


THE WESTON A. PRICE FOUNDATION®

 for **Wise Traditions**
IN FOOD, FARMING AND THE HEALING ARTS
Education • Research • Activism
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NUTRIENT DENSE FOODS	TRADITIONAL FATS	LACTO-FERMENTATION
BROTH IS BEAUTIFUL	A CAMPAIGN FOR REAL MILK	TRUTH IN LABELING
PREPARED PARENTING	SOY ALERT!	LIFE-GIVING WATER
NON-TOXIC FARMING	PASTURE-FED LIVESTOCK	NURTURING THERAPIES
COMMUNITY SUPPORTED AGRICULTURE		

You teach, you teach, you teach!

Last words of Dr. Weston A. Price, January 23, 1948



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Wise Traditions

Winter 2014

Volume 15 Number 4

COMMUNITY SUPPORTED AGRICULTURE

LIFE-GIVING WATER

PASTURE-FED LIVESTOCK

A CAMPAIGN FOR REAL MILK

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\$12 US

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Winter 2014



Effects of Smart Phones on the Blood
Dangers of Smart Meters How to Protect Yourself from EMR
The Scandal of the U.S. Dietary Guidelines

A PUBLICATION OF
THE WESTON A. PRICE FOUNDATION®
Education Research Activism
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TECHNOLOGY AS SERVANT SCIENCE AS COUNSELOR KNOWLEDGE AS GUIDE

SOY ALERT!

TRUTH IN LABELING

NON-TOXIC FARMING

PREPARED PARENTING

NURTURING THERAPIES

WiseTraditions

IN FOOD, FARMING AND THE HEALING ARTS

Volume 15 Number 3

Fall 2014

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THE WESTON A. PRICE FOUNDATION®


Education ♦ Research ♦ Activism

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

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

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

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

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

Upcoming Events

2015

Jan 23-25 Lincroft, NJ: NOFA-NJ Winter Conference featuring Sally Fallon Morell, Joseph Heckman, John Ikerd, Pam Schoenfeld and others. **Contact:** www.nofanj.org/winterconference.htm.

Jan 31 Driebergen, Netherlands: Wise Traditions Holland conference featuring Sally Fallon Morell and others. **Contact:** congres.westonprice.nl.

Feb 7-8 Limerick, Ireland: Wise Traditions Ireland conference featuring Natasha Campbell-McBride and Sally Fallon Morell and others. **Contact:** www.wapfmunster.com.

Feb 21 Brandywine, MD: Butter is Back! Nourishing Traditional Diets and The Oiling of America by Sally Fallon Morell. **Contact:** info@westonaprice.org.

SAVE THE DATES!

WiseTraditions 2015

16th Annual Conference of the Weston A. Price Foundation

November 13-16, 2015

Anaheim, California

Recordings of Wise Traditions 2014: www.westonaprice.org



Wise Traditions



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President's Message


In this issue we focus on the growing danger of manmade electromagnetic radiation (EMR), from “smart” phones, iPads, tablets, “smart” meters, cell towers, Wi-Fi and even “smart” appliances, all bathing us in a sea of various microwave frequencies, the likes of which mankind has never experienced before. What are the effects of this technology on human life and health, and how can we minimize any negative consequences?

Conventional physicists and the whole “smart” phone and meter industry insist that there are no “non-thermal” effects from these gadgets. But research sponsored by the Weston A. Price Foundation and published in this issue shows that this claim is false (page 19). Smart phones, which radiate microwave frequencies at all times, do indeed have very negative effects on the blood, causing rouleaux, clumping and pathological changes to the shape of red blood cells. This study was necessarily small and preliminary, but it highlights the urgent need for a full investigation. In the meantime, we need to be very careful about how we use these devices.

“Smart” meters to read household electricity, gas and water use are another huge danger, delineated in these pages; these have been foisted on the public surreptitiously, with little or no study of their effects. Some individuals have extreme reactions to these devices, and who knows what sub-clinical effects there may be?

Our philosophy is never to describe a problem without offering advice for solving it, and there are plenty of suggestions in this issue for minimizing exposure and protecting yourself through a good diet. And when it comes to “smart” meters, just putting up strong resistance to their installation may be effective. When PEPCO informed us that a “smart” meter was to go on the house that WAPF rents for office space in Washington, DC, we had our attorneys send a very strong letter forbidding them to install one. To this date, PEPCO has not attempted to install a “smart” meter at our office, even though DC regulations do not permit an opt-out.

Another focus of this issue is the upcoming review of the USDA Dietary Guidelines for Americans. This disastrous policy has caused untold suffering and chronic disease in this nation, especially in our children. They are applied in schools, daycare centers and the WIC program. We are pleased to present the excellent analysis by Adele Hite and Kimberly Hartke in this issue, and plan to follow up with a press release and publicity campaign.

It was great to see so many of you—including lots of newcomers—at Wise Traditions 2014, and we are already at work planning a great conference in Anaheim in 2015. See you there! 

Letters

TRIBUTE

I was saddened to learn recently that Mary Enig passed away. The world has lost one of the earliest pioneers for fat.

I liked Mary's no-nonsense handling of questions about fat. She had a way of making the question seem absurd—which of course it was! Fortunately we now have many more pro-fat campaigners but we have lost a great forerunner.

Zoe Harcombe
Gwent, UK

HUGE IMPACT

I was sorry to hear about the loss of Dr. Mary Enig. Her book, *Know Your Fats*, started me on my journey to learning more about how nutritional sciences had become corrupted by industry and health lobby groups.

I never met her, but her work has had a huge impact on my life. Her courage of conviction is an example to us all. She taught us that science should be about truth. Her work taught us not to fear food, and to question the authoritative science that we were indoctrinated

into. Her legacy will no doubt outlive us all.

Gordon Rouse
Yinnar South, Victoria, Australia

SCHIZOPHRENIA

Earlier this year, “60 Minutes” aired a segment on schizophrenia in which they interviewed several boys who were diagnosed with it. The message of the story was, of course, that mental illness needs “treatment” with drugs. I could not help but notice that the boys had very narrow faces, one with ears that stuck out. The characteristics were similar to those seen in the photos Weston Price took of malnourished children. I noticed the same features in Adam Lanza’s picture (of the Sandy Hook school shooting). He appeared to have a very narrow face and swollen eyeballs, sometimes indicative of thyroid problems.

As expected, there was no discussion in the television segment of the relationship between a healthy body and a healthy mind or any efforts to treat mental illness with good nutrition. This is sad because at our 2013 conference on

“Curing the Incurable” we heard of so many children being helped in this way.

Janice Curtin, chapter leader
Alexandria, Virginia

FOOD FORWARD DOCUMENTARY

I was on a panel last evening after the debut and screening of the PBS “Food Forward” documentary in Los Angeles. It was very emotional to all of us. Three hundred people were invited including the Who’s Who of Food in Los Angeles. There are thirteen episodes and raw milk is the subject of one of them. Charlotte Smith, Dr. Bruce German and I are featured.

The producer, Greg Roden, had to fight to keep the episode in the series and had to edit with an ax to keep it alive. He told me that PBS in Washington, DC was brutal and would not allow any sort of medical claim or even a mention of medical benefit whatsoever and demanded the CDC have statements in the documentary to alarm the public.

However, even with the horrendous editing, the truth shone through. The crowd in attendance was in tears at the

WISE TRADITIONS 2014



At last! Chris Masterjohn, PhD, wins the coveted Integrity in Science Award—now renamed the Mary G. Enig Integrity in Science Award.



Winners of the 2014 Activist Awards (from left to right) with Sally Fallon Morell, president: Geoffrey Morell, Elizabeth Rich, Will Winter, Celia Gossin and Season Johnson.

THE PIONEERING SPIRIT OF DR. MARY G. ENIG (1931-2014)

My mentor and friend Dr. Mary G. Enig, PhD, recently died at the age of eighty-three. I want to honor her life by talking about her pioneering research, and the profound impact it has had on the fields of nutrition and health.

Early in her career, Mary challenged the widely held assumption that saturated fats and cholesterol cause heart disease and cancer. She established the connection between margarine and other partially hydrogenated fats and the development of heart disease, cancer and other ills. Furthermore, she found cogent evidence that *trans* fatty acids contribute to such diseases by foiling the liver's oxidase enzyme system so that it cannot properly metabolize drugs and pollutants. By researching and publishing data on the *trans* fatty acid composition of more than five hundred commonly eaten foods, Mary gave nutritionists and their clients a useful tool for knowing which foods to eliminate from their diets. This is vital information for anyone who desires optimum health and longevity. All of us who are eating butter today instead of margarine should be grateful for the research—and bravery—of Dr. Mary G. Enig.

Mary furthermore pioneered research on coconut oil, a much maligned and misunderstood saturated fat that was vilified for years by establishment “health experts.” Thanks to Mary, it's now widely known that coconut oil promotes optimum health. Coconut oil is rich in lauric acid, a health-promoting fatty acid with anti-microbial properties that has been proving its mettle in trials with AIDS patients and others suffering from compromised immune systems. Mary's theories about “conditionally essential” saturated fats are already proving to be one of the missing links to the development of effective anti-aging therapies.

Mary inspired me every day with her courage and integrity. Over the years, she was consistently ahead of mainstream scientists and nutritionists, pushing their envelopes, thinking outside the box, and threatening the status quo. Not surprisingly, she was subjected to a great deal of criticism, not to mention bullying from powerful food industry interests. Mary not only refused to kowtow to these pressures but boldly moved on to new and equally controversial causes, even as the world of health science caught up with, and belatedly recognized, her earlier findings.

Mary's commitment to education led her to teach classes and workshops for college students and professionals. Even more importantly, she became active with the Price-Pottenger Nutrition Foundation of San Diego, California, and then served as a founding board member and vice president of the Weston A. Price Foundation in Washington, DC. I was deeply honored to succeed Mary as vice president of WAPF when she retired to emeritus status in 2011. Our 15th annual Wise Traditions Conference was dedicated to her memory.

By teaming up with Sally Fallon Morell, founding president of WAPF, Mary found a highly effective way to fight the diet dictocrats and ensure that her work would reach the public far sooner than the narrow and often entrenched world of academia would ever allow. Their book, *Nourishing Traditions*, first published in 1996, plus dozens of articles and letters to the editor written for *Wise Traditions*, *Nexus*, the *Townsend Letter* and other magazines and newspapers had an impact on tens of thousands of men, women and children. The work of the “brazen duo”—as they were often called—invariably incited controversy, but helped people think for themselves regarding such issues as fat in the diet, the deficiencies of vegetarian diets, the dangers of commercial infant formulas and other important diet and health topics.

Finally, Sally and Mary helped blow the whistle on the food industry-sponsored myth of soy being the miracle food for the millennium. Their articles pulled no punches and drove me to begin research on the dangers of soy, a project that led, in turn, to my enrolling in a PhD program in nutritional sciences at the Union Institute and University in Cincinnati. My 2004 Union dissertation became the 2005 book *The Whole Soy Story: The Dark Side of America's Favorite Health Food*.

Mary graciously served on my doctoral committee at Union, and generously shared her expertise on fats and oils and their myriad roles in health and longevity. She held me to high standards of academic excellence, took genuine pleasure in my successes and encouraged me to thank her by paying it forward. I am deeply blessed to have known this remarkable woman and role model.

Kaayla T. Daniel, PhD, CCN
Vice President
The Weston A. Price Foundation





Letters



end of it.

Bruce German proclaimed that raw milk had powerful anti-allergy properties—that statement survived the edits. The photography was incredible with helicopter work and even has me flying over the pastures talking about green and clean. There were lots of family shots including some of my grand kids! I think that this PBS story of raw milk will shake the U.S. deeply, especially when pasteurized milk sales are falling like a rock.

At the reception, I was greeted like a celebrity. Many had an Organic Pastures raw milk story and were our customers. I even spent thirty minutes with the Whole Foods dairy buyer who attended, talking about our Raw Milk Institute safety systems.

We need to expose the massive editorial machete job that PBS did to this story and how the CDC added disclaimers to the documentary but never mentioned the seventy-seven deaths from pasteurized milk since 1972 or the fact that pasteurized milk is the most allergenic food in America. There have been no deaths from raw fluid milk in America recorded in the CDC databases. No other PBS subject in the series has a CDC disclaimer!

The CDC really showed their bias and politics on this one! This is a message in its own right: one of real people pioneering to nourish consumers safely and thriving under extreme conditions.

The producer, Greg Roden, gave me plenty of time during the panel discussion to talk about why the establishment fears raw milk. He took this personally because of his fight with management and the FDA during edits. Remember that Monsanto, Cargill and ADM are

huge PBS supporters. It's a miracle that the PBS raw milk section is coming through at all. You can see it at www.pbs.org/food/features/food-forward-season-1-modern-milk/.

Mark McAfee, CEO/founder
Organic Pastures Dairy Company
Fresno, California

OFF INSULIN WITH RAW MILK

Thank you, Weston A. Price Foundation! Thanks to your efforts, my friends and I are drinking raw milk, and one of my new friends told me today that after many years as a diabetic, her doctor took her off insulin. It's due to her drinking raw milk and starting to adhere to your diet recommendations!

I learned about WAPF four years ago, and your organization has continued to educate and inspire me to follow the WAPF nutritional principles.

Cheryl Fischetto
Reading, Pennsylvania

RAW MILK IN SWITZERLAND

The subject of raw milk in Switzerland has been in both major farmer newspapers this October and also in a major animal lovers' magazine that many Swiss read. I was interviewed for that magazine in late August. The two newspapers shared a new study that just came out about babies having less inflammation when given raw milk! Unfortunately the article claims that raw milk is dangerous. Apparently scientists want to find out what is in raw milk that prevents inflammation, asthma and allergies and then use those isolated compounds.

Interestingly, it was Dr. Ernst Jakob, one of the researchers in the dairy department in Bern, who personally

notified me by email a few days ago about the study. He states: "This new study must make you very happy."

Yes, but I'm even more happy that he even thought of me—I've known him for about nine years now—as only two years ago, Prof. Dr. Ton Baars, Dr. E. Jakob and I each presented a one-hour Powerpoint on milk at another organic research center (FiBL) in Switzerland. Jakob talked about how dangerous raw milk is, while Ton explained the health properties of raw milk, and I shared all about raw milk in the U.S. and why consumption is growing so much.

It was almost funny: at break time we all had a lovely time talking to one another and tasting several different types of milk as a contest for which tasted best, pasteurized and homogenized milk from the supermarket and raw milk produced right at that research center from their own grazing research cows. The latter is also sold daily directly at the research center to customers who come with their own pail! I guess as long as they do their "dangerous" spiel in presentations, they can keep their jobs.

Judith Mudrak, chapter leader
Southampton, New Jersey &
Bern, Switzerland

LET THERE BE LIGHT

In the article by John Moody, "Let There Be Light," (Fall 2013), the author says, in regard to LED lightbulbs, "They are significantly superior in terms of light quality, longevity, safety and environmental impact. . ."

Mr. Moody should have done more homework in regard to the health effects of these bulbs. Studies have shown suppression of melatonin levels when people are exposed to them. This



Letters



important hormone is what we need to signal the body that the day is finished and it is time for bed.

A vision research study from Complutense University in Madrid reports that exposure to LEDs can cause irreparable damage to the retina of the eye.

People who suffer from electrical hypersensitivity syndrome (EHS) are very affected by these bulbs. People with EHS are the canaries in the coal mine.

LEDs are a relatively new invention and have not withstood the test of time. The bottom line is that we must be very careful about adopting new types of lighting in our homes and work places. Once the damage is done to our bodies it may be very difficult to reverse the situation and regain our health.

Julia Hattori
Toronto, Ontario, Canada

ANTIBIOTICS AND ALLERGIES

Antibiotics are everywhere—apparently even the three main artificial sweeteners act as antibiotics—so it's no wonder allergies have gone crazy in our population. Glyphosate (Roundup), originally patented as an antibiotic and chelator, is systemic and permeates the entire plant. It seems like it's used on practically everything, even to dessicate wheat and sugarcane.

I see they want to introduce an herbicide product that is a combination of 2,4-D and glyphosate. Apparently 2,4-D is already a big source of the dichlorophenol in the water supply. It's been associated with food allergies when it accumulates in the body. Then there's chloramine in the water supply. The water treatment people say they like it because they can count on the water to still have germ-killing power even if

there's a break in a water line.

I suspect the biggest problem with vaccinations is the mercury, because don't heavy metals accumulate in your body? Since mercury is a germ-killer, won't it kill the good bugs in your body? I say it does. A messed up gut is associated with a messed up brain, right?

After a bit more digging, I found that Roundup enhances fungal growth. I have wondered why candida overgrowth symptoms sound so much like gluten intolerance symptoms. I figured there must be a connection somehow. Maybe that's it. Maybe the wheat protein has so much residual antibiotic in it that it continues to kill our "good bugs" and thereby enhance the growth of fungus, long after it's been processed and turned into food.

Laura Davis
Stillwater, Oklahoma

HERBAL ANTIBIOTICS

A recent *Wise Traditions* journal (Fall 2014) contained a serious debate about antibiotics, but I was surprised to hear no mention of herbal antibiotics. In the past four years I have used herbal antibiotics in place of pharmaceuticals, all three with successful outcomes. The most brutal one was a severe skin infection that was undiagnosed for two months, before I decided to put myself on herbal antibiotics. Miracle workers! It cleared the infection 100 percent! It did probably take longer than if I had used pharmaceuticals, but my healthy gut bacteria tell me it took just the right amount of time.

Please buy yourself Stephen Harrod Buhner's books, *Herbal Antibiotics*, *Herbal Antivirals*, *Healing Lyme Disease*, and *Healing Lyme Disease and*

its Coinfections Bartonella and Mycoplasma. This man is amazing! His work on the home pharmacy is one of a kind. Herbal antibiotics are often weeds that grow all over the world, and are easy to grow at home, if not impossible to get rid of. If you want to cut out the cost of going to the doctor, start growing your own medicinal garden, especially with Buhner's recommendations on the most useful plants. Herbal antibiotics are renewable and biodegradable. Plants don't pollute our soils or water when we excrete them through our wastes, unlike pharmaceutical antibiotics. Herbal antibiotics also will not destroy your intestinal flora, and often can be used to rid yourself of bacterial overgrowth, but don't forget that herbal antibiotics work better when you are already eating nourishing foods.

Superbugs are a huge problem today, but not for herbal antibiotics. Plant constituents are too complex for bacteria to become resistant to. Buhner is not completely against the use of antibiotics, but he is against the overuse of them. They used to be miracle drugs, but now they have lost their potency and can't keep up with our overuse. We might be able to keep antibiotics as a backup plan if we start using herbal antibiotics first.

Now is the time to start familiarizing ourselves with these plants, because in the future they will be the only ones complex, gentle and safe enough to save you. I have spent the first twenty-five years of my life poisoned by lies and drugs which made me very sick, and now I am suffering the consequences. We shouldn't have to get worse to get better. You have the right to be healthy. Don't let pharmaceutical corporations scare you into needing their drugs. Take



Letters



back your life and your health: grow your own pharmacy, and eat a WAPF-structured diet.

Thank you again to Stephen Harrod Buhner for saving my life and to my plant allies who are always ready to give and never ask for anything in return.

Erika Leifson
Barnard, Vermont

BACTERIAL ORNs

I was intrigued by William Marshall's article on bacterial ORNs (Fall 2014). It's fascinating that when we consume something produced by lactobacilli (the ORNs), they can affect our immune system's reaction to a toxin, causing an immediate and appropriate response to dispose of the toxin, rather than the delayed hyperimmune response that can lead to a cytokine storm that causes deadly septic shock (sounds like Ebola). It makes raw milk, kefir and sauerkraut sound pretty powerful for avoiding deadly infections!

Kris Johnson, chapter leader
Toledo, Ohio

WARM IN WINTER

Earlier this year I learnt how to make my own dripping. My local butcher was kind enough to put about one kilo of beef fat through the mincer so that it was easy to render. I then started to add some dripping whenever I made a beef stew for dinner.

I noticed three benefits: improved taste, a greater sense of fullness and—most surprisingly—I have felt warmer throughout winter. This is in stark contrast to my former vegetarian days when I would always be freezing during winter and always wanting to move to a warmer climate.

The difference has been remarkable. People often comment that I have such warm hands whenever we shake hands. I'm curious to know why adding dripping to the diet has made such a huge difference.

Many thanks to the WAPF for all your great work.

Michael Seymour
Melbourne, Australia

THE WIC MILK PROGRAM

On August 7, 2014 I went with a friend to her WIC (Women, Infants and Children) appointment in Pellston, Michigan. At that appointment my friend found out that the WIC program is cutting out whole milk and 2 percent milk to two-year-olds and older. Only skim milk or 1 percent milk will be available for children as young as two years and up!

The WIC program was started in the late 1960s to provide fresh milk and other dairy products to pregnant women, infant babies and children under five years. The program is overseen by the USDA, which sends mandates such as this one. The states run the program through state and local health departments.

On August 11, 2014, I called several state agencies and voiced my concerns about the WIC program cutting children off of whole milk. I explained that children need fat in their milk to absorb vitamin D and calcium and all the other good nutrients in milk. And children need fat in their milk to help them not get fat. "All this lowfat diet food is wrong and bad for you," I said. "We need fat, good real fat, to keep us slim and healthy."

I then called the Northwest Michi-

gan Health Department. Susan Daly from the Charlevoix Health Department called me back and asked what my concerns were. I told her babies and children (not to mention adults) need good fat, like the wholesome fat in milk, to keep them from getting fat, and that the children on WIC need fat to absorb vitamin D and calcium. I told Ms. Daly I was horrified the WIC program was cutting out fat and only allowing two-year-olds to drink skim milk and 1 percent, which taste gross and nasty compared to creamy, good whole milk.

Ms. Daly said the USDA sets the guidelines for WIC, and they took the fat away from WIC children—no exceptions! This mandate from the USDA commenced on September 15, 2014.

I told Ms. Daly about studies showing that children, especially two- to four-year-olds, need whole fat milk. She asked me to send her a link to the latest study I found. The study comes from the *Archives of Disease in Childhood*. The title is "Longitudinal Evaluation of Milk Type Consumed and Weight Status in Preschoolers."

The study followed 10,700 preschoolers and concluded that kids who drink whole milk and even 2 percent milk were slimmer, while the kids who drank skim and 1 percent milk were fatter. And that is just one study out of many. Kids who drink whole milk end up slimmer than kids who drink skim milk. Whole milk is good not only for kids but for adults too. When a person drinks whole milk, the fat in the milk turns to brown fat and that brown fat keeps us warm and helps minimize the white fat, which is why whole milk drinkers weigh less than skim milk drinkers.

Letters

Why would our federal government take away healthy whole milk from poor and minority kids? All of us need good brown fat to get rid of the nasty white fat in our bodies created by poisons such as high fructose corn syrup. Why are food companies allowed to put filth like caramel color, which is an established cancer causer, in all our food? Why isn't the FDA, which is supposed to protect us, actually protecting us? Are the drug companies behind this? They want all of us sick and fat and on their dirty drugs, which cause side effects that make you sicker until you die. Two-year-olds will get fat and sick if the USDA is allowed to take good wholesome milk away from our toddlers. Butterfat does not make us fat—sugar, high fructose corn syrup, artificial sweeteners, doctor drugs, fake hydrogenated oils, these are what make us fat, not good whole fresh milk.

I sent Ms. Daly the link to the study proving that whole milk keeps kids slim,

and she graciously sent it to Michigan WIC in Lansing.

The government also took whole and 2 percent milk out of our schools. Did you know that? That is why school kids drink pop. I can hardly blame the kids; skim milk tastes gross, whole milk tastes like ice cream. They are producing a generation of milk haters! Then the drug companies can jump in and “treat” our children with drugs that make and keep them sick. What a scam on our children. If this persists we will start to see a lot of kids with brittle bones and who are just plain sick. I am sure the drug companies are standing by to jump in with drugs to give to the children.

I am outraged and you should be too. The USDA should halt their actions and keep real whole milk in the WIC programs, in our schools, and the FDA should be ashamed to let all the dirty nasty filth into our food and drink. And the drug companies should not be

allowed to make a profit off of sickness and death.

Of over seven thousand comments posted to the USDA site, more than six thousand came from parents in the WIC program expressing their concerns about the skim and lowfat milk. Only seven commenters recommended skim or 1 percent milk yet that is what the USDA went for.

By the way, I just found out they plan to extend the skim and 1 percent milk restriction down to one-year-olds. Twelve-month-old babies will no longer receive whole or 2 percent milk. I fear for their brain development, as we all should. What a terrible injustice this is to the poor.

Please defend the right of our babies and children to drink real whole milk. Help us keep whole milk in WIC and our schools.

Aleigh Cambin
Harbor Springs, Michigan

WISE TRADITIONS 2014



Randy Hartnell, president of Vital Choice Seafood, gives a moving talk about saving the market for wild salmon. Vital Choice has been a generous contributor to the conference meals over many years.



Lydia Rose Sifferlen and some of the kitchen chefs are honored at the banquet for the inspired and delicious conference meals.



Keynote speaker, Denise Minger, author of *Death by Food Pyramid*, provides an informative and entertaining talk.

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PERFECT TEETH IN KENYA

I lived in Kenya for two years (1991-1993), long before I had an interest in nutrition and health. I noticed the perfectly straight teeth of everyone in dirt-poor villages, though I didn't ask myself why that was the case. When I returned home and found the Weston A. Price Foundation, it resounded with me immediately because of my Kenyan experience.

I mostly lived in Nairobi, working as a linguist for a non-profit organization. The first three months I spent in an orientation program in several places throughout Kenya and for six of those weeks camped in a Maasai area. At that time, I could barely speak Swahili, but I became friends with one Maasai man who spoke English. He was the only one of his father's seventeen children who was sent to school, which is why he spoke English.

We've now reconnected through

Facebook! He still lives in the village, but has a laptop and a mobile phone. Sadly I found out that he now has diabetes, his wife has asthma, and he told me that "everyone is sick here." When I was in Kenya, they valued fat and used lots of it. Unfortunately, they were mostly using "Kimbo" as their main source of fat (and still do), which is canned partially hydrogenated vegetable oil.

I recently sent to Kenya three copies of *Nutrition and Physical Degeneration*, three copies of the *Nourishing Traditional Diets* DVD and some WAPF pamphlets. One set was for my Maasai friend, one for the pastor of Nairobi Chapel, the church I attended while living there, and one to a Kenyan translation organization. (Nairobi Chapel is a large church and many of the young University of Nairobi students attend this church.)

I have not been able to confirm whether the pastor of Nairobi Chapel

received what I sent. However, my Maasai friend received his set and has been reading and watching the materials. He spoke at his church and at a local school briefly about Price and the importance of traditional diets. He said people are interested to know more, especially the mothers. He called me yesterday to ask whether anyone from the Weston A. Price Foundation would come to Kenya to give talks in his community about traditional diets and I told him I would ask. Is there any chance that someone from WAPF would take a trip to Kenya to lecture on Price's research?

The village where my friend lives is a two- or three-hour drive from Nairobi. Roads in Kenya aren't good, but when I was there, this was a straightforward trip—not curvy and dangerous—with a fine road. If I could get in touch with the pastor at Nairobi Chapel I imagine a WAPF speaker would be well-received there, as well. Even the nearby Uni-

WISE TRADITIONS 2014



In proper Swiss attire, Mike Mudrak slices raw mountain cheese brought back by Judith Mudrak from the annual Swiss trip.



WAPF board members Kim Schuette, Kaayla Daniel and Sarah Pope.



Pat Foreman, author of *City Chicks: Keeping Micro-flocks of Chickens as Garden Helpers, Compost Makers, Bio-recyclers, and Local Food Producers*, with Oprah Hen-free.



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versity of Nairobi (maybe through an anthropology or African studies department) might be interested in hosting a WAPF speaker. Wouldn't it be fantastic for WAPF resources and information to be made available in Kenya before the Western diet does much more damage? Please let me know if you think this could happen.

Lisa Schnoor
Silver Spring, Maryland

If someone would volunteer to go to Kenya for this project, WAPF could pay all the expenses.

PHYSIOLOGY OF TASTE

I have been reading the *Physiology of Taste* by Jean Anthelme Brillat-Savarin (1755-1826). Brillat-Savarin claimed he could look at a person's face and discern whether the person had the ability to appreciate exceptional foods. The person needed a wide palate, he said, to have a well-rounded experience with food. People with narrow, elongated faces had "dull eyes," and it would be a waste of time exposing them to the finer qualities of taste. People with large, round or square faces would have the ability to appreciate fine food, and their eyes would be bright. He said facial shape was related to the diet from early childhood!

He presented the outline of the Atkins diet; to lose weight he recommended no grains and starches, but lots of proteins and fats.

He has many stories about broth and health, and many ways to make it, including crushing bones.

To prepare a pheasant, he instructed chefs to ferment the bird with the feathers on and only when the bird begins

to "smell" do you take the feathers off and prepare the bird. Without this fermentation, he insisted, the experience or quality of the meal would be ordinary at best.

David Wetzel
McNeal, Nebraska

A SOUP BUSINESS?

I am visualizing an alternative to the existing Meals on Wheels and congregate meals. I am seeing an ethnic trend in the San Francisco Bay area that features East Indian and Chinese cuisine. It makes me think that the conformity and uniformity is starting to crack—something I learned from a Joel Salatin lecture.

For nearly a year now I have been the self-designated soup maker for my parents, who are in their eighties. Once a week I deliver a big full kettle of soup and we fill up jars and pitchers for the fridge or the freezer. They tell all of their friends and know I could make a business out of it. I am a former accountant and am recording what I make each week and compiling the quantity and cost from the receipts as a way to create a business model.

Karen Boyer
San Carlos, California

If you are interested in investing in Karen's business, please contact her at klboyer56@comcast.net.

A DIET SAGA

We were both raised on the Standard American Diet. I (Marie) first started to have a preoccupation with food at the age of thirteen. I wanted to look like the girls my big brother (whom I loved dearly) showed me on the TV

music channel so he would love me. I thought a perfect appearance was the key to being loved and admired. Too bad it really started to wreak havoc on me at such a young age.

At that time, the magazines were telling me to go off fat. So I went for it in bouts. Typically I would try a lowfat diet for ten days to two weeks, then I would fall off the wagon. Little did I know that I was literally starving myself of the fats my body desperately needed at this time of intense growth.

The bulimia cycle set in quite rapidly. I despised myself for having such a weak will. Eventually depression started showing its head along with the bulimia. The worst part of this story is that I really wasn't overweight, and other girls could have looked at me with envy.

At age sixteen, my first love died in a car accident. The downward spiral of an eating disorder amplified. I was talented and successful but being unable to control my eating made me think I was hopeless. Isn't it terribly absurd!? Yet that is what millions of young girls are experiencing.

Things got better when at age twenty I married my husband. Nevertheless, I was still greatly bulimic. I tried all sorts of fad diets in the hope of shedding a few pounds, pretending that I did it for health reasons. Some time later, I really did start to be concerned about my health—digestive health at first and then degeneration of all systems in my body. I searched for answers in the nutritional department.

Here's a short list of the diets I tried: Susan Powter's lowfat paradigm; raw foodist (I would juice till I turned blue in the face!); fasting, monodiet cleanse; vegetarianism with lots of soy milk (I

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even made my own); and veganism. Whenever I had a bout of bulimia, I would stuff myself with whatever they said was good for me. I was experiencing a great amount of abdominal distention and bloating. What a mess!

At the time I was pregnant with my daughter we were vegetarians, almost vegans. My daughter had to have surgery at the age of one year to remove her four front teeth, which were rotten and crumbling. She was breastfed but we didn't start on Weston Price principles until she was seven months old.

A turning point (finally!) came when we undertook a road trip to Western Canada with our daughter. Still vegans, or almost vegans, I remember terrible cravings while I was breastfeeding exclusively. I would eat spoonfuls of butter whenever no one was looking. Of course we wouldn't keep such an evil fare in our own cupboard, so I did it when we were invited to people's houses for a meal! Something was certainly wrong with the way I ate!

During the trip, the bloating (and gas) got to a point where it could no longer be ignored. It was shameful and I was desperate! Wasn't I doing everything right? My bowels were irritated with too much fiber and my body was craving fats and proteins and who knows what else! My husband was also experiencing digestive problems due to my faulty advice!

One night I prayed really hard, "I need help here!" I was sitting in front of a computer and vaguely researching about soy products, when I came across a comment by the Weston A. Price Foundation. I kept reading and reading and felt an enlightenment concerning nutrition like I had never felt before.

Suddenly all the puzzle pieces I had collected through the years (and didn't know what to make of) came together! I had a hard time believing what I read—I was amazed.

That is how I weaned myself from all my fads and started on the path to long-term health and healing from my eating disorders too! (Complete healing from eating disorders is rare!) Our digestive systems eventually healed and we were so thankful for the work of WAPF.

Three years after we switched to WAPF principles I became pregnant with my son. And guess what? At age three, he has perfectly healthy teeth. Isn't that amazing? It ain't fun to have your baby taken into surgery at age one. My daughter still has no front teeth—she is almost seven years old now—but we hope her adult teeth will come in normally.

I write this with the intention of



encouraging everyone but especially to give hope to young women entangled in the misery of eating disorders, and also to young mothers looking for advice on how best to feed their growing families.

Thanks and keep up the good work!

Eric and Marie Perreault
Port-Menier, Québec, Canada

CHILDREN IN CRISIS

Yesterday I got a call from a mom in our community whose twelve-year-old daughter has a tic-like barking cough. It had persisted for two hours the night before. In talking with her, I learned the daughter had the DTaP booster nine months earlier. The daughter had no history of strep, which is often the instigator with tic behaviors. The neurologist at Children's Hospital concluded that the problem is psychosomatic, which of course it is not.

Then our youngest came home from school and told me that a former teammate had gone AWOL for a few days. We found out he went on a rampage at home with an ax. Yes, an ax! His parents fled the house while he proceeded to hack up furniture and cars. Then he took off for an elementary school and fortunately was arrested before doing harm. This same kid had seizures last spring after drinking seven Red Bulls or Monster drinks. The coaches then allowed me to come and talk to the young men about proper hydration and preparation for games, including the regular inclusion of high animal fat diets. I emailed the mom last night to make sure he wasn't on certain medications. He's not on any meds to her knowledge.

All this is to say that our children are in crisis. The commercial interests in this country and the lack of properly

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educated and informed parents are the biggest threat to their well-being.

Kim Schuette, CN
San Diego, California

DIET, NOT GENETICS

I just wanted to write and say thank you for your website and all the work that has been put into educating the public. I found your foundation eleven years ago, right before I started having children. Thankfully I grew up on a nourishing diet, but I had played around with veganism and vegetarianism for a while. I immediately changed my diet. I have four children now and I recently brought the oldest two (at nine years and six years) to the orthodontist for a check up to see how things looked. She told me that she never sees palates as wide and well-developed as in my girls'. She said it must be good genetics and I said it was a good diet. She looked at me strangely. We left with no procedures recommended, which is a rarity for sure.

We are Irish so I often worry that my kids have a bit of a narrow face, but their palates are wide and beautiful. I am often concerned about the mere two and one-half years between a few of them but I was careful about my diet, and it shows now.

Also, none of my kids has ever needed an antibiotic or over-the-counter drug. They've never had a broken bone or injury yet they climb trees and race all over the Nova Scotia country side. They are not vaccinated but apparently have had whooping cough without me knowing because they have been exposed on numerous occasions and have never had obvious symptoms.

I converted my husband a long time ago and our whole family's health has

been preserved due to your generous information sharing. I homeschool and I can't wait to get heavy into nutrition and health with them so they can continue on the good health they've been given as children. Here is a photo of my WAPF babies. Thank you!

Gina Anderson
San Jose, California



CHARACTER ASSASSINATION

The October 6, 2014 *Time Magazine* article "Who's Afraid of a Little Vaccine?" by Jeffrey Kluger is a propaganda opinion piece masquerading as journalistic fact. In the article he shifts the perception of non-vaxers as religious fanatics or negligent parents to wealthy, arrogant, nothing-bad-can-touch-me parents.

One thing I know is that to go completely against what everyone in mainstream society is doing is not a decision one takes lightly. Most non-vax parents are college-educated. That means they

are capable of doing research. The information about vaccines is not unknowable outside of medical school. Further, I was told by my medical doctor not to vaccinate.

If vaccines are "completely safe" as the author states (without any references) why was the National Vaccine Injury Compensation Program set up as part of the U.S. Court of Federal Claims with a special section just for autism?

To use legislation to remove the philosophical exemption "loopholes" to force people to vaccinate is a way to force medical procedures. Not only is this an archaic mindset, it is anti-American and harkens to Big Brother.

Lastly, I think it is very interesting that the author zeroed in on the state of Ohio, a presidential swing state. You can't start too early, right?

If there had been any unbiased scientific reality in this piece I would have been much more interested. Instead, it was the same old shut-your-mouth-and-do-what-the-doctor/government-says fear-mongering rhetoric.

Leah E. McCullough
Author of *Freedom from*

Fibromyalgia:

7 Steps to Complete Recovery

All but two states (West Virginia and Mississippi) allow for religious exemptions. You do not need to belong to any particular church to claim a religious exemption—you simply state in writing that you have a religious objection to vaccinations.

MECHANISTIC TERMINOLOGY

I have noticed, over the course of years of reading *Wise Traditions*, a disturbing pattern in this otherwise excel-



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lent publication. Sitting down today to conduct an informal survey, I was able to locate numerous examples of organic processes being discussed—even by your best writers—in mechanistic terminology, such as “underlying mechanisms,” photosynthetic “machinery” and “mitochondrial engines.”

Of course we've (almost) all been taught to view things in this way, but to put it bluntly, there are no mechanisms in organisms unless they have been purposely designed and placed there by human beings. As Rudolf Steiner pointed out, “That which needs to be organized is no organism.” Mechanisms have their organizing principle imposed on them from without by human agency, while organisms are born with an intrinsic organizing principle provided by nature. This may seem like an academic distinction strictly of interest to specialists, but with all due respect to the animists among us I'm convinced that it has an awful lot to do with the perpetration of modern human follies such as genetic engineering, climate disruption, environmental destruction, etc. There is a direct link between this type of mindset and the mistaken view of the world as a collection of inanimate furniture that we can rearrange as we please with no negative consequences.

I see no harm in employing mechanistic comparisons as long as we use them consciously, with an awareness of their limitations. Unfortunately this is seldom what happens. Whether we call it reification or hypostatization, or use Whitehead's wording “misplaced concreteness,” we're talking about the same thing: reading our own abstractions and mental models into the phenomena themselves.

Imagine that you were born wearing red-tinted glasses. The world would look pretty red, wouldn't it? We need to take off our mechanism-colored glasses if we're ever going to see the world as it is and work constructively within its processes rather than tinkering with it as if it were some gigantic machine that belongs to us. As far as I can tell, none of the problems that confront us is insoluble, but if we're ever going to tackle them successfully we need to start by working more wakefully with our own consciousness.

Andy Shaw

Alexander, North Carolina

Weston Price provides a fine example of a scientist who did not impose a mechanistic model on nature; instead he marveled at the accumulated wisdom of primitive peoples. “Life in all its fullness is Mother Nature obeyed,” he said—not Mother Nature tinkered with as though she were some kind of machine.

MERCURY RETENTION AND HAIR TESTS

In response to a letter on autism, vaccines, and mercury (Fall 2014), the author mentions hearing a doctor describe susceptible kids as “non-excretors.” (They retain rather than excrete toxic metals.) Indeed, according to my reading of the toxicology literature, a susceptible subset of the population will show low excretion of mercury in hair, urine, feces and nails, while showing high mercury toxicity on a porphyrins panel (which measures damage to certain enzymes).

A porphyrins panel is available for less than three hundred dollars from DirectLabs.com. A less expensive al-

ternative is a hair test. Low excretors will show low mercury in hair; however, mercury seems to affect the levels of essential hair minerals, making some abnormally high and others abnormally low, thus revealing possible mercury toxicity.

The toxicology literature clearly states that mercury alters many sulfur-containing biomolecules including mineral transport proteins. Thus, abnormal levels of essential minerals in hair would be a logical result of mercury toxicity. In addition, mercury's effect on certain essential minerals, including calcium and zinc, is well-documented. But the specific effects of mercury on essential hair minerals remains largely undocumented in the peer-reviewed literature. As a result, many physicians are uninterested in hair test results. Nonetheless, a hair test can be a useful, inexpensive indicator of toxicity for the self-directed patient. This issue is further described in the book, *Hair Test Interpretation: Finding Hidden Toxicities* by Andrew Cutler.

Kristin G. Homme
PE(ret.), MPP, MPH
Berkeley, California

PROTEIN AND WEIGHT GAIN

Does too much protein contribute to weight gain? I ask this question because according to Nora Gedgaudas, too much protein is processed by the body just like sugar.

Many midwives tell pregnant women to eat a lot of protein, even to add protein powders to their diets. I am finding that the babies of women who overdo on protein have a tendency to obesity, even if they are breastfed and receiving a WAPF-type diet. Maybe



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it's because protein depletes vitamin A, which can lead to thyroid problems, hence a tendency to gain weight.

Of course, adequate protein is necessary during pregnancy, but expectant mothers need to be careful not to overdo by consuming protein powders, lean meat, egg whites without the yolks, etc.

