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Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

A PUBLICATION OF THE WESTON A. PRICE FOUNDATION®



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Volume 18 Number 3

Fall 2017

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President's Message


In this issue we take a bold step and address the subject of cancer, presenting a number of holistic, alternative therapies to this disease of modern civilization. We are not alleging to provide “cures.” That would constitute an irresponsible claim. Nevertheless, many people do “recover” using holistic alternatives, sometimes used in conjunction with conventional treatments, but more often on their own.

It is the person diagnosed with cancer who must make the decision as to the type of treatment he or she thinks best. No one else can make this decision. All that friends and family members can do after a diagnosis of cancer is provide information. Unfortunately, accurate information on alternative treatments is hard to come by, and most doctors put great pressure on the frightened patient to adhere to the allopathic treatments of surgery, chemotherapy and radiation. We hope that the information contained in this issue will provide the cancer patient with a better platform on which to base a decision.

A diagnosis of cancer often serves as a wake-up call, an alarm bell that urges the patient and his family to reconsider every aspect of their lifestyle—diet, therapies, environment, work, relationships, daily schedule and even thinking patterns. Our focus is on the diet, showing the need for whole, clean foods, properly prepared, and helping people obtain these foods. The nutrient-dense Wise Traditions diet should be the first defense against all disease, but especially cancer; non-toxic therapies added to this diet make for powerful medicine.

The hows and whys of nutrient-dense food will be the focus of our upcoming conference, the 18th annual Wise Traditions conference, held in Minneapolis. In addition to your favorite returning speakers—such as Natasha Campbell-McBride, Chris Masterjohn, Stephanie Seneff and Tom Cowan—offering 16 new talks, this conference boasts 19 new speakers. We look forward to presenting really cutting-edge information on hormone health—our main theme—and many other topics, including fertility, dental health, nutrition for the eyes and brain, digestive health, diabetes and weight loss, as well as more practical topics such as food preparation, farming and gardening.

For those needing to watch their budgets, we have many options, from one-day tickets to passes without meals to work scholarships. We can help you arrange room shares and ride shares. As always, we provide a children’s program and of course, delicious, nutritious meals. For further information and to register, visit wisetraditions.org.

One more thing: Fall is the time for our annual fundraising campaign. WAPF does a lot with a little and does not accept any funding from corporations or the government, but we do need extra help to keep all our programs going. We welcome donations of any size. See page 45 for a fundraising envelope. 

Letters

PHYSICAL DEGENERATION IN EGYPT

I have followed your Weston A. Price research and diet for years. I host a nonprofit organization dedicated to helping combat veterans who struggle to reintegrate back into the civilian world. We have found that at least half of those who have been awarded PTSD-related benefits are actually suffering from severe malnutrition. After a few weeks on exclusively wild meats (venison and wild hog), raw unprocessed milk, bone broth by the gallon and home-fermented foods, free-range lamb or mutton and poultry (eggs and meat from heritage turkeys, chickens and ducks) that we raise ourselves, about half of the veterans find their PTSD symptoms vanish.

We do not advertise and do not wish to have any public attention since we are a very small all-volunteer nonprofit and are not equipped to deal with such things. Much of what you have lectured about appears to be true according to our experiences with a variety of combat veterans.

I am writing because ancient mummies dating back as far as four thousand years are in the news again. I'm interested in what is being said about the ancient Egyptian mummies—wealthy individuals, of course, who reportedly existed on a diet based on bread, a little honey, plenty of beer, lots of fruits and vegetables and almost no animal

products at all. From what I'm reading, farm animals and fish were very common but the nobles apparently didn't eat them much at all according to the amino acids found in their hair. Perhaps those wealthy people who were wealthy enough to be mummified simply rejected anything that the poor people



LEFT: Death mask of King Tutankhamun, about 1300 BC, showing typical broad facial structure of pharaohs during that period. RIGHT: Typical narrow facial structure evident in death masks from the Roman period.

ate, including meat and dairy products.

What strikes me most about the latest news is the high incidence of heart disease and painfully rotted teeth in the mummies that have been studied. I've thought a lot about these recent findings, and it appears obvious to me that what they were missing was Vitamin K₂ as well as vitamins B₁₂ and A.

Chris Fontana

Founder, valhalla-project.com

We don't know why the Egyptian nobility opted for a plant-based diet, but we can see the effects on facial structure in some of the later mummies.

SICKLY CHILDREN

I have a Facebook friend and over the last ten years I've seen her post endlessly about her sickly children: allergies, asthma, braces, accidents, always being sick and on and on. It is so depressing.

One child has swelling on his uvula.

She posted a photo showing his wide-open mouth with irritated uvula, to see whether other parents had dealt with this while she waited to take him to the doctor. You can see braces and a spacer between a couple of his teeth—lots of orthodontic problems. Among the conversational thread under that, she said that the child has a borderline low immune system and had to be revaccinated for many childhood immunizations and the flu. He was also taking a steroid, Flovent, for eosinophilic esophagitis (EoE).

We are not close enough for me to say anything. I don't comment unless someone asks me because food and health are such sensitive subjects. She's demonstrated that she constantly takes them to allopathic doctors and does whatever they say, so I doubt she'd listen to me and would probably lash out. (I think I've seen more posts about her kids and doctors than anything else from her.) It is just terrible what so many of today's children are going through, robbed of normal, vital childhoods.

Sandy Heller
Madison, Wisconsin

Letters

WISE TRADITIONS DIET FOR DOGS

Our family is a member of the WAPF, so we know the importance of good nutrition in humans, but what about our furry friends? We have a toy poodle that is one-and-one-half years old which we do not vaccinate and feed an all-raw diet consisting of a blend of meats, bone, organ meats and raw fruits and veggies. We also supplement with coconut oil.

We recently bred her with a three-year-old male long-haired dachshund that eats raw as well. We supplemented her diet with raw eggs from our pastured chickens during the pregnancy and now while she's nursing. We read and were told many times that she would likely only have around two pups, being her first litter and all. Toy poodles "normally" have two to four puppies and five would be rare. She ended up having five beautiful, healthy puppies. How our little dog had all those pups in her was beyond us. The delivery went perfectly with no complications and she is nursing them well and they are all thriving. We attribute this all to her (and the male's) wonderful diet before, during and after conception.

Gina Biolchini
Colorado Springs, Colorado

HORROR IN AUSTRALIA

I would like to let you know the horror story that is unfolding in Australia regarding the attacks on the small portion of the population who are pro-choice conscientious objectors to vaccination. The federal government, (where the current prime minister and his wife have ties to Big Pharma as

shareholders and also hold a position on the board of a company linked to GlaxoSmithKline) are using financial coercions and pre-school bans to force vaccinations onto healthy unvaccinated kids. They are trashing the parental rights set out in the Constitution and



the Nuremberg Code regarding forced medical procedures and even ignoring their own Immunisation Guidelines Handbook, which clearly states "all vaccination must be voluntary."

The wealthy non-vaccinators are not affected, just the working classes as they are the ones who receive family tax benefits and childcare benefits. Now the South Australian state government is planning to pass the No-Jab-No-Play Bill, barring unvaccinated children from childcare, preschools and kindergarten. Some doctors are even stating they won't see children who are not vaccinated. This is a complete abrogation of their duty of care and professional licence.

As pro-choice conscientious objectors, we are beside ourselves with anger at the lies and misleading information

peddled in the media, and it is impossible to get a counterpoint out either on radio or in the newspapers. The federal government is spending over five million dollars of taxpayer money because they want vaccination rates higher than 94 percent. There is no justification for this at all, and I'm wondering whether this country is now run by the giant pharmaceutical industry. Overseas studies proving unvaccinated children are much healthier than their vaccinated counterparts are just ignored, as are warnings from eminent American doctors, specialists and other health professionals about the huge numbers of vaccines now on schedules, and how they are affecting brain and immune system development of babies and young children. People are just brain-washed on the mantra "vaccines are safe and effective." They foolishly trust their GPs who are too scared to speak out about adverse reactions. One doctor privately said this would be "career suicide!"

Now we also face an attack on all other natural health modalities, including naturopathy, homeopathy, chiropractic, herbal medicine, acupuncture, yoga and even massage, with pressure on health funds not to cover these practices. A corrupt and flawed National Health and Medical Research Council report, which ignored hundreds of positive overseas studies in relation to homeopathy, is cited to justify these attacks and has even provided justification in Great Britain to shut down homeopathic courses at colleges.

We are in a serious battle to keep our choices of healthcare, and I am appalled at what is taking place in this



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country. The power of pharmaceutical giants is, in my opinion, out of control, and the fact that governments take big donations from them is very troubling indeed.

Alex Hodges
Birdwood, South Australia

NO CLEAR EVIDENCE

We know that a small amount of polyunsaturated fatty acids (PUFAs) are essential in the human diet. But as Gary Taubes points out, there is no clear evidence that excessive amounts of PUFAs derived from industrial seed oils in replacement of saturated fatty acids are beneficial; larger and better trials need to be done. Why do we continue to experiment on the American public? Isn't the increase in the prevalence of obesity and diabetes over the past four decades evidence that something has gone wrong in our "enlightened" approach to nutrition?

Finally, why do we consistently fail to consider that foods higher in saturated fats (like whole eggs, meat and liver) supply essential nutrients such as preformed vitamin A, vitamin B₁₂, choline, iron and zinc? These nutrients are ones that many sectors of our population, including women of childbearing age and the elderly, often underconsume, according to NHANES and other data. On the other hand, as a registered dietitian, perhaps I should thank the American Heart Association and the U.S. Department of Agriculture for creating a constant supply of overweight and diabetic clients.

Pam Schoenfeld, RD
Raleigh, North Carolina

TOOTH DECAY CONQUERED

At age four, my son was diagnosed with two deep cavities and two infected root canals. Under the supervision of a dentist and with regular check-ups, we followed the Weston Price diet. He is now seven years old. We have not filled any cavities. One of the teeth with the large decayed root canal broke in half. The other tooth lost the decayed part but is otherwise complete. Same for the cavity teeth. One of these teeth is now shaking, so the end is finally in sight for these unsightly baby teeth to fall off. His adult teeth are coming in beautiful and strong.

Our entire household has changed our diet. I was prediabetic, but as a side effect of following my son's diet, my fasting blood sugar plummeted. I am still very careful to give my son fish liver oil, bone broth and ghee. He has these daily, even on vacation. We eat minimal grains and have eliminated dried fruit like raisins. When he goes for birthday parties, he eats what everyone else eats. But at home and for lunch at school, that is where I am careful.

When I started out on this journey, I could not find documented evidence anywhere that Weston Price's method worked. Four dentists laughed at me, one threatened to call CPS on me. I want people to know that this is not just a theory in a book, but it works!

L. D'Souza
Falls Church, Virginia

ELECTROMAGNETIC RADIATION

I very much enjoy your scientific articles, especially the ones by Chris Masterjohn and Stephanie Seneff. Her article on glyphosate (Spring

2017) showed clearly the bio-chemical pathways by which this herbicide damages human living cells. Her article on cholesterol sulfate deficiency and coronary heart disease (Summer 2017) was very intriguing even though many of the explanations were a bit difficult to understand for a lay person. Yet, I am getting the gist and see the link to our chemical exposure and life style.

I recently read a book, *The Invisible Rainbow*, by Arthur Firstenberg, PhD, about electromagnetic radiation causing similar problems in our bodies, not necessarily just with the cardiovascular system. It is a very well-researched book and quite a volume with over five hundred pages. The most interesting chapter is the one on porphyrins. In it he blames damage to the same cytochrome P450 enzymes that Seneff discusses. He also uses charts and statistics to link the advent of computers and cell phones to the epidemic of metabolic syndrome and heart disease. I assume there is more than one pathway of injury to our health, and I am so thankful for the Weston A. Price Foundation with its sound nutritional and lifestyle advice. I've been a member for seventeen years and feel great at eighty!

Heike-Marie Eubanks
Myrtle Point, Oregon

THE WAR AGAINST OUR GUT BACTERIA

Our symbiotic gut bacteria are really a part of us, and we work together for the good of all of us. We don't just eat for ourselves, but for one thousand trillion. That's eating for 1,000,000,000,000.

Recently it's been noted that we



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may carry upwards of ten thousand different kinds of microbes. Our human cells specify “only” twenty thousand protein-coding genes. Human intestinal tract studies suggest that there could be over ten million non-redundant genes in the human microbiome. We are hearing talk of guts that have a high gene count (HGC) and a low gene count (LGC).

Those with HGC have a much more robust gut microbiome and lower prevalence of metabolic disorders and obesity. Low-gene-count individuals harbor a higher proportion of pro-inflammation bacteria. Human immunity starts primarily and strongly in the gut.

Lipitor is an antibiotic. Glyphosate (Roundup) is a patented antibiotic. Adjuvants in vaccines and the active agents are a soup of antibiotic and blood-brain-barrier-busting molecules and toxins; they make a gut very leaky. We are bombarded with substances that adversely affect our gut bacteria and lower our natural immunity.

Laurie Lentz
Belchertown, Massachusetts

NEW PERK FOR WAPF MEMBERS-ONLY FACEBOOK!

We have created a closed Facebook group for WAPF members who are interested in connecting with each other and with chapter leaders worldwide. This is a perfect forum for advice on how to implement the Wise Traditions diet or to ask particular questions about Nourishing Traditions or other similar recipes. Go to facebook.com/groups/westonapricefoundation/ or look up “The Weston A. Price Foundation Members’ Group” and ask to join today!

FROM A NEW CHAPTER LEADER

I have been following the Wise Traditions diet for the past six years and I would say that it has hugely benefited my life and that of my family.

The timing was great as my two daughters have had children in the past two years and I did not let them get away with not eating well. One daughter followed the principles to the letter and has the most strong, healthy two-year-old; the other, unfortunately, did not do so well, and her child has been unwell many times. The good news is that she is now starting to believe the wonders of a nutrient-dense diet for herself and her family, and in her current pregnancy she has been doing very well. The baby is due any day and I know it will be strong and healthy.

I live in a very small town and the main reason I decided to become a chapter leader is to try to bring some help to the children of this area. I am fifty-seven and have never seen such unhealthy babies and children as there are today in the world. It is heartbreaking to see the assault on children’s health today through bad food, environmental toxicity and the constant and ever-growing modern assault of vaccinations.

Again, I applaud WAPF for giving people a way to combat this and to empower them to manage their health themselves and find healthy alternatives.

Rhonda Baker, Chapter Leader
Milton, New South Wales, Australia

QUESTION ABOUT MSM

What does WAPF think about organic sulfur crystals (methylsulfonylmethane, or MSM) as a source of

sulfur and cardioprotection? In Dr. Seneff’s article on sulfur and cardiovascular health (Summer 2017), it isn’t mentioned in her list of sources.

Consuelo Reyes
New York, New York

Answer from Stephanie Seneff, PhD: I have never taken MSM myself, but I have heard many people say that it was very helpful for them. It’s a very interesting molecule, because it provides two methyl groups along with a partially oxidized sulfur atom that almost surely can be converted to sulfate, although I don’t know any details about how it is incorporated into our tissues in terms of its biochemical reactions. There are products that supply MSM along with chondroitin sulfate and glucosamine sulfate. I suspect that all three of these are good sources of sulfur, although people don’t usually think of the “sulfate” in the latter two as being the biologically active molecule.

SHOPPING GUIDE QUESTION

How was the decision reached that conventional beef, bison, lamb or goat is put in the Good category? Under Fresh Meat’s “Avoid” category, it states “Most commercial chicken, turkey and pork, which is raised in confinement on industrial farms.” So why not beef raised in similar conditions?

Mike Green
Rochester, Minnesota

The shopping guide was conceived as a way to give guidance to people wherever they are—for some, even many, people, their only choice is a supermarket, military commissary or prison canteen. In these cases, we advise them



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that red meat (mostly beef) is a better choice than poultry or pork. In the case of beef, at least the beef in the U.S. is raised on the range for the first eight months of life. Also, beef cows are much less likely to be fed soy than chicken or turkey (or farmed fish, for that matter). In an ideal world, we would all purchase our meat directly from farmers doing pasture-based practices, and through our extensive chapter system we have helped thousands of health-conscious consumers connect with such farms. Unfortunately, we do not live in a perfect world, and everyone needs to eat. So we try to guide people to the most healthy foods available to them.

GALLBLADDER MYSTERIES

I was experiencing a period of significantly declining health right as the millennium turned, the year 2000. In searching for answers, I listened to the talk, “Why Butter is Better,” by Sally Fallon Morell. When she said “Lard is a very healthy fat,” I thought, “This lady is crazy!” But I couldn’t get the message of the tape out of my mind. Shortly thereafter, I found the Weston A. Price Foundation, and my life and health changed for the better. Much better! I have every issue of *Wise Traditions* beginning in 2000, and they are all dog-eared from reading many times. I’ve listened to most of the CDs from the yearly conferences, and of course read *Nutrition and Physical Degeneration* and many other books.

I’ve refined and enriched my diet over the years with this priceless wisdom, and now eat a wonderfully nourishing diet including homemade broth and soups, liver, raw milk, properly prepared grains and lentils, homemade

sauerkraut, eggs from our chickens, cod liver oil, wonderful meats and vegetables from our local farmer’s market, and of course, lots of butter.

My health has mostly reflected these changes; in fact, my allopathic doctor recently said that I could “brag about my excellent cholesterol profile,” for although it is a robust 238 total cholesterol, she recognized the fact that the proportions of the various factors were all ideal!

However, without going into a long story, I recently found out that I have one very large gallstone, with no inflammation associated with it. Although my doctor is uncertain as to whether it is the cause of some recent symptoms, nonetheless I am troubled. The practitioner who did the ultrasound happily told me that “it could be easily fixed,” by removing my gallbladder. And of course, eating fat is blamed for gallbladder problems by mainstream medicine. That terrifies me, because I know beyond doubt that one of the best things the *Wise Traditions* diet has done for me is to balance out my former hypoglycemic swings. When I came home from the doctor, I tried modifying my fat consumption for just one week to see what might happen. Predictably, I felt awful, had a very hard time balancing my blood sugar, experienced cravings, was constipated and so forth. I do not plan to have it removed unless I experience dire problems, but in the back of my mind is always the question: what if that happens?

I wonder whether *Wise Traditions* might consider publishing an in-depth article on gallbladder problems? They are not glamorous, but they seem to be almost epidemic in these times; I

talk to so many people who have had their gallbladder removed. I can find very little information online with an alternative perspective on gallstones, and the few I do find, including Tom Cowan’s very welcome article, focus on prevention, stating that if one eats good, healthy saturated animal fats (as I have done for seventeen years), it will prevent gallstones.

But that was not the case for me. I have read some surprising references to melatonin playing a significant role in gallbladder health, but can’t find much detail about it. I cannot believe that the diet that has improved my health so remarkably over the past seventeen years would now cause something to go seriously wrong.

Something else must be going on here, and I think there are many people out there who would love to hear your perspective on this subject, especially if you can dig a little deeper. I don’t know who could do it better!

Thank you so much for the work of this organization—it is profoundly important work.

Joyce Campbell
Ithaca, New York

We are hampered by the lack of information, just as you are. Hopefully your letter will help us find someone knowledgeable about the causes of gallstones who can write this article, so many may benefit.

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

VEGAN REFORMED

In 2008 for my well-being, that of the planet and CAFOs (concentrated animal feeding operations) animals, I decided to follow a vegan diet. I meticulously followed the food rules.

I lost weight and according to the medical practitioners, my “numbers” were great. However I didn’t feel great. I was exhausted, lacked energy, had low concentration and was definitely losing my short and long-term memory.

A test revealed I was dangerously low in vitamin B₁₂, even though, mindful of the potential for B₁₂ deficiency on a vegan diet, I had been taking supplements. My doctor recommended a high-dose vitamin B₁₂ supplement, which I took for a year—my numbers went lower. So I tried monthly injections for two years and my numbers continued


to fall. I since discovered that the usual vitamin B₁₂ cyanocobalamin injections were made with genetically modified ingredients. At that time my vitamin D was also low.

It became clear to me that I was making myself ill. In 2013 I started eating wild-caught Alaskan salmon. I also found a wonderful source of 100 percent grass-fed dairy products and began eating yogurt and kefir made with raw milk on a daily basis. Gradually I began to include more 100 percent grass-fed and appropriately fed meat from animals living their intended life and killed humanely. At the same time, I became more vigilant about only eating organic/non-GMO foods.

The outcome of all this, four years down the Weston A. Price Foundation path of nutrition, is that I make all my

own bone broth, yogurt and kefir from 100 percent grass-fed raw milk, eat plenty of sour cream and take extra-virgin cod liver oil daily. As someone who has had difficulty maintaining a healthy weight for most of her life, it has stabilized at a good weight for my height and build. My memory, concentration and energy levels are better than they have been in years. My numbers are fine and I take no medication.

I am proof positive that eating whole, raw, organic food from grass-fed animals makes a difference to our health and well-being. Thank you, Weston A. Price Foundation, for providing such useful and beneficial information.

Sue O’Rourke
Westhampton, Massachusetts


WAPF VISITS PERU!

The Weston A. Price Foundation’s international outreach sent two intrepid members to Peru in September. Katie Williamson, past New Orleans chapter leader, spearheaded the trip assisted by Hilda Labrada Gore, DC chapter leader and Wise Traditions podcast host. Look for a detailed article about this fruitful trip in the Winter issue.



LEFT: An indigenous woman in La Merced marveled at Katie, “You are as white as the sun!”



RIGHT: The group at the Catholic University in Lima was very receptive and was curious about next steps.



LEFT: Doña Flor Irene Wam Cruzado, nearly ninety-nine years old, gave permission for an interview about her diet, as a young girl growing up on the coast of Peru. Her daily breakfast was liver and onions.



RIGHT: The children at La Libertad elementary school in Huaraz were enthusiastic about the presentation! Katie and Hilda added songs to make it even more engaging.

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

NO LISTERIA HYSTERIA

The merest suspicion that a raw milk product contains a pathogen like listeria generates widespread press coverage and finger wagging from health officials, but a new study that found listeria hiding inside the tissue of romaine lettuce gets nary a comment. Scientists at Purdue University found *Listeria monocytogenes* internalized in all major tissue types of the hypocotyl (stem of the germinating seed)—and these were seeds grown in greenhouse conditions! “Common sanitization practices may not be sufficient in killing bacteria,” said the researchers. “The bacteria could live within lettuce in every stage of the plant growth process, residing inside plant tissue.” Furthermore, “exposing lettuce to the bacteria could lead to infection of plant tissue in as little as thirty minutes.” However, there is no need to panic. The researchers pointed out that they used an inoculum containing millions of listeria cells to soak their seeds, the concentration of cells declined gradually over the time of the study, that listeria only infect at high doses, and there have been no listeria outbreaks linked to leafy greens (*Purdue Agriculture News*, March 29, 2017). Exactly the same things could be said for experiments where listeria is added to raw milk—but you never read such assuring words in the mainstream press.

VITAMIN A FOR COGNITIVE FUNCTION

At WAPF, we pride ourselves on keeping up with research on vitamin A. A new study, published in the *American Journal of Clinical Nutrition*, indicates that adequate vitamin A is required in utero and after birth for any positive impact on neurological development. Researchers tested over fifteen hundred children in Bangladesh on intelligence, memory and motor function. They found no impact among children whose mothers received vitamin A supplementation in utero, and no impact among children who received vitamin A supplementation after birth. But the children who received both interventions had significantly better performance in

reading, spelling and math computation. The study report referenced four trials in South Asia showing benefit to infant survival when the babies received vitamin A supplementation immediately after birth. The researchers noted that there were no side effects, only benefits, from giving vitamin A to pregnant mothers and newborns (*Am J Clin Nutr* 2017;106:77-87). But in the U.S., medical personnel warn pregnant moms not to take vitamin A, and even not to eat liver!



ROMAINE
CALM

WHAT A CHEESY IDEA!

The great increase in the need for orthodontics to fix tooth crowding and overbites has a lot of folks wondering why. Since it couldn't possibly be the modern diet's baneful effects, scientists have grasped at some pretty lame explanations. In Dr. Price's day, scholars insisted that tooth crowding was caused by race mixing; today the explanation is soft foods that have “decreased chewing demands.” Now a paper published in the *Proceedings of the National Academy of Sciences* (Volume 114, Number 34) blames one soft food in particular: cheese! Ac-

ording to the author David Katz, “At least in early farmers, milk did not make for bigger, stronger skull bones.” We wonder which “early farmers” Katz looked at. Did he look at the Swiss farmers of Dr. Price's day who had wide facial structures eating a diet of raw cheese and sourdough bread? Or the Maasai herders with their brilliant smiles living on fermented milk products and blood? Remember, if even one example contradicts the theory, the honest scientist must go back to the drawing board and come up with another theory. Katz needs to visit some WAPF families where modern children are growing up with beautiful wide jaws on a diet of soft foods like raw milk, raw cheese, pâté, eggs and cod liver oil.

SOUR SALES

Sales of fluid milk continue their relentless decline. According to USDA data, U.S. milk sales are down by 11 percent by volume since 2000, and 14 percent in dollar terms in just one year. The industry blames a decline in breakfast cereal

Caustic Commentary

consumption and the advent of “plant-based milk substitutes,” especially almond milk and coconut milk. Highly processed “specialty milks” such as acidophilus milk and lactose-reduced milk and flavored milks (loaded with sugar) served to school children have taken up some of the slack, and the industry is looking to “innovations” like A2 milk and milk with pureed fruit added to boost sales. Some, like Judy Vona, president at Dairy Maid Dairy in Frederick, Maryland, have even suggested that school children might drink more milk if they were allowed to have milk that contained more fat—a suggestion that was quickly slapped down by a representative of the Child Nutrition Division of the Maryland State Department of Education. Not one government official involved in the dairy industry is willing to state the obvious: processed, pasteurized milk is making more and more people sick. Milk today is the number one allergy and many doctors recommend against it. Meanwhile, sales of raw milk are soaring, a fact that the dairy folks refuse to mention. There is one piece of good news in all these trends: soy milk sales have tanked, down 50 percent since 2013 (*Wall Street Journal*, August 10, 2017).

LOTS OF PAIN, NO GAIN

Cholesterol-lowering statin drugs are the most profitable drugs in history. Nearly one-third of adult Americans currently take a statin medication—a number that Big Pharma would like to increase to one hundred percent. Statins are expensive and have many serious side effects, including mitochondrial dysfunction, muscle weakness and breakdown, crippling back pain, brain fog, memory loss, dementia and cancer. All this to prevent heart attacks. . . except they don't. A recent study published in the *British Medical Journal* looked at the mortality benefit from taking a statin medication for two to six years. Their literature review found that

if you take a statin medication for two to six years to prevent your first heart attack—this is called primary prevention—your death will be postponed by an average of three days and five hours. If you take a statin for two to six years after you have had a heart attack—this is called secondary prevention—your death will be postponed for just over four days (*BMJ Open*, Volume 5, Issue 9). How many people are willing to take an expensive drug that ruins your quality of life for two to six years just to add three or four days of life to the human carcass? No one, of course, unless they are cleverly deceived.

STATIN DENIERS

Steven E. Nissen, MD, chairman of cardiovascular medicine at the Cleveland Clinic, has made a good living promoting statin drugs and the cholesterol theory of heart disease. In spite of ever-mounting evidence that these drugs do nothing but make people miserable, he is upset at the growing numbers of “statin deniers.” According to Nissen, “People on the Internet with little or no scientific expertise suggest that statins are harmful while peddling ‘natural’ remedies for elevated cholesterol levels.” Blaming the Dietary Supplement Health and Education Act (DSHEA) of 1994, which takes oversight of dietary supplements out of the hands of the FDA, Nissen claims that “. . . consumers are easily seduced by claims of a cure through supplements or fad diets. . . . What research does show is that discontinuation or nonadherence to statins can have deadly consequences. Physicians need to work together with the media to educate the public about the dangers of statin denial. . . we are losing the battle for the hearts and minds of our patients” (*Annals of Internal Medicine*, August 15, 2017). Perhaps statin drugs have affected Nissen's memory. In 2013 Nissen stated, “The science was never there for the LDL [cholesterol] targets. Past committees made them up out of thin air” (*NY Times*, November 12, 2013).

SHOPPING GUIDE UPDATES

Wilderness Family Naturals is now Wildly Organic:
800-945-3801

New phone number for Flora: 800-498-3610

WB Kitchen is now Ona Treats: 970-800-3957

Contact Carolyn Graff at shoppingguide@westonprice.org with updates and additions to the Shopping Guide.

BREAST CANCER PROTECTION

Scientists attending a conference of the European Society of Cardiology in Barcelona, Spain, learned about findings from a longitudinal study of more than one million patient records. Women with high cholesterol levels—with a “diagnosis of hyperlipidaemia”—enjoy significant protection against breast cancer, and lower overall mortality as well.

Caustic Commentary

Women with high cholesterol were 45 percent less likely to develop breast cancer (<http://congress365.escardio.org/Presentation/156396#.WbbkhL0ntD8>). The rational person would conclude from this survey that women should not try to lower their cholesterol levels, but these were cardiologists whose thinking processes are different from those of the average person. Their conclusions: it's the statin drugs they assume these women are taking that are protecting them from breast cancer. Said researcher Dr. Paul Carter, "I don't think at the moment we can give statins to prevent or reduce mortality from breast cancer per se. But a positive result in a clinical trial could change this and it is an exciting and rapidly progressing field." We don't need a crystal ball to predict that just such a study will appear within the next few years to give physicians yet another reason to prescribe statin drugs.

SCHIZOPHRENIA RISK

Now that cannabis and its cousins CBD oil, hemp and hemp oil have flooded the alternative health scene as the new miracle drugs for everything from headaches to cancer, consumers need to take these claims with a large dose of plain old salt. The link between marijuana use and increased probability of developing schizophrenia has emerged in over thirty different scientific studies over the past twenty years. In one study, scientists interviewed fifty thousand members of the Swedish army about their drug use and followed up with them later in life. Those who were heavy consumers of cannabis at age eighteen were over 600 percent more likely to receive a schizophrenia diagnosis over the next fifteen years than those who were non-users. Many of these studies indicate that the risk is higher when drug use begins before the age of twenty-one, a time when the human brain is developing rapidly and is particularly vulnerable (schizophrenia.com). For those who insist that hemp does not contain psychoactive compounds, consider this quote from Herodius about the ancient Scythians: "The Scythians take the seed of the said hemp plant, and, creeping under the carpets, enter into the enclosure, and then throw the seeds on the flaming stones. The seed burns immediately, and spreads around such a vapour and so much of it that there is no Greek tepidarium which produces a greater effect. And the Scythians, meanwhile, as they are beside themselves from the effects of that most powerful sudorific, shout with joy" (*Histories* IV.7) Much of the cannabis effect comes from raising dopamine

to unnatural levels, with subsequent burnout. How much better to raise dopamine levels naturally and steadily, and produce your own mild endogenous cannabinoids by eating butter and broth.

MAD SCIENTISTS

We've all heard about efforts to produce genetically engineered red meat in a laboratory, but a team of scientists at the Commonwealth Scientific and Industrial Research Organisation's (CSIRO) food structure research group in Australia is hoping to go one better with "the personalized fabrication of smart food systems." Team leader Dr. Amy Logan looks forward to the day when we can "hit a button on a machine to receive a blob of food tailored just for you, precisely calculated for your daily needs based on everything from your sweat right down to your genetic code." According to the European Food Information Council, such personalized nutrition will "help prevent society-wide diseases such as obesity, type 2 diabetes, cardiovascular disease, cancer and malnutrition." The research is focusing on how to create food-like substances with "a nice structure" instead of "food-like sludge" using 3D printing. According to Dr. Logan, "The vision we have is that in twenty years time, someone would wake up in the morning, their physiological markers will have already been measured in a really unintrusive way, potentially through their sweat while they've been sleeping using biosensor technology. It's already conveyed that information to a software system that's linked to this, what we're calling a 'food generator,' that's sitting on their kitchen bench, and that will be what generates this structured food that has their nutrients for the day" (CSIROscope, August 1, 2017). We are not making this up. All these mad scientists need to prepare themselves for the shock of people preferring bacon and eggs for breakfast. ☺☺

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.



Education ♦ Research ♦ Activism

Wise Traditions 2017

EIGHTEENTH ANNUAL INTERNATIONAL CONFERENCE OF THE
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Friday, November 10 – Monday, November 13
with Chapter Meeting and FTCLDF Dinner on Thursday, November 9
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CONFERENCE SPEAKERS

- Sandeep Agarwal, expert on ghee
- Amy Berger, author of *The Alzheimer's Antidote*
- Dean Bonlie, DDS, expert on magnetism
- Natasha Campbell-McBride, MD, Gut & Psychology Syndrome (GAPS)
- Carrie Clark, DC, expert on nourishing school lunches
- Tom Cowan, MD, author of *Human Heart, Cosmic Heart*
- Sally Fallon Morell, MA, author of *Nourishing Traditions*
- Lee and Sean Graese, grass-fed buffalo farmers
- Ben Greenfield, fitness expert
- Jessa Greenfield, expert on ancestral health
- Becca Griffith, foraging expert
- Stefan Hagopian, DO, expert on footwear, beds and chairs
- Zoë Harcombe, PhD, obesity researcher, author *The Harcombe Diet*
- Reginaldo Haslett-Marroquin, poultry-centered regenerative agriculture
- Chris Knobbe, MD, expert on age-related macular degeneration
- Kiran Krishnan, expert on intestinal flora
- Jodi Ledley, author of *Adventures with Jodi*
- Celeste Longacre, author of *Celeste's Garden Delights*
- Karen Lyke, MS, CCN, DSc, CGP, master nutritionist
- Chris Masterjohn, PhD, chrismasterjohnphd.com nutrition blog
- Ronda Nelson, expert on thyroid health
- Cyndi O'Meara, author *Changing Habits Changing Lives*
- Tim O'Shea, DC, expert on vaccine dangers
- Laura Schoenfeld, MPH, RD, expert on adrenal health
- Pam Schoenfeld, RD, co-director Healthy Nation Coalition
- Kim Schuette, CN, nutritional & biotherapeutic drainage therapies
- Stephanie Seneff, PhD, expert on glyphosate
- Kim Thompson, RYT, movement instructor
- Sylvia Burgos Toftness, expert on nourishing broth
- Donald Weber, DC, expert on good health basics
- Cilla Whatcott, PhD, HD, RHom, *There Is a Choice: Homeoprophylaxis*
- Lindsea Willon, expert on insulin resistance
- Louisa Williams, MS, DC, ND, author of *Radical Medicine*
- Will Winter, DVM, expert on pastured livestock

LOCATION AND ACCOMMODATION

The conference will be held at the Hyatt Regency Minneapolis at 1300 Nicollet Mall, Minneapolis, MN.
A special conference room rate of \$155 per night plus taxes and fees has been negotiated for our attendees.

This rate is offered for single through quadruple occupancy.

Phone Hyatt Reservations at (800) 421-1442 and mention the Wise Traditions conference,
or book online at <https://aws.passkey.com/go/2017WISETRADITIONS>.

Special conference rates for hotel rooms available only until October 20, 2017 or until all rooms are sold.
Self-parking is a special rate of \$19 per day.

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PRE-CONFERENCE AND POST-CONFERENCE ACTIVITIES



Farm-to-Consumer
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**THURSDAY, NOVEMBER 9
at 6 pm
FTCLDF FundRAISER**
farmtoconsumer.org/WAPF2017

MONDAY, NOVEMBER 13

Will Winter, DVM: Guided Farm Visit

Sally Fallon Morell, MA: **SOLD OUT / DVDs will be available**
Master Cooking Class—Three Meal Plans: Fish, Chicken and Lamb

Chris Masterjohn, PhD: A Master Seminar on Nutrition

WISE TRADITIONS 2017 REGISTRATION FORM

First Name _____ Last Name _____ Name for Badge _____

Organization/Affiliation _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____ Check here if you are interested in donating food.

E-mail _____ Website _____ This is my first Wise Traditions conference.

Check here to reserve Gluten & Casein free conference meals. OR Gluten free only. OR Casein free only. Register for GF and/or CF children's meals below.

MEMBERSHIP: become a member of the Foundation and receive our quarterly journal, full of informative articles as well as sources of healthy food. WAPF members receive a conference registration discount.

\$40 US Annual Membership \$25 US Reduced (financial hardship) \$50 Canadian/International

FULL REGISTRATION includes conference materials, Friday sessions, lunch and dinner, Saturday sessions, lunch and Awards Banquet, Sunday sessions and brunch (*except for no-meal option). Does not include Monday.

- Full Registration Member \$490
- Full Registration Non-Member \$530
- Full Registration Student/Senior Member \$390
- Full Registration Student/Senior (62+) Non-Member \$415
- Full Registration Adult with Child in Kid's Program \$390
- Full Registration No-Meal Option (*meals not included**) \$350

WEEKEND REGISTRATION includes sessions with lunch and banquet on Saturday and lunch on Sunday.

- Weekend Registration \$330

DAILY REGISTRATION includes conference materials, sessions and lunch (no dinner).

- Daily Registration Friday Saturday Sunday \$150
- Saturday Traditional Diets Seminar, Sally Fallon Morell \$60 (limited to 200)
- Monday Guided Farm Visit 7-6 (includes lunch) \$100
- Monday WAPF Cooking 9-4 (includes lunch) **SOLD OUT**
- Monday Chris Masterjohn Seminar \$100

EVENING EVENTS

- Friday Dinner and Events \$60
- Saturday Evening Awards Banquet \$75

Please select the sessions you plan to attend. This helps us plan but you can change your mind.

