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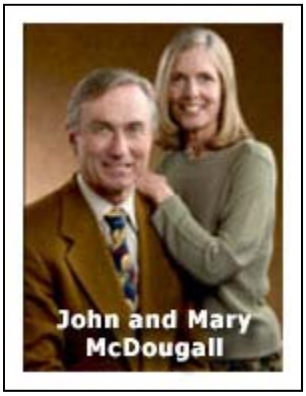

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Chicken and turkey are called “white meats,” as in “clean white meat,” and are considered to be health foods. The truth is fowl are filthy with a multitude of disease-causing ingredients. The horrible threat of a *bird flu pandemic* may cause health-conscious people to examine more closely the facts behind this traditional meal centerpiece—and we may see something like how mad cow disease, with all the emotions it aroused, caused people to rethink beef.

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How Foul Is Fowl?

Chicken and turkey are called “white meats,” as in “clean white meat,” and are considered to be health foods. The truth is fowl are filthy with a multitude of disease-causing ingredients. The horrible threat of a *bird flu pandemic* may cause health-conscious people to examine more closely the facts behind this traditional meal centerpiece—and we may see something like how mad cow disease, with all the emotions it aroused, caused people to rethink beef. Even though to date only a handful of people have died from either of these animal-borne infections, the fear of these two diseases could save millions of lives as people refrain from eating the more ordinary, but very lethal, parts of an animal’s tissues.

The tissues of all fowl consist primarily of artery-clogging fat and cholesterol, and bone-destroying protein and acid. They are completely devoid of energy-giving carbohydrate and bowel-moving fiber. Like “sauce on the goose” they are contaminated with deadly microbes and cancer-causing chemicals. Have I stimulated your appetite?—to learn more?

Amazing What People Eat

A fowl is a bird of any kind, although some types of birds use the word specifically in their names; for example, Guinea-fowl and Peafowl. Chickens and turkeys are the most popular birds found on people’s dinner plates. In the US, over 35 billion tons of chicken are consumed annually, with a per capita intake of 87 pounds a year. About 18 pounds per person of turkey are consumed each year. The scare of bird flu has already begun to take a bite, with chicken consumption down almost 90% in some European markets and India, and chicken prices are plummeting.

Besides chicken and turkey, Westerners also eat ducks, guinea hens, quail, pheasants, geese, and ostriches. In other cultures, people are known to eat anything they can catch, including parrots, swans, emus, rheas, and even penguins.

Parts commonly eaten are the muscles, skin, and fat of the fowl. People also eat the heart, liver, and gizzard – collectively known as the giblets. A prized delicacy, *Foie gras* (which is French for “fat liver”), is made from the enlarged livers of male ducks and geese. The Chinese even eat the chicken’s feet—and chicken feet represented 43% of US poultry sales to China. (Recipe: Wash chicken feet. Chop off toenails. The feet are first fried, then marinated, and finally steamed.)

Fowl Is Rich Feast Food—at Best/Worst

Birds as food have traditionally been considered a delicacy—a fare reserved for holidays, like Thanksgiving, or as a treat for Sunday’s dinner. Today’s practice of “making every day a feast day” has caused the worldwide epidemic of *malnutrition from overnutrition*—now the most important killer of all. Too many calories, and too much fat and protein, mean disease—like obesity, heart attacks, cancer, diabetes, arthritis, osteoporosis, and much more suffering.

The fat and protein content of a bird depends in large part upon its diet and activity level. (Heard that one before?) Wild birds are generally much leaner, and therefore, lower in fat and higher in protein. *Meat breeds* are chickens developed for their quick growth—heavy with fat and muscle—they are mass produced specifically to be eaten. The fat and cholesterol in fowl permeate its flesh; they cannot be cut away.

Birds and bird parts with a lower fat content are by nature higher in protein. Excess protein is as damaging to health as is excess fat—causing kidney stones, loss of kidney function, osteoporosis, and cancers (lymphomas). You will hardly find a “micro-spec” of dietary fiber or carbohydrate in a bird carcass.

