you find raw milk in your area
- Initiatives such as founding the Farm-to-Consumer Legal Defense Fund to protect raw milk producers

Raise a glass and support the efforts of the Weston A. Price Foundation to keep raw milk flowing for you and your family.
westonaprice.org and realmilk.com



BACK ISSUES OF *Wise Traditions* AND OTHER INFORMATIVE LITERATURE

Summer 2015	Vaccination Dangers Issue.
Spring 2016	Folic Acid and Glyphosate; Why We Need Saturated Fats; Cod Liver Oil Testing; Flint, Michigan Cautionary Tale.
Winter 2017	The HPA Axis; A Primer on the Thyroid; Recovery from Bioidentical Hormones; WAPF in Peru.
Summer 2018	Treating GERD; Gallbladder Health; Herbal Bitters; Hidden Histamine Problems; Constipation.
Spring 2019	Surviving in the Aluminum Age; The Cannabis Craze; Fluoride Dangers; Risks from Tablet Use.
Fall 2019	Why We Cook; Mitochondria and Health; Prenatal Ultrasound, Not So Sound; Dissecting Fake Burgers.
Winter 2019	Dietary Support for the Alcoholic; Vitamin B6 and Nutritional Dependencies; Switzerland's Sourdough Bread.
Spring 2020	Vitamin A-Mazing; Sunlight and Vitamin D; Vitamin K2 MK-4, Dr. Price's X Factor.
Summer 2020	Is Coronavirus Contagious? Air Pollution, Biodiesel, Glyphosate and Covid-19; The Current Health Crisis.
Fall 2020	Toxic Iron, Arsenic and Anthrax, Traditional Foods of Morocco; Modified Food Starch.
Winter 2020	Chlorine Dioxide Controversy; Coconut and Encocados; Infant Constipation; The Elder Plant; Arsenicum.
Spring 2021	Bringing Up Baby; MSG-Glyphosate Connection; Advice for the EMF-Sensitive; Colonoscopy Risks.
Summer 2021	Hidden Food Ingredients; Glyphosate and the Gut; Questioning Covid; Foodways of the Australian Outback.
Fall 2021	Sound Frequency Therapy; Covid Vaccine Shedding; Outlawing Meat in India; The Batwa Pygmies of Uganda.
Winter 2021	Money and Public Health Policy; Cell Phones and Thyroid Cancer; DIY Covid Treatment; Low-Fodmap Diet.
Spring 2022	The Great Virus Debate; Solving the Mystery of TB; RFK, Jr. Speech; Covid and Mechanical Ventilation.
Summer 2022	Devil in the Garlic; MSG and Obesity; Sunscreen Dangers; Reducing EMF Exposure; Mediterranean Diet.
Fall 2022	Salt, Dopamine and Health; Gallbladder Health; Lung Health; A Soy Prison Saga.
Winter 2022	Optimal Hormonal Development in Your Child; Living in the Plasticene; Gender Surgery; Scottish Porridge.
Spring 2023	What Makes Us Sick?; Transcending the Narrative; The Kazakh Eagle Hunters; Medical Testing.
Fall 2023	Vitamin A for Fertility; Vitamin K ₂ , MK-4; Dr. Price's Remedy; Weight-loss Drugs; Adrenal Fatigue.
Winter 2023	An Update on GAPS; A Cannabis Suicide; The Lyme Disease Lie; Dangers of Stevia.
Spring 2024	The Gut Microbiome, Oxalate and Your Kidneys; Reducing Anemia in India; Snapshots from Omo Valley Tribes.
Fall 2024	Effects of Glyphosate; Dental Metals and Neurodegenerative Diseases; Kayaking the Greenland Coast.
Winter 2024	Blood Pressure Scam; 5G Survival; School Kids and Sardines; Cost of Climate Change Measures.
Spring 2025	U.S. Dietary Guidelines; The Oyster Is Our World; Chlorine Dioxide; Bioremediation.
Summer 2025	Measles; Dietary Practices in India; Blood Thinners; Germ Theory; Raw Milk for IV Infusions.
Fall 2025	Demystifying Heart Attacks; The Helical Heart; Aluminum Dangers; Wireless Exposures.
Winter 2025	Reproductive Microbiome and Fertility; Prostate Disease; The Alexander Technique; Bone Marrow; Fabrics

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.

HEART DISEASE ISSUE: What Causes Heart Disease? Benefits of High Cholesterol; Oiling of America and more.

All articles from all journals are posted at westonaprice.org.

Back issues are \$12 (includes shipping). Discounts: \$8 for 10-49; \$5 for 50 or more.

HEALTHY 4 LIFE DIETARY GUIDELINES AND RECIPE BOOK in English, French, Spanish and Italian
\$10 each (includes shipping) or \$6 each for 10 or more.

11 DIETARY PRINCIPLES: \$10 each (includes shipping) or \$6 each for 10 or more.

TIMELESS PRINCIPLES OF HEALTHY TRADITIONAL DIETS 28-page booklet in English, French and Spanish
\$1 each (includes shipping), 60¢ each for 100 or more.

2026 SHOPPING GUIDE 94-page booklet listing 2,000 products in categories: Best, Good, Avoid
\$3 each (includes shipping) \$1 each for 10 or more.

TRIFOLD FLYERS

Suggested donation for flyers is 25¢ each (includes shipping), 15¢ each for 50 or more

The Dangers of Industrial Fats and Oils	Cod Liver Oil, Our Number One Superfood	Butter Is Better
Dangers of Vegan and Vegetarian Diets	How to Protect Yourself Against Cancer with Food	Soy Alert!
Myths & Truths About Cholesterol	Nutrition for Mental Health	Sugar Alert!
A Campaign for Real Milk	A Message to Grandparents	Vaccination Dangers
	Covid-19: Contagious Virus or 5G Microwave Technology?	

Order online at westonaprice.org or by phone (703) 820-3333 OR send checks to The Weston A. Price Foundation.

Healthy Baby Gallery



Hank was born fast and furious at home weighing nine pounds and has swiftly grown into a giant bouncy baby at almost three months old, breastfeeding beautifully just like his big sister. Despite a challenging pregnancy and postpartum, mom was sustained and replenished with plenty of eggs, raw milk, local red meat, organ meats and local green leafy and root veggies (plus a huge amount of rest, sunshine and loving care from family and friends). Mom also focused on replenishing electrolytes naturally using a blend of herbs and medicinal mushrooms, clean mineral salt and maple sugar—mixed into clean spring water, of course. Hank's parents look forward to cultivating Hank's gut health with meat stock, egg yolk and sauerkraut brine when he is ready for solids.

Eva Louise was born at home on her due date in July 2025. Her first-time mom followed a Weston A. Price diet throughout preconception and pregnancy, including fermented cod liver oil, and tons of butter while making efforts to get lots of sunlight and sleep. Eva came into this world *en caul* after a fast and intense labor. She was born small (five pounds, twelve ounces; fifth percentile) due to a marginal cord insertion on the placenta, but mighty nonetheless. She had no health issues and immediately began breastfeeding with enthusiasm. At seven and a half months old, Eva weighs about seventeen pounds, has two teeth, has never been sick and is starting to crawl. She enjoys cod liver oil, frozen bone broth teethers, pureed brisket, a variety of other Wise Traditions recipes and lots of breastmilk. She is full of smiles and so loved. Mom and dad are grateful that they discovered the Weston A. Price Foundation before starting a family. What a blessing to watch Eva thrive in good spirits and health!



Riley is nine months old. Mom ate a WAPF-inspired diet before and during conception and pregnancy, and he is now eating those foods, too! He takes cod liver oil every day, and he loves custards, bone marrow, vegetables in bone broth and chicken, with raw egg yolks mixed into everything. Pregnancy was easy for the most part, with no morning sickness, and Riley was born at home at forty weeks. He was an angel baby, gaining weight quickly and now sleeping wonderfully. He is so alert and strong, and people constantly comment on how beautiful he is. Mom is so thankful to have found WAPF before having a baby, and convinced that Riley's excellent health and vibrancy are due to good food and no vaccines. Thank you for the work you do!

Teen Gallery: If you want to share a photo of your teen whose good health you attribute to the WAPF principles, send to info@westonaprice.org.

Healthy Grandparents Gallery: Do you have healthy grandparents in their 80s, 90s and even 100s brought up on a traditional diet? Please share their photos with us! Send to info@westonaprice.org.

Local Chapters

Local chapters help you find locally-grown organic and biodynamic vegetables, fruits and grains; and raw milk products, butter, eggs, chicken and meat from pasture-fed animals. They also represent the Weston A. Price Foundation at local fairs and conferences and may host cooking classes, potluck dinners and other activities to help you learn to integrate properly prepared whole foods into your life. Local chapters may be able to put you in touch with health practitioners who share our philosophy and goals. **IMPORTANT WARNING:** This chapter list is meant for individuals to contact a local chapter for food sources and for small farms or food producers to contact chapters near them. It is not for use by vendors and marketers. If you use the chapter email addresses to promote a product, even a free product or giveaway, we will not allow your company to advertise in *Wise Traditions* journal nor exhibit at our conference.

ALABAMA

Auburn: Susan Ledbetter (334) 821-8063 gnomons@bellsouth.net
Baileytown: Jaclyn Bailey (256) 338-8795, welcomhomestead52@gmail.com
Birmingham: Helen Ryan (205) 639-2092, info@theryanclinic.com & Jane O'Brien
Birmingham-UAB: Katherine Effinger (205) 470-8139, katherinee1324@gmail.com
Florence: Vanessa Hopkins (256) 275-0104, vanessa.s.hopkins@gmail.com
Greater Mobile: Arun Parupalli (630) 240-6553, farm@mm.st
Huntsville: Katie Suhre 336-473-7164, WAPF.huntsvilleAL@protonmail.com

ALASKA

Gustavus: Kelly Rose McLaughlin (907) 723-5459, kellyrose.alaska@gmail.com
Juneau: Howard Beery (907) 713-5954, Howard@AlaskanHomeschool.com
Kodiack: Kayla Estle ketskaylat@gmail.com
Matsu Valley: Kristen Acosta (979) 451-3937, Kristenaacosta92@gmail.com chapters.westonaprice.org/matsuvalleyak

ARIZONA

Flagstaff: Sarica Cernohous (928) 856-0660, Sarica@naturallylivingtoday.com & Lynn Beam (928) 856-0660, lynn@naturallylivingtoday.com
Phoenix: Gracie Timms (480) 292-6057, Phoenixwapf@gmail.com
Pima County: Kenneth DeLong (510) 967-9354, wapfpima.deprecate572@passmail.net
Pinal County: Cherie Paige (480) 584-1041, health@yourwellnesswarriors.com & Ashley Swanson
Sedona: Karen Truskowski (928) 554-4169, karentrusko@gmail.com
Tucson: Kim Lewis (520) 425-6260, kimberley.lewis@gmail.com



AMERICAFAST

Kimberly Lewis and Roman Shapoval exhibited to a massive crowd at Turning Point USA's AmericaFest in December 2025.

Local Chapters

ARKANSAS

Ark-La-Tex: Jerica Cadman (903) 665-7076 jericacadman@gmail.com

Jonesboro: Kim Dixon (925) 864-5018, Dr.KimDixon@pm.me

Rogers: Sharise Parviz & Michael McCaskey (479) 696-8777, contact@shariseparviz.com

CALIFORNIA

Capay Valley: Lauren Ayers (530) 796-2463, lauren.yolocounty@gmail.com, chapters.westonaprice.org/CapayValleyCA

Chico - Butte County: Portia Ceruti (530) 680-3969, portiaceruti@protonmail.com

Contra Costa Tri-Valley: Myra Nissen (925) 289-9388, myra@myranissen.com & Patricia Moore (925) 455-4255, tmyoga@comast.net email group sign up contracostacountyca-request@wapfgroups.org, chapters.westonaprice.org/contracostatrivalleyca/

Crescent City: Margaret Stokes (415) 686-8596, Kunekai@gmail.com & Sarah Rose (971) 400-7232, wendtsl@gmail.com

East Bay: Nori Hudson (510) 847-3197, EastBayWAPchapter@protonmail.com

El Dorado County: Dori Johnston (650) 274-3739, dori@bendavidfp.com & Andy Johnston, (650) 520-7323, andyjohnston2@gmail.com, facebook.com/groups/1118039462897365/

Fresno/Clovis: Allison Larsen (925) 202-1774, shepherdhillswellness@gmail.com

Grass Valley/Nevada City (Gold Country): Cathe' Fish (530) 432-5109, sunshine.works@gmail.com & Shan Kendall shan.kendall@gmail.com, (530) 478-5628 facebook.com/groups/GoldCountryWAPF/, chapters.westonaprice.org/goldcountrychapterca/

Marin County: Karen Hamilton-Roth (909) 726-3488, marinwapf@gmail.com chapters.westonaprice.org/marincountyca

Monterey Bay: Maria Katharina Cobley (408) 464-3501, westonpricemb@gmail.com

Mountain View/Palo Alto, Northern Santa Clara County: Elaine Lou wapf.santaclaracounty@gmail.com

Orange County: Amanda Gale-Bando & Joe Bando, contact@drbando.com

Orange County-Laguna Niguel: Mona Lenihan-Costanzo (949) 637-4639, Mona_vibrantwellness@protonmail.com chapters.westonaprice.org/lagunaniguelca/

Pasadena: Joy De Los Santos (626) 641-0774, joyfarrar2007@gmail.com & Aaron Zober aaron@appropriateomnivore.com westonapricepasadena.wordpress.com

Point Reyes Station: Ashley Hathaway (415) 823-9333, ashleycntsf@gmail.com

Rancho Cordova: AnaJane Ivacove, anajanedelights@gmail.com

Redondo Beach/South Bay: Angela Karlan MA FNTF ACN HTP (310) 291-3250, akarlan@yahoo.com

Riverside/Jurupa Valley: Shannon Daerr (951) 892-5486, shannonrae00@yahoo.com

Riverside/Moreno Valley: Suzette Chavers (951) 682-9680, schavers@gmail.com

Sacramento: Jeanette De Caro (916) 316-0858, jdecaro@alatianhealth.com & Shelly Rodgers, (916) 225-1117, travelernp@gmail.com, facebook.com/groups/253923421376927, chapters.westonaprice.org/sacramentoca/

San Diego/East County: Nancy Teas-Crain (619) 733-5016, ntcrain@me.com chapters.westonaprice.org/sandiegoeastcoca/

San Diego/North County: Gabriell North (770) 733-2796, dadsgab1@gmail.com

chapters.westonaprice.org/sandiegonthcoca/

San Francisco: Dave Horn (724) 757-2180, chefdavehorn@gmail.com chapters.westonaprice.org/sanfranciscoca/

San Jose, Santa Clara County: Pamela Lau WAPF.SiliconValley2@gmail.com

San Mateo County: Shelley Lane (805) 245-0577 shelleylaneomd@gmail.com & Elissa Hirsh (650) 269-7849, hirsh.yeend@sbcglobal.net facebook.com/groups/WAPFSanMateoCounty/, chapters.westonaprice.org/sanmateoca/

Santa Barbara: Mycah Kreft (303) 945-5248, mycahkreft@gmail.com & Justine Perrizo

chapters.westonaprice.org/santabarbaraca/

Santa Cruz County: Cynthia Campos (831) 239-2989, cmendoza99@yahoo.com

Shasta/Tehama: Audrey Pascone (925) 768-2935, audrey@redgateranchrb.com & Heather Austin

Siskiyou County: Diane McGonigal & Geri Quintero (530) 468-5727, geriq07@gmail.com (530) 467-5356 mcgfam@sisqtel.net

Sonoma County: Sushama Gokhale (415) 694-3502, sushama.gokhale@gmail.com c

hapters.westonaprice.org/sonomacountycal/, facebook.com/groups/westonapricesonoma