Betsy Granger
Tulsa, Oklahoma

UNREALISTIC FASHION FIGURES

Are unrealistic fashion figures driving eating disorders in young girls? Although eating disorders affect 0.1 percent of children aged 8 to 11 years, their prevalence is growing among pre-teens. For children so young, it makes you ask why they would contemplate extreme diets and excessive exercise. The media contribute to their desire to be slim owing to the images they present them with. However, even if pre-teens never get the chance to see extremely thin women in magazines or on TV, there is another potential influence lurking in their playroom: Barbie. Although she may seem like a harmless fashion toy, beneath her outfits is an unrealistic figure.

In a report by Steps to Recovery, the authors discuss just how different Barbie's measurements are from the average woman in the U.S. today. Although on average we weigh more than we did in the 1960s when Barbie first came on sale, even back then her figure was worlds apart from what would be considered "normal" measurements. To demonstrate this with just two of Barbie's vital statistics, she comes in at five feet nine inches for height while the average woman today is just short of

five feet four inches, and her waist is a dainty eighteen inches compared to the average waist circumference of thirty-eight inches today. However, young girls aren't aware of this fact and believe that Barbie is what real women are meant to look like, which can trigger unhealthy behaviors to achieve weight loss.

While fashion models and actresses have been able to achieve slender figures, they are little better than Barbie, as they are not an accurate representation of the bodies most of us have. Even supposedly realistic models wear clothes in size four rather than the size fourteen typical of many American women, and there is nothing natural about a body weight 15 percent below expected that most models show off. Airbrushing slims models down even more, but can also remove areas such as protruding ribs to hide the fact that many are undernourished. Despite some models speaking out about over-modification of their body, teens are still trying to attain the same figures they see in magazines, which even with extreme dieting might be impossible. The fact that so many TV characters are slimmer than average adds to the problem, particularly when you consider the negative way in which larger characters are often treated on screen.

Only by highlighting how different the body of Barbie and those shown by the media are from women today can we help young girls to feel better about their appearance, with good self-esteem, which is known to protect against eating disorders. By preventing their onset, it is potentially possible to protect youngsters from substance abuse, as the two disorders are highly connected.

To read more about this topic

visit the following link: <http://www.stepstorecovery.com/starving-yourself-to-achieve-the-impossible-figure-of-barbie/>.

Anne Kline
Santa Rosa, California

TRANS FAT LABELING

Back in 2011 I contacted you concerning the proposed nutrition labeling of *trans* fat in restaurant food. This was in regard to proposed FDA regulations for nutrition labeling of standardized menu items at chain restaurants.

Mainly at my request, WAPF submitted a recommendation to the FDA that the *trans* fat labeling not include the *trans* fat that is naturally occurring in food, primarily in dairy and beef.

I wish you to know that the final rule for this labeling was released recently. Unfortunately it does *not* exempt the *trans* fat naturally occurring in food.

In summary, the FDA decided it is better to use the same basis for assessing *trans* fat content in restaurant food as for packaged food. This assessment is based on the chemical structure and not on the source.

I was very pleased when WAPF submitted its recommendation to the FDA, and am sorry that the agency was not persuaded to change its stance on this matter.

Richard Perlmutter
Elizabeth, New Jersey

ARE BLENDERS BAD?

I have read that blenders (and food processors) may be bad for our food. The trauma they cause to the food may alter the nutrient value. Do you know whether there are any studies on this? It may be



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one reason not to do juicing and also not to prepare certain foods in a blender or food processor.

The people Weston Price studied had excellent health without blenders and food processors. Are we going to conclude in twenty or thirty years that using blenders and food processors was a bad idea? We are unhappy about GMOs, but might we be doing something analogous when we unwittingly use blenders and food processors?

William B. Schneider
Los Angeles, California

This would be an interesting subject to investigate. Certainly primitive peoples did a lot of pounding and grinding of their food, but whether blenders and food processors cause damage to nutrients is a subject that remains to be explored.

AWESOME ENERGY LEVELS

I'm writing to thank the Weston A. Price Foundation for their valuable information. In the past I have read hundreds of books on nutrition and despite keeping religiously to conventional guidelines, I suffered very low energy levels, struggled with weight gain, had bad gum disease and always felt hungry. The dentist said I would lose my teeth before long.

Knowing these problems had to be diet-related, I started to research diet again with a more open mind and Googled "the benefits of saturated fats." This finally led me to the Weston A. Price Foundation website and it all made sense to me. Eat like traditional people eat! Funnily enough, I had been doing that with my dog and cats for the previous five years, feeding them a raw

meat and bone diet, and their health was fabulous. It hadn't occurred to me to do the same for myself.

My energy levels now are awesome, I'm feeling physically satisfied so I don't want to eat quite so much, and my gum disease is a thing of the past. Even my dentist is impressed as I no longer have inflamed, sore and swollen gums. I know my teeth will last me for the next forty years or more. I feel better than I have in years. And the food tastes better too!

I try to speak to people about my diet and WAPF but people look at me like I'm a nutter. They can't get over the whole "saturated fats are bad" thing. People are so well indoctrinated they won't even be open-minded about it. I'm a bit careful now how I share and just explain that I don't eat processed food. Telling them that saturated fats are fine and healthy seems to be too much for them to handle. They think I'm heading for heart disease because of the nice wad of butter on my eggs at lunch. Little do they know!

Whenever I want information on health I look it up on the WAPF website. This is my health bible now. It provides all the information that I need to be healthy. I will remain a member forever! Thanks again to all of you who run the Foundation. The information you provide is priceless.

Michelle Cox
Patumahoe, New Zealand

WAPF SUCCESS

I was at a small meet-up in New York City recently and made a brief presentation about the WAPF. Besides showing the covers of *Nutrition and Physical Degeneration*, I did a compari-

son of a 2000 issue and a 2014 issue of *Wise Traditions*. I turned to the back of the 2000 issue and showed the single page of the WAPF Local Chapters and then the six pages of "The Shop Heard Around the World." Then I turned to the back of a 2014 issue and slowly turned the fifteen pages of small, dense type, of the current list of Local Chapters ending with the three pages of International Chapter! Then I turned to the "Shop Heard Around the World" and the twenty-two ad pages. There were several gasps from the small audience and I easily made my point about the growth of the organization and of how small business and entrepreneurship were alive and well. Of course, I mentioned the "Farm to Consumer Legal Defense Fund" as well as the "Campaign for Real Milk"

Congratulations on your continual success!

Lee Clifford
New York, New York



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

FEAR-BOLA

It's hard to know what to believe when reading or hearing about Ebola. Will it wipe out a large portion of the world's population or is that idea a media invention? (Probably the latter since deaths from Ebola have averaged forty-one per year over the thirty-seven years since its discovery, most of them occurring in central Africa.) Is it spread by contact with an infected person's bodily fluids or simply by proximity? Do only people with obvious symptoms transfer the disease or can nonsymptomatic people spread it? Are Ebola cases in Africa limited to those who have received treatments and injections from the Red Cross? Or is Ebola just a form of malaria, which has been a scourge in Africa for millennia? We hear all of these viewpoints in the news and on the Internet, plus a huge amount of scaremongering. But one thing no one is talking about is nutrition. Ebola is caused by a virus and the main thing viruses do is deplete vitamin A. Vitamin A-rich foods such as liver, grass-fed butter, and cod liver oil—or even just vitamin A capsules—should serve as the basis of prevention and treatment. Vitamin D, vitamin K, vitamin C, zinc and even LDL-cholesterol play a role in helping the body fight infection. An interesting article by Bill Sardi points out that the major drugs given to Ebola patients deplete one or more of these critical nutrients. Acetaminophen—sometimes up to three grams daily—given to Ebola patients depletes the body of glutathione and indirectly of vitamin C as this nutrient is required to maintain glutathione levels. Antibiotics such as amoxycillin, ciprofloxacin (Cipro) and ceftriaxone (Rocephin) deplete vitamin K. Anti-malaria drugs such as quinine also deplete vitamin K (and increase death rates up to 100 percent). As Sardi points out, vitamin D (and vitamin A) pills cost pennies, yet they are not offered to Ebola patients. One thing for certain, eating a WAPF diet rich in nutrient-dense foods is a prime defense against all illness, including Ebola. (www.knowledgeofhealth.com, July 29, 2014)



A typical school lunch under the new Michelle Obama program.

FALLING BEHIND

Americans are falling behind in the getting older race. Back in the 1960s, American women were among the longest-lived in the world, but between 1980 and 2006 female life expectancy grew at about 60 percent of the rate for comparative countries and we are now ranked 28th. Women in France, Germany, Sweden, Italy, Japan, England, Holland and Canada live longer than we do. Top of the pile is Japan where the average Japanese woman lives to just short of eighty-six years. American men are also falling behind. The longest lived males are Australians (79.27 years on average), followed by Japanese (79.2) and Swedes (78.92). The average lifespan for American men is 75.64 (www.npr.org/blogs/krulwich, October 21, 2013). Even more worrisome is an "unheard of" drop in life expectancy for uneducated white women in the U.S. According to a new study published in the *Journal of Health Affairs* (August 2012 31(8)1803-1813), white women who dropped out of high school experienced a five-year decline in life expectancy from 1990 to 2008, "an unheard-of drop for a wealthy country in the age of modern medicine," according to one writer. Maybe the problem is modern medicine, which, with its emphasis on lowering cholesterol, has turned Americans, especially

uneducated women, away from whole foods like butter and eggs and into the arms of the vegetable oil industry. Then, when they develop chronic disease, a cocktail of conventional drugs carries them off.

TASTES LIKE VOMIT

Describing her family's eating habits as a "bacon-and-eggs" diet when her husband first took office, Michelle Obama then took a wrong turn and used her influence to promote a lean diet based largely on fruits and non-starchy vegetables for school children. Under the three billion-dollar National School Lunch Program, participating schools can only provide

Caustic Commentary

one serving of meat or other protein (more well off children can buy a second portion each day with their own dime) and potatoes are limited to just a single serving of three-fourths of a cup per student. There's no butter of course, for the dry brown bread (which the children do not like), no whole or even 2 percent milk, and even ketchup packets are rationed to one per student. Worst of all, there's a calorie cap of 850 calories for high schoolers, 700 for middle schoolers and a mere 650 calories for kids in elementary schools. Parents complain that their kids are starving, and the kids say the food "tastes like vomit." Across the country, some wealthier suburban school districts are simply backing out of the program, although doing so means giving up a six-figure annual subsidy from the federal government (dailycaller.com, July 27, 2013). Last year the New York City school system dropped out after the students complained of starvation, and an Illinois school district dumped the guidelines before even fully implementing them. One positive outcome of the Obama lunch plan: many more students brought their lunch from home, which is what they all should be doing anyway (naturalnews.com, July 19, 2013).

STATINS FOR EVERYONE

Not content with sixteen *billion* dollars in yearly sales, the statin industry is aiming to rope in even more patients. According to a recent study (*JAMA Internal Medicine*, 2014; DOI: 10.1001/jamainternmed.2014.6288), 97 percent of women aged sixty-six to seventy-five and 100 percent of men "qualify" for statins. Healthy adults whose "risk" of heart attack or stroke is more than 7.5 percent should also be on statins. Mining the data from the West of Scotland Coronary Prevention Trial (which were collected and analyzed by the pharmaceutical industry alone, with no independent oversight), researchers suggest that taking a statin drug for five years in middle age can lower heart and death risks for "decades afterwards" (www.dailymail.co.uk, November 19, 2014). (The data from the Framingham Trial showed that lowering cholesterol in middle age *increases* heart disease and overall death risk as we grow older.) Meanwhile, evidence of serious side effects from statins continues to accumulate. A study published in *Toxicology* (2013 Sept 15;311(3):162-8) found evidence that statins degrade the extracellular matrix of the tendons, leading to tendon rupture. Another (*Cancer Epidemiol Biomarkers Prev* 2013 July 5) found that statins cause disruptions leading

to breast cancer. Low blood cholesterol levels are related to slow visuomotor speed in young and middle-aged men, and low serum cholesterol levels predict cognitive decline (*Am J Clin Nutr* 2004;80:291-8). And finally, patients with cancer and other terminal disease saw an overall improvement in the quality of life and lived longer when taken off statins (Proceedings of the American Society for Clinical Oncology annual meeting). Of course, when a loved one is in the hospital or nursing home for whatever condition, they are automatically put on statins—and it often takes a fight to remove them from the drug regimen. The whole statin phenomenon is snake oil, snake oil that causes serious adverse effects.

FAKE MEAT THAT BLEEDS

Since consumers have mostly rejected veggie burgers based on beans and vegetables, the food engineers have come up with faux meat patties that are pink on the inside and leach a red juice when cooked. The bioengineered burger is the brainchild of university professor and mad scientist Patrick Brown, whose start-up company, Impossible Foods, has received millions in financial backing from Bill Gates, Google, and others. An individual patty costs twenty dollars to produce so more research is needed to get the price down to one the average vegetarian can afford. Other laboratories have been experimenting with growing and culturing meat from animal cells, but the Impossible Burger has been developed using plant compounds only (huffingtonpost.com, December 3, 2014). On a related note, bioengineers in the U.S. are developing the world's first artificial cow's milk made from genetically engineered yeast "in an effort to put a sustainable option on the market." According to the developers, vegans Perumal Gandhi and Ryan Pandya, synthesizing cow's milk will be a relatively simple process because milk has got "less than twenty components and consists of about 87 percent water" (www.sciencealert.com, Oct 29, 2014).

BUTTER BATTLING BACK

Butter consumption is rising, but not without objections from the diet dictocrats. Appearing in *The Wall Street Journal* (October 29, 2014), an article entitled "The Last Anti-Fat Crusaders," by Nina Teicholz lambasted the lowfat dietary guidelines as hopelessly outdated and contrary to the current science. She cited a landmark meta-analysis of all the available

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evidence which concluded that saturated fats could not, after all, be said to cause heart disease (*Annals of Internal Medicine*. Published online March 18 2014). Another meta-analysis (*American Journal of Clinical Nutrition* 2010 Mar;91(3):535-46) came to the same conclusion. The industry-supported damage control team continues to tell us that we should avoid saturated fat because it will make us fat (a claim not supported by the evidence); or, they argue, the problem is that we replace saturated fats with donuts, when we should replace them with salmon and olive oil. The industry will do anything to keep us from eating butter or coconut oil—"Coconut oil seen as a health hazard" is the latest offering from the New Zealand Heart Foundation. Representatives from both camps "nearly came to blows" at a recent debate in New Zealand between Grant Schofield, a cheerleader for high-fat, low-carb diets, and Rod Jackson, apologist for margarine and vegetable oils. Still butter consumption in the U.S. has climbed to a forty-year "high" of 5.6 pounds per year, while New Zealanders are now consuming over twenty-four pounds per year.

NEW ZEALAND ALL BLACKS RULE AGAIN

Butter consumption may be one reason the All Blacks rugby team, from a country of only four million people, continues to dominate in international competition. Recently the All Blacks played the American Eagles in Chicago and thrashed them seventy-four to six. The New Zealand diet of grass-fed butter, beef, lamb and organ meats, along with the best shellfish in the world, is surely a recipe for producing great athletes.

CONVENTIONAL BREEDING BETTER

Supporters of genetic modification argue that the technology can produce crops with all sorts of wonderful traits: tolerance to drought, cold, salinity and flooding; resistance to insect pests; extra nutritional value; and, above all, higher yields. But conventional breeding techniques are quietly outperforming genetic modification. The Drought Tolerant Maize for Africa Project (IMAS) has developed through selective breeding over one hundred fifty new varieties of maize (corn). In field trials, these have performed at least as well as existing commercial seeds when rainfall is adequate and yielded up to 30 percent more during drought. The researchers who bred the new varieties were able to draw on collections in a large seed bank run by the International Maize and Wheat Improvement Center in Mexico City. And IMAS has developed twenty-one

conventionally bred varieties, which have yielded up to one ton per hectare more in nitrogen-poor soils than existing commercial varieties. The organization is working to develop genetically modified varieties also, but say these are at least ten years from success (*Nature* 513, 292 September 18, 2014).

MILK DRINKERS AT RISK

Pasteurized milk is the number one allergen and is associated in the medical literature with allergies, asthma, digestive disorders, frequent ear infections and auto-immune disease. A new study finds that milk does little to strengthen bones and can double the risk of early death. Research published in *The British Medical Journal* tracked over sixty thousand women and forty-five thousand men for twenty years; it found no reduction in broken bones for those who consumed the most milk. Women who drank three glasses or more per day were twice as likely to die early as those who consumed less than one (*BMJ*. 2014 Oct 28;349). The study was carried out in Sweden, where all the milk is pasteurized. The truth is, industrial processing has ruined Nature's perfect food, making it toxic, rather than health-promoting. The milk industry, which scratches its head about the relentless decline in milk consumption (down four percent in 2013), need look no further than this. ☹☹

FOR SCIENTISTS AND LAY READERS

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

Does Short-term Exposure to Cell Phone Radiation Affect the Blood?

Blood is the essence of life. It is useful to examine the blood under a microscope to look for any changes in reaction to a stressor. In this exploratory study, ten human subjects were exposed to a cell phone radiation stressor. Their blood was examined under a dark-field microscope to look for changes, if any, from the cell phone microwave frequency. We also investigated whether there might be a protective effect on the blood from consuming the recommended Weston A. Price Foundation (WAPF) diet.

The world has rapidly changed over the past few decades with the advent of cell phones. Almost seven billion cell phones are now used worldwide, of which over five billion are in developing countries. As of January 2014, 90 percent of American adults possessed cell phones, and 58 percent of the users had smart phones.¹ Due to increasing affordability along with the many useful functions that cell phones provide, the explosion in cell phone usage is not surprising. Indeed, they have become the leading technology in the brave new wireless world of communications.

The Russians have conducted many studies on the non-thermal effects of microwaves, and as a result have adopted a more stringent guideline that is sixty to one hundred times lower than U.S. guidelines.

THE SAFETY CONTROVERSY

Are cell phones completely safe? There is no consensus on how to address this question with its various complex, multifaceted issues. There are many factors to consider, such as the duration of exposure, a person's age, whether the radiation dose is cumulative or not, the long-term use over a person's lifetime, pregnancy, and how cell phones are being used—and stored—on the body.

Cell phones and smart phones are powered by microwaves, part of the electromagnetic spectrum, which range from 300 to 3,000 megahertz (MHz). The key frequencies used in cell phone communications worldwide are 850, 900, 1,800, and 1,900 MHz (1.9 gigaHz). (A microwave oven, which heats water and the water in food, works on 2450 MHz.)

Cell phones and smart phones both receive and emit these frequencies, smart phones emitting far more than the old clam-shell type of cell phone. The radiation they receive comes from cell phone towers, which is ambient, meaning that it is everywhere, and we are all receiving it, all the time. The radiation coming out of the smart phone is of much higher intensity than that coming from cell phone towers, unless one happens to be located very close to a tower.

There are guidelines in the U.S. for short term exposure to cell phone frequency microwaves, defined in terms of the Specific Absorption Rate (SAR), the rate at which energy is absorbed by the human body when exposed to radio frequency radiation. Specifically, the Federal Communications Commission (FCC) in the United States requires that phones sold have a SAR level at or below 1.6 watts per kilogram (W/kg) taken over the volume containing a mass of one gram of tissue that is absorbing the most signal.² This is a guideline, not a standard, and is solely based on heat generation by cell phone microwaves, because microwaves are well known to produce tissue heating. However, besides heating, there are other types of biological effects from the extremely low-level microwaves associated with cell phones, called “nonthermal” effects. The Russians have conducted many studies on the nonthermal effects, which they consider more significant than thermal effects, and as a result, they adopted a more stringent

guideline that is sixty to one hundred times lower than U.S. guidelines.

Studies on the nonthermal biological effects of microwaves have taken place mostly outside of the U.S., on animals, cell cultures, and humans, for the past several decades. This research has found effects at every level of organization of life, from the behavior and performance of humans and animals down to the molecular and genetic levels. Studies show effects on the brain, stem cells, reproductive organs, enzyme activities, and sperm quantity and quality in animals and humans. More specifically, changes in calcium transport from cells, altered enzyme activities, increased cell proliferation of human epithelial cells, increase in breaks in DNA in animal cells, changes in brain blood flow in healthy people, leakage of proteins through the blood brain barrier, and decreased sperm count and motility are some changes that have been documented. Two recent reviews on nonthermal effects summarize the findings from over two hundred scientific papers.^{3,4}

Many of these nonthermal effects are considered controversial because they have not been replicated by other researchers or published in what are considered to be the top peer-reviewed journals. There is also the paradox that lower intensity microwaves sometimes produce larger biological effects than higher intensities, known as the biological “window” effect. The physical mechanisms of how low-level microwaves can cause so many different biological effects are not well understood. There is no unifying theory that combines the many reported biological effects of low-level microwaves to explain the possible health risks of cell phone radiation exposure.

Most of the studies on cell phone radiation and its biological effects are short-term exposure studies. But some epidemiological studies suggest that chronic exposure to low-level microwaves may increase the risk for cancer and other tumors. In fact, the World Health Organization's (WHO) International Agency for Research on Cancer (IARC) has classified radio frequency electromagnetic fields as possibly carcinogenic to humans based on an increased risk for glioma, a malignant type of brain cancer, and acoustic neuroma, a benign tumor in the ear area, both associated with wireless phone use.⁵ However,

given the potential twenty-to-thirty year latency period of cancer development, the effect of cell phone radiation on cancer risk as well as the risk for other chronic health problems may not be fully understood for many years to come.

Exposure to various electronic devices including cell phones, cell phone towers, DECT (digitally enhanced cordless telecommunications) and other cordless phones, and wireless modems has been found to cause a variety of symptoms in some people, including headaches, anxiety and irritability, restlessness, sleep problems, difficulty in concentration, ringing in the ears, heart palpitations and fatigue. This is labeled Electro-Hypersensitivity Syndrome (EHS). In 2011, WHO estimated that 3-6 percent of the world population suffered from EHS. It is possible that the percentage may grow as chronic exposure to Wi-Fi continues.

Most studies on cell phone radiation have tested cell cultures and animals rather than humans. No formal studies examining the blood of humans exposed to cell phones have been found in the medical literature to date. A small number of studies on human lymphocytes showing changes in cell nuclei and impaired DNA repair have been published. In the present study, we investigated only short-term effects of cell phone radiation exposure on normal healthy persons.

RESEARCH QUESTIONS

1. Does the blood as observed under a dark-field microscope change after human subjects are exposed to a smart phone for a short time period?
2. Does eating a mostly WAPF-recommended diet help protect the blood from the effects of cell phone radiation?

RESEARCH DESIGN

An exploratory pilot study with ten normal healthy adult subjects who consumed the WAPF-recommended diet to varying degrees was conducted to look for an effect. This study is an outcome type of design in which each subject served as his or her own control. A technique that has been called live blood analysis or whole blood microscopy was used. Peripheral blood samples taken from subjects before and after different types of exposure to a cell phone were

placed under a microscope, photographed, scored by a trained researcher using a Likert scale, and compared. These data were analyzed to discover which of various blood factors may have changed in relation to exposure condition, diet, subject age, and personal history of cell phone use. Because the sample size (N=10 subjects) was very small, statistical tests were not done.

SUBJECTS

Prospective subjects were recruited from the WAPF email list in the San Francisco Bay Area. Responders completed a background questionnaire to see whether they qualified. Qualified subjects were normal healthy adults with no chronic disorders or conditions and who consumed the WAPF diet to varying degrees. No prior use of a cell phone was required. Subjects who fully participated consisted of two males and eight females ranging from twenty-seven to seventy-five years of age, with a mean age of 53.3 years. Their daily consumption of the WAPF diet ranged from 20 to 98 percent, with a range from two to twenty years on the diet, and an average of 6.1 years on the diet. Eight of the ten subjects possessed a cell phone, of whom six had a smart phone. The average number of years that the subjects had used a cell phone was 10.8 years. Cell phone use among them varied from none whatsoever to twenty years of daily use, and with usage up to 3.5 hours per day. Subjects spent an average of 1.2 hours per day using a cell phone. One subject claimed some sensitivity to electrosmog, although she had not been formally diagnosed with EHS and did not complain of any symptoms during the trial.

Subjects completed a questionnaire about their health, diet and personal cell phone habits. Written informed consent was given by those who participated in the study. Each subject received a modest fee for participating in a three-hour experimental session.

METHODS AND PROCEDURES

Live blood analysis involves examination of a small droplet of fresh capillary blood typically taken from the fingertip. This is observed under an optical microscope at magnifications from 600 to 1200x. A camera mounted on the microscope records digital photographs of the blood

No formal studies examining the blood of humans exposed to cell phones have been found in the medical literature to date.

Each subject was given three blood tests associated with three different cell phone exposure conditions.

samples. This technique provides information on the ecology of the blood, sometimes referred to as the “biological terrain.” Live blood analysis has traditionally been used in clinical medicine to look for the presence of certain parasites including the malaria organism and the spiral-shaped bacteria that causes Lyme disease. It is a research tool sometimes also used in holistic health assessment. The size, shape, variability, and cellular integrity of the red blood cells (RBCs) can readily be seen, as well as any stickiness and aggregation of the RBCs. The presence and relative number of white blood cells and their subtypes are noted, along with the motility (movement) of these cells. The blood plasma is checked for platelet aggregates, the formation of fibrin, the presence of microbial and parasitic forms, as well as particulates including cholesterol, crystals, and various contaminants.

This study utilized a custom-built, dark-field microscope attached to a digital video camera system with zoom lens linked to a computer monitor. Software was used to capture and store microphotographs for subsequent analysis. The blood specimen was lit by means of light delivered through fiber optics attached to the microscope condenser to prevent sample heating. A sterile lancet was used to collect a droplet of peripheral blood from the fingertip, which was immediately placed on a glass microscope slide and covered with a glass cover slip. Oil immersion lenses at the microscope objective and dark-field condenser were used for image optimization.

A microphotograph of normal healthy

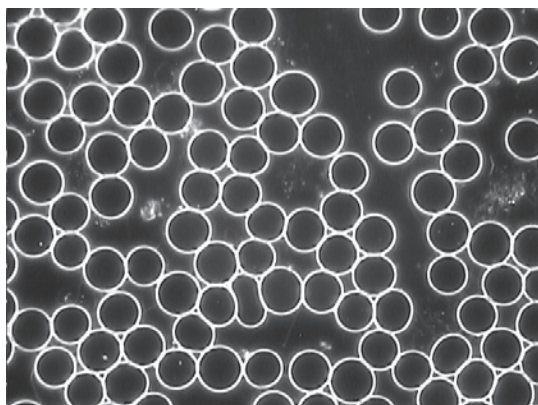


Figure 1: Healthy blood showing round, separate RBCs and clean blood plasma.

blood from a person consuming the WAPF diet is shown in Figure 1. This photograph shows the blood immediately after it is drawn. Round RBCs appear uniform in size, separated from one another, and with no debris in the blood plasma.

Subjects fasted for at least five hours and refrained from exposure to cell phones for four hours prior to individual appointments in the study. During their three-hour experimental session, subjects were allowed to drink only water. Each subject was given three blood tests associated with three different exposure conditions as described below. Each blood sample was evaluated and scored for different blood factors. These factors include the shape of red blood cells and membrane distortion; state of aggregation of the red blood cells, including clumping, rouleaux formation (cells stuck together in rolls) and stickiness; white blood cell shape and motility; and the degree of early clotting factors including platelet aggregates and presence of fibrin. A Likert scale from 0 to 6 was used to score the blood factors, in which 0 indicates an absence of the blood factor, and larger numbers indicate greater levels of the blood factors observed in the blood samples. This method has been previously described in detail in other studies on diet reported in this journal.^{6,7}

Three blood tests were performed on each subject as follows: (1) initially, prior to cell phone exposure (baseline condition); (2) following exposure to a smart phone in receiving mode placed in a backpack worn by the subject for 45 minutes (carrying condition); and (3) following active use of the cell phone for 45 minutes (active use condition). These are the two conditions in which most people use a cell phone. Cell phones can also be put in “airplane mode,” in the sense that the user cannot make a call or access the web. However, the phone is still in communication with the nearest cell phone tower.

Ten or more typical blood microphotographs were made for each of the three exposure conditions. During the active use condition, the subjects continually used the cell phone’s communication functions to access the Internet and to make phone calls. Also in the active use condition, subjects placed the cell phone near their heads at least twice for approximately five minutes each time during phone calls. During other

times while making phone calls, subjects used the speaker phone mode while holding the phone in one or both hands. Following photographic analysis of all blood testing, the Likert scale data were analyzed to see which factors—diet, age, and personal cell phone habits—correlated with any observed blood changes.

The cell phone used for subject exposure was a particular model of a smart phone, and the same network carrier was used throughout the study. (Brand and model number of smart phone and network provider used in the study are deliberately withheld from this report.) Subjects remained in the laboratory throughout the experimental sessions. The exposure times and phone call durations for subjects were timed and otherwise controlled such that the cell phone radiation exposure for each subject was the same as possible for each condition. The ambient power level of radiowaves (including microwaves) in the laboratory, as measured by a radio frequency meter, was typically -45dBm corresponding to a power density of 18 microWatts per square meter. No other devices were present that could be significant sources of microwaves.

RESULTS

The baseline blood tests of all subjects revealed normal healthy blood in almost all cases as has been reported previously for those consuming the WAPF-recommended diet.⁶ Figure 2 shows a photograph of normal healthy blood from a female subject, seventy-five years old, in baseline condition. The red blood cells (RBCs)

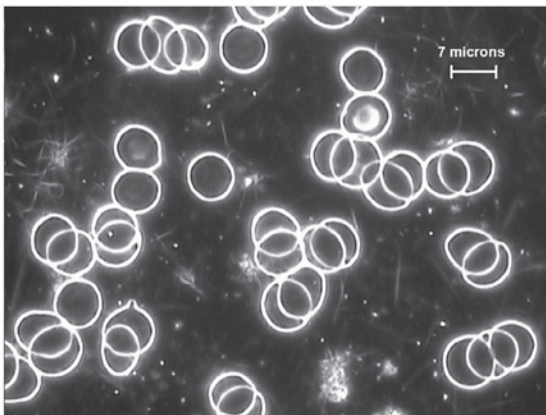


Figure 2: Baseline condition showing normal, healthy blood from 75-year-old female subject.

are mostly circular, although they appear to be slightly sticky as some cells overlap, and the plasma is relatively clear.

Figure 3 shows the blood from the same female immediately after the carrying condition. The RBCs are entirely stuck together in rouleaux-type aggregates, which look like rolls of coins.

Figure 4 shows the blood from the same female 45 minutes later after using the cell phone in active communication mode. The rouleaux have dissipated, although the RBCs are still aggregated. Most RBCs are misshapen rather than round. Many RBCs show spiky projections on the surface, which are abnormal, spiculed RBCs called echinocytes. This particular subject, seventy-five years old and the oldest person in the study, showed the most characteristic changes in the blood following both exposure conditions.

Most of the other subjects showed similar but less clear-cut effects. As another example, Figure

Nine out of ten test subjects showed observable blood changes due to cell phone radiation exposure.

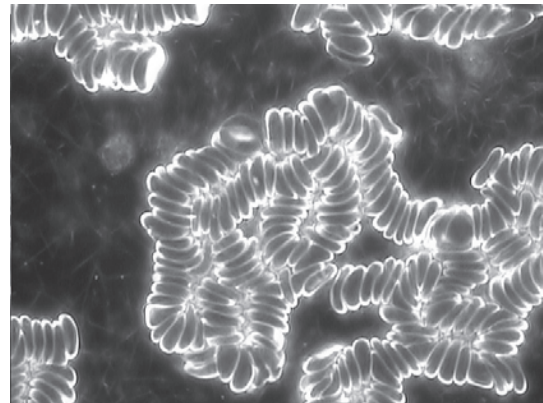


Figure 3: Carrying condition of 75-year-old female subject showing all RBCs in rouleaux.

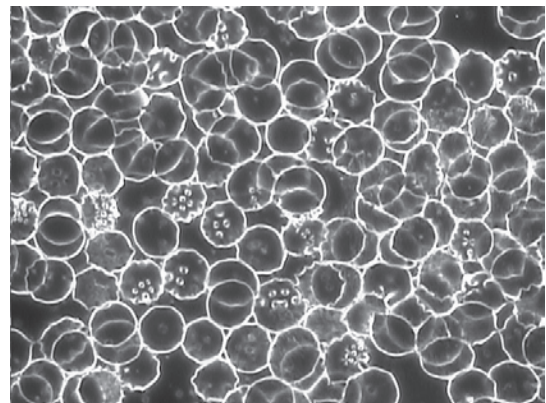


Figure 4: Active use condition of same subject showing most RBCs are misshapen.

In a study exposing mice to cell phones, clumped RBCs were found after short-term exposure, and abnormal RBC shapes were observed after longer exposure times, which is similar to the results observed in this study.

5 shows the blood from a male, age fifty-five, in baseline condition. The red blood cells (RBCs) are mostly round and separate, and the plasma is relatively clear.

Figure 6 shows the blood from the same male subject immediately following the carrying condition. The red blood cells are observed to be loosely aggregated. Some of the cells are no longer round but misshapen.

Figure 7 shows the blood from the same male subject immediately following the active use condition. Every RBC appears to be misshapen. Many of the cells show spikes and are echinocytes.

Because subjects were holding the phone during the active use condition, their fingers received considerable microwave radiation doses. So we compared peripheral blood drawn from the fingertip as well as from the toe of one female subject, age fifty-five, in the active use condition to determine whether the blood changes were lo-

calized or not; see Figures 8 and 9. No difference between fingertip and toe blood was observed.

Nine out of ten subjects showed observable blood changes due to cell phone radiation exposure. One female subject, age fifty-three, did not show a significant effect from exposure in the study. In general, a particular sequence of blood changes was observed for cell phone radiation exposure in which the subjects' RBCs first became sticky and aggregated, and upon further exposure, for most subjects, the cells became misshapen. We observed no distinct change in other blood factors including platelet aggregation, fibrin, white blood cell morphology and white blood cell motility.

DIET AND BLOOD CELL CHANGES

To address the question of whether a higher percentage of WAPF diet served to protect subjects from blood changes, the Likert scale scores of the blood factors were grouped together as follows. Baseline scores were subtracted from the carrying condition scores and also from the active use scores to yield net blood factor changes due to exposure. Then the net scores for rouleaux, other red blood cell aggregates, and protein linkage were summed and called "net RBC aggregates." The scores for RBC membrane distortions and RBC echinocytes were also added together and called "net RBC shape changes." Figures 10 and 11, respectively, show the blood scores for the carrying condition and the active phone use condition for each of the ten subjects, arranged in order of percent WAPF diet. In either case,

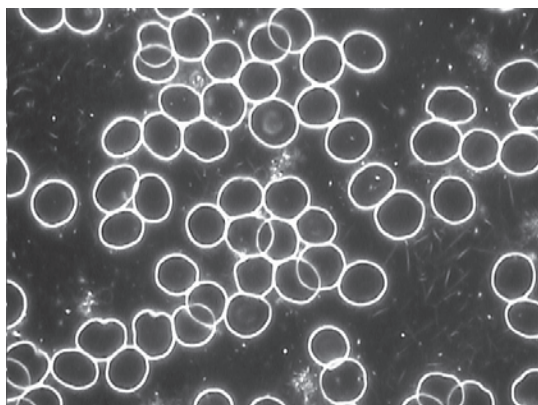


Figure 5: Baseline condition of male, age 55, showing normal, healthy blood.

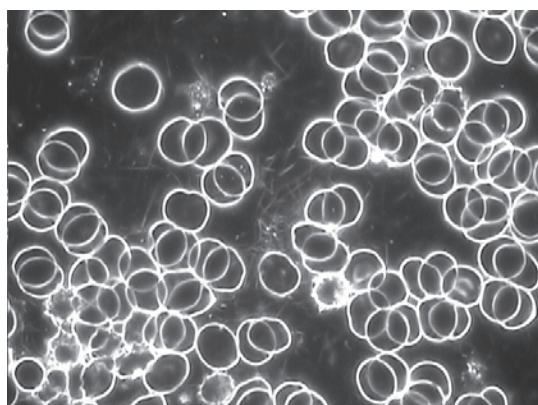


Figure 6: Carrying condition of same male showing aggregated cells and a few misshapen RBCs.

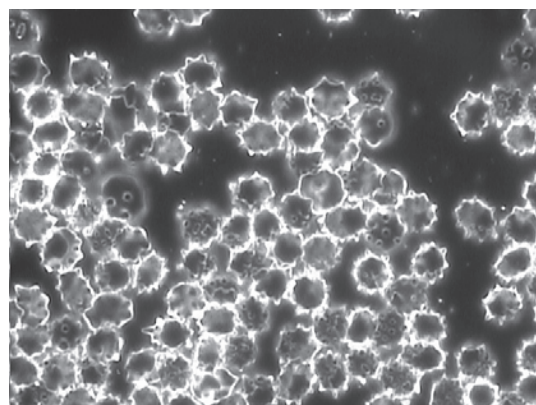


Figure 7: Active use condition of same male subject showing all RBCs are misshapen.

the blood scores for the subjects show no clear correlation with the percent WAPF diets. Thus, it appears that a higher percentage of WAPF diet does not offer protection against observed blood changes following short-term exposure to cell phone radiation.

There is a possible relationship between the levels of change observed in the blood with subject age and/or cell phone habits in daily life. Figures 12 and 13 show levels of blood changes observed in subjects immediately following the carrying condition and the active phone use condition, respectively, as a function of subject age. It appears that younger subjects show less aggregated RBCs than older subjects for the carrying condition (Figure 12). It also appears that younger subjects show less aggregated RBCs as well as less blood cell shape changes than older subjects for the active use condition (Figure 13). Figure 14 shows the reported use of cell phone on the average per day for each subject. In general, younger subjects reported using their cell phones a greater number of hours per day than older subjects. Unfortunately, in this small study the distinction between age and cell phone use cannot be separated.

Figure 15 summarizes the overall observed effects on the blood from short-term exposure to cell phone radiation for both the carrying condition and active use condition. The observed changes are substantial in magnitude. For the carrying condition, RBC aggregates dominate, while RBC shape changes are fewer. For the active condition, RBC shape changes dominate,

and RBC aggregates, while present, are somewhat less pronounced.

CONCLUSIONS AND DISCUSSION

Results show substantial changes in the blood from short-term cell phone radiation exposure in nine out of ten human subjects. RBC aggregation and stickiness were mainly observed following 45 minutes of exposure to a smart phone in receiving mode worn by subjects in a backpack. By contrast, RBC morphological (shape) changes including the formation of echinocytes (spiky cells) were dominant after subjects actively used the phone for an additional 45 minutes. It appears that RBC stickiness with clumping is the first stage of the cell phone radiation effect. Subsequently, the RBC aggregates tend to break apart, and then cell shape changes occur, in which echinocytes and other misshapen cells are observed. Not all subjects showed both types of changes. The difference in net RBC aggregates between the carrying and the active use conditions are not significant for this small sample, as indicated by the overlap in the error bar values in Figure 15. However, the differences in RBC shape changes between the carrying and the active use conditions appear to be significant.

Such blood morphologies—RBC clumping and misshapen cells—are frequently observed in ill persons or those eating less-than-optimal diets.^{6,7} Echinocyte formation has been associated with aging RBCs and diseases such as cirrhosis of the liver.⁸ In a study exposing mice to cell phones, clumped RBCs were found after short-

Such blood morphologies—red blood cell clumping and misshapen cells—are frequently observed in ill persons.

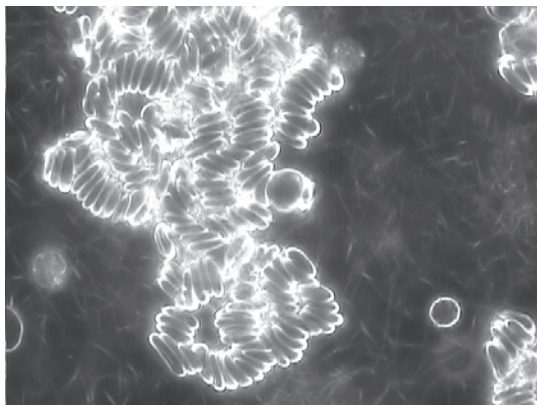


Figure 8: Active use condition of female subject, age 55, fingertip blood showing RBCs in rouleaux.

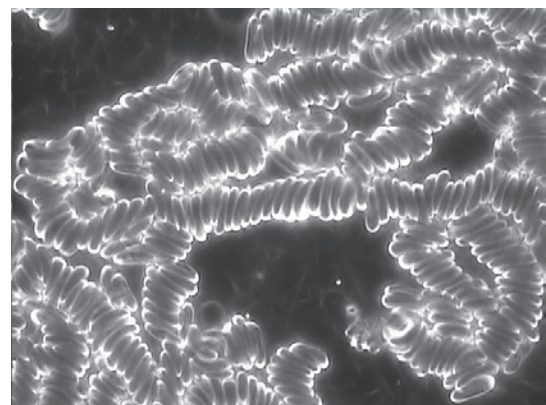


Figure 9: Active use condition of same female subject, toe blood showing RBCs in rouleaux.

It would be important to explore whether symptoms such as fatigue and poor concentration may result from the blood changes that we observed in this study.

term exposure, and abnormal RBC shapes were observed over longer exposure times,⁹ which is similar to the results observed in this study.