Comparison of Food Values[1]*

Bird (roasted)	Fat % Calories	Protein % Calories	Cholesterol mg/100 Calories
Chicken	51	49	37
Chicken (White Meat)	24	76	49
Duck	76	24	25
Goose	65	35	30
Turkey	45	55	40
For Comparison:			
Beef	50	50	34
Salmon	54	46	31
Potato	01	09	0
Pinto Bean	04	24	0

**** Note how similar the values of various meats—"a muscle is a muscle…"***

Point of View

Thanksgiving dinner's sad and thankless
Christmas dinner's dark and blue
When you stop and try to see it
From the turkey's point of view.

Sunday dinner isn't sunny
Easter feasts are just bad luck
When you see it from the viewpoint
Of a chicken or a duck.

Oh how I once loved tuna salad
Pork and lobsters, lamb chops too
'Til I stopped and looked at dinner
From the dinner's point of view.

-- Shel Silverstein

Bugs in Your Birds

Bacteria, viruses, parasites, and fungi found in fowl cause illness and death in humans. The most common pathogens found in commercially processed bird flesh are from their own bowel bacteria and these organisms are Campylobacter, E. coli, and salmonella. During the manufacturing processes used to bring chickens to market, "fecal soup" is created as thousands of dirty chickens are bathed together. In one study of retail markets in the Washington, D.C. area from June 1999 to July 2000, 70.7% of chicken samples were found to be contaminated with Campylobacter, and 91.1% of the stores visited sold Campylobacter-contaminated chickens. E. coli were found in 38.7% of chicken samples.[2] Approximately 14% of the turkey samples yielded Campylobacter and 11.9% were positive for E. coli. Salmonella was found in 25% of both of these white meats.

Infections with any of these three bacteria can cause symptoms very similar to the flu, like nausea, vomiting, abdominal

cramps, diarrhea, fever, chills, weakness and exhaustion; and can be deadly for children, the elderly, and people with suppressed immune systems. Infections are caused by close contact with the carcasses of birds. Eating the flesh of birds is as close as you can get to their germ-infested tissues. Although cooking destroys most of these infectious agents, people eat, often unknowingly, partially cooked and raw meats.

Is Bird Flu a Real Threat?

During the 1997 epidemic of bird flu in Hong Kong eighteen people were infected by contact with birds, resulting in six fatalities. Since then the virus has been spreading from Southern China to other parts of the world by migratory birds and, less commonly, by bird trafficking. This year (2006) bird flu is expected to reach the US. From December 2003 through March 6, 2006, a total of 175 laboratory-confirmed human avian influenza A (H5N1) infections were reported to WHO from Cambodia, China, Indonesia, Iraq, Thailand, Turkey, and Vietnam. Of these, 95 were fatal.[3] Thus, more than half of the people who get bird flu die. There is no reliable vaccine for prevention, nor any effective treatment after infection occurs.

In addition to infecting wild birds and poultry, this virus has jumped the species barriers to infect cats, pigs, horses and other mammals. Right now your best strategy is to avoid contact with potentially infected fowl. People travelling abroad are advised, "…not to visit bird or poultry farms and markets, to avoid close contact with live or dead poultry, not to eat raw or poorly cooked poultry and to wash hands often with soap and water."[4] This message means don't handle (except for your own pets), cook or eat birds!

Whether an H5N1 influenza *pandemic* will occur depends on whether or not the present viral strains mutate so they can efficiently transfer from humans-to-humans. Influenza A viruses are known for their ease in transforming. Although no human-to-human transmission was documented initially, sporadic cases of such transmission are expected to occur as the infection spreads worldwide.[5] The biological behavior of this virus indicates that once a pandemic begins, isolation of sick people is not likely to contain the spread of disease. A specific vaccine against the bird flu will not be available until 6 to 12 months after the beginning of the pandemic.[6] This message means once this disease begins to spread freely among people, you must isolate yourself from the outside world.

Antibiotic-laced Meat and Vegetables

Antibiotics are used in factory-farmed animals to help prevent bird-borne infections and to stimulate growth in order to enhance the profits of the poultry industry. However, heavy use of these drugs hurts people by encouraging the development of antibiotic resistant strains of bacteria. When people become sick they find that the powerful drugs they need have been rendered ineffective.

