



The Patient Protection and Affordable Care Act: A Big Step Forward

The Patient Protection and Affordable Care Act (H.R. 3590) was signed into law by President Obama on March 23, 2010. In addition to expanding healthcare coverage to 31 million currently uninsured Americans, medical care will become more focused on helping people become truly well and avoiding unnecessary treatments. Here are some of the provisions that fit well with the McDougall Program, along with my comments:

Support comparative effectiveness research by establishing a non-profit Patient-Centered Outcomes Research Institute to identify research priorities and conduct research that compares the clinical effectiveness of medical treatments.

McDougall's Response: Research performed before the 1980s was largely untainted by the food and pharmaceutical industries. Observational studies published in respected medical journals demonstrated the curative benefits of a healthy starch-based diet for diseases as wide ranging as arthritis, angina, atherosclerosis, colitis, constipation, diabetes, hypertension, kidney disease, multiple sclerosis, obesity, and osteoporosis.

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Advanced Study Weekend

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Over the past three decades industry has bought and paid for the patients, researchers, doctors, and medical journals that have produced the bulk of the published medical research. These papers are actually advertisements for their products and services. Big businesses have convinced the scientific community that only research performed by a double blind, placebo controlled methodology is acceptable—which means only medications can be properly tested and proven scientifically to be effective. (Diet and other lifestyle changes cannot be blinded for research purposes—whole foods cannot be hidden from the subjects, thus double blind studies are not possible. There is no placebo for food.)


Observational studies and single blind methodology are now regaining favor. In comparative studies the McDougall Diet will easily be found to result in a huge reduction in disease and suffering when compared to any and all medications currently used to treat chronic diseases. (Not just risk factor reductions, such as those accomplished by pharmaceuticals.)

Establish the National Prevention, Health Promotion and Public Health Council to coordinate federal prevention, wellness, and public health activities. Develop a national strategy to improve the nation's health.

McDougall's Response: It's the food! Until the spotlight shines on the cause of most chronic illnesses there will be no real solutions. Recommendations for a better diet, which are currently considered prudent, sensible, and reasonable—such as to eat chicken, fish, and low-fat dairy products—have not and never will in the future bring about worthwhile improvements in people's health. Americans must learn to consume the bulk of their calories from starches: rice, potatoes, corn, wheat, and beans. This is a matter of national security, not just healthcare.

Establish a Prevention and Public Health Fund for prevention, wellness, and public health activities including prevention research and health screenings, the Education and Outreach Campaign for preventive benefits, and immunization programs.

McDougall's Response: Only three measures have reduced the incidence of disease throughout human history: immunizations, sanitation, and better nutrition. Health screenings, such as mammograms, PSA, and colon exams dramatically increase the incidence of disease and health costs, and at the same time harm people with few, hard to find, benefits. This fund needs to focus on what matters: diet and secondarily lifestyle.



Provide Medicare beneficiaries access to a comprehensive health risk assessment and creation of a personalized prevention plan. Provide incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs.

McDougall's Response: The taxpaying citizens of the United States pay for the medical benefits of those who have Medicare and Medicaid. Comprehensive health risk assessments by checking body weight, cholesterol, blood pressure, etc. will only confirm the obvious: essentially everyone on Medicare and Medicaid is sick and in need of a change in diet and a little exercise.

People receiving Medicaid are in even worse shape than the average citizen. In general, these people represent the less fortunate in our society. Due to lack of education and opportunity they eat the worst foods, exercise seldom, smoke and drink heavily, and more commonly use illicit drugs. To add insult to injury, government subsidy programs provide low-income people with meat, dairy products and other junk foods that industry cannot sell on the general market. Thus making Medicaid recipients even fatter and sicker, and medical care even costlier.

Meaningful help for people on Medicare and Medicaid must begin with instruction in proper human nutrition and making the right foods (starches, vegetables, and fruits) readily available to them. How about a food-stamp program that only pays for health-supporting foods?



Provide grants for up to five years to small employers that establish wellness programs.