Temecula Valley: Libby George (623) 703-4946, libby.george417@gmail.com

Tustin: Elizabeth & Christopher Bruckner (415) 577-3280, elizabeth@createwellnessproject.com

Ventura County: Dylan Boeken (310) 903-7292, Ventura.wapf@gmail.com

Yolo County: Trish Trombly (530) 219-0992, tromblynutrition@gmail.com

Local Chapters

COLORADO

Aurora: LaShay Canady (303) 886-0673 herbalist@thebossgrp.net chapters.westonaprice.org/auroraco/
Black Forest: Emmy McAllister (719) 494-1546, HealthSolutionsNow@earthlink.net
Boulder: Erin Meschke (970) 402-1827, boulder.wapf@gmail.com chapters.westonaprice.org/boulderco/
Colorado Springs, North: Gina Biolchini (719) 200-1384, wapfcos@gmail.com, facebook.com/groups/wapfcos
& Christin Zielinski, (815) 814-6094
Denver: Cheryl Harris (720) 231-3526, cheryl.harris@yahoo.com & Sue Ilmberger, ilmbergersusan@proton.me
Fort Collins: Chris Erskine (719) 640-6488, wapffc@gmail.com chapters.westonaprice.org/fortcollinsco/
Loma-Mack: Luke & Maggie Heiser (970) 589-9297, info@RootsFromEden.com & Lucas Heiser, rootsfromeden.com
Montrose: Kara Pfligler (224) 241-4009, karamichelle@protonmail.com
Western Colorado Rockies: Patricia Dotson (970) 456-7887, houstonmountainhealth@gmail.com & Mollie Shipman
dooleycreekfarm@gmail.com
Western Slope: Dawn Donalson dawndonalson@gmail.com dawndonalson.gapscoach.com/

CONNECTICUT

Fairfield County: John Kriz wapfairfield@yahoo.com
Hartford County: Jose Luis Diaz (860) 288-8699, admin@realfoodnourishment.com
realfoodnourishment.com/wapf-hartfordct-chapter
Litchfield County: Pam Pinto (860) 482-8477, info@actnaturalhealth.com
Southington - Central CT: Catherine Shaw (386) 479-9019, catherine.shaw@mailfence.com
RootWisdomHealth.com/resources
Tolland County: Anna Simpson (860) 305-5888, wellbeyondnutrition@gmail.com
Windham/Quite Corner: Carl P Cecil (703) 585-9651, carlpcecil@spectrum.net

DISTRICT OF COLUMBIA

Washington, DC: Emma Wise & Jessica Davis (571) 319-3867, jessica@trustmerchantservice.com

FLORIDA

Altamonte Springs: Lee Burdett (407) 782-1414, jakespeed87@gmail.com & Steve Moreau kmt205@gmail.com
Broward County: Vicki Kushnir (614) 204-2583, vicki.kushnir@gmail.com chapters.westonaprice.org/browardfl/
Citrus County: Samantha Reeves (727) 656-9995, samanthareeves96@gmail.com
Fernandina Beach: Alec Meyer (224) 595-4948, AlecSMeyer212@gmail.com
Hendry County: Paula Nix (305) 926-9273, nixpaula@gmail.com
Jacksonville: Caroline Lamb (970) 576-2094, mamalamb2021@gmail.com
Lee County: Thomas Scannell (561) 441-1378, tom@pineshinefarms.com, Joanna Dansby (954) 415-2887
& Joanna@pineshinefarms.com

BROWARD COUNTY, FLORIDA

The chapter had about twenty people attend an extremely informative and engaging presentation by Diego F. Rutenberg, LAc, IFMCP, clinic director at Holistic Specialists, a functional and evolutionary medicine practice in Broward County and Miami Dade County.



Local Chapters

Martin County: Mark Berger (412) 518-1276, mark@markberger.com
Miami Beach: Durrell Handwerger (305) 799-1263, dhandwerger@yahoo.com
Miami/Miami-Dade County: Gary Roush (305) 221-1740, garyaroush@aol.com
Naples, North & Collier County: Medea Galligan (239) 961-9270, medeagalligan@gmail.com,
facebook.com/groups/1506348466828985 & Bob Ackley, bobackley2010@yahoo.com
Ocala/Marion County: Carrie Perez (813) 997-4555, carrieperez@protonmail.com
Okaloosa: Aracely Morones (760) 301-2925, aracelyv@proton.me
Orlando: Chris & Michele Paige (347) 827-8579, michelepaige@gmail.com
Palm Beach County: Tiffany Crump (561) 267-8766, Tcrump2019@gmail.com
Palm Coast: Emily Todd (470) 836-8422, etodddc@gmail.com
Pasco-Hernando: Karen Gay (240) 393-5625, karengreergay@gmail.com
Pensacola: Kristill Williams (907) 328-9510, kristill@kristillwilliams.com & Jered Williams
Pinellas County: Judith Turner (727) 418-6121, ecogroup3@gmail.com
Polk County: Stacy Williams (863) 698-8392, stacy@aspirewellness.com
Sarasota: Anya Adams (571) 332-2052, facebook.com/sarasotawapf/, chapters.westonaprice.org/sarasotafl/
South Miami-Dade County and the Florida Keys: Mary I Palazuelos (305) 484-8402, marybenoit@aol.com
St. Petersburg: Mandy Blume (727) 401-4070, mandy@RealFoodRecovery.org, realfoodrecovery.org/wapf/
Tallahassee: Joanne Mendez (850) 339-0443, jcmendez@earthlink.net
Treasure Coast: Sage Pepper (772) 233-2397, sagepepper@yahoo.com
Vero Beach: Jody Old (772) 584-3424, jodyold44@gmail.com
Winter Garden: Thomas Reitz (407) 504-7593, tom.reitz@me.com & Tori White (407) 242-4043,
tori@reformationchiropractic.com

GEORGIA

Atlanta-North: Marina Peck & Sandra Walker, NorthAtlantaWAPF@proton.me,
chapters.westonaprice.org/northatlantaga/ (404) 213-9857
Augusta: Aleah Mohamed (607) 221-1816, aleahmohamed92@gmail.com
Braselton: Stephanie Zraggen (843) 214-2997, drzraggen@gmail.com
Brunswick: Brittney Stalvey (912) 659-3180, brittneystalvey@gmail.com & Corey Dunn (301) 814-0917,
coreysearles@gmail.com
Cedartown/Polk County: Kathi Butz (770) 748-0729, goodlife19@protonmail.com
Cherokee County: Cindy Borek (470) 360-2496, mrsborek@protonmail.com
Gwinnett County: Stephanie Linihan (678) 216-7373, slinihan@yahoo.com
Kennesaw & Acworth: Cynthia Tufts (770) 886-1509, Peonies222@protonmail.com
Marietta: Debby Smith (404) 918-6368, dsatlanta@comcast.net meetup.com/AtlantaRealFood/
Mitchell County/SW: Pamela Watts (435) 770-2153, pamelawatts@proton.me
Oconee County: Diana Anderson (912) 531-5154, danderson1081@protonmail.com,
yournextlevelwellness.com/weston-a-price
Walker, Catoosa & Whitfield Counties: Denise Burns (770) 402-7916, DenisePBurns@protonmail.com f
acebook.com/groups/619381541582471/?r
Warner Robins: Lori Freeman (478) 396-8379, lorifree107@gmail.com

HAWAII

Big Island: Ariela Friedman FB bear Muse (541) 954-0246, relilyon@gmail.com
Kauai: Nathan Donahoe (657) 243-3663, nathan@makelovewithfood.com
O'ahu: Nicholas Zehr (321) 693-6954, nzehr001@gmail.com

IDAHO

Coeur d'Alene/Hayden: Shanna Cartmell (714) 609-5085, naturallyShanna@pm.me
Idaho County: Kathleen Majors (208) 816-3928, pneumadoula@gmail.com
Latah County: Katherine Merten (208) 582-3779, themertenhomestead@gmail.com
Meridian: Daniela Troia (410) 960-7589, danielatroia@gmail.com

Local Chapters

Oneida County: Virginia Edlefsen (208) 766-7730, koolkidsfarm@runbox.com & Robyn Gamble, (208) 840-0717, rrgranch@gmail.com

Rexburg: Peggy Edwards & Faline Elias, stacyfaline@gmail.com (202) 760-1686, peggy6e@gmail.com

Sandpoint: Emily Neff (208) 360-7937, sandpointwapf@gmail.com & Jennifer Steinbachs (208) 946-2620, jen@syringawellness.com chapters.westonaprice.org/sandpointid/

Spirit Lake/Athol: aMandalin Hitt (208) 691-0734, hittfamilyhomestead@gmail.com

Twin Falls/Magic Valley: Suzanne Roberts (925) 765-1005, magicvalleyidwapf@proton.me & Nancy Gibson (916) 742-8959

ILLINOIS

Bloomington/Champaign: Molly Meyer (217) 419-0858, central.il.wapf@gmail.com chapters.westonaprice.org/bloomington/

Chicagoland: Sean and Talia Cork (608) 209-1126, taliamcork@gmail.com

Decatur: Becca Dickens regenlifefarm@gmail.com

Dixon: Vicki McConnell (815) 288-2556, vlmccconnell@gmail.com

Freeport: Margaret Bardell (815) 908-1627, freeport.il.wapf@gmail.com

McHenry/Kane Counties: Sarah Raper (847) 858-3573, Sarahlynnraper@gmail.com

Metro East: Lisa Hermann info@hermannholistichealth.com

Northern Dupage County: Kathryn Pirtle & Olive Kaiser (312) 969-7572 kathypirtle@sbcglobal.net

INDIANA

Bloomington: Larry Howard (812) 876-5023, info-wapf@betterlocalfood.org

Boone County: Ashton Lipton (317) 448-8790, wapfinfo4northindy@gmail.com

Decatur: Jennifer Diekhoff (812) 593-2249, jenniferdiekhoff@gmail.com

Fort Wayne Area: Angela Adams (260) 704-0132, a.m.adams.82419@gmail.com

Indianapolis: Aron McNicholas (317) 835-3971, hartwoodherbals@gmail.com

Marshall & Fulton Counties: Ebony Nava (574) 952-8378, ebony.nava@gmail.com

IOWA

Cedar Rapids/Iowa City: Elaine Michaels (319) 377-0040, foodiefemale@gmail.com

Jefferson County: Cassandra Gail (651) 497-9534, sacredkitchens@gmail.com

Madison County: Marcie Franzenburg (515) 809-6621, kmplus2@gmail.com

Marshall County: Lindsay Adams (641) 485-2010, wapfcentraliowa@gmail.com

Western Iowa: Nate Wiechmann (712) 249-8231, pcschiro@gmail.com & Melissa Wiechmann, (913) 222-3353, melissalwiechmann@gmail.com, facebook.com/wapfwesterniowa, facebook.com/groups/nourishwesterniowa

Winneskie/Fayette Counties: Gayle Jurgensen (574) 514-3635, gkdancer22@gmail.com

KANSAS

Abilene: Diane Loftness (501) 472-6197, dloftness@gmail.com

Concordia: Annette Hood (785) 243-1923, amghood@yahoo.com

Johnson County: Joann Atchity (913) 219-4517, Joann@JoannAtchity.com

Kansas City: Vickie Vetter-Scruggs (816) 830-2609, vickievs@yahoo.com

Manhattan: Heidi Gabil (208) 640-4844, heidigrabil@gmail.com

McPherson/Hutchinson area: Connie Newcome (620) 585-2556, cnewcome@gmail.com

Osage County: Kathryn Andries (847) 287-7593, kathrynandries@aol.com

Wichita: Emily Coello (703) 624-9660, Emily.Coello@protonmail.com

KENTUCKY

Bath County: Courtney Gayle (606) 336-6410, courtneygayle@gmail.com

Boone County: Jennifer Haynes (513) 879-9368, haynes.booneky@gmail.com

Lexington: Sally O'Boyle (859) 550-3862, sallyoh@pm.me & Courtney Byron (606) 336-6410, courtneygale@gmail.com

Louisville: David Ratterman (858) 431-6760, david.a.ratterman@proton.me

Local Chapters

LOUISIANA

Felicianas: Bonnie Hurst (225) 719-1292, wapffelicianachapter@gmail.com
Greater Baton Rouge: Savannah Fontenelle (850) 386-6595, WAPGreaterBatonRougeArea@gmail.com
Ouachita Parish: Dana Milford (318) 791-5956, forhistemple@gmail.com
Shreveport: See TX: Ark-La-Tex
Southeast Louisiana: Adrienne Ferguson (985) 415-8405, WAPFSELA@gmail.com
Tangipahoa Parish: Elise-Marie Frosch (985) 320-0691, elisemfrosch@gmail.com

MAINE

Androscoggin County, Auburn/ Lewiston: Sandy Parent (207) 577-5770, Happycampers323@gmail.com
Central Maine: Elizabeth Chamberlain (207) 620-4578, cranberycottagefarm@gmail.com
Oxford County: Donna Dodge (207) 890-3005, donnadodge100@gmail.com
Penobscot: Jennifer Goddard (856) 340-8326, jgoddard@thrivingproof.com

MARYLAND

Baltimore County: Mary Ann Ley (410) 628-9355, (443) 465-8787, drmaryannley@gmail.com
Bethesda: Karen DeHaven (240) 439-8390, karen@karendehavenwellness.com
Caroline County: Michael Butler (410) 714-3996, michaelbutler23@gmail.com
Cecil County: April Van Luven (302) 598-6711, aprilvanluven@proton.me & Valerie Borek (610) 972-7863, vborek@pm.me
Charles County: Lois DiNatale (240) 435-1005, drdinatale@humandialectics.com
Columbia: Jaime Brooke (240) 298-8181, jaimebrookewellness@gmail.com
Frederick: Arden Jamison (301) 873-2341, ardenjamison@gmail.com
Harford County: Eric Nager (443) 677-5465, nagere@yahoo.com
Queen Annes County: Rhonda Keagy rhonda@insight-holistic.com chapters.westonaprice.org/queenannescountymd
Salisbury: Abby Dallaire (410) 829-6069, abbyjo2310@gmail.com
Silver Spring: Naji Glover (301) 591-7270, naji@nasgl.com
Talbot County: Anna Ewing (410) 443-6755, wapftalbotcountymd@gmail.com, chapters.westonaprice.org/talbotcountymd
Westminster : Amy DeVries (410) 848-1916, hysenthlaydew@yahoo.com chapters.westonaprice.org/linthicummd

MASSACHUSETTS

Berkshires: Natanya Bittman (413) 464-4372, natanya.bittman@gmail.com & Carol Avery, (212) 941-6484, Carolaveryconsulting@gmail.com, berkshireswapf.wordpress.com
Boston: Johanna Keefe (978) 290-0266, johanna8@comcast.net
Franklin County: David and Sarah Benedict (413) 369-2516, david@toggenthel.com
Milton: Jennifer Wrightington Katie Wrightington (781) 589-5599, fitwright2@gmail.com
North Middlesex County: Kathleen Lynch (978) 496-8064, WestfordWAPF@icloud.com
chapters.westonaprice.org/westfordma/
Springfield: Beata Harasim (860) 833-4606, beata@holisticdrbeata.com
Winchendon: Beth Ingham noondayfarm@gmail.com