These antibiotics contaminate plants, and are therefore consumed by even the strictest of vegetarians. Manure is used worldwide to grow crops—especially in organic and sustainable agriculture. The antibiotics, like tetracyclines, are incompletely absorbed by the animal's gut and are then deposited with the animal's feces onto the ground—to be absorbed and incorporated into the growing plants.[7] These drugs present health risks for people who are allergic and become another source for antibiotic-resistant bacteria.

More Chemicals in Your Chickens

Poultry is high on the food chain. Chemicals from the environment undergo *bioconcentration* when the chickens eat the grains—or worse yet when chickens are fed pellets containing remnants of dead cows and/or fish meal. In these cases the biomagnification of dangerous chemicals raises levels many hundreds-fold from their original concentration in the plants.

The scenario may be:

Low concentrations of chemicals are present in the sea vegetables and in the water

--- fish consume these environmental poisons and concentrate them in their body fat
--- cows eat fish meal and concentrate these noxious wastes even more into their fat
--- then chickens eat dead cow remnants and the toxins become packed further into their flesh
Finally people get the strongest doses, as they are at the end of the food chain.
--- The greatest concentrations of tissue-damaging contaminates are delivered to babies nursing from pollutant-overloaded mothers.

Common Pollutants Found in Poultry[8]

Polycyclic aromatic hydrocarbons (PAHs)
Phthalic acid esters
Polychlorinated dibenzodioxins
Dibenzofurans (PCDDs and PCDFs),
Polychlorinated biphenyls (PCBs)
Organic phosphates

Chicken flesh must be cooked in order to be edible for most humans. The process of cooking chicken flesh leads to the formation of powerful cancer-causing *heterocyclic aromatic amines*. Cooked poultry has some of the highest concentrations of these toxins found in foods commonly consumed.[9]

Have Some Compassion

Chickens and turkeys are crowded together in cages barely big enough to allow them to move. Commonly, they are mutilated by cutting off their beaks when they are young. These helpless birds are overstuffed with food and drugs during processing. And finally, their lives are cut short to become food for pets and people.

People (mostly immigrants) work in dangerous, bloody, greasy surroundings in order to bring fattened fowl to the dinner tables of fattened consumers. AFL-CIO President John J. Sweeney said, “Meat and poultry workers who toil at breakneck speeds in the extremely dangerous and dirty work not only suffer high rates of injuries and deaths but risk losing their jobs when they get hurt, apply for workers' compensation or attempt to improve their lives by trying to form a union.”[10]

By showing compassion for tortured animals and underprivileged people working in despicable conditions you will improve the health and well-being of yourself, your family and friends. Everything benefits from enlightened decisions at the dinner table.

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2) Zhao C, Ge B, De Villena J, Sudler R, Yeh E, Zhao S, White DG, Wagner D, Meng J. Prevalence of Campylobacter spp., Escherichia coli, and Salmonella serovars in retail chicken, turkey, pork, and beef from the Greater Washington, D.C., area. *Appl Environ Microbiol.* 2001 Dec;67(12):5431-6.

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My favorite 5 articles found in recent medical journals

High Protein Diets Harmful and Unnecessary for Endurance Athletes

Level of dietary protein impacts whole body protein turnover in trained males at rest by Patricia Gaine in the April 2006 issue of *Metabolism* found in five male endurance runners that, "a protein intake of 1.2 g/kg or 10% of total energy intake is needed to achieve a positive nitrogen balance." The source of protein was beef and vegetarians were excluded from the study. No advantage was found for consuming higher levels of protein. The high protein diet (30% protein, 30% fat, and 40% carbohydrate—like the Zone diet) provided insufficient carbohydrates to replenish muscle glycogen and may result in fluid imbalances and dehydration according to the researchers.

Comment: Protein is the most "sacred" of all nutrients, especially for athletes—like most people, they are unnecessarily worried about getting enough. Protein supplements, bars, and shakes many times push these athlete's diets beyond limits that could be achieved by ordinary eating. But in the end they fail to benefit and do much harm by believing the "protein means performance" myth. Performance comes from efficient fuel, and that fuel is carbohydrate. Furthermore, excess protein can inhibit performance by causing a diuresis which can lead to water loss and a relative condition of dehydration. Over several years all that protein and associated acid will tear down the bones.