Friday seminar choice – GAPS Thyroid Health Adrenal Farming
 Saturday Choice – Hormone Health Nourishing Traditional Diets Cooking/Practical Wellness
 Sunday Seminar Choice – Mind and Eyes Diet, Exercise, Diabetes Fertility/Children Cooking/Gardening/Practical

CHILDREN'S PROGRAM (Child must be age 3-12 and potty trained.)

Child's Name(s) _____ Age(s) _____
 @ \$225 per child for Friday - Sunday includes Friday lunch & dinner, Saturday lunch, Sunday brunch
 GF/CF meals OR GF only OR CF only for ___ children OR ___@ \$150 per child, includes no meals.

CEUS FOR RNS & LACS. A \$5 certificate of attendance is available. It suffices for RDs & nutritionists.

RN LAC – All 3 days \$65 Friday \$25 Saturday \$25 Sunday \$25// RD or nutr. Cert of Attend. \$5.

PAYMENT PROCESSING

Total Due: _____ MasterCard Visa Check Payment/Money Order (make payable to WAPF)
 Full Name _____
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 Exp. Date _____ Security Code (3 digits on back of card) _____

CHAPTER LEADERS

- I am a chapter leader.
- I plan to attend the Chapter Leader Meeting Thursday, Nov 9, 10 am - 4 pm

How did you hear about the conference?

- WAPF journal WAPF email
- Friend/colleague WAPF postcard
- Blog Twitter or FB
- Web advertisement WAPF website
- Print advertisement Radio
- Another conference Chapter
- Other, please specify _____

What is your current occupation?

- Medical practitioner Farmer
- Nutritionist Homemaker
- Massage therapist Student
- Chiropractor Retired
- Nurse Teacher
- Agriculture professional Journalist
- Artisan worker Chef
- Other, please specify _____

THREE WAYS TO REGISTER:

1. **PHONE** (540) 722-7104
2. **FAX** (540) 301-3536
3. **MAIL**
 WAPF Wise Traditions Conference
 1900 Jones Rd
 Winchester, VA 22602

PLEASE NOTE:

One adult registration per form, please. Forms submitted without payment will not be processed.

FOR FURTHER INFORMATION

wisetraditions.org
 registrar@ptfassociates.com

NO REFUNDS will be issued after December 31, 2017

By submitting this form, I authorize Wise Traditions to charge the applicable registration fees. I understand that all cancellations must be submitted in writing and must be received by October 20, 2017 to be eligible for a refund, less a \$25.00 administrative fee. All refunds will be issued following the conference. Substitutions will be permitted at any time. Registration packets will not be mailed and must be picked up on-site at the conference registration desk at the Hyatt Regency Minneapolis Hotel.

Wise Traditions 2017

Minneapolis Schedule

THURSDAY, NOVEMBER 9

10:00-4:00 Chapter Leaders Meeting

06:00-9:00 FTCLDF FundRaiser Dinner (*not included with conference registration*)

FRIDAY, NOVEMBER 10

07:00-07:45 Kim Thompson: Gentle Movement

08:00-08:45 Kim Thompson: How to Sit Comfortably

Track I: Gut & Psychology Syndrome – Natasha Campbell-McBride, MD

10:00-12:00 Gut & Psychology Syndrome, Part I

01:30-03:00 Gut & Psychology Syndrome, Part II

03:30-05:00 Vegetarianism Explained

Track II: Nourishing Your Thyroid: The 7 Key Principles for Optimizing Thyroid Health –

Ronda Nelson, PhD

10:00-12:00 Part I: Understanding How Your Thyroid Works

01:30-03:00 Part II: Bridging the Nutritional Gap

03:30-05:00 Part III: Proper Testing, Support and General Recommendations

Track III: Stress Proof: Creating a Diet and Lifestyle to Recover from "Adrenal Fatigue" or HPA-D –

Laura Schoenfeld, RD, MPH

10:00-12:00 Part I: Defining "Stress" and the 4 Main Triggers of Adrenal Fatigue (HPA-D)

01:30-03:00 Part II: How Diet and Exercise Help (or Harm) Your HPA Axis Function

03:30-05:00 Part III: Supplements, Sleep, and Stress Management for Promoting A Healthy HPA-Axis

Track IV: Farming

10:00-12:00 Reginaldo Haslett-Marroquin: Poultry-Centered Regenerative Agriculture

01:30-03:00 Lee and Sean Graese: #itsallaboutthatgrass: The Story of Northstar Bison

03:30-05:00 Will Winter, DVM: Minerals, Vitamins, Salt and HighBrix Forages—
Rearing Livestock the Natural Way

Friday Evening Activities

8:00-10:00 Ask the Practitioner Panel with Kim Schuette, CN, Natasha Campbell-McBride, MD,
Tom Cowan, MD, Ronda Nelson, PhD, Louisa Williams, DC

8:00-10:00 Kiran Krishnan: Forget What You Know About Probiotics – A Paradigm Shift

8:00-10:00 Dean Bonlie, DDS: Magnetism, Magnechelation and EMF Effects

8:00-10:00 Film *What's With Wheat* followed by Q&A Session with Cyndi O'Meara

SATURDAY, NOVEMBER 11

06:00-06:45 Kim Thompson: Gentle Movement

07:00-07:45 Kim Thompson: Release Low Back Tension

Track I: Plenary Session: Hormone Health

09:00-10:15 Karen Lyke, MS, CCN, DSc, CGP: The HPA (Hypothalamus-Pituitary-Adrenal) Axis:
An Introduction to the Major Hormones that Operate and Maintain the Body

10:45-12:00 Kim Schuette, CN: Recovery from Bio-Identical Hormones

01:45-03:00 Chris Masterjohn, PhD: A Balanced Hormonal Milieu

03:30-04:45 Lindsea Willon: Tone Your Hormones: How Exercise Affects Insulin Resistance & Inflammation

Track II: Nourishing Traditional Diets – Sally Fallon Morell, MA

09:00-12:00 Characteristics of Healthy Diets

01:45-03:00 Know Your Fats

03:30-05:00 How to Change Your Diet for the Better

Wise Traditions 2017

Minneapolis Schedule

SATURDAY, NOVEMBER 11 *(continued)*

Track III: Cooking/Practical

09:00-10:15 Becca Griffith: Fat Rendering

10:45-12:00 Stefan Hagopian, DO: Chairs, Beds and Footwear—Negotiating Their Pervasive Influence in Our Daily Lives

01:45-03:00 Celeste Longacre: Ferments, Ferments, Ferments!

03:30-04:45 Sylvia Burgos Toftness: The Hows and Whys of Making Bone Broth and Baking Sourdough Breads: It's About Lots More than Great Taste

Track IV: Wellness

09:00-12:00 Stephanie Seneff, PhD: Everything You Wanted to Know About Glyphosate but Were Afraid to Ask

01:45-04:45 Tom Cowan, MD: The Fountain of Youth is a Fountain: The Story of Deuterium-Depleted Water

06:30-10:00 pm Awards Banquet

Keynote: Zoë Harcombe: Real Food on Trial

SUNDAY, NOVEMBER 12

06:00-06:45 Kim Thompson: Gentle Movement

07:00-07:45 Kim Thompson: Relieve Neck and Shoulder Tension

Track I: Nutrition for the Mind and Eyes

09:00-10:20 Amy Berger: Nourish Your Neurons: Protection Against Alzheimer's with Good Nutrition

10:30-11:50 Chris Knobbe, MD: Macular Degeneration – Preventable and Treatable with an Ancestral Diet?

01:30-02:40 Jodi Ledley: Eliminating Migraines, Chronic Pain and the Many Other Related Symptoms of Abnormal Nerve Function

03:00-04:20 Chris Masterjohn, PhD: Fat-Soluble Activators for Brain and Eyes

Track II: Diet, Exercise, Diabetes

09:00-10:20 Donald Weber, DC: The Eight Critical Systems

10:30-11:50 Louisa Williams, MS, DC, ND: Exercise Tips from an Exercise Dropout! The Benefits of Active Stretching, Interval Training, and CBD Oil

01:20-02:40 Ben Greenfield: Why You're Not Losing Weight: Fat Loss Frustration & What to Do About It

03:00-04:20 Zoë Harcombe: The Obesity Epidemic: What caused it? How can we stop it?

Track III: Fertility/Children

09:00-10:20 Tim O'Shea, DC: Detoxification Protocol for Autistics and Other Vaccine Injured

10:30-11:50 Pam Schoenfeld, RD: Polycystic Ovary Syndrome

01:20-02:40 Carrie Clark, DC: Baby Whisperer

03:00-04:20 Cilla Whatcott, PhD, HD, RHom, CCH:

Real Immunity: Educate the Immune System Using Homeoprophylaxis

Track IV: Cooking/Gardening/Practical

09:00-10:20 Carrie Clark, DC: Nourishing School Lunches

10:30-11:50 Becca Griffith: Foraging Cuisine

01:20-02:40 Jessa Greenfield: Top 10 Mistakes People Make When Starting an Ancestral Diet

03:00-04:20 Sandeep Agarwal: Cooking with Spices

Closing Ceremony (4:30-5:30): Michael Schmidt: The Fight for Real Milk

MONDAY, NOVEMBER 13

07:00-06:00 Will Winter, DVM: Guided Farm Visit

09:00-04:00 Sally Fallon Morell: Master Cooking Class – Three Meal Plans: Fish, Chicken and Lamb

09:00-04:00 Chris Masterjohn, PhD: A Master Seminar on Nutrition

Why Did God Create Cancer?

By Tedd Koren, DC

Recently, a participant in an online cancer discussion group asked, “Why did God create cancer?” It’s a valid question. Why would a truly benevolent Creator let cancer exist? Why do good men and women and innocent children get cancer—and sometimes die?

It makes no sense—unless cancer and tumors actually serve a purpose. You may be surprised to learn that all of us are genetically programmed to create tumors using oncogenes (genes that have the potential to induce cancer). Our ability to make tumors comes factory-installed, as it were. In addition to having a built-in mechanism to create tumors, our bodies nourish the tumors with a blood supply. Why does this occur? Why would an exquisite creation such as our wisdom-filled body have acquired the seemingly self-destructive ability to form and nourish tumors? Is it a mistake? Is the body stupid? What purpose could it possibly serve?

In point of fact, God, nature or the wisdom of the body have installed within us a marvelous self-protective mechanism. It is only when we foolish humans repeatedly poison ourselves (often unknowingly) and do things that interfere with our body's natural ability to detoxify that this protective mechanism breaks down. Tumors are defense mechanisms designed to keep us alive. If we are able to recognize the fact that cancer is a symptom of a generalized, whole-body condition, then it is clear that tumors are the result rather than the cause of the problem. From a religious perspective, we can say that God has given us the ability to create tumors and cancers because He loves us.

ROLE OF THE TUMOR

Cancer and toxicity go together. The role of tumors is to store or sequester the toxins to a small circumscribed area to keep the poisons confined and prevent them from spreading. We know that tumors are highly toxic because when conventional cancer therapies break up a tumor very quickly and suddenly release cellular components into the bloodstream (a situation referred to as tumor lysis syndrome),¹ this disturbance releases so much toxicity (or poison) that the person may die.

Researchers noted over twenty-five years ago that breast tissue stores toxic chemicals such as polychlorinated biphenyls (PCBs). They observed elevated levels of PCBs and other chemical residues “in fat samples from women with cancer, compared with [women] who had benign breast disease.”² Investigators concluded that “environmentally derived suspect carcinogens” likely play a role in the “genesis of mammary carcinoma.”² Looking at the issue of cancer and toxicity from another perspective, an independent researcher examined root canals and oral infections in nearly four thousand women who had lung or breast cancer and found that in 100 percent of the cases—without a single exception—the oral health problems were on the same side of the mouth and body as the cancers.³

We have known for even longer—nearly a century—that populations exposed to toxic substances have higher cancer and tumor rates. This is especially the case for people living or working near, downwind or down river from

chemical factories, oil refineries, toxic waste dumps and other entities that spew poisons. The observation is inescapable—people exposed to toxins get cancer.

One of the best books ever written on this subject is *The Secret History of the War on Cancer* by Devra Davis.⁴ Dr. Davis wrote that in the 1930s, researchers in countries around the world (including Argentina, Austria, England, France, Germany, Italy, Japan, Scotland, and the U.S.) all came to the same conclusion: “Where people lived affected getting cancer.”⁴

Like these 1930s researchers, European doctors have understood the role of toxicity in causing cancer for a long time. Dr. Natasha Campbell-McBride, popularizer of the Gut and Psychology Syndrome (GAPS) dietary protocol, went to medical school in Russia and says, “In Russia and Europe, it was always known that toxicity caused cancer; there was no question about it” (personal communication, May 2017). On the other hand, if you ask an American oncologist “Why did I get cancer?,” the oncologist will look at you like a deer in the headlights and mumble something about genetic mutations.

TUMORS COME AND GO

In most cases, tumors have a limited life span. In fact, tumors come and go throughout our lives. You may have many tumors today and none tomorrow— if your body is working as it should—because you have a natural ability to remove toxins. With effective detoxification, the tumors are no longer necessary, and your body can dissolve, neutralize and eliminate them. “Spontaneous remission” is the medical term that describes the body's ability to dissolve and excrete tumors, even life-threatening ones. The tumors just disappear. Spontaneous remission is a well-documented phenomenon in the biomedical literature.^{5,6}

Pathologists find far more tumors and cancers in autopsies (such as in victims of auto and other accidents) than doctors diagnose in living patients in their offices. A 1993 report noted that whereas 1 percent of living women between ages forty and fifty have “clinically apparent breast cancer,” almost two-fifths (39 percent) of autopsied women in the same age group show evidence of breast cancer.⁷

Tumors are defense mechanisms designed to keep us alive. Tumors are the result rather than the cause of the problem.

Attacking
a tumor
actually may
cause a
kickback
effect wherein
the body
struggles
harder to
keep the
tumor
functioning.

CHEMOTHERAPY HAS IT BACKWARD

Sadly, there is no guarantee of experiencing spontaneous remission. In the modern era, it is easy to become overly toxic from repeated exposure to internal toxins (endotoxins) and external toxins (exotoxins). When we cannot detoxify quickly enough, then tumors, although necessary, can grow out of control.

Josef Issels, MD, who recognized that tumors are “a late-stage symptom of a generalized illness affecting the whole body,” developed one of the most successful approaches to address cancer.⁸ He wrote that “a tumor can only develop in a diseased organism” and that “the tumor is a symptom of that illness.”⁸ Operating on the premise that “optimal” cancer treatments need to have a “causal” focus, Dr. Issels was able to restore many late-stage terminal cancer patients to good health.

The prevailing treatment model of the “War on Cancer”—kill the tumor—is completely backward. Attacking a tumor actually may cause a kickback effect wherein the body struggles harder to keep the tumor functioning. The body wants the tumors. Tumors are the answer, not the problem.

In this context, it should come as no surprise that studies have found that chemotherapy can make tumors more aggressive. In 2012, for example, news headlines announced the “shocking” and “completely unexpected” finding that chemotherapy can “backfire” and make cancer worse.⁹ Reporting on a prostate cancer study published in *Nature Medicine* about “treatment-induced damage to the tumor microenvironment,”¹⁰ the news summary noted that “healthy cells damaged by chemotherapy secreted more of a protein called WNT16B, which boosts cancer cell survival.”⁹

A more recent report (July 2017) in *Science Translational Medicine* on breast cancer came to much the same conclusion, stating that chemotherapy promotes circulation of tumor cells in the bloodstream.¹¹ In the researchers’ words, “chemotherapy, despite decreasing tumor size, increases the risk of metastatic dissemination.”¹¹

It should be readily apparent that the answer to a toxic condition is not more toxicity. Chemotherapy is highly toxic. That is why courageous investigators have been sounding the alarm

about chemotherapy for many years. A comprehensive review in 1992 of chemotherapy clinical trials and publications described the success rate of chemotherapy as “appalling,” with strong evidence pointing to “the absence of a positive effect.”¹² In 2004, another major study reviewed fifteen years of chemotherapy treatments for the most common cancers causing the most deaths; the contribution of chemotherapy to five-year survival was minimal (about 2 percent).¹³

In 2015, researchers reporting on patients with end-stage cancer in *JAMA Oncology* concluded that “not only did chemotherapy not benefit patients...it appeared most harmful to those patients with good performance status.”¹⁴ The authors cautiously suggested that chemotherapy use in patients with terminal cancer “may need to be revised.”¹⁴ They also noted that an American Society of Clinical Oncology expert panel “identified chemotherapy use among patients for whom there was no evidence of clinical value as the most widespread, wasteful, and unnecessary practice in oncology.”¹⁴

COMPLETE HEALING


For complete healing, we must address cancer’s causes. What a person diagnosed with cancer needs most is a health-promoting lifestyle that reduces toxicity, provides nourishment and minimizes stress. The goal of health care practitioners who want to support full recovery should be to locate the causes of the toxicity (both internal and external) and work with the patient to enhance detoxification, cleansing and purification.

There is a reason why we find evidence of detoxification practices such as hot baths, saunas, fasting, cleanses, herbs and many other practices in every culture throughout humanity’s history. If ancient Greeks and Romans and native peoples from all over the world could understand the need for detoxification—long before the advent of the twentieth-century chemical industry—shouldn’t modern-day Americans recognize its importance as well? As a culture, we are far more toxic than any other civilization, and we have the diseases to show for it.

In 2003, I developed a system of working with body biofeedback that I now call the Koren Specific Technique (KST).¹⁵ KST practitioners

locate and release hidden areas of toxicity and stress that other health care professionals often miss. Practitioners can use KST with anyone, no matter their age or health challenges.

Nine years ago, when doctors diagnosed a close family member with life-threatening brain tumors, I used KST along with the detoxification and support principles mentioned above—and the tumors disappeared.

The most important thing to remember is that cancer is a disease of toxicity. The best way to achieve a true cure, therefore, is to address this underlying cause. Recognizing that a tumor is an ally, not an enemy, makes it possible to work to promote its function so it will no longer be needed. 

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DIETARY PRINCIPLES FOR CANCER PATIENTS

A diagnosis of cancer often serves as a wake-up call to make profound dietary changes. Obviously, the first step is to eat nothing but clean food, including pasture-fed animal products, and to avoid all processed foods containing refined sweeteners and industrial seed oils. The following foods support detoxification while nourishing the body:

COD LIVER OIL: Unprocessed cod liver oil provides vitamins A and D in a range of forms. Vitamin A is the vitamin for detoxification and the first requirement for cancer patients. Vitamin D supports the immune system and works synergistically with vitamin A.

RAW WHOLE MILK: Raw milk is our best source of glutathione, the body's master detoxification compound. Plus, raw milk provides complete nourishment in a form that is easily digested.

GELATIN-RICH BONE BROTH: Glycine in bone broth supports the liver in detoxification.

POULTRY LIVER: Liver from chicken, ducks and geese is an excellent source of vitamin K, which provides strong protection against cancer. It works synergistically with vitamins A and D in cod liver oil. Plus, liver is a powerhouse of many other important nutrients.

BUTTER: Butter is the queen of fats and provides many compounds, specifically CLA, that help protect against cancer. Be sure to use butter from grass-fed cows.

LACTO-FERMENTED FOODS: Fermented foods provide vitamin C and good bacteria for healthy gut flora.

Support for Pediatric Cancer

By Kim Schuette, CN

Pediatric cancer is on the rise. The incidence of cancer in children under the age of ten rose by 37 percent from the early 1980s to the early 1990s. The largest rise, 54 percent, was in children diagnosed before their first birthday.¹ A third of the cases under the age of fifteen were of leukemia, a cancer of the blood that is now successfully treated in Europe and the U.S.,² but not without side effects from the treatment.

So why the rise? Researchers point to the fact that detection has improved, thus more cases of cancer are diagnosed early. However, many scientists believe that modern living and its various factors are contributing to the growth in cancer among our youth. “When you look at cancers such as childhood leukemia there is no doubt that environmental factors are playing a big role,” said Dr. Denis Henshaw, professor of human radiation effects at Bristol University, the scientific adviser for Children with Cancer UK. “We were shocked to see the figures, and it’s modern lifestyle I’m afraid. Many items on the list of environmental causes are now known to be carcinogenic, such as air pollution and pesticides and solvents. There has been good research to suggest a mother’s diet can damage DNA in cord blood. Light at night we know is very disruptive for the body, which is why shift workers have such bad health. Burnt barbecues, the electric fields of power lines, the electricity supply in your home. Hairdryers. It’s all of these things coming together, and it seems to be teenagers and young people that are most affected.”³

Parents of children diagnosed with cancer in the U.S. are in most cases obliged to follow the conventional standard of care according to the American Medical Association⁴—refusal may mean social services takes the child away. Standard of care generally involves the use of chemotherapy agents, radiation and surgery. Often steroids are used and many children must take copious amounts of antibiotics due to their resulting very low immune function. Very little direction is typically given to extraneous support such as nutrition, lifestyle considerations and other supportive therapies.

In light of the well-established fact that chemotherapy and radiation are often accompanied by short- and long-term side effects,^{5,6} it is important to consider the numerous ways parents can provide support to pediatric cancer patients.

CHEMOTHERAPY

While chemotherapy does kill cancerous cells, it comes with tremendous side effects. Fortunately, a number of remedies can remediate chemo's negative effects. To start, chemo agents kill beneficial gut flora. According to a recent study, disruption of the gut microbiome is significant. "In summary, we found a profound disruption of the intestinal microbiome in terms of both taxonomic composition and metabolic capacity that may partly explain the acute inflammation, known as GI mucositis, observed after chemotherapy. This dysbiosis is also characteristic of other acute and chronic inflammatory conditions in mice as well as in humans, suggesting a causal role for microbiome in chemotherapy-induced GI mucositis."⁷

In order to minimize the dysbiosis that typically occurs, and to alleviate its ensuing discomfort, incorporating daily servings of probiotic-rich foods and tonics is key. These include cultured dairy products (with minimal sweeteners) and lacto-fermented vegetables and tonics such as sauerkraut, kimchi and beet kvass. These foods should be truly fermented,

made without vinegar.

Moreover, daily supplemental beneficial bacteria can provide additional support. Keep in mind that not all probiotic (from the Latin and Greek meaning "for life") products on the market are created equal. There are many variables to consider. It is critical that a therapeutic probiotic make its way into the small and/or large intestine. Therefore, it must be made in a way that it survives the harsh and necessary acid environment of the stomach. A probiotic product containing soil-based organisms, also known as "spore-forming bacteria," is very beneficial during and after chemotherapy and antibiotic treatment. These forms of bacteria have the ability to flourish even in the presence of harsh agents that kill bacteria. Formulas, such as Just Thrive, containing *Bacillus subtilis*, *Bacillus indicus*, *Bacillus coagulans* and *Bacillus clausii* offer the following properties:

- Are antibacterial, offering protection against intestinal pathogens;
- Produce lactic acid, which stimulates immune function in the gut;
- Provide antioxidants, such as carotenoids and beta-carotene, including lutein and lycopene; and
- Support anti-inflammatory systems in the body.

Other probiotics to consider include CHAMP Pro Plus and HMF Natogen (for children one to four years of age) or HMF Powder (for children over four).

What about prebiotics? These are food ingredients such as complex carbohydrates that induce the growth or activity of beneficial microorganisms. However, many prebiotics can feed pathogenic bacteria that may be acquired as a result of compromised immunity, so it is best to choose lower carbohydrate prebiotic foods such as green beans, asparagus, garlic and leeks.⁸ This is a gentle option for feeding gut flora rather than using formulas containing

In light of the well established fact that chemotherapy and radiation are often accompanied by short- and long-term side effects, it is important to consider the numerous ways parents can provide support to pediatric cancer patients.

DISCLAIMER

The therapies and remedies discussed in this article are not intended to be used as cures for cancer but rather to support the pediatric cancer patient who is in the care of a qualified oncologist. These suggestions should be given under the guidance of a trained health practitioner with the approval of the patient's attending physician.

Steroids are routinely included in cancer therapy. One of the adverse effects of steroids is the weakening of bones.

high amounts of inulin or chicory root, which are fine for those with an intact gut but can challenge those with dysbiosis.⁹

To further support gut health and hence immunity, chemo and antibiotic therapy can be followed by the inclusion of colostrum, amino acids and essential fatty acids. If you have access to raw colostrum from pastured cows, this is ideal. If not, Colostrum-LD by Sovereign Laboratories is an excellent option.

Meat stock or bone broth are the best sources of healing amino acids. Numerous companies offer amino acid supplements. Choose wisely under the guidance of an experienced health practitioner. Standard Process has two great amino acid products, Protefood and Nutrimere (Standard Process products are only available through trained authorized health practitioners. Internet purchases should be avoided as they are not supported by Standard Process and are generally more expensive.) Another excellent amino acid option is PerfectAminos by BodyHealth.

Essential fatty acids are provided by unrefined cod liver oil such as Green Pasture's Blue Ice and Standard Process'. Other unprocessed cod liver oil products are available. (Please see the WAPF Shopping Guide.)

Another challenge presented by chemotherapy is its burden on the liver. The liver is the primary organ that breaks down and metabolizes chemicals and then directs the body's elimination of these substances. If the liver becomes overburdened due to a high volume of toxins, secondary elimination organs attempt to share the load.¹⁰ As these organs become over-

whelmed, toxicity symptoms appear. For this reason, it is imperative to incorporate therapies that will support the liver, kidneys and lymphatic system. These therapies include castor oil packs, hydrotherapy and gentle drainage, which are discussed below.

Steroids are routinely included in cancer therapy. One of the adverse effects of steroids is the weakening of bones. A high-mineral diet replete with fat-soluble vitamins A, D and K₂ are critical for strengthening bones. In addition, a gemmotherapy called Ribes Nigrum can be added to support and regenerate the adrenals, the glands most negatively affected by steroid therapy. Ribes Nigrum activates the reticuloconjunctive support tissue of the gland, thus allowing glandular stimulation in patients who have had too much cortisone.¹¹ Please note that Ribes Nigrum is not to be used if adrenal tumors or Cushing's syndrome are present. Use under the guidance of a trained health practitioner knowledgeable about gemmotherapy.

Vitamin deficiencies commonly occur during chemotherapy. Substantial deficiencies in vitamins B₁, B₂, niacin, folate and vitamin K₂ are often seen.¹² As immune cells are knocked down, natural immunity wanes. Therefore a nutrient-dense diet and the avoidance of processed foods and sugar are critical to supporting immune status. This challenge is best addressed by following a more ketogenic version of the Wise Traditions diet, eliminating grains, fruits and sweeteners. The addition of a whole food concentrate supplement such as Catalyn from Standard Process can be supportive.

THE KICKcancer FOUNDATION

It is often out of adversity that positive movements begin. The KICKcancer Foundation is one such example. Josh and Season Johnson established the KICKcancer Foundation after their two-year-old son, Kicker, was diagnosed with acute lymphoblastic leukemia. Season Johnson, as a nutritional therapy practitioner, understood the principles of the Weston A. Price Foundation and knew the vital role diet would play in their son's ability to survive cancer and the conventional cancer treatment, which they were required to have for Kicker. She and Josh quickly enlisted the support and guidance of other health care physicians and experts to provide optimal support for their son.

As a result, Kicker thrived throughout his three years of treatment. During this time, the Johnsons' passion to help others in the pediatric cancer community led them to found the KICKcancer Foundation. Their non-profit foundation exists to offer inspiration, education, annual retreats and resources to families of pediatric cancer patients. Support is critical for those navigating the challenge of cancer, which often requires parents to make profound changes in lifestyle. To learn how you can benefit from or support this movement, go to kickcancermovement.org. As the Johnsons say, "When you know better, you can live better!"

FEED YOUR CHILD, NOT THE CANCER CELLS

Thomas Seyfried, PhD, goes into great detail explaining the Warburg Effect. German biochemist Otto Warburg found that cancer cells have a strong appetite for and uptake of glucose, especially in the absence of oxygen. Consequently many types of tumors are detected based on their need for glucose as seen via PET scans (positron emission tomography). Labeled glucose analogs are used as a diagnostic tool in PET scans¹³—the sugars go right to the cancer cells. As a result of Warburg's and Seyfried's observations, many scientists acknowledge that cancer demands to be fed and its preferred fuel is glucose.¹⁴ As a result, a growing number of doctors are recommending a ketogenic diet for cancer patients.¹⁵

Most children thrive on a more ketogenic or fast-oxidizing diet. This would be a diet high in quality animal fats with small to moderate amounts of protein from pastured eggs, beef, lamb, poultry and wild fish and large amounts of organic vegetables (always served with plenty of pastured butter!). While a ketogenic diet is ideal, this does not mean a complete elimination of all carbohydrates. A couple of root and tuber vegetables should be included daily for most

children. Soaked and dehydrated organic nuts and seeds will also be a beneficial addition to the diet.

Core foods should include the following:

- Generous servings of healthy fat at each meal such as ghee, butter, tallow, lard, duck fat and goose fat.
- Full-fat raw or cultured dairy products from pastured ruminants (goat, cow or sheep).
- Bone broth or meat stock.
- Small amounts of protein (half one's weight converted to grams) such as wild fish, pastured meats, pastured eggs and pastured poultry, always eaten with generous amounts of fat from fish or animal sources.
- Small amounts of organ meats, especially liver, should be consumed twice weekly in order to provide the densest source of nutrition available.
- Generous servings of fresh organic vegetables at each meal.
- Probiotic foods two to three times daily including cultured vegetables such as beet kvass, sauerkraut and kimchi, as well as cultured dairy and fermented miso (ideally, fermented for twenty-four months or longer).

A growing number of doctors are recommending a ketogenic diet for cancer patients.

PROTECTIVE STEPS TO TAKE FOR BABIES IN THE WOMB AND AFTER BIRTH

- Follow the Wise Traditions diet for pregnant and nursing moms at least six months prior to conception and throughout pregnancy and lactation. Avoid soy products.
- Minimize or eliminate processed meat as well as fried, grilled or well-roasted foods which contain acrylamide, a known carcinogen.
- Avoid all caffeine while pregnant. Dr. Denis Henshaw said, "Women should avoid too much coffee during pregnancy as three to four cups has been shown to increase the risk of leukemia in offspring by three to four-fold."⁴⁰ Previous studies have found a link between alterations to DNA, which are sometimes found in newborn babies, and an increased risk of leukemia. Caffeine has been shown to cause these kinds of changes to DNA. Scientists know caffeine can pass back and forth across the placenta, meaning the unborn baby will come in contact with caffeine consumed by the mother.⁴¹
- Pregnant women should avoid X-rays and CT scans. Avoid giving your child X-rays and CT scans.
- Follow the Wise Traditions schedule for introducing foods to babies and toddlers and keep your child on the Wise Traditions diet.
- Avoid soy products and do not give them to your children.
- Avoid painting a nursery yourself if you're pregnant and avoid exposing a newborn to a newly painted nursery. Avoid exposure to oil-based paints and solvents during the first few years of a child's life.
- Pregnant mothers should avoid night shift schedules. Minimize exposure to white or blue lights in the evening. Working night shifts is considered a class 2 carcinogen. This means it's a probable carcinogen.⁴²
- Use only deep orange or red night lights in children's bedrooms.
- Sleep with an air purifier, especially if you live in an urban area.

In order for the body to heal, toxins must be released and affected tissues regenerated. Gentle release of toxins, especially in pediatric cases, is ideal.

- Properly soaked and dehydrated tree nuts (avoid peanuts) and seeds.

DRAINAGE

In addition to feeding the child well, it is important to provide drainage therapy to help the child's liver, kidneys and lymphatic system move toxins out of the body without interfering with the chemo agents' role of killing cancer cells. Drainage (or biotherapeutic drainage) is often confused with detoxification. The two terms are closely related but do have specific differences. Detoxification refers to the process of cleansing a particular organ or gland or using therapeutic support to eliminate a toxin such as a toxic metal, parasite, chemical or pathogenic yeast. Detoxification tends to employ commonly used remedies without considering the individual's elimination ability based on many factors.

Biotherapeutic drainage was developed in Europe at the turn of the twentieth century. It takes into account each person's unique metabolic status and requires a knowledge of the individual's health history, level of health, and elimination patterns and tendencies, among other factors. The several forms of drainage remedies include gemmotherapy or plant stem cell remedies, single remedy homeopathy and complex homeopathy (such as UNDA Numbered Compounds).

In order for the body to heal, toxins must be released and affected tissues regenerated. Gentle release of toxins, especially in pediatric cases, is ideal. Drainage therapies are designed to do just that. The therapeutic goal of drainage is the following:

- To encourage the body toward balance or homeostasis;
- To address underlying causes of imbalances, not just symptoms;
- To encourage physiological equilibrium and self-regulation;
- To be powerful and deep, yet gentle; and
- To restore health and vitality naturally and in a long-lasting way.

Gemmotherapy remedies are plant remedies. They are specifically derived from the

most embryonic part of the various plants identified for their abilities to drain, regenerate and restore function to particular organs and glands. These remedies are made from young plant parts, including buds, rootlets, shoots or stems. The targeted portions of the plant are gently extracted and diluted using water, glycerin and alcohol.

Gemmotherapy was first discovered by a Belgian physician, Dr. Pol Henry in 1947. Dr. Henry found that the growth factors (such as the buds, rootlets, shoots and stems) of freshly harvested plants were much more potent than the dried mature part of the same plants.¹⁶

Examples of gemmotherapy remedies often prescribed as support during cancer treatment would include *Juniperus Communis*, *Ulmus Campestre* and *Pinus Montana*. These remedies should be taken only under the supervision of a well-trained health practitioner who will assess the individual in light of his disease state in addition to other factors.

Juniperus Communis (common juniper young shoot) has its biological action on the liver, and to a certain extent the kidneys. It is one of the gentler gemmotherapy remedies. It tonifies the liver and is very effective in clearing toxins from medications. However, it should never be given to those with kidney cancer.¹⁷

Ulmus Campestre, the English elm tree bud, is very effective in supporting kidney and skin drainage. In addition to supporting detoxification, *Ulmus Campestre* enhances remineralization of the tissues that are often depleted during chemical treatments.

Another very gentle remedy, *Pinus Montana*, supports lymphatic tissues, which transport toxins to the liver. Additionally, *Pinus Montana* encourages the regeneration of bone, cartilage, ligaments and tendons,¹⁸ making it an excellent consideration for those being treated for bone cancer.

CASTOR OIL PACKS

In addition to remedies, castor oil packs are a kind of drainage therapy that can be done easily at home. The castor bean (*Oleum ricini*) is known principally as a cathartic (strong laxative). With a pack placed over the abdomen, usually with heat applied, the oil is absorbed into the lymphatic circulation to provide a soothing,

cleansing and nutritive treatment. A castor oil pack can be applied once or twice daily over the liver-gallbladder region or the entire abdomen. This will increase circulation in the gut associated lymphoid tissue (GALT) and thus improve detoxification.

The castor oil pack is specific for non-cancerous uterine fibroids and ovarian cysts. Other conditions that seem to respond well include headaches, liver disorders, constipation, intestinal disorders, gallbladder inflammation or stones, conditions with poor elimination, infertility, nighttime urinary frequency and inflamed joints. It is not to be used during pregnancy, heavy menstrual flow, if an IUD (intrauterine device) is present or in the presence of internal bleeding.

The materials needed include castor oil, a piece of cotton flannel and a hot water bottle (optional). The procedure is as follows:

1. Fold flannel into three layers to fit over entire abdomen.
2. Soak flannel with castor oil. Fold flannel in half and strip excess from pack. Unfold.
3. Lie on your back with your feet elevated (use of a pillow under your knees and feet works well), placing oil-soaked flannel over abdomen, cover with an old towel and place a hot water bottle on top.
4. Leave pack on for 45-60 minutes. Practice relaxation breathing by placing one hand on your diaphragm and the other hand on your lower abdomen. As you breathe in, force your lower abdomen to swell like a balloon. With each breath out, practice relaxing your jaw and shoulders. As you practice more, relax all muscles in your body.
5. Store the castor pack in the refrigerator in a large plastic bag. Add more oil only as needed to keep the pack saturated. Replace the pack after it begins to change color.
6. To remove the oil, wash with a solution of 2 tablespoons of baking soda to 1 quart water, using a non-toxic laundry soap.

For maximum effectiveness, apply the pack as often as possible—at least four consecutive days per week for at least four to six weeks. Daily use provides the most beneficial effects.

HYDROTHERAPY

Drainage also includes simple therapies such as massage and hydrotherapy. These therapies can enhance homeopathy and gemmotherapy. Each of these therapies encourages the tissues of the body to release stored toxins. The result is reduced inflammation and enhanced detoxification processes.

The simplest form of hydrotherapy is an Epsom salt bath. Simply add one cup Epsom salt to a warm bath. Epsom salt, also known as hydrated magnesium sulfate, is high in magnesium and sulfate. These two minerals are absorbed through the skin. Together they help detoxify the body of chemicals, pharmaceutical drugs and environmental toxins. Magnesium is also very relaxing to the nervous system. To enhance the therapeutic process of the Epsom salt bath, add a couple of drops of a high-quality lavender essential oil to the water.

After a warm bath (or a warm shower), cool down with a cool water spray—another form of hydrotherapy. Use a cool water spray down the legs and arms and finish with the lower back for thirty seconds. This increases blood flow to the internal organs. This is a beneficial practice for anyone, with or without cancer.

Another form of hydrotherapy are hot and cold compresses. These can be especially soothing to inflammation anywhere in the body. This treatment may be used for headaches, earaches, sinus aches and any other form of inflammation. The entire procedure will take about ten minutes once all materials are organized.

Materials needed for application to the sinuses, outer ear and head include two face cloths or heat-cold packs, hot water and cold water. For the procedure:

1. Soak one face cloth in hot water. Wring it out so the water is not dripping. Place the face cloth over your nose and eyes and leave for three minutes.
2. Have the second face cloth soaking in cold water. Wring it out and place over the same area for thirty seconds.
3. Repeat this alternating technique two more times for three times in all—hot for three minutes followed by cold for thirty seconds.

