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## The American Cancer Society Reverses Its Strong Position on Mammograms and PSA Testing

Dr. Otis Brawley, chief medical officer of the American Cancer Society told the New York Times on Wednesday, October 21, 2009, "We don't want people to panic, but I'm admitting that American medicine has overpromised when it comes to screening. The advantages to screening have been exaggerated."

How does your personal physician communicate confidence and comfort to you now? "I am sorry I recommended a mammogram that resulted in an unnecessary amputation of your breast?" How consoling do these words feel, "It is a shame you haven't had an erection in the past 10 years due to the PSA test I insisted you get, that led to debilitating prostate treatments—I hope you and your wife understand I was just following orders from the American Cancer Society?" Tens of millions of women and men have been irreparably damaged by the universal and enthusiastic recommendations for "early detection programs," also known as "screening," from their personal physicians, neighborhood breast and prostate clinics, community hospitals, national medical associations and medical societies over the past four decades.

## Report from the September 11 to 13, 2009 Advanced Study Weekend

Over 160 people attended this biannual McDougall event in Santa Rosa, California. As always the enthusiasm, education, food, and friendship were over the top—far greater than anyone expected.

## Internet Broadcast Availability Extended

Due to Demand for More Time to View this Fabulous Presentation the date for viewing the Internet Broadcast of the September 2009 Advanced Study Weekend has been extended until December 31, 2009.

## Featured Recipes

Three Sisters Stew  
Tofu Fried Rice  
Curried Mixed Lentil Soup  
North African Bean Stew  
Mushrooms, Kale & Potatoes

## Holiday Meal Planning

I first shared this planning schedule with you in 2004 and I heard from quite a few people who used this schedule and shopping list for a successful Thanksgiving last year. Since I plan to use this same schedule, and mostly the same menu, myself again this year I am including it in this 2009 newsletter.

We usually have a large crowd of friends and family with us every year to celebrate, and my menu doesn't vary much from year to year. Many of the recipes that are a tradition in our home I have shared with you over the past several years, either in one of the cookbooks or in a newsletter. The following recipes will be part of our holiday meal again this year. The starred (\*) items are ones I suggest for a basic meal plan, and then add as many more dishes as you feel your Thanksgiving dinner needs to fit your celebration.



## The American Cancer Society Reverses Its Strong Position on Mammograms and PSA Testing

Dr. Otis Brawley, chief medical officer of the American Cancer Society told the New York Times on Wednesday, October 21, 2009, "We don't want people to panic, but I'm admitting that American medicine has overpromised when it comes to screening. The advantages to screening have been exaggerated." 1



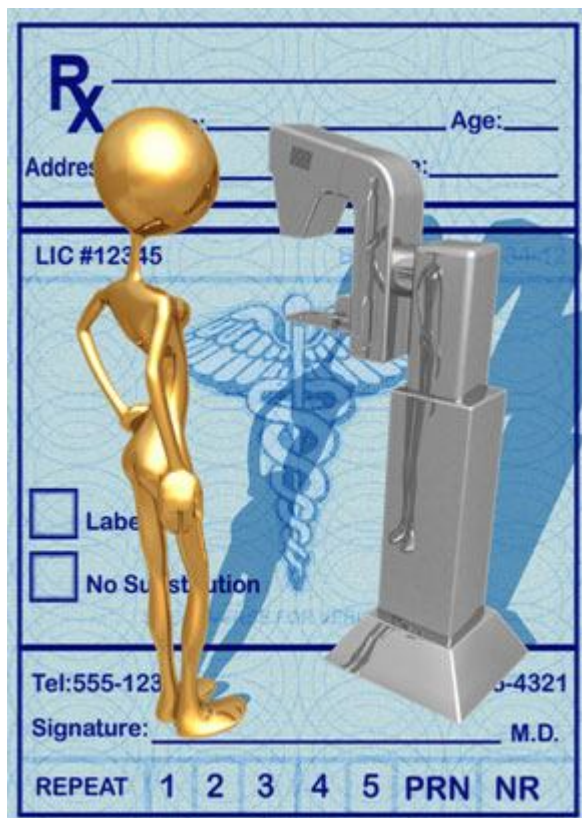
How does your personal physician communicate confidence and comfort to you now? "I am sorry I recommended a mammogram that resulted in an unnecessary amputation of your breast?" How consoling do these words feel, "It is a shame you haven't had an erection in the past 10 years due to the PSA test I insisted you get, that led to debilitating prostate treatments—I hope you and your wife understand I was just following orders from the American Cancer Society?" Tens of millions of women and men have been irreparably damaged by the universal and enthusiastic recommendations for "early detection programs," also known as "screening," from their personal physicians,

neighborhood breast and prostate clinics, community hospitals, national medical associations and medical societies over the past four decades. Now, all that the faithful patients get is a timid apology from the American Cancer Society, evoked by an article in the October 21, 2009 issue of Journal of the American Medical Association, titled "Rethinking Screening for Breast Cancer and Prostate Cancer." 2 Since, in my opinion, this admission of guilt is insufficient, what would be fair retribution for the harms done?