MICHIGAN

Bancroft: Angela Welch (248) 943-7681, welcha231@yahoo.com
Belding: Barbara Pachulski (616) 648-6883, barbpachulski@gmail.com
Detroit Metro: Susan Randall (248) 563-7112, susan.m.randall@sbcglobal.net htnetwork.org, facebook.com/groups/HTNetworkWAPF/
facebook.com/HTN-The-Metro-Detroit-Chapter-of-the-Weston-A-Price-Foundation-152427555144/
Genesee/Lapeer/N. Oakland: Kim Lockard (810) 667-1707, kimlockard@gmail.com
Grand Rapids/West Michigan: Rachael Tax (616) 401-6070, rachaeltax@protonmail.com & Kelly Moeggenborg, Kelly@KellytheKitchenKop.com
Greater Lansing: Kristie Welte (734) 756-0603, kristiewelte@yahoo.com
Midland: Grace Cummings (989) 687-5425, gracecummings@charter.net
Muskegon County: Mark Christenson (231) 740-0816, mark_christenson@msn.com & Lisa Middlecamp-Lowder (231) 288-7221, thriveforreal@gmail.com

Local Chapters

Petoskey: Amanda Wolter (317) 213-1580, achilleasana@protonmail.com
Saginaw: Abbe Williams (989) 372-1730, info@havenholisticswellness.com
Zeeland: Delanie Aguilar (616) 240-6547, delanieaguilar@gmail.com

MINNESOTA

Brainerd: Katelyn Thesing-Yezek (218) 251-6739, k_thesing@hotmail.com
Brook Park: Ashley Gagliardi (320) 209-1369, ashley@littleswanfarms.com
Cook County: Lily Wilson (218) 556-1874, earth.body.healing3@gmail.com & Jack Wilson
Duluth/North Shore : Leah & Ron Bailey (314) 603-2126, cheap.food.aint@gmail.com, raw-milk-mn.com/
Jordan: Mark Jensen (952) 261-9323, Jensenacres@proton.me
Mendota Heights: John Myser (651) 341-3431, johnmyser@me.com
Minneapolis/St. Paul: Becca Griffith spwapf@gmail.com
Moorhead/Fargo (Minndak): Dr. Todd Ferguson (218) 284-1188, drtodd@prairiend.com
New Ulm: Leah Matzke (507) 232-9902, greatheritagefarm@gmail.com
North Branch: Cassie Deputie (612) 471-7142, mrsdeputie@protonmail.com
Owatonna: Darren Roemhildt (507) 451-7580, darrenr@drdarrenowatonna.com
Princeton: Robin Suhsen (612) 889-4318, rsuhsen@gmail.com
Rochester: Kay Conway (507) 421-0865, kcmckc@aol.com
St. Cloud: Melissa Carlson (320)291-1421, wapfstcloudchapter@gmail.com & Liz Thares

MISSISSIPPI

Oktibbeha County: Tabitha Fulgham (662) 263-3041, wapf.oktibbehaco@proton.me

MISSOURI

Columbia: Teri Linneman (660) 728-1445, terilinneman@hotmail.com, Barb Carr (314) 435-6322, bdcarr2@att.net
facebook.com/groups/WAPFColumbiaCentralMissouriGroup
Eastern Missouri: David J. Henderson (573) 242-0739, quality.djh@gmail.com
Farmington: Karin Ladd (573) 747-1889, laddkarin3@gmail.com
Macon: Steve and Kerissa Taylor (435) 224-4593, info@1984farms.com
Springfield: Sherry Neill (417) 832-0292, AbsoluteWellnessCenter@proton.me
St. Charles: Ashley Becker & Chris Becker, (314) 974-2811, ashley@theashleybecker.com

MONTANA

Bigfork: Mary Tackett (406) 755-1138, mectack@gmail.com
Bozeman: Nancy Tanner chapters.westonaprice.org/bozemanmt/
Missoula: Bonnie Lauer (406) 241-1048, missoulawapf@gmail.com
St Ignatius: Barbara Geatches (208) 964-3770, bgeatches@protonmail.com

NEBRASKA

Lincoln: Gus Ponstingl (402) 770-2272, groggygroggy@yahoo.com
Omaha: Miranda Sherman (402) 637-8929, miranda.mightyfork@outlook.com
Scottsbluff County: Mindy Lively (308) 430-3132, gaps.living@gmail.com & Makinzie Gregory (308) 631-3740, makinziegregory@gmail.com

NEVADA

Las Vegas: Keith Tracy (360) 870-8441, keith@lvwapf.com & Lindsay Jewell (313) 695-5530, thedunchclub@gmail.com
Reno & Carson City: Bari Caine bluebird444@protonmail.com

NEW HAMPSHIRE

Amherst-Nashua: Susan Stefanec (603) 673-0890, thinkglobal@ligett.com
Franklin Area: Lori McLaughlin (603) 731-1852, lmclaughlin888@gmail.com
Grafton County: Stephanie Durand (603) 667-0260, mhs.durand@gmail.com

Local Chapters

Keene: Celeste Longacre (603) 756-4152, info@celestelongacre.com Jenn Dafeldecker, (617) 470-9038, jenn.dafeldecker@gmail.com

Lakes Region: Jacqueline Garcia (603) 706-8787, jackiern156@gmail.com

New London: Linda Howes (603) 526-8162, linda@nourishingwellness.net

Portsmouth: Leigh Cameron (603) 406-9815, leighntp@gmail.com & Ella Lukacz, ellalukacz@gmail.com

NEW JERSEY

Bergen-Passaic Counties: Charlotte Hiller (201) 819-2677, bergenpassaicwapf@gmail.com Pilar Shilad (201) 403-1086, GAPSRN@outlook.com

Cape May County: Nick Kundrat (443) 852-5142, kundrat.nick@gmail.com, subscribepage.io/wapfcapemay

Central Jersey Shore: Dave Gatenby (732) 245-2385, dgatenby1@verizon.net & Mary Sadlowski (732) 463-1860, mcdevlin@optonline.net

Hudson-Essex Counties: Jessica Annunziata (201) 788-4367, jessica.cultureden@gmail.com

Princeton: Sandeep Agarwal (609) 785-9100 sandeep@pureindianfoods.com wapfnj.org, chapters.westonaprice.org/princetonnj/

Southampton: Judy Mudrak (609) 859-3828 reversemydisease@gmail.com

NEW MEXICO

Albuquerque: Thomas Earnest (505) 899-2949 tcearnest@comcast.net

Las Vegas: Delia Garcia (505) 690-2787, dgarciasf@gmail.com & Elisabeth Rimann (505) 920-5516, erimann@ix.netcom.com

Santa Fe: Charlotte Kikel (505) 954-1655, eatinpeace@protonmail.com & Laurell Reynolds, laurellr@yahoo.com

Taos: Liva Vino (707) 223-5723, liva@ancestralfoodalchemy.com

NEW YORK

Adirondacks, Northern: Cathy Hohmeyer (518) 891-1489 cathy@lakeclearlodge.com & Lynn Cameron (518) 353-0800, noptcamp@gmail.com

Buffalo: Carol Poliner (716) 544-4157, carol.poliner@gmail.com

Clifton Park: Abigail Thurston (518) 795-5266, abigailthurston@ymail.com & Lorna Reichel (518) 383-9066, lorna@atlantisvibes.com chapters.westonaprice.org/cliftonparkny/

Columbia County: Ashley Shea Legg (518) 392-0214 trillium75@gmail.com

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 healthcare 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 healthcare 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.

Local Chapters

Long Island-North Fork: Anastasia Alexiadis & Connie Furnari (646) 660-1809, wapf.east.end.com
Long Island-Suffolk County: Betty DeCandia (631) 987-9792, wholelifeliving@icloud.com
New York City: Angela Cimo (718) 413-8800 wapf.nyc@gmail.com facebook.com/WAPF.NYC
Niagara County: Margaret Zaepfel (716) 523-3761 margaretaepfel@gmail.com
Orleans County: Yi and Terrance Rogelstad (585) 520-7174, rogelstad@mockingbirdbell.com
Rochester: Laura Villanti (585) 451-0038, laura@athomewithwellness.com rochesterny@wapfgroups.org
Rockland County: Glenn Serkis (845) 517-3600, rocklandcounty.wapf@suuri.us chapters.westonaprice.org/rocklandcountyny/
Ulster County/Hudson Valley: Dina Falconi (845) 687-8938, info@botanicalartspress.com botanicalartspress.com
Westchester: Marizelle Arce (917) 282-5622, naturomari@gmail.com & Louis Belchou
chapters.westonaprice.org/westchesterny/

NORTH CAROLINA

Asheville: Maria Parrino (828) 357-7570, nourishingfoodconnection@protonmail.com
facebook.com/groups/676301812818898/?r
Bostic: Megan Harshman (828) 755-8052, Msquaredhfarm@gmail.com
Brunswick County: Amy Mahoney (505) 862-1704, amyhmahoney@gmail.com
Charlotte: Adaeze Ajoku (754) 777-8369, adadataallc@gmail.com
Fayetteville/Cape Fear River Basin: Tommy Rains (910) 876-2040, life4unme4ever@gmail.com
High Point: Sandra Dean (336) 949-7484, Admin@LWNaturopathic.com
Hillsborough/Chapel Hill: Mary Julia Walker (704) 996-7747, maryjuliawalker@gmail.com
Liberty/Pleasant Garden: Rayleen Grim (704) 564-0272, libertywapfchapter@gmail.com & Alison Cline (336) 601-5113
Morganton: Ryan Gagliardo (828) 334-3505, ryan.gagliardo@gmail.com
Raleigh: Steven Ashton (727) 687-2866, steven@thestrong.life
Reidsville: Jeanne Cornejo (336) 421-2044, jcornej63@gmail.com
Snow Camp: Quety Wilson (347) 451-1289, healingque@protonmail.com
Union Mills: Abigail Gerber (303) 916-5984, abigail.rose.gerber@gmail.com
West Buncombe: Rachel Blalock (718) 614-2793, rachel@naturallyconnectedlife.com
Wilmington: David Fisher (910) 538-3963, wildheartsfarm@outlook.com

NORTH DAKOTA

Minot: Peter and Nicole Bartlett (701) 580-2100, lifecoachingbynicole@gmail.com

OHIO

Allen County: Sommer Schwartz-Gorman (567) 356-7407, allenohiowapf@gmail.com
Cincinnati: Anthony Bianco (513) 470-6863, WAPFCincinnati@gmail.com & Sophia Dellecave Hughes, (859) 816-0780
Columbus: Sam & Julie Dean (614) 822-0431, wapfcolumbus@proton.me
Cuyahoga/Summit: Dawn Tarka (216) 502-1482, Dtarka21@aol.com
Dayton: Sandy King (937) 925-1243, wapfdayton@gmail.com
Defiance/Paulding County: Larry Manz (419) 399-7415, larry@pauldingoh.com
Geauga/Portage Counties: Irene Miller (440) 321-0935, miller.irene48@proton.me
Grand County: Janine Farzin janine@offallygoodcooking.com
Kenton Hardin County Area: Jane Kraft (419) 674-6561, kraftjane826@gmail.com
Knox, Richland & Morrow Counties : Marc and Jocelin Whitaker (614) 506-8461, contactus@whitakersnaturalmarket.com
Licking County: Ian Meske (614) 648-4900, wapflickingcounty@gmail.com & Leona Vrbanc
Madison County: Emma Troyer (716) 450-8790, emmajanereporting@gmail.com
Medina & Ashland Counties: Sarah Galbraith Laucks (717) 497-4305, sarah@trueleaf.io & Marc Laucks
Putnam County: Anita Stechschulte (567) 376-0098, wapfputnamcountyoh@yahoo.com
Rawson: Wayne Feister (419) 963-2200 wayne@feiway.com
Sidney/Shelby County: Pam Carter (419) 628-2276, gp4carter@gmail.com
Toledo: Karen Lyke (404) 993-7097, karen.lyke@gmail.com & Maggie Arnold, (419) 376-7246,
mharkison@buckeye-express.com
Wayne County: Terri & Jay Frazer (330) 421-6196, mossoutdoors@protonmail.com & Janis Steiner, (330) 201-1613,
stonesprings@protonmail.com

Local Chapters

OKLAHOMA

Ada: Jenna Billings (409) 767-3762, jennakbillings@gmail.com, chapters.westonaprice.org/adaok/
Arcadia/Edmond: Toni Waddle (405) 250-9664, Balancedrestorationwellness@gmail.com
Ardmore/Lone Grove: Sandy Steele (580) 513-0728, sgcs79@outlook.com
Caddo County: Cari Clodfelter (405) 829-0109, cariclodfelter74@gmail.com
Claremore: Cheri Murray (918) 810-8312, organogal@protonmail.com
Rogers County: Tamera Martin (918) 809-9799, tameramartin@yahoo.com
Shawnee Area: Danielle Akins (405) 694-6365, Essentially.intuitive@gmail.com
Tulsa: Joanna Francisco (918) 850-8015, joannafrancisco@att.net

OREGON

Beavercreek: Michelle Collins (407) 221-6173, dmmmcollins@att.net
Bend: Nicolle Timm-Branch (541) 633-0674 nikipickles@gmail.com & Dan Close, (858) 294-1775 mdc999@proton.me
chapters.westonaprice.org/bendor/
Clatskanie: Paulette & Michael Fraser (920) 366-4171, wildwestnaturalfarm@yahoo.com
Coos-Curry Counties: Sandrine Perez & Ted Marvin cooscurrychapter@sandrineperez.com
Crook/Jefferson Counties: Billie Johnson (541) 613-5239, windyacresdairy93@gmail.com & Mary Lewis (541) 504-3254
Eugene: Lisa Bianco-Davis (541) 344-8796, info@eugenewestonaprice.org eugenewestonaprice.org/, krautpounder.com
Klamath Falls: Teresa Penhall (541) 281-8821, food4life.ntp@gmail.com
Linn/Benton Counties: Rege Rippee wapflinnbenton@gmail.com, chapters.westonaprice.org/linnbentoncounties/
Portland: Stephanie Eden westonpriceportland@gmail.com
Silverton Foothills: Suzy Lindgren (503) 269-0248, suzy.lindgren7@gmail.com & Megan Basi, (971) 506-0959,
megan@bendyournutrition.com
Tillamook County: Alexander Bland (503) 854-1925, gladdens123@gmail.com

PENNSYLVANIA

Bucks County: Lauren Zonca (215) 601-8706, Lezonca@gmail.com & Diane Ives, adianeives@outlook.com
Chester County: Annmarie Cantrell (215) 499-8105, ambutera@verizon.net
Columbia County: Courtney Megargell (570) 441-9459, courtneyjokeyser@gmail.com
Elizabethtown: Debbie Jackson (917) 449-1880, bodyinbalance99@yahoo.com
Erie: Anna Rachocki (718) 662-6138, annazoemusic@hotmail.com
Franklin County: Jody Powell 223-220-2837, info@JodyPowellND.com
Lancaster County: Brook and Sarah Stutzman (717) 606-3797 srae03@hotmail.com wellfolkrevival.com
Montgomery County: Jennifer Miskiel (267) 664-4259, miskieljen@gmail.com
Northern Bedford County: Ella M. McElwee (814) 766-2273 emcelwee@healthbychoice.net & Kathleen Brumbaugh (814) 928-5135, kmbrumb@comcast.net
Philadelphia City: Josh Perrin (732) 281-9671, jperrin09@aim.com
Pittsburgh: Celanie Jones (412) 996-7689, westonpricepittsburgh@gmail.com, celaniejones@protonmail.com
Towanda: Mary Theresa Jurnack (570) 265-9641, mjurnack@hotmail.com
Waverly, North: Gail K Weinberger (570) 561-6970 gailweinberger@gmail.com
York/Adams County: Matt Osborne (717) 451-3248, osborne7453@comcast.net