In an effort to provide support to the immune challenge of cancer, supplementation using high-quality formulas should be considered.

Every cell in the body depends upon good fats in order to create and maintain structural stability.

NUTRITIONAL THERAPY

In an effort to provide support to the immune challenge of cancer, supplementation using high-quality formulas should be considered. As stated above, Catalyn, a multiple whole food concentrate from Standard Process, is an excellent multi-vitamin, trace mineral and enzyme formula. Catalyn contains concentrates from organic alfalfa, carrot, beef and fish liver lipids, yeast, wheat germ, rice bran, liver, mushroom, green peas (whole plant) and organic corn.¹⁹ Synthetic multi-vitamin formulas are missing the cofactors that are found in nature alongside specific vitamins. Routine intake of synthetic vitamins can contribute to metabolic imbalances. As Philip Norman, MD, has stated, dietary excesses (such as those seen with high-dose synthetic vitamin formulas) aggravate dietary deficiency states.²⁰ For this reason, long-term usage of synthetic vitamin formulas should be avoided, especially by children.

Additional immune boosters like Immuplex, a food-based product, and mushroom-based formulas such as Epimune Complex or Immune-Assist can be given in child-appropriate dosages. The therapeutic use of various mushrooms exists in many cultures around the world. Some mushrooms counter the side effects of both chemotherapy and radiation, such as nausea, bone marrow suppression, anemia and lowered immunity.²¹ Practitioners in the East value maitake mushrooms for their ability to activate a number of immune responses due to their high concentration of beta-glucan polysaccharides. These polysaccharides enhance phagocytosis as well as effector cell activation. Phagocytosis is an immune system process whereby immune cells, like neutrophils, B lymphocytes, macrophages and dendritic cells, ingest and engulf other cells. Effector cells are relatively short-lived activated cells whose job is to defend the body in an immune response. The inclusion of mushroom formulas is not contraindicated with chemotherapy or radiation.

ESSENTIAL FATTY ACIDS AND FAT-SOLUBLE VITAMINS

Next on the list are essential fatty acids along with fat-soluble vitamins A, D and K₂. Every cell in the body depends upon good fats

in order to create and maintain structural stability. Most of the body's necessary fatty acids are made within the body. Essential fatty acids are those that are not made by the body and, therefore, come from our food. The two essential fatty acids are omega-3 and omega-6. From omega-3 and omega-6 fatty acids, the body makes prostaglandins. Prostaglandins include both anti-inflammatory and pro-inflammatory series, which the body needs in varying degrees under different circumstances.

Beef, chicken, pork and eggs are often unduly villainized as sources of omega-6 arachidonic acid, said to be pro-inflammatory. However, arachidonic acid plays many important roles in the body, including in the bodies of cancer patients.

While it is true that conventional beef and poultry raised on unnatural diets high in soy, corn and other grains do have higher ratios of omega-6 to omega-3 fatty acids,²² this is not the case when animals are raised outdoors on their natural diets. Such animals produce a balanced ratio of omega-3s to omega-6s. This is one reason the Weston A. Price Foundation has always promoted the use of pastured meats, poultry and eggs, as well as wild fish and seafood. Maintaining a balance of omega-3s to omega-6s is needed in order to keep inflammation from getting out of hand.

Fish oils and flaxseed oil are two of the most abundant sources for omega-3 fatty acids. Unfortunately, due to vitamin B₆ deficiencies (often as a result of not consuming organ meats), many people are unable to adequately utilize the polyunsaturated fatty acids contained in flaxseed oil and all fresh oils. Furthermore, fish oils and flaxseed oil can easily go rancid (most commercial fish oils are rancid from the beginning); they also can lead to overdosing on omega-3s—just as problematic as overdosing on omega-6s. The best way to provide omega-3 fatty acids is with small amounts of unrefined cod liver oil. Vitamin B₆ is naturally occurring in cod liver oil and enhances the usability of the polyunsaturated fatty acids. In addition to vitamin B₆, the body needs sufficient amounts of vitamins C, B₃, magnesium, melatonin and zinc to produce the anti-inflammatory series 3 prostaglandins.²³ This is why a widely varied

diet and the inclusion of nutrient-packed liver is so vital.

An even more important reason to consume unrefined cod liver oil is its vitamin A and D content. Vitamin A is the *key* vitamin for fighting cancer, and vitamin D supports the actions of vitamin A. (Please see the WAPF Shopping Guide for the best brands of cod liver oil.) Remember that vitamins A and D work synergistically with vitamin K₂, found in aged cheese, poultry fat and liver, lard, butter and egg yolks. These foods are essential for the cancer patient.

Algae-derived products, specifically BioSuperfood F1, is an excellent complement to a Wise Traditions diet. This formula was created by a Russian-born scientist, Michael Kiriak, PhD, in his quest to develop a product to help his family as they lived in an area of Russia that experiences high levels of cancer. During the Chernobyl disaster, Dr. Kiriak and his family lived three hundred miles from the epicenter. Despite significant exposure to the radiation from that incident, they all survived after consuming large amounts of what became BioSuperfood. This micro-algae supplement can normalize white blood cell counts in children with leukemia; in studies, the product regenerated bone marrow, spinal fluids, blood and liver

and reduced radioactivity by 40 percent in less than twenty days.²⁴

BioSuperfood F1 offers support for those with cancer,²⁵ as well as nutritional support for all. It is comprised of four micro-algae, *Dunaliella salina*, *Haematococcus pluvialis*, *Spirulina platenis* and *Spirulina pacifica*. *Dunaliella* is a rich source of natural beta-carotene and other carotenoids such as alpha carotene and xanthophylls like zeaxanthin, cryptoxanthin and lutein. *Haematococcus pluvialis* is an excellent source of astaxanthin (a natural carotenoid pigment and powerful biological antioxidant). Current scientific literature shows that natural astaxanthin is a superior source of antioxidants as compared to other antioxidants such as beta carotene, zeaxanthin, vitamins E, C and D, and selenium. Additionally, astaxanthin never becomes a pro-oxidant in the body.^{26,27}

Astaxanthin crosses the blood-brain barrier and the central nervous system better than most other antioxidants. It is for this reason that BioSuperfood F1 provides protection when undergoing radiation therapy or CT/PT scans.²⁸ For those persons having radiation therapy, a much higher dosage may be warranted. BioSuperfood F3 contains higher levels of the same micro-algae. BioSuperfood F1 can also be

Vitamin A is the *key* vitamin for fighting cancer, and vitamin D supports the actions of vitamin A.

BONE MARROW FOR LEUKEMIA PATIENTS

Bone marrow is an excellent food for everyone, but especially for those with leukemia and other bone marrow diseases. Dr. Brohult, a Swedish oncologist working with leukemia patients in a children's hospital, used bone marrow successfully to treat these conditions. According to an article in the *Life Extension* magazine, "In her effort to stimulate her patients' bone marrow to resume normal function, Dr. Brohult administered calves' marrow to the children in her care... Parents in Scandinavia have long served bone marrow soup to their children in winter, in the belief that it builds strength. Dr. Brohult reasoned that healthy bone marrow from calves might trigger a resumption of healthy function in humans."

"Her hope... paid off. Although the results were inconsistent, some of her patients quickly experienced remarkable improvements, including a normalization of white blood cell counts and a striking return of energy" (www.lef.org/magazine/mag2005/aug2005_report_shark_01.htm).

The article continues with a description of alkylglycerols, long-lasting lipids that have immune-stimulating qualities, which have been isolated from shark oil. But why separate out a single compound to sell in an expensive pill when you can just eat bone marrow?

Unfortunately, modern Western people are not used to eating bone marrow, and its dark color can be unappetizing.

One simple solution is to spread marrow on toast and cover it up. If you are making beef broth using marrow bones, or beef shank stew or osso buco (Italian-style veal shanks), remove the marrow from the bones when the broth or stew is ready and spread on toasted sourdough bread—it spreads like butter; in fact, it is spreadable even when very hot (must be those alkylglycerols!). Then sprinkle generously with salt and cover with finely sliced onions and capers—you'll be eating something very delicious while feasting your eyes on white (or red) onions and green capers. This can be served as an hors d'oeuvre before the main course. (Note: To prepare capers, rinse off all vinegar and then thoroughly pat dry.)

Pancreatic enzymes digest abnormal cells, turning them into a liquid substance that can then be eaten up by the immune system via phagocytes.

used to offer protection from radiofrequency and electromagnetic field pollution (cell phone usage, cell tower radiation, etc.) as well as for those taking long airline flights during the day, when radiation exposure is highest.

BioSuperfood F1 serves as an excellent source of all known vitamins, minerals and trace elements, as well as thousands of enzymes, protein and antioxidants. It contains essential fatty acids, including omega-3s, omega-6s and omega-9s, as well as gamma linolenic acid (GLA), an essential fatty acid that acts as a hormone precursor and supports tissue growth and regeneration. Additionally, certain microalgae are effective in eliminating toxic metals, such as cadmium, mercury, lead and copper.²⁹ The average dosage is one to three capsules for children and three to six capsules daily for adults.

RADIATION SUPPORT

In addition to BioSuperfood F1, miso soup should be used after radiation therapy. Studies indicate that miso prevents radiation injury.³⁰ Use miso that has been fermented for a minimum of six months and ideally up to twenty-four months. Choose a miso that has been stored in a glass jar. (Please see the WAPF Shopping Guide for best choices.) For optimal nutritional benefit, miso should be made with homemade fish broth. (Please see the recipe in *Nourishing Traditions* by Sally Fallon.) When making miso soup, always add miso at the end once the heat has been turned off to avoid destroying enzymes. A cup of miso soup daily during radiation therapy is recommended.

Another excellent supportive home therapy is a bath of sea salt and baking soda. This is used by some radioactive isotope specialists to lower their body burden of radiation. Simply add one pound each of sea salt and baking soda to a warm bath. Then soak for 20 minutes or longer. Follow with a cool water rinse. Clay baths are also beneficial. One cup of bentonite clay may be added to a sea salt and baking soda bath or done separately.³¹ These baths can be done daily during radiation exposure.

HIGH-DOSE PANCREATIC ENZYMES

Pancreatic enzymes have two functions.

The first is to digest foods that enter the small intestine from the stomach. For the purpose of food digestion, pancreatic enzymes are best taken with meals. Secondly, pancreatic enzymes digest abnormal cells, turning them into a liquid substance that can then be eaten up by the immune system via phagocytes. The body cooperates in eliminating this metabolic waste by moving it through the liver and then excreting the waste in one of three pathways: the colon through feces; kidneys and bladder through urine; or the skin by sweating. In this way, high-dose pancreatic enzymes assist the body in eliminating harmful toxic cells and toxins.

The need for high-dose pancreatic enzymes was first understood by embryologist John Beard, DSc. In 1906, Dr. Beard wrote a paper entitled “Trophoblastic Theory of Cancer.” In this paper, he expanded on the use of pancreatic proteolytic enzymes not only for digesting food but also digesting malignant tumors. His research indicated that cancer was connected to a deficiency of endogenous pancreatic enzymes and therefore could be addressed by the use of exogenous supplemental pancreatic enzymes. In a lecture, Dr. Beard explained “that since pancreatic enzymes such as trypsin ultimately suppress trophoblastic growth in the uterus, and since cancer was trophoblastic in origin, trypsin must represent the body’s main defense against cancer and would be useful as a cancer treatment.”³²

William Kelley, DDS, Edward Howell, MD, Frank Shively, MD, and Nicholas Gonzalez, MD, went on to further his work and the use of high-dose pancreatic enzymes. The pancreatic enzymes should be derived from the highest quality pastured animals, with optimal levels of trypsin and chymotrypsin. Pan-Immune is an exceptional high-dose pancreatic enzyme product that is formulated according to Dr. Kelley’s original enzyme formula. The enzyme formula must be encapsulated and swallowed as such. Capsules should not be opened and taken directly as powder.

High-dose pancreatic enzymes are extremely detoxifying and, therefore liver function must be well supported in order to maintain gentle detoxification. Castor oil packs, coffee

enemas, magnesium, dry near-infrared saunas as well as gemmotherapy are supportive means of assisting the body in gentle detoxification. Those persons diagnosed with cancer should be under the guidance of their allopathic oncologist and a qualified health practitioner experienced in the use of high-dose pancreatic enzymes to determine appropriate dosage. Each person's needs are unique and extreme caution should be used in regards to children's needs. Do not attempt to incorporate the use of these modalities on your own.

OSTEOPATHIC TREATMENT

Hands-on osteopathic manipulative therapy (OMT) involves using the hands to diagnose, treat and prevent illness or injury. OMT can be used to promote healing, ease pain and increase overall health and mobility. Osteopathic physi-

cians (known as DOs) go through the same medical training as a medical doctor (MD) with additional training in the science of osteopathy. After completing four years of osteopathic medical school, DOs complete internships, residencies and fellowships and become licensed and board certified.

While many DOs choose to practice allopathically after their residency, they all understand how the body's systems are interconnected and how each system affects the others. In general, DOs obtain advanced skills in providing preventive and comprehensive care, with a keen understanding of the body's interconnected systems of nerves, muscles and bones. With this in mind, DOs approach the body with a respect and sensitivity that allows the body to direct the order and way in which it is treated. This approach facilitates the body's natural tendency toward self-healing. Regular osteopathic manipulative treatments encourage the person's ability to better handle the often-taxing conventional cancer therapies.

OMT offers an excellent complement to any cancer treatment program. To locate a hands-on osteopathic physician near you, please go to osteopathic.org.

SLEEP, SWEET SLEEP

Restful sleep is one of our most important tools for promoting healing. As stress is reduced and metabolic balance restored, sleep will become more restful. Sleep is critical to optimal hormone function, a healthy metabolism, tissue and organ regeneration and overall good health. Consider the following sixteen lifestyle recommendations for promoting deep sleep for your child and yourself.

1. Establish a routine for bedtime by getting to bed at the same time every night.
2. Increase your child's time outdoors in nature free of sunscreen. This, along with a diet high in cholesterol from animal fat, will enhance her production of vitamin D. This helps establish a normal circadian rhythm.
3. Give your child ample time each day in quiet.
4. Establish a routine for meal times by having breakfast within an hour of waking and finishing dinner at least three hours before bedtime. Always eat slowly in a relaxed environment.
5. Stabilize blood sugar throughout the day by eating three regular meals four to five hours apart and have a butter-honey mixture or a healthy fat-rich snack in between meals.
6. A pinch of sea salt taken at bedtime will support deep and restful sleep.
7. Throughout the day, consume adequate amounts of purified or spring water (roughly half your weight converted to ounces), including water-based liquids such as herbal teas, beet kvass, kombucha and bone broth.
8. Minimize external stressors, such as an over-committed schedule, unhealthy relationships and toxic chemical-ridden personal care products (sunscreen, lotions, makeup, etc.).
9. Shut down electronics a couple of hours before bedtime to avoid being overstimulated by the devices' glaring blue light. Computer screens are designed to look like the sun, which is fine during the day but not conducive to sleepiness as the sun sets. If watching a movie or TV at night, use amber glasses.
10. Create an environment conducive for sleep. Sleep with a window cracked for fresh cool air. Use blackout window coverings in bedroom to secure darkness.
11. Eliminate electric clocks or devices near your bed. Replace electric clock in bedroom with a battery-powered one.
12. Use a white noise machine in bedroom.
13. Add flux to your computers, which will warm the screen lighting to the time of day, warm at night and like sunlight during the day. This free app can be downloaded by going to justgetflux.com.
14. Turn off your cell phone or put it in airplane mode at bedtime.
15. If you live in a crowded city, sleep with an air purifier in your room.
16. If possible, position your bed so you sleep in a north-south position.

Essiac tea consists of four herbs: burdock, sheep sorrel, slippery elm and turkey rhubarb.

BOTANICAL SUPPORT AND ESSENTIAL OILS

Nature provides us with a bounty of support for all illnesses. Essiac tea is a great example of one such support for cancer. Essiac tea was introduced to a Canadian nurse, Rene Caisse, in 1922 by a woman who had cured her cancer using this herbal concoction passed on by a Native American medicine man. The English woman who shared the formula with Rene had used it in 1890 when she was diagnosed with breast cancer. Almost thirty years later, this breast cancer survivor was alive and well, thanks solely to what has come to be known as Essiac tea. Rene named the tea after her surname, spelled backwards.

In 1924, Rene gave Essiac tea to her aunt who was stricken with stomach cancer, and then later to her own seventy-two-year-old mother, who had been diagnosed with inoperable liver cancer. Both were healed and lived twenty-one and eighteen years longer.

What's in this therapeutic tea? Essiac tea consists of four herbs: burdock, sheep sorrel, slippery elm and turkey rhubarb. Burdock root is known to be a potent blood purifier, which assists the body in eliminating toxins. It supports the kidneys, bladder and liver. It also contains a wide range of minerals, including iron. Burdock root can be added to bone broth, then gently simmered for hours to increase the therapeutic benefits of bone broth.

Sheep sorrel contains a natural substance with significant antioxidants and anti-leukemic factors. Slippery elm contains beta-sitosterol and a polysaccharide that both have demonstrated anti-cancer activity. Although Rene's original formula may have included Indian rhubarb, today turkey rhubarb is used, perhaps due to its more pleasant taste. It has anti-inflammatory and anti-bacterial properties. It also encourages regular elimination.

Essiac tea can be obtained from numerous vendors online but use discernment and make certain the formula contains all four herbs. For those looking for the convenience of a tablet form, with very high-quality standards, Mediherb makes Burdock Complex, which is available through health care practitioners who carry Mediherb and Standard Process. (Do not

buy Mediherb or Standard Process products online as vendors selling online are in violation of Standard Process' policy and may not be trustworthy.) Essiac tea and Burdock Complex assist the body's elimination processes and the overall cleansing activity of the body.

Astragalus is another favorite herb to use for those challenged by cancer. In Chinese medicine, use of astragalus encourages vitality and assists the body's natural regeneration and repair functions. According to Michael Murray, ND, "Research in animals has shown that astragalus apparently works by stimulating several factors of the immune system, including enhancing phagocytic activity of monocytes and macrophages, increasing interferon production and natural killer cell activity, enhancing T-cell activity, and potentiating other antiviral mechanisms. Astragalus appears particularly useful in cases where the immune system has been damaged by chemicals or radiation. In immuno-depressed mice, astragalus has been found to reverse the T-cell abnormalities caused by cyclophosphamide, radiation, and aging."³³ Mediherb makes Astragalus Complex, which adds *Echinacea purpurea* and *Eleutherococcus senticosus* root.

Essential oils are powerful in affecting the physical, mental and emotional parts of the person. They offer a safe alternative to many synthetic and toxic over-the-counter products used for acute infections, inflammation, headaches, fever and more. Essential oils can be used for supporting the many challenges presented by cancer. Two favorite essential oils appropriate for cancer patients are frankincense and myrrh. Frankincense (*Boswellia carterii* or *sacra*) and myrrh (*Commiphora molmol*) have been revered since the time of Christ. In fact, both were given as gifts to Jesus. It is thought that the wise men from the East understood both the healing properties of these two powerful oils and their value as gifts to the child prophesied to change the course of human history.³⁴

Frankincense has antitumor and strong immune-stimulant properties, with antidepressive effects.³⁵ Research indicates that myrrh has antitumor and neuroprotective functions.³⁶ It is often used to support those with brain cancer. These two essential oils can be safely incorpo-

rated into a child's supportive care by diffusing or applying topically to the spine or the soles of the feet.

A number of other essential oils have antimutagenic actions. These include blue chamomile, lavender, nut grass, rosemary and Dalmatian sage.³⁷ Please seek the advice of a trained expert in the field of aromatherapy for specific dosing and use appropriate for children. Not all essential oils should be used by children, especially under the age of two.³⁸

Of key consideration is the quality of the essential oils chosen. As with all plant oils, old or oxidized oils should be avoided. Use only high-quality pure oils from companies that use gas chromatography and mass spectrometry tests (GC/MS). Essential oil vendors typically run these tests on every batch of oil they receive from a distiller. Most companies will make the GC/MS test results available online. If you can't find them, just ask the company you are considering. Oils should be organic, unsprayed or wild-crafted. Essential oils should be purchased in dark glass bottles—amber or blue.³⁹

According to Louisa Williams, DC, ND, essential oils can act as an antidote to homeopathic remedies, especially when used over a thirty-day period. Therefore, those on a constitutional remedy are advised to redose their constitutional homeopathic remedy after using essential oils.⁴⁰

DETOXIFY YOUR HOME

Not to be overlooked is the importance of providing a non-toxic home environment for all, but especially for children challenged by cancer. Start by eliminating all chemical pesticides and cleaning products from your home and garden, and replacing them with non-toxic products or homemade alternatives. Debra Dadd offers two excellent resources for creating a non-toxic home. *Toxic-Free* and *Home Safe Home* are her most recent books. Both offer a plethora of information.

THE CANCER JOURNEY

A diagnosis of cancer challenges the individual and the family to look closely at their diet, their homes, their work and their lifestyles. Rather than a death sentence, we can face a diagnosis of cancer as a wake-up call for a more conscious and conscientious lifestyle. The strategies outlined above have helped many individuals, young and old, sail through conventional treatments with minimal side effects. These same strategies will support those who just say no to chemotherapy, radiation and even surgery, choosing alternative holistic therapies instead. ☯☯

Kim Schuette, CN, has been in private practice in the field of nutrition since 1999, teaching the importance of real food for optimal health. In 2002 she established Biodynamic Wellness where she and her staff specialize in nutritional and biotherapeutic drainage therapies to support gut/bowel and digestive disorders, detoxification, mindful preconception, hormonal imbalances, ADD/ADHD challenges and children's health concerns. Additionally, Kim serves on the board of directors for the WAPF and co-serves as the WAPF San Diego chapter leader.

FOOD AND FARMING ACTIVISM IN POLAND

On June 13, 2017, a group of determined individuals came together to support “The Charter for Real Food and Farming,” whose special launch took place in the President's Palace, in Warsaw (Belweder). One hundred and thirty supporters, including farmers, scientists, health practitioners, legal experts, consumer representatives and environmentalists, packed into the Palace meeting room to hear and participate in the call for a radical people-led change in Poland's agricultural policy. The conference was convened by a group of leading organizations deeply concerned with the overall health and welfare of the nation.

Among their demands was the need for the government to take immediate action to make Poland GMO Free, as well as lift the deeply unfair legislation that makes it illegal for millions of family farmers to process and sell their farmhouse foods direct to shops, schools, restaurants and other public institutions.

Speakers unanimously condemned the government's short-sightedness in increasingly adopting the same industrial-scale monocultural farming model as is practiced in the USA, UK and other post-industrial Western countries, policies dominated by agrichemical and pharmaceutical corporations.

<http://icppc.pl/index.php/en/home-page/8-english/773-belweder-declaration-the-charter-of-real-farming-and-real-food>



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Cancer Clinics in Mexico

By Sylvia P. Onusic, PhD, CNS, LDN

For forty-five years, the Cancer Control Society (CCS) has been holding an annual conference in Los Angeles, California, bringing the latest in research and integrative options for cancer treatment to the public. As part of the meetings, participants can participate in a bus tour to Tijuana, Mexico, to visit the cancer clinics that have been operating there for many years.

The CCS was founded by Cecile Hoffman from San Diego, California, who had a radical mastectomy in 1959 to cure her breast cancer. When her cancer returned, she was determined to survive. She went to Canada to receive laetrile therapy. After returning home, she sought a doctor to continue the therapy. Finding no physician in the U.S., she found a Mexican physician, Dr. Contreras, who gave her the needed injections in 1963. This led to the founding of the CCS and the beginnings of cancer treatment in Mexico.

Dr. Jimenez explained the connection between dental conditions such as root canals and cancer development. All of his patients are examined by a biological dentist as part of the treatment program.

The current president of the CCS, Frank Cousineau, was eighteen years old when his mother developed cancer. He took her to the same Dr. Contreras who helped Cecile. His mother lived longer than expected with a greatly improved quality of life. While he was at the clinic with his mother, Frank met his future wife, who was employed there. He is now a consultant who helps connect cancer patients with doctors in Tijuana for cancer treatment.

In 1984, the CCS started tours to Mexico, introducing people to the clinics and the physicians who run them. Frank is the tour guide, translator, and all-around facilitator on the tour. He is also a wealth of information about all aspects of cancer.

I went on the bus tour to the Tijuana cancer clinics in 2017. What I saw made me cry. I thought about how much my late husband suffered and how he died needlessly after doing everything “right” to fight his cancer—a fight that he could never win with conventional medicine. It was heartbreaking to hear the stories of the people who came on the tour. On our bus was a pretty, young woman from Northern Africa with stage four bone cancer; she was traveling with her brother, and both were seeking answers.

People from many countries were in this group; some came to the U.S. just for this bus tour, all there because they either failed treatment at home or were faced with disabling treatments as the only option. They asked many questions at the clinics where they could talk openly with the doctors. Yet in the sadness, part of my tears were happy because the clinics offered a different way, the promise of hope.

Frank informed us that there are about twenty cancer clinics in Mexico. We visited four clinics that day: International Bio Care, Rubio Clinic, Stella Maris and Hope 4 Cancer. Other clinics often on the tour are Bio-Medical Center, Oasis of Hope, and Sanoviv Medical Institute. At all the clinics, patients are treated for twenty-one days on an inpatient basis with only a few clinics offering outpatient treatments.

The clinical treatment emphasizes key principles:

- Using non-toxic therapies;
- Optimizing the immune system;

- Emphasizing key nutrients;
- Detoxifying and oxygenating the body;
- Eliminating microbes; and
- Addressing spiritual and emotional health.

Many forms of non-toxic therapy, depending on the condition or the clinic, are offered, which include:

- Nutritional and antioxidant therapies;
- Detoxification such as coffee enemas;
- Laetrile injections;
- Injectable mistletoe (Helixor);
- Hyperbaric oxygen;
- IV vitamin C with vitamin K;
- Ozone therapy;
- EDTA chelation;
- Ultraviolet blood irradiation;
- Whole body hyperthermia;
- Vaccines, individual stem cell therapy, dendritic cells;
- Immune therapies; and
- Stem cell therapy.

A few clinics use conventional low-dose chemotherapy and radiation, but one clinic, Hope 4 Cancer, headed by the dynamic Dr. Antonio Jimenez, uses no toxic therapies. Instead the clinic uses cutting-edge treatments such as Rigvir virotherapy, sono-photo therapy, ATP-I therapy, Aarsota immunotherapy and others.

Dr. Jimenez emphasizes treating the whole person. His treatment includes a focus on dental health. Dr. Jimenez explained the connection between dental conditions such as root canals and cancer development. All of his patients are examined by a biological dentist as part of the treatment program. Those requiring extensive dental treatment may find it at a much lower price in Mexico than in the U.S.

At the Hoxey clinic in Tijuana, Harry Hoxey’s remedies, such as cancema, are still in use. Hoxey was a coal miner who learned about cancer treatments from his father, who was a veterinarian. Bloodroot, iodine, zinc and other herbs were ingredients in the black salve he used to treat skin cancer. A version of this remedy is also used internally. He opened clinics all over the U.S., even in my little town in Pennsylvania, until the American Medical

THE COST OF CANCER

The cost of alternative treatment at the Mexican clinics ranges between three thousand and ten thousand dollars per week—with typical treatment lasting three weeks:

International BioCare	\$3000 per week
Rubio Cinic	\$7000 per week
Stella Maris	\$4500 per week, outpatient only
Hope 4 Cancer	\$10,000 per week



Dr. Antonio Jimenez, medical director of Hope 4 Cancer, discussing cancer therapies treatments offered at his clinic in Tijuana, Mexico.

These fees usually cover all costs, including inpatient meals and lodging. Health insurance does not cover the cost of holistic treatments. Individuals should contact their insurer for further information. To find out more about any payment options and other details, please visit the clinic website.

Thirty thousand dollars for a three-week cancer treatment at Hope 4 Cancer in Tijuana is indeed a lot of money. However by contrast conventional treatment typically costs five hundred thousand dollars—along with all the side effects. Of course, insurance may cover some or even all of these costs. Eighty percent of costs are covered by Medicare—unless the patient has additional insurance, he may be liable for 20 percent of the costs. That's one hundred thousand dollars for the typical patient.

One WAPF member recently visited the brand new cancer center at the Cleveland Clinic after her husband was diagnosed with rectal cancer. The costs included five weeks pre-surgical radiation for \$200,000, and chemotherapy for \$35,000; surgery was an undisclosed figure (but was actually performed at a cost of \$120,000 in Ohio); five weeks post-surgery chemotherapy (cost not disclosed); consultation with the surgeon, five minutes for \$800; and consultation with radiation and radiation specialists, between \$500 and \$800. The member's husband only opted for the surgery.

She indicated at the outset to the medical people that they did not want chemotherapy and radiation, but they were still billed for the consultations. Regarding the chemo, the doctor said it would help 2-6 percent! Post surgery her husband received jello with red dye, pudding with carageenan and broth containing three forms of sugar. For those who opt for surgery, she recommends bringing a cooler with your own liquid foods.

Insurance will pay half a million dollars per cancer patient. The patient will continue to incur costs; ninety-eight out of one hundred die within five years. The insurance companies will even pay gas mileage for going to conventional treatments but rarely will an insurance company pay for holistic therapies.

One dirty little secret about chemotherapy: whereas for most drugs the doctor just writes a prescription and the patient purchases the drug from a pharmacy, for chemotherapy the doctor purchases the drugs and then resells them at great markup to the patient. By some estimates, cancer doctors make twenty-five hundred dollars per month for every patient they have on chemotherapy. This gives these specialists a great incentive to be very persuasive about this treatment. If you wish to discontinue chemotherapy after you have started, be prepared for strong pushback—your doctor has purchased the drugs at a very high price and if you do not continue with your treatment, he may be left with the cost of the unused drugs.

I have a personal example of obscene markup for cancer drugs. My husband Joe was treated in 1992 for cancer at two primary sites, rectal and colon. With his chemo 4-FU (a fluoride derivative) the oncologist prescribed levamisole (ergamisole). This drug cost hundreds of dollars for a treatment. I found it at a veterinarian's office at that time for about twelve dollars. Since 2000, the drug has been removed from the American market—it caused horrific side effects. Now it is only available for deworming dogs. But drug dealers figured out a way to deal with all that levamisole by using it to cut cocaine and other drugs—this combo is now being called “a public health challenge.” There was an attempt to repackage levamisole as an antidepressant, but this version has thankfully not made it onto the market—at least not yet.¹

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1. <https://prescriptiondrugs.procon.org/view.resource.php?resourceID=005528>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3498128/>.

The clinics were bright with open, spacious areas; they had gardens, fountains, swimming pools and access to fresh air that didn't smell of alcohol and antiseptic.

Association finally shut him down. At that time he moved to Mexico. Hoxey is long gone but his clinic continues to treat patients. You can learn more about Harry Hoxey's journey from the free online video, "When Healing Becomes a Crime."

The Mexican clinics were bright, with open, spacious areas; they had gardens, fountains, swimming pools and access to fresh air that didn't smell of alcohol and antiseptic. We could have been in a small villa or charming hotel, but surely not a hospital. Patients were smiling and friendly and did not look haggard, drawn and miserable.

On the down side, none of the diets we looked at conforms to new research findings on longer-term optimal nutrition for the cancer patient, such as ketogenic-low glycemic choices and/or intermittent fasting regimens. In part, they are doing all the right things: no sugar, no harmful oils, no additives of any kind, no alcohol, caffeine or nicotine and an emphasis on home-made and organic, GMO-free foods. However, the ketogenic diet and the new research on saturated fat have not yet come to the Mexican clinics.


The treatment for a twenty-one-day cleansing, detoxing diet includes lots of fresh fruits and vegetables, fresh juices and lighter meals. Oasis of Hope states outright that their diet is vegan, citing the China Study—woefully underinformed and outdated. Stella Maris recommends lowfat and soy; fortunately, they are an outpatient clinic and only supply one meal so the patient leaves and can eat what they want.

The meals at Hope 4 Cancer are better. Jimenez is a CNC nutritionist, and they served salmon, and use eggs and coconut oil.

Most clinics had detailed websites that explain treatments, procedures, payments and all that patients and families need to make that journey to Tijuana. They gladly welcome visitors, phone calls and questions.

Lists of all cancer clinics in Tijuana, patients treated with non-toxic therapies and contact information, alternative medicine doctors referral group, and nutrition-minded doctors in Southern California are available at cancercontrolsociety.com/directory.html or by contacting Frank Cousineau at (323) 663-7801.

If you would rather travel north, the Lemmo clinic in Ontario, Canada offers many of the same therapies. They are using the chemo sensitivity test, which shows the susceptibility of the cancer cells to the treatment. Their website is lemmo.com/cancer-care/.

Other helpful websites about cancer and finding integrative care are CancerTutor.com; chrisbeatcancer.com; thetruthaboutcancer.net (Ty Bollinger) and many others. 

Sylvia Onusic, PhD, CNS, LDN, a certified and licensed nutritionist and teacher, health writer, public health advocate and WAPF member, has spoken at Wise Traditions, International Raw Milk Symposiums and other venues. She is a regular contributor to the journal Wise Traditions in Food, Farming and the Healing Arts, and her website is drsylviaonusic.com.

OZONE THERAPY FOR CANCER

Ozone, or O₃, is a well-respected therapy in many parts of the world, for cancer as well as for many other diseases. Unstable O₃ readily gives up one oxygen molecule, which helps correct the anaerobic environment of the tumor. According to Nobel Prize recipient Otto Warburg, when the body's cells are deprived of 40 percent of their normal supply of oxygen, pathogenic changes occur, often leading to cancer. Ozone helps reverse the fundamental cause of cancer, which is oxygen depletion leading to the fermentation of glucose inside the cell. In Warburg's own words: "Cancer has only one prime cause. The prime cause of cancer is the replacement of normal oxygen respiration of body cells by an anaerobic (oxygen-less) cell respiration."

In Germany, ozone therapy is the standard of care and is used by 70-80 percent of practicing physicians. In fact, there are over three thousand references in the German medical literature referring to the use of medical ozone therapy, and it is considered medical malpractice not to use ozone pre- and post-surgery instead of antibiotics!

Cuba and India have whole facilities devoted to ozone treatment and research. Russia, too, is a fan of ozone. Altogether, there is no therapy studied as much as ozone worldwide. While not generally available in the U.S., several of the Mexican clinics offer ozone therapy.

Shifting the Medical Paradigm with GcMAF and Raw Milk

By Lee Emerson

You may have heard the saying, “When the people lead, the leaders will follow.” Never has that saying been more true than when applied to our medical system. Over the last twenty years or so, as people have grown increasingly sick and tired of the treat-but-don’t-cure and cut-burn-and-poison models of cancer care, they are gradually forcing the conventional medical system to change. People have been taking health care into their own hands, supported by natural health practitioners fighting for the right to use safer healing approaches. In short, a paradigm shift is afoot.

Consumers have flocked to modalities such as chiropractic, acupuncture and energy healing, and to natural substances such as bone broth and raw milk, because they are good medicine. These approaches work non-invasively, have no side effects, and are much more affordable than conventional procedures. Underpinning this paradigm shift is the understanding that instead of using pharmaceutical medicine to attack and kill “invaders” in the body, the focus should be on boosting the immune system to allow the body to do what it already knows how to do—heal itself.

Conventional medicine has begun to grasp the role of a healthy gut as the basis of a healthy immune system and good health in general. It is rare to find a person with a health condition who does not have an underlying digestive issue. Even allopathic doctors are prescribing probiotics for their patients, acknowledging the massive importance of beneficial bacteria on health.¹ People are also fighting dreaded diseases very effectively with stellar gut-healing nutrition.

GcMAF

Relatively new on the scene, GcMAF has been gaining attention as a tool to boost the body's immune function while strengthening digestive health. What is GcMAF, and why is it important? GcMAF stands for Gc protein-derived macrophage activating factor. Normal Gc protein, also called vitamin D binding protein (VDBP), is an abundant glycoprotein found in human blood serum as well as in other body fluids and organs.² Among its key functions, VDBP binds and transports vitamin D and its metabolites.² The body uses vitamin D in almost three thousand genes, many of which play a crucial role in immune system function.³

When Gc protein converts to its active form—GcMAF—it becomes a signaling protein that instructs the body's "garbage collectors"—cells called macrophages—to turn on. The macrophages then hunt for and consume foreign viruses, bacteria and damaged tissues. The macrophages are critical to a healthy immune system.

Ordinarily, Gc protein converts to GcMAF with the help of two types of immune system cells—B cells (white blood cells generated in the bone marrow) and T cells (white blood cells produced in the thymus gland). However, researchers have found that certain viruses cause secretion of an enzyme known as alpha-N-acetylgalactosaminidase (also called nagalase)

that completely blocks conversion of Gc protein to GcMAF, preventing the macrophages from doing their clean-up job. With deactivation of the macrophages by nagalase, the body becomes toxic, and the crippled immune system cannot manage. This disengagement of the immune system can leave individuals open to infections of all kinds.

Scientists who study GcMAF strongly suspect that in addition to viruses other aspects of modern life such as stress and toxins may be contributing to high nagalase levels in the bloodstream, thereby weakening the immune system on a wide scale. Some doctors have found excessive levels of nagalase in patients following vaccination, prompting speculation that the viral antigens in vaccines may be triggering release of nagalase.