Adequate scientific evidence to stop mass screening programs has been readily available to your personal doctor for more than three decades. A flick of the "on" button of his or her computer, and a ten-minute search at the National Library of Medicine ([www.pubmed.gov](http://www.pubmed.gov)) would have revealed the truth. In 1976 Pietro M. Gullino presented his findings on the natural history of cancer, showing early detection is really late detection, at the Conference on Breast Cancer: A Report to the Profession, sponsored by the White House, the National Cancer Institute, and the American Cancer Society. 3 He explained: "If the time required for a tumor to double its diameter during a known period of time is taken as a measure of growth rate, one can calculate by extrapolation that two-thirds of the duration of a breast cancer remains undetectable by the patient or physician. Long before a breast carcinoma can be detected by present technology, metastatic spread may occur and does in most

cases." This report was subsequently published in the journal representing the American Cancer Society (Cancer). 3

In more familiar words, Dr. Gullino and many other researchers have clearly told everyone listening: mammography, breast self examination, PSA and digital rectal exam are really late detection methods and cannot be expected to save lives by "catching cancer before it spreads." Unfortunately, there is no profit in telling this





truth. So, 386,560 people in the US are diagnosed annually with breast cancer (194,280) and prostate cancer (192,280); many of them through screening. 2

### **Cancer Mongering—the Most Successful of All Medical Enterprises**

Cancer-screening businesses using two modern technologies—the mammogram and the blood test, prostate specific antigen (PSA)—have captured more customers than all other efforts combined. Campaigns have been so effective that about 75 percent of men have had a routine PSA test and about 70 percent of women older than 40 report they have had a recent mammogram. 2 More than \$20 billion is spent annually on screening for these two diseases. 2

There are two customary ways a doctor-patient relationship is established. The traditional means is that you become ill and you seek out the advice of a doctor. In this case you initiate the relationship. The worth of the evidence supporting the doctor's treatment does not need to be very solid. Your doctor is acting in his or her professional capacity to offer you the best available remedies without any real guarantee of the outcome. Remember, you asked for the help.

The second means of establishing a doctor-patient relationship became common with the introduction of programs looking for "early" cancer (screening). In this scenario the doctor comes looking for you. Life is good—you are enjoying your family, hobbies, and work. Then a knock sounds at your front door by way of a radio, TV, or magazine advertisement. Just as likely, during an office visit for an unrelated issue, such as a virus cold, your doctor admonishes you for failing to have your annual mammogram or PSA test. Through screening programs millions of people have become patients. When the doctor turns unsuspecting men and women into customers then the evidence that the outcome of this campaign will be far "more good than harm" must be unquestionable.

On October 21, 2009 the public was told by the American Cancer Society that this has not been the case for breast and prostate screening. Why now? The evidence has not changed—the only change is that now a few more people are willing to tell the truth. Why the delay? Annually, there is \$20 billion at stake for screening alone and hundreds of billions more for the tests and treatments that follow. The ivory towers of your town's cancer centers have been built from the blood of men and women subjected to harmful screening programs.

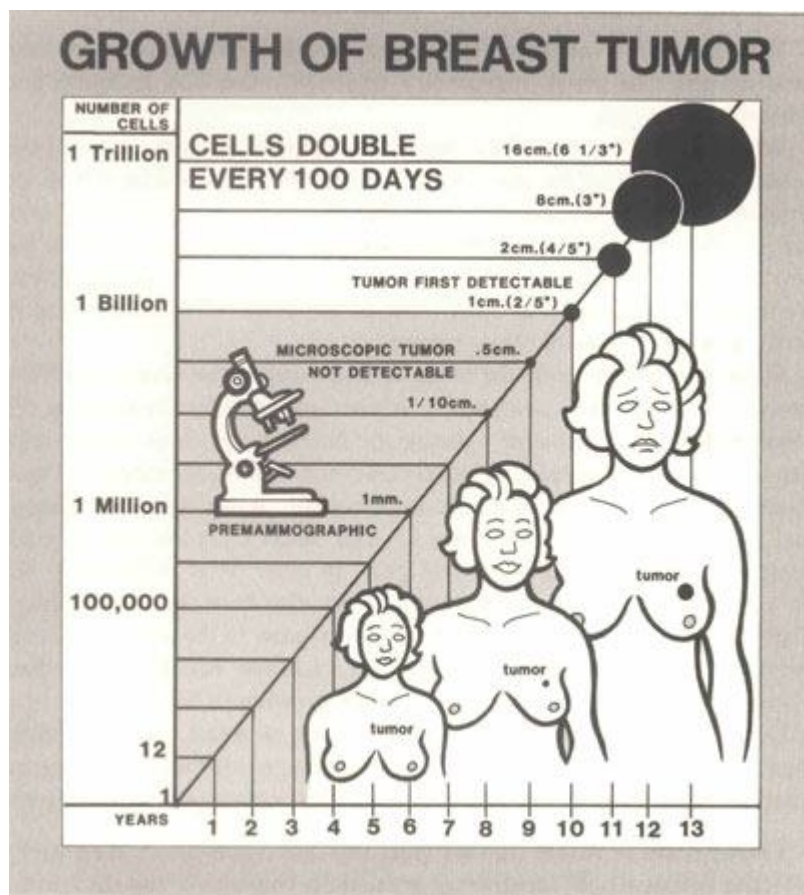


**Otis Brawley, MD, Chief Medical Officer of the American Cancer Society**

Dr. Brawley is a practicing oncologist, Chief Medical Officer of the American Cancer Society, professor of hematology, oncology, and medicine at the Emory University School of Medicine and Professor of Epidemiology at the Emory Rollins School of Public Health. 4

