Early Detection Testing?

Chance of Harm Is 100%

Chance of Benefit Is < 1 in a 1000

The lifesaving benefit from the early detection of cancer is over-exaggerated and the harms are way understated. At the very most, the reward you may gain by testing will be to reduce your chance of dying from a cancer, in the far distant future, by one death for every one to two thousand examinations. But the harms caused to you begin the very moment you allow the medical testing businesses to enter your life. Common examples of early detection methods are: prostate specific antigen (PSA) blood tests for prostate cancer, mammograms for breast cancer, and colonoscopies for colon polyps and cancers. A positive result from any of these exams will be immediately followed by a biopsy in order to make the diagnosis. Simply identifying the cancer will change your life for the worse, and maybe forever. This article will not be addressing the even more egregious damages from the treatments—surgery, radiation, and chemotherapy—that follow the biopsy specimens revealing cancers, but rather the injures caused by the testing alone. **PAGE 2**

An Invitation for President Clinton to Attend the McDougall Program

Dear 42nd President William Jefferson Clinton:

With all their good intentions, and the use of sophisticated, expensive technologies, your doctors are allowing your heart disease to progress as if it were a runaway train destined for a wreck. Your cardiologist, Dr. Allan Schwartz, at New York Presbyterian Hospital is telling you further blockage is the normal course of your disease, and your diet and lifestyle are not involved. Medical experts expressing their opinion in the news since your surgery are misleading the public into believing that the proper management of this disease is through constant surveillance and repeated surgical interventions. This is big business talking, and in addition to mismanagement of your personal care, one result will be an increase in the already more than one million angioplasties and 500 thousand bypass surgeries performed annually in the US. **PAGE 7**

Featured Recipes

 PAGE 9

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Right now at this moment your day is going along just fine. After a filling breakfast you kiss your spouse goodbye. Everyone at the office this morning is friendly and offering you compliments on the success of your recent project. You notice not a single ache or pain in your entire body. At 11 AM today you have your annual exam with your doctor. Your physical includes a breast examination performed by your doctor (in the case of a man a digital rectal exam of his prostate). You are embarrassed and made uncomfortable by the doctor's probing fingers, but nothing important was found, so no real harm was done. At the end of your half hour visit your doctor conscientiously reviews his findings with you. Your current state of health is excellent. You think, "I've passed with flying colors and I will be on my way." Not so fast. Your doctor now wants to look for "invisible disease." He/she recommends that you have a mammogram and a colonoscopy. If you are a male patient, the recommendation is for a PSA and a colonoscopy.

It is now 11:30 AM; your thoughts have turned ugly. "Do I have cancer? Could it be advanced? What other tests will I have to undergo? I now have to miss more days of work to get these tests done. I know a young woman who had her colon perforated during a colonoscopy—she died the next day. I won't accept chemotherapy, even if I have cancer. If I become sick from the treatments I will not be able to work or care for my children. Will my husband still love me with one breast? My wife will be so alone without me. What will life be like without erections? I won't be able to get new life or health insurance. Every body pain I get will make me think that the cancer has come back. I am so anxious that I cannot work or face my friends and family. When my friends and family find out I have cancer they will think of me as a victim. I will become isolated from the rest of the world. Why can't I get these tests done today, so I can get on with my life? It will be more than a month before the final results are in. Then I can stop worrying—*if* the results are negative. I must force a smile."

Think about it: just the recommendation to have either of these two tests performed has already changed your life for the worse. Considering the trauma already produced, in the end the rewards had better be extraordi-

nary.

The Day of the Mammogram

You arrive at the breast-imaging center and after filling out forms and a short wait in a cold stark waiting room, you are next moved into the room with the mammogram machine. Each of your breasts is placed individually within its "jaws," and compressed. All that squeezing hurts. Overall, 81 percent of women experience discomfort during mammography. As many as 46 percent of women classify that discomfort as pain, and seven percent say the pain is severe.[1,2]

Pain may not be the only consequence of all that compressing. There is also the real possibility that the compression of the breast during the test may cause cancer cells to spread.3-6 Animal research has shown that the degree to which a cancer spreads can be increased by as much as 80 percent merely by mechanical manipulation of the tumor. In one study, women under 55 who underwent mammograms experienced a 29 percent increase in the number of deaths from breast cancer during the first seven years following the test. During that particular study protocol, the mammographers used "as much compression as the woman could tolerate." Under compression, precancerous cells (a condition called ductal carcinoma in situ) may be spread outside of the milk ducts into the surrounding tissues and blood vessels, turning a noncancerous state into an invasive deadly cancer.

The risk of radiation is not insignificant either. In the past, researchers have largely discounted the damaging effects of the low dose radiation used in mammography. However, newer findings suggest that mammography may be four or five times more likely to induce breast cancers than was once believed, and that the risk vs. benefit of mammography may need to be re-examined.[7,8] The harmful effects of radiation are particularly important for younger women and those with a higher risk for developing cancer (women with BRCA mutations).