With rice at 8%, potatoes at 10% and beans at 28% protein, along with an abundance of carbohydrate and other essential nutrients, a diet based on plant foods makes ideal nutrition for an endurance athlete. This is the reason science-based recommendations for physical performers are consistently to make high carbohydrate starches their meal centerpiece—and that is exactly what the winners do.

See my September 2003 newsletter article: Building Your Own High-Performance Athletic Body for more details on diet and winning athletes.

Gaine PC, Pikosky MA, Martin WF, Bolster DR, Maresh CM, Rodriguez NR. Level of dietary protein impacts whole body protein turnover in trained males at rest. *Metabolism.* 2006 Apr;55(4):501-7.

Plavix Fails Heart Patients and Causes Bleeding

Clopidogrel and Aspirin versus Aspirin Alone for the Prevention of Atherothrombotic Events by Deepal Bhatt published in the March 12, 2006 on-line version of the *New England Journal of Medicine* found, "Overall, clopidogrel plus aspirin was not significantly more effective than aspirin alone in reducing the rate of myocardial infarction, stroke, or death from cardiovascular causes." Plus they found an increased risk of moderate to severe bleeding with the combination of Plavix (clopidogrel) and aspirin. There was also an increase in risk of death in Plavix-treated participants who had no previous symptoms of heart disease.

Comment: This study was funded by Sanofi-Aventis and Bristol-Meyers Squibb the partnership that manufactures Plavix (clopidogrel)—so I am surprised it got published. Previous drug company funded research has shown benefits from the combination of aspirin and Plavix in patients who have recently suffered injuries to their heart arteries from a heart attack (acute coronary syndrome) or angioplasty—this group represents about 2 million people annually in the United States. However, patients in the present study were not that sick yet—they were only at high risk for having heart attacks or heart surgery—like most adults living in Western societies. Consider, if this study had been positive, the effect on potential market for the sale of Plavix—perhaps tens of millions of people would have become customers. The drug company must have been very disappointed with the outcome.

Plavix costs about $3 a tablet compared to less than one cent for an aspirin. Now you can understand why you see daily advertisements on TV and in print media for this drug. Aspirin has been used for many years to prevent heart attacks in people at high risk for future problems. I prescribe one baby aspirin daily for people who have suffered a heart attack or have undergone heart surgery. For people without this history the risk from bleeding and intestinal distress is far greater than the potential for benefit and therefore should not be used.

There seem to be benefits for some people from Plavix—even though I have serious concerns because of the influence on the studies by the funding drug companies. Based on available information, Plavix should be used with caution only for

a short time—one to six months—after angioplasty or a heart attack. Even then, the benefits from this therapy are small, the risks are significant and the costs are substantial. If you are now on Plavix you should ask your doctor about stopping it—or to at least supply you with some scientific support justifying continued use.

Bhatt DL, Fox KA, Hacke W, Berger PB, Black HR, et al. Clopidogrel and Aspirin versus Aspirin Alone for the Prevention of Atherothrombotic Events. *N Engl J Med.* 2006 Mar 12; [Epub ahead of print]

Diabetic Pills Kill

Risk of mortality and adverse cardiovascular outcomes in type 2 diabetes: a comparison of patients treated with sulfonylureas and metformin by J.M.M. Evans in the March 9, 2006 on-line version of the medical journal *Diabetologia* found, "…those treated with sulfonylureas only, or combinations of sulfonylureas and metformin, were at higher risk of adverse cardiovascular outcomes than those treated with metformin alone."

This study of 5,700 patients found three times the risk of death from all causes and death from heart disease with the use of a commonly prescribed form of diabetic medication called sulfonylureas. The older, fatter and sicker people were at the highest risk of death from taking these pills. For example, people over 65 had almost 12 times the risk of dying, and 10 times the risk of dying from heart and blood vessel diseases when taking sulfonylureas compared to metformin.

