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The First Imaginary Conversation between President-Elect Barack Obama and His Newly Appointed Surgeon General, John McDougall, MD

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McDougall: I voted for you because I believe you are, foremost, interested in the welfare of people, not only Americans, but everybody. Being intelligent, articulate, and appearing unafraid also helped sway my vote. PAGE 2

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More than 2000 people have viewed the 17 minute video about the 10-day McDougall Program in Santa Rosa, California

Please send this along to a friend or relative who needs better health. Also tell them that there are over 400 free recipes and a complete free program on the McDougall web site.

Links to video and free program:

http://drmcDougall.com/health_10_day_program_video.html

<http://drmcDougall.com/free.html>

Featured Recipes

- Fat Replacers
- Vegetable Soup
- Santa Fe Rice Salad
- Spicy Garbanzo Spread
- Lemon Scented Spinach Spread
- Poultry-type Gravy
- Light Yeast Flavoring Powder
- Roasted Mushroom and Chard Stuffing
- Chocolate Mousse with Raspberry Sauce



The First Imaginary Conversation between President-Elect Barack Obama and His Newly Appointed Surgeon General, John McDougall, MD



Date of 1st Meeting: November 30th, 2008

Barack Obama invites us to share our vision:

[Write](#) to him and include this letter.

(copy and paste the interview below into the submission form on [Obama's website](#))

Obama: Welcome to the job. I want to be clear that I have appointed you because I need someone who has new ideas that will inspire change. My one fear is that Congress will not confirm your appointment because many of the members represent interests of the food and drug industries—and you are well known to be a strong critic of both.

McDougall: I voted for you because I believe you are, foremost, interested in the welfare of people, not only Americans, but everybody. Being intelligent, articulate, and appearing unafraid also helped sway my vote.

The US Department of Health and Human Services says, “The Surgeon General serves as America’s chief health educator by providing Americans the best scientific information available on how to improve their health and reduce the risk of illness and injury.” With two notable exceptions, which I will talk to you about later, the Surgeon General’s office has failed the American public. I am a general doctor; you should expect my interests to be solely focused on the welfare of people, not industry.

Obama: You will be perfect; the Surgeon General functions as the nation’s family doctor. I fully realize restoring health to America is fundamental to our success in all areas, including the economy and the two wars we are fighting. So where do we begin?

McDougall: The urgency to fix the broken health of this nation is as great as solving the housing and economic crises that you are facing. More than 80% of our health problems are from our food choices. After the age of 30, in our country, almost everyone is overweight, on medications and/or has risk factors, like high cholesterol and high blood pressure, which predict premature disability and death. You have been asked to lead a nation of sick people, which compounds the difficulty of solving every one of your other problems.

Fortunately, there is one single big solution that will revitalize our citizens, cut food and health care costs, and reduce environmental pollution, overnight: **reestablishing the natural human diet**. If you will reflect for a moment on your life experiences you will quickly understand what I am talking about.

You lived for 4 years in Jakarta, Indonesia (1967 to 1971) and in 1988 you spent 5 weeks in Kenya. Do you remember the diets of these people?

Obama: Rice was the staple food in the Indonesian diet. In Kenya they eat a ground corn flour mixed with water called ugali. They also eat lots of green vegetables, beans, breads, rice, and a little meat and milk.

McDougall: I realize you were only a young boy then, but when you lived in Indonesia 98 percent of the calories people ate came from plant-food sources. Even today, the Kenyans ingest about 77% of their total daily calories from carbohydrates, primarily from starches.

The importance of starch as the natural human diet is resurging. Corn, beans, and squash—the three sisters of American Indian agriculture—will appear on the nation’s one dollar coin next year. The United Nations has declared 2008 the International Year of the Potato in order to address global concerns, including hunger, poverty, and threats to the environment.