About himself he says, "I have never had a PSA and do not desire one." 5 He compares prostate screening to the Tuskegee Experiment—research on the natural progression of untreated syphilis performed on black male patients between 1932 and 1972. 5 This study caused, as it should have, serious mistrust by the black community toward public health efforts in the United States. Currently black males are heavily targeted for prostate cancer screening and treatments.

Dr Brawley has known about the questionable benefits of screening for more than a decade. Regarding mammography, his words in the Hematology/Oncology Clinics of North America were, "There has been considerable debate about the benefit:harm ratio of mammography screening for women below the age of 50 years, and about what proportion of the observed benefit arises from screening that occurs after these women have entered their 50s." 6 He wrote in the journal Cancer (published on behalf of the American Cancer Society), "The benefits of screening and early detection, although theoretically possible, are yet unknown, whereas the risks and harms of screening and resultant treatment are definite." 7 He continued, "Although it (screening) may truly cure a few men who need to be cured, this benefit may be achieved at the cost of causing a large number of men with prostate carcinoma to undergo unnecessary treatment and resultant morbidity (illness)."



### In 1985, 24 Years Ago, I Explained Why Early Detection Cannot Possibly Work

In my national best-selling book, McDougall's Medicine—A Challenging Second Opinion, I presented this simple illustration and explained that breast cancer has, on average, been growing for ten years before discovery by any technique. The same picture is true for prostate cancer.

The argument for early detection of breast and prostate cancer rests on the belief that the test can discover cancer in its early stages—before it has spread to other parts of the body. Unfortunately, this argument is groundless. Many laypeople, and a very few physicians, believe that breast and prostate cancer goes through a series of steps in which it remains within the respective organs for some time period until it spreads to the lymph nodes and then to the rest of the body. In their minds the process looks something like this:

Step 1: A cancer manifests and starts to grow slowly in the tissue (in this case, the breast or prostate).

Step 2: With time, the cancer grows into a larger tumor.

Step 3: Eventually, the cancer spreads to the lymph nodes.

Step 4: Finally, the cancer spreads from the lymph nodes to the rest of the body.

This step-by-step progression from a harmless mass to a body full of disease almost never occurs. Rather, cancer spreads to other parts of the body via the venous bloodstream in the very early stages of its development. The spread of cancer to the lymph nodes actually occurs simultaneously with the spread of the cancer to other parts of the body.

Normal, healthy cells multiply only when necessary, such as during childhood growth and development, or to repair damaged tissues after an injury. Cancer cells, however, divide at their own free will at the site of origin, and spread to other parts of the body where they continue this uncontrolled growth without respect for the surrounding healthy tissues. Like most other cancers, breast and prostate cancers begin with the mutation of a single healthy cell into a malignant one. Once this transformation occurs, the single cell begins to replicate, or divide. The time it takes one cell to divide and become two cells is called the doubling time. The average doubling time is approximately 100 days. <sup>3,8</sup> This means that in 100 days, a single cancer cell will have become two cancer cells. In 200 days, that one cell will have become four cells in a breast or prostate gland. By one year there are eight to twelve cancer cells lurking undetectable. Consider that one breast or the entire prostate gland consists of about 100 billion cells, and then you know why the cancer is impossible to find.

At this doubling rate, it takes about six years for the single cancer cell to become one million malignant cells, which together form a tiny tumor that is about the size of the tip of a lead pencil. A mass of this size is less than one millimeter in diameter, and is undetectable by breast self-examination or mammography (or any other presently-known technology) in the female breast, and by digital rectal examination (DRE) or by PSA (or any other presently-known technology) in the male prostate.

Even though the cancer is so tiny that it cannot be detected, it nevertheless has already spread, or metastasized (in medical terminology), to other parts of the body in virtually every case of true cancer (as opposed to the latent forms of cancer). It is the cancer cells that have spread to, say, the liver, lungs, bones, and brain, that kill the patient, and not the cancer cells confined to the breast or prostate.

After about ten years of growth, the average cancerous mass inside the breast or prostate is about one centimeter in diameter, or about the size of an eraser on the end of a pencil, and consists of about one billion cells. This is the earliest stage at which a tumor can be found. As Dr. Gullino explains, "two-thirds of the duration of a breast cancer remains undetectable by the patient or physician." <sup>3</sup> As you can see, early detection is a misnomer.