RHODE ISLAND

Washington County: Aimee Gardiner (401) 741-0386, aimeeg@activist.com

SOUTH CAROLINA

Aiken: Emily Mews (817) 901-0825, emilymews@outlook.com & Anna Harper, (210) 478-9393, annaharper@gmail.com
Mount Pleasant, Isle of Palms & Sullivan's Island: Kathryn Lorusso (617) 312-4106, holisticmovementco@gmail.com
Myrtle Beach: Elaine Lilling (843) 267-1131, elainelilling@gmail.com
Oconnee County: Meredith Orlowski (617) 340-9865, meredith@roottoleafwellness.com
Spartanburg/Greenville: Morgan Andrews (803) 608-6362 & Lesli Clyborne (864) 430-9397, Katie Holliday (864) 230-0037,
upstatewapf@gmail.com

Local Chapters

Summerville: Sarah Ruiz (843) 743-5263, saraheruz2009@protonmail.com, Sherri Purdy, (843) 494-7439, Butterharvestthyme@gmail.com

Sumter: Robby Elmore (803) 469-0824, robbey_elmore@msn.com

SOUTH DAKOTA

Beresford: Nancy Carlson (605) 253-2109, nccarlson12@outlook.com

Buffalo Ridge: Robert Paulson westonaprice@foxtrot.smail.me

Spearfish: Ed Dykstra (605) 641-6889, eddykstra@proton.me & Steve Azevedo, (605) 569-3417, azevedosteve51@gmail.com

Yankton : Mary Walkes (605) 661-6726, mwalkes@gmail.com & Crystal LaBrake, wapfyankton.sd@gmail.com chapters.
westonaprice.org/yanktonsd/

TENNESSEE

Blount & Knox Counties: Karen Krueger (301) 526-8986, wapf.karen.krueger@gmail.com

Brentwood/Franklin: Shawn Day (615) 336-2286, shawndaytn@gmail.com tennesseansforrawmilk.com

Chattanooga: Melissa McDonald (913) 221-7299, Melissa@healthydirectioncoaching.com & Debbie Mize (913) 568-1167, facebook.com/groups/ChatanoogaWAPF/

Cleveland: Brett Spradlin (423) 800-6800, hello@divinedesignnaturalhealth.com

Columbia: Kyle Erickson (425) 761-9155, support@farmacyfoods.org

Dickson County: Dawn Gorham (615) 319-6689, dawnmgorham@gmail.com

Greene County: Stephanie Aberlich (828) 747-3315, nourishedinharmony@protonmail.com & Holly Lamons (423) 329-6720

Hawkins County: Sophie Eng (423) 500-4852, wapfhawkins@proton.me

Lewis County: Kirsty Rayburn (931) 269-9344, WAPFLewisTN@tutanota.com

Robertson County: Gina Webb (515) 778-9245, gina.webb@gmail.com

Sumner County: Melissa Milam (615) 440-0949, Vervenutritiontherapy@gmail.com

TEXAS

Ark-La-Tex: Jerica Cadman (903) 665-7076, jericacadman@gmail.com

Austin: Kristen Files wapfaustin@gmail.com & Katie Leadbetter, (408) 307-7110

Bosque and DeWitt Counties: Caroline Taylor (512) 850-7951, (361) 491-1790, pureranching@gmail.com

Conroe/Willis: Vanessa Villate (936) 207-8319, vanessa.villate7@gmail.com

Dallas-Central & Northern Suburbs: Christine Muldoon (972) 839-9261, Christine@nourishthelittles.com & Mallory Potts (214) 546-9476, mallorypotts21@gmail.com

Denton: Michelle Eshbaugh-Soha (940) 536-4443, ravensphere@gmail.com

Dripping Springs: Susana Kraglievich (917) 599-8816, susanakraglievich@gmail.com

Fort Worth, West: Jason Dixon (817) 647-5088, jason@evolveholisticcenter.com & Jenna Howard, jhoward621@gmail.com

Fort Worth/Mid-Cities: Hannah Setu (817) 590-2257, elshaumbra@yahoo.com

Fredericksburg: Daveed Aranda (912) 659-3755, daveedaranda@gmail.com

Houston-NE: Janelle Banack (403) 554-9949, janelle.banack@gmail.com

Houston-NW: Kristi Foreman kristiforeman@pm.me, (618) 410-2272, kristi@wapf-houston.org Laney Gillespie, (832) 341-6888, laney.literacy.edu@gmail.com wapf-houston.org, realfoodhouston.com, facebook.com/groups/houstonwapf

Houston-SE: Gregory Mitchell (281) 781-6007, mitchell4848@outlook.com

Lavaca County: Bonnie Kuhlman (480) 529-7581, neel.bonnie@gmail.com; Brandi Falls, brandifalls@gmail.com

Madison County: Jenny Gonzalez (713) 859-8126, jennyg.healthandwellness@gmail.com

Nacogdoches: Britney Toomey (508) 954-2444, britneytoomey@gmail.com

Navarro County: Kathy Frisch (214) 417-6583, kathytx@pm.me

Rockwall: Kim Miner (702) 354-5855, superscoot@gmail.com, & Theresa Myers, (408) 603-9909, tmyers4096@gmail.com

San Angelo: Marcella Welch (916) 240-2354, marcella.r.welch@gmail.com & Carly Johnson (717) 965-5869 naturalcarly@gmail.com

San Antonio: Debra Roach (408) 390-7435, eggsandbutterDR@proton.me & Danielle Roach, (916) 889-4634, dmcintosh.botany@gmail.com wapfsanantonio.com/

Taylor County: Ashley Hurley & Jennifer Bell taylorcountywapf@gmail.com

Local Chapters

Wichita Falls: Jada Rankin (940) 839-9644, jvontung@gmail.com
Wimberley: Pete & Teresa Buckman (757) 748-3568, peteandteresa@Protonmail.com

UTAH

Alpine: Michelle Lye (801) 362-6933, mickylve@comcast.net
Cache County: Julie Martin (435) 770-7199, cachecountywapf@gmail.com, Stephanie Marie Hawks, (801) 857-4770
Davis County: Dustie Casuse (385) 888-1324, info@thrivingbeyondorganic.com
Draper: William A. Mark (801) 390-6224, wamark7@gmail.com
Morgan County: Shauna Walker (801) 388-9939, shaunaswalker@icloud.com
Utah County: Betty H. Pearson (801) 921-3278, cellolady2@gmail.com facebook.com/groups/337490273004397/

VERMONT

Chester/Londonderry: Victoria Dubin Master (201) 394-8792, drvickie@vickiemaster.com
Northwest: Doug Flack (802) 933-7752, flackfamilyfarm@gmail.com flackfamilyfarm.com
Southwestern Vermont: Cynthia Larson (802) 645-1957, cynthialarson32@gmail.com
Upper Valley: Lili Hanft (603) 313-0312, lilihanft@gmail.com
West River/W. Townshend: Leigh Merinoff (802) 874-4092, leigh@meadowsbee.com & Raquel Master
raquel@meadowsbee.com
Winooski Valley: Jean Palmer (802) 288-9566, jeanpa813@gmail.com

VIRGINIA

Alexandria: Janice Curtin (571) 235-4872, janicecurtin@gmail.com see local resources & Alana Sugar chapters.westonaprice.org/alexandriava/
Augusta County, Staunton & Waynesboro: Susan Blasko (202) 230-3501, ntpconsultations@gmail.com & Isabel Bauer
ibauer@yahoo.com
Blacksburg: Kimberly Bears (540) 239-7496, kim.bears@generalmail.net wapfblacksburg.org
Campbell County: Lisa Serapiglia homeandlifeabundantly@verizon.net
Charlottesville: Robin Shirley Robin@tbyhguide.com
Dumfries/Woodbridge: Nora Kemmerer (571) 581-5085, nkemmerer85@gmail.com
Fairfax: Jane Kadish (917) 804-8375, jane.kadish@gmail.com & Florissa Reynoso, (703) 537-0964, westonpricefairfax@gmail.com chapters.westonaprice.org/fairfaxva/
Floyd: Ruth Amanda [floydwapf \(at\) proton \(dot\) me](mailto:floydwapf(at)proton(dot)me), chapters.westonaprice.org/floydva/
Front Royal area: Maureen S. Diaz (717) 253-0529, mamasfollies@gmail.com & Paul Frank
Greater Richmond Area: Christina Sava rvawapf@gmail.com
Hampton Roads: Laura Harrison (757) 589-8920, itsawonderfullife8@verizon.net
Marshall: Leila Leoncavallo wapf.marshall@gmail.com, (540) 753-1334 chapters.westonaprice.org/marshallva
Montpelier: Kelly Mullin (804) 513-1270, Evansmul@msn.com
Rockbridge County: Emily Achin (540) 460-5417, shenandoahwellness@protonmail.com & Becky Almy (540) 462-6022,
becky@owlmoonfarm.com

VERMONT STATE FAIR

A booth at the Vermont State Fair offered Weston A. Price Foundation literature to encourage visitors to Make Vermonters Healthy Again. We also had a Children's Health Defense table and a Vermont Stands Up table. It was a worthwhile opportunity to offer hope and information on health, farming and food.



Local Chapters

Shenandoah County: Dustin & Amy Palmer (202) 322-9138, dustin1@uspalmers.com

Stafford County: Natalia Cumming (571) 394-3406, natalia.cumming04@gmail.com & Jennifer Cumming

Winchester/Frederick County: Amelia Martin (304) 288-1454, ameliamartin630@gmail.com

WASHINGTON

Bellingham: Linda Fels (360) 647-8029, gr8fels@msn.com bellinghamrealfood.com

Clark County: Madeline Williams (360) 687-4578, clarkcountywapf@gmail.com

Ellensburg: Christina Nickerson (907) 401-0144, christina.nickerson@live.com

Jefferson County: Nala Walla (360) 643-3747, nala@bwellnow.org

Sequim: Nicholas Wasierski (907) 231-9807, nicholas@wanderingbearwellness.com

Snohomish County, West: Rene Munday (805) 428-3771, mindbodybloomu@gmail.com & Tara Cameron

Tacoma/Olympia: Rebeka V tacoma.olympia@gmail.com

Tri Cities: Rachel Davis (207) 554-0142, rachelmdavis2018@gmail.com

Walla Walla County: Kali Lambert (801) 600-4241 & Juliet Markham (541) 240-4343, wallawallawellness@protonmail.com

WISCONSIN

Barron County: Mary Graese (715) 651-0965, Maryg@northstarbison.com

Clark & Wood Counties : Elizabeth Schlinsog (715) 389-1013 liz.walkabout@gmail.com

Dane & Sauk Counties: Richard & Vicki Braun (608) 495-6117, richbraun70@gmail.com

Fremont: Ruth E. Sawall (920) 850-7661

Green Bay: Aimee Hamilton (630) 441-2305, draimeehamilton@gmail.com gbwapf.com

Kenosha County: Pamela Martin (312) 286-0586, pamela423@protonmail.com

Madison & Surrounding Areas: Saritah chapter@WAPFMAADison.org, chapters.westonaprice.org/madisonwi/

Ozaukee/Washington County: Susan Wichman (262) 853-8000, wapfozwash@gmail.com & Laurie Meyer
facebook.com/ozwashwapf/

Sheboygan County & South Manitowoc: Emily Matthews (920) 286-0570, realtoremilyrn@gmail.com &
Cassie Wild wildc115@gmail.com facebook.com/groups/1042122412592106/

Viroqua: Laura Poe Mathes (816) 309-8708, laurapoerd@gmail.com

Waterford: Nicole Foras (262) 909-5493, wholeharvestmeats@gmail.com

WYOMING

Buffalo: Susan J. Pearce (307) 751-8505, spearce@vcn.com

Casper: Amanda Willis (770) 630-6446, casperwapf@protonmail.com

Laramie: BJ Edwards (307) 399-4893, BJ@tasteofthewind.com

BECOME A WESTON A. PRICE CHAPTER LEADER

HELP YOUR COMMUNITY FIND REAL FOODS

- Assist people by sharing your list of local sources
- Support local farms and small food producers
- Strengthen the health and unity of your community

1

Apply

WAPF members can apply using the simple application here or calling for details:
westonaprice.org/start-a-chapter

2

Make your food resource list to share

Create a list of local sources for nutrient-dense foods and share it when requested.

Optional activities

Educate

Share WAPF materials about our dietary principles in stores, libraries, fairs, etc.

Build Community

Host meetings such as cooking demos, talks, potlucks and farm tours

International Chapters

AUSTRALIA

ACT

Canberra: Brenda Rogers 61 4097 74790, brenda@qwomen.com.au

NSW

Bega Valley: Emily Stokes 0407 192 899, thewordgarden@hotmail.com

Lismore: Deborah Perry [facebook.com/WAPFNorthernrivers/](https://www.facebook.com/WAPFNorthernrivers/) 0429 781 392, doryanthes41@gmail.com,

Stuart Town: Hal & Sally Harris 0268 468 261, merrimount@hotmail.com

QLD

Brisbane: Chelsea Parks (041)188-2894, parks.chelsea@gmail.com

Gold Coast: Julie Phillips 0417 470 799, mail@wisefood.com.au, wisefood.com.au

Tamborine Mountain/Mudgeeraba: Kyle Grimshaw-Jones 0423 647 666, kyle@conscioushealing.com.au

Tas

Tasmania: Matthew Gunningham & Amelia Gunningham Matthew@gunninghamfarms.com, 61 414 431920

VIC

Shepparton: Phillip Chua 61 43775 5619, philthenaturopath@gmail.com

WA

Albany: Mike and Barbara Shipley 0414 351 304 shipleysorganics@bigpond.com

Mandurah: Ed Love 0411 111-816, ed65love@gmail.com

BELARUS

Minsk: Anastasia Sidorova +375 29 6553738, nastassia.sidarava@gmail.com

BELIZE

Belmopan: Elisabeth Roess (501) 601-7044, frenchtouch@email.com

CANADA

AB

Calgary: Eve Izewski Dorion (403) 889-5471, howdygreensheep@gmail.com, Mike Dorion

Edmonton: Elaine Doucette theherbalmama@gmail.com & Jem Honey, Jemhoney@protonmail.com

chapters.westonaprice.org/edmontonab/

GrandePrairie: Linda Morken (250) 642-3624, GrandePrairieWAPF@protonmail.com, grandeprairiewapf.org/

Olds: Rick Kohut (403) 507-5890, rick@healthstreet.ca foodgenie.ca

Peace Country: Peter & Mary Lundgard (780) 338-2934 plundgard@telus.net & Levke Eggers (780) 568-3805, levke@telusplanet.net

BC

Vancouver: Sonya McLeod (604) 677-7742 LMhomeopath@gmail.com groups.io/g/WAPFVancouver,

chapters.westonaprice.org/vancouverbc/, [facebook.com/westonapricefoundationvancouverbcchapter/](https://www.facebook.com/westonapricefoundationvancouverbcchapter/)

Victoria: Andrea Dam (250) 661-8275, GratefulLiving@protonmail.com

MB

Interlake Region: Debbie Chikousky (204) 202-3781, debbie@chikouskyfarms.com, [facebook.com/groups/347912590282481](https://www.facebook.com/groups/347912590282481)

NS

Annapolis Valley: Marvin Weber (902) 538-4318, marvin@bountywoodsfarm.ca

ON

Oakville: Rachael Thiessen (416) 605-4377, thiessen.rachael@gmail.com

International Chapters

QC

Laurentides: Maude Colin (514) 862-5641, info@maudecolin.com

SK

Saskatoon: Carrie Braun (306) 491-2523, carrie-braun@protonmail.com

Swift Current: Pamela Wolanski (306) 560-3258 sunbeampgf4@outlook.com

COSTA RICA

San Jose: Gina Baker +(506)2289 8806, regeneratewithgina@gmail.com (506) 84941407 Whatsapp

FRANCE

Provence Cote d'Azur: Beatrice Levinson +33617756307 BeatriceLevinson@gmail.com Beatrice-levinson-gaps.com,
facebook.com/BeatriceLevinsonNaturopath/

GREECE

Athens: Antonis Sarantakis +30(69)45792910, sarantak@icloud.com & Anna Papakosta

HUNGARY

Budapest: Katalin Kokaveczone Nagypal medkozpont@gmail.com chapters.westonaprice.org/budapesthungary/

IRELAND

Tipperary: Anne Maher +1 353877927311 maher.anne1@gmail.com

MEXICO

Mexico City: Galia Kleiman +52 5543608713, babylovesfood@yahoo.com

TUTUKAKA/WHANGAREI, NEW ZEALAND

The newly formed Tutukaka/Whangarei chapter got off to a wonderful start in 2026 with its first meeting, “It’s Better with Butter.” Members explored the rich history of butter, the differences between sweet cream and cultured varieties, its impressive nutritional profile and practical ways to incorporate more of this traditional fat into everyday meals. The highlight of the morning was making our own butter, which we enjoyed with traditionally made focaccia sourdough baked by one of our members. It was a delicious and hands-on way to reconnect with a time-honored food. Everyone left inspired and looking forward to the next meeting!