NAGALESE AND CANCER

Dr. Nobuto Yamamoto discovered GcMAF in 1980 as a professor of microbiology and immunology at Hahnemann University School of Medicine while carrying out immunological research to understand the mechanism of macrophage activation. In 1990, Dr. Yamamoto became a biochemistry research professor at Temple University Medical School, where he

GcMAF YOGURT: FOUR INGREDIENTS

- **COLOSTRUM:** Many brands are available. Select a lab-quality colostrum that is GMO-free, such as colostrum from New Zealand.
- **PROBIOTIC POWDER:** Many brands are available, but I recommend the Garden of Life raw probiotic powder, which contains thirty-four probiotic strains and 400 billion CFU (colony forming units). It is hard to find another probiotic powder that packs this much punch.
- **YOGURT STARTER CULTURE:** Cultures for Health and other similar entities have a variety of yogurt starter cultures available. Because the colostrum and added probiotics already add a lot of flavor, it is preferable to select a yogurt starter culture that has a mild flavor. (Note: If using kefir instead of yogurt, there is no need to keep purchasing yogurt starter culture—see the sidebar on page 39 for instructions giving more details about using kefir.)
- **RAW MILK:** Using raw milk is very important. The foremost labs and scientists working on GcMAF in Europe report that raw, organic milk produces the strongest results. Fortunately, it is not as difficult to find raw milk in the U.S. as it used to be. The Weston A. Price Foundation's website realmilk.com is an excellent guide to local sources of raw milk. Also check with the Local Chapter volunteer in your area for a list of raw milk and other food sources (see page 94).

When ordering supplies, and particularly the probiotic, it is worth spending extra money for overnight shipping so that the probiotics do not sit out in the heat. Although most companies ship probiotics with an ice pack, the ice pack will last at most for two days. It makes sense to protect this investment. The probiotic and the yogurt starter should go into the refrigerator as soon as they arrive. Powdered colostrum is very stable but does best in a cool, dark place.

studied the tumoricidal capacity of macrophages activated by GcMAF and considered GcMAF's potential as a cancer therapy.

In 1994, Yamamoto established the Socrates Institute for Therapeutic Immunology, continuing to study the therapeutic efficacy of GcMAF for cancer as well as for HIV. Since that time, a number of studies have produced results indicating that GcMAF holds promise as an immunotherapy and anticancer agent.⁴

Nagalese builds up in cancer patients, and its activity “correlates with tumor burden, aggressiveness and clinical disease progression.”⁵ In fact, investigators have proposed assays of serum nagalese activity as a non-invasive way to evaluate the clinical severity of different cancers.⁶ In clinical studies involving dozens or hundreds of advanced cancer patients,⁵ breast cancer patients⁷ and other cancer patients,⁸ regular injections of exogenous GcMAF have led to decreased nagalese activity and clinical improvements—without side effects.

GcMAF YOGURT

In the United States, the financial and lobbying power of the pharmaceutical industry has ensured a “lockdown mentality” against many natural treatments, including GcMAF. Thus, persons interested in building up their immune system with GcMAF injections such as those used in various clinical studies might have to travel to Europe at their own expense to obtain these injections.

There is another option, however. In a new twist on old-fashioned yogurt, it is possible to make perfect “top shelf” GcMAF at home without breaking the bank. The supercharged yogurt or kefir (which one should preferably make with raw milk) includes colostrum, several dozen strains of probiotics and either yogurt or kefir culture.

Online companies offer expensive kits⁹ containing probiotics and cultures (typically costing several hundred dollars or more), as well as recipes and other resources. However

Nagalese builds up in cancer patients, and its activity correlates with tumor burden, aggressiveness and clinical disease progression.

INSTRUCTIONS FOR MAKING GcMAF YOGURT

1. Let one quart of raw milk sit out in a glass jar with the lid on until it roughly comes to room temperature. Leave about two inches of space at the top to allow for expansion during fermentation.
2. Put 1 tablespoon of colostrum and 1 teaspoon of probiotic powder into a pan with 1/2 cup of milk. Lightly warm and whisk the mixture until smooth. The minor heating helps eliminate lumps. (Mixing without heating may be preferable, but it is difficult to get rid of the lumps without slight heating.)
3. Once the mixture is creamy, pour it into the jar with the remainder of the raw, room-temperature milk and stir thoroughly.
4. Sprinkle the yogurt starter over the top of the milk-colostrum-probiotic mixture. In warmer rooms or climates, simply let the yogurt starter sit on top rather than stirring it in. (This is because the colostrum and extra probiotics already give the mixture so much “octane” that stirring in the starter tends to prompt overly rapid fermentation.) In cooler rooms or climates, it may work better to mix the starter into the mixture.
5. If mixing the ingredients at night, the mixture typically will achieve a creamy yogurt-like consistency by morning. To retain this texture, refrigerate the jar right away. Otherwise, it will continue to ferment into more of a cheese-like texture. The latter does not pose a problem for consumption, but a creamy consistency generally tastes much nicer.
6. It is also possible to use live kefir instead of yogurt starter. When combining the initial ingredients, substitute 2-3 tablespoons of freshly made kefir (but not the kefir “grains”) in lieu of the yogurt starter.
7. Although the proportions of colostrum, probiotic and starter included in the recipe are intended for one quart of raw milk, I have found that holding those proportions steady while using twice as much milk (one-half gallon) still produces a very effective yogurt. Individuals with critical health issues should probably stick with the more concentrated one-quart recipe, but those who are consuming the yogurt simply to support digestive health and the immune system can use one half-gallon of milk, cutting the other ingredient costs in half.

the cheapest and most straightforward route is to bypass the kits, obtain the four basic ingredients and make GcMAF at home with good-quality raw milk.

CONSUMING GcMAF YOGURT

For the Gc protein to bind with vitamin D to create GcMAF and activate the macrophage system in the body, it is important to consume a few other nutrients with the yogurt. This will help ensure optimal results. Eat one-half cup of the yogurt first thing in the morning and just before bed.

GcMAF yogurt needs an adequate amount of vitamin D to really “turn on.” Many proponents of GcMAF are recommending doses of D_3 , anywhere from 2,000-10,000 IU per day. However, vitamin D_3 taken on its own can be problematic. Better to take a natural cod liver oil, containing a full range of vitamin D isomers, to provide about 2,000 IU vitamin D daily, along with supporting vitamin A. In addition, eat plenty of pasture-raised egg yolks and spend as much time as you can in the sun. Vitamins A and D require support from vitamin K_2 as found in foods like aged cheese, poultry liver and animal fats.

Oleic acid also is crucial for full activation. This can come from one teaspoon of olive oil, avocado oil or high-oleic flax oil.

Finally, amino acids seem to be important for reaping the full benefits of GcMAF yogurt. From my perspective, there is no better protein for supplying amino acids than egg yolks. I combine 1/2 to 1 cup of the GcMAF yogurt, one egg yolk and one teaspoon of high-oleic flax oil in a blender, morning and night. I drink this slightly sour mixture while taking vitamin D. To turn the mixture into more of a super smoothie, add some coconut water, trace minerals and a banana.

MAGIC YOGURT

For those of us who have known about and consumed raw milk for a long time, making “supercharged” GcMAF yogurt is an easy way to power up the immune system. When using raw milk, it goes without saying that it should come from a trustworthy source and be of the highest quality. I make and consume magic GcMAF yogurt from raw milk daily and know first-hand how fresh and good it can be! ☺☺

Lee Emerson has been an organic farmer, nutrition coach, yoga teacher, and health-food retailer.

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CORRECTIONS

Summer, 2017, page 114, the location for the chapter led by Caroline Marshall was incorrectly given as Auckland South & East. Caroline is the chapter leader for Coromandel, New Zealand.

Summer 2017, page 2, Laura Hayes was inadvertently omitted from the list of honorary board members.

Summer 2017, page 54, nitric oxide (NO) was incorrectly given as nitrous oxide (N_2O , or laughing gas). The correction has been made on the website.

My Adventures with Black Salve

By Kelly the Kitchen Kop

Most of us would agree that receiving a diagnosis ending in “oma” or with the word “cancer” in it is not a very comforting experience. As cancers go, however, slow-growing basal cell carcinomas are one of the least dangerous types. Although basal cell carcinoma incidence is increasing,¹ with over four million cases diagnosed in the United States each year,² these common skin cancers are extremely unlikely to spread or cause serious harm.

Nonetheless, dermatologists recommend surgery for nearly all cases of basal cell carcinoma. Are there other options? When I had a basal cell carcinoma, I took a different treatment path. Although it was not always fun or pretty, I share my story in case it is instructive to others.

People began suggesting that I use something called “black salve.” Black salve is an escharotic—a mixture of an herb (or botanical) with a mildly caustic mineral. Black salve combines bloodroot and zinc chloride, at a minimum.

TAKING IT ON THE CHIN

I initially ignored—for a couple of years—what I not-so-affectionately called a “zit from hell” on my chin just below my lower lip. With a minor background in nursing, I admit that having a sore that would not heal ought to have been a red flag. However, I didn’t think much about it, assuming that its stubborn refusal to go away might simply be the result of my incessant efforts to remove the latest scab. (By the way, I do not recommend the strategy of ignoring something that persists beyond a few weeks. It is always safer to have suspicious skin growths checked out.)

At some point, a reader of my blog told me about a presumed “wart” that would not go away because it was actually a skin cancer. I was sick of the sore on my chin by then, and I decided to show it to our family doctor, just in case. (I love this doctor because, even when he does not agree with me, he just chuckles in a friendly way and says, “OK! I just have to tell you what I think, but it’s up to you what you do with the information!”) After a biopsy confirmed that it was a basal cell carcinoma, my doctor referred me to a dermatologist for surgery.

NON-SURGICAL OPTIONS

I consider surgery, even on an outpatient basis, as a fairly major and costly intervention, so I decided to defer the surgery option. Instead, I maintained my nutrient-dense diet, which includes cod liver oil and plenty of healthy fats from pastured animals. With help from friends, I also began collecting information about less invasive methods of dealing with basal cell carcinomas, including frankincense essential oil and highly concentrated vitamin C paste.³

Over the course of this research, I came across an article by Dr. Tom Cowan about cancer salves⁴ as an effective treatment for non-melanoma skin cancers.⁵ At around the same time, people began suggesting that I use something called “black salve.” Black salve is what is known as an escharotic—a mixture of an herb (or botanical) with a mildly caustic mineral.⁶ Black salve combines bloodroot and zinc chloride, at a minimum.

One of my readers reported, “I have used black salve on very many suspicious spots, and

if it is cancer, moles or warts, it works wonders!” Another reader shared a similar “thumbs-up for black salve,” describing it as “awesome stuff.” That person stated, “My dad used it to get rid of a cancer on his face. After applying it, the little mole pulled itself out of his face and created a HUGE monstrous-looking wound but then healed, and the skin underneath looked like a baby’s!” After hearing these stories, I decided to give black salve a try.

USING BLACK SALVE

As many other people have noted, black salve is not for the faint-hearted (see sidebar for instructions on how to apply it). When I was three days into applying the black salve on my basal cell carcinoma, I woke up in the middle of the night with the feeling of something being very wrong. My lip felt like I had been numbed at the dentist. I hurried into the bathroom and could see that my whole bottom lip was huge and swollen. I could feel it on the inside, like it had burned a hole through my lip, and there was inflammation all around it. On the outside, it looked like I had a fat lip.

My heart started racing. I just “knew” that I had permanently disfigured my face. I thought, “How stupid of me to try to get rid of this naturally! I should have just had the surgeon take it off like normal people do!” I quickly removed the band-aid and wiped all the leftover salve off of my chin. Knowing that there was nothing else I could do at that point, I went back to bed in a sweat and prayed my guts out, praying “Lord, please don’t let this be permanent!” I was worried and freaked out.

My lip remained fat all morning. By noon, however, all of the swelling had gone down, and I could tell that my lip was still intact. I was very happy to see that my face even looked normal again! I left it alone and waited to see what would happen next. What happened was that it turned into a monster scab. (Strictly speaking, it is called an eschar, not a scab.) For the most part, I didn’t care how it looked, but it was a little embarrassing at church because it was very big and dark. I made myself leave it alone, and after about three days, it essentially fell off.

A couple of months after using the black salve, I could feel a bump again. This time, I

resigned myself to having surgery to get the dumb thing cut out for good. I made an appointment for about a month later. At the appointment, the surgeon looked at it and sent me off to schedule an excision procedure in another couple of months.

The day before the scheduled surgery, I looked at the spot more closely. I realized that the bump had not changed at all over the past several months, and it occurred to me that the bump was probably just scar tissue. I decided to cancel the surgery. Understandably, the surgeon was not happy with me for canceling with one day's notice, but I saw no reason to spend time and money on a procedure that I clearly did not need. Since that time, the bump has remained unchanged, and I can't even see it unless the light is just right.

I also used the black salve to take off a hard, raised spot on my arm that had been there for a year or two. It was not skin cancer, but it had persisted unchanged for a while. I applied a little of the black salve—just enough to go over the spot—and covered it with a band-aid, as per the instructions. It hurt and itched a little—and then, after producing another doozy of a scab, it was gone for good.

VITAMIN C PASTE

Vitamin C paste is another safe, topical way to remove basal cell carcinomas. The website DoctorYourself.com notes that “vitamin C is selectively toxic to cancer cells but does not harm healthy skin cells.”⁷³ (This selective toxicity is also a feature of black salve, which will only “go after” cancerous or abnormal tissue.⁷) A reader of my blog described how she followed the vitamin C protocol: “I used one teaspoon of [GMO-free] ascorbic acid powder and added

filtered water drop by drop to make a paste. I then caked the paste on the spot and let it dry. The dried vitamin C just flakes off when dried. I did that three to four times a day, for three to four days, until the area was rough and painful. I would then give the area three to four days to heal and do the process all over again. It took several weeks because this basal cell carcinoma was a type that burrows in deep beneath the surface of the skin. (I did not realize that there were different types of basal cell carcinomas until I started reading in-depth about them.) I decided to persevere and keep using the vitamin C paste until I thought the basal cell carcinoma was completely eradicated. When I went for the biopsy, the area was still rather raw-looking, but the lesion itself was gone. DoctorYourself.com gives more details about how to follow the protocol.”

OUR FRIEND THE SUN

Even after my basal cell carcinoma diagnosis and warnings to stay out of the sun, I believe that it is important to get adequate sun exposure. The sun is the best way to get vitamin D, as long as you don't burn. Sunscreens (which generally are loaded with who-knows-what chemicals) block most vitamin D. I would rather deal with another not-dangerous basal cell carcinoma than be susceptible to a much more serious disease from having vitamin D that is too low.

According to Dr. Tom Cowan,⁵ the sun has nothing to do with melanomas (the most dangerous skin cancers). Dr. Michael Holick, vitamin D expert and author of *The Vitamin D Solution*, agrees, giving readers of his book “permission” to go out in the sun.⁸ Dr. Joseph Mercola notes that melanomas are more common on parts of the body not exposed to the sun at all and also more common in people who work indoors than those who work outside.⁹

NATURAL REMEDIES ARE POWERFUL

There are many different types of skin cancer, and there is no doubt that some are dangerous and fast-growing and require speedier treatment. It is a good idea to get weird skin spots checked out, particularly if they hurt, itch or bleed and persist longer than three or four weeks.

Most people do not know about black salve or vitamin C paste, perhaps because both represent affordable options that would put quite a dent in surgeons' pocketbooks if more people used them instead of resorting to surgery. As my experience with black salve suggests, natural remedies can be very effective but also quite powerful. Treat them with respect. It


WHERE TO GET BLACK SALVE

The U.S. Food and Drug Administration (FDA) believes that it is part of its job to discredit alternative cancer therapies as “fake cancer cures,” and unfortunately, it has done a good job of closing down some black salve producers.

If you plan to purchase black salve, it is important to do your research and obtain a good-quality salve. One excellent black salve product comes from the Ecuador-based Alpha Omega Labs. Their “Amazon Black Tropical Salve” (formerly sold as Cansema) is available in the U.S. at herbhealers.com/salves-creams-tonics.

The black salve product that I used was Virxcan Sun Skin Salve, available at a variety of natural health websites. Virxcan also comes in tablet form for both internal and surface growths.

The Black Salve Info website (blacksalveinfo.com/instrbs.htm) provides detailed information about how to apply black salve and what to expect during the healing process.

is important to do your own research, work with a naturopath or holistic doctor, if necessary, and always use common sense. 

Kelly the Kitchen Kop has passionately researched how to eat and live better since the day over a decade ago when she was floored with the truth about the food available to us today. She lives in a small town near Grand Rapids, Michigan, and is a wife, homeschooling mom, blogger (KellytheKitchenKop.com) and author of Real Food for Rookies. She teaches a “Real Food for Rookies” online class.

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TWO SALVE RECIPES AND INSTRUCTIONS

The following recipes and instructions come from a Native American woman who shared this wisdom in the 1970s.

BLACK CANCER SALVE: Mix and add water to make a thick paste. Cook for 30 minutes in double-boiler (not aluminum).

- 1/2 cup powdered bloodroot
- 1/2 cup zinc chloride
- 1/2 cup whole wheat flour

YELLOW HEALING SALVE:

- 1 pint pure linseed oil (raw)
- 1 piece of rosin (size of walnut)
- 2 ounces beeswax
- 1/2 ounce oil spike (lavender solvent)

Carefully heat the linseed oil to boiling (beware, as linseed oil is flammable). Add the rosin and stir until melted. Remove from burner and allow to cool somewhat. Add the beeswax. Just before it starts to thicken, add the oil of spike, stir thoroughly and allow to thicken. Store in a suitable container.

TESTING FOR CANCER: Apply a small amount of the black salve (no more than 1/8 inch thick) to the suspected area, cover with a band-aid, press lightly and leave on for 30 minutes. You may experience strange sensations during this time. Remove the band-aid. If the salve remains on the skin, there is cancer in that immediate area. If the salve remains on the band-aid, there is no cancer in that area. This salve will only react on cancer.

REMOVING CANCER: This treatment will make a bad-looking sore, and there will be pus, sometimes with blood, that forms around the core of the cancer. There will be much redness around the cancer while it is working, and there may be considerable swelling and even fever. A lot of pain may be experienced while the roots are being killed. This indicates that the cancer has reached an advanced stage, so be brave and thank the Lord that your life is being spared by these two salves.

STEP ONE: Apply the BLACK salve (1/8 inch thick) over the cancer and cover with gauze or a large band-aid. A small skin cancer might be smaller than a dime (about 2 cm) while a large cancer might be larger than a half-dollar (about 4 cm). Leave this salve on for twenty-four hours, then remove and thoroughly clean and dry the area.

STEP TWO: Apply the YELLOW salve. Over the next five days, keep the yellow salve in contact with the area being treated and cover with gauze or a large band-aid. It may be necessary to clean and replace the salve several times a day, as the cancer will enter into a stage of running or oozing pus sometimes mixed with blood. This is to be expected.

STEP THREE: On the sixth day, reapply the BLACK salve for twenty-four hours.

STEP FOUR: Apply the YELLOW salve as per Step Two.

STEP FIVE: Repeat entire process until there is no reaction. Sometimes more than one core may be formed—be sure to remove all of the cancer.

FUNDRAISING CAMPAIGN FOR THE WESTON A. PRICE FOUNDATION
SEPTEMBER 18 - OCTOBER 31, 2017

September 2017

Dear Friends of the Weston A. Price Foundation,

While WAPF is a membership-based organization, our affordable membership fees do not cover our many activities, all of which are geared to teaching our dietary principles and making nutrient-dense food available worldwide to people from all walks of life. Our activities include publishing our journal, brochures and pamphlets; maintaining our influential websites (westonaprice.org and realmilk.com); exhibiting at over one hundred conferences each year; supporting five hundred local chapters; weekly podcasts; and a lively social media presence.

Have you benefitted from the WAPF teachings? Are you and your family enjoying better health due to the activities of WAPF? If so, we ask that you give back with a donation, ideally between now and October 31. You can use the envelope attached here, or donate online at <https://tinyurl.com/yc92vlnD>

We need support in the following areas:

- **GENERAL EDUCATION:** Help support our main focus, which includes our lively quarterly journal, print materials, website upkeep, Wise Traditions podcast, Nourishing Our Children educational initiative, exhibiting and local chapter activities.
- **A CAMPAIGN FOR REAL MILK:** Only seven states to go! With the help of raw milk advocate Pete Kennedy, during the next year we will engage in a campaign to make raw milk legal in Delaware, Hawaii, Iowa, Louisiana, Nevada, New Jersey and Rhode Island.
- **RESEARCH INTO THE FAT-SOLUBLE VITAMINS:** Dr. Martin Grootvelt in the UK is looking forward to working with us on testing for fat-soluble vitamins using advanced magnetic resonance testing.
- **WAPF OVERSEAS:** Two enthusiastic chapter leaders, Katie Williamson and Hilda Gore, volunteered their time in Peru where they met with many local people to help them appreciate and continue their traditional foodways before they are no longer known.

Donations of any size are appreciated and used well. If you are able to give \$100 or more, we'd like to send you the following gifts:

Donation of \$100 or more: Our Wise Traditions Starter Kit (*Healthy 4 Life*, Shopping Guide & main brochure)

Donation of \$250 or more: A copy of *Nourishing Fats*

Donation of \$2500 or more:

Farm tour and dinner with Sally Fallon Morell and Geoffrey Morell at their farm,
P A Bowen Farmstead, for you and one guest.

Our goal is to raise \$100,000 by October 31—and it will be easy if everyone pitches in! So please send in your donation (or donate online) as soon as you can.

Gratefully,

Sally Fallon Morell, President, and Kathy Kramer, Executive Director

Reading Between the Lines

By Merinda Teller, MPH, PhD

Microwave Radiation Coming to a Lamppost Near You

In an exceptionally short period of time, cellular technologies have become a dominant fixture of modern-day life. When the first clunky cell phones became commercially available in the early 1980s, only the military and “affluent geeks” could afford the four-thousand-dollar price tag.¹ A mere three decades later, more than three-fourths (77 percent) of all Americans willingly spend hundreds of dollars for sleek smartphones (a proportion that has more than doubled since 2011),² and more and more people rely on their smartphones as their sole computer.³ Global projections indicate that over six billion people worldwide will be using a smartphone by 2020.⁴

Most current cell phone carriers offer fourth-generation (4G or 4G LTE) wireless cellular service, which represents the latest iteration in the “exponential evolution” that began with analog first-generation (1G) service in the early 1980s.⁵ Each subsequent decade has ushered in a new generation of mobile networks, with 2G going digital in the early 1990s, 3G emerging in the early 2000s and implementation of 4G/4G LTE unfolding in the early part of the current decade.

With the advent of the dramatically faster 4G service—the first generation designed primarily for data rather than voice—mobile phone users have been able to stream video and music to their heart’s content.⁶ Yet, with perpetually data-hungry consumers flocking to newer applications such as virtual reality and videoconferencing, it appears that even 4G is being stretched to its limits.

As the telecommunications industry anticipates “billions of users, billions of devices and billions of connections,”⁷ it is avidly preparing for the next generation of cellular service, called 5G, which is likely to be ready for rollout well before 2020.⁸

THE NEW FRONTIER:

MILLIMETER WAVE TECHNOLOGY

Far more than a simple technological upgrade, 5G represents a significant and risky turning point with major implications for health, privacy, property values and local control.⁹ To fully understand what 5G portends, it is helpful to grasp a few basics about the electromagnetic spectrum. Electromagnetic frequencies (EMFs) are expressed in terms of units called hertz (cycles per second), abbreviated as Hz, where the higher the frequency, the smaller the wavelength. The spectrum begins with direct current and extremely low-frequency (larger wavelength) radio waves, and continues with microwave radiation, infrared and ultraviolet light, X-rays and gamma rays. Household appliances are at the extremely low-frequency end of the spectrum, generating EMFs in the range of three to three hundred Hz. Microwave radiation—emitted by all current wireless devices—ranges from three hundred megahertz (MHz) to three hundred gigahertz (GHz). (A MHz equals one million Hz and a GHz equals one billion Hz.)

Unlike prior generations of cellular service, 5G will transmit using not just low-band frequencies but also a form of extremely high frequency microwave radiation called millimeter waves (approximately thirty to three hundred GHz). Millimeter waves offer a “glut” of previously untapped spectrum that the telecom industry is eager to exploit, for at least two reasons.¹⁰ First, the “good” spectrum is “just about used up,” according to the communications technology editor at *Electronic Design*, resulting in “spectrum shortages and conflicts.”¹¹ The tech editor observes that “spectrum is like prime real estate”; millimeter waves can “take the pressure off the lower frequencies” and “provide that precious coveted spectrum needed for expansion.”¹¹

Far more than a simple technological upgrade, 5G represents a significant and risky turning point with major implications for health, privacy, property values and local control.

A Samsung-funded wireless expert rhapsodizes, “The beauty of millimeter waves is there’s so much spectrum.”¹⁰ Second, millimeter wave technology promises “blazingly” and “insanely” fast data capacity.^{12,13} Even in advance of its widespread rollout, techies are celebrating 5G’s potential to usher in light speed connectivity¹⁴ that is “orders of magnitude” beyond 4G.¹⁵

WHETHER WE WANT IT OR NOT

5G’s cheerleaders are particularly delighted with one unique feature of millimeter wave technology, which is that the antennas needed to transmit and receive signals can be very small. At the same time, millimeter waves have one key limitation, dictated by the laws of physics: higher frequencies have much shorter transmission ranges.¹¹

The industry has a proposed technological fix for this problem. In telecom parlance, the industry plans to achieve the desired level of performance through “good receiver sensitivity,” “high transmit power” and “high-gain antenna arrays [that] boost the effective radiated power” and significantly increase range.¹¹ Stated more simply, 5G will “pepper” cities—and eventually countries—with powerful small cell antennas.¹⁵ This will involve pervasive neighborhood-wide and city-wide placement of 5G small cell antennas and “distributed antenna systems” (DAS) on utility or light poles and other public infrastructure—beaming intense microwave radiation within feet of bedroom windows, schools, day care centers, nursing homes, offices and more. The antenna arrays could include “dozens or even hundreds of antenna elements.”¹⁶

To enable the widespread deployment of small cell antennas, mobile carriers have been wooing states and the federal government to pass enabling legislation, frequently without any public input. Representatives often receive substantial financial support from the telecom

industry and thus have been only too happy to oblige their patrons by fast-tracking bills through the legislative process. The previous administration’s chairman of the Federal Communications Commission (FCC), Tom Wheeler—once a major wireless industry lobbyist—revealed himself to be fully on board with the 5G juggernaut when the FCC raced to approve 5G technology in 2016. Wheeler bragged, “You ain’t seen nothing yet” and breezily noted that 5G “will open up hugely disruptive new value propositions for the users of networks.”¹⁷ Harvard University ethicists have described the FCC as a “captured agency dominated by the industries it presumably regulates.”¹⁸

The vast majority of the legislative bills promoting 5G infrastructure (already passed or about to pass in eighteen U.S. states) will strip authority from local governments—and citizens—over public rights-of-way.¹⁹ In other words, municipalities and residents will be unable to say no when utilities mount 5G antennas on lampposts and utility poles in their yards, businesses and schools.

In response, numerous communities around the U.S. are organizing to halt preemption and maintain local control. In Ohio, for example, Governor Kasich signed a bill in December 2016 that removed cities’ authority “to regulate and control placement of ‘micro-wireless facilities’” [small cell antennas] and required them to “make city-owned poles and other structures in the right-of-way available to private wireless companies at a nominal cost.”²⁰ Fans of the bill were pleased that it “eliminated the problems associated with discretionary local zoning review,”²¹ but Ohio’s municipalities strongly disagreed. Over eighty municipalities, including the city of Cleveland, filed lawsuits to challenge the bill, citing concerns about “local government rights, constitution authority and control of city property.”²²

The vast majority of the legislative bills promoting 5G infrastructure (already passed or about to be passed in eighteen U.S. states) will strip authority from local governments and citizens over public rights-of-way.

ECOSYSTEM EFFECTS OF 5G

Pervasive 5G antennas will have costly impacts on agriculture and the environment. International scientists have expressed alarm about the documented effects of microwave radiation on bees, other pollinators and plants.³⁶ Because of their size, bees will be especially vulnerable to millimeter wave radiation. Radiofrequency fields in the MHz range also “disrupt insect and bird orientation.”³⁶ As for plants, agri-environmental researchers state that “plants form the building blocks of all ecosystems and disruption to their pollination and subsequent reproduction is likely to result in similar declines in plant species diversity and knock-on effects to the animals and birds that rely on them.”³⁷

Ubiquitous deployment of small cell antennas will unleash unnatural and round-the-clock millimeter microwave radiation that is far more potent than anything previously experienced from the electromagnetic spectrum.

The unfurling of 5G technology is taking place in the context of the broader wireless take-over. For example, wireless networking (WiFi) went from a “niche technology” at the beginning of the new millennium²³ to consumers’ preferred method of accessing the Internet, with WiFi in seven out of ten U.S. broadband households as of early 2017.²⁴ According to market researchers, WiFi households are wireless junkies, averaging “more than 30 percent more computing devices than non-WiFi households.”²⁴

CANCER AND OTHER HEALTH EFFECTS

The rapid proliferation of all these sources of electromagnetic radiation—cell towers, cell phones, cordless phones, WiFi, smart meters and so on—is exacting a high price on our health. There are now thousands of scientific studies documenting myriad adverse bioeffects of microwave radiation, in particular. These biological effects include cancer, DNA damage, cardiovascular problems, increased stress hormones, sleeping disorders, depression, headaches, irritability and impaired fertility.²⁵

Studies assessing cancer and wireless radiation are particularly disturbing. The World Health Organization’s International Agency for Research on Cancer classified the microwave radiation from all wireless devices as a possible human carcinogen in 2011. In 2016, the U.S. National Toxicology Program released results of the world’s largest, gold-standard study on wireless health risks (conducted on rats, which are the preferred animal model for studies of carcinogenicity in humans), finding cancer in 5.5 percent of the exposed group and no cancer in the control group.²⁶

Other recent studies highlight strong evidence of a relationship between brain cancers and long-term cell phone use; increased incidence of at least ten other cancers concurrent with the promulgation of wireless technologies, including invasive breast cancers in young women carrying cell phones against their breast; and tumor promotion in response to very low levels of exposure to wireless radiation.²⁵

5G technology will likely turn this serious health risk into a public health crisis. Ubiquitous deployment of small cell antennas will unleash unnatural and round-the-clock millimeter

microwave radiation that is far more potent than anything previously experienced from the electromagnetic spectrum. In fact, the U.S. military uses millimeter waves—which travel only a short distance—as a non-lethal weapon for crowd control because the waves affect the surface of the body and cause a burning sensation of the skin at higher levels of power. The lower-powered but chronic exposure that most of us will experience outside of our homes, schools and businesses is expected to cause very serious health effects, including higher rates of skin cancer, cataracts, cardiac irregularities and fetal abnormalities.²⁷ Moreover, millimeter wave radiation has effects on microbes and may prompt increased antibiotic resistance.¹⁶

Studies already show a substantially increased prevalence of neurobehavioral symptoms and cancer in populations living less than five hundred meters from current mobile phone base stations.^{28,29,30} What will happen when clusters of powerful small cell antennas are sited within feet of everyone, everywhere? Retired U.S. government physicist Dr. Ronald Powell cautioned in a letter to the FCC that 5G would “irradiate everyone, including the most vulnerable to harm from radiofrequency radiation: pregnant women, unborn children, young children, teenagers, men of reproductive age, the elderly, the disabled, and the chronically ill.”²⁷ 5G’s proponents apparently are heedless of Dr. Powell’s objections as well as the American Academy of Pediatrics’ warnings to limit children’s exposure to wireless radiation, warnings that numerous other countries—but not the U.S.—have taken seriously.^{31,32} The upshot is that many Americans will no longer be safe in their own homes, particularly in the urban areas where 5G technology will be rolled out first.

INTERNET OF THINGS

Tech writers like to attribute the impetus for 5G to consumers’ “really high expectations for wireless services” and their desire for “a high level of reliability, low levels of latency [lag time] and constant connectivity—anytime, anywhere.”²⁷ Although consumers certainly do appear to be captivated by speed and shiny gadgets, less credulous observers suggest that 5G’s true beneficiaries actually will be the telecom


giants and electric utility companies, rather than consumers.

John P. Thomas of *Health Impact News* explains that 5G technology “is part of a long-term plan to integrate telecom activities with electrical service providers. . . .The 5G network will be the nerves and sense organs of a massive organism that has a central brain somewhere, which controls all forms of information exchange and electric utilization/production.”³³ Referring to what is now called the Internet of Things (IoT), Thomas adds that with the help of 5G technology, “[smart] appliances and smart meters will constantly communicate with one another all day long and all night long—they will never stop transmitting microwave radiation.” Even worse (from the consumer’s standpoint), “the fusion of 5G with the electrical grid will require everyone to buy new appliances that are smart meter enabled or have our existing appliances retrofitted with microwave transmitters.” In short, 5G will enable “a whole new cellular architecture”¹⁰ and an “inescapable” technological blanket.⁹

UNCONSCIONABLE HAZARDS

Given what we already know about wireless risks,³⁴ it is not surprising that EMF-savvy scientists are urging extreme caution with regard to 5G and its novel use of millimeter waves. Public health expert Dr. Joel Moskowitz of U.C. Berkeley describes 5G wireless infrastructure as a “massive experiment” and warns of the research indicating that “skin nerve endings are a likely target of [millimeter waves] and the possible starting point of numerous [adverse] biological effects.”¹⁶

It is both astonishing—and unconscionable—that the FCC has given the telecom industry the green light for 5G without seriously evaluating the long-term effects of millimeter wave radiation on human or animal health. Consumers would do well to return to hard-wired technologies whenever possible, including corded landlines and wired Internet connections (which are faster, more secure and safer anyway). Other steps that citizens can take to protect themselves and their loved ones include

checking the status of 5G legislation in their state (the Environmental Health Trust provides a comprehensive summary)¹⁹ and contacting legislators to express concern (see sample letter below); following recommendations³⁵ for using cell phones more safely; using wireless devices as little as possible—and always limiting children’s exposure; powering off all wireless devices at night to allow the body to recover; and asking themselves whether the putative benefits of 5G are worth trading away health and privacy. 

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SAMPLE LETTER TO LEGISLATORS

Dear Representative/Senator:

Please oppose 5G legislation. Fifth-generation mobile systems, known as 5G facilities, would place clusters of small cell antennas within feet of single-family homes and on multifamily homes, schools, day care centers, recreation centers and more. Research shows that 5G millimeter wave radiation will make people sick, especially unborn children, young children, pregnant women and individuals with chronic illness. The adverse health effects caused by 5G facilities are likely to include cancer, infertility, headaches, insomnia and more.

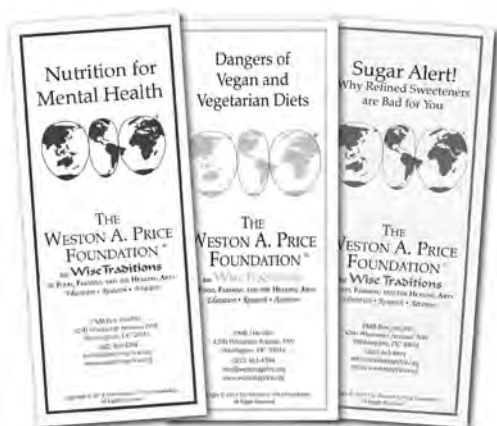
The World Health Organization’s International Agency for Research on Cancer has classified radiofrequency electromagnetic fields as a Group 2B carcinogen based on an increased risk for glioma, a malignant type of brain cancer associated with wireless phone use. Dr. Olle Johansson, neuroscientist at the Karolinska Institute (which awards the Nobel Prize for Physiology and Medicine), has stated that the proof of harm from radiofrequency electromagnetic fields “is overwhelming” and that “children can never be allowed to be victims of...a WHO-classified possible carcinogen.” Dr. Ronald Powell, a Harvard-trained physicist who worked at the National Science Foundation and the National Institute of Standards and Technology, shares similar concerns about the potential for widespread harm from radiofrequency radiation.

I know that the telecommunications industry provides significant financial support to many legislators, but our representatives should be paying attention first and foremost to the health of babies and children and the strong warnings about 5G being issued by international experts.

Sincerely,
[Name]

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The Wise Traditions Pantry

BEATING THE SUGAR MONSTER: STRATEGIES TO COMBAT PARTY FOODS

By Maureen Diaz

If you are a parent, you have likely shared this dilemma: how do we escape the typical, sugar-fueled party “foods” that wreak havoc with our kids’ bodies and minds? We’ve all seen it, if not experienced it, a million times. Whether it be Halloween, a birthday party or Christmas dinner, our culture seems to see candy, soda, chips, ice cream and cake as essential for having a fun gathering even though they can compromise your family’s health.

Our family has been raising kids for thirty-two years now and even from the beginning, I knew that this way of “treating” kids was problematic. Even before there was a Weston A. Price Foundation or awareness of the good doctor and his teaching, I knew that all that sugar and artificial ingredients was not good for anyone, child or adult. Early on in my own home I was able to eliminate soda, candy and chips. But for years we still found it difficult to do so when at family or public events. Even church dinners can be tricky.

If you want to do things differently and expect better things for your children but don’t know where to start, I hope my experience can help you develop useful strategies for your family.

HALLOWEEN, EASTER, CHRISTMAS, OH MY!

Many people can look at all that candy and know, instinctively, that this cannot be good! And yet, most just go along with the crowd and at best, try to limit the amount their kids consume, at least at one time. It is not easy to address this.