The risk of having a false positive test is over 56% for women having a mammogram every other year after the age of 50 (a total of 10 mammograms).9 Of every 1,000 U.S. women who have mammograms, about 10 to 15% will be called back for further tests. About 10 of these patients will be referred for a biopsy. On average, 35% of these biopsies will show cancer. The mental anguish doesn't stop even after a good result from the biopsy; 26% of women report worries and anxieties 3 months after they have been told they don't really have breast cancer.10 The distress caused by a suspicious mammogram has been so overwhelming that women have been known to commit suicide as a result.[11]

The Day of the Prostate Biopsy

You may think of the PSA test as an innocent prick from the phlebotomist's needle. This is a high risk test—there is a 10% chance the results will be positive, leading to the next test; a series of biopsies of your prostate gland, which will show prostate cancer, on average, 30% of the time, depending on your age. In the US the rate of microscopic prostate cancer is found in 8% of men in their 20s, 30% of men in their 30s, 50% of men in their 50s, and 80% of men in their 70s.[12,13]

In addition to the expected anxiety, inconvenience, discomfort, and additional medical expenses, biopsies of the prostate result in some rarely discussed, but common complications. I say biopsies (plural) because a dozen samples, on average, are taken from the prostate with a large bore (16 or 18 gauge) spring-loaded needle during each session. Physical discomfort is reported throughout the procedure. From the transrectal untrasound, 37% of men experience pain, and even though they have received a local anesthetic, 55% of men experience pain with the biopsies.[14]

The most common complications after the biopsy are blood in the urine, pain while urinating, and rectal bleeding. Blood in the semen and erectile dysfunction are often reported following the biopsies. One month after surgery, 41% of men report erectile dysfunction, and after 6 months the problem persists in 15% of men.[15] Male sexual dysfunction following the biopsy often leads to female sexual dysfunction.[16] The anxiety, fear, and trauma from the procedure, and the presence of blood in the semen are some of the reasons for these disturbances to sexual intimacy. However, it is the needles themselves, which damage the nerves involved with male erection, which are the actual cause of this permanent dysfunction. This complication is increasing because doctors are doing more biopsies during a single session and are practicing active surveillance repeating sessions of needling over time. All this suffering is a reason that men diagnosed with prostate cancer have a 40% increase in suicide.[17]

The Day of the Colonoscopy

After lying on a table on your left side, a flexible 4 to 6 foot-long viewing instrument, called a colonoscope, is passed through the lumen of your large intestine. During the procedure, tissue samples can be collected (biopsied) and polyps can be removed. Preparation for this exam begins with a low fiber or clear-liquid only diet for one to three days and powerful laxatives to clean the colon of fecal materials. Sedation is given during the procedure in order to reduce the discomfort caused by the twisting and bending of the scope as it advances through the tortuous large bowel. The procedure usually takes 15 to 60 minutes.

Harms may arise from the preparation, the sedation, and the procedure. In the United States, serious complications occur in an estimated 5 per 1000 procedures. When biopsies or polyp removals are performed then the risk of serious complications, including bleeding, increases. One of the most serious hazards, often leading to death, is perforation of the colon, which occurs in about one per 1000 procedures.[18]

Virtual colonoscopy, performed with a CT scanner and computers, generates high-resolution views of the inside of the colon. As with traditional colonoscopy, the bowel must be prepared and cleared prior to the study. Virtual colonoscopy is less invasive than traditional colonoscopy; however, the radiation exposure is significant. A suspicious finding on this exam will usually require the doctor's scope for biopsies and removal of polyps.

Does the Benefit Justify These Miserable Examinations?

The only positive result of early detection exams is an almost undetectable reduction in death. One to two thousand people must be tested in order to prevent one death in each circumstance. Nothing else good comes from these investigations. Afterwards, you don't look or feel any better. Your body are parts no more func-

tional. Your physical performance has not been improved. You are no healthier nor wealthier. However, you should be a bit wiser and more cautious after learning what really goes on in these businesses.

The U.S. Preventive Services Task Force estimates 1904 mammograms for women aged 40 to 49 years and 1339 mammograms for women aged 50 to 59 years must be performed in order to save one life.[19] The Cancer Screening Evaluation Unit, Institute of Cancer Research, Sutton, UK concluded that there may possibly be one less death for every 2512 younger women undergoing annual mammography for 10 years.[20]

A recent Cochrane Review on the lifesaving benefits of mammography came to a remarkably similar conclusion: "This means that for every 2000 women invited for screening throughout 10 years, one will have her life prolonged and 10 healthy women, who would not have been diagnosed if there had not been screening, will be treated unnecessarily. (Over-diagnosis and overtreatment are the most harmful effects of early detection testing.) Furthermore, more than 200 women will experience important psychological distress for many months because of false positive findings. It is thus not clear whether screening does more good than harm."[21]

The results from screening men for prostate cancer are just as dismal. The recently published Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial found that screening with prostate specific antigen (PSA) testing and digital rectal examination had no effect on the rate of death from prostate cancer.22 About the same time, in 2009, The European Randomized Study of Screening for Prostate Cancer reported that 1410 men would have to be screened and 48 additional cases of prostate cancer would need to be treated to prevent one death from prostate cancer.[23] (This means 47 men would be over-diagnosed and over-treated.)