2009 Native American \$1 Coin design on reverse depicts a Native American woman planting seeds in a field of corn, beans and squash, representing the Three Sisters method of planting. (United States Mint images)

All **large** populations of **trim, healthy** people, throughout written human history, have obtained the bulk of their calories from grains, tubers, and legumes. You have read history books about this and have witnessed this effect first hand in your extensive travels.

Mr. Obama: Here Is a Partial List of Historical Examples of Starch-Based Diets

Barley – Middle East for 11,000 years

Corn – Central and South America for 7,000 years

Legumes – Americas, Asia, and Europe for 6,000 years

Millet – Africa for 6,000 years

Oats – Middle East for 11,000 years

Potatoes – South America (Andes) for 13,000 years

Sorghum – East Africa for 6,000 years

Sweet Potato – South America and Caribbean for 5,000 years

Rice – Asia for more than 10,000 years

Rye – Asia for 5000 years

Wheat – Near East for 10,000 years

Obama: I remember; everyone was trim, healthy, and hard working in Indonesia. The same for Kenya, in fact their runners are legendary for their performance, endurance, and their unique ability to recover from strenuous exercise. Today they dominate long distance running events.



McDougall: Over the past century there has been escalating abandonment of a starch-based diet in favor of one centered around low-carbohydrate meat and dairy foods. Each and every time a population has made this change an epidemic of **obesity, heart disease, diabetes, and cancer** has followed.

You just finished 2 years of campaigning across America. You must have noticed the condition of people, particularly those of African descent. About four out of five African-American women are overweight or obese. One-third of blacks in America have hypertension accompanied by stroke, heart attack, and kidney failure. Black men have the highest rate of prostate cancer in the world. Asian Americans, often in one generation, have also become Americanized in their diet and appearance.

People must learn to get the bulk of their calories from starches. Notice I did not say every patriotic American has to become a vegetarian or vegan—I am not pushing a religion, just a single big change in eating.

Obama: You are talking about a revolution. I have promised our nation change on a historic scale. But, this is unprecedented.

McDougall: Twice before, Surgeons General have put people's health before industrial profits. Luther Terry, MD, who was appointed by President Kennedy, served as Surgeon General from 1961 to 1965. Under his leadership, in 1964 the first *Surgeon General's Report on Smoking and Health* was released. Look what has happened over the past 4 decades. In the late sixties, when I was a medical student, I saw doctors smoking while examining patients. Today, smoking cigarettes is a social disgrace.

A similar change in our society should have followed *The Surgeon General's Report on Nutrition and Health* issued under C. Everett Koop, MD in 1988. Unfortunately, this report didn't have the desired effects; over the past 2 decades, [obesity](#) in America has risen from 10% to over 30% of our population. The ultimate insult: McDonald's and Burger King sell their products in hospitals. We are now two decades behind; we need a health revolution backed by our President.

Obama: Have you considered the effects on the meat, dairy, and processed food industries?

McDougall: I have about as much sympathy for the people in these industries as I do for those selling tobacco. I have also considered the effect on the medical businesses. If this movement works as planned cardiologists and bypass surgeons will be temporarily standing in unemployment lines along with autoworkers. However, under your leadership millions of new jobs will be created and the country will move forward. In order to carry out your dream for a green energy economy Americans must be competitively fit—we can no longer add \$1500 to the price of each automobile to pay for the healthcare of the employees. The benefits to individuals will be immediate; food costs will decrease from \$14 a day to \$3 a day per person on a starch-based diet.



Obama: As appointed (but unconfirmed) Surgeon General can you provide me with some specific steps to take?

McDougall:

1) **Identify the livestock and processed food industries as the major cause of death and disability in the US.** This will be more difficult than it was for tobacco because in the case of smoking in 1964, half of the population were non-smokers and could see the insanity. Right now more than 99.9% of Americans cannot see past their own dinner plates—they have no idea there is a problem with their food choices. The education hurdles will be great, but not insurmountable.