Comment: As many as one-third of type-2 diabetics are prescribed sulfonylureas. Since the early 1970s every single edition of the Physician's Desk Reference, found in every doctor's office, has carried this warning in heavy back print for their diabetic patients:

SPECIAL WARNING ON INCREASED RISK OF CARDIOVASCULAR MORTALITY

Sulfonylureas cause fundamental changes in the function of cells that increase the risk of heart attacks.[2] These drugs, which are called "antidiabetic agents" by the pharmaceutical companies, ***never cure diabetes***—and they have been shown to more than double the risk of heart attacks and almost triple the risk of early death in patients after an angioplasty.[3] I do not prescribe this type of diabetic pill, and always ask my patients to stop them. On rare occasions I find the need to prescribe metformin and this is usually because the patient is worried about not being on medication. On even rarer occasions I will prescribe insulin for type-2 diabetes (I always prescribe insulin for type-1 diabetics).

You can learn more about my thoughts on type-2 diabetes by reading my February 2002 newsletter article: Type-2 Diabetes – the Expected Adaptation to Overnutrition.

Examples of Sulfonylureas: Amaryl, DiaBeta, Diabinese, Glucotrol, Glucovance, and Metaglip.

Examples of metformin: Glucophage, Glucophage XR, Glumetza, Apo-Metformin, Gen-Metformin, Novo-Metformin, Nu-Metformin.

References:

1) Evans JM, Ogston SA, Emslie-Smith A, Morris AD. Risk of mortality and adverse cardiovascular outcomes in type 2 diabetes: a comparison of patients treated with sulfonylureas and metformin. *Diabetologia.* 2006 Mar 9; [Epub ahead of print]

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3) Garratt KN, Brady PA, Hassinger NL, Grill DE, Terzic A, Holmes DR Jr. Sulfonylurea drugs increase early mortality in patients with diabetes mellitus after direct angioplasty for acute myocardial infarction. *J Am Coll Cardiol.* 1999 Jan;33(1):119-24.

Drugs Fail for Depression

Two studies published in the March 23, 2006 issue of the *New England Journal of Medicine* showed the most commonly prescribed antidepressants fail to cure symptoms of major depression in at least half of all people who take them. One study found that after unsuccessful treatment with a serotonin-reuptake inhibitor (SSRI), approximately one in four (25%) patients had a remission of symptoms after switching to another antidepressant—either sustained-release bupropion (Wellbutrin SR), sertraline (Zoloft), or extended-release venlafaxine (Effexor XR).[1]

The second study evaluated the effects of adding to citalopram (Celexa) either sustained-release bupropion (Wellbutrin) or buspirone (Buspar).[2] Approximately 30 percent of depressed patients had a remission of symptoms after that additional treatment.

Neither of these studies compared their effects with placebo—so the benefits seen with either study could have been partially or totally spontaneous—in other words, unrelated to the effects of the drugs.

Comment: Somewhere between 15 to 20 percent of people are depressed and most of them are being prescribed powerful drugs with less than anticipated benefits and a whole lot of side effects. In the US this represents a $10 billion annual business with three of the top ten selling drugs being SSRI antidepressants.[3]

Unfortunately, depressed patients are never prescribed simple, safe, effective, cost-free, and scientifically tested "natural" treatments, such as a high-carbohydrate diet, exercise, sunlight, and sleep restriction. The treatments are described in detail in my March 2004 newsletter article: A Natural Cure for Depression. If the truth be known, scientific research establishes these therapies to be more much more valuable to the patient than the drugs—but the drugs are much more profitable to the medical and pharmaceutical industries—so little change in practice should be expected.

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1) A. John Rush, M.D., Madhukar H. Trivedi, M.D., Stephen R. Wisniewski, Ph.D., et. Al. Bupropion-SR, Sertraline, or Venlafaxine-XR after Failure of SSRIs for Depression. N Engl J Med 2006; 354:1231-1242

2) Madhukar H. Trivedi, M.D., Maurizio Fava, M.D., Stephen R. Wisniewski, Ph.D., et al. Medication Augmentation after the Failure of SSRIs for Depression. N Engl J Med 2006; 354: 1243-1252