It is possible that the changes in RBC shape that we observed may be related to functional changes in cell membrane permeability. Other studies have reported changes in RBC membranes following exposure to microwaves, too. Low-power microwave radiation increased membrane permeability and destabilized the cell membrane in rabbit RBCs, and also caused the shedding of particular membrane proteins.¹⁰ Similar effects showing changes in membrane permeability have been reported for human RBCs.¹¹ Some, but not all, studies show a loss of hemoglobin from RBCs irradiated with cell phone frequency microwaves, indicating greater membrane fragility.¹² However, these are *in vitro*

studies in which blood taken from the body was directly exposed to microwaves.

The observation that peripheral blood taken from a finger and toe of the same subject showed the same blood changes in response to cell phone radiation exposure suggests that the blood changes we observed are systemic. This deserves further study to investigate whether the observed blood changes are consistent throughout the human body.

The blood effects observed in this study could not conclusively be correlated with the percentage WAPF diet that subjects consumed. Thus, it appears that the WAPF diet did not have a substantial protective effect. However, the percentage WAPF diet was self-reported by subjects and is somewhat unreliable. This study was an initial small exploratory study and did not compare the WAPF diet to other diets in a controlled trial. Thus, we cannot draw firm conclusions on the role of diet.

We did not investigate how long these blood changes last after the cell phone radiation exposure period ends. However, because subjects refrained from using a cell phone for four hours prior to the study, we can surmise that the blood recovers within four hours. The onset, reversibility, recovery time, and chronicity of these blood changes need further investigation.

It is probable that the blood changes we observed would affect blood circulation. RBC aggregation has been widely studied and its importance is well-established in the microcirculation. RBCs that are stuck together in rouleaux or other aggregates increase the blood viscosity, and this affects the passage of RBC through the microvessels throughout the body.¹³ RBC shape and deformability are also relevant to blood flow. The typical round disk shape of normal RBCs is considered optimum for blood flow. The shape of the echinocytes might impair blood flow and oxygen release from echinocytes is known to be impaired.¹⁴ It would be important to explore whether symptoms such as fatigue and poor concentration, characteristic of EHS, may possibly result from the blood changes that we observed in this study.

It is not known whether repeated or chronic exposure to cell phone radiation produces similar effects on the blood as observed in this study.

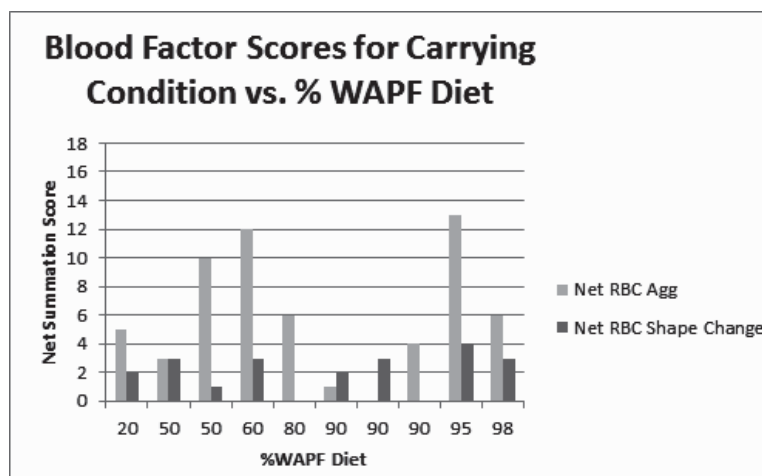


Figure 10. Net blood factor scores for the phone carrying condition show no clear relation to % WAPF diet.

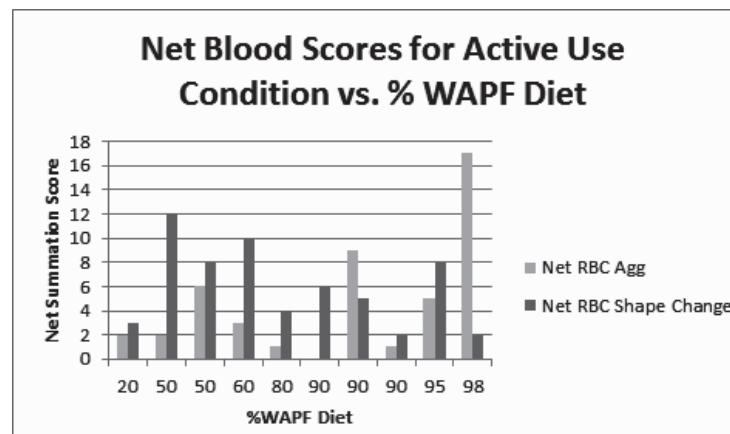


Figure 11. Net blood factor scores for the active use condition show no clear relation to % WAPF diet.

However, we found that older subjects who reportedly use cell phones less in daily life than younger subjects showed greater levels of blood changes. It is possible that younger subjects may simply have greater resilience to cell phone radiation than older subjects. It is also possible that because younger subjects receive more regular exposure, they have become habituated, i.e., less sensitive to it. Their reactivity is diminished, and they may be unable to respond to it appropriately as a stressor due to various long-term changes in their bodies from repeated exposure. Further studies comparing different groups of users by age and cell phone habit could resolve these issues.

LIMITATIONS AND DELIMITATIONS

This is a small short-term study with ten subjects tested in single experimental sessions. Neither experimenter blinding nor control groups were used. However, it was a preliminary study designed to look for any acute effects on the blood. Apparently it is among the first studies of its kind to document visual effects on peripheral blood following short-term human exposure to cell phone radiation. It achieved its goal. Larger, controlled studies should be conducted to expand on these results.

In support of this study, certain controls were used. Subject fasting, exposure to cell phone radiation, and exposure to ambient electrosmog from the local environment were controlled. An unbiased method of selecting and photographing the blood specimens near the sample center to avoid edge effects was used. The researcher has many years of experience in blood microphotography and developed a Likert scale to score blood factors reliably using a well-trained eye. The blood changes recorded by microphotography are objective and visually compelling.

RADIATION PROTECTION AND FUTURE PROSPECTS

How can we protect ourselves from cell phone radiation? Various commercial devices are being sold with claims of protection. However, controlled trials on these products are lacking. They need testing by independent laboratories and publications in peer-reviewed journals to

establish their validity. The method used in this study could be adapted to test such devices for a protective effect on the blood.

The exposure of over 80 percent of the world’s population to cell phone radiation makes this a potentially immense problem that needs more public health champions to raise awareness and educate people. Many users wear microwave transmitters attached to their heads, or carry cell phones in pockets or on hips. These devices remain active, even when turned off, still communicating with the nearest cell phone tower. Pregnant women, and of course children, are believed to be the most vulnerable to cell phone radiation, the latter due to their thinner skulls, developing brains and other organs.¹⁵ Yet half of the children in the U.S. as well as many children around the world use cell phones regularly.

In light of these findings and those from other studies on the biological effects of cell phone frequency microwaves, the evidence suggests that their safety is uncertain. Meanwhile people may choose to reduce their exposure to cell phones by changing their habits and usage. The public

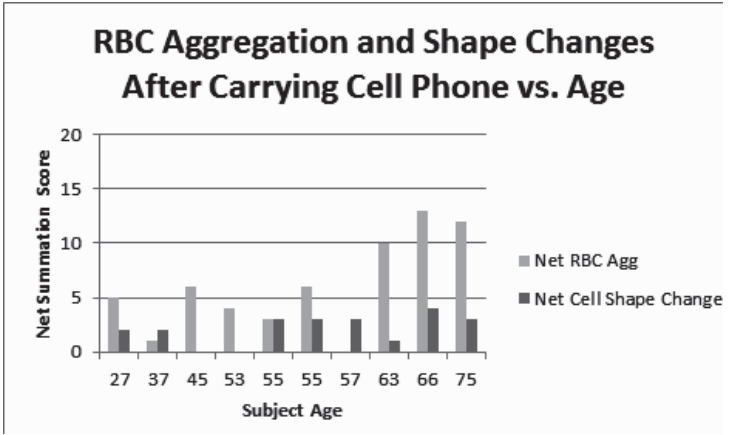


Figure 12. Net blood factor scores in subjects after carrying cell phone vs. subject age.

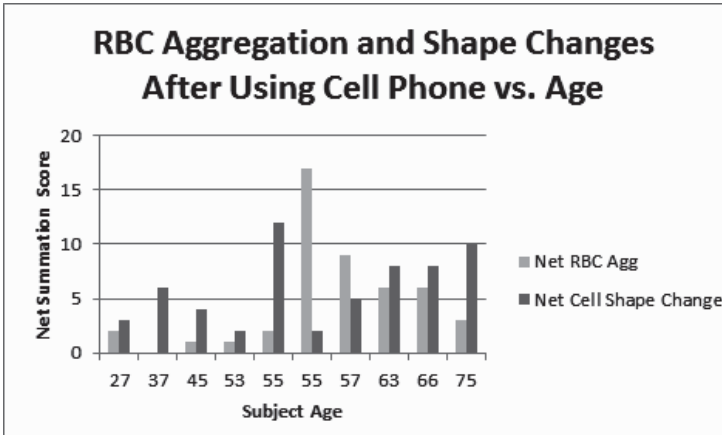


Figure 13. Net blood factor scores in subjects after active use of the cell phone vs. subject age.

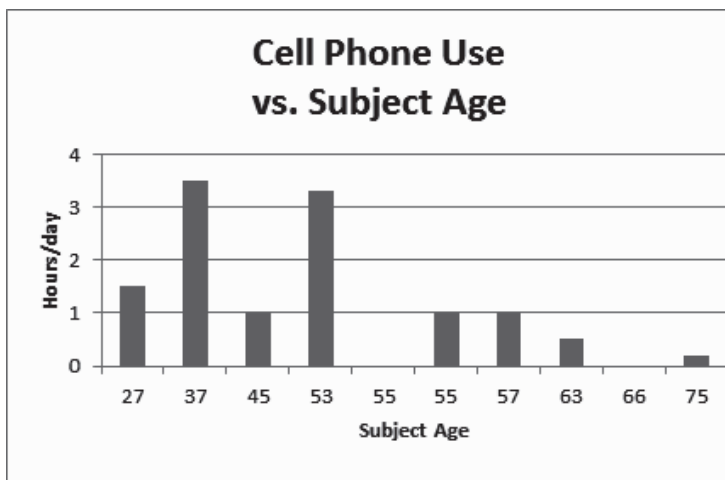


Figure 14. Cell phone habits for each subject as self-reported daily use.

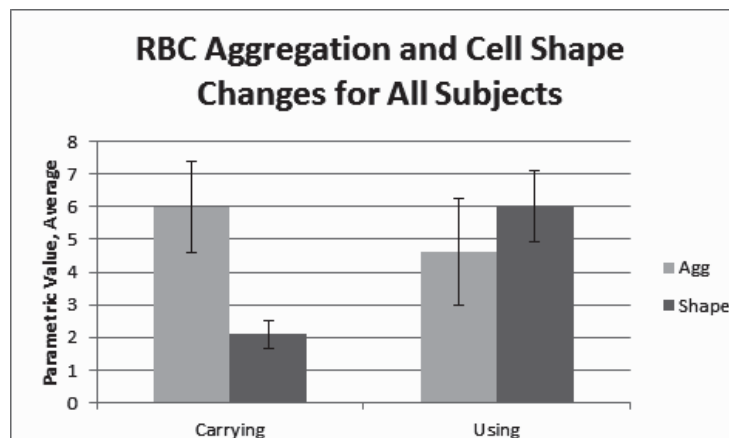



Figure 15. Blood changes observed for the whole group, averaged, for the two exposure conditions: carrying and active use. Error bars indicate standard error.

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should demand more independent testing—outside of the industry. More funding should be made available to clarify the nonthermal biological effects of cell phone radiation and to investigate long-term effects, too. This would help establish appropriate safety standards with a solid scientific basis. 

The authors of this study wish to keep their names and affiliations confidential.

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How Dangerous and Expensive Became “Smart”

An Exposé of the “Smart Grid”

by Amy Worthington

Electric “smart” meters were installed in Cindy deBac's Scottsdale, Arizona, neighborhood in 2012. She recalls the day a new meter was mounted on her home as a sort of digital Pearl Harbor attack. “I've never been so sick in my life,” she says. “Nausea, a crushing migraine headache, and painful heart palpitations laid me low right away.”

Healthy and exuberant before the installation, deBac became unable to sleep normally. She soon became exhausted and tearfully anxious as she struggled with rashes and a chronically racing heart. For respite she spent nights away in her car. One of her dogs died of cancer within six months of the meter's installation and the other developed large tumors. Today Cindy leads a global educational crusade to warn others about the myriad devastating health effects that electromagnetic radiation can unleash.

A total of 65 million “smart” meters are projected to be installed by 2015, covering more than half of all U.S. households.

Across the U.S. installers continue to replace comparatively safe analog (mechanical) utility meters with digital “smart” meters for electrical, gas and water services. Most of the new meters are wireless two-way transmitters that pulse signals to communicate continuously between your home, school, or workplace and utility companies miles away. The new meters are part of a nationwide project dubbed Advanced Metering Infrastructure (AMI). Most folks call this evolving make-over the “smart grid.”

The AMI “smart” meter below records electrical consumption data and sends the information wirelessly to energy system managers. “Smart” meters can be programmed to read and transmit data monthly, or up to every fifteen seconds. Data may be relayed by systems similar to mobile phones or Wi-Fi. Or information may be relayed via fiber optics (thin, transparent cables that carry signals by pulsing light). Of these methods, fiber optics may offer the safest transmission.

AMI is nested within the American Recovery and Investment Act of 2009, and the Obama Administration has shoveled an estimated eleven billion dollars into incentive programs for utilities that participate. “Smart” grid advocates insist that the new two-way meters will reduce national energy consumption and allow consumers to make better choices about their energy needs.

The Department of Energy (DOE) and the

U.S. Department of Agriculture (USDA) are among federal heavyweights behind the thundering AMI rollout. Several universities and corporations stand to profit hugely by providing AMI equipment, software and expertise. These include General Electric, IBM, Hewlett Packard, Siemens, Toshiba, Microsoft, Cisco, Verizon, Google, Itron and Tantalus.

With a financial and political engine of this magnitude, the AMI meter replacement project has moved at lightning speed. According to the Institute for Electric Efficiency (IEE), nearly 40 percent of U.S. households had an electric “smart” meter installed by August 2013. A total of sixty-five million “smart” meters are projected to be installed by 2015, covering more than half of all U.S. households.¹ Among states hit hardest so far have been Oregon, Idaho, California, Nevada, Arizona, Texas, Oklahoma, Maryland, Virginia, Indiana, Ohio, Pennsylvania, Michigan, Vermont, Florida, Georgia and Alabama.

PRELIMINARY REPORTS ON “SMART” METERS

Over the last three years, strong-arm installation tactics, fires caused by meters, skyrocketing utility bills, privacy concerns and disabling health effects have given momentum to a broad coalition of “smart” grid opponents. Many, including some government officials, say that the touted benefits of “smart” systems have not materialized, while the negative ramifications



AMI “SMART” METER

have proven disastrous.

The American Academy of Environmental Medicine (AAEM) has proposed a moratorium on “smart” meters as an “issue of the highest importance.” This international association of physicians and public health experts warns that it is unacceptable to implement radiation-emitting technology before serious medical and environmental concerns have been properly addressed.²

AMI is calibrated to expose all Americans to three new and powerful sources of microwave radiation: “smart” meters, “smart” appliances, and a ubiquitous network of antennas on utility poles and cell towers in urban and rural neighborhoods. Neither the federal government nor grid profiteers have undertaken a single public health study about the long-term health effects of exposure to electromagnetic radiation (EMR) from “smart” meters. Yet medical literature is now loaded with peer-reviewed studies about the non-thermal biological effects of exposure to EMR. Peer-reviewed studies report DNA damage, abnormal genetic and hormonal changes, sperm damage, pregnancy complications, weakening of the blood-brain barrier, disturbance of voltage-gated calcium channels (for example, in the heart), degradation of immunity, and certain types of cancers.³

Especially worrisome, says AAEM, is mounting evidence that inescapable electromagnetic fields exposure from smart meters places children at particular risk for altered brain development and for impaired learning and behavior. These concerns are corroborated by the blockbuster *BioInitiative Report 2012*. Produced by twenty-nine medical and public health experts from ten countries, the *BioInitiative Report* offers a meta-analysis of over eighteen hundred new scientific studies showing that chronic exposure to both ELF and microwaves poses a serious health hazard. At highest risk are the most vulnerable of our population: children, pregnant mothers, the elderly and the immune-compromised.⁴

Health ramifications aside, AMI technology is good for the corporate bottom line. “Smart” meters eliminate the need for human meter readers. They allow utilities to turn services on and off remotely. The meters identify consumption of a product and automatically send those data

to headquarters for monitoring and billing. They allow water utility companies to monitor and control consumer usage closely.

Because electricity is delivered most efficiently in an even, steady flow, “smart” grid enthusiasts aim to encourage residential customers to use less electricity during daytime working hours and more during evenings and weekends. Eventually, customers may be charged by time-of-use. “Smart” grid promoters claim that by 2030, the system will reduce nationwide electricity usage by about four percent.⁵

But at what price? The cost of the “smart” meter program is breathtaking. By some estimates, utility consumers will pay at least two hundred twenty-five billion dollars to blanket the nation with AMI meters. A “smart” electric meter can cost hundreds of dollars per household. The attorney general of Massachusetts projected the cost of each meter in that state at almost three thousand dollars.⁶ Some AMI equipment manufacturers suggest that meters may need to be replaced as often as every three years to keep up with technical innovations.⁷ This would force consumers to continually pay for new hardware that they are coerced to accept. Critics say that when time-of-use pricing goes into effect, utility bills could become insurmountable for many customers (unless they learn to direct their peak energy usage to the middle of the night).

CANARIES ON THE WEST COAST

Pacific Gas and Electric (PG&E) of California was among the first U.S. utilities to deploy AMI meters. Its 2010-2012 “smart” meter rollout caused a state-wide furor. Some older “smart” meter systems (AMR) send their data through existing utility lines. A few newer AMI systems communicate through fiber optics. But like many other utility companies, PG&E has deployed a mesh networking system, which broadcasts pulsed radio frequency signals (microwaves) into homes and across outdoor spaces. PG&E’s “smart” grid emits EMR from the meters and from a state-wide support network including:

- Thousands of new utility antenna communications towers and relay/repeater poles;
- Thousands of new mobile data base stations with fixed and mobile radios for utility

Neither the federal government nor grid profiteers have undertaken a single public health study about the long-term health effects of exposure to EMR from “smart” meters.

There are at least a dozen published studies reporting that populations living within 500 meters of cellular microwave antennas suffer high rates of adverse health effects.

workers;

- Thousands of crossband repeater stations, each broadcasting radiation in the 900 megahertz range;
- Thousands of broadband access points emitting the license-exempt Wi-Fi frequency bands of 2.45, 3.65, and 5.8 gigahertz;
- Thousands of point-to-point microwave links providing backhaul for the system;
- Thousands of integrated service routers handling security and network management through wireless signals.⁸

The new smart grid signal infrastructure is a duplication of the massive cellular communications build-out which, over the last thirty years, has spawned over three hundred thousand microwave towers and rooftop antenna arrays from coast to coast. There are at least a dozen published epidemiological studies reporting that populations living within five hundred meters of cellular microwave antennas suffer high rates of adverse health effects including headaches, skin rashes, vision/hearing problems, dizziness, sleep disturbances, hormonal abnormalities and chronic fatigue. There are also many reports of

cancer clusters among people living near cell towers or in buildings directly under them.⁹

The “smart” grid network inflicts an incalculable increase in hazardous EMR at a time when the International Agency for Research on Cancer (IARC) has designated all RF/microwave electromagnetic frequencies as a Group 2B carcinogen (possibly cancer-causing).¹⁰

CANARY SICKNESS AND MEDIA FALLOUT

A group of concerned medical doctors in Eugene, Oregon, reports: “PG&E’s approach to the AMI rollout didn’t involve a lot of public education. They just switched out the meters. And some people found that they were having trouble sleeping, or experiencing headaches, ringing in the ears, vertigo or other symptoms that hadn’t been bothering them before. Soon the Internet was awash with anecdotal reports and commentary about these adverse effects. . . Finally PG&E was served with a court order to provide clearer documentation of what the meters were actually doing. In response to that court order, PG&E provided documentation from the manufacturer of the meters that the average meter in the mesh network transmitted data signals to the utility six times a day, network management signals fifteen times a day, timing signals three



Left: An EMR-emitting device attached to a telephone pole.

Above: A cell tower.

hundred sixty times a day and beacon signals to the mesh network nine thousand six hundred times a day....This penciled out to roughly seven transmissions per minute, twenty-four hours a day, coming out of every meter in the community.”¹¹

Since microwaves easily flow through most construction materials, “smart” meters attached to the outside of homes (or huge banks of them on multi-unit dwellings) broadcast a perpetual barrage of Group 2B radiation directly into the interior of inhabited buildings and right through all human flesh within range.

In addition, some residents within AMI mesh networks may also have “Medusa” meters on their property. One investigator reports: “A utility whistle blower told us about a special smart meter—a mini cell phone tower. This collection device receives data and more radiation from five hundred to seven hundred surrounding meters and uses the customer’s premises to serve as a relay station to transmit other neighbors’ data along the mesh network to collection points. These Medusa meters are deployed upon properties without the owner’s knowledge or consent. The utilities select a property for this meter based upon easy meter access to the street, no locked gates or dogs and good customer payment history. . . Utilities reward good customers with a Medusa meter and bathe their homes with additional toxic radiation.”¹²

By early 2011, the California Public Utilities Commission had received over two thousand health complaints from PG&E customers and the complaints escalated from there. By the end of 2011, multiple California cities had either banned smart meters or had placed a moratorium on continued installation. Currently, many California communities are still in AMI limbo, while communities in other states also struggle to find their way.

THE PROBLEMS WITH EXPOSURE TO MAN-MADE EMR

“Smart” meters are “hot,” in terms of broadcast power density, and can emit microwaves at levels many times higher than those reported by medical studies to cause serious adverse health effects. Film producer Josh del Sol reported in his documentary *Take Back Your Power* that

testing shows a single “smart” meter can produce eight microwatts per centimeter squared (cm²). A bank of smart meters can generate up to 19.8 microwatts/cm² of whole-body radiation exposure. Meantime, modern medical science confirms that a microwave transmission power of only .05 microwatts/cm² can cause children to suffer headaches, behavioral problems and inability to learn and concentrate.¹³

In a study conducted by chiropractic physician Dr. Frank Springob, “smart” meter radiation exposure quickly produced almost instant blood abnormalities in human test subjects.¹⁴ Volunteers had their blood examined as normal, then stood within one foot of a transmitting “smart” meter for only two minutes. A post-exposure examination with dark field microscopy showed that all volunteers had developed one of these blood pathologies:

- Marked degradation of cells with some cell walls broken;
- Corrugated formation in which blood cells become crimped like bottle caps;
- A rouleaux condition in which the red blood cells clump abnormally together.

Dietrich Klinghardt, MD, PhD, who practices medicine in Washington State, says, “It is our experience as doctors that everybody is equally electro-sensitive.” Dr. Klinghardt finds the same inflammatory markers in the blood of every EMR-exposed person, both those who feel bad from exposure and those who notice no preliminary ill effects.¹⁵

“Smart” grid proponents routinely insist that the meters emit RF radiation at levels far below maximum exposure standards set by the Federal Communications Commission (FCC). FCC is the federal agency with sole authority to regulate wireless antennas. But environmental consultant Cindy Sage, co-editor of the *BioInitiative Report*, has determined that the emissions from “smart” meters installed across California likely exceed FCC’s guidelines.¹⁶

Meanwhile, *BioInitiative Report* scientists recommend that the FCC reduce allowable emissions by *thousands-fold* in order to protect public health. Cindy Sage explains that EMR

THE 2012 BIOINITIATIVE REPORT OVERVIEW:
IMPLICATIONS FOR HEALTH FROM THE ROLLOUT OF “SMART” METERS
BY CINDY SAGE, CO-EDITOR

The *BioInitiative Report 2012* updates the last five years (2007-2012) of science, public health, public policy and global response to the growing health issue of chronic exposure to electromagnetic fields and radio frequency radiation in the daily life of billions of people around the world. The Report has been prepared by 29 authors from ten countries, including ten medical doctors, twenty-one PhDs, and three MsC, MA, or MPHs. Among the authors are three former presidents of the Bioelectromagnetics Society (BEMS), and five full members of BEMS. One distinguished author is the chair of the Russian National Committee on Non-Ionizing Radiation. Another is a senior advisor to the European Environmental Agency.

The great strength of the *BioInitiative Report* (www.bioinitiative.org) is that it has been carried out independently of governments, existing bodies and industry professional societies. Precisely because of this, the *BioInitiative Report* presents a solid scientific and public health policy assessment that is evidence-based.

The global conversation on why public safety limits for electromagnetic and radio frequency fields remain thousands of times higher than exposure levels that health studies consistently show to be associated with serious health impacts has intensified since 2007. Roughly eighteen new studies have been published in the last five years reporting effects at exposure levels ten to hundreds or thousands of times lower than allowed under safety limits in most countries. Yet no government has instituted comprehensive reforms. Some actions have been taken that highlight partial solutions. The Global Actions chapter presents milestone events that characterize the international “sea change” of opinion that has taken place, and reports on precautionary advice and actions from around the world.

The world’s populations—from children to the general public to scientists and physicians—face an intensifying barrage from corporate marketing propaganda that urges the insertion of the latest wireless devices into their everyday lives. This occurs even while even an elementary understanding of the possible health consequences of using these devices is beyond the ability of most people to grasp. Exposures are invisible and testing meters are expensive and technically difficult to operate. The technology industry promotes new gadgets and generates massive advertising and lobbying campaigns that silence debate, while the reliable, non-wireless versions are discontinued against public will. There is little labeling, and little or no informed choice. In fact, there is often not even the choice to stay with safer, wired solutions, as in the case of the “smart grid” and “smart” wireless utility metering, an extreme example of a failed corporate-governmental partnership strategy, ostensibly initiated for energy conservation.

A collision of the wireless technology rollout and the costs of choosing unwisely has begun and will grow. The groundwork for this collision is being laid as a result of increased exposure, especially to radio frequency fields, in education, housing, commerce, communications and entertainment, medical technologies and imaging, and in public and private transportation by air, bus, train and motor vehicles. Special concerns are the care of the fetus and newborn, the care for children with learning disabilities, and consideration of people under protection of the Americans with Disabilities Act, which includes people who have become sensitized and physiologically intolerant of chronic exposures. The 2012 report now addresses these issues and presents an update of issues previously discussed in the *BioInitiative Report 2007*.

WHY SHOULD WE CARE?

The stakes are very high. Human beings are bioelectrical systems. Our hearts and brains are regulated by internal bioelectrical signals. Environmental exposures to artificial EMRs can interact with fundamental biological processes in the human body. In some cases, this may cause discomfort, sleep disruption, loss of wellbeing (impaired mental functioning and impaired metabolism), or sometimes a dread disease like cancer or Alzheimer’s disease. It may interfere with fertility or successful full-term pregnancy, or result in brain development changes that harm the child. It may be these exposures play a role in causing long-term impairments to normal growth and development in children, jeopardizing their futures as healthy, productive adults. We have good evidence that these exposures can damage our health, or that of children of the future who will be born to parents now immersed in wireless exposures.

In the U.S., the deployment of wireless infrastructure (cell tower sites) to support cell phone use has accelerated greatly in the last decades. The spread of cell towers in communities—often placed on preschool, church, daycare, and school campuses—means that young children receive thousands of times higher RF exposures in home and school environments than existed even 20-25 years ago. CTIA estimates that in 1997 there were 36,650 cell sites in the U.S. This number increased rapidly to 131,350 in June 2002, 210,350 in June 2007, and 265,561 in June 2012 (CTIA, 2012).

These wireless antennas for cellular phone voice and data transmission produce whole-body RFR exposures over broad areas in communities—an involuntary and unavoidable sources of radio frequency radiation exposure. Further, the nearly universal switch to cordless and cell phones from corded landline phones means close and repetitive exposures to both EMF and RFR in the home. Other new RFR exposures come from Wi-Fi access points (hotspots) that radiate

continuously in cafés, stores, libraries, classrooms, on buses and trains, and from personal Wi-Fi enabled devices (such as iPads, tablets, and PDAs).

The largest single source of community-wide, pervasive RFR yet rolled out is the “smart meter” infrastructure. This program places a wireless device (like a mini-mobile phone base station) on the wall, replacing the electromechanical (spinning dial) meter. They are to be installed on every home and classroom in every building with an electric meter. Utilities from California to Maine have installed tens of millions already, despite the deep alarm of experts and enormous public resistance. The wireless meters produce spikes of pulsed radio frequency radiation continuously, and in typical operation, will saturate living spaces at levels that can be much higher than those already reported to cause bioeffects and adverse health effects (utilities can only say they are compliant with outdated federal safety standards, which may or may not always be true—see <http://sagereports.com/smart-meter-rf>). These meters, depending on where they are placed relative to occupied space in the home or classroom, can produce RFR exposure levels similar to those within the first 100 feet to 600 feet of a mobile phone base station (cell tower).

The cumulative RFR burden within any community is largely unknown. Both involuntary sources (like cell towers, smart meters, and second-hand radiation from the use of wireless devices by others) plus voluntary exposures from personal use of cell and cordless phones, wireless routers, electronic baby surveillance monitors, wireless security systems, wireless hearing aids, and wireless medical devices like implanted insulin pumps, all add up. No one is tallying up these combined exposure levels. Billions of new RFR transmitters from the “smart” meter rollout alone will raise the baseline RFR levels and add significantly to the existing RFR background.

DO WE KNOW ENOUGH TO TAKE ACTION?

There is more evidence than we need. Over the last five years, new scientific studies indicate the situation is much worse than in 2007 and yet people around the world have so much more daily exposure than even five years ago. Exposures are linked to a variety of adverse health outcomes that may have significant public health consequences. When considering billions of people world-wide, no argument to maintain the status quo can be persuasive now.

In twenty-one technical chapters of the *BioInitiative Report 2012* update, the contributing authors discuss the content and implications of 1800 new studies. Overall, there is reinforced scientific evidence of risk where there is chronic exposure to low-intensity electromagnetic fields and to wireless technologies (radio frequency radiation including microwave radiation).

There is more evidence in 2012 that such exposures damage DNA, interfere with DNA repair, and are hazardous to the nervous system. More and better studies on the effects of mobile phone base stations (wireless antenna facilities or cell towers) report lower RFR levels over time can result in adverse health outcomes. An increasing number of studies have examined the effects of wireless laptops as well as cell phones worn on the belt or in the pocket of men on sperm quality, motility, and sperm death. A dozen new studies focus on the fetus, infant and young child, and child-in-school.

The levels of exposure we face in 2012 are higher, and have crept into everyday life, even for children. The levels at which undesirable effects on health and well-being are seen is much lower. There is much greater involuntary exposure, and it is nearly unavoidable even for people who choose not to “go wireless” via second-hand radiation effects. Safe forms of communication by land-line telephone are being phased out without general public knowledge or agreement. There is no informed consent for consumers (warning labels on cell phones, for example, have been defeated by telecom industry lobby groups). It is still difficult or impossible for consumers to get reliable information on levels of exposure from wireless devices. It is simply beyond the reach of people to identify where excessively high levels of exposure occur in their communities, and it is very rare for a county or state health department to accommodate requests for information or provide measurements.

The range of possible health effects that are adverse with chronic exposures has broadened. The most serious health endpoints that have been reported to be associated with extremely low frequency (ELF) and/or radio frequency radiation (RFR) include childhood and adult leukemia, childhood and adult brain tumors, and increased risk of Alzheimer’s and amyotrophic lateral sclerosis (ALS). In addition, there are reports of increased risk of breast cancer in both men and women, genotoxic effects, pathological leakage of the blood–brain barrier, altered immune function including increased allergic and inflammatory responses, miscarriage, and some cardiovascular effects. Insomnia is reported in studies of people living in very low-intensity RFR environments with Wi-Fi and cell tower-level exposures.

We could do otherwise. Each wireless version had a wired counterpart with none of the wireless-associated health effects. It is time to re-think the wireless tsunami and educate people about health, privacy and security risks. It is past time to develop new safety standards. Now we must look to less harmful ways to communicate, move ourselves from place to place, shop, sleep, recreate, save energy and educate our children in school.

Adapted from the 2012 BioInitiative Report and reprinted with permission.

Some utility customers complain that opt-out fees are reminiscent of extortion from old-time protection thugs.

emitted by “smart” meters reaching the interior of a home can be comparable to radiation levels found within two hundred to six hundred feet of a cell tower. She warns: “If you think of a strobe light or a laser in the eyes, it is intermittent but powerfully disabling if you are forced to endure it. [“Smart” meter] signals may be short bursts of RF (this depends on the meter and how utilities choose to operate) but... it is a continual 24/7 battering of the body with cellular insults.”¹⁷

THE PAY-US-NOT-TO-HURT-YOU RACKET

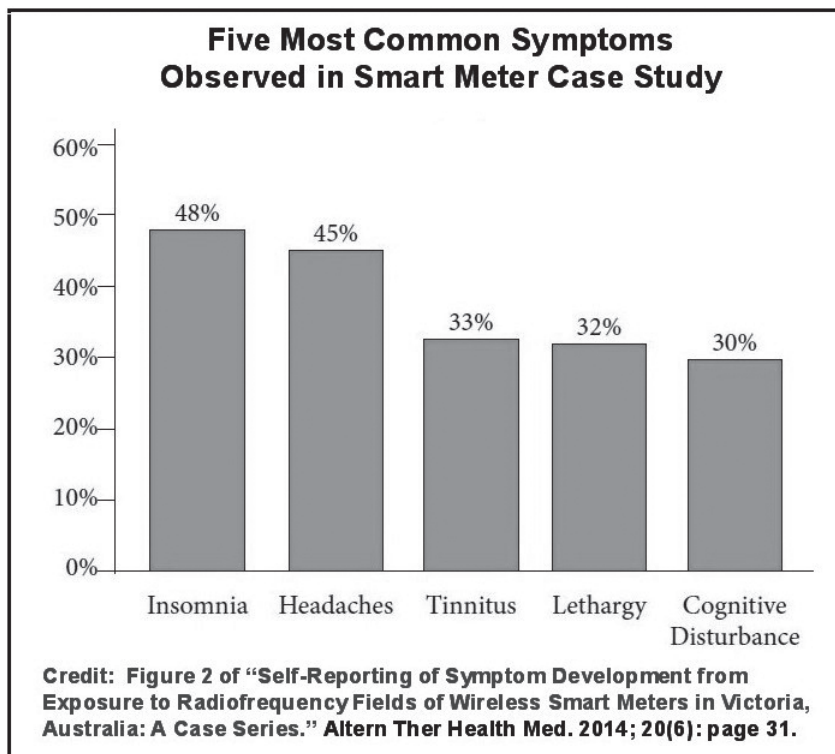
Due to public uproar, some utility companies unleashing “smart” meter systems are offering opt-out programs. Opt-out often requires those who refuse “smart” meters to pay one or more fees for the right to keep their older and safer analog meters. Some complain that the fees are reminiscent of extortion from old-time protection thugs.

Requesting an opt-out is definitely a first step to protecting one’s own home from harmful, microwave emissions. But it does not address exposure to EMR from neighboring meters, or from mesh pole transmitters on the grid. EMR from some meters can be measured over three hundred feet away. A single-family home in a

residential community can be well within three hundred feet of several near and next-nearest neighbors. Thus, even at the distance of a football field, EMR from many surrounding meters could prove biologically significant, even for those who retain their analog meters. Residents of townhouses, condos and apartment buildings may be especially vulnerable when ten or twenty meters or more are installed on one wall.

Also, an opt-out does not resolve the hazards of dirty electricity polluting a neighborhood loaded with AMI meters. Nor does it protect people who don’t have enough information to request an opt-out, but who may one day develop illnesses from EMR exposure.

Living in rural areas does not solve the problem. Some rural utilities serving mountainous and/or forested areas may choose to deploy AMI metering solutions like those provided by Tantalus Systems Corp. Tantalus creates hybrid “smart” antenna systems, utilizing a variety of frequency signals that can travel through and around obstacles in their quest to “connect.”¹⁸ As with other frequency fields deployed by AMI, no studies of the biological effects of such public exposure have been conducted.



BIG BROTHER IN THE CLOTHES DRYER

The smart meter roll-out is only the first phase of a federal master plan that will deeply penetrate American homes with smart radiation. Some appliance manufacturers are now gearing up to market antenna-embedded appliances capable of linking to the “smart” grid through the Internet. Such appliances can transmit and receive data to and from utilities. Such appliances make people vulnerable to hackers.¹⁹

Most upcoming smart appliances will be using the Wi-Fi frequencies of 2.4 or 5 GHz. They will create a wireless home access network (HAN) similar to residential Wi-Fi systems. Smart appliance HANs will broadcast microwave radiation 100 percent of the time. Within a typical house full of radiating appliances, there will be no location out of broadcast range. It is anticipated that smart appliance turn-off will be available only at the circuit breaker.

The EMF Safety Network says: “Smart meters are a surveillance device. They are a search without a warrant. They collect detailed energy usage, for instance when you cook, watch TV, whether you are at home or not, when you turn on a light or when you have guests. This data is valuable because it can reveal patterns about what you do and when. California utility companies admitted they are providing smart meter data to the government and third parties.”²⁰

Those with access to “smart” meter and “smart” appliance data, including government officials, law enforcement agents, and professional hackers/thieves, can review a permanent history of household activities, then complete a calendar with time-of-day metrics to gain a highly invasive and detailed view of occupants’ lives. Because smart meters can individually identify electrical devices, personal information made obvious to snoopers can include medical conditions, sexual activities, the physical location of persons within the house, and vacancy patterns.

Even the new digitized “smart” water meters can transmit surveillance information. Describing such meters installed in Minnesota, one report notes: “If you stop using water for the night at 10 p.m. the city will know because they will get signals during the night of no water usage. If the city gets a signal at 2 a.m. for 1.5 gallons, the

city knows you just flushed your toilet.” For the privilege of involuntarily supplying such data to nameless overseers, the owner of the toilet must endure invasive and continuous exposure to electromagnetic radiation.²¹

A SYSTEM SMACKING OF HACKING

There is a smart grid initiative in almost every industrialized nation. The fact that AMI has been deployed worldwide makes the entire “smart” power grid especially vulnerable to cyber attacks. As AMI progresses, the vulnerability of the Internet is being transferred to entire national grids.

In January 2014, two large utility companies in Massachusetts, known collectively as Northeast Utilities, informed their state Department of Public Utilities that there is no cost justification for implementing a one billion dollar AMI system statewide. They said: “Many customers have a deep aversion to technology that links them to the grid in a way that they perceive as an invasion of their privacy and/or detrimental to their health.” Northeast Utilities also complained: “AMI introduces a brand new portal into the companies’ information systems, significantly increasing the cyber-security risk.”²²

Former CIA director James Woolsey agrees. He said in an interview: “They’re constructing what they call a ‘Smart Grid.’ And they’re going to make it easier for you and me to call our homes on our cell phones and turn down our air conditioning. . . Great, but that may well mean that a hacker in Shanghai with his cell phone could do the same thing or worse. And a so-called Smart Grid that is as vulnerable as we’ve got—it’s not smart at all, it’s a really, really stupid grid.”²³

Individual “smart” meters themselves are vulnerable to hacking because the meters can easily be removed and re-programmed, or hacked into wirelessly from laptops. The Associated Press reports: “Computer security researchers say new smart meters that are designed to help deliver electricity more efficiently also have flaws that could let hackers tamper with the power grid in previously impossible ways. At the very least, the vulnerabilities open the door for attackers to jack up a stranger’s utility bills. These flaws could also move hackers a key step closer to exploiting one of the most dangerous capabilities of the new technology which is the ability to remotely turn someone else’s power on and off.”²⁴

That scenario is grim enough. But since smart technology may open the door to malicious hacking and cyber-attacks on a national scale, it becomes a critical issue of national security. Woolsey has disclosed that virtually no agency in the federal government has ultimate responsibility for survivability and protection of the U.S. electrical grid as a whole. He says that if a foreign power ever attacks the grid, through either a physical attack or cyber-terrorism, times will be tough: “. . . When it goes down, we are not in the 1970s pre-web, we’re in the 1870s pre-grid, and we don’t have enough plow horses or pump handles.”²⁵

ALTERNATIVE GREEN ENERGY SYSTEMS SUPPRESSED?

The documentary film *Take Back Your Power* introduces evidence that the vested interests coercing the AMI systems upon our nation are the very same forces which are suppressing cleaner and more sustainable

How much money and wellbeing should we sacrifice to achieve a tiny reduction in national energy consumption fifteen years from now?

energy technologies.

One path to the suppression of competitive technologies is apparently through the U.S. Patent Office. The Commissioner of Patents can order inventions and technologies to be kept secret indefinitely. At his discretion, he can deny any patent or withhold the publication of any patent application. By the end of fiscal year 2011, there were over five thousand Patent Office secrecy orders in effect, according to the Federation of American Scientists.²⁶ It is believed by some scholars that among these many submerged patents are several clean and viable energy technologies which are perceived as a threat by the powerful oil, gas and fracking networks.