I am asking for \$217 million annually for this budget. By no coincidence this figure represents the amount the dairy and beef industry spend annually—\$175 million and \$42 million, respectively—shamelessly promoting their products through our school systems, dietitians, doctors, the USDA, scientific journals, and every available form of media. You may be asking how are we going to pay for this?

2) **Levy a tax on health-damaging foods.** Cigarette taxes added by individual states are as high as \$2.58 per pack. Since there is too little time to wait for individual states to act, this legislation will immediately be brought to Congress, and become a federal tax. This tax will achieve two social objectives: to reduce the number of citizens making themselves sick and to raise government revenue. Annually, 28 billion pounds of beef and 9 billion pounds of cheese are consumed in the US. Taxed at \$1 per pound, this tax will leave a lot of money left over for other worthwhile programs. How about dedicating \$10 billion to rehabilitation live-in programs, modeled after the highly successful McDougall Program, for people with type-2 diabetes, heart disease, inflammatory arthritis, multiple sclerosis, GERD, IBS, obesity and other diseases caused by meat- and dairy-centered diets?

3) **Place Product Warning Labels.** Just like those on tobacco products. Here are two examples:

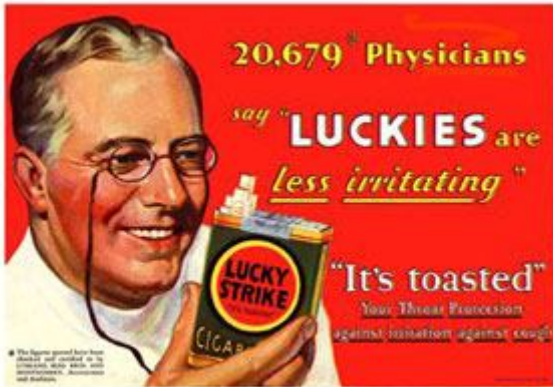


4) **Change to a starch-based diet for all government funded programs.** Three very needy groups come to mind: our military, schools, and food assistance programs. Among our fighting forces 61% are overweight—it is unsafe to send these men and women into battle in such poor condition. Diet-induced childhood obesity and illness will be considered abuse, especially after adults know better. Subsidizing foods that make people fat and sick doubly harms underprivileged Americans. In the near future food stamps and other assistance programs will not provide for the purchase of tobacco, alcohol, meat, dairy, or highly processed “junk” foods.

5) **Educate doctors and dietitians about diet and how to take people off medications.** The effects of food on health and disease, a subject almost entirely ignored in medical schools, need to be taught. The food industry will be highly regulated when they finance research and banned entirely from educating dieti-

tians. Relicensing exams will require all professionals to take courses in diet therapy and how to reduce and discontinue medications once used to treat diseases of over-nutrition.

6) **Require all hospitals to serve healthful foods.** In my parents' day, free samples of cigarettes were distributed to patients, and I can remember hospital gift shops selling cigarettes. Right now every hospital in the country serves to their patients the very foods that brought them there in the first place. No longer will we miss the "teaching moments" that happen when people have a heart attack or a diabetic crisis. All fast-food restaurants will be banned from hospitals.



7) **Allow lawsuits to go forward against food industries.** The Personal Responsibility in Food Consumption Act, also known as the "Cheeseburger Bill," was twice passed by the House of Representatives, but fortunately not yet confirmed by the Senate. The aim of this bill is to protect producers and retailers of foods from being sued by customers who have

become obese and sick by eating their products. This legislation is being pursued by congressional representatives supporting the interests of industry; because of similar suits brought in the 1990s against tobacco corporations.

Obama: This is an ambitious plan. I like it.

McDougall: With the failing economy people may be forced to change to a starch-based diet, or starve. However, a planned transition will be less painful, more likely to succeed, and a key ingredient in saving America. America can no longer afford to be sick. We must get this fixed now; we do not have a generation to wait. As your Surgeon General, I will be the nation's family doctor. Let's plan another meeting soon.