3) http://www.nihcm.org/spending2001.pdf

Bragging Rights for Prostate Surgeons

Radical prostatectomy versus watchful waiting in early prostate cancer by Anna Bill-Axelson in the May 12, 2005 issue of the *New England Journal of Medicine* found, "Radical prostatectomy reduces disease-specific mortality, overall mortality, and the risks of metastasis and local progression. The absolute reduction in the risk of death after 10 years is small, but the reductions in the risks of metastasis and local tumor progression are substantial."[1] This was a 8.2 year study of 696 men, average age of 64.7 years; half underwent surgery and half did nothing—a method called "watchful waiting." The overall death rate was similar in the two groups (7.8 surgery vs. 9.8 ww) for the first 5 years. After 10 years the absolute risk of death was reduced by only 5% with surgery. The authors conclude: "Since, in absolute terms, the reduction in mortality is moderate, clinical decision making and patient counselling will remain difficult."

Comment: This study is now used by surgeons to talk their patients into radical surgery—with common side effects like incontinence and impotence. The fact that ten years after diagnosis approximately 85% of men will have not died of prostate cancer regardless of the treatment prescribed (including nontreatment) shows that this is a slow growing disease with a low chance of killing the patient. Most of the patients (90%) diagnosed with prostate cancer would have lived out their entire lives without knowing they were "sick" if it were not for the meddling of the medical businesses.

In this study there was no survival advantage from surgery for men over 65, which makes me seriously question surgeons using these results to try to influence any elderly patient's decision to accept surgery.[2] This study was designed 20 years ago and since then the management of prostate cancer has changed in ways that would favor watchful waiting.[2] This study also chose a select group of men with prostate cancer, and as a result, benefits for men with earlier and more aggressive cancers are completely unknown.[3] Furthermore, a low-fat diet seems to be becoming an accepted additional treatment for improving the outcome for men with prostate cancer.[4]

I remain a proponent of "doing no harm"—first and always. In the case of aggressive prostate cancer treatment I still be-

lieve far more harm (side effects from surgery and radiation) is done in most cases than good (improved survival and less suffering). For more information on my thoughts on prostate cancer read my February and March 2003 newsletter articles: Saving Yourself from Cancer - the Prostate (case in point) and A World of Hope and Dreams - Early Detection - The Example - Prostate Cancer.

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Featured Recipes

Overnight Steel-cut Oats

Steel-cut oats are a healthy and delicious way to start your day. By soaking them overnight you can cut the cooking time in half.

Preparation Time: 5 minutes
Soaking time: overnight
Cooking Time: 15 minutes
Servings: 2

2 ½ cups water
2/3 cup steel-cut oats
1 tablespoon currants (optional)

Place the water in a saucepan and bring to a boil. Add the steel-cut oats and mix well. Remove from heat and let cool. Cover and refrigerate overnight. In the morning, add the currants to the pan and mix in well. Bring to a boil, reduce heat and simmer uncovered for about 15 minutes, stirring occasionally. Serve in a bowl with a little soy or rice milk poured over the top, if desired.

Hints: To add more servings, add 1 cup of water and 1/3 cup of steel-cut oats for each additional serving. For example, for 3 servings use 3 ½ cups water and 1 cup of steel-cut oats.

Whole Wheat Biscuits

These biscuits are made with the white whole wheat flour that is available in many supermarkets and natural food stores. It is lighter in texture than regular whole wheat flour, but still contains all the healthy fiber from whole grains.

Preparation Time: 15 minutes
Baking Time: 16-18 minutes
Servings: 12 biscuits

2 cups white whole wheat flour
2/3 cup rolled oats
¼ cup sugar
2 teaspoons baking powder
¼ teaspoon salt
2/3 cup soy or rice milk
½ cup sparkling water
¼ cup Wonderslim fat replacer
1 teaspoon lemon juice
2/3 cup fresh blueberries (optional)

Preheat oven to 400 degrees.

Place all the dry ingredients in a medium mixing bowl and stir to combine. Place all the wet ingredients, except the blueberries, in a small mixing bowl and stir to combine. Pour the liquid mixture over the dry ingredients and stir until just combined. Do not overmix. Stir in the blueberries, if using. Spoon the batter into 12 mounds (about 1/3 cup each) onto a non-stick baking sheet. Bake for 16-18 minutes, until tops are just beginning to brown.

Cool on wire rack. Serve plain or with whole fruit spread.