Our family has chosen to let our kids participate in trick-or-treating, allowing the kids the fun of dressing up and going out with their friends. But rather than giving them free rein with all that candy, we give them the opportunity to choose a few special treats, and then we do a candy swap. We buy the rest from them and dump it into the trash. This has worked well for

us, but may not work for a child on the GAPS or other special diet, depending on what treats are being given. In any case, you may be able to sort through your child’s candy, eliminating the worst offenders while finding a few, less-problematic ones for them to choose from. And rather than cash payment, you may offer something like a new game, toy, excursion, lunch at a favorite restaurant, or other things that might feel extra special to your child. The same can be done for other candy-filled occasions.

HANDLING THE BIRTHDAY PARTY BOMB

Personally, I think birthday parties are the worst, but any family or church dinner can be equally harmful to a child’s health and a parent’s best intentions. Skipping these functions is often not an option, and some family and friends do not understand our concerns, and may even be antagonistic. Sadly, I am aware of many families, including my own, who have been ridiculed because they do not allow their children to have soda and junk foods.

We often worry about offending others with our food and health choices. In recent years I have come to the conclusion that I should worry less about causing offense, and instead expect more acceptance from others. Where understanding is not given, we may just need to accept this and choose to ignore it.

When faced with such occasions, going into the event prepared can cover a multitude of potential problems. Our first defense is to enter with full bellies. Yes, a full stomach can severely detract from the attraction of junk food. Even if dinner is being served, I often will make sure our kids have eaten something substantial before arriving. When time is short a full-fat smoothie can help curb the hunger monster. I make a smoothie with added cream (or creme fraiche) and raw egg yolks. Pemmican or jerky, high quality charcuterie and cheeses, or fresh

Personally, I think birthday parties are the worst, but any family or church dinner can be equally harmful to a child’s health and a parent’s best intentions.

fruit are also great for keeping hunger at bay.

An important strategy we employ when attending family and other potentially problematic meals is to bring plenty of our own, nutritious and delicious foods to share—when the occasion allows for this, such as a potluck or if I offer to bring something for the meal. I might make something extra special that will delight my family, helping them overcome the desire to go for poorer options at the table. I routinely make pitchers of iced herbal tea, a filling salad with homemade dressing, delicious artisanal bread and cheesecake or panna cotta as a dessert. These things are usually devoured with delight by not only my own family but others as well. There will always be those who initially aren't interested in our "healthy" foods. But when people try it, I am often delighted at the exclamations of surprise from others: "Wow! This is really good!" or "May I have the recipe?" They did not realize that "healthy" could taste so good!

Of course, children's disappointment and food rebellion is something we all have to deal with as parents. It should be considered carefully. As long as your child has no severe issues, you might choose to allow them one sugary "treat" from the table. We may offer the choice of a dessert or occasionally a small glass of soda (not a whole can). At a birthday party you might allow a slice of cake (with not-so-much icing) and a scoop of plain ice cream. I have also been known on many occasions to bring our own healthy, delicious substitutes for store-bought cake and ice cream. This is especially important when dealing with a child on the GAPS diet, which also offers a convenient excuse to your critics—few dare put down

a parent for trying to help their child heal from physical or mental ailments.

Something else which absolutely no one can turn away from is if your child prepares food for a gathering. Whether finger jello, homemade ice cream or sourdough bread, your child can be taught to make any number of special foods, and will receive accolades for their efforts!

When bringing up children from the beginning with a whole, real-food philosophy, you will often find that such well-nourished children reject the sugary foods without the need for prohibitions. This is a winning situation! When children are satisfied with high-quality fats, proteins and the occasional quality treat, their desire for junk is greatly diminished. As they get older, they will learn to recognize that they don't feel as good when eating poor-quality foods, and will typically gravitate towards feeling energetic and well as opposed to feeling sluggish and poorly.

I hope these ideas will help you and your family face the junk and sugar monsters we all encounter. Now, go forth and have some fun!



TREATS THAT PLEASE

HALLOWEEN ALTERNATIVES

- Larabars: These are not organic but are otherwise an acceptable and tasty alternative to candy bars, and because they are prepackaged, they are a "legal" Halloween handout
- Fruit leather
- Fresh fruit
- Xylitol chewing gum
- Nuts and dried fruit packets (with no added sugar)
- Popcorn

NO-BAKE BIRTHDAY CHEESECAKE

2 cups soaked and dried nuts (we use blanched almonds)

1 cup pitted dates

1/4 cup butter or ghee

1 teaspoon vanilla extract

1 cup heavy cream

2 tablespoons gelatin

4 eggs, separated

4 cups soft cream cheese

1/2 cup honey or maple syrup

1 tablespoon vanilla extract

Process the crust ingredients (nuts, dates, butter or ghee, and 1 teaspoon vanilla extract) in a food processor to a fine crumb. Press into a 1/2-sheet baking pan and bake the crust in a preheated 350-degree oven for ten minutes. Cool.

Soften the gelatin in the heavy cream for five minutes, then gently warm to dissolve. Whip the egg whites. Add all remaining ingredients (egg yolks, cream cheese, sweetener, 1 tablespoon vanilla) to the cream mixture and blend well with a stick blender or in a food processor, blender or Vitamix. Fold in the beaten egg whites. Pour over the cooled crust and chill, covered, at least four hours until well set. Top with ripe berries or fruit compote.

Homeopathy Journal

DON'T BELIEVE HOMEOPATHY HAS A PLACE IN CANCER TREATMENT? THINK AGAIN

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

The “C” word...that daunting cloud lurking on the horizon. Few diseases are as frightening as cancer. It is rare to find someone who has escaped the darkness of cancer. Those of us who have not personally felt its touch have watched loved ones struggle against it. We wonder, will it pass us by?

In my years of homeopathy work, I approach some diseases with almost joyful anticipation. Eczema, for example. Nothing makes me happier than to see an affliction that causes so much suffering clear up so thoroughly and easily after choosing and diligently administering the right remedies. Homeopathy can uproot the intense suffering caused by eczema with relative ease and rapidity—I know that because I have seen it, time and time again.

Although cancer is not easy, I believe homeopathy can meet cancer’s challenges with the same confidence. I have come to this conclusion, in part, through my work with the Banerjis at the Prasanta Banerji Homeopathic Research Foundation in Kolkata, India. My mentor, friend and colleague, Dr. Prasanta Banerji, reminds me that “Every illness or condition is curable when homeopathy is applied, but not every person who has that illness or condition will be cured.”

Does that leave us with a down note? I do not believe so. If homeopathy is capable of addressing cancer even only partially, without chemo, radiation or surgery clouding one’s remaining years, homeopathy offers the potential for quality of life during that time and an end with dignity.

BANERJI HOMEOPATHIC PROTOCOLS FOR CANCER

I personally have witnessed cases of cancer uprooted with homeopathy, particularly in my own family. However it is easy to brush off personal experiences as “anecdotal,” or to

rationalize them in other ways—“Well, after all, he was also doing a Gerson juice fast, and she was drinking quarts of Essiac tea.” There is something to be said for hard scientific data. Double-blind clinical trials carry a weight and clarity that sometimes helps us stop second-guessing and doubting what we have seen with our own eyes.

In fact, there is great work being done in the field of cancer research and homeopathy. Of course, you probably did not know this, because homeopathy is quiet, elegant and has no rowdy pharmaceutical industry (and hence government) backing. Instead it politely goes about the business of cancer research and treatment, with its only acknowledgement coming from the homeopathic community and of course patients and their grateful families.

The Banerjis have attained worldwide recognition for their efforts in the fight against cancer, due especially to their astoundingly successful results using a particular homeopathic medicine combination for a particular form of cancer. For more than twenty years, they have used a protocol for glioma brain tumors that combines *Ruta graveolens* 6C and *Calcarea phosphorica* 3X. In 1995, the Banerjis attended the Fifth International Conference of Anticancer Research in Corfu, Greece, where they spoke on “Regression of brain tumors by ultra dilute medicine.” The paper documented sixteen cases of brain tumor regression following administration of the *Ruta graveolens* and *Calcarea phosphorica* protocol.

The Banerjis’ research and the documentation and publication of their results have attracted the attention of other cancer research organizations. Some have conducted their own studies using the Banerji protocol methods. One such organization is the department of molecular genetics at the MD Anderson Can-

There is great work being done in the field of cancer research and homeopathy.

cer Center in Houston. In 2003, the *International Journal of Oncology* published the results of an MD Anderson study.¹ The Cancer Center's investigators found that the homeopathic preparation of *Ruta graveolens* 6C administered in combination with *Calcarea phosphorica* 3X induced complete regression of tumors in six out of the seven glioma patients who took part in the study.^{1,2} Six out of seven is 86 percent! These are truly incredible results given that oncologists consider this particular form of cancer as practically incurable. The usual five-year survival rate for adult glioblastoma patients is around 10 percent.³

Ruta graveolens and *Calcarea phosphorica* are not the only medicines that the Banerjis use to treat cancer, and gliomas are not the only cancers that they have successfully treated. However the glioma protocol may be their most famous precisely because typical glioblastoma survival rates when using conventional treatments are so low. The substantial accomplishments of homeopathy in this situation really stand out in comparison and are very difficult to attribute to coincidence, placebo or that old favorite, "spontaneous regression."

However, the Banerjis also have found great success in the treatment of other cancers, such as bronchogenic carcinomas (lung cancer). In 2000, they spoke on this subject at the National Cancer Institute's (NCI's) Comprehensive Cancer Care conference that impressed the NCI so much that they reviewed some of the Banerjis' cancer cases as part of their Best Case Series Program.⁴ Four of the cancer cases submitted by the Banerjis had independent confirmation of the diagnosis and response to treatment. After review, the NCI certified that the Banerji protocols warranted further scientific study.⁵

There are few types of cancer the Banerjis have not treated, given that they see one to two hundred cancer patients a day at their Kolkata clinic.⁶ From 2004 to 2013, the Banerji Clinic treated over twenty-four thousand cancer patients. According to the clinic's records, 50 percent of these patients experienced either improvement or complete regression of their cancers, and another 28 percent stabilized, getting neither better nor worse. Only 15 percent of the patients worsened, and 7 percent discontinued treatment.⁷

MORE RESEARCH ON HOMEOPATHY AND CANCER

In December 2006, the peer-reviewed journal *Integrative Cancer Therapies* published a study on Copenhagen rats inoculated with prostate cancer cells and subsequently treated for five weeks with homeopathic protocols. This study found that the homeopathic remedies appeared to "significantly slow the progression of cancer and reduce cancer incidence and mortality" in the treated rats.⁸ The same journal published another article in July 2011 describing a study of the effects of *Ruta* 200C, *Carcinosinum* 200C, *Hydrastis* 200C, *Thuja* 200C and *Thuja* 1M on cancer cells in tumor-bearing mice.⁹ This study concluded that the "ultradiluted" homeopathic medicines produced a variety of effects that contributed to tumor cell apoptosis, thereby reducing tumor size.⁹

Researchers have studied a number of other homeopathic medicines and found them to be effective in the reduction of cancerous cells and

tumors. These homeopathic medicines include *Lycopodium clavatum*, *Phosphorus*, *Chelidonium majus*, *Gelsemium sempervirens*, *Natrum sulphuricum*, *Secale cornutum*, *Polygala senega* and *Conium maculata*. Interestingly, a study that tested the efficacy of the remedies *Carcinosinum* and *Natrum sulphuricum* in protecting mice against the development of liver cancer induced by chronic feeding with the carcinogenic dye p-dimethylaminoazobenzene and phenobarbital found that while each of the remedies had a protective effect, the combination of the two remedies administered together had an even greater beneficial effect.^{10,11}

HOMEOPATHIC MEDICINES WORK

If scientific studies on homeopathy and cancer are not more numerous, there are a variety of legal and financial reasons why. In the United States, for example, laws enacted in over half of our states restrict the use of "unproven" cancer therapies. (I wonder how those got put into place?) As a result, most cancer research utilizing homeopathic medicines is conducted on animals or on cancer cells in vitro. Furthermore, because the greatest financial incentive for scientific studies resides in the lure of developing new and profitable pharmaceutical drugs and medical procedures, the conventional medical establishment continues to devote most of its cancer research energies to studying the trio of "traditional" cancer treatment methods: surgery, radiation and chemotherapy.

Nonetheless, life and healing go on, studies or no studies. Science can help us to understand and explain phenomena, but it does not in itself create those phenomena. In other words, homeopathic medicines work, whether we write about them in peer-reviewed journals or not. We have a two-hundred-year history of observing the success of homeopathic medicines, and in the end that's enough science for me. ☯☯

Joette Calabrese, HMC, CCH, RSHom(NA) is a homeopathic practitioner of twenty-plus years. If homeopathy enjoys success with the world's most frightening condition, think what it can do for food intolerances, allergies, asthma, endocrine disorders, female conditions and childhood illnesses to name a few. In fact,

there is no condition that homeopathy has not touched. For more exciting and informative references, check out the “Free Resources” section of my website, joettecalabrese.com/free-downloads-and-articles/. See my free blog to find homeopathic solutions to common ailments at JoetteCalabrese.com.

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YOU CAN HELP SUPPORT A STUDY ON RAW CHEESE

We are pleased to announce WAPF’s sponsorship of a study at Johns Hopkins University on raw cheese and its effect on osteoporosis.

The research will be conducted by longtime WAPF supporter Stephen Belkoff, PhD, MPH, a biomechanical engineer who has been investigating osteoporotic fractures for over 25 years. He became intrigued by the potential health benefits of probiotics and the microbiome when his seasonal allergies abated after he started drinking raw milk. He will be aided by Dr. Kendall Moseley, MD, a practicing endocrinologist whose research has focused on the interplay between type 2 diabetes, aging and osteoporosis.

You can help! We wish to support this research with a donation of \$100,000. If every member donates just \$10-\$20, we will easily reach our goal. Donate at: <https://donatenow.networkforgood.org/wapfresearch>.

STUDY SYNOPSIS: The effect of 60-day aged cheddar cheese containing the probiotic *Lactococcus lactis* on parameters of bone remodeling

We have known for a long time that milk builds strong bones, but raw milk may do more than just provide a ready source of calcium—it may actively prevent bone loss and osteoporosis. Raw dairy may interact with the immune system to prevent or reduce the effects of diseases associated with chronic inflammation. Osteoporosis is one of these diseases, resulting from imbalanced bone remodeling. In chronic inflammatory states, the cells that break down bone outpace those that build bone, causing net bone loss. We have discovered in our lab that the bacteria in raw dairy (probiotics) cause the immune system to produce potent natural anti-inflammatories which may slow the bone resorption process. Such effects have been reported in laboratory animals. We want to test the concept in humans.

The study will measure pro- and anti-inflammatory cell messengers and markers of bone remodeling found in the blood of post-menopausal women at risk for osteoporosis. Women will ingest a slice of 60-day aged raw milk cheese each day for 30 days or be a part of the control group in which they will abstain from consuming dairy for 30 days. Subjects will get vitamin D and calcium supplements so that both groups meet the recommended daily requirements.

We expect that aged cheese will lead to a reduction in systemic markers of inflammation that will parallel reductions in blood markers of bone breakdown. Demonstration that raw milk cheese has positive effects on bone health will lead to future studies involving non-pharmacologic and natural treatments for osteoporosis.



Dr. Stephen Belkoff with a raw milk-producing Jersey cow.

Technology as Servant

SOUS VIDE: A POPULAR WAY TO PUT PLASTIC STRAIGHT INTO YOUR FOOD!

By John Moody

Sous vide (pronounced “sue veed”) is a cooking method that chefs and restaurants have employed for a few decades. Recently, sous vide cooking has gained popularity with home cooks as well.

Sous vide means “under vacuum” in French. It involves sealing food in a plastic bag, submerging the bag in water and heating the water to a low, stable temperature, generally in the range of 140-160 degrees Fahrenheit. Early adopters of sous vide often created their own do-it-yourself sous vide cookers, but now machines are widely available both in stores and online.

WHY IS SOUS VIDE TRENDY?

What makes the sous vide method so popular is that submerging the food in water makes it possible to reduce the cooking temperature substantially. Instead of cooking something at 300 to 400 degrees, sous vide allows for cooking at 160 degrees. Moreover, cooks can hold food at this temperature for extended periods of time without overcooking or otherwise damaging the food. With most other cooking techniques, cooks have a narrow time frame to get a dish just right—neither under- nor overcooked. Sous vide extends that window almost indefinitely.

A restaurant or chef cannot know exactly who will order which dish when. With the sous vide technique, they can prepare a wide array of dishes ahead of time, pulling them when finally needed. This allows chefs to prep dishes much earlier in the day, which is a boon given the busy nature of modern restaurants. The same also goes for busy families. Many people who eat traditional foods have embraced sous vide because of the convenience factor.

SOUS VIDE IS SAFE...OR IS IT?

Because of the extended time window for sous vide cooking, food is in contact with plas-

tic under temperature for much longer than many people realize. Is the convenience of sous vide matched by consumer safety?

As I wrote a few years ago in *Wise Traditions*, the safety of plastics has become a hotly contested and, at best, unclear issue, especially for so-called BPA-free plastics.¹ BPA (bisphenol-A) is an additive that improves the clarity and toughness of the plastics to which it is added. Problematically, BPA displays estrogen-mimicking and hormone-disrupting properties. Public outcry over BPA-related health concerns caused companies to adopt “BPA-free” alternatives.

Many sous vide proponents point to these changes as being sufficient to ensure sous vide safety. These individuals downplay or completely dismiss any concerns over the plastics used in this cooking method. For example, a food and technology company “on a mission to help people cook smarter” states: “Although we cannot predict what may be discovered in the future, we believe that given today’s knowledge, using high-quality bags and handling them properly minimizes the potential risks of cooking with plastic. The way we see it, risk is just part of life—every time we cross the street or get behind the wheel of a car, we’re accepting a certain amount of risk.”²

Another sous vide enthusiast similarly dismisses concerns about cooking with plastic: “Another worry is that the chemicals from the plastic may leach into the food when heated, since a study and some other research got people to suddenly start pitching their plastic containers in the trash. That may be so, but it isn’t any more likely than with vacuum bags designed for sous vide cooking—they are made out of the exact same kind of plastic. The Ziploc website says that all of its bags are BPA and dioxin-free, which are some of the chemicals that most people are afraid of when using plastic.”³

Unfortunately, the science does not support these sous vide advocates’ position. Instead, research shows an alarming set of concerns around plastics in general, and especially plastics used in food preparation. As I wrote previously, “BPA-free does not mean safe, nor free of, other similar or even more dangerous chemicals that act similarly or even worse than BPA and other estrogen mimickers.”¹

This is confirmed in a toxicology study published in 2011 in *Environmental Health Perspectives*, which examined more than four hundred and fifty commercially available plastic products used to contain foodstuffs.^{4,5} The investigators found that almost all of the products sampled “leached chemicals having reliably detectable EA [estrogenic activity], including those advertised as BPA free. In some cases, BPA-free products released chemicals having more EA than BPA-containing products.”⁵ As these

authors note, chemicals with estrogenic activity can cause numerous adverse health effects in “fetal and juvenile mammals,” “especially at low (picomolar to nanomolar) doses.”⁵

Thus, there is no basis for claiming that the plastics commonly used in sous vide cooking are safe for consumers. On the contrary, there is clear evidence that all types of plastic, when exposed to heat, leach various chemicals into any surrounding medium, including food.

BETTER OR SAFER OPTIONS?

When concerns over plastics and sous vide cooking first emerged, the response among wellness folks was mixed. Some sought to find safer alternatives, such as other types of plastics or silicone-based cooking bags.

Once a big proponent of sous vide cooking, Chris Kresser had this to say about the safety concerns raised in the *Environmental Health Perspectives* study:

Special note for Sous Vide users: After reading this study, I’m feeling very uncomfortable about the idea of eating anything that comes out of a plastic bag that has been sitting in a hot water bath for several hours. This is a crushing blow, as I love cooking with the Sous Vide. But in light of the evidence that even BPA-free plastics bags leach chemicals with EA even without added stress like a hot water bath, I think erring on the side of caution is probably wise.⁶

Interestingly, Dr. Stuart Yaniger, one of the authors of the *Environmental Health Perspectives* study, responded both to Chris Kresser’s post and to a post at another website (which argued for the safety of polyethylene bags or silicone bags for sous vide).⁷ Dr. Yaniger’s response (see comment in reference 7) was instructive:

I am one of the authors of the study on EA in plastics that you cited...as well as an avid amateur chef. These...statements from your post [that some plastics are safe for sous vide cooking, as long as they do not contain plasticizers] are categorically untrue. There are *many* additives to plastics, and especially to the types of polyethylenes

used in bags, that have EA, not just plasticizers. There are antioxidants, slip agents, antiblocks, process lubricants, and antistats. Additionally, there are low levels of impurities such as catalyst residues which can have significant biological activity, despite low concentrations. Silicone is no relief—although silicones can be formulated to be free of leachable endocrine disruptors, most aren’t, including most medical grades.”

For Dr. Yaniger, the bottom line is this:

Unless a manufacturer has developed the product specifically to be free of EA and can provide valid test data to confirm this (not a generic ‘this passes FDA standards’—FDA allows the use of BPA!), consumers should assume that the plastic is likely leaching endocrine-disrupting chemicals.

Now, how much of a health hazard [are] estrogen mimics from plastics? That’s still debatable and there’s a lot of research going on to pin this down. But if you’re concerned about the health effects of BPA, switching to a different plastic just means you’re swapping one hazard for another. It’s a fixable problem, but industry won’t fix the problem until consumers demand that they do.

Wow! Again, what we clearly see is that there is no such thing as safe plastics or silicones when it comes to food preparation. Yaniger’s response matches what I wrote about in an article on silicone bakeware⁸ and in my previous article on BPA.¹ Silicone, while touted as safe, shows incredible problems under normal use, with leaching and contamination into food.⁸

Unfortunately, many wellness bloggers continue to defend the use of silicone bags,⁹ because they have not come across information deeming silicone bags unsafe. Silicone bags, in fact, are even more troubling than silicone baking molds and other silicone cookware because of the various additives and other chemicals needed to manufacture such materials.¹⁰

PROCESSING ADDITIVES

The reason why so few manufactured items

There is no basis for claiming that the plastics commonly used in sous vide cooking are safe for consumers.

are safe has little to do with the main ingredients or agents in these products. The main ingredients, even if not natural, are generally inert and innocuous on their own. Instead, it is the immense array of “processing additives”¹¹—lubricants, colorants, solvents and sundry other chemicals—used to make the final products that are the source of contamination. For example, researchers note that “disposable plasticware is used in life science laboratories worldwide,” and “although labeling of plastics as ‘sterile’ appears to offer researchers some assurance that products are free of bioactive contaminants, the presence [and leaching] of processing additives is unavoidable.”¹¹ These additives have “potent effects on enzyme and receptor proteins.”¹¹

Similarly, the reason silicone bakeware and bags are problematic is because of everything other than the silicon that goes into making the final product. Until manufacturers find safer alternatives to replace these currently necessary industrial additives, or develop new methods of production that do not require them, almost any plastic or silicone product is going to come with concerns over contamination caused during the manufacturing process.

RECOMMENDATIONS

First and foremost, strive to reduce your exposure to all types of plastics and unnatural materials in all types of products, but especially food products and food preparation, handling and storage. Avoid silicone bakeware and cook-

ing utensils. Instead, use glassware, such as Pyrex and similar glass storage ware. Use high-quality metal water bottles instead of plastic bottles.

For canning and fermenting, go with the lovely and excellent quality Weck canning jars with glass lids. A number of companies now also make all sorts of gizmos and gadgets that work with traditional mason jars, turning them into drinking bottles, fermenting vessels and more.

For cooking, a crock pot or a modern pressure cooker offer convenience without the risks and plastic pollution created by sous vide cooking.

No amount of convenience is worth risking the health of your family, particularly its youngest members who are most susceptible to the wide variety of estrogenic and other chemicals found in modern products, especially silicones and plastics. ☺☺

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CANADA'S FOOD GUIDELINES NEED FIXING

Hats off to Victoria BC chapter leader Linda Morken, who has spearheaded an attempt to fix Canada's food guidelines. Modeled on the U.S. guidelines, the Canadian government is giving consumers the same ole' disastrous dietary advice. For further information, visit changethefoodguide.ca/, as well as Linda's blog alternativeboomerlegacy.com.

BAPTIST LADIES COOKBOOK NOW POSTED AT WESTONAPRICE.ORG

Many of you have heard Sally Fallon Morell describe the 1895 *Baptist Ladies Cookbook*, chock full of recipes featuring butter, cream, egg yolks and lard. Now you can see the recipes for yourselves, as we have posted the full cookbook at westonaprice.org/food-features/.

Wise Traditions Podcast Interviews

INTERVIEW WITH NINA TEICHOLZ

HILDA LABRADA GORE: Nina Teicholz is an investigative journalist and author of *The Big Fat Surprise*, an international and *New York Times* bestseller. *The Economist* called it the number-one science book of 2014. It was one of the first publications to make the case that saturated fats—the kind found in dairy, meat and eggs—are not bad for our health. Nina, I understand you spent a decade researching dietary fat and nutrition policy to write your book. How did you get interested in this topic?

NINA TEICHOLZ: It does seem like a crazy amount of time to spend reading thousands of nutrition science papers. There were a couple things that initially interested me. First, when I moved to New York, I started doing a restaurant review column for a little neighborhood newspaper. The paper couldn't afford to pay for the meals, so I had to just eat whatever the chef wanted to send out to me. I was a vegetarian at the time, but chefs are interested in showcasing meat and things like trifle, creamy sauces, foie gras and pâté. All of these were things that either I had not eaten before or had not eaten in nearly two decades. I found these foods to be textured, earthy, rich, interesting and strangely satisfying. Within a month, I lost ten pounds without even trying! I went to the doctor, and he said, "Wow, your cholesterol levels look better than ever." That was a mystery because it seemed contrary to everything we all believed about healthy diets.

The second thing was that *Gourmet* magazine assigned me to write a story about *trans* fats as part of a series of investigative food stories. I didn't know anything about *trans* fats, but I started researching them. I found out that there was a much bigger story about how we had gotten everything about fat wrong. Fat is what our nutrition policy is most obsessed about—lowfat, nonfat, how much fat, good or bad fat. I started

interviewing scientists who were terrified to talk to me. They couldn't talk to me about or comment on dietary fat. People would hang up on me, or I'd get off the phone and I'd be shaking, feeling like I was investigating the mob. I wondered, "What is going on here?" There was a real story about how science had been suppressed. How scientists had been bullied and their careers ruined for not agreeing with the party line on dietary fat. That was incredibly intriguing and interesting to me as a journalist. I knew there was a big story there, but it took a long time to get to the bottom of it.

HG: I could see how that would draw you in. It's like you're walking into a mystery novel with all this intrigue. "Why are they hanging up on me if I'm just asking questions about fat?"

NT: In many quarters, questions such as "Do you think it's true that maybe dietary fat is not bad for health?" or "Is it possible that fat doesn't cause cancer?" or "Is it possible that saturated fat doesn't cause heart disease?" are considered heretical. Nobody wants to go on record stating views contrary to prevailing dogma. You think science proceeds calmly, logically and rationally forward, step by step, but one thing that really shocked me in my research was the discovery that this was not at all the case in nutrition science. It is supposed to be normal for scientists to challenge ideas and discuss and debate them. Instead, in nutrition science (and maybe in other fields, too), scientists who raised questions had their grants canceled and were disinvited from conferences. Their careers would stall, and they would get drummed out of university departments. I have dozens and dozens of stories like that from scientists who merely contradicted the official line—that is largely still against dietary fat.



Hilda Labrada Gore, a mother of four, has been involved with WAPF for over ten years and is the chapter leader for Washington, DC. She went to Kenya and Peru on behalf of WAPF. She is the director of communications for Body & Soul, a worldwide fitness organization. She also plays the guitar and is the contemporary music leader at National Presbyterian Church.

HG: Why is the party line still largely against dietary fat? Who was and is trying to clamp down on this information that fat might not be a problem?

NT: I have to go back and cast the history to give some structure to this story. It all started with saturated fat. Saturated fat in meat and dairy, eggs, and also coconut and palm oils. The idea that saturated fat, along with dietary cholesterol, clogged the arteries and caused heart disease came to the fore in the 1950s when heart disease came out of nowhere to become the leading number-one killer. President Eisenhower had a heart attack in 1955 and was out of the Oval Office for ten days. There was this panic in the nation about what causes heart disease. There were a number of other ideas out there—vitamin deficiencies, stress or Type-A personalities—but the idea that saturated fat and cholesterol caused heart disease took hold.

This idea was championed by a pathologist at the University of Minnesota named Ancel Keys. In 1961, Keys got the idea implanted into the American Heart Association and was on the cover of *Time* magazine. The very first official recommendations anywhere in the world to avoid saturated fat and cholesterol to prevent heart disease came out in 1961. By 1970, the American Heart Association had expanded its recommendations to cover not just saturated fat but total fat. The concept was also taking root that you could control your weight by cutting calories. The thinking went that fat is nine calories per gram, compared to protein or carbohydrate being four or five calories per gram. So it seemed prudent

to cut back on fat as a means of cutting calories.

The U.S. government got on board with the whole lowfat, low-saturated fat, low-cholesterol program. In 1980, the first USDA dietary guidelines came out—and then the whole world copied us. We exported our dietary policy to most Western nations. Everybody got in line with our idea about fat—nearly all governments, the World Health Organization, all professional institutions and the American Heart Association, which is the largest non-profit in America. The belief was that fat didn't just cause heart disease but also obesity and maybe diabetes and cancer. That thinking held true until recently.

In 2013, the American Heart Association eliminated its cap on total fat and basically started tip-toeing away from the lowfat diet. They still believe that saturated fat is bad for you, but they've dropped the restrictions on total fat. Now they say that you can eat more fat overall, but it has to be what they call the "good" kinds of fat. For them, that's nuts, fish, seeds and vegetable oils. In the last year, our federal government, which has always been

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extremely close to the American Heart Association position, has just adopted the same recommendations. Now we are in a situation where we no longer officially recommend a lowfat diet, but that shift has happened quietly, with zero public announcement. Nobody knows that the lowfat diet is no longer recommended, which is extraordinary. People still avoid fat because they think it's bad for health, and there are still caps on saturated fat.

The government and the American Heart Association also abandoned their prior recommendations to control dietary cholesterol through restrictions on egg yolks, shellfish and liver. The caps on those foods, which we largely have excised from our diet, are now gone. It turns out it doesn't matter how much cholesterol you eat because your body regulates its own cholesterol. Cholesterol is an essential part of every cell in your body, so if you eat a lot, your body just downregulates its own production. That has actually been known since the late 1970s. The U.S. is the last country to give up its caps on cholesterol.

HG: I get health and fitness magazines, and they are still selling the lowfat line. You're right that this shift hasn't been understood by the general public and even fitness and nutrition professionals. When I saw my doctor, she said my cholesterol was a little high. She gave me a sheet of paper telling me the foods to avoid—the very ones you were talking about—eggs and high-cholesterol foods. Who is afraid of this news? Why have the dietary recommendations been changed so quietly?

NT: That is a good question, and I don't really know the answer. Why have dietary authorities tip-toed away from the lowfat diet? I can give you a number of possibilities. One is that the problem of publicly reversing themselves on fat and cholesterol is hugely embarrassing and would discredit them. It can't be good for large, trusted institutions that provide guidance on health to tell their public that they were completely wrong for decades. In fact, there is a growing body of evidence showing that by promoting the lowfat diet, the dietary authorities very possibly triggered the obesity

and diabetes epidemics. We have cut back on fats by 25 percent since 1965, while increasing our carbohydrate intake by 30 percent. With only three macronutrients—fat, protein and carbohydrates—if you cut out meat and cheese and go to lowfat foods, you will automatically shift over to carbohydrates. That is what we were told to do, in fact, and we are still told to eat that big bottom slab of the food pyramid—grains, pasta, rice and cereals—all carbohydrates. There is quite a large body of evidence to show that carbohydrates are driving obesity and diabetes because of their effect on insulin. Your body is processing all those carbs as glucose, which is sugar in your body.

So one possibility is that admitting that the recommendations have changed is truly embarrassing and would discredit these public institutions. In addition, perhaps they are liable? I don't know if it is possible for people to file a class-action suit saying, "You made us fat." Finally, I think these institutions, especially the American Heart Association, derive a good portion of their funding from food companies. The majority of food companies make high-carbohydrate cookies, crackers and chips. Most of the packaged foods sold in a supermarket are carbohydrate-based. Dietary institutions may not want to embrace a message that would not please their funders.

HG: Tell me what happened with heart disease. Keys said that the lowfat diet would reduce heart disease in the general population. Did it?

NT: Mortality from heart disease has definitely gone down since the 1970s. People who study heart disease say that this is because of the large decline in smoking and also because we get better medical care. We get diagnosed faster, get to the hospital and get treated faster. However, it is not clear that the underlying incidence of heart disease has dropped very much. It is still the number-one killer in America. We haven't really made great strides with heart disease.

HG: Going back to your book, *The Big Fat Surprise*, and all the research that you did, what are some stories of how people's health improved after they switched their diet to include more fat?

It can't be good for large, trusted institutions that provide guidance on health to tell their public that they were completely wrong for decades.

NT: In my book, I tell a lot of stories of populations that were healthy on high-fat diets. I wanted to document the vast amount of scientific literature that the dietary establishment had to ignore in order to believe the hypothesis pushed by Ancel Keys and the American Heart Association. People always say to me, “It can’t just be Ancel Keys.” Of course not. Many people were involved. People also ask me, “Weren’t there critics? Weren’t there data to the contrary?” And the answer is yes. There was a lot of documentation in the scientific literature of populations eating high-fat diets and being very healthy. In the 1970s, for example, scientists studied middle-aged Italian immigrant men in Roseto, Pennsylvania. The immigrants ate very high-fat meals, cooked everything in lard and ate prosciutto with a one-inch rim of fat along the outside. The researchers followed them for two years and didn’t find a single heart attack. That study was completely ignored.

Another great example comes from the work of a professor at Vanderbilt University, George Mann, who went to Uganda and studied a tribe of Maasai warriors. He took electrocardiograms of six hundred of them and found almost no trace of heart attacks. He also found that their cholesterol was low and did not rise with age, which was unheard of in Western populations. Then he saw what they ate. They ate three to five pounds of meat a day along with blood and rich whole milk, and that was their entire diet—completely contrary to the USDA standards. Mann wondered whether they had some kind of genetic exception, but when he followed some of the Maasai to Nairobi, he found that cholesterol went up in the Maasai who started to eat a more Western diet. In other words, when they stopped eating their traditional diet, the Maasai were just like other people; they did not seem to have any kind of unique protection. That work was published in prime journals in the 1970s but was also ignored.

There are many other examples like this. It is important to understand that these observations did not fit Ancel Keys’ hypothesis. When you’re a scientist, if you have observations that do not fit your hypothesis, you are supposed to reconsider your hypothesis. A scientist is supposed to think, “Maybe there is something wrong with the hypothesis—maybe I got it wrong.” That didn’t happen in nutrition science, and it still doesn’t happen. Again, in the last thirty years, Americans have cut back on red meat by 17 percent, animal fats in general by 17 percent and whole milk by 73 percent. At the same time, we have increased our grain intake by 41 percent and our consumption of vegetable oils by 91 percent. We have done everything the dietary guidelines told us to do. Vegetable and

fruit consumption has gone up. Green leafy vegetables have gone up by something like 200 percent. Yet look at our health. Our health is terrible and getting worse. In fact, the obesity epidemic took off in 1980, which is the first year that the dietary guidelines were published. This is another glaring observation. You would think that scientists would say, “Maybe we got it wrong.”

HG: How can we start to change our diet to include more healthy fats?

NT: Well, the first thing to do is not to fear fat. We’ve all grown up fearing that the fat in our food—in our bacon and cheese—is going to become the fat on our body. It’s what I call the “tragic homonym.” Fat will not make us fat. We have to overcome that basic fear. Actually, carbohydrates are what translate into fatty acids in our bloodstream. There have been seventeen meta-analyses and systematic reviews showing that saturated fats have no effect on cardiovascular mortality, and it’s been shown that fat will not give you cancer. So how do you take that information and incorporate it into your own diet? One thing you do is increase the amount of fat that you eat. There is a large body of clinical trial evidence showing that a healthier diet should reduce carbohydrates a little bit, increase fat and keep protein constant. This is not a high-protein diet but a high-fat diet, with over 40 percent fat. In some diets, people go up to 70 or 80 percent fat. In addition, the “good” fats are the opposite of what we’ve been told. Although we have been told to eat vegetable oils, it turns out that many experiments done in the 1960s and 1970s (which were ignored or repressed) showed that vegetable oils increase

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rates of cancer. Vegetable oils are highly volatile and unstable, especially when heated, so they are terrible for cooking. They oxidize into hundreds of oxidation products, some of which are known toxins. So the first thing to do is get rid of vegetable oils such as soybean, corn and canola oils, even for cooking.

If you want an oil for salad dressings, use olive oil. Olive oil is unique in that it is mostly oleic acid, which only has one double bond and thus only one chance to react with oxygen and oxidize. Olive oil is far more stable than the highly unstable polyunsaturated fats. “Poly” means many double bonds, which means many possibilities to oxidize. For cooking, it is best to cook with saturated fats, which is contrary to everything we’ve been told. Saturated fats are solid at room temperature. That means that they are not volatile. They do not oxidize. There are zero double bonds, so they cannot react with oxygen. Saturated fats do not degrade or go rancid. Good cooking fats are lard, tallow, coconut oil (or coconut butter), butter and ghee. These are all solid, stable and good cooking fats. Your grandmother likely cooked her bacon and saved the drippings. I pour mine through a coffee filter and save them to cook with later on. This is economical. Duck fat is also great, but when duck fat costs five dollars for a little tub, it may be more economical to use your own lard or bacon fat. There are also many companies that now make these high-quality fats.