Mr. Obama: Here are three Congressional actions needed for me to do my job:

First, the US Public Health Service (USPHS) must be converted into a fully independent agency that reports directly to the President, like the U.S. Environmental Protection Agency does now.

Second, the Surgeon General, as the head of the USPHS, must be a lifetime appointment, like federal judges now have.

Third, the Surgeon General must take over from Department of Agriculture (an organization representing the interests of the food industries) the responsibility of establishing and disseminating dietary advice to Americans.

Advertising Passed Off As Research Confuses the Public

Study Published in *New England Journal of Medicine*
Expands the Indications for Statins—and the Public Suffers

Today's (November 10, 2008) front page headlines worldwide announced a simple test called "highly sensitive C-reactive protein" (HS-CRP) and the most powerful cholesterol-lowering statin currently on the market, Crestor (rosuvastatin), used together, could cut the risk of heart attacks, strokes, and death from cardiovascular disease in half.¹ For the casual reader, Crestor appears to be a miracle treatment with few risks and reasonable costs. Today's publication adds to the belief of a growing number of experts that "statins are so won-

derful that they should be added to our drinking water" (like fluoride).

For this study nearly 90,000 people were examined, and most of them were identified as being at increased risk for a heart attack, stroke, and/or premature death. Rather than choosing professionalism and treating the underlying causes of their health problems: their diet and lifestyle; these researchers chose commercialism; creating the most effective pharmaceutical advertising campaign ever devised. And they have succeeded.

The study was funded by the maker of the drug, AstraZeneca, and the lead author, Paul M Ridker MD, is listed as a co-inventor on patents held by Brigham and Women's Hospital related to the use of HS-CRP for the evaluation of a patient's risk of heart disease.

Profits Are Determining Medical Care

The cost of Crestor (rosuvastatin) is about \$3.45 per day—much higher than that of generic statins. That amounts to \$1259 a year just for this drug. Doing the math, this means to prevent one event in one "apparently healthy patient" would cost about \$300,000 just for the Crestor. These figures do not include the cost of doctors' visits, the lab tests and the treatment of side effects from the medications, including the serious adverse events caused by Crestor. (Calculations: Absolute benefit of 1 event for 120 treated patients for 1.9 years at \$1259 = $120 \times 1.9 \times \$1259 = \$287,052$.)

Heart attacks, strokes, and the need for surgery and drugs are caused primarily by eating the Western diet, and secondarily by "bad habits," including cigarette smoking and lack of exercise. The underlying disease, atherosclerosis, is reversible. There are no side effects or added costs with diet-therapy—therein lies the problem (no profit).

How Did They Get Those Results?

1) They stacked the deck with sick people, but passed them off as "healthy" to the press and public.

Previous studies of statins have found that people at high risk for a heart attack or stroke will benefit, but healthy people will not.² The deception in this study began by choosing high-risk test subjects and identifying them as "apparently healthy men and women."

The nearly 18,000 people selected for the study out of the original 89,890 screened had very high HS-CRP levels of over 4.2 mg/L. Simply based on the HS-CRP these were not "apparently healthy," but rather, people at high risk for cardiovascular disease. The cutoff value for high "bad" LDL-cholesterol level was 130 mg/dL. This allowed the inclusion of many high-risk people—"good health" is associated with a LDL below 100 mg/dL. In addition, the average blood pressure (134/80 mmHg) and total cholesterol (186 mg/dL) numbers were too high for these people to be considered "apparently healthy."

The baseline median body mass index (BMI) was 28.3 (normal 18.5-24.9), indicating most of these people were overweight or obese. At the beginning of the study 41% were reported to have "metabolic syndrome." (Metabolic syndrome is a combination of medical disorders, such as abdominal obesity, elevated blood sugar, triglycerides, and blood pressure, which considered together indicate an increased risk of cardiovascular disease.)