McDougall's Response: Between 1999 and 2001 I ran the McDougall Program in Minneapolis, Minnesota for Blue Cross Blue Shield—the medical insurance company. During this three-year period, with three different groups of their employees, I was able to show remarkable (but typical) health benefits: weight loss, reductions in cholesterol, blood pressure, and blood sugars, and relief of indigestion, constipation, arthritis, etc. I was also able to document a 44% reduction in healthcare costs (based on the insurance company's own claims data) for each of the three groups during the first year they followed the Program. I had a similar experience in Lakeland, Florida caring for some of the employees of Publix Supermarkets. Now I am running McDougall Programs for the employees of Whole Foods Markets with all the usual and expected benefits being realized.

Healthy employees work more efficiently, take fewer sick days, are less likely to be forced into early retirement, and spend less on healthcare—all amounting to saving their employers big money. Wellness programs are a wise financial investment.



Permit employers to offer employees rewards—in the form of premium discounts, waivers of cost-sharing requirements, or benefits that would otherwise not be provided—of up to 30% of the cost of coverage for participating in a wellness program and meeting certain health-related standards.

McDougall's Response: If health translated directly into dollars in their pockets then more people would believe it was important. Employees need to share in the financial rewards. Currently, Whole Foods Market has an incentive program that increases the standard employee discount on merchandise from 20% to as much as 30% for Team Members who achieve excellent numbers for body weight, blood pressure, and cholesterol, and for not using tobacco.



Require disclosure of financial relationships between health entities, including physicians, hospitals, pharmacists, other providers, and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies.

McDougall's Response: Cash is king. It is about time the consumers realize that money always trumps

health. Large iridescent signs should headline the conflicts of interest on all products sold. Let the buyers easily become aware of additional motives behind products.



Require chain restaurants and food sold from vending machines to disclose the nutritional content of each item.

McDougall's Response: Not only should the nutrition content be clearly provided on foods, but there should be warnings from the Surgeon General on most items sold to the public in markets and restaurants. For example: "Meat and Dairy Are Known to Damage Your Arteries, Causing Strokes and Heart Attacks," "This Burger Contains Cancer-Causing Chemicals," and "Be Advised: Dairy Products Contain Leukemia Viruses." And the EPA should add their own warnings with environmental labels such as, "Cattle Pollute Lakes, Rivers, and Oceans."

One Big Step Forward

As Vice President Joe Biden accurately declared at the signing of the health care bill last month, "This is a big f**king deal." Finally, government has stood up to big businesses in order to protect and help the people (that's their most important job when it comes to foreign or domestic threats against residents of the United States). Putting aside political prejudices, although far from perfect, this bill was a monumental first step forward. Hopefully, the government and its citizens will continue to hold high respect for the truth and do right again and again.

References: An online summary of the provisions in the new healthcare legislation can be found at [The Kaiser Family Foundation](http://www.kaisersfamilyfoundation.org).



Should You Be Taking Daily Aspirin? And How Much?

Tens of millions of people taking a daily aspirin to prevent heart attacks and strokes, often with doctor's advice to do so, are making a serious mistake. I recommend that people who have not already suffered heart disease (a heart attack or heart surgery) or an ischemic brain event (TIA or stroke) not take aspirin for prevention. This type of therapy is called *primary prevention*. Meaning, prevention before any vascular events have occurred. There is much controversy surrounding this topic. However, I would not be telling you my medical view unless I believed it was correct.

One of the chief effects of aspirin is to "thin the blood" by inhibiting the activities of blood-clotting elements called platelets. With inhibition, a blood clot (thrombus) is less likely to form suddenly within an artery, causing a heart attack or stroke. Along with beneficial effects come adverse effects. "Blood-thinning" increases the risk of hemorrhage. Low-dose aspirin therapy substantially increases the likelihood of gastrointestinal (primarily stomach) bleeding and bleeding within the brain tissues. In the daily routine practice of medicine, the benefits of aspirin for a reduction in risk of heart attacks, primarily in men, and strokes in women, must be weighed against an increase in the risk of major bleeding and, in men, an increase in the risk of hemorrhagic stroke. Weighing the benefits and risks means guessing—and hoping that more good than harm will have been done at the end of the day.