Germany is said to be producing almost 50 percent of its energy from solar photovoltaic panels. A large amount of this solar energy is produced by individuals and small businesses who feed their excess energy back into the grid. The German system is reported to be generating clean energy equivalent to that generated by twenty nuclear power stations operating at full capacity. Advanced solar technology has allowed Germany to announce that it may abandon dangerous nuclear energy, a welcome development following the 2011 Fukushima nuclear meltdown.²⁷

Mounting evidence demonstrates that “smart” meter systems will not significantly curtail U.S. electricity use. Several pilot programs across the nation have shown little or no energy reduction or savings. In 2011, Connecticut Attorney General George Jepson announced that “smart” meter pilot results showed no beneficial impact on total energy usage in his state. He said that the benefits of advanced meters would not merit the five hundred million dollar cost of their implementation.²⁸

Ironically, the “smart” meters themselves use considerable energy in order to perpetually signal the mesh system. In addition, millions of “smart” appliances will be always “on” and always communicating with meters, thereby causing more use.

A report in *Consumer's Digest* muses: “What’s discouraging about the all-but-mandatory dynamics of the smart-meter transition is that it’s appealing only if you are willing to pay a lot of money to save a little electricity.... If the

success of the smart meter transition is based on consumers saving money and energy in the long run, we can’t help but imagine that it could take decades for that to happen—if it ever does.”²⁹

REFLECTIONS ON OUR PRIORITIES

The formidable challenges presented by AMI smart technology lead back to the dilemma of national priorities. How much money and wellbeing should we sacrifice to achieve a tiny reduction in national energy consumption fifteen years from now?

Media sources continually report on many people suffering from electro-hypersensitivity (EHS) who have fled their smart-metered homes in desperate search of habitation that does not cause heart palpitations, rashes, severe tinnitus and/neurological disabilities. Electro-sensitivity appears to be a sort of auto-immune condition developed by a growing number of victims, usually after acute exposure to electromagnetic radiation.

Sandi Aders of Idaho has been debilitated since a “smart” meter was installed on her home. Unaware of any hazard, she and her husband used a bedroom where a transmitting digital meter was mounted on an outside wall directly opposite their bed. Day by day after the meter's installation they grew sicker and more exhausted. They tried to cope with rashes and odd nerve disorders. Simultaneously they developed the symptoms of glaucoma. They finally hit the road to seek relief from a house that made them cruelly sick, but the damage has proven irreversible. Sandi is now so electrosensitive that she lives without electricity, phones or computers. No physician has found a solution to the low, pulsed radio frequency hum and droning sounds that she hears constantly, especially when she is near electrical power lines. Due to the nerve damage she says she acquired after her “smart” meter exposure, Sandi endures the same audio-torture being reported by many other people nationwide from similar exposures.³⁰

Dr. Andrew Goldsworthy, British biologist and expert on the bio-effects of microwave radiation, explains: “The duration of the radiation seems to be more important than its strength, with the effects being cumulative as more and more cells are damaged. Interestingly, DNA

We need to stop deploying any new technologies until they are proven harmless.

damage from cell phone radiation is greater when the exposure is intermittent (five minutes on, ten minutes off) than when continuous (Diem et al., 2005). This may be because the cells are constantly adapting and using energy to defend themselves; they drop their guard during the off period and are caught unawares when it goes on again....“Smart” meters, which operate 24/7 and radiate modulated microwaves intermittently, can therefore be expected to be particularly harmful to DNA.”³¹

The National Institutes of Health confirms the fact that all cancer begins with damaged DNA. In a nation with fourteen million cancer victims and 1.6 million new cancer cases diagnosed each year (not counting millions of skin cancers), exposure to EMR from wireless technologies matters to everyone's health.


Surely the welfare of pregnant women and children is of utmost importance to our society. EMR from “smart” meters and other electronics has the potential to damage the entire human reproductive system. This was already reported in 1971 by the Naval Medical Research Institute (NMRI) at Bethesda, Maryland, which collected over twenty-three studies to document the impacts of non-ionizing radiation on human health. Dr. Zorach R. Glaser, Ph.D., compiled these studies. Among deleterious effects listed in Dr. Glaser's report are altered menstrual activity, male impotence, altered sex ratio of births (more girls), and decreased lactation in nursing mothers.³²

Today, medical science offers much additional confirmation that EMR emissions from AMI meters and their support infrastructure have the potential to damage ovaries and ova cells, harm the fetus, cause low birth weight, and even induce premature delivery.³³ There is also increasing evidence that EMR emissions may be linked to America's epidemic of autistic spectrum disorders.³⁴

Public awareness is a first step toward forging solutions to the many challenges of the “smart” grid conundrum. We need citizens, legislators and regulators concerned about health. We need “smart” meters recalled and analog mechanical meters restored. We need to stop deploying any new technologies until they are proven harmless.

In its scathing letter to the Massachusetts Department of Public Utilities, Northeast Utilities has stated that achievement of grid-modernization objectives “does not require the implementation of AMI, despite the Department's suggestion that it does.” This letter contains sensible alternative recommendations for cost-effective grid modernization, fully achievable without noxious AMI radiation hazards.³⁵

It is truly wise to become educated on all of these vital issues. We must be proactive in order to understand what utility companies are planning for our individual neighborhoods and for our states.

In these challenging times, vigilance and reliable information empower us to prevent suffering and protect everyone's health. 

Amy Worthington, a member of the Weston A. Price Foundation from Idaho, is an investigative journalist who has researched and written many articles on the topic of wireless radiation.

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ON HOW TO REFUSE A "SMART" METER

Jerry Day posts the following letter on jerryday.com for anyone who chooses to refuse installation of a "smart" meter on their residence or property. He suggests that you consult your attorney to tailor the letter to your specifications, then send your revised version to your utility company's CEO or president by certified mail.

Keep copies of your letter and your certified mail receipt.

If anyone attempts to install a transmitting meter on your residence, show them the copy of your letter and proof of its delivery (your certified mail receipt). Tell them that installing a transmitting meter on your residence will thereby be a criminal trespass. If they attempt this, you will call the police, request that the installer be taken into custody, and file a criminal complaint with the police.

If the company responds to your letter in writing, Jerry Day suggests that you write back. Remind them that they have not proven that they may lawfully install any radiation-emitting surveillance device on your residence.

MODEL LETTER

Your Name/Energy Customer's Name
Street Address
City, State Zip Code

Name of Utility's CEO, President, General Manager or Board Chair
Utility Company
Street Address
City, State Zip Code

Date

NOTICE OF NO CONSENT TO TRESPASS, SURVEILLANCE OR RADIATION POLLUTION.
NOTICE OF LIABILITY. ADHESION CONTRACT.

Dear (CEO's Name) and All Agents, Officers, Employees, Contractors and Interested Parties:

In regard to your possible intention to install a "smart" or other digital utility meter at the above address, those meters violate the law. They cause endangerment to people in their vicinity due to the following factors:

1. They individually identify electrical devices and record when they are operated, causing invasion of privacy.
2. They monitor household activity and occupancy in violation of rights and domestic privacy.
3. They transmit wireless signals that are interceptable by unauthorized and distant parties.
4. No power company or other individual agency has consent to conduct surveillance or monitoring or to emit radiation (EMR) on our property or residence with a digital meter.
5. Those with access to the data can review a permanent history of household activities taken and viewed unlawfully and without the consent of occupants and subjects of the surveillance.
6. Those databases may be shared with, or fall into the hands of, unauthorized law enforcement, private hackers of wireless transmissions and other unidentified parties for use against the interests of the energy subscribers and the occupants of the structures.
7. "Smart" meters are, by definition, surveillance devices that violate federal and state wiretapping laws by recording and storing databases of private and personal activities and behaviors recorded without the consent or knowledge of those people who are monitored.
8. It is possible, for example, with analysis of certain "smart" meter data, for unauthorized and distant parties to determine medical conditions, sexual activities, vacancy patterns, general affluence, trade secrets and physical locations of occupants.
9. By intentional transmission and/or incidental disruption of house current, digital meters emit cancer-causing electromagnetic radiation, which violates laws against public endangerment, assault and commission of bodily harm.
10. Digital meters are designed to transmit using electromagnetic radiation known to cause cancer and many other diseases, illnesses and symptoms.

For the above reasons, and by right of occupancy and property ownership, I prohibit, and deny consent of, any installation and use of any monitoring, eavesdropping, surveillance and radiation-emitting devices on my property and place of residence, especially in the form of a digital, transmitting utility meter.

Any attempt to install any such device directed at me or other occupants on my property or place of residence will constitute trespass, stalking, wiretapping and assault, all prohibited and punishable by law through criminal and civil actions. All persons, government agencies and private organizations responsible for installing or operating monitoring devices that I consider unlawful will be fully liable for major financial and compliance claims and demands in excess of one million dollars.

This is a legal notice. The liabilities and obligations listed above are true and binding upon all parties upon delivery of this notice. These terms and conditions apply without regard to status or existence of any "opt-out" contract.

Under my authority as owner and/or occupant of the above property, and under your implied or expressed application to enter that property, this is an adhesion contract to which you are now bound until and unless you respond with factual rebuttal in a sworn statement by an authorized and identified party within 21 days of this delivery. Any rebuttal must show your authority to install an unlawful radiation-emitting surveillance device (digital electric "meter") on my property without my consent. Expect rebuttal to any such claim. Any failure to timely show and prove full and binding authority to install the unlawful and harmful device on my property and/or place of occupancy will be an agreement with all terms and conditions herein. I/we deny and refuse any past, present and future proposal, offer, demand or claim contrary to any terms or conditions herein.

Notice to principal is notice to agent, and notice to agent is notice to principal.

Signature

Name of energy user and/or customer

Note: If a utility company has already installed a transmitting meter on your residence and you want it removed, first find out if the company allows an opt-out. If they do, simply go through the proper channels for having it removed and replaced with a mechanical meter. If opt-outs are not available in your area, Jerry Day offers a letter that demands removal at www.freedomtaker.com.

TEN QUESTIONS FOR YOUR UTILITY COMPANY

Utility companies around the world have been caught lying to their customers about their smart meter programs. The following will allow you to cut to the truth with your local utility and smart meter company.

Note: For additional research and resources, please see Film References and Key Issues & News.

1. Am I legally required to accept a smart meter?

Answer: No. You do not have to accept a smart (or “advanced” or “upgraded”) meter. Any utility company who states this is lying.

2. Can I expect my energy bills to go up with a smart meter?

Answer: Yes. Where smart meters have been deployed, energy bills have consistently risen – sometimes dramatically. The price increases will become even more pronounced once Time-of-Use (TOU) pricing is implemented. You will be charged more for electrical use when you need the electricity the most (i.e. when you come home from work or school). The idea that you will start doing your laundry at 3:00 AM when prices are cheaper is a dystopian fantasy dreamt up by the same people who think it is safe to put a toxic, microwave radiation emitting spy-device on your home.

3. In the United States, my 4th Amendment rights prevent unlawful search and seizure in my own home. Do smart meters violate these rights?

Answer: Yes. With a smart meter on your home, you can no longer retreat into your own home and expect to have the privacy that is guaranteed by law. Thus, smart meters are unconstitutional and illegal.

“With smart meters, police will have access to data that might be used to track residents’ daily lives and routines while in their homes, including their eating, sleeping, and showering habits, what appliances they use and when, and whether they prefer the television to the treadmill, among a host of other details.”

US Congressional Research Report, “Smart Meter Data: Privacy and Cybersecurity,” p. 7, 3 February 2012

4. Is it true that my energy use information will be sold to third-party vendors in order to market products or track my activities in some way?

Answer: Yes. The California Public Utilities Commission has stated on the record that they look forward to the business opportunities that will come from selling our personal energy use data. Just like Gmail and Facebook data, your privacy will not be preserved if you have a smart meter.

“I support today’s decision because it... expands consumer and third-party access to electricity usage and pricing information. I hope this decision stimulates market interest.”

Commissioner Timothy Alan Simon, “California Commission Adopts Rules...”, 31 July 2011

5. Will the smart meter program help the environment by reducing energy use?

Answer: No. None of the existing smart meter programs has shown energy savings. In fact, having a wireless smart meter and smart grid mesh system takes more energy because now there are millions of new wireless transmitters on the grid that are constantly using energy and constantly transmitting. They all take additional energy that the grid must produce. Simple energy conservation steps by citizens would have saved much more energy, but would not have been profitable for utility companies, the smart meter industry and governments.

Furthermore, any technology that harms the health of humans, plants and animals like that of microwave radiation emitting smart meters can never be considered environmentally sustainable or “green.” It is the exact opposite – an environmental calamity.

“The pilot results showed no beneficial impact on total energy usage.”

Connecticut Attorney General George Jespen, “Jespen Urges State Regulators...”, 8 February 2011

6. Have there been fires where smart meters have been installed?

Answer: Yes, throughout the world there have been thousands of fires that have occurred once smart meters have been installed. This is happening because of faulty installations, old wiring that cannot handle the new meters and when smart meters have been turned on remotely. In Pennsylvania, PECO/Exelon halted their installation program because of more than twenty-four documented fires. Property damage has been significant and one man died in California because of a smart meter fire. Notably, the vast majority of smart meters are not approved or listed by UL (Underwriters Laboratories). Because of this, a fire related to a smart meter on your home may not be covered by your insurance.

“For myself, as an adjuster, I believe the Smart Meters are a real threat to the safety of your home, business and property. I have personally worked two large homeowner fires in which the Smart Meters were determined as responsible.”

Norman Lambe, insurance adjuster, “The not so smart meter”, 13 November 2011.

7. Are there any known health effects related to smart meters?

Answer: There are over 6,000 studies showing biological effects from the same form of radiation that smart meters invisibly emit – commonly known as “electro-smog” pollution. Additionally, thousands of people across the United States, Canada and Australia have become ill once smart meters have been installed on their homes. Medical doctors and scientists around the world are speaking out on the dangers of smart meters. Smart meters emit radiation continuously and cannot be turned off at night when radiation is the most dangerous for the body and brain. Comparatively, a cell phone – which emits radiation at levels hundreds of times lower – can be turned off when not in use.

Secondly, smart meters generate what’s known as “dirty electricity” radiation pollution throughout your home, because of the switching-mode power supply that they utilize. An “opt-out” to a wired digital meter still produces dirty electricity. Only a non-digital analog meter does not produce dirty electricity.

An individual opt-out still exposes you to the radiation from the neighbors’ meters and other grid infrastructure. And every smart meter in your neighborhood adds to the dirty electricity in your home, even if you opt out, because all neighboring homes share the same power substation.

“We have noted from previous health hazard histories such as that of lead in petrol, and methyl mercury, that ‘early warning’ scientists frequently suffer from discrimination, from loss of research funds, and from unduly personal attacks on their scientific integrity. It would be surprising if this is not already a feature of the present EMF controversy as it seems to be still a common practice as has been recently reported in *Nature*.”

Professor Jacquie McGlade, executive director of the European Environment Agency, 15 September 2009

8. How many pulses of radiation does my smart meter emit per day?

Answer: Wireless smart meters around the world have been shown to emit between 5,000 and 190,000 pulses per day. Your utility may state they only transmit 45-60 seconds a day. This is because they are only adding up the millisecond pulses that occur constantly throughout the day. What they are not telling you is that the pulses occur every few seconds, which means that the meters are constantly emitting microwave radiation. Your smart meter is continuously communicating with hundreds of other smart meters, grid infrastructure, and in the future, all appliances in your home.

The levels at which a single smart meter emits radiation can be more than 80 times higher than recommended safety levels based upon current published science. (Examples: www.BioInitiative.org, and <http://www.baubiologie.de/site/english.php>)

In addition to current health risks, unless the smart meter programs are stopped, you will eventually have 10-20 appliances that each emit a pulse of radiation every few seconds in order to communicate wirelessly with your smart meter. This will fill your home with even more dangerous pulsed microwave radiation affecting your entire family.

“There is no substitute for a roll back of all Smart Meters at the community level, or higher.”

Ronald Powell, PhD Applied Physics, “Biological Effects from RF Radiation at Low-Intensity Exposure, based on the Bio-Initiative 2012 Report, and the Implications for Smart Meters and Smart Appliances”, 2013

9. Have smart meters been proven to be safe?

Answer: No. The smart meter industry has not released one actual study on whether smart meters are safe for human beings. They do not want to look at something that would damage their business. This is the case even though thousands of people have become ill once smart meters were installed on their home and so much science shows that microwave radiation is dangerous.

It is interesting to note that smart meters do meet federal agency “safety” guidelines. However, the FCC and others’ guidelines are not actually meant to protect our health. In fact, they are only meant to protect from acute tissue heating and electrical shock over several minutes. They are not meant to protect humans from the long-term, non-thermal levels of microwave radiation emitted by devices such as smart meters. In fact, there are no true governmental safety standards that govern smart meters. The utility company is misinformed or simply lying when they say they are safe because they meet the FCC guidelines.

“If a manufacturer wants to give a product to a consumer, especially in this case to everybody – imposed on everybody – they are the ones who should carry the burden to prove it’s safe before they can give it to the people. It’s not up to consumers to demonstrate they are unsafe.”

Dr. De Kun Li MD PhD MPH, senior research epidemiologist, Kaiser Permanente Division of Research, in *Take Back Your Power*

10. Are utilities getting financial kickbacks for forcing smart meters on everyone?

Answer: Yes. As *Time Magazine* has reported, in the United States eleven billion dollars of taxpayer funds (though there are reports that this is a conservative estimate) were spent as “incentives” for utilities to attempt to force the installation of smart meters upon all of their customers without their consent. As this money is divided amongst all utilities, many energy providers are actually receiving hundreds of millions of dollars in compensation, but first they have to install the meters.

As this sort of incentivizing, perhaps also called bribery, is happening in similar fashion in many other industrialized countries, the multinational smart meter/smart grid initiative could potentially turn out to be the largest attempted financial scam in modern history.

Reducing Electromagnetic Radiation from Wireless Sources

Cell Phones, Cell Antennas, Baby Monitors, Cordless Phones, Wi-Fi and Tablets

by Mary Cordaro

Manmade electromagnetic radiation (EMR) has become an ever-present invisible pollutant in our lives. Often referred to as “electro-pollution,” many of us are completely unaware of the sea of man-made electromagnetic radiation around us, day and night, generated by a host of wired and wireless devices indoors, and cell towers, base stations and antennas outdoors, which provide us with instant connectivity and a great deal of convenience. For health-minded, independent environmental scientists, researchers and technical EMR professionals are promoting a move toward better awareness about the possible adverse health effects of manmade EMR, including effects on the developing fetus.¹

Even for those who don’t notice any reactions or symptoms, the data are compelling enough to support efforts toward reducing exposure, particularly for those who are trying to recover from illness of any kind, and those who are pregnant or have small children.

Unfortunately, a growing population is experiencing a range of subtle to serious symptoms, which they attribute to EMR, often termed “electrical sensitivity.”

Unfortunately, a growing population is experiencing a range of subtle to serious symptoms, which they attribute to EMR, often termed “electrical sensitivity.” These reported symptoms include headaches, nausea, exhaustion, “burning” skin, dizziness, inability to concentrate, agitation, heart palpitations, anxiety, insomnia, tinnitus, chronic fatigue, joint pain, swelling of face and neck, eye problems, and rashes. In my work as a healthy building and interiors consultant, many of my clients are reporting just such symptoms.

While it may be difficult to pinpoint the exact cause of such symptoms, it’s important to take seriously the possible connection to EMR. Use of wireless technologies is increasing at warp speed with insufficient or no premarket assessment to determine the health risks. There have been too few independent large-scale, non-industry funded studies on people exposed to EMR. That is why professionals working on public policy change, such as Dr. Magda Havas² and Elizabeth Kelley,³ are seeking a federally sponsored, sustained, and independent research program, with stakeholders to include concerned scientists and public advocates to oversee such a research program.

There is, however, a growing and substantial body of scientific evidence and research by independent, international scientists that associates EMR with serious health effects, much of which was compiled by the BioInitiative Report working group, in their “meta study” called Bioinitiative Report 2012.⁴ The research to date strongly supports the need for non-industry-funded, full-scale studies and resulting health standards for EMR from cell phones, cell antennas, Wi-Fi, and cordless phones.

In the meantime, a precautionary approach is highly recommended, using the strictest standards available as determined by the German field of Baubiologie. If you are EMR-sensitive, pregnant or have children, reducing exposure to you and your family is essential for short and long-term health.

There are no magic bullets for complete protection, despite all the marketing claims by manufacturers selling devices said to mitigate or block EMR. These marketing messages greatly mislead the public into believing they

are 100 percent protected by a simple device, which couldn’t be further from the truth. The best policy is still simply “prudent avoidance,” particularly during sleeping hours, the body’s most sensitive regenerative time. If your bedroom is largely free of manmade EMR (as well as of mold and chemicals), your body will get a break at night, and will be better able to detox and regenerate. A healthy bedroom is essential, so that during the day when you may have less control over your environment, you are better able to deal with daytime exposures.

It’s important to remember that although you may not be able to control or protect yourself from all EMF radiation, there are, in fact, many simple steps you can take to limit your exposure.

CELL PHONES and SMART PHONES

Except for emergencies, children and pregnant women should avoid using cell phones. The same holds true for those who are electrically, chemically or mold sensitive, recovering or in remission from a serious illness such as cancer. Cell phone exposure is also like second hand smoke—everyone within a twenty-foot radius of your cell phone in talk/text mode, and a ten-to-fifteen foot radius⁵ in smart phone standby mode is exposed to very high levels of EMR (including babies and children). Ideally, everyone’s health would benefit from as little cell phone use as possible.

Here are some steps you can take to measurably reduce your exposure, your children’s and others around you:

- Use an old-fashioned cell phone, called a “basic phone”. Basic phones are often referred to as “flip phones.” A basic phone has a simple numerical keypad, and cannot accommodate any applications such as Facebook and Skype. Basic phones still have their dangers, but in standby mode they emit substantially less radio frequency (RF) EMR than smart phones. Remember that EMR levels are high when you are talking on a basic phone, but in standby mode the levels are very low, unlike smart phones, which remain at high levels all the time.
- During sleeping hours, and as often as possible during the day, put your smart phone

If possible, you should choose to live at least one-fourth mile from a cell tower or antenna—a distance of one mile or more is much better.

in “airplane mode.” This will substantially reduce EMR almost completely. Your smart phone alarm will still work in airplane mode. The EMR from smart phones and tablets in airplane mode is very low and considered safe according to Baubiologie standards, but if possible, turning devices completely off, especially during sleep, is even better.

- For talking on all basic and smart cell phones, purchase an “air tube headset” (also called “blue tube headset”) and “ferrite bead.” Attach the ferrite bead to the cable just before it plugs into the phone. The air tube interrupts the frequency from continuing up to your head, but not the audio. The ferrite bead is a filter that reduces the radiation on the wire next to your body. While talking on the phone with the headset and ferrite filter, place the phone away from your hands or body. This combination of solutions reduces only the highest power intensity levels of EMR from basic and smart cell phones while talking. But they do not eliminate the approximate twenty-foot radius of remaining high EMR. So in other words, while you’re

talking, you and others around you are still exposed to somewhat lower but nevertheless high, unhealthy levels of EMR.

- An alternative to the blue tube headset and ferrite filter solution is to talk on speaker mode, and keep the cell phone away from your hands and body.
- Limit conversations as much as possible, as there is no protection that is adequate enough.
- If you tend to text instead of talk, keep in mind that your hands and body are still exposed to highest levels of radiation closest to the phone, and EMR while texting is just as high as when talking.
- Limit cell phone use while driving, too. When you are driving, the phone goes to maximum power to connect with base stations and in order for the signals to pass through the car, especially if the signal must reach the antenna on your cell phone. If your car has a built-in antenna on the outside of the car and a hands-free option with speaker, however, the EMR inside the car will be lower while you're talking, because the

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phone does not have to use as much power to keep a steady signal. If there is no built-in antenna on the outside of the car, EMR may be substantially higher inside the car, in both standby and talking mode, than when you're talking outside of a car.

CELL TOWERS, CELLULAR ANTENNA BASE STATIONS AND OTHER WIRELESS FACILITIES

- If possible, and in general, choose to live at least a quarter mile from a cell tower or antenna. Depending on your sensitivity, you may need a distance of one mile or more. To locate the closest cell towers and antennas near you, go to antennasearch.com. Check this web site periodically for new towers being built. Putting enough distance between your home and a cell tower or antenna will be more difficult in a city, but do your best to put yourself at least a quarter mile away.
- If you are highly EMR-sensitive or have no option but to live very close to cell antennas, consult with a qualified EMR consultant on possible shielding. In some situations, covering your windows with special shielding fabric or films may be adequate, depending on your sensitivity level, as well as proximity and directionality of the cell antenna. (See LessEMF.com for shielding fabrics and window film options, but keep in mind, DIY solutions without professional pre- and post-testing may not result in enough measureable exposure reduction.) Unfortunately, in many cases, it is quite difficult to shield adequately or affordably.

CORDLESS PHONES AND LANDLINES

- Don't get rid of your landline! The best protection from RF EMR from cell phones is to forward your cell phone to your landline, turn off your cell, and talk on corded phones while at home.
- Do not install or use cordless phones that are labeled as "DECT" or "Gigahertz." Like smart phones, these put out a digital pulsed microwave frequency, and they emit and pollute your home continuously whether you're talking or not. They should be completely removed from the home. The safest option is

wired phones. If you must talk on a cordless phone, purchase a 900-megahertz model and limit your conversations.

BABY MONITORS

- Eliminate baby monitors labeled DECT or Gigahertz. If you must use a wireless baby monitor, purchase a 900-megahertz model. But even older style 900-megahertz models emit some radio frequency EMR. The safest solution for your baby is to avoid all wireless monitors. Instead, find an old-fashioned wired type on Ebay or at a garage sale, or wire up a webcam to a computer that is on a wired, Ethernet (not wireless) connection. Before the invention of baby monitors, parents stayed within close hearing range of sleeping babies.

IPADS AND OTHER TABLETS

iPads and other tablets are like smart phones—they are always emitting EMR and the extensive radius of high levels of EMR exposes children and adults around you.

If you do use an iPad or other tablet device, here are steps you can take to reduce exposure:

- Turn off tablets during sleeping hours.
- Keep the tablet off or in airplane mode until you need to use it. Otherwise, like smart phones, all tablets in standby mode emit very high levels of EMR within a radius of ten to fifteen feet.
- Turn off your tablet while at home, and use your Ethernet wired computer instead. If you must use your tablet at home, limit use and turn it off when you're not using it.
- When using a tablet while you're away from home, purchase a monthly cell connection so you don't need Wi-Fi to use it. This way, you can use a "basic phone" instead of a smart phone, which eliminates the high levels of smart phone EMR in standby mode while you're waiting to receive calls. And you can still get Internet access, email and even text with your tablet. But remember, keep the tablet off or in airplane mode when you're not using it.

For best protection, especially if you are EMR sensitive, eliminate wireless and instead, hard wire your computer connections with Ethernet cable.

When taking steps to reduce EMR exposure, clean up the bedroom first.

WI-FI

- For best protection, especially if you are EMR-sensitive, eliminate Wi-Fi completely, and instead, hardwire your computer connections with Ethernet cable. The types called Cat 5 and Cat 6 are best because they are shielded.
- Disconnect your wireless router during sleeping hours or put it on a timer.
- Unfortunately, unless you convert over to wired Ethernet connections in your home, you cannot avoid exposure to high levels of radio frequency EMFs from Wi-Fi, anywhere in the home you can connect to the Internet. However, in general, for the average person who is not electrically sensitive, if the signal on your computer is too weak to connect at all to the Internet then the Wi-Fi levels may be low enough to be safe, according to Baubiologie recommendations. However, for the electrically sensitive, even very low levels of Wi-Fi may cause electrical sensitivity symptoms.
- Make sure the router is placed as far from your body as possible in your home or office (at least six to ten feet), including your desk, or anywhere else in the home or office that you or your family spend time.
- If you use your laptop or desktop computer on Wi-Fi, not only is the router a radiating source but so is your computer. This is why it is essential that you turn off the router and your computer completely during sleep hours.
- For the highly EMR-sensitive, using a laptop on battery with Wi-Fi turned off may be better tolerated.
- If you are highly EMR-sensitive and/or you live in a condo, townhouse or apartment with connecting walls to other units, it is quite difficult to shield adequately and/or affordably. Our team has worked with clients on effective shielding, but if it's feasible, it is generally expensive to implement successfully. Do-it-yourself shielding on walls, ceilings and floors should be done with great caution, because without expert remediation design guidance as well as pre- and post- testing by an EMR professional, it's possible to create "reflection" inside a shielded room, and other

unanticipated unsafe consequences.

CLEANING UP OTHER TYPES OF EMR

This article focuses primarily on wireless sources of radio frequency EMR. But there are several other types of EMR to reduce or eliminate, including dirty electricity from smart meters and fluorescent lighting, AC magnetic and AC electric fields from power lines, household wiring, appliances, and office equipment, and even DC magnetic fields from inner springs inside of mattresses. Not everyone is highly sensitive to these types of EMR, but if you are sensitive, or you simply want to reduce your own and your family's exposure to safe levels, here are some general, simple steps to follow. (Note: If you own a gauss meter, remember that only some professional quality digital meters are designed to measure both AC magnetic and AC electric fields. Otherwise, a gauss meter can only be used to measure AC magnetic fields, and no other types of EMR including RF, no matter what the manufacturer claims. Becoming proficient and accurate at testing EMR of all types requires much training, experience and professional quality testing equipment.)

SMART METERS

- Smart meters emit EMR and should be avoided if possible. If your home or building still has the old-style analog electrical, gas or water meter, take proactive steps to opt out of eventual smart meter installations by your local utility. In some locales, it may be possible to get the local utility to remove the smart meter and replace with it with an analog meter. Go to <http://stopsmartmeters.org> and contact the smart meter activist group nearest to you for instructions and resources. Those who opt out for an analog meter will pay a monthly fee that is added to their electric, gas or water bill. But is preferable to the potential for high exposure to EMR. Some people have found that when they switch back to an analog meter, their monthly bills decreased, which made up for the added monthly fee.
- Although it is not yet possible to shield a home interior from smart meter emissions completely, special filters can be installed,

but they are expensive, and not yet fully developed for complete protection. As of the writing of this article, there are no legal ways to shield emissions from smart meters completely, and do-it-yourself methods of shielding may create unexpected and unsafe consequences. It's best to work with a qualified EMR professional who can test before and after for safest results.

- If a smart meter is on a bedroom wall, move to another room for sleeping.

SMART APPLIANCES

- Many new appliances, such as dishwashers, central forced air heating and AC units, and washing machines are now made to communicate with smart meters via a chip installed in the appliance. Ask the retailer for non-smart appliances only, especially if you are EMR-sensitive.
- Eventually small appliances, such as lamps will also be “smart.” Keep your eye out for these changes and ask before purchasing.

ELIMINATE ALL TYPES OF BEDROOM EMR

When taking steps to reduce EMR exposure, clean up the bedroom first. In general, it is beneficial to unplug as much as possible in the bedroom, including all extension cords, and use a battery operated clock on your nightstand. If the main electrical panel or sub panel for your home

is on a bedroom wall, sleep in another room, or at a minimum move the bed to another wall. Eliminate electric blankets and opt instead for certified organic wool comforters and toppers, which insulate the body.

It's best to replace dimmer switches with regular on/off switches. But at a minimum, be sure to shut off dimmer switches completely during sleep hours using the switch, rather than just turning them down to black. Replace rheostat dimmers with the type that have an on/off switch as well as a slider.

If you can tolerate natural latex, replace your inner spring mattress and box spring with an organic mattress made with natural latex and certified organic wool batting, or a mattress filled with only certified organic wool batting or certified organic felted wool. Scientists have not yet conducted large-scale studies regarding health effects of metal in bedsprings and bedframes. However, preliminary research suggests there are at least three problems concerning metal in beds: 1) metal can concentrate and radiate a variety of EMR from other sources (the EMFs that have been studied extensively), 2) metal can become permanently magnetized, and 3) metal disrupts our orientation to magnetic north.

If you are EMR-sensitive, you might also experiment with turning off the breakers in your electrical service panel during sleeping hours (except for the breaker that provides electricity to your refrigerator). Try this for a week or two,

Eventually small appliances, such as lamps will also be “smart.”

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RESOURCES

- Baubiologie Inspectors in Europe and other countries: <http://www.baubiologie.de/international/institute/>
- Building Biology Inspectors in the U.S. and Canada: <http://hbelc.org/>
- The Building Biology Survey according to the STANDARD OF BUILDING BIOLOGY TESTING METHODS SBM-2008 http://www.baubiologie.de/downloads/english/standard_2008_englisch.pdf
- Supplement to the Standard of Building Biology Testing Methods SBM-2008. BUILDING BIOLOGY EVALUATION GUIDELINES FOR SLEEPING AREAS. <http://www.baubiologie.de/downloads/building-biology-guidelines-english.pdf>
- CloutNow: Coalition for Local Oversight of Utility Technologies: <http://cloutnow.org/>. CLOUTNOW is a grass-roots coalition of individuals and organizations committed to restoring local governmental control over telecommunications towers and related wireless facilities in the United States.
- The Collaborative for Health and Environment: <http://www.healthandenvironment.org/> The Collaborative on Health and the Environment's (CHE's) primary mission is to strengthen the science dialogue on environmental factors affecting human health and to facilitate collaborative, multifactorial, prevention-oriented efforts to address environmental health concerns.
- The EMF Safety Network: <http://emfsafetynetwork.org> The EMF Safety Network is dedicated to helping people reduce electrical pollution to improve their health and vitality, and to inspire action to protect children, communities and nature. EMF Safety Network provides quality resources about the risks of electromagnetic fields (EMFs) and radio frequency radiation (RF), emitted by everyday devices in our homes and communities, and resources for those who suffer from electrical sensitivity.
- Stop Smart Meters! <http://stopsmartmeters.org> Growing out of the grassroots group Scotts Valley Neighbors Against Smart Meters, which was started in June 2010, Stop Smart Meters! has now evolved into an advocacy, media outreach, and direct action network providing activism consultation and advice to dozens of local groups sprouting up who are fighting the wireless "smart" meter assault. Stop Smart Meters! provides the facts on smart meters and shielding. <http://stopsmartmeters.org/frequently-asked-questions/faq-shielding-and-measurement-issues/>
- EM Radiation Research Trust: <http://www.radiationresearch.org>. Based in the U.K, the EM Radiation Research Trust is an advocacy group that provides the facts about EMFs to the public and the media.
- Elizabeth Kelley, director, Electromagnetic Safety Alliance, Inc. <http://vimeo.com/17251471>. *How to Protect Yourself from EMFs* (Electromagnetic Frequencies) : Renegade Health Interviews Mary Cordaro on Radio Show, Part 1: <http://marycordaro.com/blog/?p=228>. Do EMF Protection Devices Really Work? Renegade Health Interviews Mary Cordaro on Radio Show, Part 2: <http://marycordaro.com/blog/?p=232>.
- Katie Singer, *An Electric Silent Spring: Facing the Dangers and Creating Safe Limits* (MA, Porter Books, An Imprint of SteinerBooks, Anthroposophic Press).

to see if it makes a difference in your sleep and health. **IMPORTANT NOTE ON SAFETY:** When you open the cover to the electrical service panel, if you see any exposed wires, do not touch anything inside the panel, close the cover immediately, and immediately hire a licensed electrician to make your service panel safe. If there are no exposed wires inside the service panel, don't stand in front of the panel when turning breakers off and on.

REDUCE OTHER DAYTIME EMR

For daytime EMR reduction, eliminate compact and fluorescent bulbs from the home. Replace fluorescent bulbs with good quality LED bulbs. Many LED bulbs, like CFLs, emit dirty electricity EMR, but you can reduce that likelihood by looking at the detailed specifications on line for specific LED bulbs, and find the bulbs with these specifications: Lowest THD (total harmonic distortion) as close as possible to three percent, which is hospital grade, with a power factor as close to one as possible. These specifications are often not listed on the package.


Keep office ceiling fluorescent lighting turned off during work hours if possible, and use plug-in lamps instead.

Locate all power-strips, plugs with attached transformers, and low voltage lamps at least three feet from your body, including your legs and feet. Move wires and cables away from the body and feet. Use a wired external keyboard for your computer so your hands are not over the hard

drive on your laptop, and sit an arm's length from your computer screen.

If possible, replace dimmer switches with regular light switches to reduce dirty electricity sources of EMR from dimmer switches and compact fluorescent light bulbs.

HIRE AN EMF PROFESSIONAL

Hire an experienced certified Baubiologist, Building Biologist or other EMF specialized, trained inspector nearest you for a thorough EMR investigation of your house. You will want someone with at least several years of experience and professional quality digital meters, and who has connections to electricians who can troubleshoot wiring errors and code violations, the source of most AC magnetic fields. 

Mary Cordaro has provided healthy building and indoor environment consultations since 1989. Her expertise includes healthy and sustainable building materials, systems, interiors and indoor air quality, for existing homes, remodels and new construction. Visit her website at www.marycordaro.com.

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MEMBERSHIP POSTER

Membership is the main source of financial support for the many projects of the Weston A. Price Foundation. We appreciate your help to increase membership. We are happy to send a free copy of our membership poster to those who will display it.

The poster is 8.5" x 11" with a cardboard flap that allows it to stand. It goes well with our Dietary Guidelines booklet. It can be displayed at an exhibit, a doctor's office, a library, a farmers market, etc.

If you will display it, please write for a free copy: info@westonaprice.org.

Electromagnetic Radiation Protection from the Kitchen

by Kim Schuette, CN

Very few of us can elude the daily impact of man-made electromagnetic radiation (EMR). One must escape to the wide-open spaces of Montana or Western Australia to avoid perpetual Wi-Fi signals and radio frequencies (RFs) generated from cell towers and phones that are now so pervasive in our modern culture.

With Wi-Fi almost everywhere, what's a body to do? There is much to be done three times a day as we choose the foods with which to nourish and thereby protect ourselves. Before we step into the kitchen, let's take a look at the potential damage that is incurred by chronic exposure to EMR.

A wide range of symptoms are associated with EMF exposure. Headaches, ear ringing, loss of hearing, and non-malignant auditory ear canal tumors—known as acoustic neuromas or vestibular schwannomas—are just a small sampling of symptoms that are linked to regular, sustained usage of cell phones.^{1,2} Additionally it has been determined that fifty-minute cell phone exposure per day is associated with increased brain glucose metabolism in regions of the brain nearest a cell phone antenna.³ The consequences of increased brain glucose are yet to be fully understood but some researchers link the condition with memory loss as seen in Alzheimer's disease.⁴

Abnormalities of the brain appear to be on the rise, as evidenced by the expansion in hospitals of entirely new wings dedicated to treating brain disorders. Is it possible that the increase in brain dysfunction and malignancies could be at least in part due to the increased presence of electromagnetic radiation (EMR) from wireless sources? Many independent scientists believe so.⁵

David Carpenter, M.D., professor of Environmental Health Sciences at the University of

Albany, best summarizes the concern: "Electromagnetic fields are packets of energy that do not have any mass, and visible light is what we know best. X-rays are also electromagnetic fields, but they are more energetic than visible light. Our concern is for those electromagnetic fields that are less energetic than visible light, including those that are associated with electricity and those used for communications and in microwave ovens. The fields associated with electricity are commonly called 'extremely low frequency' fields (ELF), while those used in communication and microwave ovens are called 'radio frequency' (RF) fields. Studies of people have shown that both ELF and RF exposures result in an increased risk of cancer, and that this occurs at intensities that are too low to cause tissue heating. Unfortunately, all of our exposure standards are based on the false assumption that there are no hazardous effects at intensities that do not cause tissue heating. Based on the existing science, many public health experts believe it is possible we will face an epidemic of cancers in the future resulting from uncontrolled use of cell phones and increased population exposure

The foods we choose to consume have the ability to shore up the integrity of our cells that are most vulnerable to damage.

CELL-NOURISHING MEAL IN A BOWL

2 pounds of beef stew meat or lamb shoulder chops, cut into 2-inch chunks

3 tablespoons tallow, lard, bacon fat, or butter

2 large onions, chopped

6 carrots, sliced

1 red bell pepper, chopped

3 cloves garlic, minced

3 cups beef or lamb bone broth (recipe below)

¾ cup red wine

2 sprigs fresh rosemary

2 sprigs fresh thyme

1-2 bay leaves

1-2 teaspoons green or pink peppercorns, crushed

3 sweet potatoes, peeled and cut into 1-inch cubes

Celtic sea salt, to taste

1 egg yolk per bowl

1 generous dollop crème fraîche per bowl

Prepare bone broth two to three days ahead. (See recipe on page 54.) Preheat oven to 300°F. Melt one tablespoon of fat in large skillet or a large Dutch oven. Brown the meat quickly. Remove from skillet or Dutch oven. Add remaining fat and sauté onions, carrots, and red bell peppers for ten minutes. If using Dutch oven, add meat, broth, wine, garlic, sweet potatoes, pepper, and herbs. Bring to a boil and then transfer the Dutch oven to the oven. If using an ovenproof casserole, place all ingredients in the skillet and bring to a boil. Transfer ingredients to the casserole and place in the oven. Bake for 2 to 3 hours, until meat and sweet potatoes are very tender.

Ladle stew into bowls. Add one raw pastured egg yolk into each bowl and stir. Top with a dollop of crème fraîche and enjoy! Serves six.