Another thing to remember is that there is no harm in eating meat. Meat is fine. Meat does not cause cancer. I could go on at length about that science. In addition, whole-fat dairy definitely has been shown to be healthier in quite a number of experiments, including in randomized, controlled clinical trials, which is the most rigorous kind of data. Whole-fat dairy leads to better outcomes in terms of weight, diabetes and heart disease. Whole-fat dairy is the way to go. Also, don’t avoid eggs. We avoided eggs because we were afraid of cholesterol, but cholesterol is not a problem. In short, go back to the way that people used to eat; these ancient foods are healthy and fine. People also should get rid of modern lowfat foods, because when manufacturers strip the fat out of foods, they have to use fat-replacers to restore texture and

flavor. These fat substitutes are almost always carbohydrate-based and usually are just sugar.

HG: Not only is there scientific support for this approach, but high-fat food also tastes amazing. You can put fat-replacers in food to try to make it match something that naturally has fat, but when you eat the real food, it is just so satiating, isn’t it?

NT: Yes. Fat is satiating; it fills you up. People are less likely to overeat because they are satiated. That’s one reason why a higher-fat diet makes it easier to lose weight. People are just naturally not overeating. And it is completely delicious to eat this way. I lived through my twenties on rice cakes and skinless chicken breasts and no oil on my salad. I don’t know how I lived with all those tasteless foods. Somehow I survived. Food is so much more pleasurable when you can spoon creamy sauce onto your meat or have some wonderful fresh butter on a cracker. It’s like a revelation. I think reducing carbohydrates—particularly sugar and refined carbohydrates—and increasing healthy saturated fat in the diet are probably the two best steps to take to improve health. ☺☺

Many experiments done in the 1960s and 1970s (which were ignored or repressed) showed that vegetable oils increase rates of cancer.

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All Thumbs Book Reviews



***Cancer as a Metabolic Disease:
On the Origin, Management, and
Prevention of Cancer***
By Thomas N. Seyfried
Wiley

The first question cancer victims may ask is, “Why did I get cancer?” The answer is usually sympathetic silence. There is still no concrete answer. In the U.S., cancer is becoming the number-one cause of death. Researchers are far from finding a cure, despite the War on Cancer and billions of dollars of research money poured into labs around the country since 1971. The majority of cancer deaths (90 percent) are the result of metastasis, or spread of cancer, yet most research does not involve metastasis and much of what is known comes from cells that have more in common with non-cancerous tumors than with metastatic ones.

In his groundbreaking book, *Cancer as a Metabolic Disease*, which is supported by evidence from more than one thousand scientific and clinical studies, Thomas Seyfried, PhD, explains the ins and outs of cancer development, how it metastasizes, where it goes and why. Dr. Seyfried is a professor of biology at Boston College who has conducted research on such topics as gene-environment interactions, lipid biochemistry, neurodegeneration, and cancer and metabolism—the focus of this book. Seyfried demonstrates that cancer is best defined as a mitochondrial metabolic disease and, more importantly, that more effective prevention and management of cancer is possible. His concepts have noteworthy implications for the development of new non-toxic cancer therapies.

For many years, the leading dogma surrounding cancer—which persists largely without modification—explains cancer as “cells gone wild” due to genetic mutations. This “somatic mutation theory” seeks to identify and treat every random genetic aberration that

occurs in cancer cells. The main result of this research are ineffective medications that generate dangerous side effects.

Dr. Seyfried unmask and unravels the mystery at the heart of the “Big C” and argues that cancer is a disease of defective metabolism. From this perspective, the genetic mutations observed in cancer are a side effect rather than the cause. Seyfried provides detailed evidence that the traditional view of cancer as a genetic disease has been responsible for the failure to develop preventive strategies and effective therapies that can save lives. Seyfried reevaluates the origins of cancer based on the latest research findings as well as several decades of studies exploring the defects in tumor cell energy metabolism. Approaching cancer as a metabolic disease, Seyfried argues, can lead to better understanding and management of all aspects of the disease, including inflammation, vascularization, cell death, drug resistance and genomic instability.

The dysfunction in metabolism that leads to cancer happens in the energy-making equipment in the mitochondria in our cells, which fails for a number of reasons. Ordinarily, when cells divide and make more cells, the new versions have all the parts that the original cells did, including the same chromosomes and DNA arrangements. When not enough energy is available to complete the cell division process, however, the new cell can become defective and abnormal. The mutated cell may contain any number of chromosomes, which could be more or less than the required thirty-two pairs of specifically organized chromosomes. This abnormal cell is mostly unable to use the oxidative phosphorylation pathway, which produces the lion’s share of a normal cell’s energy requirements. Instead the damaged cell undergoes glycolysis (the metabolic breakdown of glucose) without oxygen, in essence using fermentation to produce a smaller amount of energy. This process is called the

**Dr. Seyfried
argues that
cancer is a
disease of
defective
metabolism.**

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Warburg Effect, named after Otto Warburg, a German scientist who won the Nobel Prize in physiology and medicine in 1931. (Dr. Warburg would have received a second Nobel Prize in 1944 for his work with B vitamins, had Hitler not decreed that no German citizen could accept the prize.)

The cancer cell is continually on a quest for more and more energy, which it finds by gobbling up glucose so that it can maintain and reproduce abnormal cells like itself, sometimes at a rapid pace, eventually forming a tumor. Cancer cells basically dine on high amounts of glucose in the blood; the more glucose in the blood, the more food the cancer cells have. Seyfried delves into new treatment strategies that target tumor cell energy metabolism, including the ketogenic diet. The diet's main principle is that a diet high in fat and low in protein and carbohydrates will produce ketones, which cancer cells cannot use, thus hastening cancer cell death. In other words, a diet low in sugars and starches will reduce the amount of glucose available to fuel cancer cells. (Note that proteins—and not just carbs—can produce glucose through a process called gluconeogenesis.)

It is possible to test ketone levels in the blood using a ketone meter, which can also test glucose. Urine strips and a breath meter also can test ketone levels. Nutritional ketosis is defined as ketone levels ranging from 0.5 to 3.0 millimoles per liter (mmol/L). When levels are in the nutritional ketosis range, glucose levels will be low. On the other hand, diabetic ketoacidosis, a complication of type 1 diabetes, is characterized by ketone levels of 8 mmol/L and higher, in addition to elevated glucose levels. A good website to consult regarding the ketogenic diet (including recipes and additional information) is dietdoctor.com.

Normally the body has mechanisms to destroy defective cells, and it does so daily. With cancer, the energy source is compromised and the process of apoptosis (programmed cell death) does not function. Cancer cells thus have an unlimited ability to keep replicating, which only stops when the host dies. In fact, most cancer cells used for modern cancer research come from a woman named Henrietta Lacks, whose cells (called HeLa cells) have continued to replicate since her death in 1951. *The Immortal Life of Henrietta Lacks*, a book by Rebecca Skloot, traces the fascinating history of Henrietta and her cancer cells.

Chapters 17-20 in *Cancer as a Metabolic Disease* are the most consumer-friendly, offering practical information about strategies to prevent and deal with cancer. Seyfried discusses diet, lifestyle, the role of insulin as a prime driver in cancer formation, and other major components of prevention and treatment—the ketogenic diet, ketones, glucose, insulin, caloric restriction (energy reduction), intermittent fasting, glutamine, hyperbaric oxygen treatment, and metformin, a medication used for glucose management. (Clinical trials have found that the natural supplement berberine is even more effective than metformin, with no side effects.)

The book benefits from its inclusion of case studies and physician,

patient and caregiver points of view. Readers learn about real-life patients and families who share their results with the ketogenic diet. The nutritionist Miriam Kalamian treated her son Raffi with the ketogenic diet and wrote a forthcoming book with a foreword by Seyfried called *Keto for Cancer: Ketogenic Metabolic Therapy as a Targeted Nutritional Strategy* (Chelsea Green, October 2017). Seyfried's book also inspired Travis Christofferson to write *Triping over the Truth: How the Metabolic Theory of Cancer Is Overturning One of Medicine's Most Entrenched Paradigms* (Chelsea Green, 2017). A summary of Christofferson's book is available free for those who subscribe to Kindle Unlimited or for purchase at Amazon.

Cancer as a Metabolic Disease is essential reading for cancer researchers, clinicians, health and public health professionals and the science-minded general public—anyone interested in a more promising path to understand the origins of cancer and develop more effective strategies to treat and prevent it. The print version is a bit pricey (roughly \$96 on Amazon for purchase or about \$54 to rent). I obtained it at my local library through an interlibrary loan (at no cost). Readers also can elect to read the first two chapters free and view the table of contents and index at Amazon. A 2010 paper by Dr. Seyfried and biologist Laura M. Shelton, published under the same name as the book (“Cancer as a Metabolic Disease”), is available online for free in the open access journal, *Nutrition and Metabolism* (<http://bit.ly/2gjhpFS>). Finally, a one-hour presentation by Dr. Seyfried for the Florida Institute for Human & Machine Cognition (IHMC) Evening Lecture Series is available on YouTube (<http://bit.ly/2emiMPE>) and has received over one hundred thousand views.

I give this book a strong thumbs-UP. I highly recommend it for everyone who is curious and wants to take a big bite into the metabolic theory of cancer.

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

All Thumbs Book Reviews



The Metabolic Approach to Cancer: Integrating Deep Nutrition, the Ketogenic Diet, and Nontoxic Bio-Individualized Therapies
By Nasha Winters and
Jess Higgins Kelley
Chelsea Green Publishing

Cancer. So much fear. So much financial cost. All from such a small word. With *The Metabolic Approach to Cancer*, Dr. Nasha Winters and Jess Higgins Kelley seek to give people hope, both financial and otherwise, in facing this modern-day Goliath.

If standard approaches to cancer are reductionist, seeking to kill cancer before it kills us, *The Metabolic Approach* is holistic, exploring ten areas that have an impact on cancer and our ability to overcome it. Coming in at over three hundred pages of relatively small print, the book covers far more content than even a multipage summary could report on.

My review takes as its starting point the book's final chapter, which focuses on applying the book's lessons in our kitchens. Overall, the closing chapter is an excellent summary for someone who needs to leave the standard American diet behind and who may be highly motivated to do so because of their current condition. The chapter advises removing packaged, processed and industrial foods and meats, along with the host of things that often go with them—the additives, preservatives and other unnecessary and dangerous chemicals that contaminate our modern food supply. I found a few small items to quibble about (for example, sodium nitrates and nitrites), but overall, this book provides one of the most solid summaries of food and cooking that I have come across.

After removing processed foods, the chapter advocates transitioning to a gluten-free diet and then moving toward a low-carb, ketogenic diet to deal with cancer. Although I wish the authors had covered some of the dangers of

gluten-free diets, their laudable overarching theme suggests focusing on high-quality foods, not being afraid of fats and cholesterol and avoiding processed foods, especially processed carbohydrates.

The authors also know that health isn't only found in the kitchen. Our health is the complex interplay between our lifestyle, our internal emotional states, our microbiome, our epigenetics and environment and so much else. The chapters covering all these topics are dense, weaving food-related concerns in and out of the discussion quite often.

It is refreshing to see the authors address the relationship of GMOs and glyphosate to cancer early in the book. Soon after, the authors discuss organ meats in glowing terms, describing them as “the genetic superfood.” The authors support their applause for organ meats with insights into how vastly superior organ meats are to muscle meats due to the former's “substantially higher” vitamin and mineral content. Eggs also receive their due praise as “the quintessential superfood.” When discussing dairy, the authors include the admonition that “it is always healthiest in its raw and natural state.” Dr. Weston Price would heartily agree.

But again, food alone isn't the only formidable foe in fighting cancer. Sections of the book cover personal care products and clothing, including the dangers of the modern chemicals that we use in our homes to clean house and wash clothes. The authors note the irony of people dying their hair pink to show solidarity with those facing cancer while exposing themselves to chemicals that contribute to cancer. In their comments about dealing with our toxic world, the authors once again cross over into Weston A. Price territory, recommending high-quality animal protein, bitters and beets as some of the foods that can help activate the body's defenses against the toxins to which we are exposed on a daily basis. Fermented foods and even fermented fish also receive appropri-

The authors' laudable overarching theme suggests focusing on high-quality foods, not being afraid of fats and cholesterol and avoiding processed foods.

All Thumbs Book Reviews

ate praise. I was especially delighted to see the authors mention the benefits of lesser known roots and vegetables, such as turmeric and fennel, among many others.

Winters and Kelley are careful to point out how our modern world and lifestyles can lead to dysregulation in our bodies that set the stage for cancer. Whether discussing immune system dysregulation driven by nutrient deficiencies, or hormonal imbalances driven by both diet and a xenoestrogen-enriched environment full of novel modern chemicals, they remind readers that bringing our bodies back into balance involves dealing with the complex factors that caused the dysregulation in the first place. Trying to overcome cancer apart from these realities and confounding forces leaves us with too few resources and tools, save those that kill us while seeking to kill the cancer. Bringing

attention to these other areas is empowering and lets our bodies and the healing arts take part in the battle.

As someone who has spent a number of years reading, writing and speaking on food, farming and health, I appreciate the breadth that Winters and Kelley bring to the subject of cancer. Rarely does a book cover so much, so well. For practitioners who have experience in helping people overcome cancer, *The Metabolic Approach* can serve as a thought-provoking companion volume to your own work and research. Average folks, too, will find a wealth of information and advice to consider. All readers will be reminded that this deadly modern disease has weaknesses that each of us can exploit through our daily dietary and other choices, to protect ourselves and our loved ones. Two thumbs UP.

Review by John Moody

The authors remind readers that bringing our bodies back into balance involves dealing with the complex factors that caused the dysregulation in the first place.

SIX-FOOT TIGER, THREE-FOOT CAGE

By Felix Liao, DDS

What happens when the jaw bones, the maxilla and the mandible, do not develop to their full size? For one thing, as Dr. Price taught us, the teeth will not have enough room to come in straight; they will be crooked and there may be an overbite or an underbite.

Dr. Felix Liao takes another tack, by focusing on the tongue. If the mouth is too small, but the tongue is of normal size—or worse, enlarged due to hypothyroidism—you have a six-foot tiger in a three-foot cage. That caged-up tiger can cause all sorts of problems, such as difficulty swallowing, sleep apnea, shortage of oxygen, hormone disruption including low testosterone, high blood pressure, poor posture and back pain. That tiger is trapped, and its owner feels trapped as well, under constant stress due to discomfort and lack of oxygen.

Some of the visible signs of this caged tiger include whites of the eyes showing between the lower eyelids and the iris, flat cheekbones and reduced midface, an excessively prominent or deviated nose, a flat or sunken upper lip in profile (called Liao's sign), wrinkles around the lips, weak chin, and a double chin or bulge in front of the neck.

Most of this fascinating book presents case studies of children and adults with underdeveloped jaws. Liao uses appliances to adjust the maxilla and mandible, followed by braces to straighten the teeth. Very often the patient has tongue tie, which needs to be corrected. The before and after photos should move us to be thankful for dentists like Dr. Liao, who by enlarging the mouth takes pressure off the tiger. Many intractable health problems clear up and the patient looks more attractive.

Liao recommends the WAPF Wise Traditions diet, although the book does not go into detail. A nutrient-dense diet can support the dental treatment; but more importantly, the nutrient-dense Wise Traditions diet followed by both father and mother well before conception, continued through pregnancy and breastfeeding, and given to the child at weaning and throughout the period of growth, can prevent all these troubles in the first place. *Six-Foot Tiger, Three-Foot Cage* can serve as a practical guide to dentists and their patients, as well as a kind of warning and inspiration to prospective parents. All these problems can be prevented if the parents will educate themselves and eat properly in order to give the greatest of gifts to their children: optimal development and robust good health. Thumbs up!

Review by Sally Fallon Morell

All Thumbs Book Reviews



***Conquering Cancer:
Volume I and Volume II***
By Nicholas J. Gonzalez
New Spring Press

If you ever heard Dr. Nicholas Gonzalez speak, you couldn't help but notice that his mind worked several levels above the average IQ. It also showed in the results of his cancer treatment where he had significantly higher success rates than his mainstream competition. Even though he is tragically no longer with us, he continues to educate. Volume I of *Conquering Cancer* details fifty cases of pancreatic and breast cancer. Volume II details sixty-two cases of a variety of other cancers, and there is an appendix covering a case of insulin-dependent diabetes.

In these two volumes, Dr. Gonzalez briefly describes his theory of what is really going on with cancer and how his views differ from the conventional understanding. Gonzalez wrote another book that goes into much more detail, called *The Trophoblast and the Origins of Cancer*. According to this theory, cancer does not arise from normal differentiated cells gone awry but from undifferentiated stem cells. Cancer acts much like a placenta, which crosses tissue boundaries, establishes its own blood supply and grows. But the placenta in a mother only grows up to a point, then stops. Why? It stops growing at about the same time the embryonic pancreas starts putting out enzymes. This understanding provided the basis for Dr. Gonzalez's treatment using pancreatic enzymes.

Gonzalez does not claim to be the first to come up with this conception of cancer. Treatments based on this idea started with Dr. John Beard in the early twentieth century. Others followed up, and a dentist named Dr. William Kelley rediscovered Beard's work in the 1960s. Gonzalez met Kelley and did an extensive student project studying his treatment, eventually carrying on the work of Beard and Kelley for the rest of his life.

The Gonzalez Protocol goes well beyond the use of pancreatic enzymes and includes other supplements, a personally tailored diet and detoxification, specifically coffee enemas. Moreover the protocol doesn't stop there. Whereas the typical medical doctor today is little more than a drug dispenser, taking input from the patient and prescribing drugs—in a process that can't take much more than ten minutes, on average, because the doctor must see many patients each day to assure financial survival—Dr. Gonzalez typically spent over an hour with each patient.

To the surprise of many, he did not see thousands of new patients each year. In fact, it was less than ten because he didn't use an assembly line approach. There was no one-size-fits-all treatment. This is because there are two sides to the autonomic nervous system—the sympathetic and parasympathetic. (Gonzalez was familiar with Pottenger's work in that field.) Someone who is sympathetic-dominant needs a very different diet than someone who is parasympathetic-dominant. Because Dr. Gonzalez's patients lived considerably longer than the average mainstream victim—I mean, patient—he had less capacity to take on new patients.

The medical industry seems to view patients like machines. Replace a few parts, tighten a few screws, change the fluids, maybe remove some of the more troublesome “spare” parts and you're good to go, right? Well...no. Maybe in a few rare and fortunate cases but in general no. Gonzalez once asked Kelley what percentage of disease is biochemical-nutritional, psychological and spiritual. The answer was “100 percent biochemical-nutritional in every single patient.” After an impish pause, Kelley continued, “It's also 100 percent psychological and 100 percent spiritual in every single patient.” In keeping with this view, Dr. Gonzalez did not shy away from addressing the psychological and spiritual issues of his patients. He found that people who

There are two sides to the autonomic nervous system—the sympathetic and the parasympathetic. A cancer patient who is sympathetic-dominant needs a very different diet than someone who is parasympathetic-dominant.

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dealt with those issues did better and that it was wise to deal with them sooner rather than later. A frequently recurring theme in both volumes of *Conquering Cancer* is the importance of a positive outlook. Those of his patients who were optimistic and didn't second-guess or question the protocol consistently did the best.

One important point that I see, not just with Dr. Gonzalez but other successful alternative practitioners, is how the medical industry reacts to success achieved outside of medical orthodoxy. Mainstream medicine did not exactly endorse Gonzalez and his predecessors. It is clear that the medical industry, like any other industry, cares first and foremost about money. The greatest threat to that industry would be a cure. Without that understanding, the war against alternative medicine is incomprehensible. With that understanding, the war is obvious. In other writings, Gonzalez summed up the war tactics commonly used:

There is really only one truth. Either cancer patients get better with my treatment or they do not. And if they do, I could not care less whether it involved moon dust or microbes from Pluto. What matters is that many—not all, by any means—of my patients are alive when they should be dead. And what has that made me in the eyes of the traditional cancer establishment? Simple. I am Gonzalez the quack, the fraud, the doctor who lies to cancer patients, steals their money and kills them. If there was a signup sheet at the NIH to run me down with a truck, people would stand in line for hours.

What kind of success did Gonzalez have, and how did that compare to the industry competition? Dr. Colin Ross states in the introduction to *Conquering Cancer* that no oncologist in any medical school in the Western world has achieved comparable survival times. I don't know how many total patients Dr. Gonzalez saw in his career, but given such a low number of new cases per year, I would have to believe that the cases presented in these two volumes must represent a significant percentage of the total. Reputable experts from places like Memorial Sloan Kettering and the Mayo Clinic independently confirmed these cancer cases.

The first section of Volume I covers pancreatic cancer cases. The most common forms have an average survival time from diagnosis of less than one year. Gonzalez details fourteen cases with survival times ranging from three to twenty-five or more years. Deaths, especially in some of the shorter cases, were often due to surgery or other conventional treatment not directly related to the protocol. Some simply did not follow the protocol correctly. Some of his patients were in their eighties. He did not just take young and otherwise strong patients.

The remainder of Volume I includes thirty-six cases of breast can-

cer. Survival rates after diagnosis vary, but the average is two to three years. Many of Dr. Gonzalez's patients survived over twenty years and unless I missed something, all thirty-six cases survived at least four years. Case 1 survived twenty-six years. Gonzalez includes one case of male breast cancer.

Scattered throughout are a number of useful bits of information. In one case, not only were cancer symptoms resolved, but a longstanding cat allergy disappeared. Other allergies in other cases also cleared up. Gonzalez found that vitamin C and lutein were effective treatments for glaucoma and cataracts. He found mammography to be of no value. He also found that fiber had little effect on colon cancer. Chiropractic adjustments, when done right, were very helpful. He particularly recommended the chiropractic approach developed by Dr. Roy Sweat, who came up with a unique way of adjusting without actually touching the patient. It involved using sonic forces to gently realign the atlas in particular, and the results were usually long-term or permanent.

Dr. Gonzalez had nothing good to say about the American Cancer Society (ACS), with its well-documented ties to the pharmaceutical and chemical industries. His mentor, Ernst Wynder, MD, published some of the first evidence linking cigarette smoking to lung cancer. Wynder said the biggest obstacle to getting his work recognized was the ACS. Well-intentioned high school students who are "running for the cure" are partially supporting wealthy lifestyles of the ACS executive leadership.

The second volume of *Conquering Cancer* sorts numerous cancers into two categories: sympathetic- and parasympathetic-dominant cancers. Sympathetic cancers include adenoid cancer, bladder cancer, colon cancer, kidney (renal) cancer, liver cancer, lung cancer, mesothelioma, ovarian cancer, prostate cancer, salivary gland cancer, thyroid cancer and uterine cancer. Parasympathetic cancers include leukemia, non-

All Thumbs Book Reviews



***Vegetarianism Explained:
Making an Informed Decision***
By Natasha Campbell-McBride
Medinform Publishing

Recently my social media was overrun with questions about the documentary, *What the Health*. Honestly, after years of such pseudo-documentaries gaining national attention with their misinformation, I wasn't surprised to see a new one making the rounds. What is saddening is the fact that so many people swallow the swill these films contain, hook, line and sinker.

This is why books like Natasha Campbell-McBride's *Vegetarianism Explained* matter. This book isn't a technical rebuttal of the kinds of claims you see in a lot of pro-vegetarian and pro-vegan propaganda. Instead it serves a more direct purpose, using a conversational tone to share observations from the perspective of someone who regularly sees the end results of various dietary choices in her patients and practice. Dr. Campbell-McBride intends the book for average readers trying to wrap their head around the complex issues that go into what our food choices mean for us and the world.

The main pages of the book fly along as Campbell-McBride covers a wide range of topics, supported by thorough footnotes. It all starts with the sun, which is what causes things to grow on our planet. The question becomes, should we eat the stuff that grows, or eat the things that eat the stuff that grows? Campbell-McBride points

out that our planet is full of creatures well adapted for the former, which our bodies are not. Although we can extract some nutrients from plant foods, our ancestors had to go to great lengths to prepare them properly. In Campbell-McBride's view, plants play a crucial role in keeping our bodies clean and well-functioning, but they do a poor job of building and maintaining the body. This is why people often feel so well—at first—on plant-based diets, but why over time everything begins to go awry.

What about the impact of our food choices on the planet? The second chapter gets into issues and misinformation surrounding food and farming. Campbell-McBride points out that industrial, mono-culture, machine-intensive farming is far easier than other models of agriculture, which is one reason why its proponents spend so much money and generate so much misinformation to defend it. However, the industrial system is hopelessly soil- and ecosystem-destroying. Soil is the backbone of our planet, offering a solution to so many of our modern problems if we can restore a right relationship with it. Yet in the name of "feeding the planet," government and agribusiness instead are killing it through tainted water supplies, declining nutritional quality of food, lost habitats for all sorts of species and so much else.

Unfortunately some people's response, when they discover how industrial agriculture treats and feeds animals, is to reject animal foods by becoming vegan or vegetarian. Camp-

Campbell-McBride asks, "How do we feed ourselves properly? By getting back in touch with our body's inner intelligence."

Gonzalez, continued from page 69.

Hodgkins lymphoma, melanoma, sarcoma and Waldenstrom macroglobulinemia.

What kinds of people develop cancer? All kinds. Even health nuts. Even Weston A. Price Foundation members. (One case was a very enthusiastic member—who did very well, by the way.) A number of things can interfere with treatment, some surprising, some not so much. Adding supplements or foods that may even be

very good for most people can stop progress and cause trouble for people with specific kinds of cancer. Stress is a huge factor, to the point where it can overwhelm any protocol.

Many cancer patients on the Gonzalez Protocol were people who the medical establishment had given up for dead and whose situations were considered hopeless by conventional standards. Decades later, many are still alive. On behalf of them and all real humans who care more about that than about the money to be made, I say: Thank you, Dr. Gonzalez. Do I even need to say my thumb is UP for this?

Review by Tim Boyd

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bell-McBride points out that this “solution” only makes the problem worse—both for these people and the planet. In Chapter Three (“Food, Glorious Food!”), she uses a patient’s story to highlight why ending up vegetarian doesn’t work out well. Although the average person who, at baseline, has been eating a diet full of refined grains, rancid fats and added sugars will see initial improvement after switching to a more real-food-based diet, including vegetarianism, that doesn’t mean that the new diet will be good for the long term.

While Campbell-McBride doesn’t see a vegetarian diet as being optimal for people or the planet, in the context of a balanced diet that includes animal fats and foods, she isn’t anti-vegetable. She states, “There is a mountain of information available on the benefits of eating vegetables, as they contain a plethora of wonderful nutrients. They should be eaten every day, both cooked and raw.” But just as with our meat and dairy, we need to be sure our fruits and vegetables are as fresh and clean as possible, raised and prepared properly. For *Wise Traditions* readers, little in Chapter Three will come as a surprise, but for people who need to hear a

doctor advocating a traditional, whole foods diet that includes saturated fat and cholesterol, this is a great resource and chapter.

The book takes an interesting turn in a chapter called “Fasting.” Here Campbell-McBride presents the idea that what many people try to make their formal diets are little more than temporary fasts, including vegetarianism and veganism. Fasting has significant health benefits, especially given the toxic world we find ourselves now living in, but it is meant to be a temporary state.

The final chapter calls for people to realize that at the end of the day, we are the ones best positioned to make proper food choices for our health! Campbell-McBride asks, “So what do we do? How do we feed ourselves properly? By getting back in touch with [our] body’s inner intelligence.” For far too long, people have been disconnected from their food and how it makes them feel, not listening to the feedback their bodies give them. Without that feedback, people can only fall back on arbitrary rules that may not be what is best for their body at that time. Learning to understand cravings and the importance of taste, sense and smell are part of restoring a right relationship with food and finding health. This healthy relationship with food is something that parents should start on as soon as kids are ready and should be more concerned with than a child’s table manners.

Vegetarianism Explained was a bit different than what I was expecting but nonetheless enjoyable. Campbell-McBride reminds readers that although the human body can survive on almost anything, what we want is for it (and us!) to thrive. Vegan and vegetarian diets don’t enable people or the planet to thrive. Two thumbs UP.

Review by John Moody

BOOK REVIEWS IN *Wise Traditions*

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

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

All Thumbs Book Reviews



Rising from the Dead By Suzanne Humphries

Here we have a very detailed view of the medical industry from the inside. This book gives us not just a look at one niche but a broad view of Dr. Humphries' trajectory from medical education to internship to practice—including practice in big cities like New York and Philadelphia as well as smaller cities in Maine and small towns. Dr. Humphries did her internship in the Bronx, where you see everything and lots of it. This book, which is primarily an autobiography, gives us an uncensored account of the medical system.

This system can be very impressive when dealing with emergencies that require surgery and repair of seriously damaged bodies. When you have a chronic illness, on the other hand, an American hospital can be the most dangerous place in the world. Not only is the medical system ignorant and incompetent, it is arrogant and corrupt.

Dr. Humphries gives examples of the different types of people working within the medical industry. A lot of workers (nurses, doctors, attendants) are really doing the best they can. A very small number of them are willing to speak up when bad things happen. Most stay quiet because they know that doctors who try to be different will face medical boards, lose licenses and likely lose their careers. That is bad enough under most circumstances, but when you have a million dollars of debt, that hurts. Then you have the sharks who are simply in it for the money, and they couldn't care less about anything else. Humphries has entertaining names for some of the characters she had to deal with: Dr. Nosebest, Dr. Pokerface, the Savage, the Thunderbird, Nurse Hatchett and the Racist Bastard From Georgia (RBFGE).

Humphries eloquently states that “the medical education system censors and massages information in order to train very bright people

into captive automatons.” After they pile up an enormous amount of debt and finally start their practice, doctors notice that every day is spent scrambling from one patient to another, prescribing drugs that don't work—and few are ever cured. The system harms and even abuses many more than it helps. The health of many is seriously damaged, not improved. This bothers those who still have some conscience, but they are trapped by that big debt hanging around their necks. Between the horrors they see every day in a hospital and their helplessness to do anything about it, a surprising number of doctors commit suicide every year. Half of all doctors want out. Our economic and medical system is very clever at ensnaring slaves through debt.

Dr. Humphries discovered that many hospitals routinely vaccinate every patient who is admitted. This not only complicates diagnosis of what is really going on but can often do significant damage. As a nephrologist (kidney specialist), she noted that kidneys were frequently completely shut down by vaccines. When a health provider brings this up with hospital administrators, they either don't get it or don't care.

How did we end up with such a system? This is scientific medicine, right? Science is always objective, always improving itself, right? Well, yes and no. Science well done is a good thing, but scientists and doctors are human beings and are not really any more objective than anyone else. Some of them elevate science to the level of religion (scientism). Some believe that if it can't be measured, poked, prodded, dissected or vivisected, then it isn't real. Such scientists can be very intolerant and even hostile to opposing viewpoints that don't oppose physical science but go beyond the limits of that science.

In the Summer 2017 *Wise Traditions*, Dr. Tom Cowan wrote a fascinating article called “The Adrenal-Heart Connection.” One particularly interesting point he made concerned the paradigm shift that occurred in the 1600s,

Most health workers stay quiet because they know that doctors who try to be different will face medical boards, lose licenses and likely lose their careers.

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after William Harvey declared the heart is just a pump, and that this pump is what drives circulation. Cowan says that this paradigm shift ended vitalism as a theory. Since then, any suggestion of a spiritual reality has met with skepticism among the medical masters. Cowan says, “Nowadays, if you dare to mention something about ‘life forces’ or ‘souls’ or anything of that kind, you will be derided by the medical community.”

Beliefs have consequences. As you think, so you do. If you look at people and see nothing more than biochemistry and physics—nothing more than a complex machine—you will treat them accordingly. You will view each one as a collection of parts that you can repair or replace just like with any machine. There is no need to be concerned about inflicting emotional or physical pain on a machine. Humphries reports seeing that play out many times. Science without any soul is an extremely dangerous beast.

While that attitude is pervasive, not all doctors think that way. Dr. Humphries recognizes that materialist flaw, and a large part of the book talks about her spiritual growth and how important it is in general. She found it is also important to beware of spiritual con artists.

Our culture celebrates diversity until we

encounter diversity of thought. Different thinking is then labeled irresponsible or even terrorism. The news media love to overwork the word “extreme” any time they encounter a politically incorrect or unpopular idea. Whenever something is said to be “divisive,” the implication is that independent, different thinking is wrong. We should all be good little sheep and think like the rest of the herd, or at least keep our mouths shut.

Humphries has noticed that the most ignorant are often the loudest and most intolerant of differing opinions. As I was writing this review, a comment came to the Weston A. Price Foundation from someone who even admits in the first sentence, “I don’t have the energy to do a deep dive into all there is on the Internet about vaccines.” This person then goes on to criticize the Foundation’s position on vaccines. When did it become so fashionable to have strong opinions on things you know nothing about?

Dr. Humphries’ stand on vaccines is well-documented elsewhere, including in her book *Dissolving Illusions: Disease, Vaccines, and the Forgotten History* and on YouTube. She includes valuable insights in this book as well. She observes that most doctors don’t realize that there is a system for reporting adverse vaccine reactions (the Vaccine Adverse Event Reporting System or VAERS). Many doctors who do know about it never use it. Humphries found out why when she started reporting the many adverse reactions she saw first-hand—she was treated like a nut job. So the next time you hear that there is little or no evidence linking vaccines to illness, you will understand. There is a mountain of evidence, but it might be hard to find in official sources when the system actively discourages anyone from reporting that evidence.

There are enough good points in the book for me to go on much longer, but I have to stop somewhere. You may think this is extreme, but this book was riveting and my thumb is UP. ☺☺☺

Review by Tim Boyd

UPDATE ON SAM GIROD

Amish grandfather Sam Girod and his family have been making and selling three all-natural herbal products for nearly twenty years. No one has been harmed by these products, yet in 2012 the FDA put an injunction on his products and brought him to trial for labeling infractions, bogus charges of threatening FDA agents and other trumped-up charges. In what can only be called a show trial, Sam was convicted on all counts. Sam was sentenced to five years in a federal prison—to spend his time with murderers, rapists and child molesters. Sam has started the appeal process and his friends have organized a petition for a presidential pardon. Please sign the petition at bit.ly/freemishsam and share with others.

If you wish to write to Sam, his address is

Samuel A. Girod, Reg #18318-032
FCI Loretto, Federal Correctional Institution
PO Box 1000
Loretto, PA 15940

For details and to keep up with Sam’s case, visit kyfreepress.com/2017/03/fda-v-sam-girod-complete-story-video/. The Kentucky Free Press website is maintained by WAPF chapter leader Sally O’Boyle.

Tim's DVD Reviews

The Big Fat Fix

**Produced by Dr. Aseem Malhotra
and Donal O'Neill**

The debate about what causes heart disease rages on, and another video weighs in on the plague that has haunted Western civilization for a century, give or take. Big names are thrown around on all sides of the debate. One of the first and increasingly well-known names is Ancel Keys. Keys of course was the instigator of the infamous six- and seven-country studies purporting to show a correlation between dietary fat intake and heart disease. One interesting point made by the video is that Keys himself later stated that he didn't think there was any connection between dietary cholesterol and atherosclerosis.

Incorrect understanding of the problem leads to ineffective solutions. Diets low in animal fat don't solve the problem because animal fat wasn't the problem to begin with. Professor Christiaan Barnard, a pioneer in heart transplants, said he saved one hundred and fifty lives through heart transplants. He later realized that preventive medicine would have saved one hundred and fifty million lives. Thinking that the human body is a simple machine where parts can be easily replaced leads to ineffective and very expensive solutions.

The preventive approach in this video includes diet and lifestyle. The filmmakers refer to the "Mediterranean diet," which seems to mean different things to different people. Fortunately the film gets more specific about which foods are good and which are not. One example is Crete, where goat and lamb are dietary staples and total fat intake can be up to 40 percent.

The video's list of good or even super foods includes coconut oil, eggs, grass-fed butter, olive oil, cheese and fermented full-fat dairy. Sounds like the diet of health heretics everywhere. Sugar and vegetable oil are at the top of the public enemy list where they should be.

At least one quote in the movie suggests that exercise, especially intense exercise, is overrated if not dangerous. However the filmmakers show numerous examples of exercises that look pretty intense to me, so I'm not sure what the message is there. The main point of the video is that diet and lifestyle are more effective than any drug. That makes my thumb happy. My thumb is UP.

Communities Rising Zen Honeycutt and Moms Across America

When I was growing up, there were no such things as food allergies. It was rare for children in general to have any chronic ailment. Perhaps I'm getting a little old, but I'm nowhere near the age where I would be expected to keel over any time. Zen Honeycutt also remembers those times, although she is probably not as old as I am.

This video starts off with some stats illustrating how times have changed. Food allergies have gone up 400 percent in the last twenty years, and one out of two children has a chronic ailment of some kind. Doctors and experts are often stumped.

We are doing so many things wrong today that could cause these problems that it can be hard to determine with absolute certainty which one is the culprit. It may be a combination of all of them. One leading suspect is genetically modified organisms (GMOs). As Zen Honeycutt and Moms Across America travel the country interviewing people who have allergies and serious digestive health issues, they unearth plenty of evidence to support the idea that GMOs have something to do with it. When these individuals go GMO-free, their health issues are largely resolved. Many doctors are still stumped.

Moms Across America is an organization working to raise awareness of the dangers of GMO foods and how pervasive they are. Eighty-

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some kind.

Tim's DVD Reviews

five percent of processed foods have GMO ingredients. Glyphosate, the active ingredient in Roundup, is officially classified by the World Health Organization as a probable carcinogen. It is used so widely that it is almost impossible to avoid completely. Moms Across America tested ten different wines from California, and they all had traces of glyphosate.