Just as tragic is the devastation to the lives of the tens of millions of men and women with indolent cancers that would have never appeared in their lifetime if no one had been busy looking for them with screening programs. Once found, these nonthreatening lesions are aggressively treated with radiation and surgeries, leaving women deformed and men incontinent (wetting their pants, wearing a diaper or a catheter) and impotent. The poisoning effects of chemotherapy and the undesirable consequences of hormone deprivation treatments then follow these locally applied therapies (radiation and surgery). Thus screening leads to over-detection, overdiagnosis, and overtreatment of non-life-threatening cancers in huge numbers of people.

### **How Do They Say, "I'm Sorry?"**

No doctor can restore the natural breast of a woman or give back a man's sexual function. These people will remain the casualties of the war on cancer fought with unjust and ineffective weapons delivered by untruthful medical professionals. Certainly, some of your personal physicians didn't know, but ignorance is no excuse when the truth is so easily available. In 1997 an article titled, "On the growth rates of human malignant tumors: implications for medical decision-making," the authors, Friberg and Mattson concluded, "Most tumors are several years old when detectable by present-day diagnostic methods. This makes the term 'early detection' questionable." <sup>8</sup>

Human traits of greed and dishonesty have prevailed. Righteousness and giving are also human traits and now is the time for these two to triumph. \$20 billion (the same amount that is currently spent on annual screening for breast and prostate cancer) should now be spent annually doing the right things for saving people from cancer, the unreliable tests, and the harmful treatments. Physicians, screening clinics, hospitals, medical associations, and medical societies must be forced, under the penalty of law if necessary, to tell the truth: Their testing does more harm than good.

Furthermore, they should be made to spread the good news about diet and cancer. Presently the American Cancer Society's dietary messages for cancer prevention are, for women to "...stay at a healthy weight throughout your life and avoid gaining too much weight," and "men who eat a lot of red meat or high-fat dairy products appear to have a slightly higher chance of getting prostate cancer. These men also tend to eat fewer fruits and vegetables. Doctors are not sure which of these factors is responsible for raising the risk." <sup>9</sup> These are downright timid messages about the importance of a healthy diet.

The truth is breast and prostate cancer are caused by the rich Western diet full of beef, chicken, cheese, milk, and oils, and contaminated with powerful environmental cancer-causing chemicals. A sizable share of that \$20 billion must be spent on advertising, education, and subsidy programs to bring about monumental changes in our eating. The American Cancer Society needs to put meaning behind their apology by enthusiastically spreading the message that a starch-based diet with fruits and vegetables is fundamental for cancer prevention and good health.

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4) [http://www.cancer.org/docroot/MED/content/MED\\_2\\_1x\\_American\\_Cancer\\_Society\\_Names](http://www.cancer.org/docroot/MED/content/MED_2_1x_American_Cancer_Society_Names)

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9) ACS dietary statements: <http://www.cancer.org/docroot/home/index.asp>

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## Report from the September 11 to 13, 2009 Advanced Study Weekend

Over 160 people attended this biannual McDougall event in Santa Rosa , California . As always the enthusiasm, education, food, and friendship were over the top—far greater than anyone expected.

View the slideshow of the September 2009 Advanced Study Weekend:

[http://drmcDougall.com/media/advanced\\_study\\_weekend/20090911\\_ASW/index.html](http://drmcDougall.com/media/advanced_study_weekend/20090911_ASW/index.html)

### **February 19 to 21, 2010 , Advanced Study Weekend Speakers**

Guest speakers so far will be:

Dean Ornish, MD – researcher on the effects of a low-fat diet on reversing heart disease and prostate cancer.

Neal Barnard, MD – founder of the Physician's Committee for Responsible Medicine (PCRM) and researcher on the treatment of diabetes with a plant-food based diet.

George Lundberg, MD – past Editor of the *Journal of the American Medical Association (JAMA)* and past President of the American Society of Clinical Pathologists.

Amy Lanou, PhD – senior nutrition scientist for the Physicians Committee for Responsible Medicine (PCRM) and critic of dairy foods.

John Mackey, Chairman and CEO of Whole Foods Market, Inc., will be delivering the Friday evening opening lecture (February 19) on Whole Foods Markets' efforts to change the world through better nutrition.

Jesse Miner, Vegan Personal Chef, will be presenting cooking demonstrations.

### **Highlights of the September 11 to 13, 2009 Speakers:**

Our keynote speaker, John Mackey, Chairman and CEO of Whole Foods Market, Inc., an \$8 billion Fortune 500 company that is now one of the top 10 supermarket companies in America, quickly won over the audience with his charm and wit. Comments from people were all positive and included:

"My biggest surprise of the weekend was John Mackey's strong commitment to continually strengthen and refine the health education of consumers through the Whole Food Markets. He is clearly not resting on his laurels, but truly wants to improve the health of Americans."

"I think the most important thing I learned was not to pre-judge someone. I wasn't sure I would care for John Mackey after reading the interview in the Wall Street Journal about his stance on health care reform. But after listening to his two presentations, I found him to be a real stand up guy, concerned, of course, about the continued viability of Whole Foods, but also deeply caring about his employees and customers."