Don't Use Aspirin for Primary Prevention of Cardiovascular Disease

The April 21, 2010 issue of the *British Medical Journal* carried an article with just that title: "Don't use aspirin for primary prevention of cardiovascular disease." The authors explained, "Published evidence does not support the assumption that the benefits clearly outweigh the harms. So the routine practice of starting patients on such treatment for primary prevention of cardiovascular disease should be abandoned... this conclusion holds regardless of such individuals' gender, blood pressure, or predicted risk of cardiovascular disease, or of whether they have a history of diabetes."⁶ A recent thorough review of the scientific literature looking specifically at people with diabetes, who are known to have an increased risk of heart attacks and strokes, found. "A clear benefit of aspirin in the primary prevention of major cardiovascular events in people with diabetes

Respected Recommendations for Primary Prevention

For the Use of Daily Aspirin:

The U.S. Preventive Services Task Force encourages men aged 45 to 79 years to use aspirin when the potential benefit of a reduction in myocardial infarctions outweighs the potential harm of an increase in gastro-intestinal hemorrhage, and women age 55 to 79 years to use aspirin when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.¹

The American Diabetes Association and the **American Heart Association** recommend aspirin therapy for persons with diabetes who are older than 40 years or who have additional risk factors for cardiovascular disease and no contraindications to aspirin therapy.²

Against Use of Daily Aspirin:

The Medical Letter on Drugs and Therapeutics says, for healthy patients, at least those without cardiovascular risk factors, aspirin prophylaxis might do more harm than good.³

A 2008 **Cochrane review** did not recommend aspirin for primary prevention in patients with raised blood pressure because the benefits were negated by the harms.⁴

The Drug and Therapeutic Bulletin (*British Medical Journal*) says, "In particular, there have been doubts about whether any benefits of aspirin in people with no history of CVD outweigh the risks (e.g. the fact that long-term low-dose aspirin therapy almost doubles the likelihood of gastrointestinal hemorrhage).⁵

remains unproved."⁷

For Secondary Prevention Benefits from Aspirin Outweigh Harms

For the person who has already had heart disease (a heart attack or heart surgery) or an ischemic brain event (TIA or stroke), aspirin use is justified. This kind of therapy is called *secondary prevention*. The reason aspirin works here is because once a patient has had such a serious vascular event the risk of another one is much higher; thus benefits from treatment will be more easily seen than in a low-risk population. Note that the risks from taking daily aspirin are also greater in people who have had such a prior event, because those falling into the category for secondary prevention are usually older and sicker.

Overall, among these high-risk patients the use of daily aspirin reduces risk of any serious vascular event by about one quarter; non-fatal myocardial infarction is reduced by one-third, non-fatal stroke by one quarter, and vascular mortality by one sixth.⁸

Low-Dose Is Much Better Than High Dose

The full preventative effects of aspirin are accomplished at a very low dosage, because essentially all of the platelets in the body are permanently deactivated with 30 mg of aspirin. New platelets with activity begin to appear in the blood after about four days following taking a single dose of aspirin.

A low dosage of 30 mg has a more favorable effect on platelet activity and fewer side effects (stomach pains and bleeding) than a higher dosage of 300 mg of aspirin.⁹ As the dosage of aspirin is increased from 30 mg up to 1000 mg the side effects increase from 5% to 25% of patients, with no additional benefits for prevention of secondary events, including no reduced risks of dying and/or heart attacks.¹⁰ Higher dosages, such as 1000 mg (3 adult aspirins daily), may even cause more heart attacks (reinfarctions). In one study, the total reinfarction rate was 22.5 % higher for people taking 1000 mg in comparison to the 30 mg group. The non-

fatal reinfarction rate was 50% lower in the 30 mg group compared with the 1000 mg group.¹¹ The reason for this escalated risk is dosages higher than 30 mg inhibit hormone activities that protect the heart.¹² Thus, the ideal dosage may be one-third of what is commonly prescribed to patients, a baby aspirin, containing 81 mg of aspirin, daily.

How to Stop Aspirin Safely

There appears to be a rebound from reversing the "blood thinning" effects of aspirin when it is stopped suddenly. Over three times the expected risk of stroke occurs in patients with a previous history of heart disease when they suddenly stop taking aspirin.¹³ A similar increase in risk of heart attack has been reported when aspirin was stopped.

No one has determined a safe regime for discontinuing this therapy. I suggest that people needing to stop long-term use of aspirin should do so slowly. Since as little as 30 mg (1/3 of a baby aspirin) will deactivate all of the body's platelets, slow withdrawal should begin at about this level. Cut a baby aspirin into quarters (now 20 mg). Take 20 mg then wait for 4 days to take the next 20 mg dose. Increase the interval between 20 mg doses by one day until a 10-day interval between doses is reached, and then stop taking the aspirin. This is not an easy task since the tablets are so small. Reduction or discontinuation should be done after obtaining a doctor's advice on the risks and benefits for each individual patient. Even before reducing the aspirin, patients should change to the McDougall Diet in order to most effectively reduce their risk of strokes and heart attacks.