Hints: If you cannot find the white whole wheat flour, use 1 cup of unbleached white flour and 1 cup of whole wheat flour instead. These may also be made with frozen (thawed) blueberries. Just toss the blueberries with a little un-

bleached white flour before adding to the batter and they will hold their shape much better. The biscuits made without the blueberries are delicious with a savory soup.

McVeggie Burgers

Preparation Time: 30 minutes
Baking Time: 30 minutes
Servings: makes 16 burgers

20 ounces firm water-packed tofu, drained well
12.3 ounces silken tofu
10 ounce package frozen chopped spinach, thawed
½ cup water
1 large onion, chopped
½ pound mushrooms, chopped
3 cloves garlic, pressed
3 cups quick oats
2 tablespoons soy sauce
2 tablespoons vegetarian Worcestershire sauce
2 tablespoons Dijon mustard
1 teaspoon paprika
1 teaspoon lemon juice
½ teaspoon ground black pepper

Preheat oven to 350 degrees.

Place both kinds of the tofu in a food processor and process until fairly smooth, stopping several times to scrape down the bowl. Transfer processed tofu to a large bowl and set aside.

Drain the spinach well and press any excess water out with your hands. (Spinach should be very dry.) Set aside.

Place the water, onion, mushrooms and garlic in a large non-stick frying pan. Cook, stirring frequently until onion has softened and all liquid has been absorbed, about 10-12 minutes. Set aside.

Add the oats and the seasonings to the tofu mixture and mix well. Add the spinach and mix in well, using your hands. Add the onion mixture and continue to mix with your hands until all ingredients are well combined. Take a small amount and form into a ball shape (a bit larger than a golf ball), then flatten into a burger-sized patty about ¼ inch thick and place on a non-stick baking sheet. (If you do not have a good non-stick baking sheet, then *lightly* oil your baking sheet first.) Repeat this process until all the mixture is used. (It will help to lightly moisten your hands several times during this process.) Bake for 20 minutes, then flip over and bake an additional 10 minutes. Cool on racks after removing from the oven. Serve in a whole wheat bun with your favorite condiments.

Hints: These may be prepared ahead and refrigerated or frozen for future use. They reheat well in the microwave, in the oven, or on a grill or griddle.

Bourguignon Beans

This is very similar to a seitan dish that I have made for many years. This time I have used kidney beans instead of the seitan. This is a hearty vegetable stew that is delicious over baked potatoes, brown rice or biscuits.

Preparation Time: 15 minutes
Cooking Time: 1 hour
Servings: 6

2 cups vegetable broth
2 cups baby carrots, sliced in half

2 cloves garlic, minced
2 cups crimini mushrooms, quartered
14 ounce bag frozen pearl onions, thawed
1 cup red wine
2 15 ounce cans kidney beans, drained and rinsed
2 tablespoons soy sauce
2 tablespoons tomato paste
½ teaspoon thyme
½ teaspoon marjoram
1 bay leaf
½ teaspoon freshly ground black pepper
2 ½ tablespoons cornstarch mixed in ¼ cup cold water

Place ½ cup of the broth in a large pot. Add the carrots and garlic and cook over medium-low heat, stirring occasionally for 5 minutes. Add the mushrooms and cook for another 5 minutes. Add the thawed onions, the remaining broth, the wine, beans and the seasonings (not the cornstarch mixture). Mix well, bring to a boil, reduce heat, cover and cook for an additional 45 minutes, stirring occasionally. Remove cover, add the cornstarch mixture while stirring and continue to cook and stir until thickened. Serve at once.

Baked Apple Dessert

This is a very simple, yet satisfying, healthy dessert.

Preparation Time: 15 minutes
Baking Time: 50 minutes
Servings: 4

2 medium garnet yams
1 large baking-type apple
¼ cup unsweetened applesauce
½ cup water
½ teaspoon cinnamon

Preheat oven to 400 degrees.

Peel the yams and slice thinly. Peel and core the apple and cut into thin wedges.

Layer the yams and apples into a square non-stick baking dish. Combine the applesauce and water and pour over the layered ingredients. Sprinkle with cinnamon. Cover and bake for 50 minutes. Serve warm.