Nutrition that supports the nerves protects the part of the body most affected by EMR.

to Wi-Fi and other wireless devices. Thus it is important that all of us, and especially children, restrict our use of cell phones and limit exposure to background levels of Wi-Fi. Meanwhile, it is imperative that government and industry discover ways in which wireless devices can be used without such elevated risk of serious disease. We need to educate decision-makers that ‘business as usual’ is unacceptable. The importance of this public health issue cannot be underestimated.”⁶

Now for the good news! There is much that can be done through the choices made three times a day, week after week, year after year, in the foods we eat. In addition to minimizing one’s personal exposure to devices that emit radio frequencies, the foods we choose to consume have the ability to shore up the integrity of our cells, which are most vulnerable to damage by constant exposure to EMR. It is my experience as a health practitioner that the right diet can help reduce symptoms in those with electrical sensitivity.

A HEALTHY NERVOUS SYSTEM

Let’s have a quick review of our nervous system, the part of the body that seems to be most affected by EMR. The central core of the nerve fiber is the axon. The membrane of the axon is what actually conducts the action potential. The

center of the axon, the axoplasm, contains a viscid intracellular fluid. Surrounding the axon is a myelin sheath, which is deposited by Schwann cells in the peripheral nervous system and oligodendrocyte cells in the central nervous system. These cells surround every sensory nerve, with or without a myelin sheath.⁷

Schwann cells and oligodendrocyte cells lay down layers of cellular membrane that contain a lipid substance called sphingomyelin. Sphingomyelin acts as an electrical insulator. It has an important structural and functional purpose in all cells, especially in many signaling pathways. Sphingomyelin measures from 2 to 15 percent in most mammalian tissues and is found in higher concentrations in nerve tissues, red blood cells, and ocular lenses. It is an important phospholipid, dependent upon phosphocholine, serine, and carnitine.

Phosphocholine is an intermediate in the synthesis of phosphatidylcholine. It is needed for cellular metabolism in all cells, as well as for immune support. When injury to a cell occurs, C-reactive protein binds with phosphocholine. This process begins the immunological response by phagocytes. Phosphocholine is abundant in hens’ eggs. Choline must be consumed in the diet to maintain good health.⁸ The best source of choline is egg yolks.

BEEF OR LAMB BONE BROTH

4-5 pounds of bone marrow and knucklebones
3 pounds of meaty ribs or neck bones
1 calf’s foot, if available, cut into pieces (optional)
4 or more quarts of purified water
2 teaspoons Celtic sea salt
4 ounces raw apple cider vinegar
Assortment of vegetables, as desired

- 1-2 medium yellow onions
- 2-4 carrots
- 3-4 celery stalks

1 teaspoon dried peppercorns, crushed
Bouquet garni (tie together using cooking twine)

- fresh bay leaf
- fresh thyme
- fresh rosemary
- fresh sage


Parsley, to be added in the last 10 minutes of cooking

Place the bones, meat and joints into a large pot. You may roast the meaty bones in a pan in an oven at 350°F for extra flavor. Place these in the pot. Add remaining ingredients, except for parsley. Fill pot with purified water. Allow the pot and its contents to stand for 60 minutes, giving the raw apple cider vinegar time to draw minerals out of the bones. Bring to a boil. Reduce the heat to a simmer; remove scum that has risen to the surface and cook for 3 to 4 hours. Remove the meat and reserve for soup. Continue to simmer for a total of 48 to 72 hours. Add parsley during the last 10 minutes of cooking. Once broth has cooled, pour into containers for refrigerating or freezing. Glass is ideal for storing food. If freezing in glass, be sure to leave two inches of air space between the top of the liquid and the lid. When defrosting frozen stock do not run hot water over frozen glass.

Serine is an amino acid synthesized by the body and therefore not considered an essential amino acid, but it is biosynthesized conditionally from the essential amino acid glycine. Conditionally essential amino acids are those that have limited synthesis by the body when under special pathophysiological conditions, like stress. These amino acids should be present in the diet on a regular basis. One of the most abundant sources of glycine is long-cooked bone broth,⁹ a favorite of those who follow a nourishing WAPF diet.

Carnitine is biosynthesized from the essential amino acids lysine and methionine. Carnitine helps the body convert fat into energy. It is produced in the liver and kidneys and stored in skeletal muscles, the heart, the brain and sperm. Some individuals have genetic or environmental impairments in making this important amino acid and therefore regular inclusion of dietary sources is extremely important. Red meat, especially lamb, and dairy products are the best sources of carnitine.¹⁰

In summary, the key foods that protect our cells from the potentially damaging effects of EMR are egg yolks, red meats such as lamb, beef, bison, and venison, raw dairy products, and homemade long-cooked bone broths. In addition to prudent avoidance or at least minimizing the use of cell phones, cordless phones, and most monitoring devices, as well as avoiding living

near cell towers, get in the kitchen and make these nourishing foods a part of your daily regime. The diet that has been consistently promoted by the Weston A. Price Foundation meets the key criteria for offering the most support for the integrity of the cells vulnerable to injury through bombardment by modern energetic frequency fields. Traditional ways indeed prevail in safeguarding our health. 

Kim Schuette, a certified nutritionist, has worked in the field of nutrition since 1999. She is the founder of Biodynamic Wellness. She introduced the GAPS Diet to clients in 2006 and in 2011 became a certified GAPS practitioner. Additionally she has been trained in hair mineral analysis, salivary hormone balancing and blood chemistry assessment. Kim serves on the Board of Directors of the Weston A. Price Foundation and is also the chapter leader for San Diego. For more information go to biodynamicwellness.com or gapsinfo.com.

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The Baneful Consequences of the U.S. Dietary Guidelines

by Adele Hite, PhD

The next set of Dietary Guidelines for Americans (DGA), the public health nutrition policy that directs all federal nutrition activities “including research, education, nutrition assistance, labeling, and nutrition promotion,”¹ are due out in 2015. The DGA are meant to address a simple question: What should Americans eat to be healthy?² As the 2015 Dietary Guidelines Advisory Committee (DGAC) begins to create the report that will advise any possible changes to the DGA, they appear poised to provide the same answer to that question that has proven largely ineffective for the past thirty-five years.

Although the DGAC has retreated from the recommendation that Americans reduce their intake of total fat, limits on saturated fat and cholesterol from animal products remain firmly in place and these levels may be restricted further. Thus despite the superficial movement away from reduced-fat guidance, in terms of which foods are permitted and which are restricted or forbidden, nothing has changed.

According to the 2015 DGAC, eggs, meat, butter and full-fat dairy are still to be limited or eliminated from the diet altogether. Consumption of whole grains, fruits and vegetables, lowfat or no-fat dairy, fish, and lean cuts of poultry are encouraged, and, with restrictions on fat intake relaxed, Americans will now be allowed to consume even more vegetable oil than before.

While the 2015 DGAC has acknowledged that when Americans replaced dietary fat with starches and sugars obesity rates climbed, there has been no recognition of the relationship between this phenomenon and DGA guidance. Rather, the implication remains that high rates of being overweight and obese in America are due to the fact that Americans have simply failed to comply with what the U.S. Departments of Agriculture (USDA) and Health and Human Services (DHHS)—the two government agencies in charge of the DGA—have determined is best for the public. “Poor diet and physical inactivity are the most important factors contributing to an epidemic of overweight,”³ not poor dietary recommendations based on inadequate science.

A PRIMARY MISCONCEPTION

In fact, a primary misconception in public health nutrition is that current national nutrition policies are based on scientific agreement about what constitutes a healthy diet. However from the beginning, federal dietary guidance has been based more on ideology, including romantic notions of returning to a “natural” way of eating, than science. Although nutrition science has changed dramatically in the thirty-five years since the first national dietary recommendations were issued, the recommendations themselves have remained virtually unchanged. The historical and cultural influences behind federal dietary recommendations, their controversies and their consequences, warrant a close critical examination. They demonstrate that although science and policy perform very different functions, they can be mutually reinforcing. Though this does serve to make science more political, it does not make policy more scientific.

A cascade of unintended consequences has resulted from those original dietary recommendations, guidance that remains entrenched, held in place by politics, ideology, institutional agen-

das, and the influence of interested industries.^{4,5} This entrenchment has resulted in millions of U.S. taxpayer dollars spent on nutrition policies, programs and practices that do not result in good health, while the very same taxpayers are expected to shoulder the blame for these negative outcomes.

HISTORY OF THE DGA

When the first national nutrition recommendations for the prevention of chronic disease, the 1977 Dietary Goals for Americans, were originally proposed, not only was the content of the recommendations hotly debated, the very concept of one-size-fits-all, population-wide dietary advice was itself highly controversial. The 1977 Dietary Goals introduced a diet—high in grains and cereals and low in fat, with few animal products, and vegetable oils substituting for animal fats—that was an extreme departure from what Americans were then eating. Not only was the diet recommended by the 1977 Goals a radical change for many Americans, the very idea that the federal government could know what foods were best for any given individual was a dramatic shift in how public health nutrition was understood and administered.

Before the 1977 Goals were created, the determination of which foods were “good” for you and which were “bad” was located within the family and community, rather than with the government. Packaged food did not carry a nutrition label, and government dietary guidance focused on acquisition of adequate essential nutrition, rather than the avoidance of foods that might cause chronic disease. Despite the lack of government guidance on how to prevent chronic disease through nutrition, heart disease rates had been decreasing in America since 1968,⁶ and in 1975, less than 15 percent of the population was considered obese.⁷

In many regards, the health of Americans in the 1970s had never been better. However, concerns about “lifestyle-related” diseases permeated the consciousness of much of middle class America, and food manufacturers responded accordingly. The American Heart Association (AHA) had created a national platform for a theory proposed by a physiologist named Ancel Keys, which asserted that dietary fat—espe-

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The agenda of vegetarians and health reformers who urged Americans to consume fewer animal products, eat more grain and cereal products, and to substitute polyunsaturated oils found in corn and soybean oil for saturated animal fats like butter and lard, fit neatly into large agribusiness efforts to increase the market for processed foods that have a wider profit margin than eggs and meat.

cially saturated fat and cholesterol from animal products—led to heart disease. Responding to these interests, manufacturers of “heart-healthy” margarines and meat substitutes began claiming their products could reduce the risk of heart disease, although the federal government remained unconvinced.

Evidence that dietary fat and cholesterol had significant effects on heart disease was elusive, and the Federal Trade Commission repeatedly warned manufacturers not to make false and misleading claims linking food products to the prevention of heart disease.⁸ Although the AHA primarily aimed its fear-of-fat message at businessmen who might be lucrative donors,⁸ the counter-culture thinking that emerged from the social upheavals of the 1960s picked up the refrain, marrying concerns about chronic disease to anxiety about the environment and world hunger.

Earlier in the decade, a popular vegetarian cookbook by Frances Moore Lappé, *Diet for a Small Planet*, suggested that a meat-free diet would be low in saturated fat and cholesterol, thus reducing risk of obesity, heart disease and cancer; furthermore, Lappé asserted, a vegetarian way of life would reduce world hunger, energy costs, and environmental impacts of agriculture.⁹

While Frances Moore Lappé's *Diet for a Small Planet* popularized vegetarian ideology, then-Secretary of Agriculture Earl Butz, an economist with many ties to large agricultural corporations, was enacting policies that encouraged the planting of large-scale, monoculture crops on all arable land.¹⁰

The “fencerow to fencerow” policies Butz initiated helped to shift farm animals from pasture land to feed lots. Making room for government-subsidized corn and soybeans would increase efficiency of food production; what didn't go into cows could go into humans, including the oils that were a by-product of turning crops into animal feed.

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foods that have a wider profit margin than eggs and meat.¹¹

These cultural forces coalesced around Senator George McGovern's Senate Select Committee on Nutrition and Human Needs, which was first created in order to address malnutrition in America. The work of the Select Committee had been so successful that it shifted its attention from malnutrition to “overnutrition” and focused on the creation of a report that was meant to do for diet and chronic disease what the 1964 Surgeon General's Report had done for cigarettes and cancer.¹² This work took on renewed urgency and significance as the committee's tenure seemed about to come to an end.¹³ Such a report would address the public's growing fears about obesity and chronic disease and policymakers' concerns about rising health care costs—and perhaps extend the lifespan of the committee itself.¹⁴

During the summer of 1976, the committee conducted a series of hearings, entitled “Diet Related to Killer Diseases,” from doctors and scientists specifically chosen for their willingness “to talk about eating less fat, eating less sugar, eating less meat.”¹⁵ The title of the hearings and the experts chosen to testify set the direction for their findings. In early 1977, the committee released the Dietary Goals for Americans, blaming what they saw as an “epidemic” of killer diseases—obesity, diabetes, heart disease and cancer—on changes in the American diet that had occurred in the previous fifty years, specifically the increase in “fatty and cholesterol-rich foods.”¹⁶

The report claimed that in order to reduce their risk of chronic disease, Americans should reduce their intake of food that contained fat, particularly saturated fat and cholesterol from animal products like meat, whole milk, eggs and butter, and instead consume more grains, cereals, vegetable oils, fruits, and vegetables. These particular recommendations reflected not only concerns related to health, but the “back-to-nature” ideology that was becoming increasingly popular with regard to food and diet. The committee used material from *Diet for a Small Planet*, along with research on vegetarian diets, to argue that a shift to plant-based protein could reduce intake of calories, cholesterol and saturated fat, as well as reduce blood pressure,

risk of cancer, use of natural resources, and food costs.¹⁶ This message gave official sanction to the romantic notion that a plant-based diet could not only prevent chronic disease, but feed the hungry and save the planet.

These recommendations were met with vehement objections from scientists, doctors, and public health professionals, who argued that the recommendations were scientifically unsound and potentially harmful.¹⁷ Those who supported the Dietary Goals felt the proposed radical change in the American diet presented no risk to the health of the American people.¹⁶ In contrast, the American Medical Association said, “The evidence for assuming that benefits to be derived from the adoption of such universal dietary goals . . . is not conclusive and there is potential for harmful effects from a radical long-term dietary change as would occur through adoption of the proposed national goals.”¹⁸ Yet this warning went unheeded, and the controversy over the Dietary Goals had little effect on future USDA/DHHS recommendations. With few changes, the 1977 Goals became the first Dietary Guidelines for Americans in 1980. The DGA have since become a powerful policy document, although the limitations that have afflicted them since the beginning have resulted in several unintended negative consequences.

INADEQUATE SCIENCE

The controversy surrounding the original 1977 Dietary Goals took shape along several lines. Critics raised doubts regarding the appropriateness of a single, population-wide dietary prescription, applied to all individuals regardless of level of risk, to prevent diseases that were not established as nutritional in nature.¹⁹ In addition, they made strenuous objections to the fact that these recommendations had not been tested for safety or efficacy and would be the equivalent of conducting a population-wide dietary experiment.²⁰

Critics of the report pointed to the report's “new age, neo-naturalist” stance, noting that the nutrition scientists at the Department of Health, Education, and Welfare (now the DHHS), who urged caution in the face of the limited science on nutrition and chronic disease, could not compete with this popular ideology either for public

support or for government funds for additional research.²¹

That the creators of the 1977 Goals had used a thin veneer of science to support their preconceived notions of what diet was best for Americans was evident in the contradictory nature of the report's own data. For example, the 1977 Goals suggested consumers should increase vegetable oil consumption. However, dissenting scientists pointed out that increased consumption of vegetable oils and decreased consumption of saturated fats were, according to data supplied by the 1977 Goals themselves, associated with increased levels of heart disease.¹⁷ As a result of this shaky scientific foundation, significant scientific controversy continues about some of the original and current assertions upon which the DGA recommendations are built. These can be seen generally as an on going inability to firmly establish the connections between dietary patterns and chronic disease with available methodology. More specifically, controversy continues to surround the theories that 1) dietary fat, saturated fat, and cholesterol cause heart disease, obesity, diabetes and cancer and should be replaced in the diet with polyunsaturated vegetable oils; 2) a diet high in carbohydrates will reduce the risk of chronic disease; and 3) excessive sodium intake is the primary variable in the etiology of hypertension, a risk factor for heart disease.

The case against saturated fat and cholesterol has been particularly difficult to maintain in the face of evidence to the contrary that has accumulated in the past three decades. When the first DGA were created, there was no agreement regarding the relationship of diet to blood lipids and atherosclerosis. The reasons given then for the difficulty in clarifying the relationship were “the complicated nature of this disease, as well as the multitude of contributing factors and their relationships.”²² Large observational and intervention studies conducted early in the history of the DGA, such as the Framingham study, Multiple Risk Factor Intervention Trial, and the National Diet-Heart Study, are frequently cited as proving that a lowfat, low-cholesterol diet reduces risk of heart disease, yet the results from these studies are weak or inconclusive with regard to the relationship between diet and the development of heart disease.²³⁻²⁶ The science

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Since the advent of the first DGA, the amount of money farmers receive for food produced has fallen by half. As consumers adopted eating patterns recommended in the DGA, a much larger share of their food dollar went to increased processing and marketing and the labor costs associated with these activities.

since that time remains inconsistent, limited, and open to question.

In 1997, Ancel Keys, the scientist whose theories about dietary cholesterol and heart disease first warned Americans away from meat and eggs, acknowledged, “There’s no connection whatsoever between cholesterol in food and cholesterol in the blood. None. And we’ve known that all along.”²⁷ Studies cited by the 2010 DGAC Report demonstrate varied metabolic responses to lowered dietary saturated fat, with certain subpopulations exhibiting adverse rather than improved health outcomes.³ Two recent comprehensive meta-analyses indicate that saturated fat is not linked to heart disease.^{28,29} In fact, in a definitive review of forty-eight clinical trials, with over sixty-five thousand participants, the reduction or modification of dietary fat had no effect on mortality, cardiovascular mortality, heart attacks, stroke, cancer, or diabetes.³⁰ Yet, avoiding saturated fat remains a cornerstone of national dietary guidance. Surveys show that the vast majority of Americans have come to believe that consuming animal fats increases one’s risk of heart disease, and many try to limit their intake of foods that contain these fats.³¹

UNDERMINING INDEPENDENT FARMERS

The 1977 Dietary Goals did more than change the health beliefs of Americans. They affected all aspects of the food environment. That the 1977 Goals would have a powerful effect on the food industry was apparent even before they were finalized, but it is unlikely that the result was the intended one. While the initial hearings were being held, members of McGovern’s committee were warned that the food industry would respond with an explosion of products designed to meet whatever new dietary standards were established.³² With the creation of the 1977 Goals, the federal government had unmistakably designated who the “winners” and “losers” in the food sector would be. The “winners” would be manufacturers of breads, cereals, margarine, cooking oils, and soy products; “losers” would be producers of meats, butter, eggs and cheese.

Experts recognized at the time that many processed food manufacturers could “reformulate existing products to remove their allegedly deleterious nutritional effects,” something that

would be very difficult for farmers who produced eggs and meat.³³ To compound the advantage, for “food producers and processors whose product categories are favored by the goals, greater promotional emphasis on the nutrition value of these products may be expected. In effect products can be promoted using the national dietary goals as a ‘stamp of approval’ to gain greater acceptance in an increasingly nutrition-conscious marketplace.”³³ The group most likely to be hurt by the new paradigm was not food processors but farmers: “The farmers feel especially threatened . . . because their livelihood could be most directly affected by the recommended changes. As the primary element in the food chain, farmers tend to be the most specialized and do not enjoy the flexibility and insulation of a multi-product line food processor.”³³

Indeed, since the advent of the first DGA, the amount of money farmers receive for food produced has fallen by half.³⁴ As consumers adopted eating patterns recommended in the DGA, a much larger share of their food dollar went to increased processing and marketing and the labor costs associated with these activities. Since the DGA encourages Americans to consume fewer of the products that generate a higher farm value—in other words, what the farmer is paid for the product that leaves the farm—and more of the products that generate a lower farm value, farmers overall receive less of each dollar spent on food in America. For example, the farm value of eggs, a food the DGA tells Americans to limit, is worth 54 percent of the consumer’s dollar. Instead, the DGA recognizes cereal as a preferred “healthy” breakfast; its farm value is worth only 8 percent of the consumer’s dollar.

Conventional arguments that promote plant-based diets as the most beneficial for health, the environment, and feeding the world neglect to address the way in which those diets are compatible with the agricultural policies that benefit large agricultural corporations and undermine the interests of farmers. Creating a more “democratic, socially and economically just, and environmentally sustainable” food system that supports farmers may need to begin with a reassessment of what foods may be considered nourishing.³⁵

INCREASING CHRONIC DISEASES

With federal nutrition directives to avoid saturated fat and cholesterol driving food manufacturing and consumer demand, eating patterns in America have changed dramatically since the first DGA were created. Consumers, whether they were interested in reducing the saturated fat content of their diet or not, were faced with food choices that had changed according to the DGA. As a result, despite accusations that they have ignored federal dietary advice, Americans have increased their intake of flour and cereal products and the vegetable oils that could be added to them, changes that are in line with DGA recommendations. Consumption data gathered from national health surveys indicate that virtually all of the increase in calories in the past 30 years has come from carbohydrate foods (starches and sugars such as would be found in flour and cereal products), while calories from saturated (animal) fats have decreased.³⁶ While these changes are in line with recommendations from the DGA, they may have transformed the American diet in ways incompatible with good health.

In 1988, a vegetarian-oriented food activist group, Center for Science in the Public Interest (CSPI), warned the American public against the dangers of saturated fat and campaigned for the food industry to switch from beef tallow and lard to partially hydrogenated vegetable oil—specifically soybean oil. This is the kind of oil that is now associated with harmful *trans* fats. But in 1988, CSPI insisted *trans* fats were an improvement over saturated fat from animals.³⁷ Oil seed companies were prepared with the technology to make this switch; Earl Butz's agricultural policies provided plenty of the soybeans needed to create the oils that would be partially hydrogenated. Thus, far from resisting this change, "nearly all targeted firms responded by replacing saturated fats with *trans* fats."³⁷ For consumers, CSPI's successful campaign meant that natural animal fats that cause no danger to health were replaced with highly-processed and harmful *trans* fats—whether the public wanted those changes or not.

Surplus corn provided another substitute for saturated fats in the form of high-fructose corn syrup (HFCS). As Dr. Robert Lustig, an endocri-

nologist specializing in obesity has noted, "When you take the fat out of a recipe, food tastes like cardboard, and you need to replace it with something—that something being sugar."³⁸ HFCS offered a cheap, plentiful, sugary replacement for the animal fats that Americans were now told to avoid. For example, "fat-free" yogurt, sweetened with HFCS, appeared on grocery store shelves, as a "healthy" alternative to full-fat yogurt.

In time, scientists on the 2000 DGAC realized that the emphasis on reducing fat in the diet could lead to "adverse metabolic consequences" resulting from a high intake of sugars and starches.³⁹ They went on to note that "an increasing prevalence in obesity in the United States has corresponded roughly with an absolute increase in carbohydrate consumption."³² At least some of that increase in carbohydrate consumption came from the HFCS that replaced saturated fats in food.

Obesity was not the only thing that increased in prevalence since the creation of the first DGA. In fact, trends indicate that, since 1980, the rates of many chronic diseases have increased dramatically. Prevalence of heart failure and stroke has increased significantly.⁶ Rates of new cases of all cancers have gone up.⁴⁰ Rates of diabetes have tripled.⁴¹ In addition, although body weight is not in itself a measure of health, as the 2000 DGAC noted, rates of overweight and obesity have increased as Americans have adopted the eating patterns recommend by the DGA.⁷

In all of these categories, the health divide between black and white Americans has persisted or worsened, with black Americans especially negatively affected by the increase in diabetes. When following DGA recommendations, African-American adults gain more weight than their Caucasian counterparts, and low-income individuals have increased rates of diabetes, hypertension, and high cholesterol.^{42,43} Despite adherence to healthy eating patterns as determined by the DGA, studies have shown that African-American children remain at higher risk for development of diabetes and prediabetic conditions.⁴⁴ African-Americans are almost twice as likely to have diabetes as non-Hispanic white Americans, and these differences in health outcomes have not been adequately explained by social and economic disparities in

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these populations.⁴⁵ Long-standing differences in environmental, genetic and metabolic characteristics may mean recommendations that are merely ineffective in preventing chronic disease in white, middle-class Americans and are in fact detrimental to the long-term health of black and low-income Americans.

ADEQUATE ESSENTIAL NUTRITION

While on the one hand the DGA have failed to prevent chronic disease, on the other hand they have also failed to provide Americans with guidance in accordance with obtaining adequate essential nutrition. Before the 1977 Dietary Goals were created, federal dietary recommendations focused on foods Americans were encouraged to eat in order to acquire adequate nutrition, not on food components to limit or avoid in order to prevent chronic disease.⁴⁶ Meat, eggs, butter and whole milk were considered important sources of essential nutrients, and avoiding saturated fat in food was considered a “questionable dietary practice” adopted by “food faddists.”⁴⁷ During World War II, meat and fats were considered such valuable sources of nutrition that Americans back home were asked to save them for the troops and eat fish and vegetables instead. In fact, prior to the creation of the DGA, Americans got about 36 percent of their calories from grains, fruits, and vegetables and over 50 percent of their calories from meat, eggs, cream, cheese, and fat.⁴⁸

From the beginning, scientists were concerned that recommendations warning people to limit their intake of foods that were traditionally considered to be highly nutritious would adversely affect intake of essential nutrients. In response to the 1977 Dietary Goals, one scientist argued that “there are serious nutritional problems that affect many Americans that are clearly related to dietary inadequacies, particularly of high-quality protein . . . implementation of your recommendations could have a negative effect on these problems.”¹⁷

In fact, research has found that following DGA recommendations can have a detrimental impact on intake of essential nutrition. A 2013 study demonstrated that sodium restrictions in the 2010 DGA are “incompatible with potassium guidelines and with nutritionally adequate diets, even after reducing the sodium content of

all foods by 10 percent.”⁴⁹ The reduced-fat diet recommended by the DGA has also been linked to lower intakes of several important essential nutrients. In one study, lower fat intake was associated with lower intake of nine out of fourteen important micronutrients, independent of calorie intake.⁵⁰

Choline, which was not recognized as an essential nutrient until after the first DGA were created, plays an important role in brain development in fetuses, and adequate amounts are important for the prevention of liver disease, atherosclerosis, and neurological disorders.⁵¹ Current average intakes of choline are far below established adequate levels.⁴⁰ Scientists have suggested that, “Given the importance of choline in a wide range of critical functions in the human body, coupled with the less than optimal intakes among the population, dietary guidance should be developed to encourage the intake of choline-rich foods.”⁴⁰ However, consumption of eggs and meat, two foods that are rich in choline, is restricted by current DGA recommendations that limit intake of cholesterol and saturated fat.

NARROW APPROACH TO NUTRITION AND HEALTH

In 1977, the Dietary Goals acknowledged that “genetic and other individual differences mean that these guidelines may not be applicable to all.”¹⁶ However, this qualification has been muted in subsequent DGA. Although it is clear that good nutrition plays an important role in long-term health, when the first DGA were created the particular dietary pattern that would be optimal for achieving lifelong health was unclear; that is still the case today. Early critics of the Guidelines felt that the scientific model used to address nutrient deficiencies did not apply to chronic diseases such as heart disease and cancer.⁵² Scientists thirty years later express similar concerns, adding that “nutrient-based metrics [of current recommendations] are hampered by imprecise definitions and inconsistent usage,” and “few individuals can accurately gauge daily consumption of calories, fats, cholesterol, fiber or salt.”⁵³ However, current Guideline recommendations urge Americans to track food and calorie intake as means of achieving a healthy diet.³

Furthermore, the DGA have institutional-

ized the idea that overweight and obese people are different from “normal”—establishing, as part of national dietary policy, the notion that they are less likely to accurately or honestly report on their own eating habits. The 2010 DGA indicate that, on the basis of national survey data, Americans do not seem to be consuming excessive amounts of calories. Thus the inexplicably high rates of obesity in America must be due to the fact that people who are overweight or obese lie about how much they eat: “[T]he numbers are difficult to interpret because survey respondents, especially individuals who are overweight or obese, often underreport dietary intake.”³

This moralistic approach to obesity and weight loss has contributed to extensive and unrecognized “collateral damage” in the form of fat-shaming, eating disorders, weight discrimination, and poor health from restrictive food habits. At the same time, researchers at the Centers for Disease Control have shown that overweight and obese people are often as healthy as their “normal” weight counterparts.⁵⁴

Finally, the emphasis on plant-based nutrition and the demonization of animal-based foods is a culturally biased perspective. Although the 2010 DGA claim that the recommendations they contain “accommodate the varied food preferences, cultural traditions and customs of the many and diverse groups who live in the United States,”²⁷ this is most certainly not the case. Animal products containing saturated fat are an important part of many food cultures: sausages of Eastern European and Chinese cuisine; ghee, the clarified butter of Indian cuisine; chorizo and eggs from Latin America; liver patés eaten by Jewish Americans; greens and fatback of Southern and soul food traditions.

As a dietitian, I was taught to respect the preferences of those who choose vegetarian or vegan diets. However, when it comes to animal products, dietitians, in accordance with the DGA, are encouraged to engage in “pork-shaming,” counseling people on how to eliminate, limit, or modify traditional foods in order to avoid saturated fat and cholesterol. As a dietitian, I found that people who were told to give up their traditional dishes, or to change them in ways that reduced saturated fat and cholesterol, were very likely to give up those dishes altogether;

substitutions were not as good as the “real thing” and for a reason. For example, in Southern U.S. cooking, salt pork cuts the bitter taste of greens and fatback provides a vehicle for flavor as well as for fat-soluble vitamins. Greens made with little or no fat may actually be less nutritious; certainly they are if people don’t eat them.

FAILURE TO FULFILL THE ORIGINAL MANDATE

The first DGA, created in 1980 without a specific legislative mandate, began as a very simple twenty-page, one-column booklet directed at consumers. However, it became apparent in the decade following the release of the first DGA that obesity rates in America had increased, despite the fact that Americans were making alterations to their diets in line with their recommendations.^{55,56} In light of these circumstances, the DGA needed not only to explain the noted discrepancies between behavior and outcome, but should attempt to prevent further negative changes in the health of Americans. In 1990, Congress passed a law indicating that DGA should be reviewed and reissued every five years, emphasizing that: “Each such report shall contain nutritional and dietary information and guidelines for the *general public*,. . . and shall be based on the *preponderance of the scientific and medical knowledge which is current at the time* the report is prepared [emphasis mine].”⁵⁷

However, the DGA have never been able to overcome their original shaky scientific foundations. They have grown in size, right along with the waistlines of Americans, but have failed to improve health outcomes. Over the years, the seven recommendations from the 1980 DGA became twenty-three complicated instructions to micromanage food components in the 2010 DGA. As a result, the DGA are considered too complex for consumers to use and are instead meant for policymakers and healthcare professionals, who “translate” the DGA for consumers.

Both the lack of science and the lack of simplicity that current DGA exhibit are violations of their legislative mandate. At the same time, the DGA have become a powerful and influential document that goes far beyond providing information to consumers. These recommendations shape all government dietary guidance, dictate nationwide nutrition standards, influence agricultural policies and nutrition research protocols, direct how food manufacturers target consumer demand, guide healthcare practices, and affect how the American public thinks about diet, weight, and health. They can be considered the most influential health-related pronouncements in the world.

EXPANDING INFLUENCE


The 2015 DGAC has made sustainability and environmental concerns part of its agenda, indicating that one of their goals is to “develop dietary guidance that supports human health and the health of the planet.”⁵⁸ There is no mistaking the fact that protecting the environment and ensuring a sustainable food supply are important issues. In fact, they are far too important to be entrusted to a committee of nutrition scientists with little knowledge or expertise in the vast and complex interactions that make up the American agriculture and food production system. The American

public has already been subject to the unintended effects of policy established by the USDA and DHHS without the support of sufficient evidence. The world simply cannot withstand the consequences if the DGA's impact on the environment is similar to its impact on obesity and chronic disease.

WHAT CAN BE DONE INSTEAD?

In 1977, the Dietary Goals presented a single perspective on food and health to the public as if it were a commonsense approach to nutrition grounded firmly in science and applicable to all Americans. This was not the case. However, there is such an approach available to the leadership at USDA and DHHS. Dietary recommendations that focus on a food-based guidance that assists Americans in acquiring adequate essential nutrition is based in solid, non-controversial science and is equally applicable to all Americans. Although scientific understanding of essential nutrition is not complete by any means, it is nevertheless supported by evidence that has stood the test of time with little controversy. All Americans require essential nutrition; without exception, inadequate intake results in diseases of deficiency. It is not necessary to eliminate, restrict or modify culturally traditional foods under the essential nutrition paradigm.

Focusing on essential nutrition is an approach that includes and celebrates a wide variety of food traditions. Such guidance would shift the focus of public health nutrition towards general health and wellness, and away from weight and other surrogate markers like cholesterol levels and blood pressure, leaving those areas of concern for the healthcare setting. Importantly, guidance that emphasizes adequate essential nutrition would be clear, concise, and useful to the general public. Contradictory messages about nutrition—unavoidable when most dietary guidance lacks a strong scientific basis because it simply echoes the DGA—have led to widespread general confusion and a lack of confidence in the science of nutrition.⁵⁹ The proliferation of “food rules” that stem from DGA guidance have left many consumers frustrated by the feeling that the standards for “healthy eating” are unreachable, even as they strive to meet those standards.⁶⁰ DGA recommendations based on adequate es-

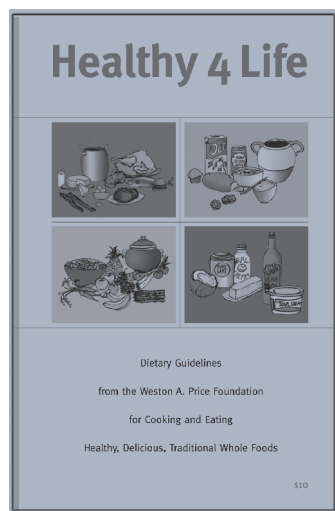
sential nutrition from wholesome, nourishing foods would not only provide the foundation for good health, they would finally provide what has been missing from the past thirty-five years of federal nutrition policy: dietary guidance that works—for all Americans. 

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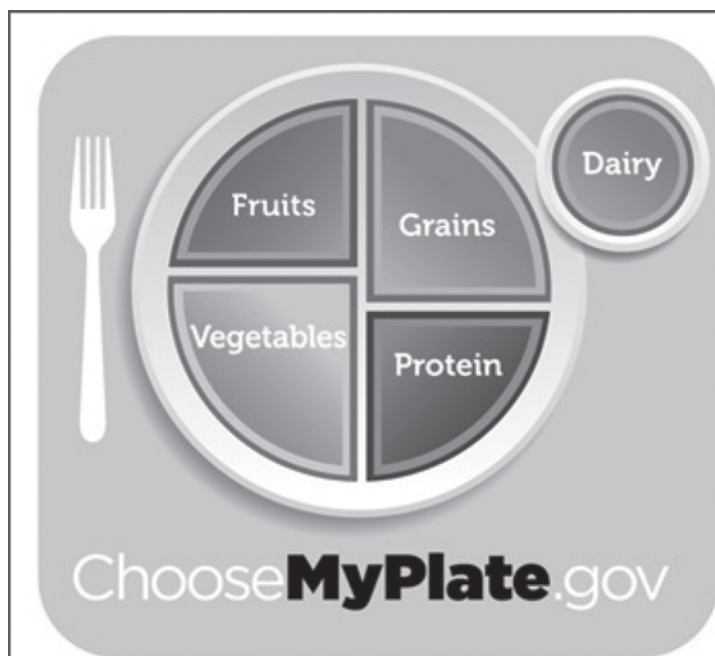
HEALTHY 4 LIFE: WAPF DIETARY GUIDELINES AND RECIPE BOOK
Our colorful 84-page guidelines booklet with recipes provides sensible, science-based guidelines. Instead of complicated formulas involving calories and grams, which most people don't understand, we simply recommend including high-quality foods from four food groups in the diet every day. The good groups are:

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

The reaction to this publication has been very positive. It is suitable for use in schools and other programs. To order online, go to westonaprice.org. Booklets are \$10 each or \$6 each for orders of ten or more. Now available in Spanish!

A CLOSER LOOK AT “MY PLATE”

By Kimberly Hartke



Those of us who watched the 2010 Dietary Guidelines Review Committee process were bemused to see the way they chose to deal with their predecessors' obvious policy failures. The graphic design which decorated their final report was a calculated cover-up.

In 1992, the United States Department of Agriculture dietary guidelines recommended the largest portion of the daily diet be comprised of grains (six to eleven servings), followed by fruit and vegetables (five to nine servings). This heavily carb-centric diet was depicted by a pyramid graphic, with the wide base at the bottom of the pyramid filled with breads, pasta and cereal, while the next layer of the pyramid depicted a variety of fruits and vegetables. Traditional staples of the human diet—milk, meat, eggs, cheese, butter—were dismissed and replaced by fats, oils and sweets to progressively smaller triangles toward the top of the pyramid. We were not only advised to eat fewer servings of protein-rich foods (four to six daily) but the use of an ascending pyramid of food groups signaled we should partake of smaller serving sizes as we moved up the pyramid.

By 2005, the pyramid was decorated with vertical rather than horizontal stripes, and a stick figure actually climbing stairs leaning diagonally up the pyramid was added to the graphic to symbolize the need for exercise. The dietary guidelines that accompanied the graphic, however, continued to promote a bottom-heavy diet of grains, fruits and vegetables as opposed to dairy, eggs and meat.

With the unveiling of the 2010 guidelines, gone was the pyramid, and in its place was a circle. The clearly wrong-headed advice to load up on carbohydrates had proven a major government mistake. Critics believe these carbo-loading guidelines have caused our nation's obesity crisis. So, the academic policy wonks found an interesting way to save face graphically.

The government guidelines switched from depicting dietary guidelines with a triangular pyramid to a round dinner plate. A close look at the new My Plate graphic reveals the sad fact that the actual dietary recommendations haven't changed at all, and the dinner plate graphic is a deceptive design.

In the new My Plate graphic, more than three quarters of the colorful dinner plate is comprised of grains, fruits and vegetables, but the plate appears to be half fruits and vegetables and slightly more than one-quarter grains. The approved protein ration appears to be a little less than a quarter of the plate, and a dairy serving is off to the side in another small circle.

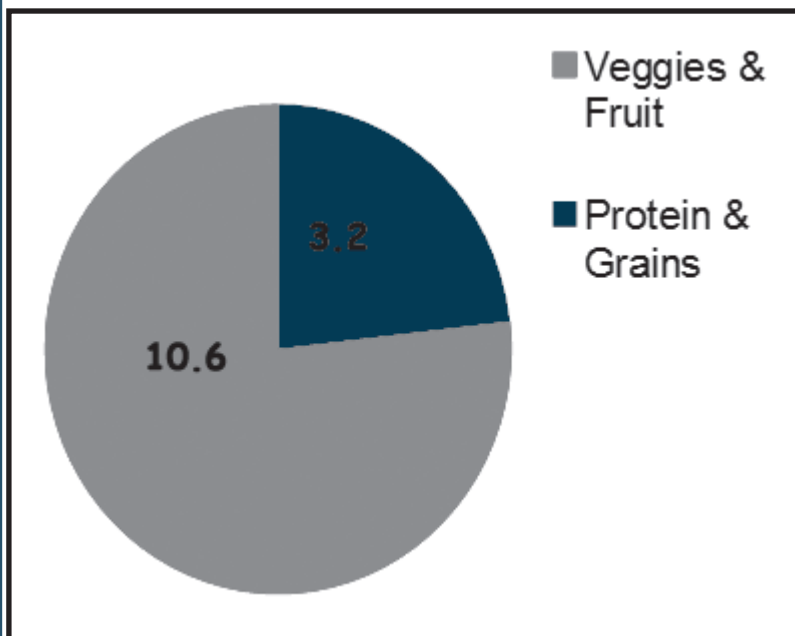
We analyzed the serving sizes spelled out in the sections entitled “How Much is Needed?” on the ChooseMyPlate.gov website. We found that the My Plate graphic doesn't accurately reflect the government's actual ounces-per-meal advice for the various food groups. If you drill down into the text on the ChooseMyPlate.gov website and convert the daily dietary advice into ounces per meal for each food group, you'll make a stunning discovery.

For example, take the average ounces per meal recommended for women aged nineteen to fifty. The government recommends a meager average serving size of 1.6 ounces of lean protein (equal to one-half of a small, lean beef patty or to one and one-half eggs) and 1.6 ounces of grains (equal to one and one-half slices of bread) per meal. In contrast, adult women are advised to eat an oversize portion of 6.6 ounces of vegetables (nearly a cup), and 4 ounces (half a cup) of fruit per meal.

The government recommended ratio of proteins and grains to fruits and vegetables is 3.2 to 10.6. So, this begs the question. Is the My Plate design an accurate depiction of the government dietary advice?

When a pie chart of the average USDA-recommended ounces per meal of each food group is graphed, a totally different picture emerges.

Take a close look and compare the My Plate to the pie chart. You'll notice the My Plate graphic gives the impres-



sion that the meal is evenly divided between proteins and grains compared to fruit and vegetables. When we graph out the actual ounces per meal recommended in the text of the report, it appears that vegetables and fruits take up over three quarters of the plate, and proteins and grains under one fourth of the plate.

The USDA's carb-loading advice is now heavily weighted in favor of vegetables and fruits rather than grains and cereal. Yet, when you add the fruits, vegetables, grains together, 88 percent of the foods in this USDA-sanctioned meal are carbohydrates. In this latest update of the government guidelines, we are hearing that our ideal diet is "plant-based." This is a real victory for vegan activists who are very involved behind the scenes, we can be sure.