Don't Overlook the Best Tool for Primary and Secondary Prevention

The most effective, safest, and inexpensive way to "thin" the blood and prevent blood clots that cause heart attacks and strokes is to avoid the most powerful blood-clotting substances people contact daily, which are animal (saturated) fat and hydrogenated "trans" fats.^{14,15} By avoiding meat, poultry, eggs, dairy products, and processed foods people naturally and safely thin their blood and prevent tragedies with no side effects, no extra costs, and no rebound effects. Plus this no-cholesterol, low-fat diet is the same one that heals the underlying artery disease, atherosclerosis, and improves overall health and longevity.

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The February 19 to 21, 2010 Advanced Study Weekend can still be watched in its entirety via the Internet.

[Buy Broadcast](#)

You can also download podcasts of both the September 2009 and



February 2010 Advanced Study Weekends.[Buy Podcasts](#)**Short Comments on the February Guest Speakers:**

John Mackey, Chairman and CEO of Whole Foods Market, talked about the world-changing progress being made to help customers and employees choose healthier foods (even though these are less profitable items).

Neal Barnard, MD, founder of the Physicians Committee for Responsible Medicine (PCRM) and president of The Cancer Project, explained how to break food seductions and cure type-2 diabetes with food.

**Featured Recipes****TOFU LASAGNA**

This recipe is quite similar to the lasagna that I have been making for my family for years. This recipe uses no soy cheese, however, which makes it lower in fat but still "creamy" and delicious. Make sure to let it rest for at least 45 minutes before serving so it "sets up" nicely.

Preparation Time: 30 minutes

Cooking Time: 60 minutes

Resting Time: 45 minutes

Servings: 6-8

Prepare the tofu ricotta before assembling the lasagna.

Tofu Ricotta:

1 12.3 ounce package silken tofu

1 pound fresh water-packed tofu

¼ cup nutritional yeast

¼ cup lemon juice

¼ cup soy milk

1 teaspoon basil

1 teaspoon oregano

½ teaspoon garlic powder

¼ teaspoon salt

Several twists freshly ground pepper

Combine all ingredients in a food processor and process until smooth (or see hint below). Set aside.

Lasagna:

1 recipe tofu ricotta (from above)

1 10 ounce package frozen chopped spinach, thawed and squeezed dry (see hints)

8 ounces no-boil lasagna noodles (see hints)

2 25 ounce jars fat-free pasta sauce

Parmesan cheese substitute (recipe May 2009 NL)

Add the spinach to the tofu ricotta mixture and stir well to mix.

Preheat oven to 350 degrees.

Pour about 1 cup of the pasta sauce into the bottom of a 9 x 13 inch baking dish. Place a layer of noodles over the sauce. Spread half of the tofu mixture over the noodles. Pour another cup or so of the pasta sauce over the tofu mixture and spread evenly. Add another layer of noodles and spread the remaining tofu mixture over them. Pour another cup or so of sauce over the tofu and spread evenly. Top with another layer of noodles and another cup or so of the sauce, making sure all the noodles are covered. Sprinkle the top with Parmesan cheese substitute. Cover with parchment paper, then cover that with aluminum foil, crimping the edges under the baking dish top to seal the top well. Bake for 60 minutes. Let rest for at least 45 minutes before cutting.

Hints: To make the tofu ricotta without a food processor, place both kinds of tofu in a large bowl and mash well with a bean masher. This will result in a slightly less "creamy" mixture. Stir in the remaining ingredients. For a more spinach flavored lasagna, use 2 10 ounce packages of spinach, thawed and squeezed dry. Do not mix with the tofu, instead, layer over the tofu mixture before covering with the sauce. To add more vegetables to the sauce, sauté some onions and mushrooms in a dry non-stick pan until softened, about 5 minutes. Add this to the pasta sauce before using in the recipe. Other vegetables may also be added as desired. Another delicious option is to thinly slice some zucchini lengthwise and lay these strips over the tofu in each layer. No-boil lasagna noodles are available in most supermarkets and natural food stores. Look for whole grain varieties when possible. For a fantastic gluten-free option to the wheat lasagna noodles, use Tinkyada brown rice lasagna noodles. They also do not need to be boiled ahead of time before using in recipes.