This video was produced primarily using an Android phone. Viewers can access the film at <http://www.momsacrossamerica.com/communities-rising>. My thumb is UP for the content, the effort to spread the good word and the efficient and effective use of modern technology to do it.

Frankenskies **Actual Activists**

When debating a controversial or complicated subject, one important aspect that the debaters often leave out is history. This video is full of history on the subject of attempts to modify weather since at least the 1940s. Fascinating old black-and-white clips show details of Project Cirrus, Project Cumulus, Project Skyfire and Project Skywater—all weather modification projects. *Frankenskies* also treats us to video footage of Lyndon Johnson talking in some detail about weather control.

There are many more recent clips from CNN, Fox News and other local news reports covering officials who are talking about geoengineering or chemtrails. Skeptics will argue that no such thing is going on or ever has been. The history in this video shows otherwise. One entertaining clip shows Stephen Colbert interviewing David Keith who is a leading advocate for weather control or geoengineering. At one point, Keith says he finds it hard to believe the government would do anything without telling us. This gets an incredulous reaction from Colbert, while the crowd roars with laughter. Nice to know the average American hasn't been dumbed down enough to believe that one.

There are many—even some who are receptive to conspiracy theories—who refuse to believe that chemtrails exist. I personally have seen the nice, evenly spaced grid of lines left by jets across the sky. If you don't want to call them chemtrails, then what are they? What is going on up there? Please don't tell me it is just normal commercial air traffic. I won't believe you because...well, I haven't had that much-needed lobotomy yet.

When you put this history together with recent data showing aluminum spiking in California water supplies, nanotubes showing up in people's lungs and former FBI chief Ted Gunderson having personally seen chemtrail shenanigans, it is hard not to see a pattern. And Monsanto has developed plants that are resistant to the fallout from chemtrails. Why? You can deny all this is happening, but it seems like a lot of hard work to me. My unlobotomized thumb is UP. Online access is at <https://theinternationalreporter.org/2017/06/26/frankenskies-full-length-documentary/>.

What the Health

Produced by Joaquin Phoenix

Directed by Kip Andersen

This is another little gem from the makers of *Cowspiracy*. Director Kip Andersen enjoys contacting agencies like the American Cancer Society, American Diabetes Association and Susan G. Komen and asking awkward questions about why they recommend a diet that some study somewhere said is bad. After some research that appears to have been done (brilliantly done I'm sure) on a computer in a very dark room, Mr. Andersen discovers that these organizations are sponsored by the industrial food corporations and are riddled with conflicts of interest. I certainly agree completely with that.

Understandably, this leads to a discussion of how inhumane, unsanitary and otherwise unpleasant the industrial food system is. This film is full of statistics. Did you know that there are as many pigs in North Carolina as there are people? While the filmmakers certainly make good points about the evils of processed and industrial food, they repeatedly confuse the issue by referring to studies about processed meat and then applying the conclusions to all meat, no matter how it is produced.

If the filmmakers added a laugh track to this video, it would make a pretty good comedy. Andersen interviews doctors who talk about nutrition and the wonders of a vegan diet. One doctor correctly points out that doctors as a group know very little about nutrition. That same doctor and others then go on to opine on the subject of nutrition, I suppose to illustrate the point. Some are quite clear that diabetes is not caused by sugar but by meat and fats like butter. Others don't know the difference between plant protein and animal protein. Still others think eggs raise cholesterol. My thumb is DOWN for this, unless they add the laugh track. ☹️

Food Feature

RABBITS: VERSATILE AND SUSTAINABLE

By Ashley M. Turner, ND

Our family has raised meat rabbits on our homestead for a few years. We set up our own rabbitry to develop a deeper appreciation and understanding of properly raised food.

What first called our attention to producing our own rabbit meat was the sustainability of the operation. Rabbits are sustainable for various reasons. For instance, rabbits naturally fatten on grass and other forage, making them inexpensive and easily raised on a small property. Rabbits are quiet and clean. At the same time, rabbit manure makes a wonderful addition to garden compost.¹

Rabbits have a particularly short gestation time of only thirty-one days, and they can give birth to as many as fifteen kits at a time. Obviously the old saying “breed like rabbits” holds true! In fact, one breeding pair of does can produce up to six hundred pounds of meat a year.¹

Highly sought after by restaurants and home cooks alike, meat from pastured rabbits is very versatile and healthy. As with other sustainably raised animals, when one provides rabbits with the opportunity to consume grass on pasture, move about naturally and breathe fresh air, they are far more nutrient-dense and toxin-free than animals raised in confinement.² Although there is only a small amount of fat in rabbits, rabbits raised on pasture or organic alfalfa have a close-to-ideal ratio of omega-6 to omega-3 fatty acids.¹

Additionally, responsibly raised rabbits produce more and better quality meat than many other meat animals available. According to the

U.S. Department of Agriculture (USDA), a rabbit requires four pounds of forage to make one pound of meat.³ In comparison, agricultural specialists report that beef cattle need to consume seven or more pounds of feed to create one pound of meat.¹ (On the other hand, holistic management of cattle—through the grazing and trampling action of hooves and the distribution of cow manure—builds terrific soil;⁴ grass-fed beef also

offers incomparable nutritional benefits, including supplying B vitamins, iron and easily digestible protein.⁵)

RECIPES

Whether you are interested in raising your own sustainable meat source or you desire to purchase rabbit from a local farmer, you will be delighted

with this delicious, nutrient-dense meat. Rabbit meat closely resembles the taste and texture of chicken but definitely is unique and more delicate. Ideally, one should cook rabbit low and slow. Due to the fact that rabbit meat is very lean, it is important to add plenty of nutrient-dense fat to create a pleasing and nutritious dish.

RABBIT BROTH

Rich, golden rabbit broth is our favorite broth because of its great depth of flavor. You are welcome to opt out of adding chicken feet and heads, but adding both will add significant collagen to your broth. Using a whole rabbit carcass, including the vertebrae and joints, will make wonderful stock because of the heavy amounts of connective tissue and collagen.



Rabbits naturally fatten on grass and other forage, making them inexpensive and easily raised on a small property.

Carcasses of 2-3 rabbits
 2 chicken feet and heads (optional)
 2 carrots, roughly chopped
 2 celery stalks, roughly chopped
 1 onion, quartered
 5-6 peppercorns
 2-3 tablespoons apple cider vinegar
 Clean, filtered water

If using raw rabbit bones, start by roasting them at 450 degrees until browned, about 45 minutes. Alternatively, add reserved bones from a previous rabbit meal to a large stockpot or slow cooker.

Add carrots, celery, onion, peppercorns and apple cider vinegar. Cover the bones with filtered water, ensuring adequate headspace.

Simmer for about 24 hours.

Strain the broth through a fine mesh sieve and/or cheesecloth and store in the refrigerator or freezer.

BRAISED RABBIT WITH BACON

If you are harvesting your own rabbits, cut the saddle into two pieces. Carve out the two front legs through the backbone; then carve out the hind legs.

If desired, sauté the kidneys, liver and heart with the shallots from the recipe—this makes a great snack while you are preparing the rest of the dish.

2 pastured rabbits, cut into 6 pieces each
 8 strips pastured bacon, chopped
 4-5 shallots, sliced
 3-4 cloves garlic, minced
 1 cup organic white wine
 1 1/2 cups rabbit or chicken broth
 1/2 cup Dijon mustard
 1 cup fresh cream (grass-fed)
 2-4 tablespoons butter or ghee (grass-fed)
 Several sprigs fresh rosemary and thyme
 Unrefined salt and pepper, to taste

In a large Dutch oven or heavy-bottomed pot, cook bacon over medium heat until it is browned and fat is rendered. Remove the bacon and set aside.

Sprinkle rabbit pieces with salt and pepper and brown on both sides, adding butter or ghee

to the pot if more cooking fat is needed. Remove the rabbit pieces and set aside.

Add the shallots and sauté until translucent. Stir in the garlic until fragrant, about a minute. Deglaze the pot with a splash of the white wine.

Whisk together the remaining white wine, broth and Dijon mustard. Add the browned rabbit pieces and bacon back to the pot. Cover with the white wine and broth mixture.

Place the rosemary and/or thyme sprigs on top and bring to a simmer. Simmer for about 40-45 minutes, or until rabbit is cooked and tender. The sauce should be slightly thickened, enough to coat the back of a spoon. If it needs further thickening, remove the rabbit pieces and reduce the sauce until it has reached the desired consistency.

Stir the cream into the sauce just before serving. Serve on a bed of sprouted rice or riced cauliflower.

SIMPLE SLOW-COOKED RABBIT

This is a very easy way to prepare rabbit, similar to roasting a chicken. It can be served as a main dish, or you can remove the meat from the bones to use in other recipes (see recipe for rabbit pot pie). Make sure you save the bones for broth!

1 whole rabbit
 1 onion, sliced
 3 celery ribs, roughly chopped
 3 carrots, roughly chopped
 2 cloves garlic, chopped
 2-4 tablespoons butter or ghee
 2 cups water or rabbit stock
 Unrefined salt and pepper

Arrange the vegetables at the bottom of a slow cooker. Pat the rabbit dry and sprinkle with unrefined salt and pepper. Place the rabbit in the slow cooker and dot it with butter. Pour the water or broth into the slow cooker. Cook on low for about six hours, or until the meat is falling off the bones. Serve with mashed potatoes or mashed cauliflower.

RABBIT POT PIE

For the crust:

2 1/2 cups almond flour
 1/3 cup arrowroot flour
 1 teaspoon unrefined salt
 1/2 teaspoon baking powder
 5 tablespoons grass-fed butter, chilled
 2 pastured eggs, chilled
 3 tablespoons cold water

Add all the dry ingredients to a food processor and pulse until mixed. Cut the chilled butter into small pieces and place in the food processor. Add the eggs and pulse about 10 times, or until just incorporated. Sprinkle the cold water over the mixture and pulse until dough forms.

Wrap the dough in unbleached parchment or waxed paper and put it in the freezer for about 30 minutes.

Once chilled, remove the dough and place it in between two pieces of unbleached parchment paper. Roll until the dough is the desired thickness and size to fit your casserole dish.

Gently roll it up and place it in the freezer while you prepare the filling.

For the filling:

- 2-3 tablespoons grass-fed butter, ghee or lard
- 8 ounces sliced mushrooms (portobello, button or chanterelle)
- 2 leeks, chopped
- 3 carrots, chopped
- 3 celery ribs, chopped
- 1 cup of peas, fresh or frozen and thawed
- 1 large celery root, peeled
- 2 cups bone broth
- 1/2 cup cream (grass-fed)
- 2 cups rabbit meat, cooked and shredded
- 2 teaspoons unrefined salt
- A few sprigs fresh thyme, chopped
- One sprig fresh rosemary, chopped

Preheat oven to 350 degrees.

In a large skillet, heat fat of choice over medium heat. Add mushrooms, leeks, carrots, celery and one of the teaspoons of salt to the pan and sauté until softened.

In a separate pan, melt butter and sauté the celery root over medium-high heat.

When the celery root is soft and lightly browned, add it, along with the bone broth and cream, to a high-speed blender. Puree until smooth.

Pour the pureed mixture over the sautéed vegetables and stir to incorporate.

Add the shredded rabbit meat, peas and chopped thyme and rosemary along with the second teaspoon of salt, gently stirring to incorporate all ingredients.

Pour mixture into a 9 x 13-inch baking dish or comparable casserole dish.

Remove the dough from the freezer and unroll the parchment paper. Carefully place the dough on top of the filling.

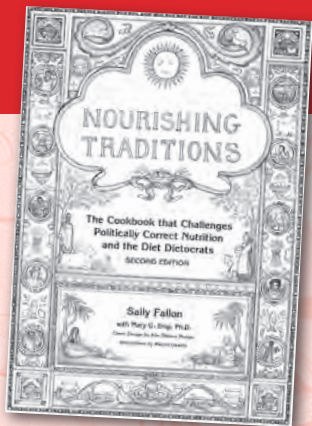
Trim or crimp the edges of the dough as needed so it does not hang over your baking dish. Cut a few slits in the dough to allow steam to escape while baking.

Bake for about an hour or until crust is golden brown. ☪

Ashley Turner, ND, is a homesteader and home-schooling mother of three girls. She practices alongside her husband, Dr. Kevin Turner at Restorative Chiropractic & Functional Wellness Center in SE Pennsylvania. In addition to helping clients achieve their health goals, Ashley teaches classes on natural health and traditional food. She writes about health and shares recipes at restorativechiro.com/blog.

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Legislative Updates

HURRICANES, THE FARM BILL AND ANIMAL ID By Judith McGeary, Esq.

HURRICANES AND LOCAL FARMERS

Massive hurricanes have hit two major agricultural states back-to-back. The full effects will not be known for months, if not longer.

The storms hurt both large-scale industrial producers and small family farmers. Once it reaches a certain point, the size of your farm and the methods you use won't stop high winds and floodwaters from destroying buildings, washing away land and killing animals. I know a pastured poultry producer who lost thirty thousand birds; one of the mainstays of the local farmers market lost all his crops and will have to reform his beds and replant completely. The devastation is overwhelming.

At the same time, the hurricanes did show yet again that sustainable farming methods can stand up to weather catastrophes. I spoke with a farmer who got approximately fifty inches of rain during Harvey. That's an entire average year's worth of rain, in about two days. His farm didn't flood, which was in part due to favorable topography. But even the tender seedlings that he had planted just two weeks before survived! This farmer has gone far beyond "normal" sustainable agriculture methods. His beds are all planted on contours tailored to his farm's individual topography, and he uses immense amounts of compost and organic matter in them.

If we had farms like this surrounding the metropolitan regions, not only would the farms themselves have been in better shape after Harvey, but the flooding in Houston would not have been as widespread and severe. Healthy soil, which acts like a sponge to absorb and hold water, is our best defense in the face of extreme drought or floods.

For the farmers and ranchers who have suffered damages in Harvey or Irma—or those who want to know what to do when a disaster

hits their area—below are some starting points.

First, document everything: once you and your animals are safe, the first step is to document your losses. Try to get photos before the water recedes, and take extensive photos and notes on all of the damage. Also write down everything you do, who you talk to at government agencies, and what those people say. If you talk with someone on the phone, ask for a follow-up email with notes about what was discussed and decided on. I suggest that you get a cheap notebook to keep all your notes in one place. Cameras before chainsaws!

Second, move quickly to apply for federal relief programs. Three federal agencies provide disaster support: FEMA, USDA and SBA. You can qualify for help from one or all three, depending on what sort of damages you sustained. Many of these programs have deadlines of only thirty to sixty days, and the time goes by incredibly fast when you're trying to recover from a disaster. It is vital to contact the agencies and file loss reports as quickly as possible.

- Federal Emergency Management Agency (FEMA) offers temporary housing and grants for certain disaster-related expenses, specifically housing and personal property. You may be told that FEMA "doesn't help farmers"—but if your home and personal effects were damaged, you qualify.
- While farmers as self-employed individuals do not qualify for typical unemployment benefits, you can qualify for disaster unemployment benefits if you have been unable to work on your normal farm duties for one week or more from the start of the disaster. The funds come from FEMA, but are administered by the state agency for unemployment benefits.

Judith McGeary is the Austin, Texas, chapter leader, an attorney and small farmer, 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 farmandranchfreedom.org or call (254) 697-2661.

Healthy soil, which acts like a sponge to absorb and hold water, is our best defense in the face of extreme drought or floods.

- USDA's Farm Service Agency (FSA) is the main source for disaster relief related to farms. Contact your local office as soon as possible; you can find them at <https://offices.sc.egov.usda.gov/locator/app>. The office person may tell you there are no funds, because it takes time for the funds to be appropriated. Sign up anyway! By signing up, you get yourself in line for when the money is available. Just ask for the paperwork and fill it out. They have several programs, including the Emergency Conservation Program (ECP) and the Livestock Indemnity Program (LIP), which are open to any farmer affected by the disaster; unlike crop insurance, you do not have to be signed up ahead of time. The ECP requires pre-approval for any funding, so it is particularly important to file the paperwork at the FSA office as quickly as possible.
- USDA Natural Resources Conservation Service (NRCS) may also help. In Texas, NRCS has announced a special Environmental Quality Incentives Program (EQUIP) that helps with conservation practices that address flood and wind damage and excessive runoff to address natural resource concerns caused by the hurricane and provide future protection from exceptional storm events. Unlike most of the disaster relief programs, there will be rounds of applications and funding available for much longer than sixty days after the disaster declaration.
- Small Business Administration (SBA) offers low-interest loans to cover the cost of repairing a home and repairing or replacing household contents damaged in a disaster.
- For affected farmers in Texas, please fill out the online survey circulated by the Farm and Ranch Freedom Alliance and Texas Organic Farmers & Gardeners Association. It will help the organizations identify your needs, guide you to resources to help with recovery, and be an advocate for you with government agencies: <https://www.surveymonkey.com/r/Harvey-farm-damage>.

OUTLOOK FOR THE 2018 FARM BILL

Every five years (give or take a couple of

years), Congress passes a massive farm bill that shapes our food and agricultural system. The current farm bill will expire in September 2018, but it's unclear whether a new one will be adopted before then.

Congressman Conaway, chair of the House Agriculture Committee, has repeatedly stated that he wants to get the farm bill out of his committee this year rather than next, which would leave the time necessary to get it through the Senate and then iron out the differences before next September. Whether or not that happens depends on the House leadership. Conaway intends to wait to schedule the committee "mark-up" of the bill (where they effectively write the bill) until three weeks before the bill is supposed to come to the House floor—and that could be in October, November, or not until next year.

The House has a lot of things they hope to do in the next several months, including appropriations bills, tax reform and now Hurricane Irma relief. None of those will be easy. If the House deadlocks, it may be that nothing will move; or the House leadership may decide that the farm bill, traditionally a bipartisan piece of legislation, is a good way to distract attention from their inability to accomplish other things.

Whatever the timing is, we can predict some things about the substance already. I attended one of the field hearings, in which the House Committee on Agriculture listens to people at a location other than DC, in this case, an agricultural town in west Texas. The main focus was on the commodity subsidy programs. Calls for cotton to be put back into Title 1 of the farm bill, in the same category as other commodity crops like corn and soy, dominated the public comments.

The other common theme was the threatened future of family farms. Third, fourth, even eighth generation farmers stood up to say they would be the last farmer in their family because their children do not wish to continue. It was heartbreaking to listen to, and frustrating to realize yet again how our industrial agriculture system is harming so many people at so many levels. While the congressmen acknowledged the heartbreak of these farmers' situations, they didn't recognize how unnecessary the suffering is.

There were a few comments from those attempting to build a better system. Cal Brints of the Lubbock Farmers Market spoke about how a “double dollars” program for SNAP (also known as food stamps) brought more people into their market, benefiting both consumers and farmers. Alex Canepa from the Farmers Market Association spoke more generally about the importance of the Farmers Market Promotion Program and the benefits that diversity and direct-to-consumer sales provide for producers. I had signed up to speak but was not called.

The majority of the Farm Bill is dedicated to the subsidy and crop insurance programs that promote industrialized agriculture; the other major section deals with food assistance programs. But because the bill is so far-reaching, it is an opportunity to promote some reforms in other areas. There are two bills filed this year that we hope will be attached as amendments to the Farm Bill:

- The PRIME Act would allow the sale of meat processed in a custom slaughterhouse directly to consumers. Many livestock farmers don’t have reasonable access to a state- or USDA-inspected slaughterhouse, and others haul their animals long distances to reach one. This one change would open new opportunities and significantly reduce costs for farmers providing meat for their local communities.
- A bill that would make the Checkoff programs voluntary or at a minimum reforming their provisions. The numerous Checkoff programs, on everything from commodity crops to milk, beef and lamb, impose a tax on farmers to pay for industry-driven marketing campaigns. All too often the money provides funding for organizations that lobby against the farmers’ interests—including things like radio ads talking about the dangers of raw milk! Paying into a marketing program should be voluntary, not government-mandated. At the least, reforms would provide greater transparency and reduce the ability of industry groups to misuse the funds.

The farm bill discussions are a marathon,

not a sprint. As we work for reforms in the next year, we also have to plan for the long-term fight, starting with Farm Bill 2023.

ANIMAL ID UPDATE

In the last issue of *Wise Traditions*, I wrote about the USDA’s renewed push toward animal ID and its plans for public meetings.

The discussion at those meetings reflected one of the fundamental problems in tackling animal identification and traceability: Big Ag and the government treat disease issues and trade issues as effectively the same. When one Farm Bureau representative at the Ft. Worth meeting said that the two were “inextricably intertwined,” the USDA people immediately nodded in agreement. Big Ag and the USDA also believe the export market benefits every livestock producer, whether they sell their animals for export or not.

In other words, to government bureaucrats and Big Ag lobby groups, when a company loses money because some country refuses to accept imports from U.S. companies—whether because of animal disease or political reasons cloaked under such claims—that loss is treated as a loss for every livestock owner in the U.S.

Think about this. First we need to recognize that there are true animal disease issues that affect the livestock industry and farmers and ranchers across the country. There are some complicated questions to consider when discussing potential animal disease threats. What percentage of animals will die from the disease? For animals who contract it and recover, are there permanent impacts? Are vaccines or treatments available? How virulent is it, that is how quickly and easily does it spread? Is there a human health risk? Can humans contract the disease? Based on the answers to these and other questions, one can estimate a range of likely costs from an outbreak. That same number could be used to consider the benefits of avoiding or controlling such an outbreak.

Under the mandatory cost-benefit analysis for any major rulemaking, the costs of any new animal ID requirement would be compared to its benefits. So first you would need to analyze the costs discussed in the previous paragraph, and then multiply them by some fraction that reflects

The discussion at those meetings reflected one of the fundamental problems in tackling animal identification and traceability: Big Ag and the government treat disease issues and trade issues as effectively the same.

The reports I have received from several of the meetings indicate that the feedback was strongly negative toward any expansion of mandatory animal ID requirements.

the likelihood of such an outbreak occurring. You would also need to calculate the likelihood that the animal ID requirement would prevent or reduce the outbreak, since animal ID by itself doesn't automatically stop outbreaks. These are complex questions without clear answers.

Unfortunately, the industry's solution is to simplify the analysis in two ways:

1. Assume animal ID is a magic bullet that significantly prevents or stops outbreaks. This assumption was proven wrong when the U.S. pork industry suffered a devastating porcine epidemic diarrhea (PED) outbreak in 2013, even though the industry had (and still has) a complete, birth-to-death traceability system in place. Yet both the industry and the USDA continue to use computer models that assume that "traceability equals disease control."
2. Include the costs from trade repercussions. When you do this, there is no need to look at the complicated multiple factors involved in the cost of a disease outbreak—just assume that the multi-billion dollars in exports to China are lost "because of the lack of

traceability," and you can justify almost any expensive new regulation.

Thus, an animal disease that poses no significant threat to most people's animals can be viewed as "catastrophic" for "the industry," and the economic loss to exporters is viewed as the cost of not having a comprehensive animal ID system.

USDA held nine meetings between April and July. Most had relatively small turnouts—perhaps thirty to forty people at each, not counting the USDA and state animal health authority bureaucrats. The reports I have received from several of the meetings indicate that the feedback was strongly negative toward any expansion of mandatory animal ID requirements. In the written comments, WAPF signed on to a joint letter from forty organizations setting out detailed arguments why the agency should not create new regulations.

The next step is up to USDA. The agency has stated that it will announce its findings from the meetings and comments at an industry-sponsored conference in late September, and we will respond accordingly. ☺☺



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TAKING OUR HEALTH TO NEW HEIGHTS

TEXAS RAW MILK TRIAL VICTORY

After a fourteen-month saga with the state and local health departments, the issue of raw milk couriers in Texas is finally settled in favor of the couriers and their customers.

The saga really started with the Texas Department of State Health Services (DSHS) adoption of a regulation limiting sales of raw milk from licensed farms to “the consumer ... at the point of production (i.e., on-farm)” back in 1986. For three decades, the system worked as DSHS had envisioned: the on-farm restriction prevented most people from buying raw milk. The vast majority of Texans drinking raw milk got it either from their own animals or through an informal arrangement with a friend or neighbor.

But as interest in raw milk picked up among health-conscious consumers in the early 2000s, more dairies became licensed to provide raw milk. The licensed dairies and their customers worked out various arrangements to address the on-farm restriction. Some dairies took prepaid orders, contending that the “sale” occurred on the farm when they received the money, and the delivery was a separate transaction. In other cases, the consumers would form groups and take turns picking up milk from the dairies; this became the dominant model, with variations in which the consumers paid the person picking up for them.

The DSHS staff contended that both types of arrangements were illegal, and that each individual had to drive to the farm him or herself. Raw milk advocates countered that normal legal principles (such as people acting as agents for each other) meant that such arrangements were legal. Neither DSHS nor raw milk proponents wanted to test their theories in court, so the situation remained as an uneasy truce until 2014.

By late 2014, DSHS had been facing three years of serious political pressure thanks to efforts to pass a bill to expand raw milk access. While the bill had failed to pass, it had garnered significant support from senior state legislators in both parties, placing DSHS’s raw milk policies under scrutiny. In the face of that, when asked a direct question in late 2014 as to whether consumers could pick up milk for each other, DSHS reversed its staff’s previous claims, and stated that it was legal for consumers to pick up milk for each other. This victory meant that many farmers and consumers who had been operating in the uneasy “grey area” breathed a sigh of relief and stopped looking over their shoulders so often.

But then new leadership was appointed in 2016. And the new commissioner, a pediatrician, believes that raw milk should simply be banned. He directed the staff to start cracking down. Starting in April 2016, DSHS staff worked with local health departments to harass one of the most high-profile raw milk dairies in the state, their customers, and two individuals who acted as couriers or delivery drivers for those consumers.

Thanks to the legal advocacy of the Farm-to-Consumer Legal Defense Fund and the Farm and Ranch Freedom Alliance, combined with renewed political pressure, both the City of Austin and DSHS backed down by the fall of 2016. Neither would admit that the courier arrangements were in fact legal, but both said they would not pursue it further.

Nonetheless, Harris County—home to Houston—continued to pursue criminal misdemeanor charges against a raw milk courier. The Harris County Health Department even added new charges, increasing the potential fines and penalties the courier faced.

After multiple delays, the case was set for trial in June. Faced with the political pressure that we had generated and a courtroom packed with raw milk supporters, the Harris County Health Department finally backed down. The district attorney stated that they weren’t concerned about the raw milk issue—although that had been the entire focus during the busts last year! Instead, the department focused on the fact that the courier was selling her own chicken eggs (rather than acting solely as a raw milk courier). The county settled the case at a small fraction of the original fine amount and agreed to deferred adjudication, so that the charges have been cleared from her record.

Many thanks to all the people who packed the courtroom. It was a great showing of community support for raw milk—not only from the courier’s own customers, but from consumers and farmers throughout the area!

Although the Harris County Health Department’s action does not legally bind any department, it still signals the end of the last year and a half of aggressive attacks on raw milk couriers and consumers. Harris County is one of the most hardline health departments in the state, and it’s very unlikely that any other local jurisdiction will act as aggressively on its own.

BACK ISSUES OF **Wise Traditions** AND OTHER INFORMATIVE LITERATURE

Fall 2010	Essential Fatty Acids; Magnesium; Healthy Skin; Sacred Foods for Children; Tale of Two Calves.
Winter 2010	Joel Salatin on the Politics of Food; Saving the Polish Countryside; Biological Farming; Glutathione in Raw Milk.
Summer 2011	Sulfur Deficiency; The Importance of Salt; The Senomyx Scandal; Why We Crave; Raw Milk Safety.
Fall 2011	Pork - Live Blood Analysis Study; Pork Recipes; The Accumulated Wisdom of Primitive People; Protein Primer.
Fall 2012	Bacon; Protection Against Tooth Decay; Vitamin & Mineral Synergies; California's Ancient Cornucopia.
Winter 2012	Vitamin A Synergies; The Story of Zinc; Natural Skin Cream; Slovenian Soups and Stews; Soy Infant Formula.
Spring 2013	Nutritional Roots of Violence; Glycine for Mental Stability; Pork Study; Homeopathy for Mental Illness.
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Summer 2015	Vaccination Dangers Issue.
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Summer 2016	Vitamin A; Healthy Fertility; Recovery from the Pill; The Concussion Epidemic; EMR and the ADHD Child.
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Spring 2017	Type 2 Diabetes; Couch Potato or Marathon Runner?; Weight Loss; Costa Rica; Moving Heavy Loads; MSG.
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Vaccine Updates

VACCINE MANDATES By Kendall Nelson

If the state can tag, track down and force citizens against their will to be injected with biologicals of known and unknown toxicity today, there will be no limit on which individual freedoms the state can take away in the name of the greater good tomorrow.

*Barbara Loe Fisher, Co-Founder
National Vaccine Information Center*

Six years ago my producing partners and I made a documentary about the vaccine controversy in America called *The Greater Good*. The title of the film was a parody on the common, misguided belief that it is okay to sacrifice some individuals for the larger population. Now it seems public health officials, politicians and pharmaceutical company lobbyists are using this concept to promote compulsory vaccination more than ever.

HERD IMMUNITY

Those who support the “greater good” theory believe vaccine coverage must be high—up to 90 percent to ensure “herd immunity.” This is the basis for mass vaccination campaigns around the world. While the theory of herd immunity may work in regard to natural immunity, the theory breaks down when it comes to vaccine-induced immunity, because vaccine immunity is temporary at best. It does not provide life-long protection from disease. Herd immunity may be further debunked when we look at the fact that nearly every “outbreak” of pertussis, measles and mumps in the U.S. occurs in communities where 80 to 90 percent of those affected have been vaccinated, and again when we consider the largely unvaccinated adult population. Blaming our 1 percent of unvaccinated children for the spread of disease is absurd, and using the disproven theory of herd

immunity to justify mandatory vaccines is not only immoral, it’s not sound science.

One of the most basic human rights is that of bodily autonomy—as supported by the Nuremberg Code—and yet we are seeing an explosion around the world of legislation aimed at taking away our right to choose what we put into the bodies of our children and ourselves. We must remember that ethical medicine requires prior, completely voluntary and fully informed consent, yet there continues to be a concerted effort to deny our freedoms, while pushing a one-size-fits-all vaccine agenda.

You need look no further than the state of California, which used a media-fueled measles epidemic at Disneyland as a reason for passing legislation (SB 277) that ended both religious and conscientious belief vaccine exemptions for school-aged children. Today if you live in California, Mississippi or West Virginia the only exemption available is a medical exemption—for which 99.99 percent of Americans do not qualify, according to CDC guidelines.

THE RISKS

The bottom line is, when there is risk, there must be choice. Here in the U.S., beginning at birth, parents who follow the CDC-recommended schedule allow their children to be injected with nearly six dozen doses of sixteen different vaccines—vaccines that contain genetically engineered viruses and bacteria, plus ingredients like mercury, aluminum, formaldehyde, phenoxyethanol, gluteraldehyde, proteins, synthetic particles, antibiotics, and human, animal and insect DNA and RNA.

It’s troublesome to note that even though America has one of the highest child vaccination rates in the world and spends the most on health care, our children are crippled by chronic disease and disability, including ADHD and

It’s troublesome to note that even though America has one of the highest child vaccination rates in the world and spends the most on health care, our children are crippled by chronic disease and disability.

Vaccines are not held to the highest standards of testing and in 2011 the United States Supreme Court ruled that vaccines are “unavoidably unsafe.”

learning disabilities, asthma, allergies, inflammatory bowel disease, obesity, juvenile diabetes, rheumatoid arthritis, seizures, encephalitis (brain swelling) and autism.

During the same time that the federal child vaccine schedule tripled from twenty-three doses of seven vaccines in 1980 to seventy doses of sixteen vaccines over the next thirty years, we’ve seen an explosion of brain and immune system damage. Today 54 percent of America’s children suffer from one or more chronic illnesses: one in fifty has autism; one in six is learning disabled; one in ten is diagnosed with a mental disorder; one in nine has asthma; one in thirteen is severely allergic to food; one in twenty is epileptic; and one in four hundred has diabetes. And there are studies linking all these conditions to vaccinations.

If you look at these statistics, it’s no wonder parents are questioning the safety of vaccines—yet are often demonized for doing so. When talking about mandates, it’s important to remember all vaccines carry risks and no doctor can predict which of us will be harmed. Each of us may respond differently as we have different medical histories, genes, epigenetics and microbiomes.

NOT PROVEN SAFE

One of the biggest problems with mandating vaccines is that you are asking individuals to risk their well-being with products that are not proven safe. Vaccines are not held to the highest standards of testing and in 2011 the United States Supreme Court ruled that vaccines are “unavoidably unsafe.”

Vaccines are often fast-tracked through the FDA, and manufacturers are not required to conduct double-blind placebo studies. Instead they may compare the health outcomes of those tested with their new vaccine against another vaccine or a bogus “placebo” containing aluminum and other harmful chemicals also contained in vaccines. Therefore vaccine studies are likely not to show increased problems associated with the new vaccine. In addition, vaccine safety trials are implemented by the manufacturers themselves, not by the FDA.

For years pharmaceutical companies have been putting profits before consumers, and the

conflict-of-interest stories are endless. For over a decade, the CDC has buried its own data showing that the measles-mumps-rubella (MMR) vaccine has led to an increase in autism—as revealed by the whistleblower and senior CDC scientist William Thompson. In 2000 a group of top government scientists, health officials and industry representatives, including individuals from the CDC and FDA, gathered for a secret meeting at the isolated Simpsonwood conference center in Norcross, Georgia where they discussed how to cover up data showing that the mercury compound thimerosal was responsible for a dramatic increase in autism and a host of other neurological disorders among children.

NO RECOURSE

To add to a parent’s worries, you can’t sue your doctor or any vaccine manufacturer for vaccine injuries or death. Prior to 1986, pharmaceutical companies were being sued for numerous vaccine injuries, sometimes paying victims upward of twenty million dollars. Because of these lawsuits, companies threatened Congress that they would stop manufacturing vaccines if they were not protected when things go wrong.

The result was the creation of the National Childhood Vaccine Injury Act. This law established the National Vaccine Injury Compensation Program (NVICP), designed to ensure vaccine supply, stabilize vaccine costs and establish a no-fault compensation alternative for those injured by vaccines. Then in 2011, the U.S. Supreme Court shielded drug companies from all liability for harm caused by vaccines mandated by the government when companies could have made a safer vaccine. Today victims must go through a special government vaccine court that denies compensation for two out of three claims. Because of these protective laws, manufacturers have little or no incentive to make vaccines safe. The NVICP allows them to continue reaping profits with their forty-plus-billion-dollar-a-year business. To date, this kangaroo court has paid almost four billion dollars to those injured or killed by vaccines, despite the fact that the CDC and FDA admit that only 1 to 10 percent of vaccine adverse reactions are ever reported.

THE SITUATION IN EUROPE

The beginning of 2017 marked an explosion of vaccine mandates in Europe. In June, tens of thousands of demonstrators marched for vaccine freedom across Italy. Despite their protests, Italy's parliament made multiple doses of ten childhood vaccines mandatory for school children up to age sixteen.

In France the new minister of health wants to follow Italy's lead and make eight new vaccines mandatory for all children, including pertussis, measles, mumps, rubella, hepatitis B, Hib, pneumococcal and meningococcal C. This is in addition to France's already mandated diphtheria, tetanus and polio vaccines.

A draft bill to come before the German parliament envisages daycare centers reporting parents who do not seek medical advice on vaccinating their children, while legislators in the U.K. have called upon the British Medical Association (BMA) to look at the advantages and disadvantages of making childhood vaccinations mandatory. Not unlike what happened in California, these changes in Italy, France, Germany and potentially the U.K. were spurred by the claim of thirty-five measles deaths in Europe over a twelve-month period in 2016 and 2017.

Does Europe really want to be like the U.S., or perhaps Australia? In the U.S. we've seen over one hundred vaccine bills this year alone threatening our rights in various states. Australia implemented a "No Jab, No Pay" policy in 2016 that requires children under twenty to get all relevant vaccinations under the country's National Immunization Program for parents to receive child care benefits. Perhaps it would be wise for those countries that are implementing coercive vaccination to take a step back and consider what would be best for their citizens. One look at the number of special education kids in highly vaccinated communities should put an immediate end to vaccine mandates. What will happen to these children when their parents are no longer able to care for them? What will happen to the economy when these children don't enter the workforce and we are forced to pay for their care? Will the ever-increasing diagnosis of autism cripple our economy? These are questions we need to be asking ourselves. Sadly, the

explosion in numbers of vaccine-injured children is the true "epidemic," not the measles "epidemics" we are seeing in Europe or California.


NOT JUST FOR CHILDREN

Adults are targets for vaccine mandates as well. Already we are seeing mandates for college students, health and day care workers, military personnel and even parent volunteers. Yes, you read that correctly. In California, parent volunteers must provide proof of vaccination for Tdap, MMR and an annual flu shot. Soon, if we don't wake up and start demanding our freedoms, we won't be able to get on a plane, get health insurance or social security, or go to a job without being fully vaccinated. Don't believe it? Take a look at the National Adult Immunization Plan brought to you by the U.S. Department of Health and Human Services. This plan already "recommends" flu and whooping cough vaccinations for all adults, including pregnant women. With nearly three hundred new vaccines in development for everything from smoking, obesity and Alzheimer's it would be a pharmaceutical company's greatest dream to further mandates for vaccinating the adult population, thus ensuring a cradle-to-grave profit system. After all, America's 1 percent of unvaccinated children aren't really where the money is.