"I was also very pleased to hear from John Mackey, founder of Whole Foods Markets, that they plan to have available to their customers healthy plant-based, unprocessed whole foods, avoiding added fats, as to-go options in their stores. That will be a big help for people on the go."

Chad Sarno, Immersion Programs Coordinator, R&D Chef, and Culinary Educator of Whole Foods Markets was considered one of the top speakers of the weekend with a unique ability to connect with the audience. Comments included:

"Chad Sarno, executive chef of Whole Foods Market was so fun and interesting. He showed us that eating healthy does not mean giving up taste or variety. He is a master of bringing together many styles of healthy cuisine."

"My biggest surprise of the weekend was how delicious vegan food could be. I am thinking specifically of Chad Sarno's seitan samples. I was amazed at the quality of the meatballs and sausages. OK, I'm still a foodie! But it doesn't matter how healthy something is for you, if it tastes like dog poo, who's going to want to eat it?? I am going to try and make my own seitan, and play around with it. I was fascinated by that whole process."

"Chad, the Whole Foods consultant chef, not only had good recipes but was very clear in his presentation."

Luigi Fontana, M.D., Ph.D., Researcher and author of many scientific papers taught people about the importance of restricting calories in order to live longer and healthier. Many people considered him to be the highlight of the weekend. "Dr. Fontana stands out for me because of his solid scientific research on the impact of nutrition on health and lifespan, and because of the clarity with which he presented his findings and conclusions."

Jane Hightower, MD, best-selling author of the book *Diagnosis: Mercury: Money, Politics, and Poison* and an opponent of the fishing industry taught us the importance of minimizing seafood. Her fact-filled presentations caused one person to say, "I had wondered what I would find interesting or useful in a lecture about mercury & fish (after all, I don't eat fish!) and had contemplated taking a walk, or probably a nap. But I knew if she was on the schedule, there was a reason...and I found her lectures riveting."

Doug Lisle, PhD, Jeff Novick, RD, and John McDougall, MD provided their usual high quality entertaining information for the attendees.

## **Note of Upcoming Events:**

### **10-Day Live-in Programs:**

December 4 to 13, 2009

January 8 to 17, 2010

March 19 to 28, 2010

## Costa Rica :

Feb 5 to 12, 2010

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## Featured Recipes

### Three Sisters Stew



The United States Mint has released the designs for the new 2009 Native American \$1 coin. The heads side features Sacagawea, the young Shoshone woman who accompanied Meriwether Lewis and William Clark on their historic expedition. The tails side of the Native American dollar will bear a new design each year. The design for 2009 is by U.S. Mint sculptor/engraver Norman E. Nemeth, and is based on an agricultural theme, a significant part of American Indian culture. This design depicts a Native American woman planting seeds in a field of corn, beans and squash, representing the Three Sisters method of planting. John has ordered many of these coins and gives them out at lectures to remind people how important a starch-based diet is to good health. This colorful and flavorful stew is based on these "three sisters" of corn, beans and squash.

Preparation Time: 15 minutes

Cooking Time: 45 minutes

Servings: 8-10

- 1 ¼ cups water
- 1 onion, chopped
- 1 bell pepper, chopped
- 2 cloves garlic, minced
- 2 15 ounce cans fire roasted chopped tomatoes
- 1 15 ounce can pinto beans, drained and rinsed
- 1 10 ounce bag frozen corn kernels
- 4 cups peeled, chunked, butternut squash
- 1 4 ounce can chopped green chilies
- 1 teaspoon chili powder
- 1 teaspoon ground cumin
- 1 teaspoon ground coriander
- 1 teaspoon dried oregano
- ¼ teaspoon crushed red pepper

Place ¼ cup of the water in a large pot with the onion, bell pepper and garlic. Cook, stirring occasionally, until onion and peppers soften slightly, about 4-5 minutes. Add the remaining water and all the other ingredients. Mix well, bring to a boil, reduce heat, cover and simmer for about 35 minutes, until squash is tender. Serve in a bowl with some hearty whole wheat bread on the side.

Hints: This may be made with red or green bell pepper. Fresh corn may be used instead of frozen, if desired. And any type of hearty winter squash may be used in place of the butternut squash. If you would like a bit more heat, use one or two fresh chopped jalapenos instead of the canned green chilies.

### Tofu Fried Rice

This is a very quick and flavorful version of "fried" rice that I make often when I have leftover rice in my refrigerator. Any vegetable cut into bite-sized pieces may be used in the recipe, depending on what you have available at various times of the year. We like to use a hot pepper sauce over the top of this dish, such as Sriracha Hot Chili Sauce or A Taste of Thai Garlic Chili Pepper Sauce.