JEFF'S LONGEVITY SOUP

By Jeff Novick

During the April McDougall 5-Day Program, Jeff Novick, RD, showed the participants his favorite fast and easy meals. He prepared six complete dishes in about 45 minutes, with enough food to last one person for at least 5 days. And they were all delicious meals that anyone could prepare, even with no cooking skills at all! All you need is a large pot, a spoon, scissors and a can opener. Now what could be easier than that!! To see all of *Jeff's Healthy Cooking Made Easy* recipes go to the [McDougall Discussion Board, Jeff Novick, RD, Favorite Threads, Quick Recipes](#).

Preparation Time: 5 minutes

Cooking Time: 15 minutes

Servings: 4

6 cups water

1 15 ounce can diced tomatoes

1 15 ounce can crushed tomatoes

2 15 ounce cans beans (see hints below)

2 pounds frozen vegetables (see hints below)

1-2 cups cooked potatoes, grains, or pasta (see hints below)

Seasonings: 1) minced garlic, basil, oregano, hot pepper sauce

OR 2) minced garlic, grated ginger, smoked paprika, cumin, hot pepper sauce

Place all of the ingredients into a large pot and mix well. Bring to a boil and simmer for 15 minutes, until all vegetable are done.

Hints: Use any kind of beans that you like in this soup, either both the same kind or one can of each of 2 different kinds. (Jeff's favorites are kidney and garbanzo.) Look for Eden Organic, No-Salt Added Beans. Also look for Pomi tomatoes in shelf-stable boxes. Frozen vegetables usually come in 1 pound bags. Look for California Blend (cauliflower, broccoli and carrots) or Italian Blend (zucchini, green beans, broccoli and red pepper). This is a good use for leftover cooked starches, such as potatoes, rice or pasta. Use one of the 2 seasoning suggestions for either an Italian-style soup or a Moroccan-style soup. (Leave out the hot pepper sauce, if desired.) Or use your favorite seasoning blend to make this soup even easier.

POLENTA WITH LEMONY ASPARAGUS AND CHICKPEAS

By Susan Voisin

This is a perfect springtime recipe when fresh asparagus is available everywhere. Susan writes a wonderful food blog, <http://blog.fatfreevegan.com>, that I subscribe to and highly recommend. She sends out new, very creative, fat free recipes each week making use of fresh vegetables in season. Her recipes will inspire you to get cooking! Also check out her website <http://fatfreevegan.com> for hundreds of other McDougall-style recipes.

Servings: 4

Polenta:

2 1/4 cups water
2 cups vegetable broth or "no-chicken" broth
1 cup polenta
2 teaspoons minced garlic
1 teaspoon dried basil

Chickpeas:

1/2 medium onion, chopped fine
2 cloves garlic, minced
1 1/2 cups cooked chickpeas (or canned, drained and rinsed)
1/2 cup vegetable broth or "no-chicken" broth
1/2 teaspoon dried basil
1/4 teaspoon freshly ground black pepper
1 teaspoon lemon zest (peel), freshly grated
1 teaspoon lemon juice
1 teaspoon arrowroot or cornstarch
1/4 cup water

Asparagus:

12 ounces asparagus, ends trimmed and stalks cut into 1
1/2-inch pieces
1 teaspoon lemon peel, freshly grated
lemon juice, to taste
coarse or flaky salt (such as Maldon), to taste
4 teaspoons pine nuts (lightly toasted)

Bring the 2 1/4 cups water and the 2 cups vegetable broth to a boil in a pressure cooker. Add the polenta while stirring. Stir in the garlic and basil, lock the lid in place, and bring to high pressure. Reduce heat but maintain high pressure for 5 minutes. Remove from heat and let pressure come down naturally. Stir well, salt to taste, and keep warm until ready to serve. (No pressure cooker? See note below)

While the polenta is cooking, sauté the onion in a medium-sized sauce pan until it begins to soften, about 3 minutes. Add the garlic and drained chickpeas and stir for another minute. Add the broth, basil, and pepper. Reduce heat to low and simmer for 5 minutes. Add the lemon peel and juice. Mix the arrowroot or cornstarch with 1/4 cup water and add it to the pan. Cook over medium low heat until slightly thickened. Keep warm.