2) They Emphasized Relative, Not Absolute Benefits

Reporting the "relative benefit" of a drug is the most common method used by drug companies to deceive patients and their doctors. In this case relative risk reduction was determined by dividing the number of designated events (heart attacks, stroke, and deaths from cardiovascular disease) for the treated (Crestor) group by the events for the placebo group: 83 vs. 157. This mean the treated group had half (53%) the chance of an event compared to placebo. This figure is impressive.

However, the "absolute benefit"—the real life benefit a person can expect from treatment—is a very different story. Consider the numbers: nearly 18,000 people were treated for almost 2 years. In absolute numbers this means 83/8901 or 0.9% of those people taking Crestor had a serious event, as opposed to 157/8901 or 1.8% of those in the placebo group. This is an absolute event reduction of less than 1%. In other words, 120 patients had to be treated with Crestor for 1.9 years to prevent one designated event: heart attacks, strokes, and death from cardiovascular disease.

3) Early Termination of the Study Is Impressive but Suggests Dishonesty. The study was supposed to go on for 4 years, but was stopped at 1.9 years for "ethical reasons." It was considered unethical to continue the study because continuation would mean depriving the people in the placebo group of the advantage of the treatment—Crestor in this case. "Early termination" of research is a powerful technique used by pharmaceutical companies to enhance the perceived value of the treatment in the minds of the medical profession, the

press, and the public. But it has been shown that studies that are stopped early are biased and prone to exaggeration.³ According to a recent review in the *Journal of the American Medical Association*, "RCTs (Randomized Controlled Trials) stopped early for benefit are becoming more common, often fail to adequately report relevant information about the decision to stop early, and show implausibly large treatment effects, particularly when the number of events is small. These findings suggest clinicians should view the results of such trials with skepticism."⁴

No mention was made in this report about two other recent studies (CORONA and GISSI-HF) where Crestor did not result in any improvement in survival.^{5,6}

4) Researchers Underemphasized Serious Adverse Events from Crestor

One of the most important findings from this study (found in table 4) is the similar number of serious adverse events in both the Crestor-treated and placebo groups—1352 (15.2%) vs. 1377 (15.5%). How can that be? Wasn't the number of events about half (83 vs. 157) for those taking Crestor? The study focused on events (heart attacks, strokes, and deaths from cardiovascular disease) that are expected to respond favorably to treatment. The study, and the media that followed, did not give appropriate attention to all adverse events that occurred. Clearly, there was an increase in non-cardiac serious adverse events in the Crestor group. Obviously, it is not in the best interest of the sponsor of the study to give attention to this finding.

The article did mention an increase in risk of diabetes in those treated with Crestor (270 reports of diabetes, vs. 216 in the placebo group). But there must be more. Amazingly, this study reported only one case of serious muscle damage (rhabdomyolysis). The expected rate is 3.16 fatal cases per million prescriptions written for Crestor.⁷ This is 16 to 80 times higher than that reported for other statins. Almost four years ago Dr. David Graham, FDA's associate director for science and medicine, named Crestor as one of five drugs that pose serious safety concerns and the FDA told AstraZeneca to pull its ads for Crestor because they do not mention its risks of causing acute kidney failure or rhabdomyolysis.

There is no long-term information on the safety of using these high doses of Crestor to lower "bad" LDL-cholesterol to 55 mg/dL (as they did in this study). This study was stopped after less than 2 years, but patients prescribed statins can expect to take them for 20 years and longer.

One More Deregulated System That Must Be Fixed

Neither the patient nor our over-burdened health care system can thrive with this kind of deception from the pharmaceutical companies and the medical journals. [Fortunately, health care professionals are beginning to recognize](#) that what is happening in medical care is just like the tragedies we have recently witnessed in the stock market and the housing industries. Unregulated business practices lead to a few very rich people becoming even richer, and severe suffering for the rest of us. The time has come for change. Researchers and publishers must be held accountable like stockbrokers and bankers. Regulation enacted to protect the public is long overdue.