Preparation Time: 15 minutes (cooked rice needed)

Cooking Time: 10-15 minutes

Servings: 4

8 ounces extra firm tofu  
3 tablespoons soy sauce  
2 tablespoons sherry  
1 tablespoon agave nectar  
1 teaspoon crushed garlic  
1 teaspoon grated ginger  
½ teaspoon crushed red pepper  
Dash sesame oil  
2 cups shredded cabbage  
2 cups chopped vegetables (see hints below)  
½ cup green onions, in 1 inch pieces  
¼ cup vegetable broth  
4 cups cooked brown rice

Drain the tofu well and press out any excess water. Cut into cubes.

Combine the next 7 ingredients in a shallow bowl with a tight fitting lid. Add the tofu cubes and shake well to mix. Shake occasionally over the next few minutes as you are preparing the vegetables.

Place the cabbage, vegetables and green onions in a large sauté pan or wok with the vegetable broth. Cook, stirring frequently, until vegetables soften slightly, about 5 minutes or so. Add the tofu and marinade and continue to cook for another 2 minutes. Stir in the rice and cook until heated through.

Hints: I almost always have shredded cabbage in my refrigerator because I like to add it to soups, stews and rice dishes. And I usually have frozen brown rice in my freezer as the base for a fast meal, so this meal can go together quite quickly. This is great with snow peas, asparagus, broccolini, broccoli, carrots, or even bell peppers. Cut your chosen vegetable into bite-sized pieces so they cook fairly quickly.

### **Curried Mixed Lentil Soup**

Make this early in the day, if possible (or even a day ahead), to allow flavors to really mingle together.

Preparation Time: 15 minutes

Cooking Time: 45 minutes

Servings: 8

1 onion, chopped  
1 teaspoon minced garlic  
1 teaspoon grated fresh ginger  
8 cups water  
2 cups mixed lentils (see hints below)  
4 cups garnet yams, peeled and chunked  
2 teaspoons curry powder  
½ teaspoon ground coriander  
¼ teaspoon ground cumin  
¼ teaspoon crushed fenugreek seeds  
¼ teaspoon cinnamon  
4 cups chopped fresh spinach  
1 tablespoon lemon juice  
1 teaspoon Sambal Oelek

Place the onion and garlic in a large soup pot with about ¼ cup of the water. Cook, stirring frequently until onion softens slightly, then stir in the ginger. Add the remaining water, the lentils, yams and spices. Bring to a boil, reduce heat, cover and cook for about 40 minutes, until yams and lentils are done. Add the spinach,

lemon juice and Sambal Oelek. Mix well and cook an additional 5 minutes or so until spinach is tender.

Hints: I like to make this with mixed lentils packaged by Cassoulets, USA called "Chicken Scratch". It is a combination of red, black, green and brown lentils. I have also made this with all red lentils and all brown lentils producing delicious results. This may also be made with other winter greens, however the final cooking time will increase slightly because the heartier greens take longer to cook.

### **North African Bean Stew**

This is a very thick and hearty stew, wonderful served with a loaf of crusty whole grain bread.

Preparation Time: 15 minutes

Cooking Time: 45 minutes

Servings: 6

1 onion, chopped  
2 stalks celery, chopped  
2 cloves garlic, minced  
2 ¼ cups vegetable broth  
2 cups peeled and chunked red potatoes  
1 15 ounce can garbanzo beans, drained and rinsed  
1 15 ounce can white beans, drained and rinsed  
2 tablespoons tomato paste  
2 tablespoons peanut butter  
½ teaspoon ground cumin  
½ teaspoon crushed red pepper  
¼ teaspoon ground coriander  
¼ teaspoon ground cinnamon  
2 cups chopped fresh spinach

Place the onion, celery and garlic in a soup pot with ¼ cup of the broth. Cook, stirring frequently until vegetables soften slightly, about 3-4 minutes. Add the remaining broth and the potatoes. Bring to a boil, reduce heat, cover and cook for about 10 minutes, until potatoes are fairly tender. Add the remaining ingredients, except the spinach, and simmer over low heat until stew has thickened and potatoes are falling apart, about 20 minutes. Stir in the spinach and continue to simmer gently for another 10 minutes.

Hints: When using only small amounts of tomato paste in recipes, I recommend freezing the leftover tomato paste in 2 tablespoon amounts (it's easy to add to recipes while still frozen), because leftover tomato paste does not keep for long in a jar in the refrigerator. Tomato paste also is sold in tubes which makes it easy to squeeze out just the amount that you need for a recipe.

### **Mushrooms, Kale & Potatoes**

Kale is a very nutritious vegetable, loaded with phytonutrients. This is delicious, healthy, and quick to put together and makes a complete meal for John and myself. We like this with Sriracha red chili sauce over the top for even more heat.

Preparation Time: 15 minutes

Cooking Time: 20 minutes

Servings: 2-3

3 cups chunked Yukon Gold or red potatoes

2 onions, chopped  
2 cloves garlic, minced  
4-5 cups chopped exotic mushrooms (see note below)  
6 cups packed, coarsely chopped dinosaur kale, stems removed

2 tablespoons soy sauce  
1-2 teaspoons chili paste  
freshly ground black pepper to taste

Place the potatoes in water to cover, bring to a boil, reduce heat and cook until fairly tender, about 8 minutes. Drain and set aside.