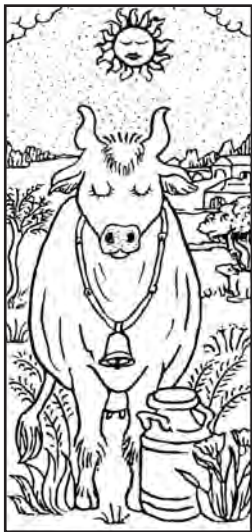
NO TIME TO WASTE

Bottom line, there is no time to waste. We must come together and fight against the explosive, coercive campaign for mandated vaccination around the world. We must demand a government that protects its people, not one that sells out to big pharmaceutical companies. We also need a more enlightened healthcare community, one that takes the time to educate itself and dares to stand up. We must insist that our doctors abide by the oath they took supporting the "first do no harm" principle.

Here at the Weston A. Price Foundation we work hard to protect your freedoms; we keep track of all state legislation and send out action alerts as necessary. But we can't do it without your support. Help us put a stop to medical tyranny. by responding to these alerts. It is your activism that defeats vaccine mandates.

To learn more about your state vaccine laws and what you can do, visit NVIC at nvicadvocacy.org. Remember, vaccine mandates are not a magical panacea, but rather an oppressive agenda disguised as a persuasive argument for the "greater good." 

Kendall Nelson, is a producer, director and activist who co-produced The Greater Good, an award-winning film that explores the controversy of vaccinations. She serves the Weston A. Price Foundation as a vaccine consultant and activist, generating action alerts and articles on vaccine issues and legislation. She is a proud member of the International Women's Forum, which works to build better global leadership across careers, continents and cultures by connecting the world's most preeminent women of significant and diverse achievement.



A Campaign for *Real Milk*

THE REAL REASONS FOR MILK PASTEURIZATION

By Sally Fallon Morell

Government and medical officials tell us not to consume raw milk because it is “inherently dangerous,” a soup of evil microbes that put everyone at risk, especially children, the elderly and the immune-compromised (the very population groups that need raw milk the most.) We’ve shown repeatedly that based on government data, raw milk is very safe—you are thirty-five thousand times less likely to become ill from raw milk than from other foods.¹

But the opposition continues; the question is why. A little bit of digging will reveal that the opposition to raw milk has nothing to do with safety—this is just a smokescreen.

THE FIRST PASTEURIZATION LAW

In 1910, the New York Milk Committee held a conference in order to reach a consensus on how to handle the city’s dairy products. Most of the participants were opposed to pasteurization and considered certified raw milk superior. But city officials did not think they could afford the necessary inspection force to safeguard raw milk.

As a result, the committee endorsed pasteurization because “Private companies, particularly larger companies, through their capital investment in pasteurizing technology, would enable the state to supply the guarantee of milk safety without imposing further public costs.”²

Thus the decision to mandate pasteurization had nothing to do with science, and everything to do with fiscal expediency.

WASHINGTON STATE

In 2006 there were only six raw milk dairies in Washington State; today there are thirty-nine. Washington state’s Department of Agriculture is not happy about this “explosive growth,” even though it’s certainly good news for Washington’s small farms. That’s because

regulations in the state of Washington call for frequent pathogen testing of raw milk in addition to the usual tests carried out on milk destined for pasteurization. The department is conducting more than five times the number of tests on raw milk than it did in 2006, and it has requested additional funds in its budget to hire two microbiologists. All dairies in the state pay a two-hundred-fifty-dollar license fee, but testing for raw dairies is estimated to cost over six thousand dollars for each raw milk dairy.³

Even in states that do not require such extensive testing, visits by inspectors represent costs to the department that handles milk inspection. As the head of dairy safety in the state of Maryland said to me, “Sally, we just can’t afford to inspect a lot of small dairies.”

CUTTING GOVERNMENT COSTS WITH REASONABLE REGULATIONS

There are a number of ways to reduce the costs of inspecting raw milk dairies. For one, very small dairies can be exempted from inspection. Dairy farms that milk less than, say, ten cows, and that sell raw milk directly from the farm, do not need inspection, at least not frequent inspection. Instead, the state can require these dairy owners to take safety classes, or become a member of a trade group like the Raw Milk Institute.

Frequent testing for pathogens is also not necessary; occasional testing is a good idea, and the dairy itself should pay for these tests. In the state of Maryland, we are required to send in samples of our raw cheese once a year to be tested for five pathogens. The dairy pays the cost, not the state. Once a year the Maryland Department of Agriculture takes a sample of our unpasteurized pet milk and sends it in for pathogen testing. The state pays for these tests but could easily require the dairy to pay instead. Once-a-year testing for pathogens is a reason-

A Campaign for *Real Milk* is a project of the Weston A. Price Foundation. To obtain some of our informative *Real Milk* brochures, contact the Foundation at (202) 363-4394. Check out our website, RealMilk.com for additional information and sources of *Real Milk* products.

able requirement, one that the dairy owner can easily pay for.


At the same time, new technologies allow individual dairy owners to carry out the standard tests—standard plate count, somatic cell count and coliform count—right on the farm. These tests are inexpensive, easy to use and accurate. Regulations should require dairy farmers to do these tests frequently—on our farm, we do these tests for every batch of milk and cheese—and keep a record of the results. On-farm testing can ease the burden on the regulatory agency; it also provides frequent feedback to the farmer. If he gets results that are not satisfactory, he knows immediately that something has not been cleaned properly, or that there is a health problem with one or more cows. Frequent on-farm testing provides frequent feedback and is much more likely to result in best sanitary practices than a once-a-month visit from an inspector.

DAIRY INDUSTRY OPPOSITION

Of course the dairy industry is also opposed to raw milk, again for reasons having to do with finances. Milk processing companies typically pay farmers about one dollar thirty cents per gallon for their milk—about the same price that farmers got during World War II, and far less than the cost of production. It's no wonder that conventional dairies are going out of business,

by some estimates at the rate of sixteen per day. Last year in California, fifty dairy farms, including a few very large farms, closed shop and sold their herds—that's one per week. Only the raw milk dairies, selling milk for its true price of at least ten dollars per gallon, are doing well. When all farmers have the option of selling raw milk, the processing companies will be obligated to pay dairy farmers a higher price for their milk, and that would cut into their corporate profits and jeopardize the high salaries that these corporate officials receive.

THE SOLUTION: CONSUMER DEMAND

Ideally the citizens of a nation would band together and commit to the cost of making the most wholesome food possible available to their people, including Nature's perfect food, whole raw milk from pasture-fed cows, to their growing children. Since neither government nor industry in the U.S. shares this vision, it's left to the consumer to make it happen. And that's exactly what has happened. Explosive demand and activism on many levels has made raw milk available in spite of government and industry opposition. As the benefits of raw milk become more and more obvious, more barriers will be lifted. New sanitation technologies and accumulated wisdom about hygienic dairy practices will bring down the costs of production and inspection. Very soon the day will come when the populace will recognize pasteurization for what it is: a rust belt technology based on forty-year-old science instituted for the sake of short-sighted budgetary concerns. 

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A CAMPAIGN FOR REAL MILK—ONLY SEVEN STATES TO GO!

When we began A Campaign for Real Milk back in 1999, farmers could supply raw milk through direct sales, retail sales, sales as pet milk or through cow-share and herd-share programs in twenty-seven out of fifty states. Today, thanks to the work of many tireless activists, farmers can supply raw milk in forty-three out of fifty states. That means we have only seven states to go. Here's a summary of where we are in our campaign to make raw milk legal in all fifty states:

DELAWARE: In 2013, a raw milk bill made it out of committee but went no further. No bills have been introduced since.

HAWAII: Several raw milk bills were introduced this past legislative session. One of them, a herdshare bill, will be up for consideration again this session. Hawaii has a two-year legislative session; the other bills were already considered and defeated this year.

IOWA: Raw milk bills were introduced for several years through the 2015 session but did not pass. No bill has been introduced the last two sessions.

NEW JERSEY: Bills have been introduced the last few sessions and have passed out of committee but gone no further. A bill will likely be introduced next session.

LOUISIANA: A 2016 bill passed out of the Senate and was defeated in the House committee by one vote. No bill was introduced this year but should be next session.

NEVADA: A bill that passed in 2013 was vetoed by the governor. No bill has been introduced since. The Nevada legislature isn't in session again until 2019.

RHODE ISLAND: A bill was introduced this past session but did not make it out of committee. There should be at least one bill introduced next session.

MICHIGAN – HOW ONE CONSUMER MADE AN IMPACT

Michigan raw dairy consumers and producers owe Mike Lobsinger a debt of gratitude. Lobsinger, a retired businessman and leaseholder in a herd lease arrangement, along with farmers Joe and Brenda Golimbieski, are the ones most responsible for a favorable court ruling establishing the principle that consumers can obtain raw dairy products other than milk under a herdshare or herd lease agreement. (A herdshare agreement involves someone purchasing an ownership interest in a dairy animal or animals and hiring the farmer to board, care for and milk the animal(s); the difference in a herd lease agreement is that someone leases the dairy animal(s) and has ownership rights in the animal(s) for the term of the lease.) Thanks mainly to Lobsinger and his attorneys, John Stiers and Elise Arsenault, legal action taken by the Michigan Department of Agriculture and Rural Development (MDARD) to stop the distribution of cream, butter and other raw dairy products to leaseholders at the Golimbieski farm was not successful, thus establishing a case law precedent. The case shows the power that consumers have to make an impact. (See *Wise Traditions* Fall 2016 and Winter 2016 issues, “Michigan: Leaseholder Lobsinger Sues over Seized Cream” for background.)

Lobsinger believes it is the consumers’ right to select the farmer from whom they get their food but also that it should be the consumers’ responsibility to do what they can to back up their farmer when the farmer is facing an enforcement action from a government agency. In supporting the Golimbieskis, Lobsinger, who is a member of both the Weston A. Price Foundation and the Farm-to-Consumer Legal Defense Fund, went far beyond what consumers would typically do to protect their farmer.

In March 2013, MDARD issued a written policy, Policy 1.40, which legalized the distribution of raw milk through a written herdshare or herd lease agreement. Policy 1.40 stated that herdshare programs were to include distribution of raw whole milk only, and that products such as butter, yogurt and cheese could only be sold or distributed by licensed producers. The “Catch 22” is that Michigan law prohibits even licensed producers from selling products such as raw butter, cream and yogurt.

The Golimbieskis, who have a Grade A dairy operation, Hill High Dairy, were distributing raw butter and cream under their herd lease program to consumers who had signed a herd lease contract. Lobsinger, who obtains raw cream to put in his coffee, was one of them.

Whenever the MDARD inspector was conducting her semi-annual inspections of Hill High Dairy, she would seize raw dairy products she found in a refrigerator located in a utility room on the farm. In 2015 MDARD filed a court action against each of the Golimbieskis, Hill High Dairy and B.J.’s Boarding, an entity that was formed to lease cows to those wanting to get raw milk. The department petitioned the court to issue an injunction prohibiting the four parties from, among other things, distributing raw dairy products other than milk to leaseholders.

Lobsinger entered the fray by successfully intervening as a third-party defendant in the case, claiming that MDARD was interfering with his property right to have milk produced by his cow separated into cream. Despite the successful intervention into the case, Judge James Jamo issued an order enjoining the Golimbieskis, Hill High Dairy and B.J.’s Boarding from violating any applicable Michigan food and dairy laws. The judge did state in the opinion granting the injunction that there was no proof the defendants had violated any laws.

During a June 2016 inspection of Hill High Dairy, inspectors again seized and confiscated raw dairy products, including Lobsinger’s cream; subsequently, MDARD petitioned Judge Jamo to find the four defendants in contempt of court for violating the injunction. Lobsinger successfully intervened in the case again as a third-party defendant in the contempt petition and also filed a separate action against MDARD in the Michigan Court of Claims, suing the agency on the grounds that seizure of his cream violated his due process rights. The relief Lobsinger sought included a ruling that “another individual or agent may separate Lobsinger’s cream and skim milk on Lobsinger’s behalf without MDARD licensure or oversight and may deliver Lobsinger’s cream and skim milk to Lobsinger as long as the milk and cream are used exclusively for the personal consumption of Lobsinger and his family.”

In December 2016 Judge Jamo ruled that the defendants were not in contempt, establishing a legal precedent that raw dairy products other than milk can be distributed under a herd lease or herdshare arrangement without violating Michigan law. Ironically, at the time the Golimbieskis received word about the ruling on MDARD’s inspection, MDARD inspectors were once again seizing raw dairy products at the farm as they conducted an inspection.

When the inspectors finished their next scheduled inspection in June 2017 without seizing Lobsinger’s cream (or any other raw dairy products), Lobsinger withdrew his lawsuit figuring that he already had a favorable ruling in the contempt case that he didn’t want to jeopardize since MDARD was no longer confiscating products it once saw

as contraband during its inspections of the Golimbieski farm. Lobsinger made it clear that if MDARD tampered with his cream in the future, he wouldn't hesitate to sue the department again for its violation of his rights.

Lobsinger hired attorneys to fight MDARD because he wanted the public to know that the department was going after individual property rights in seizing dairy products from the Golimbieski farm. A look at the transcripts in the Golimbieski court case shows the contempt MDARD had for the leaseholders' property rights. MDARD's attorneys characterized Lobsinger retaining another leaseholder to separate Lobsinger's own milk into cream as an illegal activity. The attorneys claimed the case was about a Grade A dairy violation and had nothing to do with property and contract rights. MDARD's position was that there was no difference between sales of cream to the general public and distribution of cream to the owner of the milk from which the cream was processed. The department was in effect claiming that if someone went to Lobsinger's house to separate milk into cream that it would have jurisdiction and could stop this "illegal transaction."

Fortunately, Judge Jamo wasn't buying into what Lobsinger called MDARD's "gibberish." He asked MDARD attorney Danielle Allison-Yokum if there was any case law to back up this assertion; the attorney admitted there was not.

Lobsinger's intervention changed the dynamic in the Golimbieski case. Instead of the case concerning a Grade A dairy violation, the focus switched to the issue of property rights. Lobsinger's willingness to hire attorneys to protect those rights made that happen. It shows the impact one individual can make.

MONTANA: FORTY-THIRD STATE TO LEGALIZE RAW MILK DISTRIBUTION

Montana has become the forty-third state to legalize raw milk distribution, doing so through a method that no other state has adopted. Montana residents can now get legal access to raw milk through purchasing securities, giving them ownership interest in a dairy animal or dairy animals. Dairy farmers wanting to sell stock in their animals need to obtain an exemption from the state securities registration requirement; the farmers fill out an application for the exemption with the Office of the Commissioner of Securities and Insurance (OCSI). Please do not contact OCSI.

OCSI has granted exemptions for stock offerings of dairy animals in the past including one in 2016 for an FTCLDF member selling ownership interests in dairy goats, but the Montana Department of Livestock (DOL), which has jurisdiction over dairy production and sales, had left open the possibility of taking enforcement action against producers under the exemption. During recent communications with OCSI officials, DOL leadership indicated it would honor the exemptions, changing its prior policy. DOL would still have oversight over raw milk producers operating under the exemption.

FTCLDF member Chris Rosenau was instrumental in forging the breakthrough on the DOL policy. Rosenau has led the effort to pass a raw milk bill the last three legislative sessions in Montana. OCSI limits stock offerings to ownership in four cows with twenty-five solicitations (meaning a maximum of twenty-five stockholders) per offering. It is not clear at this point how many goats could be included in an offering, but the number is probably around the same as for cows.

DOL will likely continue to regard the typical herd share arrangements existing in Montana (and many other states) as illegal even though Montana law provides a strong argument for their legality.

Rosenau, who has spent thousands of uncompensated hours working for a change in the state raw milk laws, regards the new DOL policy as a foot in the door and a step toward expanding raw milk access in the state. She plans on working with legislators to introduce another raw milk bill in the next legislative session.

FTCLDF drafted documents for the farmer member mentioned earlier who successfully obtained the exemption in 2016. Montana dairy farmers interested in applying for the exemption can contact FTCLDF at 702-208-3276 or at info@farmtoconsumer.org by email. Again, please do not contact OCSI.

Delaware, Hawaii, Iowa, Louisiana, Nevada, New Jersey, Rhode Island—only seven states to go!

Attorneys for FTCLDF have spent a substantial amount of time working to legalize raw milk distribution in Montana. The goal of legal raw milk in all 50 states is in sight. Please help us continue our push toward making this happen by becoming an FTCLDF member or by making an online donation at farmtoconsumer.org; checks can be mailed to: FTCLDF, 8116 Arlington Blvd, #263, Falls Church, VA 22042.

TENNESSEE: MAKING A DIFFERENCE

The story of Michele Reneau serves as an example of how a consumer can make an impact in advancing freedom of food choice. Reneau, who along with Nate and Anju Wilson manages a Chattanooga food buyers club, was the one most responsible for turning a potential enforcement action by the Tennessee Department of Agriculture (TDA) into a legislative breakthrough and a new law benefiting food buyers clubs throughout the state.

Reneau, a Weston Price chapter leader and Farm-to-Consumer Legal Defense Fund member, has the right temperament and personality to take on government regulators. She doesn't accept their general assertions of authority, contesting the regulators point by point—asking for specific citations in the law to back up their claims. She gives up ground to regulators grudgingly and is a strong believer that there is a legal distinction between the private and the public distribution of food.

Reneau, along with the Wilsons, manages the Weekly Fig, a private membership association. Among other foods, Weekly Fig distributes meats, eggs, raw dairy and baked goods to its members. On May 4, 2016, an official from TDA attempted to inspect the Weekly Fig's facility for the storage and distribution of food. TDA had discovered Weekly Fig through the inspection of a neighboring licensed facility in the same complex. Reneau refused to let TDA conduct the inspection of the buyers club facility, claiming TDA did not have jurisdiction over her operation. On June 6 counsel for TDA sent Reneau and the Wilsons a warning letter identifying violations the Weekly Fig had allegedly committed, including operating an unlicensed establishment, offering for sale raw juice, and offering for sale raw milk and raw milk products.

An informal hearing was held on the matter June 30 between a representative for Weekly Fig and TDA officials; subsequently the department sent Weekly Fig correspondence upholding the written warnings against their unlicensed operation of a "food establishment" and their sale of raw milk, putting Reneau and the Wilsons on notice that "future violations of the same or similar sort—i.e. unlicensed operation as a food establishment or sale of raw milk—will be considered grounds for the Department to seek actions for injunction and/or criminal charges."

In the absence of favorable case law on a legal distinction between public and private distribution of food, Reneau took the legislative route to fight back against the threat from TDA. On February 8, 2017, Tennessee State Senator Frank Niceley and State Representative Kevin Brooks introduced, respectively, Senate Bill 651 and House Bill 702, legislation removing any requirement for a permit to operate "a farm-to-consumer distribution point" (e.g., food buyers club). The bills were amended to add a provision stipulating that the facility must register with the state department of revenue for purposes of paying sales tax (food sold for human consumption is taxable in Tennessee) and must agree to only allow deliveries of meats produced by farmers who comply with the Tennessee Meat and Poultry Inspection Act; these are both existing requirements the facility is expected to comply with anyway. On May 11, 2017, SB 651 was signed into law. Reneau testified at the Senate committee hearing on the bill and according to Senator Niceley did a great job. FTCLDF worked on the development of the bill.

SB 651 is a big help for farmers; consumers like their convenience and will go more often to a centrally located buyers club site to spend their food dollars than they would going to a farm. Unless there were an exemption from the permit requirement, many food buyers clubs would not bother having a fixed central location for the distribution of food.

TDA has stopped pursuing any action against the Weekly Fig over the allegation that it was selling raw milk. The Weekly Fig does not sell raw milk and raw milk products, rather it distributes them to its members pursuant to a herdshare agreement; herdshare contracts are legal in Tennessee. It would be great to end by saying the government is leaving Weekly Fig alone with the new law in place but that hasn't been the case. Even though state regulatory agencies have stopped bothering the food buyers club for the past several months, USDA's Food Safety Inspection Service (FSIS) has been requesting that FSIS personnel be allowed to conduct an inspection of the Weekly Fig facility. FSIS has broad jurisdiction to inspect firms handling meat products but almost never uses it to inspect a facility like the Weekly Fig's. The agency is asking for customer records detailing meat purchases and sales. The Weekly Fig's charter prohibits the sharing of member information with anyone.

Reneau doesn't know who made the complaint to FSIS but it doesn't look like a coincidence that the complaint was made shortly before SB 651 became law. As she did with TDA, Reneau is contesting FSIS jurisdiction to inspect the facility by requesting that the agency give her specific citations in the law that give it the authority to inspect Weekly Fig; she is not giving FSIS an inch until it does so. To this point the agency has yet to attempt an inspection.

What Reneau and the Wilsons have done is to realize the potential that consumers have to make changes in the laws governing local food. They have shown it doesn't take many to make a difference.

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

Healthy Baby Gallery



Ramona Ember was born with a perfectly round head with an above average circumference and wide face with plenty of room for her teeth to grow. Mommy's pregnancy was full-term, natural and smooth with no complications. Ramona's first solid food was grass-fed butter and free-range egg yolks and she received plenty of breast milk to this day, two years after her birth. She's had no serious illnesses and recovered quickly—within a day or two—from infrequent minor colds. She enjoys and looks forward to real wholesome food with her family everyday!



Fourteen-month-young Waker is doing amazingly well. Unvaccinated, Waker is off the charts for height, healthy weight and perfect head circumference. Waker's mom Willow was only able to breastfeed for two-and-one-half months. After unsuccessful efforts to boost milk production with organic herbs and supplements, Waker transitioned to half breast milk and half organic formula. However, as a certified holistic practitioner, real foodist, licensed massage therapist and student of life, Willow knew that Waker would benefit even more from the WAPF liver formula. She visited farms and farmers markets to meet the providers of the ingredients, and took on the challenge of making the liver formula. It was (and still is) a huge learning experience, but the family developed a system and flow for making it. Waker started with half breast milk and half liver formula and transitioned to just liver formula at four months. He loves it and calls it his "Waker juice." At about twelve months, Waker's parents tried introducing raw milk and raw milk formula. When Waker showed no interest, they mixed the raw milk formula with the liver formula. The result is outstanding

health and development. The experience of making both formulas has led to great relationships with local farmers and connections with other like-minded families whose love for their children prompted them to make a similar leap of faith. Waker's parents are grateful for the Weston A. Price Foundation's hard work and dedication to families.

Olive Paisley was mom's first unassisted birth and second homebirth, following an incredibly short, easy labor, less than five hours from first light contractions. Mom's diet was hugely improved between her first pregnancy and this one. Nutrition is no joke! During her first pregnancy, mom still drank soda, and generally ate a standard American diet. Then she discovered the WAPF Wise Traditions diet!

With Olive she had zero morning sickness, and by five days postpartum, she was roughly where she was around four weeks with her previous birth. This pregnancy was brought to you by raw milk and tons of grass-fed butter. Mom sends a huge thank you to the Nourishing Our Children community, an amazing resource! Olive is healthy and eats well because of the Weston A. Price Foundation!



Please send your healthy baby photos and text to journal@westonaprice.org.

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WISE TRADITIONS PODCASTS WITH LIVE AUDIENCES

A young listener at a Wise Traditions
live podcast in San Diego, California.



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The Wise Traditions podcast recorded two shows in California this summer in front of LIVE audiences. The first event in San Diego was called “Wise Traditions for Wee Ones.” Co-chapter leader Toni Fairman and vice president of the WAPF board and chapter leader Kim Schuette, along with podcast host Hilda Gore, fielded questions from young moms on how to best nourish their children.



The second live Wise Traditions podcast was in Topanga Canyon near Los Angeles. Hilary Boynton, chapter leader and coauthor of *The Heal Your Gut Cookbook*, spoke about “Simple and Fearless Healthy Living.”

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The Weston A. Price Foundation currently has 467 local chapters:
373 serve every state in the U.S. plus the District of Columbia and 94 serve 29 other countries.
Welcome to our new chapter leader from Slovakia!

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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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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at 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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Prince Edward County: Karen Selick & Herb Cooper (613) 393-5320, kas@karenselick.com

Toronto (Downtown): Patricia Meyer Watt (416) 653-7112, TorontoWAPF@gmail.com

SK Regina: Sandra Brandt (306) 359-1732, brandt.s@sasktel.net, WAPFRegina.wordpress.com

Southwest Saskatchewan: Pamela Wolanski (306) 560-3258, pjg59@hotmail.com

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Coyhaique: Ann Oldham Michael & Ema Morales 56 67 245288 or 56 09 812 4987, pacificorim@gmail.com, emacibel@gmail.com

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Turrialba & San Jose: Gina Baker & Reinhold Muschler 2289 8806, gmuschler@gmail.com

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Samobor: Domagoj & Josipa Dzojic 00385/(0)95/5681-881, Info@MudrePredaje.com, mudrepredaje.com, skype: dzojiczgcro

DENMARK

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Luxeuil-Vesoul: Elisabeth Roess 09 80 38 58 78, familleroess@yahoo.fr

Provence Cote D'Azur: Beatrice Levinson 06 17 75 63 07, info@gaps_naturopathe.fr

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München: Marlon Bonazzi marlonbonazzi90@gmail.com

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Galway: Maya Flynn 3538 6231 7036, maya.pankowska@gmail.com

Limerick: Deirdre MacMahon 353 (086) 376 6787, deirdremacmahon@gmail.com

Tipperary: Anne Maher 353 8 7792 7311, maher.anne1@gmail.com

ITALY

Casentino Area: Sara Russell & Marco Prina 39 371 184 7372, lacucinaprobiotica@gmail.com

IRAN

Tehran: Soroush Niknamian 00989121939806, soroushniknamian61@gmail.com & Somayah Zaminpira banafshehpira@gmail.com

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Groningen, Friesland, en Drenthe: Esmee Verbaan 0031-626999936, info@vitalitandzorg.nl

Limburg: Tanja Stevens 061 6474 192, info@gezondgestel.nl, limburg.westonprice.nl/, westonprice.nl/waar-vind-ik-goed-eten/

NEW ZEALAND

Auckland: Alison Ellett (09) 420-8548, alison@wapf-auckland.co.nz, wapf-auckland.co.nz/

Coromandel Peninsula: Caroline Marshall 027 438-4654, whitiangawellness@gmail.com & Carl Storey 027 355-1701, carlstorey@xtra.co.nz

Gisborne: Bridget Scully & William Lane 06 8633042 & 02 1101 7405, bridgetscully@gmail.com, kiwilampo@gmail.com

Hamilton: Marea Verry 64 7 8501587, wapfhamilton@gmail.com

Hawkes Bay: Phyllis Tichinin 64 6874 7897, phyllis@truehealth.co.nz

Palmerston North: Susan Galea 646 324 8586, susangalea@hotmail.com, realmilk.co.nz

South Canterbury: Carol Keelty 03 6866 277, bckeelty@outlook.com & Inez Wilson inezmwilson@xtra.co.nz

Tauranga: Natashia Lucas 02 1047 1501, nluccas@mykolab.ch

Wellington: Ian Gregson 64 04 934 6366 wapf@frot.co.nz & Deb Gully (04) 934 6366, deb@frot.co.nz, wapfwellington.org.nz

NZ Resource List: Ian Gregson and Deb Gully, frot.co.nz/wapf/resources.htm

NORWAY

Hedmark (Stange): Sindre Vaernes & Tom Olsen 4847 1030, sindre.vaernes@gmail.com

International Chapters

PAKISTAN

Punjab: Shagufta Feroz & Feroz Sharfuddin 92-321-8439362, drsferoz@gmail.com

PHILIPPINES

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POLAND

Pokrzydowo: Adam Smiarowski 0 11 48 606 209914, szkolarycerska@gmail.com

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Lisboa: Duarte Cardoso da Costa Martins 00351 91 772 57 55, duartecmartins@gmail.com

Porto: Hugo Dunkel Matos Couto e Neiva 00 351 914338761, hugo.dunkel@gmail.com

PUERTO RICO

Caguas: Rocio Lopez, MD (787) 502-0607, lopezrmd@gmail.com

SCOTLAND – see United Kingdom

SINGAPORE

Singapore: Alexander Mearns westonpricesingapore@gmail.com

SLOVAKIA

Ša?a and Dunajská Streda: Monika Jarosiova 0903 887704, jarosi.monika@centrum.sk

SPAIN

Girona/Baix Montseny: Monica Fernandez Perea 34 692468952, info@espaiseny.cat

Madrid: Ana de Azcarate 0034-616821039, aquilina68@yahoo.com

Malaga: James Fehr & Craig Chanda, 0034 622506214, jamiefehr@fastmail.es

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Bern: Judith Mudrak rohmilchjudith@gmail.com

UNITED KINGDOM

ENGLAND

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Herefordshire: Sally Dean 01432 840353, sally@aspenhouse.net

Kent: Keli Herriott-Sadler 01732 354 527, keli@herriott-sadler.co.uk

London: Philip Ridley philridley@hushmail.com, westonaprice.london

Wise Traditions London, Festival for Traditional Nutrition Phil Ridley 01442 384451, westonaprice.london@gmail.com,

westonaprice.org/london, 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, clairebackhouse78@gmail.com

Surrey and Hampshire: Diana Boskma 44 1252 510 935, dboskma@gmail.com

UK resource list: naturalfoodfinder.co.uk

WALES

North Wales: Ben Pratt 07952 555811, ben.naturafood@gmail.com

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Hopeful Farms raises 100% grass-fed beef, pastured chicken and turkey, and pastured pork. Our animals are not fed hormones, antibiotics, GMOs or soy. Shipping and farm pickup are available. Visit our website: fryfarmscoop.com or contact us at fryfarmscoop@gmail.com.

MA

Many Hands Organic Farm in Barre, MA. All products certified organic and free range. Lard, pork, chicken and beef stocks, pork, chicken, turkey and 26 weeks of CSA. No till, nutrient dense. www.mhof.net; (978) 355-2853; farm@mhof.net.

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Nick's Organic Farm. Grass-fed beef (no grain ever), free range eggs, pastured chicken and turkey. Liver, organ meats, and bones. Organic poultry feed. Pick up in Potomac or Buckeystown. Our livestock are rotated to fresh pastures on our fertile organic soils and receive organic feed, no hormones, antibiotics, or animal parts. We raise our cows 100%

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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, farmonwheels.net, farm_on_wheels@live.com.

MS

Nature's Gourmet Farm raises nutrient dense grass-fed beef, pastured pork, and pastured broilers. Animals are hormone, antibiotic, and GMO free! We service south Mississippi, Alabama and Louisiana. For details and order information visit our website at www.naturesgourmetfarm.com.

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OH

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(330) 359-2129 or email thefoodbarn.veggies@gmail.com. Wholesome Valley Farm, Wilmot, OH.

Sugartree Ridge Grassfed. Openings in 100% grassfed herdshare with nine delivery sites in the Cincinnati area. No grain, no silage. Sixteen 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. (513) 207-7998.

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Grass-based biodynamic raw milk dairy offering Jersey Hi-creamline milk, cream, golden butter, cottage cheese and aged cheeses. Soy-free veal and pork seasonally. On farm sales and membership club. **Can ship.** Sherry and Walt (541) 267-0699.

PA

Rambling River Pastured Farm - Pastured pork, chicken, duck, turkey. Non-GMO feed. 100% Grass-fed lamb. CSA shares or on-farm sales. **Shipping and delivery available.** Special pricing on surplus frozen chicken from 2015. Located near Gettysburg. Contact Meredith at (717) 624-2141.

RAW CHEESES made from milk from our herd of 100% grassfed cows on our organically managed farms. Prices start at \$5.25/lb. and also ground beef at \$4.25/lb. **WE SHIP.** Oberholtzer at Hilltop Meadow Farm. (570) 345-3305.

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Wentworth Dairy. Grass-fed raw milk, raw milk cheese, free-range eggs, pastured pork, grass-fed beef. We are located 8 miles from MD state line. Family farm, all natural grass-based, Ayrshire and Jersey cows. Rob & Bonnie Wentworth, 1026 River Road, Quarryville, PA 17566, (717) 548-3896.

VA

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

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WY

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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!

EMPLOYMENT OPPORTUNITIES

A lovely, well appointed cottage, gardens, pool, labyrinth and more awaits a motivated couple interested in sustainable healthy living and exploring New Zealand. See woof website for how this works. For more information, email Lyn at 1gardenstone1@gmail.com.

A wonderful WAPF-inspired fine dining restaurant is now recruiting talent. Farmageddon filmmaker, Kristin Canty is hiring for her new venture, Woods Hill Table, a traditional foods restaurant in her home town of Concord, MA. To our knowledge, this is the first-ever WAPF inspired fine dining restaurant. From frying in beef tallow, soaking grains, and raw fermented foods to serving kombucha flavor of the day on tap, Kristin is implementing the WAPF dietary guidelines and changing restaurant history. If you'd like to be a part of this exciting culinary project, her Concord Restaurant Group is looking for a service manager, servers, reservationists, chefs and line cooks. Contact Kristin@woods hilltable.com; 24 Commonwealth Ave, Concord, MA, 01742; woodshilltable.com, jobs@woodshilltable.com, (978) 369-6300.

FARM FAMILY OR INDIVIDUAL needed to help set up and live on pristine 164 acre former raw dairy farm and cheese making facility in SW Washington state. If interested, please send email to Lawren@wellaroo.com with subject line: "dairy farm".

Successful retiring farmer seeking paid apprentice. Rural S. Oregon Cascades 100-ac. forested/9-ac. pastured organic beef main operation. Very established customer base. Seek mature, responsible, teachable person with desire/willingness to learn. Basic Ag/Husbandry is necessary but the willingness to learn is most important. Ongoing projects in construction, soil/pasture management, agronomy, large composting, husbandry, agriculture, irrigation, gardening, forest management, heavy equipment, mechanics, welding, etc. We try to do it all here. Looking for long-term potential partnership. Opportunity of a lifetime. inforoc@wildblue.net.

We are seeking a middle aged couple to move into our log home and care for our small herd of dairy cattle. Knowledge of organic farming, animals and cheese making helpful. Does this look like something you could enjoy? Come give it a try! - Commit to 6 months or longer if both couples find a good fit. Couple mid 60's due to health reasons need a sabbatical from our new and fast growing A2 raw milk micro-dairy in Wyoming. For more information send email w/ resume diamondsretreat@gmail.com; diamondsretreat.com.

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VIROQUA NUTRITION COUNSELING is a traditional foods-based practice in Southwest Wisconsin. Laura Poe, RD is a holistic dietitian, culinary instructor and WAPF member. In-person or distance consultations available. Email Laura at viroquanutritioncounseling@gmail.com for more information or to schedule an appointment. Initial consults are \$100, \$75 for follow-ups.

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SEEKING SAFE SANCTUARY Longtime WAPF supporter and pioneer in the ancestral foods marketplace seeks housing in low-EMF environment, no mold. Separate or shared housing, long-term housesitting/caretaker position, or other alternatives, including land for constructing natural dwelling. Northern California preferred. Please contact: mariebishop@outlook.com or (415) 868-9622.

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WAPF RESEARCH

STUDY ON HEALTHY BABIES: Johanna M. Keefe, MS, RN, GAPs, Advanced Holistic Nurse, & Gena Mavuli, MA, NC are 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, they would like to hear from you. They would like to interview you by Skype, Facetime, or in person if you are located in New England, northern California or North Carolina—<https://realfoodsuccesstories.wordpress.com/>, growingsuccesstories@gmail.com, (978) 290-0266.

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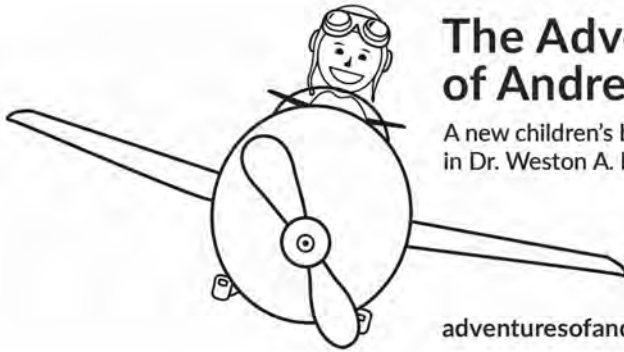


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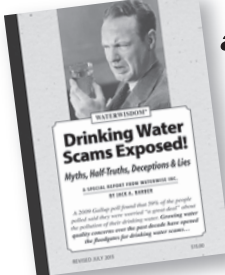
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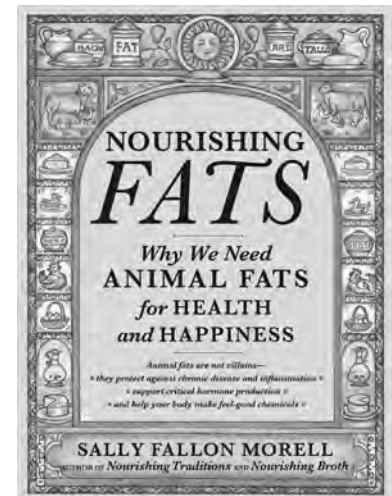
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THE WESTON A. PRICE FOUNDATION


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

2017

- Dec 5-8** **Columbus, OH:** Acres USA Eco-Ag Trade Show featuring Christine Jones, Vandana Shiva and Courtney White. **Contact:** acresusa.com, (800) 355-5313.
- Jan 20-21** **Victoria, BC, Canada:** Pacific Rim College sponsors Nourishing Traditional Diets seminar with Sally Fallon Morell. **Contact:** <https://www.pacificrimcollege.com/workshops/event/achieving-optimal-health-through-nourishing-traditional-diets/>, (86) 890-6082.

REGISTER NOW!

Wise Traditions 2017

18th Annual Conference of the Weston A. Price Foundation
November 10-13, 2017
Minneapolis, Minnesota

Featuring Zoë Harcombe, Natasha Campbell-McBride, Ronda Nelson, Ben Greenfield, Tom Cowan, Chris Masterjohn, Sally Fallon Morell and many other fine speakers.

See page 12 for details.

Recordings of Wise Traditions 2016: westonaprice.org