Bring a large pot of water to a boil and blanch asparagus for 2 minutes. Drain well and toss with a squeeze of fresh lemon juice, 1 teaspoon of lemon zest, and coarse salt to taste. Divide the polenta among 4 plates, and top each with a quarter of the chickpeas and asparagus. Sprinkle 1 teaspoon of toasted pine nuts over each serving.

NOTE: To make polenta without a pressure cooker, use 2 cups broth and 1 cup water. Bring liquids to a boil in a heavy, deep saucepan, and slowly stir in polenta, garlic, and basil. Reduce heat and simmer gently, stirring frequently to prevent sticking, until very thick (about 30 minutes). (Be careful and use a long-handled spoon because mixture can bubble and spit hot corn meal on your hand.) Add salt to taste and keep warm until ready to serve. This may also be served over another starch, such as risotto, brown rice, quinoa, pasta or potatoes.

LOVELY COLLARD WRAPS

By Ann Crile Esselstyn

These are stunning – both beautiful and delicious - and so much fun to make they don't feel like work. Substitute asparagus, other greens, even long carrot strips for the filling. ANYTHING is good in them. They make perfect hors d'oeuvres or use instead of sandwiches.

1 bunch collards
8 tablespoons hummus
2 green onions, chopped
1/2 cup cilantro, chopped
1/4 red pepper, cut in thin strips
1/4 small cucumber, cut in thin strips (skin optional)
1/4 cup shredded carrots
1/2 lemon

Put about 2 inches of water in a large frying pan and bring to a boil.

Choose 4 of the nicest collard greens. Lay them flat, cut off the thick stem at the point where the leaf begins then pile them on top of each other in the boiling water. Cover and cook for about 2 minutes. Collards are pretty tough and don't easily break apart when cooked. Their flexibility makes them a perfect wrap.

Drain and then lay flat on a board or counter, thick part of stem facing up.

Down the center spine of the 4 collard leaves put a row of about 2 tablespoons hummus, sprinkle with green onions, cilantro and shredded carrots. Place thin red pepper strips and cucumber strips on top. Sprinkle with some lemon juice. Start with the side nearest you and flip that over the filling. Turn up the end piece on the non thick stem side and then gently roll into a long sausage shape. Repeat until all are rolled up.

With a sharp knife, cut into as many small pieces as possible. You should be able to get six or more pieces, but it will depend on your collards. Best of all, the roller gets to eat the end pieces!

Note: Ann made these during the September 2008 McDougall Advanced Study Weekend and everyone raved about them. To watch Ann prepare these wraps and to see Dr. Esselstyn talk about preventing and reversing heart disease, order the [Advanced Study Series DVD](#), by Caldwell B Esselstyn, MD

DOUBLE CHOCOLATE BROWNIES

These are light, yet moist and delicious. This is a dessert treat that is easy to make without any special fat or egg replacers. These freeze well, so don't feel you need to eat the whole thing in one night!

Preparation Time: 15 minutes

Cooking Time: 45 minutes

Servings: makes 16 brownies

1 cup unbleached white flour
1 cup Wonderslim cocoa powder
1 cup organic sugar
1 teaspoon baking powder
1 teaspoon baking soda
Dash salt
3/4 cup applesauce
1/2 box silken tofu (see hints below)
1/2 cup chocolate soy milk or almond milk
1 teaspoon vanilla

Preheat oven to 350 degrees.

Combine all the dry ingredients (first 6 ingredients) in a large bowl. Set aside.

Place all the wet ingredients (last 4 ingredients) in the bowl of a food processor and process until very smooth and creamy. Add this mixture to the dry ingredients and mix until combined, but do not overmix. Scrape this mixture into a non-stick square baking dish (see hint below) and bake until toothpick comes out clean and top is dry, about 45 minutes.

Cool in pan. Remove from pan and cut into squares.

Hints: Any cocoa powder will work in this recipe if you can't find the Wonderslim variety. To easily cut a 12.3 ounce box of silken tofu in half, use a sharp knife and just cut directly through the box with the knife. Store the rest in the refrigerator and use within 2 days. You will need about $\frac{3}{4}$ cup of the silken tofu.