What is HS-CRP?

C-reactive protein (CRP) is a molecule produced in response to inflammation. It is non-specific, in other words, it does not identify the source of the inflammation, which could be due to an infection of a toe, arthritis, or a bad cold. The connection to cardiovascular disease (heart attacks and strokes) is that the sores (like pustules) on the artery walls cause the CRP to rise. This festering artery disease (atherosclerosis) is the underlying cause of heart attacks and strokes. The elevated CRP is simply one sign of the trouble—other signs are elevated blood pressure, blood sugar, cholesterol and triglycerides.

Highly sensitive (HS) refers to laboratory methodology used to increase accuracy. A level of less than 1mg/L indicates low risk, a level between 1 and 3mg/L indicates moderate risk, and a level greater than 3mg/L indicates high risk of active artery disease. The people in this study were **on average** in the high-risk group, in need of immediate and intensive dietary intervention.

Statins, like Crestor, are believed to be anti-inflammatory, reducing HS-CRP levels. Even without the postulated benefit of reduced inflammation, the cholesterol lowering effects of statins have been shown to reduce the risk of serious cardiovascular events in people at high risk.² A low-fat diet also cuts CRP in half in 4 weeks.⁸ This reflects less inflammation, which means healing the arteries as a result of following a healthier diet.

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Featured Recipes

Fat Replacers

Now that Wonderslim Fat & Egg Replacer is no longer being manufactured, I have received many questions about what to use instead of that product in baked goods.

There is still one product available that is quite similar, Sunsweet Lighter Bake. If you can't find this in your local markets, it may be purchased online at www.sunsweet.com.

(Click on Store, then go to Gourmet Pantry, then to Baking Mixes where you will see Lighter Bake.)

Baby food prunes also make a good substitute. Or you can make your own Prune Puree for use in baked goods. Place a 12 ounce package of pitted prunes in a food processor and add about ¼ cup of water. Process and slowly add more water while processing to reach the desired consistency (between 1 and 1½ cups). It should be about the consistency of soft applesauce. This can be stored in the refrigerator for several weeks.

Other possible substitutes for oil in baking are applesauce, pureed tofu or ground flaxseeds (remember that tofu and flaxseeds do contain some fat, however).

Vegetable Soup

By Heather McDougall

This is a soup that my daughter, Heather, makes often for her family. Our grandsons, Jaysen and Ben, love it and will often eat several bowls of this for dinner.

Preparation Time: 15 minutes

Cooking Time: 60 minutes

Servings: 6

- 4 cups vegetable broth
- 1 onion, chopped
- 2 stalks celery, chopped
- 2 carrots, sliced
- 2 cloves garlic, minced
- 2 cups water
- 1 yam, peeled and chunked
- 1 white potato, peeled and chunked
- 1 15 ounce can chopped tomatoes
- 1 15 ounce can white beans, drained and rinsed
- 1 bay leaf
- 1 teaspoon basil
- 1-2 cups chopped chard
- ½ cup uncooked pasta

Place ¼ cup of the broth in a large soup pot. Add the onion, celery, carrot and garlic. Cook, stirring occasionally, until vegetables soften slightly, about 5 minutes. Add the remaining broth, the water, yam, potato, tomatoes, beans, bay leaf and basil. Bring to a boil, reduce heat, cover and cook for about 45 minutes, until all vegetables are tender. Stir in the chard and pasta. Cook for about 10 minutes until pasta is tender.