International Chapters

NETHERLANDS

Limburg: Tanja Stevens +31616474192 tanjastevens@hotmail.com limburg.westonprice.nl/,
westonprice.nl/waar-vind-ik-goed-eten/

NEW ZEALAND

Hawkes Bay: Phyllis Tichinin +(64 27) 4651906 phyllis@truehealth.co.nz
Otago Region: Tracey Pita +64 22 5002292, tracey@rawandreal.co
South Canterbury: Carol Keelty +03 6866 277 bckeelty@outlook.com
Tauranga: Catherine Garney +64275701184, catherine@nutritionforhealthnz.com
Tutukaka/Whangarei: Lynn Slovak +64212747599, tutukaka.wapf@protonmail.com
Wellington: Ian Gregson & Deb Gully (04) 934 6366, wapfwellington@proton.me wapfwellington.org.nz
Manawatu: Susan Galea (045) 219-1665, dekmat@outlook.com
NZ Resource List: Deb Gully deb@frot.co.nz wapfwellington.org.nz

POLAND

Brodnica: Adam Smiarowski +1 01148606209914 szkolarycerska@gmail.com

SOUTH AFRICA

South Africa: Eastern Cape: Lowell Vickers +27 76 387 4872, lhv777@gmail.com

SPAIN

Madrid: Ana de Azcarate 34 616 821039, aquilina68@yahoo.com

SWITZERLAND

Bern: Judith Mudrak-Wasem rohrmilchjudith@gmail.com
Neuchatel: Ann-Sophie Clerc 41 79 128 22 17, asclerc.gaps@gmail.com

UNITED KINGDOM

Cheshire: Carol Dines +1 01270873322 wapf.cheshire@outlook.com & Silvie Hall facebook.com/WAPF.Cheshire?ref=hl
Kent: Keli Herriott-Sadler 07502908980, keli-h-g@outlook.com Emily Herriott-Sadler
chapters.westonprice.org/maidstonekentuk/a
London: Philip Ridley phil@westonaprice.london, westonaprice.london
Scotland: Central Belt: Urara Donohoe 07812 606 272, uhiroeh@gmx.com
Scotland: East: Michael Butler +44 (0)7903858801, mikebutler@unitlifesciences.com
Surrey and Hampshire: Diana Boskma +44 1252 510 935 dboskma@gmail.com facebook.com/groups/336421596766813/
West Wales: Naomi Lange +441559384875, wapf.westwales@protonmail.com

CHAPTER RESOURCES

Resources for chapter leaders can be accessed at westonaprice.org/local-chapters/chapter-resources, including our trifold brochures in Word format, the chapter handbook, PowerPoint presentations, business cards and more.

The Weston A. Price Foundation currently has 477 local chapters. 423 serve the District of Columbia and every state in the U.S. except Delaware and West Virginia; and 54 chapters serve 17 countries outside of the U.S.

LOCAL CHAPTER CHAT GROUP

Our chapter leaders have a wonderful secure platform to carry on our many beneficial discussions, developed by Jay Hamilton-Roth, the husband of one of our chapter leaders. We encourage all chapter leaders and co-leaders to join if interested in learning and growing as leaders and individuals. To join, contact Maureen Diaz: outreach@westonaprice.org.

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

CO

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. We are part of the Harvest Host. Pick-up locations along the Front Range and **NOW shipping** in CO. (719) 541-1002, rafterwranch.net.

GA

Broad River Beef, LLC, tender, flavorful Angus beef, 100% grass-finished, toxin-free and mineral rich. Cuts you actually use available in sizes that actually fit in your refrigerator. Produced seasonally with nature. Delivery available from Atlanta through northeast Georgia. broadriverbeef.com, (706) 310-8060.

IL

ORGANIC, HEIRLOOM, GRAINS, FLOURS, BAKED GOODS AND MEATS. Small family farm using heirloom varieties and growing methods then processing grains in a traditional manner. We accomplish this by doing everything on our farm in Dwight, Illinois. www.qualityorganic.net (815) 584-1850.

IN

DEVON BEEF, 100% grass fed, no antibiotics, no growth hormones. Full cow, 1/2 cow or individual cuts from my ranch in St. Leon, Indiana. Pastured pork, 100% antibiotic free, fed minimum amount of organic corn, 100% outdoors on pasture and woods. All meat USDA inspected. Information on how we raise our beef and pork plus important health links at abundantgreenpastures.com or Mike at (513) 646-8739.

Providence Pastures produces and shares pasture-raised, regenerative, nutrient-dense food through long-term relationships with customers. We raise grass-finished beef, pasture-raised poultry and organic eggs, pasture-raised sheep and Mangalitsa lard pigs, organic maple syrup, produce, wheat and fruit. Sullivan, Indiana (812) 572-4293. providencepastures.org.

KS

Prime Grass Farm: NE Kansas. Grass Fed + Grass Finished Beef + Hormone Free for life. Taking orders for 2025, processing included,

whole beef \$5.50/lb/hanging weight. Halves + Quarters available. Also, organic red winter wheat is available. Eli (785) 206-0350 or Steve (785) 294-0823.

KY

GRASS FED ANGUS BEEF. Helping you dish up Nature's finest to your favorite people. Nourish your way back to health with our frozen beef boxes or bulk bundles. Deliveries to Elizabethtown, Louisville, Lexington, Danville, Berea, Somerset and Campbellsville. (606) 235-1473 www.FireflyFieldsKY.com.

River Bend Farm Cerulean, Kentucky. 100% Grass fed herd shares for raw milk. Family based operation. Raymond Hoover 10488 Cerulean Road, Cerulean, KY 42215.

MA

Pasture Lane Farm Market, our community of family farms produces raw dairy products, pastured meats, fresh fruits and veggies, baked goods and preserves. Open year around. Visit our farm store at: 2 Pasture Lane, Livermore Falls, Maine (207) 897-2516.

MD

Nick's Organic Farm, since 1979 offering quality products to Washington, DC, suburban MD, No. VA, Baltimore and Frederick areas. 100% grass-fed beef (no grain ever), pastured chicken, turkey, eggs. Using a regenerative 12 year crop rotation, we constantly move our livestock to fresh pastures to build our soils. Our animals receive only organic feed raised on our farm, no hormones, no antibiotics, no animal by-products, no GMOs. Beef and poultry liver, organ meats, fat, and bones, chicken/turkey feet, beef sausage and jerky. Hay, straw, poultry feeds, food grade grains, popcorn, stone ground heirloom cornmeal (301) 983-2167; nicksorganicfarm.com; nicksorganicfarm@comcast.net. **JOIN our mailing list** to receive **order forms** and an invitation to our annual **Buckeystown Farm Tour**.

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 and Friday 10-6, Saturday 10-4 and 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.

Raw Milk Stand. Self serve in your container. Open daily, Monday to Saturday, year round. Also eggs, vegetables, fruits, honey and queen bees in season. Stephen and Mary Lambright, 35503 570th Ave, New York Mills, MN 56567.

MO

1984Farms.com - Regenerative farm in Atlanta, Missouri, providing pastured-raised/finished beef, lamb and pastured corn/soy-free pork. Shipping weekly nationwide. No synthetic or toxic chemicals used. Order online and read more information on our values and methods. Kerissa info@1984farms.com, (435) 224-4593.

NC

Little Way Farm in central North Carolina offers food as it should be: wholesome, simple, and without all the junk you're trying to avoid. We believe that buying natural food should bring you peace of mind, nourish your body, and offer long term health for all of nature, including you! Our natural farming practices honor the cycles of nature. We offer local farm-pick up and home delivery in North Carolina as well as shipping to all lower 48 states. Shop 100% grass-fed and grass-finished beef and lamb, and non-GMO, pasture-raised poultry, pork, and eggs. Plus, you'll find raw honey, 100% organic and sprouted flour, rendered lard, and lard dish soap in our online store. We also offer ways to save through our subscribe & save model, or our multi-pack bulk options. Order online at littlewayfarmnc.com.

NY

Dutch Meadows brings you the finest in high-quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP**. Convenient pick-up locations in NYC. (717) 442-9208 info@dutchmeadowsfarm.com - DutchMeadowsFarm.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 or call (717) 768-3437.

100% Grass-fed beef, pastured non-GMO pork and eggs, pure NY maple syrup, goat's milk soap. Visit our farm stand. Also 100% whole grain sourdough bread (pre-order

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

only) (315) 651-6862. Walnut Hills Farm 440 Pleasant Valley Road Lyons, NY 14489.

OH

COPIA FARM, Dan & Caitlin, Short drive from Columbus, Johnstown Ohio. Farm store open daily, 9 am-7 pm. Raw milk herdshares, grass-fed meats, pasture-raised eggs, organic produce, organic sourdough bread & more! Regenerative, GMO-free, organic, paleo. (614) 915-9269, CopiaOhio.com.

OR

Grass-based biodynamic raw milk dairy offering Jersey Hi-creamline milk, cream, golden butter, cottage cheese and aged cheeses. Soy-free veal and pork seasonally. On farm sales and membership club. **Can ship.** Sherry and Walt (541) 267-0699.

PA

Raw A2/A2 butter – salted or unsalted – grassfed. \$16 per lb. Raw, unsalted, never-frozen butter. Packed in glass, 4 lb jar, \$17 per lb. 1 pint ghee \$18. **Shipping available** across the states. Creamline Acres 109 Stovers Cross Rd, Mill Hill, PA 17751. Voicemail (570) 660-6250. Email creamlineacres@ibifax.com.

Dutch Meadows brings you the finest in high-quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products. **WE SHIP.** Visit our farm store. 694 Country Lane Paradise, PA. (717) 442-9208 info@dutchmeadowsfarm.com – DutchMeadowsFarm.com.

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.

100% Grass-fed A2 raw milk, raw butter, cheese, cottage cheese, yogurt and more; 100% grass-fed beef; mobile-pastured corn-and soy-free eggs and chicken; chemical-free produce; wholesome delicious baked goods and more. Visit our farm store or contact us to host a dropsite for your community. Lititz Flavorite, 619 W. Lincoln Ave., Lititz, PA 17543 (717) 543-8953; lititzflavorite.com.

Choose from our selection of grassfed beef and pastured soy-free pork, chicken and eggs. **We ship.** Open Monday through Saturday. Closed on Sunday. Locust Grove Farm, 619 Locust Grove Road, Port Trevorton, PA 17864.

Noble Pastures brings you premium 100% grass-fed A2A2 raw milk and cream, pastured eggs, sourdough bread, raw cheeses, and sourdough kvas. Enjoy fast, convenient

shipping **to your doorstep** and get a **free bottle of kvas** with code **GETMYKVAS**. Offer ends 5/31/26. Order at NoblePastures.com or call 223-221-0040.

Quackin' Egg Hollow, New Holland, PA produces pastured, chemical-free duck eggs and quail eggs, corn and soy free. Now offering Einkorn cereal, gluten free ancient grains, sprouted flour and oats, plus our own baking mixes. **We ship.** Call or text (717) 656-0423. Michelesmixins.com.

Raw, unheated HONEY from grass-based PA farm, **free shipping.** Bees not moved for pollination. Seasonal varieties. 5 lb jug \$49, 10 lbs \$92. Order at www.owensfarm.com, send check, or stop by. Owens Farm, 2611 Mile Post Rd. Sunbury PA 17801 info@owensfarm.com 570-898-6060. Continental US only.

Stone Meadow Farms offers raw milk cheese from our grass-fed dairy. 100% grass-fed beef and pastured pork. Everything is raised outdoors and rotated on pasture with no antibiotics, hormones, GMOs or soy. **We ship cheese.** Woodward, PA (814) 349-5182.

TN

Martin Family Farm, nestled in the rolling foothills of the Smokies, offers a wide variety of fresh in-season food. From our pastured meat chickens, grassfed beef, organic, soy-free pork and grassfed lamb, to our several acres of intensively managed, permanent-bed gardens, and our 100% grassfed raw milk, 10-cow Jersey dairy, we find great fulfillment in providing nourishing foods produced in a healthy, diverse, vibrant and flourishing ecosystem. Come see us at: Martin Family Farm, 959 Country Road 423, Athens, TN 37303.

Raw A2A2 Goat Milk: Experience the delicious health benefits! We supplement our pastured dairy goats, laying hens and meat chickens with organic grains. Purebred LaMancha breeding stock available. Come visit: Littlefield Farm 1841 County Road 423, Athens, Tennessee 37303.

VA

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.

Salatin family's Polyface Farm has salad bar beef, pigaerator pork, pastured chickens, turkeys and eggs, and forage-

based rabbits. Near Staunton. **Nationwide delivery available.** Call (540) 885-3590, polyfacefarms.com.

Know your farmer, heal the soil. Garrett & Isabelle Heydt of **Solstice Beef** rotationally graze cattle to regenerate land, raising **100% GRASS-FED** bulk beef & bundles. Pickups: NoVa or on-farm near Charlottesville/Richmond. **FREE NATIONWIDE SHIPPING** on beef sticks! --- solsticebeef.com.

WI

Glyphosate-free farm offers high quality 100% chemical free spelt berries and spelt puffs. Our products are grown on our organic farm and tested glyphosate free. **We can ship** our products to your doorstep. We offer a wholesale discount to retail stores. For information write to: William Yoder 17334 County Highway D, LaFarge, WI 54639.

Try our handcrafted 100% lard soaps, tallow balms, herbal infusions, tallow sugar scrubs and lip balms. We render our own lard and tallow. Soy-free Gloucestershire Old Spot pastured pork available as halves or wholes. Pricing starts at \$5. Shop <https://kortecacres.square.site>.

WY

Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in Goshen County. Production practices detailed on our website. Custom beef, Cheyenne farmers markets and local delivery. (307) 534-2289, meadowmaidfoods.com!!

APPRENTICE/EMPLOYMENT

Seeking remote job! Career path in food systems, tribal health, chronic disease prevention and philanthropy. Background in project management, administrative operations, client services and event logistics. Also open to part-time or project-based opportunities. Please reach out: angelaboone@gmail.com or <https://www.linkedin.com/in/booneangela/>.

CRAFTS & CLOTHING

Beautiful crafts by local artists. Keep your gift-giving dollars in the USA. Alpaca blankets, socks and yarn; hand painted decorations, paintings by award-winning artist David Zippi; handmade quilts. Exclusive source of Nourishing Traditions posters. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

DVDS/ON-LINE VIDEOS/BOOKS

The Power of One-Third (1/3 sleep, 1/3 daily activities, 1/3 me), a 52-week prescription for a **Balanced Life**. Embark on a journey to trust your body-mind-spirit, make lasting life changes and meet a NEW YOU. Curious? Contact mariola@powerofonethird.com.