Dairy is recommended as one cup per meal, but consumers are still warned to shun whole fat dairy; the biggest error in bureaucratic logic is seen here. In the text, nutrition policy

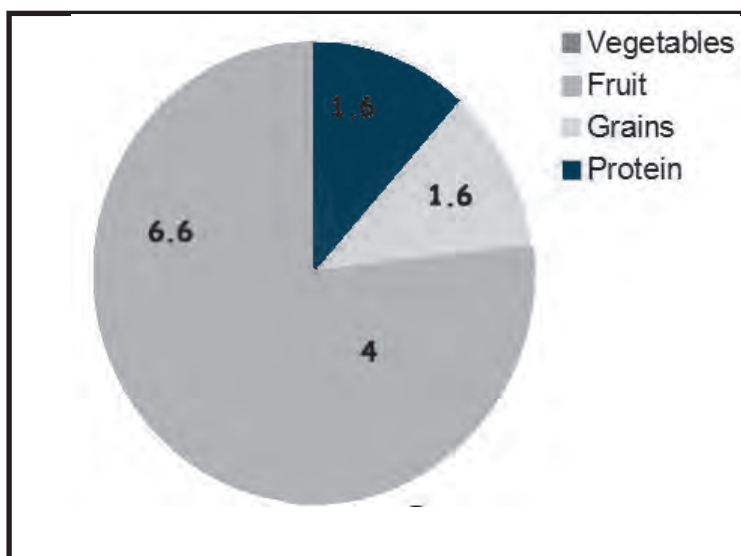
writers label the fat portion of the milk as "empty calories." However, thanks to the teachings of the Weston A. Price Foundation, we now know the fat portion of dairy foods is rich in vital nutrients, vitamins A, D, E, and K.

When you skim the fat from milk, you are left with protein and carbs. So per 8 ounces of milk add .42 ounces of carbs and .32 ounces of protein to the My Plate ledger. *In the final analysis, the diet bureaucracy is recommending 12.62 ounces of carbohydrates and 1.92 ounces of protein per meal.*

When we look carefully at these government guidelines, protein is now a mere condiment on the plate. Yet the cleverly deceptive My Plate graphic disguises this fact. It is only when you take the actual numbers and turn them into a pie chart graph, that the visual trickery is revealed. Instead of comprising a quarter of the meal (as it appears on the My Plate graphic), the meat portion is around one eighth of the meal.

It is important to note that at least the policy wonks radically reversed the previous advice on grains down from six to eleven servings to a mere 4.6 servings or 4.6 ounces a day (the USDA considers one slice of bread or one cup of cereal to be equivalent to an ounce). However, they were sneaky and hid the correction by rendering a deceptive dinner plate.

*Kimberly Hartke
is the publicist for the
Weston A. Price Foundation.*



Technology as Servant

WATER, WATER, EVERYWHERE, BUT IS IT SAFE TO DRINK?

By John Moody

There are many reasons to mourn the scourges of the modern age. The widespread contamination of our land, air and water is one of them. There is almost no source of sweet water anywhere on our planet that is not tainted by our trashing of this good terra. Some places—known as hypoxic zones—are so badly polluted that they have become giant, seasonal dead regions at the end of agricultural and industrial runoff areas. Gargantuan garbage patches have blossomed on the oceans that make Texas look tiny. The high mountain glaciers on the North Pole and across the globe test positive for all sorts of industrial contaminants, even though they are geographically many thousands of miles from active industrial sites.

The number of nasties that may now be found in our drinking water, whether from rural wells or municipal treatment plants, is large. This toxic brew includes agriculture chemicals such as pesticides, herbicides, and excess nitrates and nitrites from synthetic fertilizers. Pharmaceutical chemicals and residues—from antibiotics to antidepressants to digestion-altering medications—are detectable in even so-called treated water. Industrial chemicals of all sorts, from heavy metals to hazardous petroleum and synthetic compounds along with their byproducts, abound.

It is a fact that we can't live without water, yet it seems that we also can't live with it. What are we to do?

At the very least, the technological advances of the modern age also make it possible for people at home to take the initiative and test their water to discover what protective steps they and their families should take to improve the quality of their drinking water and to remove its impurities.

THIS IS A TEST

It is worth explaining why testing your water

is worthwhile, especially for city dwellers whose water is already tested at the water treatment facility. A lot can happen to water between the water treatment plant and the tap in your home. It is no myth that America's highly complex infrastructure is failing and falling apart. Underground pipes of all sorts are corroded and decaying. Sewer systems in many cities are ineffective and dangerous.

For older homes, pipes may contain unsafe metal mixes or soldering, or have other faults that render the drinking water that flows through them dangerous to consume over time. For those who depend upon well water, contamination from conventional agricultural practices is a genuine concern, as is the possibility that the underlying geology may allow potentially dangerous compounds, which are unwanted and possibly harmful, to leach into the water.

HOW TO TEST WITH THE BEST

The first question to ask is which elements or contaminants you want to test for in your water. Many manufacturers answer this question for you with test kits tailored to particular situations. Such basic tests, unless you have a need to test for specific additional contaminants, are a great starting place. Most basic test kits do not test for arsenic, however, which is one of the few additional tests worth carrying out at least once for your home's water supply.

Also, for city dwellers it is also a good idea to compare your home test results to those provided by the municipal water service. Generally, the water company releases yearly test results, and many now post them online. Any differences may be very helpful in identifying problems in your household pipes or the water distribution system in general, and a group of families could compare results for further fun and research. Also, the older a home or well water system,

The first question to ask is what elements or contaminants you want to test for in your water.

the more thorough the testing should be. Pipes corrode over time, releasing greater and greater amounts of metals into the water. Sometimes older pipes were made or soldered together with unsafe mixtures of metals.

SOLID AS ROCK: TDS METERS

The first test that is worth performing and piece of equipment worth owning is a “total dissolved solids” (also called a TDS) meter. These tiny little tools quickly ascertain a water sample's dissolved solids content, generally measured in parts per million. They are also useful for people who, for example, make their own colloidal silver, engage in aquaponics, maintain swimming pools, or need to check the performance of a water filter, and so this little tool has manifold possible uses.

Dissolved solids are generally an indication of the hardness or softness of a home's water supply and its overall condition. If you know the underlying geology (limestone versus other types of rock) of your water supply, the TDS meter coupled with some common sense will give you a good idea as to which minerals, such as calcium and magnesium, are in your water.

These meters are reusable, allowing you to test your water across seasonal changes, before

and after various types of filtering and filter changes, at different taps and spigots around your home, property, farm, and so on. Such information can be helpful when trying to locate trouble spots or to see whether a water filtration unit is working properly or needs maintenance or replacement.

TEST IT YOURSELF

After TDS testing, the next step is a basic home or well water test kit. Just as advances in technology are revolutionizing small farm food safety, home testing of water and air are also improving rapidly and dropping significantly in cost. What once could only be performed in a lab for a few hundred dollars can now be done on your kitchen counter for thirty dollars or less.

Test kits come in a wide variety of setups and stand-alone options. Some companies wisely differentiate between the needs of city dwellers and homesteaders and farmers or others who are on well or spring water sources, by tailoring their kits to each user. For stand-alone test kits, most merely overlap with what a basic home or well water test will already cover. The exceptions are tests for arsenic and lead, though many well water test kits will test for lead. Both tests are worth running if they are not included with your basic test kit.

MOODY WELL WATER TEST RESULTS COMPARISON

Brand	Water Safe	PurTest	SenSafe
Total Nitrate/Nitrites	0.5	.5	Unable to determine result
Nitrite	0-0.15	0 -.5	0-.2
Iron	Zero	.3 - .5	.3
Copper	0-0.5	Hard to read	0-.1
Lead	Negative	Negative	X
Pesticides	Negative	Negative	X
Bacteria	Negative	Negative	Negative
Hardness (pH)	8.5-10	9	8.5-9.5
Hardness (ppm)	250-425	400	425
Total Chlorine	0	X	0
Alkalinity	X	180-240	500
Chloride (ppm)	X	X	Below 250
Free Chlorine	X	X	0-0.05
Sulfate	X	X	Less than 250
Hydrogen Sulfide	X	X	0

If your water tests positive for pathogens and you are on well water or another groundwater source, your well may need to be serviced or treated.

PUT TO THE TEST

One major difference between home tests and laboratory tests is the format of the results. Labs generally will provide exact parts per million (ppm) or similar precise results. Home test kits will provide far more general results, usually in a color-coded format for ease of reading. Some results will come back only as a negative or positive, using the EPA guidelines or some other standard.

Depending on your results, you may have nothing to do, a lot to do, or more testing to do. For instance, if your water tests positive for pathogens, and you are on well water or another groundwater source, your well may need servicing or treatment, something that may require a professional if you are unsure how to make repairs safely and effectively. It may also point to a management issue with your animals on your farm or homestead that needs addressing. Testing thus points to the presence of possible or real problems but won't always pinpoint the problem's origin.

BEYOND HOME TESTING

If home tests or other extenuating circumstances show a need for additional testing, professional testing is the next step. Several companies offer more complete testing, covering one hundred to two hundred individual chemicals and contaminants. Getting a full panel on your water every so often is a worthwhile investment, especially if there are any reasons for concern. The cost of such advanced testing varies greatly, so comparing pricing and tests included between local and national labs is prudent, as you may end up paying half as much for twice the testing by shopping around and shipping water samples.

For instance, in our area the labs we re-

quested quotes from want around four hundred dollars for what National Labs does for \$130, plus the cost of shipping the original sample to the lab (another twenty dollars or so at most). That is a significant savings, to say the least, for a full panel of tests (one hundred and thirty or so individual items tested for).

GENERAL NOTES ON TEST KITS

The various test kits we sampled were very similar. Many of the tests strips, such as for lead and pesticides, were identical from kit to kit, even down to the packaging. Some had small differences, such as putting multiple tests onto a single test strip rather than each test on a single strip.

For all the test kits, reading the directions twice before actually performing the tests is recommended. Many of the tests are time-sensitive, so you want to know the time frame for each test before you actually start it. Also, having a stop watch or other timer is useful and important since both the exposure-to-water segment of the test and resulting development are constrained to particular time windows. For some tests, these are quite specific and short. Also, if you are color challenged (like me!), having an extra person or two to read the color charts and color-match the results is certainly wise.

The Sensafe Complete Home Water Quality Test Kit at \$29 (www.sensafe.com/), is the most complete test kit of those we sampled. It is also most compact in size, while containing twenty-five total tests (twelve parameters with two tests for each, and a single bacterial coliform test).

The insert helpfully contains a place to record your results next to the sensitivity ranges of the test and other data. However, the test color guide and insert are very small in size and print. The four-in-one water test strip asks you

MOODY WELL WATER TEST RESULTS: ARSENIC AND TOTAL DISSOLVED SOLIDS

The Sensafe stand-alone arsenic test revealed 0 ppb (parts per billion).

HM Digital provided three TDS meters for us to try. We tested the water at the well house and then at various spigots around the house itself. All came back in the 400-450 ppm range, confirming the kit test results. Interestingly, our one water filter returned results that were higher after filtering than before, something we will be looking into further.

Reflecting on the test results we must accede to the fact that our water is so hard that it makes the Man of Steel seem soft and Ironman rather jealous. The various test kits merely confirmed what we already knew from observing our homestead's plumbing problems and knowing the geology and soil of our area. The solution for us will be to move over to rain catchment or city water if it becomes available, as we have concerns about water softeners.

to color match four results in ten seconds. While for those training to appear on Jeopardy such time constraints would be seen as a bonus, for average people breaking this strip into two tests may be less stressful. You can do so yourself by carefully dipping only the bottom two tests of the strip first and color matching them, then dipping the whole strip to do the second higher set.


This kit did not include a test for pesticides or lead, since it is intended for municipal rather than well water.

Sensafe also makes a stand-alone arsenic test kit, with five tests per kit. While the standard water test kits are pretty simple to use, the arsenic test is slightly more complicated. It is basic high school chemistry, so not overly difficult, but you will want to read the directions thoroughly a few times before performing this test. Wearing gloves and other basic safety precautions are also recommended, so unlike the basic tests which are kid- and family-friendly, this one requires a bit more care and caution given the reagents used to test for arsenic.

The Water Safe Well Water Test Kit, \$22 (www.discovertesting.com), was the first kit we

tried out. It is the smallest test kit in terms of total number of tests included but also the least expensive. The tests are easy to use, with easy-to-read and easy-to-follow instructions, and overall easy-to-read results. However, we found the pH test very difficult to read.

The PurTest Home Water Analysis, \$30 (www.purtest.com), is very similar to the Water Safe and the Sensafe test kits. While it appears more expensive, it comes with two tests instead of singles for many things (nitrates, nitrites, chlorine, iron, copper, pH, alkalinity, and hardness). Of the kits we tried, this was the easiest to read, with the largest instructions and color comparison chart. Yet the copper test was very difficult to read. PurTest also provided us with several stand-alone tests. Since each of these was already covered by the main test kit, we decided to try them out at a friend's homestead.

I want to thank all the companies that provided tests kits and other items for use and review in this article. Such companies provide affordable resources and guidance to help us protect ourselves from harm in a world where technology is both a blessing and a burden, even down to the water we drink. 

We live in a world where technology is both a blessing and a burden, even down to the water we drink.

HOGWASH: AN AMERICAN PIG TALE

"Hogwash: An American Pig Tale" is a feature documentary that follows the fight of Mark Baker, a Michigan farmer and Air Force veteran, whose family farm got caught in the cross hairs of an unjust court order calling on him to kill all of his naturally raised heritage breed pigs. The documentary's website is: www.americanhogwash.org

"Hogwash" addresses critical issues affecting our rights to choose the crops we grow, the animals we raise and the food we eat. The film's central story, Mark Baker's fight to save his family farm, reveals a bigger endemic threatening the health of individuals and the increasing lack of access to foods raised in a system in balance with nature.

The film's producers are seeking donations to finish the film. They also offer investment opportunities and will offer 1 percent royalty rights to the film for an investment of \$5,000. There is 49 percent of the film available to invest in. The royalties will be paid out to each investor if the film is purchased by a major media conglomerate such as HBO, Discovery, etc. or incrementally when universities or film festivals pay for screening rights.

The year 2015 will be focused on polishing the film to HBO quality by working with former National Geographic Emmy award winning producer, Kathryn Pasternak, making celebrity chef contacts, and promoting the film to be shown at universities, film festivals, and farming events around the nation.

For further information, contact Kyle Miron, meeslymeeron@me.com, (281) 543-2021.



Homeopathy Journal

HOMEOPATHIC SOLUTIONS FOR EMR EFFECTS

By Joette Calabrese, HMC, CCH, RSHom (NA)

In spite of the fact that the homeopathic method was discovered and codified long before manmade electro-magnetic radiation had become a common force in our lives, this resource nevertheless offers us today rechargeable solutions to our modern EMR pollution problems.

When I was twelve my cousin's family invited their neighbor, a boy about my age, to our annual family picnic. He was a handsome boy, but that night when we all gathered on the beach, I saw him intentionally throw a rock at a toad and kill it. I was horrified and confused. Was he a heavenly vision of perfection or an evil monster? The discrepancy between what I imagined him to be and what he really was tore at me so strongly that it was almost painful. I'd gone through such a push and pull of strong emotions all in one day. By the time we headed home that night, I decided I hated him.

This little tale of youthful infatuation dashed by disappointment is not unlike our modern day love affair with the latest mesmerizing offerings of advanced technology. We are so easily seduced by their glittering attributes, and come to worship their convenience and ease of use so that we are convinced we can't live without them. Yet once we discover the disturbing dark sides of technological "advances" that we have permitted ourselves to trust too naively, we can hate them nearly as much.

Yet a solution to this conundrum is close at hand. In spite of the fact that the homeopathic method was discovered and codified long before manmade electromagnetic radiation had become a common force in our lives, this resource nevertheless offers us today rechargeable solutions to our modern EMR pollution problems. Probably what makes homeopathy so pertinent in a discussion of the subject of electrical pollution is that it is not necessarily etiologically specific. That is, its value is explicit to the symptoms and characteristic signs of illness, not necessarily to the cause of the illness. Hence we needn't discover the sometimes elusive sources of electromagnetic pollution in order to ascertain the remedy choice. This method provides freedom from costly and time-consuming tests and speculation.

At the same time this does not mean that we shouldn't search for the cause so that it can

be eliminated or reduced, for certainly the more information we obtain, the better our decisions and actions. Yet with the homeopathic approach, this is not always necessary. For example, recognizing that a child has whooping cough can offer a shortcut to the correct homeopathic medicine, but listening to the sound of the cough will also indicate that an appropriate remedy choice would likely be *Ipecac* or *Cuprum metallicum*, both of which happen to be documented matches for whooping cough. Regardless of the path traveled to fend off the illness, the correct remedy will abort the cough and bring the sufferer to completion of the disease in a relatively short time.

INFERTILITY

With homeopathy in mind, let's look at the consequences of the effects of EMR on a most distressing condition and one that is related to the condition of human reproduction: infertility and sterility.

Aurum metallicum 200C is a remedy confirmed in its efficacy in supporting the male reproductive system. It has historically shored up masculine vigor and returned a low sperm count to a level that is swimmingly adroit. How do we know this? To start, we have over two hundred years of cumulative clinical knowledge and experience of success with *Aurum metallicum* for this condition. The *Concordant Materia Medica* by Frans Vermuelen states the following effects of *Aurum metallicum*: "addresses orchitis [inflammation of testicles], atrophy of testicles, and epididymitis [inflammation of the tube that connects the testicle with the vas deferens]."

From our perspective with the WAPF dietary guidelines, we also know that some of the reproductive conditions that men suffer may be a result of eating a steady diet of soy, from exposure to pesticides, or simply due to an unknown hormonal imbalance.

For young women, infertility is often addressed homeopathically with *Calcarea*

carbonica 200C. In Dr. P.S. Rawat's book, *A Homeopathic Treatise on Homeopathic Help, Research, and Allied Work*, *Calcarea carb* "removes not only the anemic condition, but also corrects delayed menses and favors conception." The author offers no specific cause for the disorder. Instead, the simple diagnosis of infertility is enough information to consider this medicine of value with this complaint.

Drs. Prasanta and Pratip Banerji in their book *The Banerji Protocol* offer a chart that includes fertility and sterility with regard to toxic radiation. It presents *Aurum metallicum* 200C for men while for women *Calcarea carbonica* 200C is indicated. Drs. Prasanta and Pratip Banerji use *Aurum metallicum* routinely for nearly all cases of male infertility problems as well as erectile dysfunction and *Calcarea carbonica* for any cases of infertility in women.

CHANGES IN RED BLOOD CELLS


Another concern with EMR exposure is hematological changes, which have been observed in mice. When the red blood cells show pathological deviations, (again, regardless of the cause) one homeopathic course of action is *Hamamelis virginica* 200C and *Arnica montana* 3C. The Drs. Banerji consider this to be the first line of defense when this disorder appears. After having worked in a fellowship for two years in the Prasanta Banerji Homeopathic Research Foundation in Calcutta and observed and recorded over fifty-five hundred cases, I witnessed incidents in which their method of using these medicines showed noteworthy success. The method is to use the two remedies mixed together and taken daily for about six to eight weeks, thereafter assessing the status of the patient. Based on their one hundred twenty years of observations accumulated throughout this distinguished Banerji lineage of several generations of homeopathic physicians, the protocol above has proved successful in about 80 percent of patients with an abnormal red blood cell count.

INSOMNIA

No discussion of the ill effects of EMR would be complete without a look at the neurological effects of exposure. One of the most common complaints is sleeplessness and agita-

tion. Recalling that homeopathy is based on the aphorism "like cures like," we look to the ability of other stimulants that are known to cause such symptoms in their crude form and consider remedies derived from those substances which when homeopathically potentized, become a medicine capable of relieving those same symptoms. Hence, we must examine the homeopathic medicine *Coffea* 200C, which is made from coffee but diluted two hundred times to the hundredth power. Its ability to relieve symptoms of sleeplessness, mental agitation and unusual activity of body and mind is unmatched. When it is time to rest, the sufferer is full of ideas, quick to act, is unable to drop into sleep. When *Coffea* 200C is taken twice daily for days or weeks, depending on the severity of the symptoms, it has been shown to relieve these exalted sensibilities. Remember this method not only for these sorts of sensations in relation to EMR but also when they occur regardless of the cause. *Coffea* 200C, taken about an hour before bedtime, has put many an insomniac to sleep without the associated toxic properties of narcotics.

Interestingly, members of my family are dealing with an EMR problem in the home where our adult children live. There is a strong electromagnetic field adjacent to one of the bedrooms. We know its origin and have noted a few solutions, but the cost for remediation is prohibitive. So while we're working on a second shielding solution and while our sons have neither apparent illness nor conditions, this is what we're doing to protect them. They take *Natrum muriaticum* (Nat mur) 6x mixed with *Calcarea fluoridica* (Calc fluor) 12x, twice daily. *Natrum muriaticum* and *Calcarea fluoridica* are cell salts, a sub-category of homeopathy that encompasses nutrients (minerals) and enhances the body's ability to absorb nutrition. There are no data of which I am aware that prove that these two cell salts have protected humans or animals from EMR. However it is my professional deduction that they may do so based on my knowledge of the characteristics of each. Of course our sons also consume bone stock as well as raw milk, kombucha and raw butter nearly every day.

It might be difficult to prove that any of these conditions is related to EMR. One of the most engaging aspects of homeopathy is that knowing the origin of the condition is not always necessary. So whether the condition results from pesticide exposure, electromagnetic radiation, poor diet, inherited tendencies, or even the ill effects of disappointed puppy love, we can usually depend on symptoms and a diagnosis to direct the treatment and count on homeopathy as a viable method with profound and reproducible results. 

Cure your family yourself with homeopathy. Join Joette for inspiration and homeo-information with the research section of her blog www.JoetteCalabrese.com/blog but most importantly free blog articles with the sole intention of helping you and your family. Read it today and treat your family this weekend by using the search function to find homeopathic solutions to many ills and conditions. Visit www.JoetteCalabrese.com or call (716) 941-1045 to determine whether you'd like to work with Joette directly.

All Thumbs Book Reviews



An Electronic Silent Spring: Facing the Dangers and Creating Safe Limits
by Katie Singer
Portal Books, 2014

Many people may be doing everything “right” to protect their health in terms of diet, exercise and avoiding toxic chemicals. They get enough good fat, avoid *trans* fats, avoid junk in general and eat nutrient-dense food. They are careful about chemicals in hygiene products and tap water. They do everything right but. . . they still have some nagging health problem. Why? This book may answer that question. It covers the subject of electromagnetic radiation (EMR) very thoroughly.

The average man on the street is still very skeptical that radiation from our electronic toys could be harmful. Katie Singer pulls information from many sources, some of which I’m familiar with and have even reviewed before, so I know she is not making things up.

The short list of things that produce unsafe levels of EMR includes just about any digital or wireless item (computers, cell phones, Internet routers, TVs), fluorescent and compact fluorescent lights, dimmer switches, faulty home wiring, battery rechargers, and digital smart meters. Nearly all microwave ovens leak. Some items like computers have power supplies that can generate EMR even when turned off, if they are plugged in. If you want to get off the grid completely you should know that solar power systems can generate a lot of noise also.

The next question is what kind of health effects result from these things. The short list is Alzheimer’s, diabetes, psoriasis, insomnia, cancer, leukemia, ADHD and vision problems. South Korea may be the most connected country in the world at the moment. Doctors there have come up with a term for a condition they call “digital dementia.” Young people in particular have become so dependent on their digital crutches that they can’t remember their own phone number.

Cognitive deterioration in these people resembles that of head injury victims.

And then there is a sore subject I have brought up before. Nobody has shot me yet so I’m going to tempt fate and do it again. The subject is cell phones. A Swedish study found that for every one hundred hours of cell phone use, the risk of cancer increases 5 percent. For every year of use, the cancer risk increases 8 percent. After two or three thousand hours of cumulative analog cell phone use, the cancer risk is 490 percent greater.

Digital “smart” phones generate more radiation than analog phones. If you raise the question of safety with any large agency the standard response is usually something about the devices meeting FCC guidelines. Somewhere implied in all that is the assumption that only evil heretics would question the omniscience of any government agency, including the FCC. One thing to keep in mind is that the FCC only considers whether a device works and whether or not its signals interfere with any other signals the FCC deems important. Signals inside your own body that keep you healthy are *not* important in this context and consequently don’t matter. The FCC is not a health agency. That is not their job and they don’t care. Any testing done by other agencies has only been done for large healthy males. Testing has not been done for women, children, the aged or the handicapped.

So whose job is it to protect citizens’ health and safety? Officially, it is the FDA’s job, but they don’t have funding for that. They seem to have plenty of money to shut down small farms that aren’t hurting anybody but no money for this.

Singer’s message is not all doom and gloom. She does fill a chapter with proposed solutions to the problem. They fall into two general categories—what you can do yourself and what government agencies can or should do. There are many good ideas for what you can do yourself. There are cheap ways of turning an AM radio into a noise detector to track down sources of

The average man on the street is still very skeptical that radiation from our electronic toys could be harmful.

All Thumbs Book Reviews

***Mad in America:
Bad Science, Bad Medicine, and the Enduring
Mistreatment of the Mentally Ill***
by Robert Whitaker
Basic Books, 2nd edition

Well written and researched, *Mad in America* is the first of two books that journalist Robert Whitaker has written about mental illness. Whitaker has won numerous awards for his work on medicine and science. Here his graphic description of the treatment of the mentally ill from the late 1700s up until the present day is riveting, spell-binding, and sometimes unbelievable.

Back in the 1700s the mentally ill were institutionally housed in unheated, dingy cells, confined in chains, and displayed for public amusement. These “lunatics,” “brutes,” and “wild beasts” needed to be subdued and kept fearful of their captors.

Private asylums in England, which were owned by doctors, were known to be places where husbands could get rid of annoying wives or relatives. Physicians became the sole arbiters to determine the diagnosis of insanity and some became quite wealthy at their “practice.” The number of madhouses soon doubled and insanity became a common condition. Women were often the victim of “asylum medicine,” and “female

insanity” in the 1890s was commonly “cured” by removing the uterus or amputating parts of the female anatomy.

Mentally ill patients were also treated with powerful purges, emetics (to induce vomiting), mercury and blistering of the skull with mustard powders. Injections with such things as animal parts, sheep extract, horse serum, arsenic, strychnine, toxic chemicals, and malaria serum were common treatments. Removing various body parts and teeth because of “hidden infections” caused death in nearly 43 percent of patients.

Submersing the patient in waterfalls, pummeling him with painful blasts of water, dropping him or her into a deep tub of cold water (“Bath of Surprise”), near drowning in the “Chinese Temple,” and the use of swinging chairs were considered effective “medical” treatments. Copious bloodletting, as well as creating wounds and keeping them open for months to induce a permanent discharge (to “let out” the insanity) were also commonly employed.

Yet, despite the inhumanity of these early procedures, the “darkest era in the treatment of the mentally ill” was the period between 1900 and 1950. The eugenics movement arising in the late 1800s set the stage for the development of further inhumane psychiatric treatments. Eugenics proponents judged the mentally ill as “societal wastage” and the product of a “defective germ



EMR. You can call an electrician to fix wiring flaws. You can change from wireless Internet to cabled connections. Get rid of fluorescent lights and use old-fashioned incandescent bulbs if you can still get them, or use LED bulbs. You can give up some or all of your electronic toys. I know some people would be more offended by this advice than if I had suggested they drop dead and their dog, too. Yet all I can say is if you value your toys more than your health, you will have health consequences to contend with one day. That is your choice.

Singer also warns about popular solutions

that may not be all they are cracked up to be. Filters that plug into outlets generally don't work and can make things worse. Installing shielding in a room can work if it is done right. It is hard for an amateur to do right and if it isn't, it may amplify the radiation in the room. Singer includes websites that help you sort out what works and what doesn't.

The suggestions for what government agencies should conscientiously and justly do are also good. However, since our government is bought and controlled by big corporations, I personally am not highly optimistic that things will change quickly there. This is one case where I would be happy to see someone prove me wrong. If you feel inspired to do that I truly wish you luck. I will give you a free thumbs up for that. This book also gets a thumbs UP.

Review by Tim Boyd

All Thumbs Book Reviews

plasm.” The advocates of eugenics determined that mental illness is inherited and the end stage of a progressive decline in a family line. A “neuropathy gene,” dubbed the “insanity gene,” was a recessive gene that caused mental illness. A “normal” person could also be a carrier of such a gene. The theory of “tainted genes,” popularized by Aaron Rosanoff, MD, who conducted a medical study on the topic, became a medical paradigm published in *The Science of Eugenics*.

Thus, the only solution to stop the spread of mental illness, according to the eugenicists, was sterilization. This country’s lawmakers agreed and as a consequence gave the U.S. the first laws for the compulsory sterilization of the mentally ill. In 1907 Indiana was the first state to pass the mandatory sterilization law followed by thirty other states. In 1914 Connecticut prohibited the mentally ill from marrying. In 1927 the U.S. Supreme Court, led by Justice Oliver Wendell Holmes, in *Buck v. Bell*, ruled that these laws were indeed constitutional. After that ruling forced sterilizations increased by 66 percent. Doctors claimed that it had a therapeutic benefit; the sperm was conserved and the operation led to an improvement in mental health. Soon it was considered a “medical treatment” for the mentally ill.

The National Eugenics Conference of 1914 was funded by John Harvey Kellogg, the inventor of the boxed cold cereals. The Second International Conference on Eugenics in 1921 was financed by Andrew Carnegie and John D. Rockefeller, with speakers from prestigious universities taking their turn at the lectern discussing topics such as “The Jewish Problem” and the public cost of caring for defectives. In the same year some forty-four colleges introduced eugenics into their curricula and taught the courses as a bona fide science. Academics at Harvard, Yale, MIT, Columbia and other prestigious colleges researched and published articles on the subject in *The Journal of Heredity*. Eugenics dogma flowed into the American school system.

Rockefeller money contributed cash prizes to clergymen who delivered the best sermon on eugenics. The Reverend William Matson won with his sermon when he declared, “We may raise the pig in the parlor, but he is still a pig.” In 1928 Rockefeller gave two and one-half million dollars to the Psychiatric Institute in Munich, Germany for “eugenics research.” Alexis Carrel, a medical doctor who won a Nobel Prize for his work at the Rockefeller Institute, proposed in 1935 that society “dispose of criminals and the insane in small euthanasia institutes with proper gases.”

Grounded in pervasive hatred, pedantry, prejudice, hubris and fear, treatments for the mentally ill reached their lowest and most debased levels. From the 1920s to mid-1950s the use of the insulin coma became a common treatment for schizophrenia. The coma caused hemorrhages in the brain and destroyed nerve tissues. The next popular treatment was metrazol shock injections which produced “explosive” seizures in which the “patient would arch into a convulsion so severe that it would break bones, cause spinal fractures and loosen teeth.” The procedure was used in 70 percent of U.S. hospitals by 1939. But the worst was yet to come.

The following lines are a summary of general instructions on how to perform a quick lobotomy from the medical textbook, *Psychosurgery* (1950) written by Walter Freeman and James Watts, the most well-known advocates and performers of lobotomy, which was a procedure commonly performed on the mentally ill in the 1940s and 1950s:

Instead of drilling holes in the sides of the patient’s head, Freeman attacked the frontal lobes through the eye sockets. He would use an ice pick to poke a hole above each eye, insert it seven centimeters deep, then move behind the patient’s head and pull up on the ice pick to destroy the frontal lobe nerve fibers. To quicken the process, he would drive

The eugenics movement arising in the late 1800s set the stage for the development of further inhumane psychiatric treatments.

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picks into both eyes at once and then step behind the patient and pull up on both icepicks at the same time. Instead of anesthesia he would knock patients out with electroshock beforehand which "saved time." He dispensed with the use of any sterile precautions (p 133-134).

Antonio Egas Moniz, the psychiatrist who originated the lobotomy procedure and shared a Nobel Prize in Medicine in 1949, claimed that emotional disorders became fixed in the frontal lobes and destruction of the cellular connections would cure patients. After many surgeries he determined that lobotomy failed in the case of schizophrenia, but Freeman reported that they could indeed be helped by the procedure.

Freeman performed the procedure, which took from ten to twenty minutes, at state mental hospitals and on an outpatient basis hundreds of times, perhaps thousands. One of Freeman's youngest patients, Howard Dully, was lobotomized at age twelve. His parents considered him a difficult child and handed him over to Freeman's quick icepick. Dully documented his experiences in his book *My Lobotomy*.

In the 1950s state mental hospitals were gradually dismantled due to the crippling costs to state budgets, and a large captive group of patients were no longer available for such procedures. Lobotomy was gradually abandoned around the same time, after reports of similar surgeries in Nazi Germany revolted and shocked the American general public.

After lobotomy, electroshock therapy (ECT) was one of the most cruel and disabling treatments doled out by medical professionals of the last century. It continues to be used today despite its abysmal failure rate at relieving mental illness, especially depression.

In the recent film, *Blue Jasmine*, Cate Blanchett, whose character is named Jasmine, talks about receiving a dose of "Edison's medicine" because she was depressed. A recent epi-

sode of the television series *Royal Pains* showed Dr. Hank recommending ECT to a troubled housewife and her total recovery afterwards.

ECT was invented by an Italian psychiatrist who first experimented on vagrants. It was introduced into the U.S. in the 1940s. Electrodes were placed at the patient's temples, which induced spasms accompanied by memory loss, reduced cognitive function and permanent impairment of learning capacity. The procedure was repeated many times on the same patient "to induce therapeutic confusion," which would somehow cure the patient. Patients often became incontinent and walked around naked. Children were also subjected to shock therapy. In an experiment on twenty children who were shocked twice per day for twenty days, many later became extremely violent and disturbed.

Patients who received the therapy speak of the extreme pain it caused: the broken bones and shattered teeth. Those who tried to escape were dragged screaming into the treatment room. Most patients, once shocked, became so difficult to manage when they heard about another pending treatment that psychiatrists began to shock them without their consent. The opinion of the American "electroshock doctors" was that they had the right to act in the patient's best interest, even over his or her screaming protests.

ECT was a common practice for two decades to frighten, control, and punish difficult patients in state facilities. To quiet wards, doctors and nurses set up a schedule for shocking rows of patients, going up and down the aisle with the equipment. Nurses at one Georgia asylum regularly threatened difficult patients with "a Georgia power cocktail."

The Rockefeller Institute is at least partially responsible for the rise of psychiatry in America. It provided sixteen million dollars over twenty years to develop new techniques and new departments of psychiatry and neurosurgery at medical schools and for the experiments which led to the development of lobotomy and electroshock.

Even though psychiatrists knew the outcomes of electroshock and realized that the treatment caused permanent brain damage and disability, the procedure became commonplace. Whitaker states that these gruesome and inhuman treatments survived and were practiced by so many professionals because of the "storytelling partnership." One doctor told the story in a medical journal and at medical conferences that his treatment was successful. This story was told by another doctor, then another. With time, the treatment was discussed in major newspapers as the treatment of the hour. Doctors practicing these "therapies" became famous and rich.

Before lobotomy, asylum medicine and asylum doctors were considered the lowest on the medical totem pole. After the bells and whistles of lobotomy and electroshock, psychiatrists took over the treatment of the mentally ill.

Continued on page 78.

All Thumbs Book Reviews



***Anatomy of an Epidemic:
Magic Bullets, Psychiatric Drugs, and the
Astonishing Rise of Mental Illness in America*
by Robert Whitaker
Broadway Books, 2011**

In 2010 Robert Whitaker, experienced science and history writer, won the coveted Investigative Reporters and Editors Award for “best investigative journalism” with this stunning, richly documented and researched review of the rise of psychiatric drugs and their actual efficacy in treating mental illness. In this book Whitaker, also author of *Mad in America*, takes a hard and critical look at psychiatric medications over the history of the profession. He lifts the curtain for general readers to peer into this uncertain world and decide for themselves: Do psychotropic drugs heal or harm?

Our nation has been hit by an epidemic of disabling mental illnesses, which began after the introduction of Thorazine, the trade name for chlorpromazine, in 1954. Thorazine was the first specific psychiatric drug: a first generation (the first of its kind) anti-psychotic used to treat schizophrenia. Chlorpromazine works on a variety of receptors in the central nervous system, producing potent anticholinergic, antidopaminergic, antihistaminic, and antiadrenergic effects. Patients taking this drug likened its effects to those of lobotomy.

To set the stage, in tandem with the introduction of this drug, the passage of the 1951 Durham-Humphrey Amendment gave physicians monopolistic prescribing rights. Until this law, there was no requirement that any drug be labeled for sale by prescription only. The Durham-Humphrey amendment requires any drug that is habit-forming or potentially harmful to be dispensed under the supervision of a health practitioner as a prescription drug and must carry the statement “Caution: Federal law prohibits dispensing without a prescription.” For the first time two mortal enemies, the medical profession and pharmaceutical companies, were on the same side.

Before this drug came along, psychiatrists or “asylum doctors” as the first such practitioners were called, had little use for the prescription pad because they had no drugs to prescribe. And except for lobotomy (which was largely condemned after World War II) there were no surgical procedures to perform. According to the profession, Thorazine “initiated a revolution in psychiatry” and gave this specialty some legitimacy. At last the “asylum doctors” had metamorphosed into psychiatrists who prescribed drugs specific for mental diseases.

In 1955, there were over three hundred fifty thousand adults housed in state and county mental hospitals in this country. Although the state and county mental hospitals were on the

Mad in America, continued from page 77.

After reading this book, one cannot help but be deeply moved. Readers may question how such treatments were sanctioned and performed, not once, but thousands of times, on innocent, ill people. How could we in 2014 not judge the treatments of the mentally ill in the past as contrivances of those who were mad themselves? Genuine Bedlam.

Remember, the worst practices were occurring when Dr. Price wrote *Nutrition and Physical Degeneration*, in which he bravely argued that mental illness was not the result of genetics but of poor nutrition. When, oh when, will the psychiatrists realize that people who are mad are people whose brains are starving?

Of the over nine hundred ratings on “Good Reads,” the majority

describe *Mad in America* as “disturbing,” “heart-breaking,” “shocking,” “gruesome,” “incredibly useful,” “important,” “best non-fiction book,” “mind-blowing,” “well-researched” and “a wake-up call.” University professors have chosen this book as a review project for their classes and it can be found in academic libraries throughout the country, but psychiatrists have called it “venom” and “a general attack on psychiatry.”

You be the judge. I give this book a well-deserved thumbs up.

Review by Sylvia P. Onusic, PhD, CNS, LDN

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wane, during the next thirty years the number of disabled mentally ill rose to over one million and the number of adults and children disabled by mental illness in the U.S. continued to skyrocket.

The introduction of Thorazine was followed by tranquilizers and other “magic bullets” such as antidepressants, antipsychotics, anti-anxiety drugs, stimulants and psychotropics. After the “second generation blockbuster” Prozac arrived on the scene in 1988, the number of mentally ill continued to rise, not decline. It seemed that the mentally ill became chronically ill on the new “magic bullets.”

By 2007 the number of disabled mentally ill had grown to more than four million adults. From 1987 to 2007 psychiatric drug companies, by means of willing medical experts, marketed these drugs to children and adolescents for ADHD and other behavioral problems. There followed a thirty-five-fold increase in young people qualifying for disability checks from the government, from about sixteen thousand in 1987 to five hundred sixty thousand in 2007. In twenty years the number of disabled mentally ill children rose thirty-five-fold. Of those dependent upon SSI (social security supplemental income), children comprised fifty percent in 2007. Children in foster homes seem to be specifically targeted as needing psychiatric drugs.

Today medical doctors prescribe antidepressants to pregnant and nursing moms, even though the medications appear in the fetus in measurable amounts. The newborn may start off life today with a bloodstream full of antidepressants and nourished by a breastmilk cocktail spiked with psychiatric drugs.

At the beginning of his career, Whitaker was a “believer in the conventional wisdom” that psychiatric drugs fix what is broken. For over fifty years psychiatrists have been preaching that the biological cause of mental illness is a “chemical imbalance” in the brain and that psychiatric drugs restore this balance. But no laboratory tests or scans can show proof of this “truth.” From

examining published and unpublished research and conducting interviews with experts, Whitaker found that these medications actually create imbalances which become permanent over time. That’s why it’s so difficult and dangerous to stop taking them. The side effects of drug withdrawal can be fatal.

Whitaker also reviews puzzling Harvard studies which showed that outcomes for schizophrenics have worsened in America and that sufferers are no better off than a century ago. Other literature showed that outcomes for these patients were much better in poorer countries where drugs were used in only 16 percent of cases. Because schizophrenia is such a costly disease to treat (with most funds used to cover drug costs), and because it affects more than two million Americans and costs thirty-five billion dollars annually, the question becomes: what is going wrong?

Before the advent of psychiatric drugs in the late 1940s and 1950s, about seventy-five percent of cases first admitted to hospitals for schizophrenia recovered and returned home to their families in three years, with little or no readmission. What closed the asylums and state hospitals was Medicare and Medicaid programs begun in 1965, which provided federal subsidies for nursing home care but no such subsidy for care in state mental hospitals. States seeking to save money began shipping their chronically ill patients to nursing homes. Those patients in nursing homes were maintained on psychiatric drugs and remained chronic cases.