Santa Fe Rice Salad

Preparation Time: 10 minutes (cooked rice needed)

Servings: 4-6

- 3 cups cooked brown rice
- 1 15 ounce can black beans, drained and rinsed
- 1 cup frozen corn kernels, thawed
- 1 tomato, chopped
- 4 green onions, chopped
- 1-2 tablespoons chopped green chilies
- 2 tablespoons chopped fresh cilantro
- ½ cup fresh salsa
- ¼ cup tofu mayonnaise

Combine the rice and vegetables in a bowl. Mix the salsa with the tofu mayonnaise in a separate bowl. Pour over the rice mixture and toss well to mix. Serve at once or cover and refrigerate until serving time.

Hint: To make tofu mayonnaise, place 1 package of silken tofu in a food processor and add 1 ½ tablespoons lemon juice, 1 teaspoon sugar, and ½ teaspoon salt. Process until very smooth.

Spicy Garbanzo Spread

This makes a delicious sandwich spread or wrap filling, a dip for raw vegetables or a stuffing for pita bread.

Preparation Time: 10 minutes

Chilling Time: 1 hour

Servings: makes 1 ½ cups

1 15 ounce can garbanzo beans, drained and rinsed
2 green onions, chopped
1 ½ tablespoons grated ginger
1 tablespoon soy sauce
1 teaspoon rice vinegar
½ teaspoon minced fresh garlic
½ teaspoon agave nectar
Dash Sriracha hot sauce, if desired

Place all ingredients (except hot sauce) in a food processor and process until smooth. Taste and add hot sauce as desired. Refrigerate at least 1 hour to allow flavors to blend.

Lemon Scented Spinach Spread

By Jill Nussinow, *The Veggie Queen*

Jill made this delicious spread during the McDougall 5-day Program in November, 2008. We all agreed it was one of the best dips we've ever tasted! Try it for your next gathering of friends and/or family.

Makes 1 ½ cups

This is a tasty way to get people to eat more vegetables. It is far healthier than the spinach dip that many have gotten used to. You can use this to make wrap sandwiches as well as putting it in a traditional "bread bowl."

1 10 ounce package frozen chopped spinach, thawed, drained and squeezed dry
½ cup chopped green onions
½ package Mori Nu silken tofu
¼ cup fresh lemon juice, to taste
1 teaspoon lemon zest (be sure to zest before juicing)
2 teaspoons Dijon mustard
1-2 teaspoons Sucanat or sugar, to taste
Salt and pepper, to taste
Lemon zest and lemon slices for garnish

Combine the spinach and green onions in a food processor and pulse. Add the tofu, lemon juice and zest, and mustard. Process until smooth. Add salt, pepper, lemon juice and Sucanat, to taste. Serve immediately after making it or make a day ahead and serve chilled. If you make it ahead be sure to taste before serving as sometimes the flavors get muted. Garnish with twisted lemon slices and lemon zest strips.

Poultry-type Gravy

By Miyoko Schinner

Miyoko made this poultry-type flavored gravy during the McDougall 5-day Program in November, 2008. You will want to add this to the list of recipes that you prepare often. This is especially good with mashed potatoes and stuffing. The recipe calls for a mixture of Light Yeast Flavoring Powder that you combine ahead of time and store in a covered container in a cool place (recipe included here). The flavoring powder may be used to make a delicious "chicken-like" broth.

1 cup water
2 tablespoons light miso
2 tablespoons soy sauce
½ teaspoon celery seeds
2-3 tablespoons light yeast flavoring powder
Freshly ground pepper to taste
3 tablespoons sweet rice flour

Combine all ingredients except the rice flour in a saucepan and bring to a simmer for 5 minutes. Sprinkle in the rice flour and whisk until thickened.

Light Yeast Flavoring Powder

By Miyoko Schinner

- 1 cup nutritional yeast flakes
- 1 tablespoon salt
- 2 teaspoons onion powder
- 2 teaspoons garlic powder
- 2 teaspoons dried thyme
- 2 teaspoons celery seed
- 2 teaspoons dried sage
- 1 teaspoon dried rosemary
- 1 teaspoon paprika
- 1 teaspoon dried tarragon
- 1 teaspoon dried marjoram
- 1 teaspoon black pepper
- ½ teaspoon powdered ginger
- ½ teaspoon turmeric

Pulverize all ingredients in a blender until powdered. Store in a covered jar in a cool place.