Meanwhile, place the onion, garlic and mushrooms in a large nonstick sauté pan or wok. Do not add any liquid. Dry fry over medium heat, stirring frequently, for about 5-6 minutes, until onions and mushrooms are fairly tender. Add the kale and stir gently to combine. Continue to cook, stirring frequently for about 2 minutes, then add the potatoes. Cook, stirring occasionally for about 3 minutes, then add the soy sauce, chili paste and pepper. Cook an additional 3-5 minutes, until kale is tender and potatoes are somewhat browned. Serve warm.

Hints: Use any assortment of firm small potatoes or fingerlings, cut into bite-sized pieces. Watch carefully during boiling, don't let them get overcooked. If you can't get dinosaur kale (also called Lacinato Blue), use regular kale. To easily remove the stems from any kind of kale, grasp the bottom of the stem with one hand and gently but firmly grasp the leafy part with your other hand and pull upwards along the stem.

Assorted exotic mushrooms, such as clamshell, trumpet, oyster, chanterelle, etc. are available in most markets at this time of year. Many mushroom growers will sell an assorted specialty mushroom package in your local market. Use about 1 pound in total.

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## Holiday Meal Planning

By Mary McDougall

A Reprint from the McDougall Newsletter - October 2005

I first shared this planning schedule with you in 2004 and I heard from quite a few people who used this schedule and shopping list for a successful Thanksgiving last year. Since I plan to use this same schedule, and mostly the same menu, myself again this year I am including it in this 2009 newsletter.

We usually have a large crowd of friends and family with us every year to celebrate, and my menu doesn't vary much from year to year. Many of the recipes that are a tradition in our home I have shared with you over the past several years, either in one of the cookbooks or in a newsletter. The following recipes will be part of our holiday meal again this year. The starred (\*) items are ones I suggest for a basic meal plan, and then add as many more dishes as you feel your Thanksgiving dinner needs to fit your celebration.

### **MENU:**

#### **Creamy Pumpkin Soup (newsletter October 2004)**

Success Tip: Prepare this up to two days ahead without the soy milk and refrigerate. Reheat in microwave or on stovetop. Add the soy milk after the soup is heated through.

#### **Tossed Green Salad with assorted dressings**

Success Tip: Prepare dressings three to four days in advance and refrigerate. Or buy your favorite non-fat salad dressings. Buy organic baby greens in bags and toss in a bowl just before serving.

#### **\* Holiday Stuffed Pumpkin (newsletter October 2004)**

Success Tip: Buy pumpkin in October or early November for the best selection. Keep in a cool place. Buy extra pumpkins for use at other times during the winter months. Choose one of the many varieties available at this time of the year. One of my favorites is the "ghost" pumpkin with its white skin and orange flesh. The

traditional pumpkin for carving a jack-o-lantern is not the tastiest choice for use as a stuffed pumpkin, although I have used them when nothing else was available. Clean the pumpkin the day before use and refrigerate, but do not stuff until just before baking. If you do not have enough room to refrigerate the cleaned pumpkin then clean it just before stuffing. Cube the bread the night before and allow it to sit out overnight so the bread dries out slightly. This step helps to make the stuffing mixture nicely moist, but not mushy.

**\* Mashed Potatoes (newsletter July 2004 & October 2004)**

Success Tip: Peel potatoes in the morning and store in water to cover until cooking time. Drain off all cooking water. Use a handheld electric mixer and add warmed soymilk while beating. Place mashed potatoes into a warmed bowl before serving. For garlic mashed potatoes, add some of the Elephant Garlic Spread to the potatoes while mashing.

**Maple Mashed Sweet Potatoes (newsletter October 2004)**

Success Tip: These may be made two days ahead of time and refrigerated in a covered casserole dish. Reheat in microwave just before serving.

**\* Golden Gravy (newsletter October 2003)**

Success Tip: This may be made a day ahead of time and reheated slowly on the stovetop, stirring frequently.

**Rich Brown Gravy (newsletter October 2004)**

Success Tip: Brown the onions and flour a day or two ahead of time, then cover and refrigerate. Finish the recipe as directed, realizing that it will take a bit more time for the liquid to heat through.

**Whole Wheat & Sourdough Rolls with Elephant Garlic Spread (newsletter October 2004)**

Success Tip: Order your rolls from Whole Foods or a bakery about one week early, then pick them up the day before the holiday. Make the garlic spread one or two days ahead of time and refrigerate until serving.

**\* Cranberry Sauce (newsletter October 2004)**

Success Tip: Make two to three days ahead of time and refrigerate until just before serving.

**\* Green Beans**

Success Tip: Trim beans the day before and store in the refrigerator. Wash just before steaming. I usually serve these plain with a bit of salt and pepper.