View all UK & Irish WAPF conference videos, many European speakers never seen in the USA, in our large and growing video library that will host and fund future events. Subscribe for just £2 a month. (about \$2.50). <https://westonaprice.london>.

FARMING VENTURE/LEASE/SALE

Have you ever dreamt of owning a farm school and teaching cooking, butchering, farming, ceramics and blacksmithing? Now you can. High in the mountains of southern Vermont we are selling a stunning working farm in our farming community. Text (917) 363-1946.

SEEKING INVESTORS!! SAVE FARM FROM BEING SOLD! 46 acres on river in Coeur d'Alene, Idaho. Have two sisters to buy out. Need someone to invest in it as a health retreat. Could be a remarkable destination health lodge/organic farm! Approved for 10 room BnB. Brenda Pendergast (208) 682-3003, brenda.suependergast@gmail.com.

RESEARCH/OUTREACH

Do you have a child with a chronic health or developmental condition? Documenting Hope invites you to join **Healing Together**, a private online community where parents and caregivers can connect, support one another, find resources, and embark on a healing journey together. <https://healing.documentinghope.com/register/>.

SERVICES/SUPPLIES

Free Gorgeous Scobies while supplies last! These scobies have only known Just Panella sugar for the extra nutrient content. The only reimbursement is the cost of shipping/handling (they will be coming from Texas). The scobies will be freshly vacuumed pack from the "hotel" the day of shipping with freshly brewed tea. Text to order and if you need a successful recipe: Toni Russell, RN, (469) 337-3799.

HELP NEEDED TO SAVE a small regenerative family farm. Farmer and chapter leader (with first baby) in rural farmland of SW Virginia are being harassed and sued by nearby wealthy vacationing landowner. We have milk herdshare, meatshare, and LGDs. The lawsuit, begun in 2023, has been non-suited and refiled in an attempt to remove our insurance attorney support. FTCLDF is unable to assist. Need legal help, pro bono attorney, or can pay limited \$ for support while pro se. Email hello@grasstotable.com.

Intended parent in need of a surrogate gestational carrier. Please contact Justin Allen at justin.allen4email@gmail.com.

TRAVEL/LODGING

Alpine Hiking and Culinary Seven-Night Summer Retreat in Switzerland: Bettmeralp, the Lötschental Valley in the footsteps of Dr. Price, and Kandersteg, with chef-author Tania Teschke July 4-11, 2026. We will be hiking and cooking together in the spirit of the WAPF. Join us, and revitalize your senses! Contact Tania at info@bordeauxkitchennaturals.com More info at: <https://bordeauxkitchen.com/hike-switzerland-2026/>.

Book your stay at Mulberry Lavender Farm and B&B in Tennessee to experience a simpler life and watch heritage animals thrive. Visit the farm store or stay in the Historic Farmhouse or Cottage, with

all-organic farm breakfast. Book online at mulberrylavender.com.

SOUTH CAROLINA RENTAL - Waterfront Lake Hartwell with spectacular view. Fully furnished 2 bedrooms, 1 bath, kitchen, great room, screen porch and large patio. Adults only, no pets. Short term 3-6 months. \$1890/month, security deposit. Rural area with raw milk close by, near Anderson, SC. Call (864) 292-5001 Leave Message.

SOUTH CAROLINA RENTAL - N. Myrtle Beach. Saltwater view, channel-front home, 5 minute walk to beautiful beach. Fully furnished 2 bedrooms, 1 bath, kitchen, great room. Adults only, no pets. Short term 3-6 months. Dock, boat ramp. \$1890/month. Security deposit. Call (864) 292-5001 and leave message.

There is new life in the soil for every man. There is healing in the trees for tired minds and for our overburdened spirits, there is strength in the hills, if only we will lift up our eyes. Remember that nature is your great restorer.

WE BELIEVE THAT
EVERYONE HAS THE
GOD GIVEN RIGHT
TO CHOOSE
WHAT GOES INTO
THEIR OWN BODY

BLESSEDBYHISBLOOD.COM

SUPPORT OUR NATIONWIDE
LEGISLATIVE
EFFORTS TO CHANGE LAWS
FOR ALL AMERICANS.



We match mRNA
tech-free blood
donations to recipients.



WHITE OAK PASTURES
EST. 1866
BLUFFTON, GEORGIA

- TOUR - DINE - LODGE - SHOP -

Visit us to experience
pastured, humane, regenerative farming

Shop online: www.whiteoakpastures.com

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

PASTURE-RAISED PRODUCTS

Life-Enhancing Acres
very high quality 100% grassfed
CHEESE & BUTTER
Beyond ORGANIC!
from Beautiful Jersey Cows
grazing a mixture of
grasses on nutrient-rich soil
WILL SHIP
717-768-7848



GRASS-FED GOAT MEAT

raised regeneratively in Western Wisconsin
variety of cuts, organ meats, and subscription boxes
nation-wide delivery so you can easily enjoy goat with your family

CYLONROLLINGACRES.COM



Serenity Farm Bread

Old World Sourdough Brick Oven Bakery

SHIPPING TRUE SOURDOUGH
BREADS, FOCACCIA, COOKIES
AND MORE, DIRECTLY TO
YOUR HOME.

No bakers yeast, oils, or sweeteners

LESLIE, ARKANSAS (870) 447-2211
WWW.SERENITYFARMBREAD.COM

Quality ingredients, properly prepared, no substitutions.



Miller's Organic Farm

PRIVATE MEMBERSHIP ASSOCIATION

The land where milk and honey flows

648 Millcreek School Road, Bird-In-Hand, PA 17505 • Phone (717) 556-0672 • amosmillerorganicfarm.com

**Our cows are on a high forage diet and are not fed grain
to ensure high-quality better tasting and more nourishing food.**

pork lard, beef and sheep tallow • grass-fed beef, lamb, turkey and soy-free chicken,
whey-fed pork • pork sausages and bacon • broth from turkey, fish,
chicken, duck, goose, pork, and beef • fermented vegetables including sauerkraut and
kim-chee • sprouted breads including sourdough and gluten-free.



PRIVATE CLUB MEMBERS ONLY

Please call for membership contract form and pricelist.



DUTCH MEADOWS brings you
the finest in high quality,
grass fed meats and
organic dairy products, raised
in harmony with the land.
Order online and choose from
hundreds of farm products!

Delivery available in PA, NJ, and NY
Come visit the Farm Store!

694 Country Lane, Paradise, PA 17562
(717) 442-9208
info@dutchmeadowsfarm.com
DutchMeadowsFarm.com



Pick-Up & Delivery Available

Regenerative • Humanely Raised • Vaccine Free

100% Grass-Fed & Finished:

Raw Milk
Beef
Yogurt
Cheese

Corn & Soy Free:

Pastured Eggs
Pastured Chicken
...Alumi-Coops & More!



WWW. **HOBBY AG** .COM
Located in Lykens, PA

Call: (717) 805-9815 Email: raymond@hobbyag.com



Raw milk blue and Cheddar
cheese by cheesemaker
Sally Fallon Morell.

Raw Pet Milk
100% soy-free chicken,
eggs, pork and beef.

Within one hour of downtown
Annapolis and Washington, DC.
Saturday farm tours.
Will ship full cheese wheels.

Store open Thurs-Sat 10-6
or by appointment.
301-579-2727

15701 Doctor Bowen Road
Village of Aquasco
Brandywine, Maryland 20613
www.PABowenFarmstead.com

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

PASTURE-RAISED PRODUCTS / HEALTHY PRODUCTS



FREE RANGE MEAT

Frankie's Free Range provides high-quality, nutritious foods at the most affordable prices online.

Grass Fed Beef, Pasture Raised Pork & Heritage Chicken
Amish Raised Raw Dairy & Corn-and-Soy-Free Eggs

FREE DELIVERY TO ALL US STATES

A wide variety of organic and health products are available on:
frankiesfreerangemeat.com
for non perishable products:
frankiesfreerangefoods.com

THE COMMUNITY AT HICKORY CREEK REGENERATIVE FARM

Northeastern Ohio - 45 Min from Pittsburgh

DAIRY POULTRY ORCHARD APIARY LIVESTOCK HERBS FLOWERS PRODUCE CSA

QUALITY HOMES | 400s - 700s purchase Rent-to-own option

HOMESCHOOLERS WELCOME
160 Beautiful Acres
Multiple amenities
Construction Begins Fall 2026

WWW.REGENFARMLIVING.COM

Slabaugh Farm Stand

We offer a wide variety of in season food:

- pasture-raised meat chickens (red ranger)
- 100% grassfed beef
- organic pasture-raised
- soy-free pork fattened with skim milk and organic corn
- 100% grassfed raw milk butter and Gouda cheese from our Jersey dairy
- chemical-free produce
- O.P. corn meal
- fresh ground small grain flour Einkorn & spelt
- maple syrup & raw honey
- pasture-raised eggs
- fresh home baked goods made from scratch
- homemade grape nuts cereal & homemade granola cereal
- sourdough breads
- canned fruits

Come see us: 31669 NY St, Rt 26, Philadelphia, NY 13673



Privately owned and operated.

Open for business at
3418 Limestone Rd • Parkesburg, PA 19365
610-593-7105

We are a multi-generational family enterprise offering:

- 100% grass fed beef and lamb
- 100% grass fed raw A2A2 dairy products
- Grass fed pork and poultry supplemented with GMO free, soy free grain
- Organically grown vegetables
- Fermented Vegetables
- Healthy gluten free baked goods

Most of what we sell is grown and raised on our farm with regenerative practices.
We host educational farm tours.

First time customers bring this ad for a 20% discount.



WILD FOR SALMON. WILD CAUGHT SEAFOOD

NUTRIENT DENSE
SUSHI-QUALITY
DELIVERED STRAIGHT
TO YOUR DOORSTEP

STOCK UP NOW

WILDFORSALMON.COM
@WILD FOR SALMON



Grass-Fed Farm Fresh FOOD

To Help You Achieve Vibrant Health

- Nutrient Dense Raw Dairy from 100% Grass-Fed Jersey Cows
- 100% Grass-Fed Beef & Lamb
- Pastured & Soy-free Pork, Chicken, Turkey
- Bone Broth, Meat Pie
- Fermented Drinks & Veggies

and more...

Nationwide Home Delivery

Shop **farmmatch.com/pleasantpastures**
or call 717-768-3437



FERAL foods

Elevated home and pantry essentials

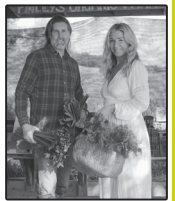
Small batch salts, herbs, spices and teas

Grass Fed Marshmallows

Beeswax Candles

All organic ingredients

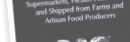
Nationwide shipping



www.feralfuture.com @yourferalfuture

2026 Shopping Guide

For finding the healthiest foods in supermarkets, health food stores, and shipped from farms and regional food producers.



THE WESTON A. PRICE FOUNDATION

for Wise Traditions in Food, Farming and the Healing Arts

Education • Research • Action

WESTONPRICE.ORG (703) 831-3000

Electronic Version of our 2026 Shopping Guide

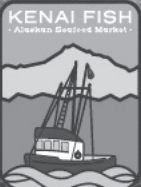
\$5 for both the Flipbook and PDF

westonaprice.org/store

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

PASTURE-RAISED PRODUCTS / NATURAL FOODS / HEALTHY PRODUCTS



**Taste of Alaska
Delivered to your door.**

**Shop now @
kenafish.com**



**Completely Unprocessed, Unfiltered, Unrefined,
Unheated & Utterly Delicious.**



Still contains pollen,
propolis, vitamins, live
enzymes, trace minerals.

Now available! Fermented Honey

Toll free 800-REAL-RAW (732-5729)
410-675-7233 www.reallyrawhoney.com

**Nourishing Cooking
Made Simple**



Pure clay.
Gentle heat.
More flavor, more nutrients.

"A wonderful, traditional way to prepare stocks and broth—
it makes a truly delicious chicken broth."

— Sally Fallon Morell

VitaClayChef.com

Steve Campbell Tailor Made Cattle

Helping you solve your Genetic
and Epi-Genetic Challenges

I can help selecting:

- ~Tender and flavorful animals
- ~The look and characteristics
of a more FERTILE cow
- ~How to nourish your livestock
in this toxic/low mineral world
- ~ **And much more**

Steve@TailorMadeCattle.com
TailorMadeCattle.com
208-315-4726

GRASSFED GHEE & NATTO

We Sell Two Nutrient-Dense
Food Sources of Vitamin K2!

"I first discovered natto, a
nutritious traditional food
made from fermented
soybean, at Wise Traditions.
Intrigued, I journeyed to
Japan to explore natto
production firsthand where I
found a top-notch,
non-GMO freeze-dried natto, tested it for
Vitamin K2 and active bacteria, and brought it
here where I am excited to share this with our
WAPF community! **Grassfed Ghee and
NON-GMO Natto provide FULL SPECTRUM
Vitamin K2 (MK4 and MK7),** and natto is one
of the richest sources of K2, even higher than
grassfed beef liver!"



SANDEEP AGARWAL,
CO-OWNER OF PURE
INDIAN FOODS

GRASSFED GHEE HANDMADE IN NEW JERSEY.
NATTO MADE IN JAPAN.

Wholesale Pricing Available to
Practitioners and Retail Stores

PUREINDIANFOODS.COM



organic • whole grain

SPROUTED FLOUR, GRAINS & BEANS

*Sprouted goods delivered to your
doorstep so you can share in
nourishing whole food traditions.*

secondspringfoods.com

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

NATURAL FOODS / SUPPLEMENTS / SUPER FOODS / HEALTHY PRODUCTS

Baja Gold Sea Salt

Unrefined Sea Salt for the Kitchen and Table



- Complete mineral & trace element profile
- Reduced sodium
- Tastes great!



Baja Gold Sole Solution

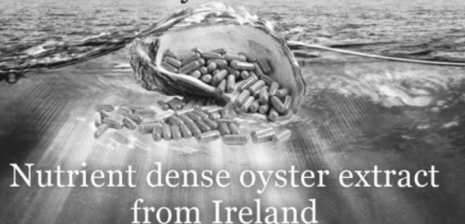
Ionic Trace Minerals

- Hydration aid
- Bacteria detox support
- Energy enhancement
- Bone health support

(770) 361-6092 | bajagoldseasalt.com

OysterMax®

Pure Oyster Extract



Nutrient dense oyster extract from Ireland

100% pure, nutrient dense oyster extract powder from the pristine Atlantic coastal waters of Ireland. Excellent source of naturally occurring Zinc from oysters and also a source of Copper, Selenium and Iodine from Oyster.

- Normal cognitive function.
- Maintenance of normal vision.
- Normal fertility and reproduction.
- Normal immune function.
- Reduces tiredness and fatigue.
- Normal carbohydrate metabolism.
- Normal DNA synthesis.

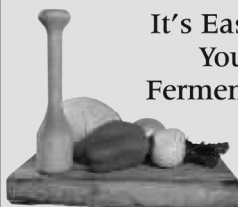


AVAILABLE ON-LINE & THROUGH U.S. AGENTS.
DISTRIBUTORS WANTED. DETAILS ON REQUEST.

marinehealthfoods.com

Kraut Pounder®

It's Easy to Make
Your Own
Fermented Foods!



Perfect for making
sauerkraut, ginger
carrots, kimchee
and more!

www.krautpounder.com

Produced By the Eugene Oregon Chapter, WAPF

Cooking with Sally DVD

Master Cooking Class of Wise Traditions Cooking

Fish Filets, Roasted Chicken
with Arrowroot-Thickened
Sauce, Leg of Lamb, and More!