According to Whitaker’s findings, it appears that when people are diagnosed with mental illness in America it is nearly certain that they will become chronically ill and take psychiatric medications for life. Because of their medication’s effects, they will lose twelve to twenty years of life expectancy compared to people not taking the drugs. In addition, those who take psychiatric drugs can develop cognitive deficits as well as tardive dyskinesia (TD). This condi-

Whitaker also reviews puzzling Harvard studies which showed that outcomes for schizophrenics had worsened in America and that sufferers were no better off than a century earlier.

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Studies have shown that smoking marijuana is associated with a five-fold increased risk of a bipolar diagnosis and accounted for one-third of all new cases.

tion occurs when pathways in the brain become dysfunctional because of psychiatric drugs. TD is an incurable disorder, which involves grimacing, involuntary tongue movements, lip smacking, lip puckering, eye blinking, inability to keep the tongue in the mouth and other related behaviors. Rapid involuntary movements of the arms, legs and fingers can also occur, which do not cease upon withdrawal of the drugs. Not only are people not cured, but while on drugs they exhibit freakish behaviors, lose motor control, experience much diminished quality of life and die earlier.

Whitaker found that children today are at high risk of becoming mentally ill because of the practice of prescribing them psychiatric cocktails of stimulants and antidepressants for ADHD (attention deficit hyperactive disorder) and other conditions. When the child reaches the age of eighteen, Whitaker says, he often becomes a disabled adult.

In the case of bipolar disease, which was rare in the 1950s, the outcomes have seriously worsened in the past twenty years. Numbers began to increase with the hippie era of marijuana use and picked up steam with the introduction of antidepressants in the late 1980s. Today one out of forty is affected with the condition. Research points to the conclusion that it is most certainly drug use, whether illicit or prescription, that has contributed most to the diagnosis of bipolar illness, a condition where the person experiences extreme highs (mania) and lows (depression). Whitaker found that most first episodes of bipolar disease were preceded by substance abuse of marijuana, cocaine or amphetamines, or from legal prescription use of antidepressants. Studies have shown that smoking marijuana is associated with a five-fold increased risk of a bipolar diagnosis and accounted for one-third of all new cases. The psychiatric profession has admitted that all antidepressant treatments, including electroshock, can cause manic or hypomanic (depressive) episodes and that patients can con-

tinue to have episodes even when the treatment is stopped. The more quickly these states of manic-to-hypomanic change (rapid-cycling) occur, the more dangerous the disease becomes. These rapid cyclers can lose cognitive abilities and “come to a bad end.”

Whitaker did find bright stars in the darkness of mental illness treatment in programs run in Finland, Europe, and the U.S., where drugs are given only on a limited basis and lifestyle changes like exercise are seriously incorporated into patients’ treatment. In fact, studies have shown that exercise produces a “substantial improvement” within six weeks and that seventy percent of all depressed patients respond to an exercise program. Patients living with good family support did much better in these programs.

Anatomy of an Epidemic was enthusiastically received by many audiences, but not by the psychiatric community, which has opposed its contents. Yet this book contains more interesting, surprising and even shocking information in addition to that which I have described here. By the end of this book, readers are certain to have many disturbing questions of their own about the history and continued use of psychiatric drugs in this country. Despite their poor outcomes, these drugs continue to be the treatment of choice for the major mental illnesses in America.

We give *Anatomy of an Epidemic* a resounding “Thumbs Up” for its contribution to our understanding of mental illness and current treatments, and for describing alternative methods of treating the mentally ill. If you suffer from a mental illness, have a mentally ill family member, are a parent, grandparent, or intend to have children, I highly recommend this book for your required reading list.

The first chapter of *Anatomy of an Epidemic*, “A Modern Plague,” may be found at this link: http://robertwhitaker.org/robertwhitaker.org/Anatomy%20of%20an%20Epidemic_files/anatomych1.pdf.

Review by Sylvia P. Onusic, PhD, CNS, LDN

All Thumbs Book Reviews

Science for Sale: How the U.S. Government Uses Powerful Corporations and Leading Universities to Support Government Policies, Silence Top Scientists, Jeopardize Our Health, and Protect Corporate Profits

**by David L. Lewis, PhD
Skyhorse Publishing**

Science for Sale offers a good peek at what really goes on in modern science. If you're not aware of the agendas, money, and political influence, then you don't really know what is going on. Dr. Lewis has experienced firsthand the allegations of dishonest reporters and science journals. His experience is detailed in this book. He gives examples that illustrate how any branch of science the government is involved in becomes corrupt. He is a former EPA scientist, so he knows whereof he speaks. In those circles they play hardball.

In a discussion with Newt Gingrich about a controversial article Lewis had just published, Mr. Gingrich said, "You know you're going to be fired for this, don't you?" Dr. Lewis was well aware of that and just hoped to stay out of jail.

Dr. Lewis was very involved with trying to get the EPA to do its job correctly in protecting the environment and public health from toxic biosolids. He attempted to coerce the EPA to stop publishing falsified data. This got on the nerves of EPA upper management, and that is why he is now a former EPA scientist.

It turns out that Lewis knows a lot about the case of another well-known scientist who has been dragged through the mud—Dr. Andrew Wakefield. Wakefield greatly upset the pharmaceutical industry when he published a study suggesting a link between MMR vaccines and autism. Among his attackers were writers who were published in the *British Medical Journal*. For those who believe the prestigious *BMJ* and other scientific journals can do no wrong, they neglected to mention a financial conflict of interest in this case. It was probably a little after this

book was published that Dr. William Thompson, senior scientist at the CDC, revealed that while employed at the CDC he and other CDC scientists and top officials hid data showing that black males are 340 percent more likely to be diagnosed with autism when they received the MMR before age three. So there is substantial evidence that Dr. Wakefield was right and the BMJ and CDC were wrong, and they knew it.

Lewis makes the comment that the two worlds of science and religion can never merge. In the next sentence he says that, at least to some extent, they need to merge. I agree. I think we are getting close to if not right at the core of the problem when we look at the mindset in the first sentence, which says science and religion are fundamentally incompatible. They belong to two different worlds. That eloquently illustrates our fractured view of reality. Does some basic truth change every time you change the subject? I find that idea bizarre. If that is happening, then our understanding of one or both subjects is wrong. The modern, segmented view that separates reality into thousands of disconnected, unrelated subjects leads to all kinds of problems. We end up with experts who know everything about nothing, who can't believe cancer or other disease in one part of the body could be due to a root canal in another part of the body. They may not explicitly admit it but in practice truth, integrity and value for life—being under the category of religion—are considered irrelevant in science. That is how we end up with GMOs. That is how we end up with vaccines and drugs that are worse than useless. That is how we end up with factory farms. Science without ethics or morality is not just worthless, it is dangerous.

A very interesting and disturbing comment from Caroline Snyder, professor emeritus at the Rochester Institute of Technology, is included in the book. She was one of millions of German citizens who fled Germany at the end of World War II. She noted that many Nazi scientists were

Continued on page 82.



CDC scientists and top officials hid data that showed that black males are 340 percent more likely to be diagnosed with autism when they received the MMR vaccine before age three.

All Thumbs Book Reviews



Defending Beef: The Case for Sustainable Meat Production

**by Nicolette Hahn Niman
Chelsea Green Publishing**

Our culture has descended to the level where we are industriously trashing our environment, but many refuse to accept the blame. Whom to blame? Whom to blame? I know, let's blame cows. Yeah, that's the ticket. The cows did it. Those dirty rotten cows.

That solution may be very convenient for the irresponsible-American demographic but their arguments are so lame that it has reached the point where a vegetarian has stepped up to defend the poor, defenseless cows.

One of the most popular accusations is that cows increase carbon dioxide in the atmosphere and that will overheat the planet and it will melt, or something. There are many things wrong with that theory. How much CO₂ is generated depends on how beef is produced. If the beef is produced by proper grass-based farming, carbon dioxide is released, but it is also sequestered in possibly greater amounts in the soil. If beef is produced by feeding soy to the cows in large commercial operations, that is much worse. A lot of soy is produced by tearing down rainforests, planting and harvesting soy, then shipping it all over the world, all of which generates a lot of carbon dioxide.

I don't think this point was made in the book, but if you want to remove all CO₂ from the atmosphere, you might want to be careful what you wish for. Without it, life on this planet ends. We need carbon dioxide. Members of the pop-

environmentalist religion may vent much angst in my general direction for saying this, but, when the term "global warming" was displaced by the very ambiguous "climate change," that kind of gave away the scam that we're all going to melt.

Nicolette Hahn Niman has no doubt that climate change is happening and neither do I. It's been happening as long as there has been a climate. What specific changes constitute a crisis and why is not clear to me. We are doing many bad things to our environment, but I find the evidence for a CO₂-based crisis deeply and profoundly underwhelming. To be clear, Hahn Niman never says that the goal is elimination of all CO₂ in the atmosphere.

Another charge brought against cows is that they damage the land by overgrazing it. Allan Savory thought that early in his career. He orchestrated several experiments based on this theory which involved removing large herds from damaged land. The result was the same every time. The land got worse. Finally he realized he "had the bull by the udder" and understood that cows, elephants and other herd animals don't damage the land. In fact, if properly managed, they repair it and improve it.

Then there's the one about how they use too much water. Some of the more popular estimates are greatly overblown, but even if not, who cares? This is not gasoline we are talking about where using it means it is up in smoke and gone forever. Nobody is smoking water, least of all cows. Used water doesn't disappear forever. It is just temporarily diverted. So what? When realistic water usage per pound of beef is compared to rice or sugar (which it never is), suddenly it doesn't look

If you like honey bees and the variety of foods they make possible, then you need grassland and pasture, which is not possible without cows and other ruminants.

Science for Sale, continued from page 81.

very involved in the atrocities committed during those times. As far as she could tell, not one of them ever protested or joined the resistance. When many of them were brought into the United States after the war, they quickly assumed high positions as government or corporate scientists,

and their brand of ethically bankrupt science seems to have spread throughout the American scientific community.

A growing number of books expose the dark side of establishment science. Many of them are written by insiders with firsthand knowledge. Books like this make it very possible for anyone to learn more about what's really going on. The thumb is UP.

Review by Tim Boyd

All Thumbs Book Reviews

excessive at all.

If you like honey bees and the variety of foods they make possible, then you need grass-land and pasture, which is not possible in the long run without cows and other ruminants.

There is also evidence that human immune systems are more robust when regularly exposed to livestock. One interesting illustration of this point is what happened when Europeans invaded the western hemisphere. The Plains Indians with their buffalo seemed to be much less affected by the European diseases that nearly wiped out eastern tribes.

Many pages are devoted to debunking health claims against beef. Cancer and heart disease skyrocketed in the 20th century. Some people want to blame the cow for that too. One of the most obvious counter-arguments is that we are eating less animal food and saturated fat than we did 100 years ago. If that proves anything, it proves we need more, not less of those things.

I read recently that it is important for us to establish a colony on Mars because the survival of the human race may depend on it. That is hilarious. Earth is the most optimal environment

we know of for human beings. If we can't make it here, how are we going to make it on Mars? Mars is a wasteland. In fact it's cold as hell (I think I heard that from some guy named Elton John).

That makes almost as much sense as the idea that we can produce more food by kicking cows off the land. That idea may fool city-slicker vegans but not anyone who knows anything about agriculture or nature. Probably most of the land occupied by cows is not good for anything else. Large tracts of land in the world are useless for growing crops but can support grass and cattle. Removing cattle will reduce our total food supply, not increase it.

In the discussion of ethics at the end of the book, the author makes a very important point. One billion of the world's poorest people depend on livestock. That is all they have. That makes the ethics argument pretty simple for me.

So we have here a book loaded with good points about the value of beef written by a vegetarian cattle rancher. How can the thumb point anywhere but UP?

Review by Tim Boyd

One billion of the world's poorest people depend on livestock. That is all they have.

CHOLESTEROL IS NOT THE CULPRIT: A GUIDE TO PREVENTING HEART DISEASE

Fred A. Kummerow, PhD with Jean M. Kummerow, PhD

At one hundred years of age, Fred Kummerow is still going strong! For decades he has researched the subject of *trans* fats and heart disease at the Burnside Laboratories of the University of Illinois. Much of what we know about the dangers of *trans* fats can be attributed to Kummerow, whose research Mary Enig quoted when she began her crusade against these nasty industrial products.

It's industrial fats and oils, not cholesterol and natural saturated fats, that cause heart disease and Kummerow delineates the fruits of his decades of labor in this short volume. Kummerow explains how both hardened *trans* fats and rancid liquid oils lead to a train of biochemical events that result in hardened arteries. What hardens the arteries is not cholesterol but calcium, which is built into the endothelial cells under certain conditions, namely the consumption of industrial fats and oils, along with nutrient deficiencies.

Kummerow is particularly critical of efforts to lower cholesterol. He points out that by taking drugs to lower cholesterol, the capacity to make new cells needed by our bodies is diminished. Normal cholesterol in our food and bodies is not the culprit, but oxidized cholesterol—created by polyunsaturated oils and encouraged in diets low in protein, natural fat, vitamin D, B vitamins and magnesium, is the villain in the process that leads to hardened arteries and heart disease.

Kummerow is a product of conventional training and misses some of the finer points brought up by students of traditional diets. Nevertheless, it is refreshing to see such logical thinking coming from this source. His chapter on protein is especially good, and in fact was published in an earlier issue of *Wise Traditions*. Thumbs UP for this book and a big thank you to Fred Kummerow for his service to mankind!

Review by Sally Fallon Morell

All Thumbs Book Reviews



Beautiful Babies: Nutrition for Fertility, Pregnancy, Breastfeeding, & Baby's First Foods
by **Kristen Michaelis**
Foreword by **Joel Salatin**
Victory Belt Publishing, Inc.

A not-so-quiet revolution is taking place, an inspired movement toward what is called Restorative Food and Farming (www.bioneers.org/programs/restorative-food-systems/). Authors, activists, parents, and educators are informing each other as they combine forces to halt the support of industrialized food production, which brings disease and destruction to people, planet, and future generations.

With this awareness comes a need for change in everyday choices of how to obtain and prepare food for optimal health. The task can appear overwhelming to the newcomer, especially for those planning to start a family. There are deep concerns about the safety and nutrient value of conventional supermarket foods, often laden with genetically engineered organisms and chemicals.

A young woman today may fear for her own health and that of her future child as the statistical probability rises in this country for any number of chronic ailments—from autism, mental and cognitive disability, to multiple allergies, endocrine, reproductive and immune disorders, to the increasing incidence of dental deformities, and even childhood cancer.

Kristen Michaelis' book offers a wonderfully accessible resource for this population. The information is interesting and engaging, as she both informs and empowers the reader through her personal story, and well-documented, well-organized chapters on the subject.

Although the purpose of the book is to offer guidance toward healthy choices for obtaining and preparing food for fertility, pregnancy, birth and nutrition of the infant, *Beautiful Babies* could very well be the book of choice for many young women (and the men they love) as they emerge into adulthood. Most college students struggle

with claiming their own birthright of radiant health, and a strong, resilient immune system. As a college professor in holistic health, I recognize Michaelis' voice as hip and effective, and more than once I found myself wishing for a more inclusive title to appeal to this wider audience.

In her introduction, Michaelis informs the reader that she "stands on the shoulders" of many authors before her. Foundational research for Michaelis' book is based on the work of many contemporary and past authors in the areas of traditional food, food preparation and nutrition as they relate to health, most notably that of Dr. Weston A. Price and the Weston A. Price Foundation. *Beautiful Babies* contributes to the goals of WAPF as it is particularly accessible to the reader who may be new to this information as well as engaging and fun to read for those familiar with the principles.

A testament to the book is that it begins with the enthusiastic voice of Joel Salatin, a fourth-generation organic farmer of Polyface Farms in the Shenandoah Valley of Virginia, who has been featured in several films, including *Food Inc.*, (on the many problems with factory farming). Salatin makes no bones (pun intended) about the plight of our declining health due to the Modern American Diet. Salatin primes the reader toward a palpable answer to the question of "Why be concerned—why change"? Salatin asks the reader to consider, for example, that it is not natural for human aging to equate with illness. "Morbidity data do not support the notion that diabetes and heart disease eventually get the old-timers in more primitive societies," he states. With a very concrete look at the environmental degradation inherent in food production, Salatin's voice is passionate as he dismisses our current modern food production as "the largest experiment in human history." He applauds Michaelis' "faith in the way ecology and nature work," and admonishes us to "trust in historical normalcy." This section is a great primer for the reader who is new to these principles, discussing how traditional diets are based on principles that

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build a very strong and resilient body, creating an immune system strong enough to withstand many of the insults to one's health from a diseased environment. Salatin offers the rich phrase "heritage wisdom," as he reminds us that our problem of fertility is a modern problem. He prepares the reader for Michaelis' excellent book with a plea to return to "grandma's soul-satisfying meals."

The tone of the book is upbeat and logical in its sequence of chapters. Michaelis divides her very practical work into two main sections, the first half focusing on the nutrition for fertility, pregnancy, breastfeeding and baby's first foods, the second part a collection of recipes for "sacred foods" for the health of mother and baby, with many photos of delicious dishes that entice the reader to begin at once! Two final sections follow as appendixes A and B: Understanding Food Ingredient Labels, and Eating Real Food on a Budget.

Part One has ten informative and engaging chapters, beginning with a more in-depth look at the major shift in the paradigm of nutritional assumptions, challenging the reader new to this information to take a fresh look at "conventional" guidelines for fats, cholesterol, and carbohydrates. She addresses the question of why nutrition matters, both for fertility, and the formation of a healthy fetus. It will shock some to think that their nutrition during this phase could affect the very structure of their newborn's face! Drawing on the research of Dr. Weston A.

Price, Michaelis includes drawings of healthy and compromised facial structures of children, with tables describing the health implications.

Michaelis describes all the processed foods that affect fertility and health, followed by a focus on what to eat instead. She encourages home-made broths instead of commercial broth with MSG, and explains how to choose traditional fats and oils, describing the health benefits of including liberal amounts of them daily. Michaelis does an excellent job of pointing out our need for conjugated linoleic acid (CLA) only found in the fat of "grazing ruminants like cattle and sheep, and in the eggs of pastured chickens, in order to protect the body from a myriad of health conditions and diseases."

Other chapters deal with digestive health, fermented foods, fat-soluble vitamins, alternative medical treatments for fertility and pregnancy, childbirth, breastfeeding and baby's first foods—which does not include rice cereal!

The second half of the book includes recipes for organ meats, seafoods, eggs, and healthy beverages. The recipes are beautifully illustrated and easy to follow.

Although I might suggest the inclusion of an index with a second edition for ease of reference, in general this is a very readable, convincing and enjoyable book, and I give it an enthusiastic thumbs up!

Review by Johanna Keefe, MSN, AHN-BC,
RN, holistic educator 

THE FUNKY KITCHEN
Sarica Cernohous, LAc, MSTOM, BSBA

We've seen a profusion of cookbooks about traditional diets in the last few years, most of them with many excellent qualities, but *The Funky Kitchen* by Phoenix chapter leader Sarica Cernohous fills a real need. Rather than supply us with a large number of recipes, Cernohous focuses on the core principles, giving detailed explanations and instructions for each, along with a few well-illustrated recipes. Subjects addressed include lacto-fermentation, bone broths, yogurt, water kefir, preparing beans, soaking and fermenting grains and making crispy nuts. The sections on making yogurt and making bread are particularly detailed and will appeal to those trying to perfect their skills in these areas. She offers great ideas for thickening raw yogurt (which is more like a beverage than a custard) and using it in salad dressings.

A big Thumbs UP to *The Funky Kitchen*, a real contribution to those of us who like to escape to the kitchen!

Review by Sally Fallon Morell

Tim's DVD Reviews

Homegrown Revolution

Produced and directed by Jules Dervaes

YouTube: <https://www.youtube.com/watch?v=7IbODJiEM5A>

Ex-hippie Jules Dervaes demonstrates how to get mostly off the grid on a small city lot in this short YouTube video. This is a one-fifth-acre lot which is half covered with house, garage, and concrete. So he has one-tenth of an acre for growing things.

Living in southern California has its pros and cons. You get plenty of sun for solar power, and winter is very mild, but you don't get a lot of rain. Besides vegetables and plant food, he and his children raise a few ducks, chickens and goats for eggs and milk. They also produce some biodiesel fuel. Extra produce is sold to a local restaurant. They produce around six thousand pounds of fruits and vegetables per year. That covers an estimated 80-90 percent of their diet in the summer and over 50 percent in the winter. Their diet is mostly vegetarian but not vegan.

Jules' motivation is to break free from corporate control and abuse. His strategy is to stop feeding the beast and be as self-reliant as possible. If everybody got as much out of their property as he does, the corporations would be in trouble. The thumb is UP.

Bought

Jeff Hays, Bobby Sheehan

Working Pictures

A series of interviews with doctors, PhDs, government inspectors and other experts paints a clear picture of corporate corruption, especially in the pharmaceutical industry. First we see Dr. Toni Bark, MD, talk about her observation of increased childhood chronic diseases like cancer, diabetes and autism. She remembers a time when these serious illnesses were unheard of or at least very rare in children. She asks whether this might

be due to increased vaccines, mercury exposure and GMOs.

An interview with a woman with a PhD details from personal experience what one will go through if your child is damaged by a vaccine. The government has officially recognized that can happen and has set up a compensation fund for such cases. If you are willing to go through all four corners of hell, it might work for you. Lucky for her, she and her husband make a lot of money and were able to obtain good lawyers. Without a lot of money and lawyers, you will get nothing from the compensation fund.

Several specific cases are detailed to give the viewer some idea of the scope of what is happening. GlaxoSmithKline was busted in court for failing to report adverse safety data concerning a diabetes drug. They sold other drugs for unapproved purposes and were guilty of improper marketing.

Allen Jones of the Pennsylvania Office of Inspector General faced down serious threats to blow the whistle on Johnson & Johnson and their Risperdal fraud. The company ended up paying over two billion dollars in fines and settlement. They made over forty billion dollars on the drug, so in the eyes of a greedy corporation, it was worth it.

Merck has been found guilty of falsifying mumps vaccine test data. Their drug Gardasil has never been proven to prevent cancer.

The list of pharmaceutical violations goes on for much of the video. In the case of vaccines, even if they have been subjected to valid tests individually, the entire vaccine schedule combined has not. Government regulation and oversight is weak at best. The CDC is riddled with conflict of interest. We have the best government corporate money can buy.

A familiar face shows up in one interview. Dr. Stephanie Seneff explains how at about the same time they started to remove mercury from vaccines, they added aluminum which can be just as bad. Any claims that removal of mercury has

An interview with a woman with a PhD details from personal experience what one will go through if your child is damaged by a vaccine.

Tim's DVD Reviews

made no difference in vaccine risk is confounded by that fact.

The story is the same in other large industries. The GMO issue is examined and regulation in the U.S. is compared to the rest of the world. Many larger countries like Russia, China and India at least require labels. Dozens of countries ban them completely. The industry in the U.S. spends millions of dollars to buy votes against GMO labeling.

My thumb is down for big, corrupt industry and UP for this video. Millions of dollars won't change my thumb but if you want to give me millions of dollars anyway, we may be able to work something out.

Grow Your Own Groceries **Marjory Wildcraft** **Rooster Crows Productions**


Set on thirty acres of land in central Texas, this is not Old MacDonald's farm and there are no oink oinks here or there. Summer can be very hot and rain very scarce. They do have winter when temperatures can get as cold as four degrees Fahrenheit. The soil is sand on top of red clay. In this climate you will need to make sure you have a reliable source of water, and Marjory goes into some detail about her approach. A well in that area is expensive (thirteen thousand dol-

lars) and has to go almost five hundred feet deep. Even then, production is not always consistent so that is just one part of the plan. They also have a fairly large-scale rainwater collection system that can store thousands of gallons of water, and they have a pond. The pond varies widely in size depending on rainfall. She briefly mentions that catfish can be the easiest food source to raise if you have the room.

In that area it takes about twenty acres to support two Dexter cows, so that leaves ten acres for everything else. Bio-intensive gardening takes up part of the remaining acreage. According to the experts, four thousand square feet are needed for one vegetarian. Twelve-hundred square feet are for food and the rest is for things like compost material. Rabbits occupy a small amount of additional space and provide meat and fertilizer. The joke about how fast rabbits breed is no joke. Every step of the process is fast. A detailed demonstration is given for harvesting a rabbit for food. If you are squeamish, I don't recommend you watch it.

This farm is on top of a hill so wind and sun can be rather fierce. Wind and sun management is done as much as possible with trees and bushes. Moringa and other drought-resistant, edible trees are useful here. Insects also need to be controlled. Most insects are beneficial for gardens, and those that aren't are attracted to unhealthy plants. So don't have those. There are also chickens, which like to eat all the bugs they can get. You can also eat many bugs yourself. The key word there is *you* can, not me.

In addition to chickens, there are some geese, which provide down and eggs. The chickens on this farm roost outside in the trees and dogs are required for security, which they do with no guns, X-ray machines or patrol cars. A rooster will also be very attentive in taking care of his harem as best he can, but we are warned that some of them will crow all night long. They have a name for roosters like that: dinner.

There is a lot of information packed into this 2-DVD set and it comes with an additional CD of source and reference material. I give it a thumbs UP. 

STUDY OF HEALTHY OUTCOMES

Johanna M. Keefe, MSN, AHN-BC, MA, RN, GAPS-certified, is passionate about spreading the good news of mothers as they experience the healthy outcomes for themselves and their children following the principles of the nutrient-dense diets of Weston A. Price. She is currently a doctoral student in transformational studies at the California Institute for Integral Studies, and is conducting a PhD study collecting the narratives of mothers who are finding whole health through traditional diets.

If you are one of them, and would like to share your story, please contact her by phone at (978) 290-0266. Her vision is to publish a book for our next generation of mothers, which is an extension of the *Wise Traditions* "Healthy Baby Gallery." She currently lives and teaches holistic studies to students of nursing, and other disciplines at a small college on the North Shore of Boston, Massachusetts, and can be reached by email at jmkeefe@endicott.edu.

Legislative Updates

THE LATEST INSTALLMENT ON THE FEDERAL FOOD SAFETY REGULATIONS

By Judith McGeary, Esq.

The U.S. Food and Drug Administration (FDA) has just wrapped up its second public comment period on proposed regulations to implement the Food Safety Modernization Act (FSMA). The issue of FSMA has been covered many times in *Wise Traditions* and WAPF action alerts, starting back in 2010 when the bill was debated in Congress and during the intense fight for the Tester-Hagan amendment to protect small-scale, direct-marketing producers.

As with the majority of modern laws, the fights didn't end when the bill was passed; rather, they just got more complicated as the administrative agency (in this case, FDA) went into rulemaking mode. Over the last two years of the rulemaking process, we have delved deeply into esoteric details and urged WAPF members to take action multiple times.

Before we wade into the latest round of painful details in the second half of this article, though, let's step back just a little to understand the effects of FSMA on farmers and food producers. While FSMA has many pieces, the bulk of the attention is on two major rules: Standards for the Growing, Harvesting, Packing and Holding of Produce for Human Consumption (the Produce Rule) and Hazard Analysis and Risk-Based Preventive Controls for Human Food (the HARPC rule).

Please note that this article is based on the rules as currently proposed. There are certain to be at least some changes when FDA issues the final rules, which may affect the scope and applicability of the rules. In addition, this article is not legal advice. Every farm and food business is different, and your obligations under FSMA will depend on the specifics of your operation, as well as the requirements contained in the final rule.

WHO IS SUBJECT TO THE PRODUCE RULE?

The Produce Rule is FDA's venture into an unfamiliar world for the agency: the world of growing crops in soil and open air, rather than labs and test tubes. The agency's proposed rule would regulate almost every aspect of growing crops, including equipment, worker training, water for irrigation and washing produce, manure and compost use, grazing livestock or using working animals in produce fields, record keeping and more. Who will be subject to this rule?

The Produce Rule applies if:

1. You harvest, pack, or hold fruits, vegetables, nuts, mushrooms, or sprouts for sale (the rule does not apply to people raising food for themselves or that is not for sale), and
2. Any of the produce that you grow and sell is usually consumed raw (produce such as artichokes, asparagus, lentils, potatoes, sweet corn, turnips, and winter squash are not covered).

If you meet both conditions, then you fall within the scope of the Produce Rule. The next question is whether you are exempt, either entirely or partially.

If you sell less than twenty-five thousand dollars worth of produce on an annual basis, you are completely exempt. There is also a "qualified exemption" under the Tester-Hagan amendment that requires two conditions 1) you sell less than five hundred thousand dollars annually in sales of all food, and 2) you sell more than half of that directly to either (a) individual consumers or (b) retailers and restaurants that are either in-state or within two hundred seventy-five miles of your farm. If you meet both conditions, you have a qualified exemption.

Judith McGeary is the Austin, Texas chapter leader, an attorney and small farmer in Austin, and the executive director of the Farm and Ranch Freedom Alliance. She has a B.S. in biology from Stanford University and a J.D. from the University of Texas at Austin. She and her husband run a small grass-based farm with sheep, cattle, horses, and poultry. For more information go to www.farmandranch-freedom.org or call (254) 697-2661.

Under the Tester-Hagan exemption, you must place a label on the food or a sign at the point of sale with your name and the complete address of the farm. Moreover, FDA is able to revoke the qualified exemption if there is a foodborne illness investigation that is “directly linked” to the exempt farm or if there are “conditions or conduct” that are “material” to the safety of the food produced at the exempt farm. The process for revoking the exemption is one of the major issues in the proposed rules, as discussed more in the final section of this article.

For produce that will be processed in a way that kills potential pathogens, such as through canning, you are subject to a few requirements such as recordkeeping, but not the substantive requirements on how the produce is raised for that produce. If you raise a mix of produce, some of which will be processed and some of which will be eaten fresh, then the full rule applies to the produce that you raise for fresh eating.

WHO IS SUBJECT TO THE HARPC RULE?

While the applicability of the Produce Rule is confusing, the situation with the HARPC Rule is even more convoluted because it is the result of FSMA layered on top of pre-existing law. The HARPC rule applies to “facilities,” a term that was initially defined in the Bioterrorism Act of 2002. In the Bioterrorism Act, Congress required any “facility engaged in manufacturing, processing, packing, or holding food for consumption in the United States” to register with FDA.

The Bioterrorism Act specified that farms were excluded from coverage, but the FDA’s implementing regulations very narrowly defined “farms.” Farms could grow, harvest and pack their own crops, but packing another farm’s produce (such as with a multi-farm CSA), was considered a facility’s activity. And any type of processing, even as slight as cutting up greens for a salad mix, would also turn a “farm” into a “facility” that had to register.

In addition to excluding farms (narrowly defined) from the definition of facilities, the Bioterrorism Act also excluded “retail food establishments.” FDA defined the term as “an establishment that sells food products directly to consumers as its primary function,” specifically if “the annual monetary value of sales of

food products directly to consumers exceeds the annual monetary value of sales of food products to all other buyers.” The term “consumers” did not include businesses, just individuals.

Logically, most people would read the definition of “retail food establishments” to include farms or food businesses that sell the majority of their food directly to consumers at places such as farmers’ markets or roadside farm stands. But thanks to the structure of the Bioterrorism Act, that wasn’t the case.

The Bioterrorism Act was focused on physical locations of “facilities.” For example, Kraft foods would not simply do a single registration, but would register each individual location of each manufacturing plant. So if a business processes food at one location and sells at another—such as someone who makes jams in their kitchen and then sells it at the local farmers market—the pre-FSMA law was unclear as to whether or not they would be a retail food establishment, and FDA had made conflicting statements over whether such operations were instead “facilities” that had to register.

One of the less-publicized aspects of the Tester-Hagan amendment was a provision directing FDA to clarify that farmers’ markets, community-supported agriculture (CSA) programs, and other direct-to-consumer sales platforms came under the definition of a retail food establishment and, therefore, were not facilities and did not have to register with FDA. While the Congressional directive was very clear, FDA still has failed to amend this definition, which is confusing and cause for worry.

The FDA has made some minor changes to the definition of a “farm” in the HARPC rule, expanding it to allow for packing produce from other farms and dehydrating uncut produce (such as raisins or herbs).

What does this mean? If you meet the definition of a farm or a retail food establishment, then you are not a facility, you do not have to register with the FDA under the 2002 Bioterrorism Act, and the HARPC rule doesn’t affect you. If you are a “facility,” however, you not only have to register with the FDA under the 2002 Bioterrorism Act, but you will also have to undergo the extensive HARPC requirements under FSMA, unless one of the exemptions applies.

Under the Tester-Hagan exemption, you must place a label on the food or a sign at the point of sale with your name and the complete address of the farm.

The most general concern comes from the risk of arbitrary and unfair enforcement.

The main exemption to the HARPC rule comes from the Tester-Hagan amendment. As with the Produce Rule, producers who gross less than five hundred thousand dollars annually and sell more than half directly to consumers or to local retailers or restaurants, have a “qualified exemption.” The Tester-Hagan amendment also directed FDA to define “very small businesses” that would have this same qualified exemption. To be honest, little attention was paid to this provision because many of us assumed that FDA would set the bar so low that this additional exemption would be of little use. However, when the FDA issued its first set of proposed rules, it specifically requested comments as to what the cutoff should be. WAPF urged a one million dollars gross annual sales test, and the FDA has accepted that recommendation! Thus, anyone who sells less than one million dollars annually of human food—whether or not those are through direct sales—will have a qualified exemption to the HARPC rule if the FDA stays with its current proposal.

Facilities with qualified exemptions must:

1. Provide documentation showing that they fall within the exemption;
2. Either provide documentation that they comply with state and/or local food safety laws or create a simplified HARPC plan;
3. Have a label on the food or a sign at the point of sale with your name and the complete address of the farm. As with the Tester-Hagan exemption for the Produce Rule, the FDA can revoke the exemption on a qualified facility on a case-by-case basis.

THE SUBSTANTIVE ISSUES WITH THE PROPOSED RULES

For those farmers and food producers who will be subject to new requirements under one or both of these rules, what are the concerns?

The most general concern comes from the risk of arbitrary and unfair enforcement. It is almost certain that FDA will not receive enough funding to fully implement all the inspections and actions called for under FSMA. While a rational assessment of the risk would dictate that the agency focus its limited resources on the large, high-risk operations that dominate the conventional food market, FDA’s track record indicates that the agency is all too likely to target operations that are raising or processing food using non-conventional methods. The exten-

WAPF on the WEB

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sive and often ambiguous requirements in both proposed rules leave plenty of room for alleged violations that are in the eye of the beholder, namely the local FDA inspector.

Many of WAPF's comments on the proposed rules focused on the ambiguities and potential avenues for abuse. In particular, the provisions that govern FDA's ability to revoke a producer's Tester-Hagan exemption are very problematic. As proposed by FDA, a local inspector can simply allege that revocation "is necessary to protect the public health and prevent or mitigate a foodborne illness outbreak based on conditions

or conduct associated with the qualified [farm or facility] that are material to the safety of the food manufactured, processed, packed, or held at such [farm or facility]." The agency would then notify the producer of this finding, without being required to specify what the alleged problems are, and the producer would have only ten days to respond.

Under the proposed rules, the agency can choose whether or not to provide a hearing before it makes its final determination. And once the FDA makes a final decision to revoke the exemption, the farmer or facility would then have only sixty or one hundred twenty days (depending on which rule) to come into full compliance with the extensive, expensive FSMA requirements. In practical terms, almost any small producer targeted in this way would go out of business. While FDA is unlikely to use this power often, even a few cases of arbitrary revocations could create a

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severe chilling effect on producers all over the country.

For those producers who are not exempt under the Tester-Hagan provision, one of the biggest problems is the proposal for irrigation water standards. The FDA is continuing with its original proposal that irrigation water must meet the EPA's standards for water for recreational use. This simply makes no sense. The recreational water standard was developed to prevent gastrointestinal illness in swimmers and does not account for the fact that microorganisms die off rapidly in the interval between irrigation and harvest (as opposed to a swimmer swallowing the water directly). Moreover, the recreational water standard is based on testing for generic *E. coli*, but the presence of generic *E. coli* does not mean that pathogens are present; and, conversely, the absence of generic *E. coli* does not mean that the water is free from pathogens. Thus, setting the standard for irrigation water to test at a low level of generic *E. coli* imposes major costs on farmers without necessarily protecting food safety.

No one knows how implementing this standard would affect American produce farming, but evidence suggests that a very significant percentage of surface waters would fail the test, forcing farmers to switch to groundwater (if that is even an option in their area), bear significant cost to treat their water chemically, or simply go out of business.

In response to the comments in the first round which raised these points, the FDA included a provision in the new proposed rules that allows farmers to use water that exceeds this standard based on a logarithm formula calculating die-off. But the provision is so confusing that


even FDA officials appear to be unable to explain how it would actually work in practice.

The proposed rules contain many other opportunities for arbitrary and unfair enforcement. For example, the Produce Rule requires that farmers wait an "adequate" time in between grazing livestock in a field and harvesting the crop from that field—but what does that mean? Similarly, although the FDA has now clarified that a farmer is not required to take actions that would violate the Endangered Species Act by destroying wildlife habitat, it is unclear what steps will be required for farmers to prove to the inspectors that they are preventing contamination of their crops by wild animal excrement.

It is worth noting one major improvement in this second round of proposed rules, namely the sections dealing with "biological soil amendments" in the Produce Rule. The first version of the proposed rules would have required that farmers wait nine months after applying manure to a field before they could harvest their crop; even applications of fully treated compost called for a forty-five-day waiting period. This would have been devastating to organic and sustainable farmers. In response to the outcry in the first public comment period, the FDA now proposes that a farmer can apply compost and harvest the crop without any waiting period. For manure (which, under FDA's definitions, includes things like static composts, vermicompost, and many compost teas), the FDA plans to conduct research over the next few years to assess the risk and then set standards based on those studies. This is a significant victory, and shows that the agency will at least sometimes listen when enough people speak up.

Not all the changes were for the better, however. The FDA also made changes to the HARPC Rule that make it far more expensive and burdensome. The FDA has added a requirement for a "supplier verification program," that requires facilities to implement a program for raw materials and ingredients that it receives from farms or other businesses and that have a "significant hazard." The receiving facility would have to conduct either an on-site audit, sampling and testing of the ingredients, or a review of the supplier's records. The new proposed rule also requires collection and testing of samples from the environment "if contamination of a ready-to-eat food with an environmental pathogen is a significant hazard." Despite the use of the words "significant hazard," the provision is broad and ambiguous enough that it could easily be used to justify multi-day testing of every nook and cranny of a facility, as we have already seen happen with some cheese makers.

CONCLUSION

WAPF, along with many other organizations and thousands of individuals, have submitted comments to FDA on these and other problems in the proposed rules. The FDA will now review the comments and issue final rules sometime in 2015. The process will not truly end then, however. Issues such as enforcement, the studies on the use of manure and other biological amendments, and protecting the integrity of the Tester-Hagan exemptions will need to be addressed as we move forward, if we are to ensure the ability of farmers and artisan food producers to provide food for our country. 

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A Campaign for *Real Milk*

A NEW ACT IN RAW MILK'S MORALITY PLAY

Brought to You by America's Dairyland

By David Gumpert



OCT 29, 2014: Do a Google search under “Wisconsin raw milk illnesses, football team,” and up pop ten headings from media outlets and product liability lawyers, all proclaiming pretty much the same thing: “Raw Milk Blamed for Illnesses...”

It all seems pretty cut and dried. Some wacko parents had the nerve to bring raw milk to a pot luck dinner for the Durand High School football team on September 18. At least twenty-two kids got sick from campylobacter. The only food they all had in common was raw milk. The campylobacter found in seventeen of the kids was the same strain as campylobacter found in several cows at the farm from which the milk was produced. Left twisting in the wind of the reports: More “proof” that raw milk is a ticking time bomb, unsafe under any circumstances.

MORE TO THE STORY

Not surprisingly, this being Wisconsin, there is more to the story than public health and agriculture officials or the media or the lawyers have let on. I had occasion to speak at length with the parents who supplied the milk, and they tell a story that is much less cut and dried than those official accounts on Google. They asked me to not reveal their identity, since there are still regulatory and legal matters pending,

One thing that everyone agrees on is that the football team members who got sick almost certainly became ill from food they ate at a pot luck team dinner on Thursday, September 18. The team dinners are a weekly event during the football season, with several parents supplying food for each dinner on a rotating basis through the season.

The parents who supplied the milk (whom I’ll refer to as “The Farm Family”) own a dairy farm in the area. They have a son on the football team and have helped at these dinners before,

supplying a variety of foods, including raw milk, on at least a half dozen previous occasions, with no one ever getting sick. Here are key points of their story:

The dairy farm run by The Farm Family is a commercial dairy. The parents and their children are the only ones who consume raw milk on a regular basis. In other words, this isn’t a raw milk dairy, or even a partial raw milk dairy. The Farm Family supplied the raw milk to the team because that’s just the way things still work in many rural areas—dairy families not only consume their dairy’s own milk raw, but make raw milk available to friends and neighbors for special occasions. Not that that is the wisest way to entertain—it’s been well documented that pre-pasteurized milk is risky stuff, with more salmonella and listeria than the industry would like consumers thinking about.

If The Farm Family’s raw milk is to blame for the illnesses (and the family has doubts about that), to label this situation a case of “raw milk illnesses” is inaccurate. At worst, it is a case in which pre-pasteurized milk, not raw milk intended for consumption, caused illnesses.