**Brussels Sprouts with Creamy Caesar Salad Dressing (newsletter July 2003)**

Success Tip: Trim these a day or two before cooking and store in the refrigerator. Wash before cooking. Most people like these best with some type of a sauce, although Heather and I like them plain with only a bit of salt. Make the dressing one to two days ahead and store in the refrigerator. Pour a small amount of the dressing over the cooked Brussels sprouts and toss just before serving.

**\* Pumpkin Pie with Vanilla Cream Sauce (newsletter October 2003)**

Success Tip: Make the pie and the sauce one day ahead and refrigerate until just before serving. We like this pie best chilled. If you like warm pumpkin pie, you will need to make this just before serving. The crust can be prepared one day early and refrigerated. Mix the filling ingredients together, cover and refrigerate overnight, then pour into the crust and bake. The vanilla sauce should be served chilled over the pie.



**Wicked Chocolate Pie (newsletter October 2004)**

Success Tip: Make this one day early and refrigerate. The toppings may be made two days ahead, if desired. This needs to be served chilled.

**SHOPPING TIPS:**

Shop for the non-perishable items about a week ahead of time. These are the canned and packaged products, such as vegetable broth, canned pumpkin, flour, silken tofu and any dried herbs and spices that you may need. Potatoes, sweet potatoes and garlic can be purchased ahead of time as long as you have a cool place to store them (not the refrigerator). Choose the menu items that you want to include for your Thanksgiving feast, then look through the recipes. Check over this shopping list as you go through the recipes, and make sure you also have the pantry items available. Shop for your perishable items no more than 2 days before the holiday, if possible.

**SHOPPING LIST**

The following shopping lists are for the complete menu above. You will have to adjust the items needed depending on what you plan to prepare.

**CANNED AND PACKAGED PRODUCTS**

These may be purchased ahead of time and stored in your pantry or refrigerator.

4-5 boxes (32 oz.) vegetable broth

2 cans (15-16 oz.) pumpkin

1 jar (12 oz.) applesauce

3 containers (32 oz.) soy or rice milk

1 jar (8 oz.) pure maple syrup

5 packages (12.3 oz.) Lite Silken Tofu-Extra Firm

2 cups non-dairy chocolate chips

1 bag (16 oz.) Sucanat

1 jar (16 oz.) Wonderslim Fat Replacer

1 bag (16 oz.) frozen raspberries

1 cup unsalted roasted cashews

1 cup sliced almonds

1 container (32 oz.) orange juice

1 jar (4 oz.) capers

**FRESH INGREDIENTS**

The first nine ingredients may be purchased ahead of time. Buy the fresh vegetables and bread products the day before, if possible.

4 onions

1 bunch celery

1 head garlic

2 heads elephant garlic

5 pounds potatoes

3 pounds yams or sweet potatoes

1 bag fresh cranberries

1 small pumpkin (to serve the soup in-optional)

1 medium-large pumpkin

Bagged organic baby greens

2 pounds green beans

2 pounds Brussels sprouts

1 large loaf whole wheat bread

6-8 whole wheat or sourdough rolls

#### **PANTRY ITEMS NEEDED**

These are used in several of the recipes and are things that you probably already have in your pantry. Check over this list and purchase anything that you don't have.

Tabasco sauce

Curry powder

Soy sauce (at least 1 cup)

Tahini

Vanilla

Whole wheat flour

Unbleached white flour

Cornstarch

Salt

Black pepper

Golden brown sugar

Sugar

Dijon mustard

Pumpkin pie spice

Cinnamon

Ground ginger

Ground cloves

Parsley flakes

Sage

Marjoram

Thyme

Bay leaves

Poultry seasoning

Rosemary

Soy Parmesan cheese

Lemon juice

## **TIME SCHEDULE**

### **1 week ahead:**

Shop for non-perishable items and some of the perishable foods listed above.

Order rolls from bakery.

### **3 days ahead:**

Make salad dressings.

Make cranberry sauce.

### **2 days ahead:**

Shop for vegetables and whole wheat bread.

Make Creamy Pumpkin Soup.

Bake sweet potatoes or yams and prepare Maple Mashed Sweet Potatoes.

Make Elephant Garlic Spread.

Make Creamy Caesar Salad Dressing.

Make the raspberry sauce and the almond topping for the chocolate pie.

**1 day ahead:**

Pick up the pre-ordered rolls.

Make the pumpkin pie and vanilla sauce.

Make the chocolate pie.

Trim the green beans and Brussels sprouts.

Make the Golden Gravy.

Partially make the brown gravy.

Cube the bread and allow to sit out overnight

**Thanksgiving**

**(Morning):**

Peel potatoes and place in cold water to cover.

Clean out pumpkins.

Make stuffing mixture and stuff pumpkin.

**Thanksgiving**

**(Afternoon):**

Take sweet potatoes and soup out of refrigerator.

Place pumpkin in oven and bake as directed.

Cook potatoes and mash.

Wash vegetables and cook.

Finish brown gravy and slowly reheat Golden Gravy.

Reheat mashed sweet potatoes.

Finish soup and heat.

Place baby greens in bowl. Serve with dressings.



Heat rolls and garlic spread.

Don't forget the cranberry sauce.