\$20 DVD or USB flash drive
Order at westonaprice.org

ORDER NOW

I	X
Θ	V
Σ	Ω

GREEN PASTURE®

Fermented Cod Liver Oil

Naturally Occurring

Vitamin A & D

Antioxidants

Omega Fatty Acids

**A SPOONFUL OF NUTRIENTS,
THE TRADITIONAL WAY!**

— GREENPASTURE.ORG | (402) 858-4818 —



From Farm to Home The Cleaner Way

- Raw Milk & Tallow Soaps
- Tallow Balms
- Pure Beeswax Candles

Use Code WAPF
for 20% OFF!

This is What Real Soap Looks Like

www.bathnuttsfarmhouse.com



[BathnuttsFarmhouse](https://www.instagram.com/BathnuttsFarmhouse)



Faith Driven



Family Owned
Small Business



Handmade in
Arizona



Full strength. No water added

Fairchild's by Golden Valley is a family-owned business and the nation's premier apple cider vinegar producer. Our company roots back to 1909 and has been under current ownership since 1973. Over the years, we've been a major supplier of pure, unfiltered and unpasteurized organic ACV to the industry's biggest bottlers and distributors, providing our rich, golden, proprietary "with the Mother" product.

Go to Fairchildsvinegar.com

For help finding a local store or buying from the online store

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

SUPPLEMENTS / SUPER FOODS / HEALTHY PRODUCTS



Whole food supplements – made in small batches

Absolutely no fortification • Only real food vitamins • Minerals from the earth

As always, no fillers, additives
or common allergens



www.GetSmidge.com

1-888-524-6585

support@getsmidge.com

Use WAPF10 at checkout for 10% off!

Improve your digestion with **Maximizer!**

Maximizer is a plant enzyme supplement that contains 17 different types of digestive enzymes to aid in the pre-digestion of all the foods. This allows your body to use metabolic enzymes to do their vital work, rather than use them for food digestion.

Do you have a colicky baby?

In Rachel Weaver's book "Be Your Own Doctor" she recommends *Maximizer*. "...Most serious baby colic has its roots in the mother's digestive system... Begin by strengthening your digestive system as much as possible... take a very good digestive enzyme before each meal."



Use the coupon code "**WISE**" to receive **50% Off!**

90 caps: \$26.00 **Sale Price: \$13.00**

180 caps: \$48.00 **Sale Price: \$24.00**

360 caps: \$86.00 **Sale Price: \$43.00**

\$5.00 shipping on any size U.S. order.
Sales tax only for WA State.

Order now by calling 1-800-800-1927
with credit/debit card or a check over
the phone. Monday-Friday 8 am – 4
pm Pacific Time. Or mail to: R-Garden,
PO Box 3488, Redmond, WA 98073
www.rgarden.com/maximizer

PURE DMSO & MAGNESIUM Deep healing pain relief

We have incorporated them into our proprietary base of organic, essential oils and butters to create a **Pain Relieving, Deep Healing Salve**.

Family created. Our ingredients are sourced, made and distributed with integrity and quality.

Available in roll-on or pump.



www.revivalorganics.com



www.RadiantLife.com
888.593.8333

Ancient Wisdom for Modern Health

Nutrient Dense Foods • Superfood Supplements

Healthy Fats • Water & Air Purification

Homemade Baby Formula Kit



Free bottle of desiccated liver capsules
with \$100 minimum order.

Item #102001. Limited time offer.

Use code: **WTDL**

Buy your High Quality WAPF Recommended Supplements with Friendly Service and Fast Delivery!

100% Pure Superfoods!



GRASS-FED ORGANS,
COLLAGEN & GELATIN
COD LIVER OIL • ACEROLA
SBO PROBIOTICS & MORE!

Save \$5 with coupon code:
WiseFive

Perfect Supplements

perfectsupplements.com • 1-866-802-8620

Organic & Wild-Crafted



BUMBIOTICS®
Probiotic Bumxicles™

Probiotic Suppositories are a Simple, Direct Approach to Restoring your Gut/Bowel Flora and Immune System. BumBiotics Probiotic Suppositories contain 15 strains of Live Bacterium and over 240 billion Beneficial Probiotics Cultured to Enliven the Human Microbiome.

Also available with **CBD**



Raw • Lactose Free • Gluten Free

30% OFF

with coupon code **WP30**

BumBiotics.com

The Therapeutic Body Center LLC
129 N Halcyon Rd #B, Arroyo Grande, Ca 93420
800-381-8057 805-440-4334

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

SUPPLEMENTS / SUPER FOODS / HEALTHY PRODUCTS/ INFORMATION / TRAINING



100% Raw Norwegian Cod Liver Oil

Only Rosita®...

- ✓ Line catches their own wild cod in Norway
- ✓ Is completely unadulterated and raw
- ✓ Captures the oil within minutes – no heat/chemicals
- ✓ Retains natural vitamins A & D + full spectrum omegas
- ✓ Isn't fortified with synthetic vitamins A & D

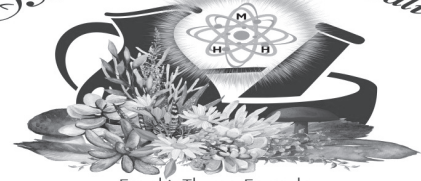
Use code
WAPF10
for 10% off!



ask@rositaua.com | RositaUSA.com

1-888-778-3179

Bloodroot Black Salve



FrankinThyme Formula
by Matrix of Holistic Health

www.bloodrootsalves.com

928-713-5617 blacksalves@gmail.com

the Solari Report

*“Who’s your farmer? Who’s your banker? Who’s your sheriff?
Where’s your money?”*

Sign up for Catherine Austin Fitts’ Solari Report to learn why subscribers rate Solari as a treasure trove of trustworthy and solution-oriented wisdom.

solari.com

Order Standard Process Products Online



- Authorized Online Retailer
- Standard Process & MediHerb Catalog
- No Doctor Consult Required
- Shipped Directly from the Farm to You
- Lowest Online Prices
- 10% Discount for Auto Shipments
- Free 2 Day UPS Shipping

LEARN MORE OR SHOP AT:
DrZgaggen.StandardProcess.com

EMF Remediation

Big Problem – Easy Solutions!



**Use Technology with
Peace of Mind**

EMF remediation for cell, electronics, car, house, office and on the go.

Proven to work with independent testing.
Hand-crafted with natural materials in USA

Free EMF Assessment

(424) 903-3104

coedynamics.com/emf-remediation

Tracy Coe, CQRA, CEMF, functional health practitioner



Rediscovering
Ancestral Skincare

Use code WAPF
for 20% OFF!



hearthandhomesteadstore.com
1-434-288-0051



Handcrafted Goat Milk Soaps
& More

Handcrafted with local goat milk, tallow, and lard.

Farm-to-skin skincare made with ingredients you can trust.

www.thehonestgoat.com



Visit our website!

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

HEALTHY PRODUCTS / INFORMATION / TRAINING



Effective
Protection
Selection
Documentation
Affordable
Trustworthy
Since 2007
Worldwide



RayGuardProtect.com

707-637-9007

Special Savings

Coupon Code
WT2024—15%off

Protects biological
systems from harm-
ful wireless electro-
magnetic radiation.

*Feel the
Difference*



**Drug-free
management
of anxiety, fear,
pain, and stress**
outbreathinstitute.com

**Free outbreath coaching with
author Betsy Thomason
551-265-7561**



Smart DOTs for all your
smartphones and electronics

Practical EMF Products

www.BestEMFProducts.com

949 551-3397

Marcus@SmartDOTs.us



Nutrient-dense
pre-conceptual,
pregnancy and
lactation diets
ensure a healthy
pregnancy, easy
delivery and robust
beautiful babies.

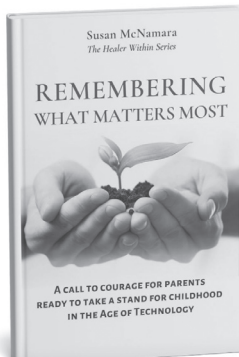


THE WESTON A. PRICE FOUNDATION®
WESTONAPRICE.ORG

VINTAGE TRADITION AND **GREEN PASTURE**
Tallow Balm

**HAVE DONE IT AGAIN!
EXPERIENCE THE AMAZING RESULTS FROM
THE ONLY ALL-ANIMAL-OIL FACE SERUM!**

GET YOURS NOW AT WWW.VINTAGETRADITION.COM



*"You care about what
your family eats...
but what about the
screens?"*

RememberingWhatMattersMost.com

Homeoprophylaxis



**A safe & effective way to educate
their immune systems!**



We offer **HP Programs** for all ages/stages.
We also offer **HP training** for **healthcare professionals**,
so you can get certified to guide families on their HP journeys.

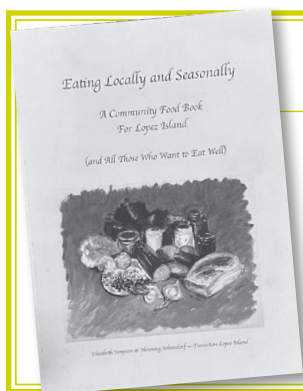


RealVitality.org

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

INFORMATION / TRAINING



Eating Locally & Seasonally

by Elizabeth Simpson and Henning K. Sehmsdorf

A community food book for Lopez Island and all those who want to eat well.

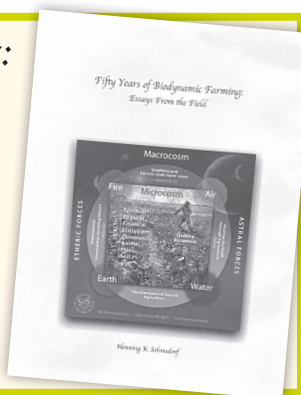
Available at Barnes & Noble and other book sellers.

Fifty Years of Biodynamic Farming: Essays From the Field

by Henning K. Sehmsdorf

Sehmsdorf has created an invaluable tool for students and practitioners of holistic and self-sufficient food growing. Favorite essays include Elizabeth Simpson's "The Viable Family Farm" and Sehmsdorf's own "Home Food Security."

Available at Barnes & Noble & other book sellers.



The New Zealand Journal of NATURAL MEDICINE

Have you seen **THE NEW ZEALAND JOURNAL OF NATURAL MEDICINE** yet?

If you haven't yet read *The NZ Journal of Natural Medicine*, you're missing one of the best health magazines in the world!

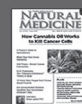
Now in its fourth year of publication, each issue of *The NZ Journal of Natural Medicine* is 100 pages of some of the most useful, often life saving information you won't get from mainstream media, or orthodox, pharmaceutical-based (corporate) medicine.

From authentic cancer breakthroughs, documented vaccine dangers, first class dietary advice, detoxification techniques, and herbal and nutritional medicine – the Journal is totally dedicated to bringing you the news of research and important discoveries that are relevant to your life and the lives of your family.

Well worth a look!

SUBSCRIBE NOW

The NZ Journal of Natural Medicine
www.naturalmedicine.net.nz



Feel Younger with the Most Nutrient-Dense Foods

Organ meats like liver, tongue, and marrow can rebuild energy, clarity & resilience. Learn how to make them taste amazing at home.

Watch the free training.

- ✓ Why these ancestral foods matter
- ✓ How to make them taste amazing
- ✓ Simple ways to start—without overwhelm

liverloverchallenge.com

Get **\$100 OFF** the full course
Code: WISETRADITIONS



Experience the Most Comprehensive, Science-Based Nonconformist Nutrition Education



NUTRITION
THERAPY
INSTITUTE

✓Flexible & Self-Paced ✓Pay-As-You-Go ✓100% Online

Study to become a Nutrition Therapist Master on YOUR schedule

Learn More & Enroll: ntschool.com

Call/Text: (303) 284-8361 ✉ info@ntschool.com

Exclusive for WAP Supporters: Get **50% Off**
Your First Course (\$475 Savings!)



SCAN ME



ROCK HILL HERITAGE
FARM OF HERSEY, LLC

2026 NOSE-TO-TAIL WORKSHOPS

MARCH 6-8: BEEF WORKSHOP
OCTOBER 16-18: PORK WORKSHOP



LEARN NOSE-TO-TAIL
NUTRITION & UTILIZATION



CHARCUTERIE, CURING
& SAUSAGE MAKING

In **HERSEY, PA**

Minutes from Harrisburg HIA

Just Over an Hour from BWI & PHL Airports

Contact us for more info or to get on our list for 2027:

717-686-2792

www.RockHillHeritageFarm.com

@rock_hill_farm

@rockhillfarmhershey

In partnership with
HAND THE W
farm

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

INFORMATION / TRAINING

SEASONS OF SEVEN

SeasonsofSeven.com

A Holistic
Approach to
Homeschooling

Waldorf Education

Homeschool Support

Flexible Lessons

Pre-recorded Content + Live Classes

Early Childhood through High School

Enrichment

Community



Seasonsofsevenvirtualschool@gmail.com



EDITORIAL
DIENTE DE LEÓN
Vida y naturaleza



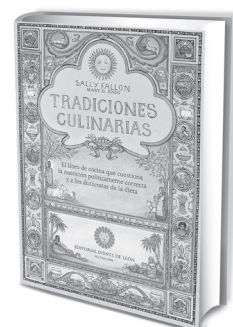
Diente de León publishes books
related to ecology and health in Spanish.

Books and workshops are our tools
to share knowledge related to agriculture,
medicinal plants, health, nutrition,
body and mind.

www.editorialdientedeleon.com



EDITORIAL
DIENTE DE LEÓN
Vida y naturaleza



Nourishing Traditions
in Spanish!

www.editorialdientedeleon.com

Fully Alive

Erin O'Donnell BSN

The perfect book for any mom raising children
in a less than ideal world or for anyone struggling
to embark on or stay on a healing diet.



Check out **FullyAliveFamilies.com**
to order books or find info about
Avoiding Antibiotics workshops in VA



ALEXANDER TECHNIQUE DVD

Frederick Matthias Alexander | His Life... His Legacy...

Improve Your:

- Voice & Breathing
- Balance & Ease of Movement

Includes:

- Archival Footage of him teaching Hands-On Lesson
- Scientific & Medical Evaluation

70 min. DVD; Available in NTSC/PAL

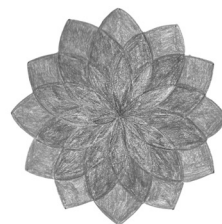
For more detail / your copy, visit: fmalexanderdoc.com



WALDORF ESSENTIALS

Curriculum & Support
Hard Copies and Digital
Planning Resources and Training

Inner Work
Rhythm
Temperament
Modeling
Painting
Form Drawing
Circle Time
Festivals
and MORE!



WaldorfEssentials.com

team@melisanielsen.com

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

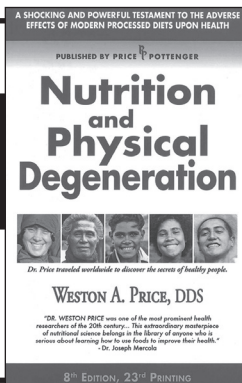
INFORMATION / TRAINING

ESSENTIAL INFORMATION

For patients and healthcare practitioners.
The perfect gift for family or friends.

PRICE-POTTINGER NUTRITION FOUNDATION™

Preserving the work of Weston A. Price DDS and other health pioneers. Providing access to accurate information on nutrition for over 65 years.



PUBLISHED BY THE PRICE-POTTINGER NUTRITION FOUNDATION™

EIGHTH EDITION

- 528 pages, 6 maps
- 179 photos and charts
- Expanded index

ORDER TODAY **1-800-366-3748** (in US)
619-462-7600

QUANTITY PRICING AVAILABLE

YOUR SOURCE FOR BOOKS, AUDIO & VIDEO
theancestralnutritionfoundation.org



Visit www.homeopathycenter.org for **FREE resources** about natural ways to help with colds, flus, sprains, headaches, stomach aches, anxious feelings and more!