Roasted Mushroom and Chard Stuffing

By Miyoko Schinner

This tastes fantastic next to mashed potatoes and covered with the Poultry-type Gravy.

- 1 pound mushrooms cut into bite-sized pieces
- 1 bunch Swiss chard, roughly chopped
- 2 onions, diced
- 3 stalks celery, sliced
- 1 pound ciabatta bread, cubed
- 2 teaspoons sage
- 1 teaspoon thyme
- 1 teaspoon celery seed
- 3 cups broth (made from 3 cups water and ½ cup light yeast flavoring)

Preheat oven to 400 degrees.

Spread the vegetables and bread on baking sheets, sprinkle with a bit of salt and pepper, if desired, and roast in a 400 degree oven until vegetables are crisp-tender and bread is lightly toasted, about 10-15 minutes. Reduce oven heat to 350 degrees. Place vegetables and bread in a large bowl. Add remaining ingredients and toss well to mix. Place in a covered casserole dish and bake at 350 degrees for 30 minutes.

Chocolate Mousse with Raspberry Sauce

By Colleen Patrick-Goudreau

Colleen prepared this wonderful dessert during the McDougall 5-day Program in November, 2008. Many of the participants are planning on making this for their holiday celebrations this year. This is a rich dessert treat so keep this for special occasions!

Serves 6

You won't miss the dairy in this rich and creamy mousse that is also perfect as a pie filling. The raspberry sauce is just lovely and complements many other desserts.

1 cup semi-sweet or other non-dairy chocolate chips
½ cup non-dairy milk
1 package Mori-Nu brand silken tofu (firm or extra firm)
1/3 cup dry sweetener of your choice (white sugar, Sucanat)
½ teaspoon vanilla extract

Add the chips to a microwave-safe bowl or double boiler (see hint below) and melt, using gentle heat and stirring often. Remove from heat.

Open the box of tofu and pour it into a blender or food processor. Add the melted chocolate and non-dairy milk, sweetener, and vanilla. Process until completely smooth, pausing the blender or food processor to scrape down the sides and under the blade, if necessary.

Chill the mixture in serving bowls – or, if desired, in a low-fat graham cracker or cookie crust – for at least 1 hour before serving. Drizzle with raspberry sauce before serving.

*A word about tofu: There are many different types of tofu available, ranging from silken and soft to firm and extra firm, but there are also differences within those variations depending on the brand you buy or the way it's packaged. The perfect textured tofu for this dish is one that is very firm. I recommend a silken tofu for this recipe. Though there are some silken tofu brands in the refrigerated section, it's just as easy to seek out the silken tofu that is sold in aseptic boxes (which means it doesn't have to be refrigerated until it is opened), so you can keep it in your cupboard until you're ready to use it. You might find it in the Asian section. Don't be confused if the box of "silken" tofu says "firm" or "extra firm." There is a small difference between "silken firm" and "silken extra firm," so either one will do.

Hint: To create your own "double boiler": Place the chips in a small saucepan. Set this pan inside a larger pot that is filled with ¼-½ cup water. Heat the pots over a medium flame on the stove and stir the chips in the small pot until they are melted. This prevents the chips from burning.

Raspberry Sauce

2 cups fresh or 10 ounces frozen raspberries, thawed
¼ cup dry sweetener (Sucanat or white sugar)

In a blender, combine the raspberries and Sucanat. Then blend to a smooth sauce. It will store in an airtight container in the refrigerator for up to 1 week.

Hint: What is Sucanat? Sucanat, made from evaporated sugar cane juice, has a mild but distinct flavor, with a hint of molasses. It can be found in health food stores or in the bulk section of any large natural foods supermarket.