Silken tofu can be frozen and it will change the consistency of the tofu somewhat, although not as much so as regular tofu that has been frozen. Freeze silken tofu in the box, then thaw thoroughly and squeeze out all the excess water. As you are squeezing, the tofu will break apart into a soft, crumbled consistency, no longer smooth and silky, which is perfect for making soft scrambled tofu. It will not keep its shape and cannot be sliced after freezing as regular tofu can.

I make these in a square non-stick silicone baking pan. After it has cooled slightly (about 15 minutes) the edges loosen easily from the sides of the pan and then I invert it over a flat dish and remove the entire brownie from the baking pan. Cut into squares before serving. To freeze, wrap in squares in plastic wrap and place in freezer. They only need about 5 minutes to thaw before eating, and are still moist and delicious.

GREENS

I really enjoy eating the heartier greens, although many people find that their strong flavors take some getting used to. I throw kale and chard into many of my vegetable soup recipes and they soften up nicely and add a delicious flavor to soups. I also like to steam kale with other green vegetables and serve them over rice or quinoa (see the August 2009 newsletter). One of my favorite ways to eat steamed kale is with the Walnut Dressing from Dr. Esselstyn's book, *Prevent and Reverse Heart Disease*. (See the March 2007 newsletter for this recipe.) Also check out Ann Esselstyn's recipe for Collard Wraps in this newsletter. Here are a few more suggestions for delicious ways with greens.

KALE SLAW

Thinly slice a large bunch of kale. Toss with 1 thinly sliced red bell pepper and 1 thinly sliced carrot. Drizzle about $\frac{1}{4}$ cup of your favorite dressing over the top and toss well to mix. Some of my favorites are: Oriental Dressing April 2008 newsletter; Thai Chili Dressing September 2009 newsletter; Peanut Ginger Dressing December 2007 newsletter.

ASIAN GREENS

Chop 2 large bunches of kale, Swiss chard or Collard greens (about 2-3 pounds). Place in a large pot with about $\frac{1}{4}$ Cup of water. Cook over medium heat stirring occasionally, until wilted (about 5 minutes). Drain and toss with Oriental-Dijon Dressing.

Oriental-Dijon Dressing:

$\frac{1}{4}$ cup soy sauce

$\frac{1}{4}$ cup rice vinegar

$\frac{1}{4}$ cup water

1 tablespoon Dijon mustard

¼ teaspoon minced fresh garlic
¼ teaspoon minced fresh ginger

Combine all ingredients in a blender jar and process until smooth.

Hints: Heat the greens mixed with the dressing briefly after tossing. This is also great chilled for serving later.

SESAME GREENS

Place 2 tablespoons water, 2 tablespoons tahini, 1 tablespoon lemon juice, 1 teaspoon soy sauce and 1 teaspoon crushed garlic in a bowl and whisk together until smooth. Set aside.

Chop a large bunch of kale, Swiss chard or Collard greens (about 1 ½ pounds). Place in a large pot with about ¼ cup water. Cook over medium heat, tossing occasionally, until wilted, about 5 minutes. Drain and toss with sesame dressing.

NOODLES AND GREENS

Bring a large pot of water to a boil. Add 8-9 ounces of uncooked soba noodles to the pot. Return to a boil and cook for about 5 minutes. Add 1 large bunch of chopped hearty greens, such as kale or collards. Continue to cook, uncovered, stirring frequently to keep the greens under the water, for about 5 more minutes. Drain and place in a bowl. *This is an easy way to cook any type of pasta and greens together.* Cook the pasta until it is about half-way cooked, then add the greens to the cooking water and continue to cook until both are done. Try this with asparagus and broccoli also.

Toss with any of your favorite dressings, or try this Creamy Japanese Dressing from Miyoko Schinner:

¼ cup soy sauce
¼ cup rice vinegar
¼ cup agave nectar
2 tablespoons tahini
½ cup silken tofu (optional)

Process in a high speed blender until smooth and creamy.

Hints: Miyoko serves this tossed with steamed spinach during one of her cooking demonstrations at the McDougall Program. She uses toasted sesame seeds for a freshly ground flavor, but to save time, sesame tahini can be substituted. To make with toasted sesame seeds, use about 1/3 cup, process in a high speed blender, then add the remaining ingredients and process again until smooth.