BECOME A *Discovery Member!*

Get even more benefits with membership such as:

Homeopathy Today Magazine Moms E-Course
Mini E-Course For Kids Cell Salts E-Book
Educational Resources Webinars
Homeopathic Housecall

The Modern Pioneer Cookbook - Nourishing Recipes from a Traditional Foods Kitchen



Learn how to make bone broth, cultured dairy, ferments, sourdough, and more from Mary Bryant Shrader, creator of the popular website and YouTube channel "Mary's Nest" with over 1 million subscribers!

This bestseller is available from Penguin Random House on the shelves of all major book retailers and online. To learn more, visit marysnest.com/my-cookbook



FREE Report

\$15.00
value

Scams EXPOSED!

Learn the truth about distilled, mineral, tap, spring, filtered, bottled, well, alkalized, reverse osmosis and more...

Which one is best for you?

www.waterwise.com/wise

—or call for **FREE** Report & Catalog



Waterwise Inc PO Box 494000 Leesburg FL 34749

800-874-9028 Ext 728

© 2007-2018 Waterwise Inc

Healing Starts With Hope

A movement inspired to help families thrive through childhood cancer with whole-body healing

To give text **KICKCANCER** to **53555**

@kickcancermovement
Kickcancermovement.org



REVISIONING FOOD, FARM, AND FOREST: HOMESTEAD EDUCATION FOR ALL!

Now offering curriculum for our Outreach Badge Program:
YOUNG FARMER STARTS



FOR MORE INFORMATION, CHECK US OUT AT
WWW.MEADOWSBEE.COM & [INSTAGRAM@MEADOWS_BEE_FARM](https://www.instagram.com/meadows_bee_farm)
WWW.YOUNGFARMERSTARTS.COM

Or contact us at: education@meadowsbee.com

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

INFORMATION / TRAINING / PRACTITIONERS

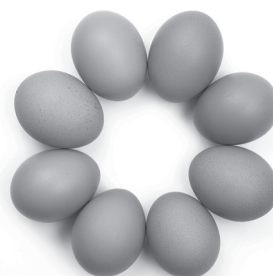
The Modern Pioneer Pantry - A Complete Guide to Preserving Food

Learn how to use water-bath canning, pressure canning, pickling, fermenting, freezing, dehydrating, and drying to preserve everything from fruits and vegetables to salads, jams and jellies, pickles, and so much more.

Bestselling author Mary Bryant Shrader is the creator of the Mary's Nest YouTube channel with over one million subscribers. This is her second cookbook. She is also the author of *The Modern Pioneer Cookbook*. Learn more at marysnest.com/my-pantry-cookbook



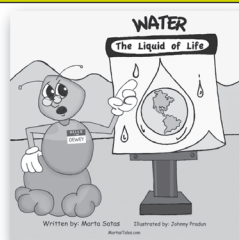
SUPPORT FOR PARENTS



NOURISHING OUR CHILDREN

We focus on timeless principles for supporting learning, behavior and health through optimal nutrition. We have an active social media presence and a private Facebook group for parents where you can ask questions and receive communal support on topics such as infertility, how to feed infants, how to make the homemade baby formula, natural remedies for ear infections and constipation, what foods to pack for travel and how to address picky eating.

nourishingourchildren.org/groups



Let's Think About Your Thoughts



The Enzyme Rhyme



Marta's Tales is a collection of stories that use rhyme to teach important life lessons in a simple and easy-to-understand way. Please visit my website to explore my books and enjoy my first feature cartoon, based on my debut title— Water, The Liquid of Life.

Ideal for:

- Children and young adults
- Parents, teachers, and caregivers promoting healthy habits
- Birthday, holiday, new baby, or "just because" gifts

MartasTales.com

THE AUDIO EDITION

NOURISHING TRADITIONS

Listen to the book you love (or always wanted to read).

A comprehensive and accessible dive into the nutritional merit of traditional foods, this audiobook is the perfect introduction to Sally Fallon's seminal work— or a convenient refresher for those who've already read it.

This audiobook includes introductions, sidebars, and a supplementary PDF with selected recipes from the book, chosen by Sally.

◀ ▶

Find it on Audible.



Energetic Wellness
School of Naturopathy

Start Your Professional Wellness Career Today!

Do you seek more knowledge that promotes the true function of body, mind and spirit? The Energetic Wellness School of Naturopathy offers extensive programs that teach the fundamental principles of wellbeing, the teachings of Weston A. Price, and innovative information paired with cutting edge technology.

Programs We Offer:

Naturopathic Doctor

Bionetic Naturopathic Counselor

- National Certification
- State-of-the-art Technology
- Holistic Product Line & Education
- Practitioner Support

www.theschoolofnaturopathy.com
school@energeticwellnessok.com
405-359-1245



Energetic Wellness
School of Naturopathy

State-of-the-Art Technology for your Holistic Practice

This assessment tool allows the practitioner a multifaceted view into the whole person. Offering a look "behind the scenes" to aid in getting to root causes.



Purchase of technology comes with a full certification program, with eligibility for National Board Certification.

www.theschoolofnaturopathy.com
school@energeticwellnessok.com
405-359-1245

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

INFORMATION / TRAINING / PRACTITIONERS



Your gut deserves an expert.



- Eliminate your most frustrating symptoms, through a customized approach.

- The right testing, the right protocols, for you!

Over 300 happy clients and counting!

Hear their stories at:
bluestemnutrition.com



Natalie Steen
360.798.9238

Rejuvenate

WITH ANNA

Detox the body.
Clear the mind.

LEARN MORE TODAY AT
HONEYSHARVEST.COM/DETOX



Anna Chaney, FNP

Laura Poe
Mathes,
RD



Integrative
Gut Health
Dietitian

Online health
coaching & nutrition
counseling

laurapoerd@gmail.com

Visit www.laurapoerd.com to make an appointment

John Kozinski's

Integrative Diagnosis



Health & Healing with Traditional Foods

Classes, Trainings, Lectures
Personal Health Consultations

413.464.2990

www.macrobiotic.com

Vaccine Consults

Feel confident about your decisions.

Help from a Scientist and Doctor to talk to family members.

Jody Powell ND.com

Naturopathic Doctor & Classical Homeopath
Dr. Jody Powell PHA 223-220-2837 Telehealth



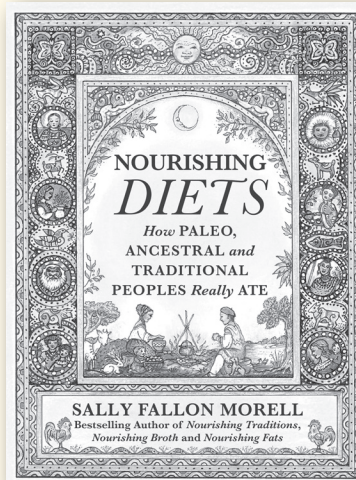
**HEALTH
By CHOICE**

It's Your Health... It's Your Choice

The Center for Natural Healing

- ✦ Naturopathy
- ✦ Homeopathy
- ✦ Chiropractic Care
- ✦ Natural Professional Supplements

1721 Lafayette Road | New Enterprise PA 16664 | (800) 858-3288
www.healthbychoice.net | Email: questions@healthbychoice.net



Nourishing Diets
How Paleo, Ancestral and
Traditional Peoples Really Ate

Available through booksellers

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

INFORMATION / TRAINING / PRACTITIONERS

Ace Your Vitality

ACELINA RCPG,
NUTRITIONIST

**You're not broken—just
out of balance.**

Restore your mineral balance
through the Root Cause Protocol,
rooted in ancestral nutrition.

ACEYOURVITALITY.COM

Traditional Chiropractic with a Fresh Twist



FERNANDO MENDEZ
CHIROPRACTOR

Brooklyn, NY

bknchiro.com

Medical research has made
such enormous progress
that there are no longer any
healthy people at all.

*Aldous Leonard Huxley
(1894-1963)*



Joanne C. Mendez, APRN
WAPF CHAPTER LEADER

SOUND FREQUENCIES FOR HEALTH CONDITIONS

Cardiovascular, Autoimmune, Digestive, Respiratory and more!

Email me for the link to the
FREE 8-MINUTE VIDEO
jcmendez@earthlink.net
More Info: 850-339-0443

Own Your Space = Own Your Health



510-874-4725

Energy Readings and Healings
www.adishaktihealing.pro

Pediatric Craniofacial Growth Management Temporomandibular Disorders & Headache Treatment

Atlanta, Georgia

Mark Allan Padolsky DDS, FACMS, FAACP, MAGD, FAOS

info@atlantatmdinstitute.com (request **free PDF book**)

404-876-8123

HEALTH FREEDOM DEFENSE FUND

We guard our most sacred and
cherished right to health freedom.

HFDF successfully defeated the federal mask mandate, Disney, and the Los Angeles Unified School District—twice—resulting in the court clarifying that no medical interventions can be mandated for the benefit of the recipient, meaning no Covid shot mandates.

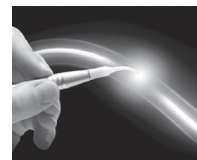
Donations to HFDF help us to continue defending your rights by:

- Challenging CDC's Covid shot mandate for green card applicants
- Challenging Nike's Covid shot mandate
- Proving in court that Covid injections are neither safe nor effective
- Other planned actions in defense of your rights

Donate to HFDF at: healthfreedomdefense.org

Wise Traditions + Advanced Technology = Awesome Dentistry!

Laser Dentistry is Better Dentistry



- No Anesthesia
- No Injections
- Faster Recovery
- No Pain
- No Drills
- IAOMT SMART protocols

Call Dr. Sheri Today!

Dr. Sheri Salartash
DDS, MAGD, NMD, IBDM,
AIAOMT, FICOI, FAAP
Board of Dental Sleep
Medicine, Certified **Holistic
Mouth Doctor**



703-775-0002

www.dynamicdentalwellness.com
care@dynamicdentalwellness.com

20755 Williamsport Place, #300, Ashburn, VA 20147

The Shop Heard 'Round the World

Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

ADVERTISING IN WISE TRADITIONS

DEADLINES: Spring: Feb. 20th, Summer: May 20th, Fall: Aug. 20th, Winter: Nov. 20th

Name of Farm/Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Website: _____

TOTAL: _____ **Payment method:** _____ Check (Payable to WAPF) _____ Credit Card

Card #: _____ Exp: _____ CVV: _____

SUBMIT Payment, questions, classified ad copy and/or advertisement graphics:

Phone, fax, email or mail: (703) 820-3333; Fax (571) 777-8932; info@westonaprice.org

WAPF 4200 Wisconsin Ave, NW, #106-380 Washington, DC 20016

CLASSIFIED

ADVERTISEMENTS

TEXT ONLY,

BY STATE & CATEGORY

\$40 per year for 40 words

MEDIUM COLUMN

2" tall by 2.5" wide

\$200 per year, 4 insertions.

(\$240 for non-members)

DESIGN INFO: Images must be 500k or larger to print well. Files should be grayscale tiff or press quality pdf/eps minimum 300 dpi. There is an additional fee of \$50 for us to design your advertisement.

TALL COLUMN

4" tall by 2.5" wide

\$360 per year,

4 insertions.

(\$400 for non-members)

WIDE COLUMN

2" tall by 4.5" wide

\$360 per year, 4 insertions.

(\$400 for non-members)

The Weston A. Price Foundation reserves the right to refuse advertising space to anyone. We do not accept ads for coffee, tea, chocolate, hemp (as a food) or protein powders, nor products offered by Multi-level Marketing Companies.

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
____ International membership \$50
____ U.S. Reduced membership (financial hardship) \$25

Yes! I would like to support the work of the Weston A. Price Foundation with an additional donation.

____ \$10 ____ \$25 ____ \$50 ____ \$100 ____ \$250 ____ \$500
____ \$1,000 ____ \$2,500 ____ \$5,000 ____ \$10,000 ____ other \$ ____

Yes! Count me in! I would like to help spread the word!

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.)

Yes! I would like to provide my family and friends with the gift of membership in the Weston A. Price Foundation.

(Please attach information on gift memberships.)

____ U.S. gift membership(s) \$40 ____ Canadian and overseas gift membership(s) \$50

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/

I'm enclosing \$ ____ for brochures and \$ ____ for ____ annual membership(s), a total of \$ ____

Payment method: ____ Check or money order (Please do not send cash) __ Mastercard __ Visa __ Amex __ Discover

Card Number: _____ Exp Date: _____ CVV: _____

Name: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please copy or remove this page and fax or mail to:

The Weston A. Price Foundation

PMB #106-380 4200 Wisconsin Avenue, NW Washington, DC 20016

PHONE: (703) 820-3333 FAX: (571) 777-8932

Calendar

2026

- April 17-18** **Wooster, Ohio:** Whole Health conference featuring Sally Fallon Morell, Alex Clark, Dr. Bob Sears, Dr. Ben Edwards, Hilda Gore, Maureen Diaz and many other fine speakers on nutrition and health. **CONTACT:** seekingwholehealth.com/conference/
- June 17-18** **Walnut Creek, Ohio:** Food Independence Summit featuring Sally Fallon Morell, Joel Salatin, Justin Rhodes, Del Bigtree and many other fine speakers on farming and health. **CONTACT:** seedtospoon.life/about/
- June 26-28:** **Coeur D'Alene, Idaho:** Modern Homesteading Conference featuring Sally Fallon Morell, Joel Salatin, Dr. Patrick Jones, Daniel Salatin, Carolyn Thomas and many other fine speakers on homesteading and health. **CONTACT:** modernhomesteading.com/.
- Aug 3-4** **San Marcos, Texas:** Farm and Ranch Freedom Alliance annual conference. **CONTACT:** farmandranchfreedom.org.

Conference Video & Slide Recordings

 **Wise Traditions 2025
Annual Conference**
25th Annual International Conference of the
Weston A. Price Foundation
October 17-19, 2025 | Salt Lake City, UT



Audio with Synchronized Slides
Plus Video of Presenters with Synchronized
Slides for Selected Sessions



Fleetwood Onsite
conference recording

Take the Conference Home!

**Audio or Video of presenters with
synchronized slides**



**USB Flash Drive or
Stream On-Demand**



Individual sessions are also available

TO PURCHASE

Visit the Fleetwood Sales booth at the conference
or online at www.fleetwoodonsite.com/wise/2025/stream

Fleetwood On-Site Conference Recording
781-599-2400 orders@fleetwoodonsite.com

WISE TRADITIONS CONFERENCE 2026
Omni Shoreham Hotel, Washington, DC
October 16-18, 2026

THE WESTON A. PRICE FOUNDATION®



for **WiseTraditions**

IN FOOD, FARMING AND THE HEALING ARTS
Education • Research • Activism

PMB 106-380, 4200 WISCONSIN AVENUE, NW
WASHINGTON, DC 20016

Damaged journal?

For free replacement, contact us
at info@westonaprice.org

THE WESTON A. PRICE FOUNDATION®

for **WiseTraditions**

IN FOOD, FARMING AND THE HEALING ARTS
Education • Research • Activism

NUTRIENT-DENSE FOODS

BROTH IS BEAUTIFUL

PREPARED PARENTING

NON-TOXIC LIVING

TRADITIONAL FATS

A CAMPAIGN FOR REAL MILK

SOY ALERT!

PASTURE-BASED FARMING

COMMUNITY-SUPPORTED AGRICULTURE

LACTO-FERMENTATION

TRUTH IN LABELING

LIFE-GIVING WATER

NURTURING THERAPIES

You teach, you teach, you teach!

Last words of Dr. Weston A. Price, January 23, 1948



Printed on recycled offset with soy and
vegetable oil inks — an appropriate
use of soy and industrial seed oils.