NOT THE ONLY FOOD

The various media reports have indicated that the only food the team members had in common was raw milk. But that is inaccurate. The team members also consumed chicken alfredo with noodles. And The Farm Family mom who brought the raw milk didn’t like what she saw as she helped other moms who prepared the chicken. Not only didn’t she like what she saw, but she told them of her concerns—for example, that the cream-based alfredo sauce, which was brought in cold, wasn’t heated fully before serving. More ominous, the mom who brought the chicken pieces (apparently commercial breasts

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American commercial chicken, as we know, is nearly all contaminated with campylobacter or salmonella, as well as other bad bugs.

in plastic bags) complained that she had had difficulty cooking the chicken fully—she had problems with her oven heating properly, and had attempted to complete the cooking on an outdoor grill. Whether the cooking completed properly is uncertain, but what The Farm Family mom is certain about is that the team arrived about twenty minutes early for the dinner, ravenously hungry as teenage boys often are, and the moms in charge ignored The Farm Family mother's concerns and served the chicken before it was fully heated.

When The Farm Family mom recounted her concerns later to a nurse at the high school, she was told that the chicken was fully cooked, but the nurse didn't explain how she knew that.

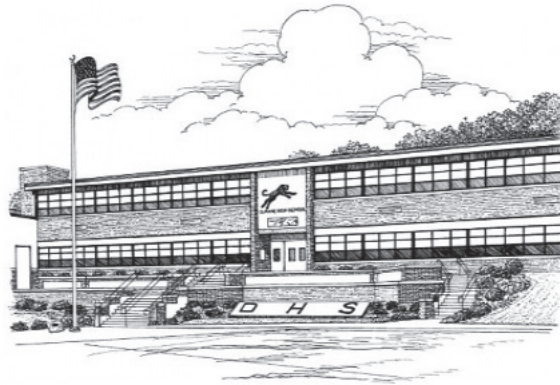
American commercial chicken, as we know, is nearly all contaminated with campylobacter or salmonella, as well as other bad bugs, when it leaves factory farms, according to a *Consumer Reports* survey earlier this year. The only way to counter the pathogens is, you guessed it, to cook the chicken completely through.

The team was also served commercially prepared pasteurized chocolate milk that a parent brought in. Because there wasn't enough of that

to serve everyone, the raw milk from The Farm Family was mixed with chocolate syrup in the same plastic jugs as the commercial chocolate milk. When pasteurized milk gets contaminated, it is often after the fact, via flavorings.

WAS IT THE WATER?

The next night, when the team was supposed to play its football game at a neighboring high school, it rained, and the team took shelter in the strange high school. When team members started drinking water from faucets, they were warned by members of the other team not to drink the water, that it was bad. There is no word that the water was tested.



NO SIGNS

Now, having run through all this, it is worth noting that public health inspectors tested milk from The Farm Family immediately after illnesses were reported early the following week, and found no signs of campylobacter. Six days later, inspectors from the Wisconsin Department of Agriculture, Trade, and Consumer Protection came and took manure samples, and say they found the same strain of campylobacter (techni-

RAW MILK PROTECTS AGAINST RESPIRATORY INFECTIONS

Half a dozen studies out of Europe over the last ten years all point in the same direction: raw milk provides powerful protection against asthma, allergies and eczema. Now we have evidence that raw milk protects against respiratory infections as well.

A study published in the *Journal of Allergy and Clinical Immunology* followed a cohort of almost one thousand infants (the PASTURE cohort) from rural areas of Austria, Finland, France, Germany and Switzerland for the first year of life. Consumption of different types of cow's milk and the occurrence of rhinitis, respiratory tract infections, otitis (ear infections) and fever were assessed by weekly health diaries.

When contrasted with ultra-heat treated milk, raw milk consumption was inversely associated with occurrence of rhinitis, respiratory tract infections, otitis and fever; boiled farm milk showed similar but weaker associations; and industrially processed pasteurized milk was inversely associated with fever. Early life consumption of raw cow's milk reduced the risk of respiratory infections and fever by about 30 percent.

Of course, the researchers were obliged to warn against the "dangers" of raw milk, but in fact concluded, "If the health hazards of raw milk could be overcome, the public health impact of minimally processed by pathogen-free milk might be enormous, given the high prevalence of respiratory infections in the first year of life and the associated direct and indirect costs" (<http://dx.doi.org/10.1016/j.jaci.2014.08.044>).

cally, #0233) that had turned up in seventeen of the sick team members in the manure of ten of the dairy's sixty-three cows. Now, that is a strong piece of laboratory linkage, though The Farm Family wonders how any manure got into the milk in the first place, and even if some did, that it would be enough to sicken that many people.

ONLY TESTED THE MILK

Since the investigators assumed they had gotten their man, so to speak, they apparently didn't test the chicken, sauce, pasteurized milk, or the water in question. (I couldn't get through to anyone with the Wisconsin Department of

Health Services today for further comment; if I do get further information, I will provide an update.)

So, worst-case scenario, in addition to the distress of too many kids getting a bad case of stomach woes, we have a case very similar to another one in Wisconsin, in 2011. Those illnesses, at a school birthday party, from milk intended for pasteurization, got added to the total of "raw milk illnesses" tabulated by the U.S. Centers for Disease Control, which gathers this data only for it and its pals over at the U.S. Food and Drug Administration to discredit real raw milk (as opposed to determining trends and ways to

The team members also consumed chicken alfredo with noodles.

IN THE PRESS: WOMAN SAYS RAW MILK MAY NOT HAVE MADE DURAND FOOTBALL TEAM ILL

By Joe Knight, Leader-Telegram staff, December 13, 2014

The raw milk served at a team dinner for the Durand High School football team may not have been the source of the bug that later made people sick, said Diana Reed, whose farm provided the milk. "Some people got sick who did not drink the milk," she said Saturday.

A total of thirty-eight people associated with the team, including many football players, were sickened from the outbreak tied to the September 18 dinner, according to the Wisconsin Department of Health Services. Twenty-six of the illnesses were laboratory confirmed to stem from *Campylobacter jejuni*, a bacterium that causes severe gastro-intestinal problems.

The bacteria can be found in contaminated milk, but also in undercooked meat and poultry.

After interviewing people who attended the dinner, state health officials in late October concluded the common link to people who became ill was that they had drunk the unpasteurized milk. State health officials also tested manure of the cows at the Reed ranch and concluded some of the cows contained the strain of *Campylobacter* that sickened the students.

On Friday, state health officials identified the Reed farm as the source of the milk following an open records inquiry by the *Milwaukee Journal Sentinel*.

But Reed said there could have been other sources of the bug.

"I discussed it with the epidemiologist in Madison. He gave me some statistics—fifty-six people ate chicken, thirty-eight got sick; forty-three people chose to drink milk and thirty-three got sick," she said. "They interviewed everyone who was there."

That leaves five people who did not drink milk, but who still had campylobacter.

She said their bulk tank was tested six days after the outbreak and state officials did not find any contaminating bacteria.

State officials also took manure samples from the intestines of the cows in their herd and found campylobacter, but it is not unusual to find the bacteria in Wisconsin cows, she said.

"You will find it in every cow herd in Wisconsin. It can be 4 to 100 percent on a farm," she said.

"They are claiming the DNA footprint was the same. . . That particular strain of the *Campylobacter jejuni* is not only found in cows, it is also found in chicken," she said.

The important step is to make sure the cow's udder is clean before beginning milking, Reed said. "We do everything at the dairy farm to keep our milk clean. After all, we drink it," she said.

Reed said her family has always drunk raw milk, and for seven years she has brought beef, which they also raise, and unpasteurized milk to team dinners.

"I just tried to offer them the best that we had," she said.

"We've had four boys in football in Durand through the last eight years. I've lived and breathed Durand football," she said. "This was the last thing I would ever want to be involved in—making a football team sick," she said.

Reed said they will continue to ship their milk to a cheese factory, and they will continue to drink raw milk as a family, but it will only be used by her family.

counter problems).as will these illnesses, no doubt.

The Farm Family will likely be excused by regulators. I don't have a problem with that—these are decent conscientious farmers just doing what rural Americans have been doing for many years. But the reason they will be excused has nothing to do with their attitude or intent. It has to do with that fact that the fairyland that is The Dairyland is fine with members of its cartel serving pre-pasteurized milk, even if people get sick. But the industry, of course, goes apoplectic about any farmers having the right to distribute safe raw milk, no matter how safe. This is the industry that got Wisconsin regulators to spend six years trying unsuccessfully to put Vernon

Hershberger in jail because he had the gall to defy them and play outside the cartel, selling food directly to people desperate for nutritionally dense food.

For America's Dairyland, the Durand High School football team illnesses will be another play of the old game, heads I win, tails you lose.



For over one hundred other examples of unfair blame placed on raw milk, see "Raw Milk: What the Scientific Literature Really Says," <http://www.realmilk.com/wp-content/uploads/2012/11/ResponsetoMarlerListofStudies.pdf>. Very often raw milk takes the rap for illnesses caused by other foods.

RISKS OF PASTEURIZED MILK

A new study out of Sweden found that drinking pasteurized milk is risky indeed. Researchers followed two cohorts, one of over sixty-one thousand women and the other of over forty-five thousand men. Author Karl Michaelsson and his colleagues analyzed the data to determine the association between milk consumption and time to mortality or fracture, including hip fracture. Higher milk intake was associated with higher mortality in one cohort of women and in another cohort of men, with a higher fracture incidence in women. The study was published in the *British Medical Journal (BMJ)* 2014;349:g6015).

An amazing letter followed this study, published in the same journal (*BMJ* 2014;349:g6993). The author is Jonathan R. Kerr, profesor of epidemiology, Department of Public Health, Escuela de Medicina y Ciencias de la Salud, Universidad del Rosario, Bogota, Colombia. The title: "Milk and mortality: raw versus pasteurised milk."

He writes: "A serious flaw in Michaelsson and colleagues' study is that it did not distinguish between raw and pasteurised milk. These two entities are completely different in structure, content, nutritional benefits, and disease associations, and referring to both as "milk" underestimates this difference.

"Whole raw milk, from grass-fed cows, is an enhanced source of nutrients, including beneficial bacteria such as *Lactobacillus acidophilus* and high levels of vitamins (A, B, C, D, E, K), enzymes, calcium, conjugated linoleic acid, in a package that optimises absorption of all its contents.

"Pasteurisation reduces contamination with pathogens but also kills the beneficial lactobacilli that produce vitamin K₂, improve absorption of nutrients, and normalise gut function.

"Pasteurisation denatures the fragile and nutritious milk proteins and enzymes, and it reduces the vitamin content. In addition, contamination can occur after pasteurisation and lead to outbreaks of serious infection. Pasteurisation also negates the reduction in childhood asthma and atopy associated with the consumption of raw milk.

"The authors also did not measure the fat content of the milk. This is important because deficiencies in fat soluble vitamins A, D, E and K are associated with decreased bone mass and osteoporosis. Most health conscious people try to limit their intake of saturated fat, which is widely accepted to be associated with heart disease, although this is controversial.

"In conclusion, even though legislation mandates the pasteurisation of milk, raw milk from grass-fed dairy cows is still available in Europe and North America and is widely available in less developed countries with an agrarian economy, such as Columbia."

Of several letters generated by the original article, this one was the most read and generated the most interest! The author is obviously very familiar with all the information posted at realmilk.com.

RAW MILK & FSMA

Even though the United States Food and Drug Administration (FDA) hasn't carried out or threatened an enforcement action against raw milk producers for several years, FDA remains the most anti-raw milk government agency in the country. In 2010 Congress greatly expanded FDA's power with the passage of the FDA Food Safety Modernization Act (FSMA). FSMA authorizes FDA to issue regulations to implement its provisions; the agency is currently conducting rule-ranking in several areas which could make life more difficult for raw milk producers.

Intentional Adulteration of Food: Under "Intentional Adulteration of Food", FSMA authorizes FDA to work with the Department of Homeland Security to "promulgate regulations to protect against the intentional adulteration of food." Congress and FDA have determined that activities occurring on farms producing milk pose a high risk for intentional adulteration caused by acts of terrorism. FDA has not yet indicated whether farms producing raw milk for human consumption will be subject to this regulation but if they are, FDA could require them to have a written food defense plan outlining ways the farm can reduce the possibility of a terrorist attack and what steps it will take to do so. The National Milk Producers Federation is lobbying FDA to have those producing raw milk for direct consumption be subject to the regulation. FDA also has the power to seek criminal penalties for non-compliance with the regulation.

Hazard Analysis and Risk-Based Preventative Controls (HARPC): FDA has proposed rules requiring producers to develop food safety plans addressing "Hazard Analysis and Risk-Based Preventative Controls" (HARPC). HARPC is similar to HACCP [Hazard Analysis Critical Control Points] food safety plans—a requirement that is good in theory but shuts down scores of food businesses when interpreted by an arbitrary regulator. Any raw milk dairy whose sales of all foods direct to consumers account for over half its revenue will be exempt from the HARPC requirement as will most raw milk producers with annual sales of less than \$500,000. FDA is proposing to give itself broad power to revoke the exemption for those in the latter category. Again, FDA has the power to seek criminal penalties for non-compliance with this regulation.

Current Good Manufacturing Practice (CGMP): The federal regulations on Current Good Manufacturing Practice (CGMP) establish standards for, among other things, plant construction and design, sanitary facilities, equipment, warehousing and distribution. CGMP has long been a part of the Code of Federal Regulations but FDA has made the CGMPs, with just minor changes, a part of the proposed regulation on HARPC. The significance of this could be that it indicates FDA's intent to start enforcing the CGMP requirements on a more regular basis. CGMP which contains broad requirements, like HACCP, can be subject to any number of interpretations by an inspector. FDA is claiming that the CGMP regulations like HARPC and the rules on intentional adulteration apply even to those engaging only in intrastate commerce; unlike HARPC, there is no exemption from CGMP for anyone producing raw milk for human consumption. CGMP was not a part of FSMA but FDA is adding it to the package of FSMA regulations that threaten to bury raw milk dairies and other small-scale food producers in paperwork.

Through FSMA and its implementing regulations, FDA can place itself in a position to reduce access to raw milk. If the market share for locally produced food is to grow to its potential, Congress needs to cut back the agency's power.

FEDERAL; OPDC PETITION

On November 25, the FDA rejected a second citizen's petition from Organic Pastures Dairy Company (OPDC) to modify the interstate ban on raw milk for human consumption (for more background on OPDC's original citizen's petition see the Spring 2013 issue of *Wise Traditions*). OPDC had requested that FDA amend the federal regulation banning raw milk to contain an exception reading:

"Raw milk that is tested, state-inspected, state-regulated, carries a 'government warning statement' and labeled for retail sale in one state, may be transported to another state if that state allows the sale of unpasteurized milk and or dairy products."

In denying the latest OPDC petition, FDA continued its long history of disrespecting consumer freedom of choice. The agency also held to its double standard on raw milk requiring that there must be a guarantee of safety for it to be legal, something it doesn't demand for any other food. In his letter rejecting the petition, Michael Landa, director of FDA's Center for Food Safety and Applied Nutrition, stated "...there is no reliable method available to determine that raw milk, even from a state-regulated farm or raw milk manufacturer is or will be free of pathogens, or that raw milk from any such farm or manufacturer will not cause disease."

The second OPDC petition contained many more documented sources on raw milk safety and benefits than the original including studies finding raw milk reduces allergies and prevents asthma. In a rare admission, the FDA letter acknowledged: "In some studies, the association between raw milk consumption and reduced incidence of allergic

disorders / asthma was found to be independent of other farm-related factors or living on a farm, and individuals reported to consume raw milk were found to have evidence of certain protective immune markers as a possible explanation for this association.”

The letter, however, then downplays the importance of the studies by noting that they “do not always distinguish between raw milk and pasteurized milk” and that due to this and other related limitations in the studies “it cannot be concluded that raw milk was consumed alone and contributed to the stated associations.” In making its conclusion, FDA ignored the fact that in at least one of the cited studies the authors had specifically determined that milk which had not been heated had a greater protective effect.

In its letter, FDA also tried to discredit a broad CDC survey finding 3 percent of the U.S. population regularly consumes raw milk by claiming that “the results of that survey may not be taken to mean that the survey respondents usually or regularly drink raw milk” because the question CDC used was whether people had consumed any unpasteurized milk in the seven days prior to their participation in the survey. FDA claims less than 1 percent of the population regularly consumes raw milk meaning the agency believes over two-thirds of the participants in the survey who said they drank raw milk only did so occasionally.

Even though it is increasingly in the minority, the agency, in the letter, also stuck to its position that milk is milk and pasteurized milk and raw milk should not be regarded as two different products. This view enables FDA to distinguish between a “legal” food like oysters and milk; with the latter, according to the agency, having a practical measure to eliminate the “contamination”—pasteurization.

FDA’s double standard on requiring a guarantee of raw milk safety is shown in the agency’s response to a report by the Michigan Fresh Unprocessed Whole Milk Workgroup in support of legal access to raw milk. The Michigan workgroup consisted of members of industry, academia, and government, as well as raw milk producers and consumers and spent over six years completing its work. FDA seized on a statement in the report that following the report’s guidelines on the production, handling and consumption of raw milk “will not guarantee that the produced and consumed milk will never be a vehicle for milk-borne illnesses.” According to the agency, the workgroup does not imply “standards will be an assurance that the (raw) milk will always be safe...the document does not address FDA’s safety concerns regarding raw milk.”

The FDA letter is further proof that the agency continues to be the biggest threat to freedom of food choice. OPDC will be seeking a federal district court ruling overturning the denial of its petition.

ILLINOIS - Proposed Raw Milk Regulations

On September 5th, the Illinois Department of Public Health (IDPH) issued proposed regulations governing raw milk sales and production; regulations that a number of raw milk producers believe would put them out of business. (See *Wise Traditions* Winter 2013 issue for more background.) So many people submitted comments opposing the rules (over 700 submitted comments with the overwhelming majority in opposition) that IDPH extended the comment period on them from 45 to 90 days.

For over 30 years unlicensed on-farm sales of raw milk have been legal by government policy; the rules IDPH proposed to replace the policy would reduce consumer access to the raw milk produced in Illinois by creating an arbitrary and overreaching regulatory scheme that would make it more difficult for dairy farmers to make a living. The proposed rules would;

- Require a raw milk producer with even just one cow or goat to have a permit and would be subject to regular inspections and testing.
- Prohibit unlicensed producers from giving away milk to guests at their farm.
- Prohibit herdshares and the distribution of raw milk through community subscription agriculture (CSAs) unless the producer is in compliance with all requirements for Grade A dairies which produce raw milk for pasteurization – a financially impossible standard for just about all shareholder and CSA dairies. Even if a dairy could afford to meet the Grade A standards it could still only distribute to shareholders and CSA members on the farm. IDPH issued the herdshare regulation despite Illinois statute recognizing the legality of dairy livestock boarding agreements.
- Contain a number of sanitary standards that can be arbitrarily applied against producers to shut them down when there is no threat to public health; for example: “the flanks, udders, bellies and tails of all lactating animals should be free from visible dirt” and “all milking equipment should be stored in a dust-tight room.”
- Intrude on the farmer-consumer relationship by requiring farmers to maintain records of each transaction with the customer, name and address, to issue “Department approved consumer awareness information with each sale or transaction” and to provide “instructions for the consumer to notify the local health department for the area in

Healthy Baby Gallery



Ryan Christopher Sutcliffe is a very mellow yet alert child, he loves sleeping on his dad's chest. He's strictly breastfed, and has gained 30 percent of his birth weight in the first month. Family meals include wild-caught salmon, venison, organic fruit and veggies and real sourdough bread along with pastured eggs and lots of cultured cream butter.

Olive was born on October 10, 2013 to mom and dad Emily and Dan Terry. Olive Terry immediately took well to breastfeeding and then between five or six months started solids with pastured egg yolks, chicken liver and daily fermented cod liver oil. She eats a very healthy Weston Price diet and loves all new foods, even her saurkraut and bitters! She has a wonderful good nature and is very smart. Olive is pictured in this photos at eleven months old.



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

which the consumer resides of a consumer complaint or suspected foodborne illness.” There isn’t any other food whose producers are required to do all this.

With the comment period now being over the next step in the rule-making process was for the proposed rules to go to the legislature for consideration by the Joint Committee on Administrative Regulations (JCAR). JCAR has the power to reject the rules. Illinois law provides for an official comment period where people can submit comments once the rules are before the committee but hundreds of those opposing the regulations had gotten an early jump on the process and had contacted members of JCAR telling them to kill the rules. JCAR will likely be taking up the rules sometime in the first half of 2015. The goal for raw milk supporters is to end the rule-making process in the committee and have the state government stick with the policy that has been successful in protecting access to locally produced raw milk since the early 1980s.

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CHAPTER RESOURCES

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

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Thank you to Maureen Diaz a chapter leader in Pennsylvania, for administering the local chapter chat group. New chapter leaders can sign up at <http://groups.yahoo.com/group/wapfchapterleaders/>

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FALL GATHERING FOR THE GETTYSBURG, PENNSYLVANIA CHAPTER

Maureen Diaz, chapter leader for Gettysburg, Pennsylvania, provides WAPF literature during the chapter's annual Fall gathering. The day-long event featured Maureen Diaz presenting "A Survey of Food Preservation Methods" and Sarah Ballantyne, PhD, on "Healing from Autoimmune Disease with Diet."

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WAPF EXHIBITING AT OYLERS ORGANIC ORCHARD AND FARM

LEFT: Maureen Diaz with Sarah Ballentyne.

RIGHT: Maureen Diaz with Kathleen and Lamar Wadel of Wadel's Dairy in Scotland, Pennsylvania.



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CHAPTER MEETING IN MEQUON, WISCONSIN

The Ozaukee/Washington counties chapter in Wisconsin held a hands-on demonstration on how to ferment vegetables. They made sauerkraut, pickled radishes, carrots, turnips and beets. Everyone was very creative, adding whatever vegetables looked good. Everyone dug right in, chopping, and mashing. The participants worked in groups of four to six, and everyone took home at least one jar. It was a very fun and informative evening.

Thanks to Susan Wichman, Bernie Rosen, and Laurie Meyer (co-leaders) for organizing the event.

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LOCAL CHAPTER BASIC REQUIREMENTS

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

OPTIONAL ACTIVITIES

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

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GENESEE-LAPEER-NORTH OAKLAND, MICHIGAN CHAPTER AT HEALTH FOOD STORE OPENING

Kim Lockard tends a WAPF booth at a grand opening of Rebekah's health food store in Lapeer, Michigan on September 20. The chapter already had over three hundred people on their email list and picked up fifteen more interested individuals at the event. The chapter averages about twenty-five attendees at their monthly meetings.

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Nelson City & Tasman District: Samantha Gentry 0274505940, sam.gentry@desirefitness.co.nz
New Plymouth: Ian Haldane 06 659 7478, zenian@zenian.co.nz
Palmerston North: Susan Galea 646 324 8586, susangalea@hotmail.com, www.realmilk.co.nz
Porirua: Sarah Holloway 02 2315 2309, sarahholloway@gmail.com
South Canterbury: Carol Keely 03 6866 277, bckeeley@outlook.com & Inez Wilson inezmwilson@xtra.co.nz
Wellington: Ian Gregson 64 04 934 6366 wapf@frot.co.nz & Deb Gully (04) 934 6366, deb@frot.co.nz, www.wapfwellington.org.nz
NZ Resource List: Ian Gregson and Deb Gully, www.frot.co.nz/wapf/resources.htm

NORWAY

Oslo: Kim Orderud, DC & Ingerlise Wingard (+47) 97772564, kimorderud@hotmail.com

PAKISTAN

Shagufta Feroz & Feroz Sharfuddin 92-321-8439362, drsferoz@gmail.com

PHILIPPINES

Metro Manila: Tess Young 63 917 357 7278, livingfoodsbc@gmail.com, <http://chapters.westonaprice.org/metromanila/>

POLAND

Pokrzydowo: Adam Smiarowski 0 11 48 606 209914, szkolarycerska@gmail.com

PORTUGAL

Algarve: Julia de Jesus Palma (00351) 912320437, Julia@onlinedesign.info
Porto: Hugo Dunkel Matos Couto e Neiva 00 351 914338761, hugo.dunkel@gmail.com

International Chapters

PUERTO RICO

Rocio Lopez, MD (787) 502-0607, lopezrmd@gmail.com

ROMANIA

Ilfov: Raluca Schachter 0736 364 687, ralucaschachter@live.com, <http://chapters.westonaprice.org/snagovrm/>

SCOTLAND – see United Kingdom

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Soca Valley: Vesna Veliscek 00386 41 432 488, vesna@slocally.com, www.slocally.com

SOUTH AFRICA

Cape Town: Pierre Morton 27 71 6056 772, jubywho@gmail.com

SPAIN

Madrid: Edurne Ubani (34) 616 232 166, evamuerdelamanzana@gmail.com, <http://www.evamuerdelamanzana.com/wapf>

SWITZERLAND

Bern: Judith Mudrak rohrmilchjudith@gmail.com

Geneva: Laruen Haddad 001 248 404 0656, lauren.haddad@gmail.com

SWEDEN

Eskilstuna: Nikola Lucaj 4673 1003 141, nikolalucaj@gmail.com

Stockholm: Johanna Gunnarsson 46 76 040 7927, Johanna@stockholmnt.se

UNITED KINGDOM

ENGLAND

Buckinghamshire: Sheila Sheppard 44 7799 132999 01908 605818, sheila@nutribaby.co.uk

Cheshire: Carol Dines & Silvie Hall, 01270 873322 wap.cheshire@yahoo.co.uk

Derby: Russell Davison 01332 737216, Russell@davisonproperty.co.uk

Gloucestershire: Karen Maidment & Adrian Stokes 0044 242 254 662, info@purebodybalance.co.uk

Herefordshire: Sally Dean 01432 840353, sally@aspenhouse.net

Kent: Keli Herriott-Sadler 01732 354 527, keli@herriott-sadler.co.uk

London: Philip Ridley 01442 384451, philridley@hushmail.com, <http://chapters.westonaprice.org/londonuk/>

Wise Traditions London, Festival for Traditional Nutrition Phil Ridley 01442 384451, westonaprice.london@gmail.com,

www.westonaprice.org/london, www.meetup.com/westonaprice-london

East London: Deborah Syrett 020 8518 8356, medical.herbalist@ntlworld.com

Nottingham, East Midlands: Claire Jessica Backhouse 0044 79 8046 2874, claradynamic@hotmail.com

Sussex: Gavin Bluhm 07765 528 528, gavin.bluhm@natureprovides.com, Rachel Kelly 7738 222 425, Rachel.kelly@me.com

UK resource list: www.naturalfoodfinder.co.uk

SCOTLAND

Edinburgh: Frances Bavin 07505 053333, frances.bavin@gmail.com, <http://www.meetup.com/westonaprice-edinburgh>

WALES

North Wales: Ben Pratt 07952 555811, info@naturalfoodfinder.co.uk, www.naturalfoodfinder.co.uk

FIRST MEETING OF THE BERN, SWITZERLAND CHAPTER

Fourteen interested adults and four children joined chapter leader Judith Mudrak at the first WAPF Bern chapter meeting on August 23, 2014. The farmer offered his beautiful 16th century Swiss Stöckli.

Participants were Roland Brändle, Alex Menin, Apana and Diana Di Silvestro, farmer Hannes Stofer with his parents and in-laws, Helen Abt with son Eric and husband, and Claudia Molina with husband and three children.

Highlights of the food were an aspic of boiled grass-fed meat in grass-fed beef bone gelatin, raw cheeses, raw dried meat and a variety of salads.



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DC

CSA: Hi-Brix, nutritionally dense, biodynamically grown kitchen vegetables, grass-finished beef, pastured pork, broilers & eggs. Openings for 2014 season in DC Metro area. Contact Allan Balliett, info@freshandlocalcsa.com (304) 876-3382, www.freshandlocalcsa.com.

FL

100% grass-fed dairy and beef. Soy-free woodland pork. Soy-free pastured broilers and eggs, fermented foods, info@marandofarms.com.

IA

Yoder's Natural Farm (Iowa): We have available grass-fed beef, pasture raised pork, pasture raised chickens, eggs, and duck. Also, raw goat and cow dairy (for private membership only) and butter available. (641) 664-2060.

IL

Milk from 100% grass-fed Jersey cows, also a variety of raw milk cheeses, grass-fed beef, pasture raised broilers, no-soy eggs, no-soy pork, honey and a variety of fruits & vegetables seasonally. Roodhouse, IL. Steve & Cindy Mansfield (217) 589-4554.

KS

Farm Shares! Old Order Anabaptist family seeking up to 15 families/individuals. We tend the open-pollinated garden and fodder and whey-fed heritage-breed livestock. You receive a "share" of fresh eggs, heirloom vegetables and raw cultured dairy products weekly. Our goal is to provide affordable nutrient-dense foods as well as a traditional agricultural experience through our monthly "Farm Days" and "Work Bees". \$1 per pound live-weight whey and fodder-fed hogs in season. Please contact Old Paths Heritage Farm at (785) 388-2107.

MA

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

MD

100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw 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 Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

Come to our peaceful family farm—your source for premium pasture-raised chicken, turkey, eggs, 100% grass-fed lamb, and raw honey! Poultry fed organic feed. Less than 1 hour from DC metro area in southern Frederick County, MD. JehovahJirehFarm.com (301) 874-6181.

Grass-fed Angus beef (no grain), free range eggs, pastured chicken & turkey. Liver, chicken feet, organ meats & bones, food grade heritage grinding corn. Pick up Potomac or Buckeystown. Our cattle & poultry are always on organic pasture & receive all organic feed, no hormones, antibiotics, or animal parts. We grow our own hay & grains & grind our own poultry feed. Quality organic products since 1979. (301) 983-2167, nicksorganicfarm@comcast.net, www.nicksorganicfarm.com.

MN

Farm On Wheels offers animals raised Green Grass-fed & Certified Organic. Nutrient dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork. No corn or soy. Farmers Market year around in St. Paul, Prior Lake, Northfield. Linda (507) 789-6679, www.farmonwheels.net, farm_on_wheels@live.com.

OH

Sugartree Ridge Grassfed. Openings in a 100% grassfed herdshare with 9 delivery sites in the Cincinnati area. No -grain, no -silage. Eleven cows (cross between Jerseys, Guernseys, Brown Swiss and British White) grazed year-round on sixty acres rotating through thirty paddocks (which are allowed to grow for sixty days between grazings and are spread with organic, Albrecht-based mineral supplements). Nutrient-dense milk, family-friendly farming and holistic stewardship. 6851 Fair Ridge Road, Hillsboro, OH 45133 or Cincinnati area: Bill & Marylou Wilson (513) 583-9393.

Three Moon Farm, Williamsport OH. We raise grass-fed beef, pasture raised chicken, turkey & eggs. We also offer raw honey from our hives. For more information please check us out at www.threemoonfarm.com or call Kelly at (740) 253-9029.

PA

Breezy Meadows Farm. Raw goat's milk. Raw farmstead cheese. Our cheese is made with vegetable rennet and Celtic sea salt. All products are antibiotic, GMO and soy-free. **We ship.** Call (717) 821-7547. Myerstown, PA.

Three-year aged cheddar from 100% grass-fed Jersey cows. Limited supply. One-year aged cheddar from grass-fed Jersey cows fed some grain. \$7.00 per pound. **Free shipping** over 20 pounds. (717) 768-3652.

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

Freedom Acres Farm located in Honey brook, PA. Raw milk and dairy products from 100% grass-fed Jersey cows, pastured, GMO free chicken, turkey, eggs, and pork. 100% grass-fed beef Samuel and Esther Fisher, (610) 273-2076, sam.freedomacres@gmail.com

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Creswick Farms. Dedicated to raising healthy, happy animals—lovingly cared for just as Mother Nature intended—which provide high-energy, nutritious and delicious food sources for health-conscious individuals. No antibiotics, steroids or GMOs ever fed to our animals! (616) 837-9226, www.CreswickFarms.com.

Raw milk cheeses from organically managed, 100% grass-fed Jersey cows. Retail & wholesale. Prices start at \$5.00/pound, **mail order** cheese. Raw milk & pastured eggs available. Eastern PA, 15 minutes N of I78, Hilltop Meadows Farm, 153 Martins Rd. Pine Grove, PA 17963 (570) 345-3305.

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

VA

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

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

WY

100% grass-fed, grass-finished beef. On pasture year-round. Production practices detailed on our website. Raised on the family ranch in Goshen County, Wyoming. Farmers markets and delivery to local region. (307) 534-2289, www.meadowmaidafoods.com. Cindy Ridenour.

CRAFTS

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

DVDS

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

Share your passion for food with friends and family! The Diet for Human Beings affirms our human requirement for fats, with less emphasis on starchy carbs. "An Hour To Watch - 30 Days To Try - Your Life Will Never Be The Same" www.ondietandhealth.com.

EMPLOYMENT OPPORTUNITIES

A small group of WAPF members is launching a real-food restaurant chain, with the first location in Dallas, TX. To be added to our mailing list, please email Katharine Spehar at kspehar@barefooteatery.com

Rewco, Inc. is seeking people with a passion for health and wellness also possessing a strong work ethic. We have two full time positions providing educational and support services to supermarkets located in Maryland and New Jersey. Ideal candidate location is Princeton, NJ or Columbia, MD. Responsibilities include a leadership role at new store setups and providing product training. Requirements include knowledge of natural and organic

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Abraham Lincoln

food, presentation skills, reliable vehicle, self-motivation and ability to travel overnight occasionally. Annual salary of \$30,000, full benefits package and reimbursement for business mileage. Interested qualified candidates can send resume and cover letter to Carol. Poliner@rewco.com.

SALES REP WANTED for award-winning VitaClay® products (www.vitaclaychef.com). Are you a passionate cook and familiar with nourishing traditions? Share VitaClay's ancient cooking secret —unglazed clay and earn up to \$2K to \$20K monthly. Please e-mail resume to michelle_liu@essenergy.com, or text to (408) 621-6187.

Seeking Farmer & Property Manager in La Plata, MD: Newly built two-story tenant house with 2 bedrooms, 1.5 baths on site and available for occupation. Approximately 50+ acres of farmland available for agricultural use (holistic farm projects welcomed). Property management would include basic maintenance of farm owner's non-agricultural land (approximately 12 acres). Call (504) 451-5625 for detail.

Semi-retired couple seeks caretaking positions and/or to relocate to a farming community. She writes and teaches about women's health; would love to teach reading and writing to teens who farm part of the day. She is also an excellent cook. He prunes trees, repairs drip irrigation. Need distance from cell towers and Wi-Fi. Ideas? Please phone (505) 820-0773.

HEALING ARTS

Integrative Diagnosis (ID) was developed by John Kozinski MEA to help you understand your overall health condition so traditional foods can be used for your healing or health maintenance needs. For ID Classes or a Health Consultation call: 413-623-5925 www.macrobiotic.com.

STOOL DONOR WANTED - Seeking healthy stool donor for a fecal transplant procedure (1X/day, 10 days). Ideal donor: raised on WAP-type diet, no antibiotics, and at least 13-years-old. Will travel & compensate the donor for their time. Contact: rk900@hotmail.com.

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Foot of the Big Horn Mts, Wyoming, low taxes. 1.6 acres, large garage, large shop, 2-story metal shed, 22x40 greenhouse + garden, chicken yard, apple, cherry, pear, raspberries, and additional fruit trees, asparagus beds, herb and flower perennials, etc. ALL ORGANIC. Small irrigation ditch with rights PLUS raw water system. 5 bdrm, 3 bath home, large kitchen. Great active community center for all ages near by. \$390,000. (307) 655-0123. simpler14.sc@gmail.com.

INTENTIONAL COMMUNITY

Do you observe kashrut as well as follow a WAP lifestyle? Seeking others with whom to share the discoveries and challenges in the intersection of these choices. Anita Schubert Manchester, CT (860) 432-3131 anitaschubert@cox.net.

Eco Farm: Small, farm-based community located near Tampa FL with a mission of sustainable living. WAPF friendly looking for others for direction and help, especially with our small pasture based dairy operation. This year we have reached 400 PPM CO2 in our atmosphere, which makes our chance to prevent climate break-down close to zero (New York Times 5/11). Small, local, farm-based communities may be our only hope; it's ours at www.eco-farmfl.org, (813) 754-7374.

Group in Canada looking for individuals interested in creating a long term care facility on a working ranch in order to have meaningful activities and produce food that is chemical and GMO free. Contact Dean Goddard at arcadiaranch@gmail.com.

Looking for others that want to live with us and work on our diverse farm near Tampa Florida with the goals of sustainable farming. The Fellowship of Intentional Communities www.ic.org has a wealth of information about how this way of living provides a healthy, secure and sustainable way for us to exist as our environmental conditions worsen faster than previous forecasted. EcofarmFL's mission includes the principles of Permaculture and other sustainable farming practices. Lastly, we need to be healthy to be sustainable farmers, so thank you WAPF!

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INVESTORS NEEDED

Should your health insurance cover holistic methods? Integrity: www.myholisticapproach.com is building a bridge between your health insurance and the holistic methods you use. we need your help to make this happen. It's your money, your health, your choice! #myholistic #holistic.

Looking for funding/sponsorship for The Tree of Life initiative, a preventative public health proposal for the creation of a documentary that promotes coconut oil in the Cayman Islands. Please watch this short video <http://vimeo.com/94256421> for details. Keep updated through the Facebook page <https://www.facebook.com/treeoflifeGC> and sponsor the initiative here: <http://gogetfunding.com/project/tree-of-life-campaign>.

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EDUCATION/LODGING - McNutt FARM II SCHOOL, 6120 Cutler Lake Road, Blue Rock, Ohio, 43720. (740) 674-4555 We welcome you by reservation and deposit, on-farm lodging, over night, weekend or week. Private quarters/ equipped kitchen. Also available on the farm: grass-fed beef, chicken, lamb, duck and free-range eggs. & pet lodging. (740) 297-3021, (740) 704-8184.

Sunset Ridge VACATION HOME- Want to travel but also want to eat nutrient dense foods while you do? AWAPF chapter leader will stock your pantry with raw milk, grass-fed pastured beef, chicken, eggs and organic vegetables for market price with a 3-day stay. Enjoy all the amenities of the Yankton Lewis & Clark Lake (bike trail, archery range, boating, fishing, golf and best of all...solitude! This 4+ bedroom furnished luxury vacation home has a spectacular lake view, screened porch, DSS, Fireplace, full kitchen and double garage. Many of our guests come annually; frequently we host three generational family get-togethers. Email or call for details: yanktonsunsetridge.com or (605) 661-6726.

WAPF RESEARCH

STUDY ON HEALTHY BABIES: Johanna M. Keefe, MS, MA, AHN-BC, RN, GAPS, certified as an Advanced Holistic Nurse, is seeking volunteers for a PhD research project in Transformative Studies through CIIS (California Institute for Integral Studies). If you have had a healthy baby using the WAPF dietary guidelines, she would like to hear from you. She would like to interview you by Skype or Facetime, or in person if you are located in New England, Northern California or North Carolina—or at the annual conference in November. Contact: johanna@enhancedwellnessbythesea.com, (978) 290-0266.

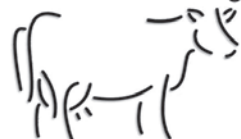
If people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny.

Thomas Jefferson

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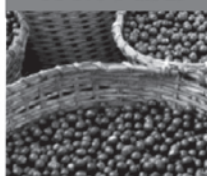
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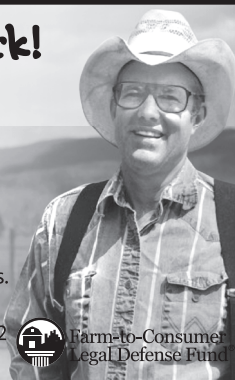
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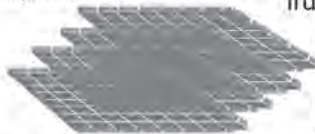
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The second manual, *Iqaluich Niginaqtuat, Fish That We Eat*, provides information regarding the traditional use of fish, their processing, recipes and eating enjoyment. It was compiled from the local traditional fish knowledge of northwest Alaska and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

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

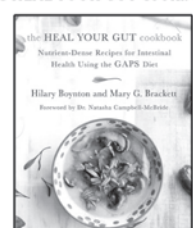
Presently there is no funding to support this work. Any suggestions would be welcome. The web link to *Iqaluich Niginaqtuat, Fish That We Eat*, is below. The report is located under the U.S.F.W. Northwest AK section. From here you can read it and/or download and print it. It should be printed double-sided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

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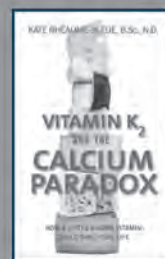
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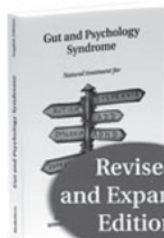
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By Dr. Natasha Campbell-McBride



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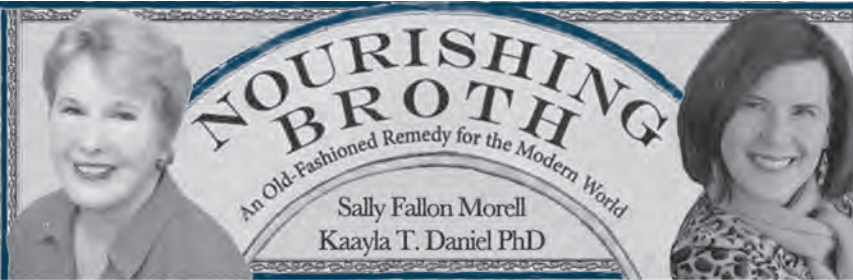
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