The results from colon cancer screening programs are about the same: to prevent one death from colorectal cancer 1250 people would need to have a colonoscopy.[24] Plus, the benefits of a reduced risk for death are limited to those abnormalities arising from the left colon, but not from the right colon.25 The left colon can be easily examined by the shorter, safer, simpler, and less expensive flexible sigmoidoscope, passed with a lot less rigmarole.

Tens of millions of these early-detection tests are performed annually at the cost of tens of billions of dollars and that's only to make the diagnosis (no treatments are included in that amount). Early detection is the biggest business builder ever instigated on the believing public, bringing tens of millions of people into doctors' offices, clinics, laboratories, imaging facilities, outpatient surgeries, and hospitals. For a moment set aside the medical expenses and financial burden on our healthcare system created by these scams. Focus only on the human suffering, and decide whether or not "early-detection testing" fits the first rule of medicine, and that is to do no harm.

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An Invitation for Bill Clinton to Attend the McDougall Program

Dear 42nd President William Jefferson Clinton:

With all their good intentions, and the use of sophisticated, expensive technologies, your doctors are allowing your heart disease to progress as if it were a runaway train destined for a wreck. Your cardiologist, Dr. Allan Schwartz, at New York Presbyterian Hospital is telling you further blockage is the normal course of your disease, and your diet and lifestyle are not involved. Medical experts expressing their

opinion in the news since your surgery are misleading the public into believing that the proper management of this disease is through constant surveillance and repeated surgical interventions. This is big business talking, and in addition to mismanagement of your personal care, one result will be an increase in the already more than one million angioplasties and 500 thousand bypass surgeries performed annually in the US.

Recall your first painful encounter with the heart surgery business on September 3, 2004 when you were hospitalized following an episode of chest pain. You had quadruple bypass surgery three days later. A couple of days ago, on Thursday, February 11, 2010, you needed the heart surgeons again. You had two bare metal stents placed in your heart following a few of days of mild chest discomfort. This history will continue to repeat itself until you seriously change your eating habits and get these meddling doctors out of your life. You are missing another "teaching moment" and bypassing another chance to change health and healthcare in America.

In a letter I sent to you the day following your hospitalization in 2004, I pleaded with you to refuse bypass surgery. I told you that bypass surgery does not save lives in most cases, and I warned you of the brain damage you would suffer from being on the heart-lung bypass machine. Likely you did not read that letter. Following your quadruple bypass you were a noticeably different man. Your sometimes-irrational behavior during Hillary Clinton's campaign was in part due to your surgically-induced mental decline. I sent another letter in the spring of 2008 apologizing for the harm my colleagues caused you and their failure to offer you intensive medical therapy founded on a healthy diet. I believe you received that letter or read the *Wall Street Journal* article that followed about your brain damage. Since you became aware of your functional loss you have seemed to me to be in much better control when before the public.

I am taking the opportunity in this letter to try to help you again. By helping one of our country's greatest statesmen, I may be able to help other heart patients (which happens to include most adults following the Western diet). This is my third attempt, but likely not my last, because, after all, your heart doctors (Dean Ornish, MD being an outstanding exception) believe your disease is unstoppable. Remember what they said: they are going to manage your future health by constant surveillance and repeated surgical interventions. These well-educated professionals are dead wrong on how to care for a patient such as you.

In order for you to stop having false hope you need to be told that heart surgery, including bypass surgery and angioplasty with or without stents, does not save lives in the vast majority of cases. You have not been fixed by either procedure. The reason for this is that the bypass surgeons and cardiologists are operating on the stable hard fibrous plaques that do not kill people. Why do they operate on nonlethal lesions? Because they can. These large fibrous stable plaques, which have been present for years if not decades, are visible by technologies like angiograms and heart scans. Once visualized, they become targets for knives, grafts, sutures, and catheters.

The disease that really kills is largely invisible to your doctors. Tiny festering sores that rupture cause heart attacks, and the deaths that follow these heart attacks in nearly half the cases. In order to understand the underlying problem, think about pustules or pimples rupturing on a teenager's face, but in this case the

deadly activity is inside your arteries. In medical terminology, these tiny sores are called "volatile plaques." When they pop, substances generally referred to as "products of injury" are released. The body's response is to form a blood clot to cover up the wound (similar to the blood clot that forms when you cut your hand with a knife). If the blood clot (called a thrombus) is large enough, then the flow in the entire heart artery can be blocked off. The heart muscle that lies distal to this sudden blockage usually dies—and that is how a heart attack occurs.

Why do heart surgeons not operate on the killing part of this disease? Because they can't. They cannot see these tiny festering sores with current technology. Even if they could see these "silent killers," they have no surgical techniques to stop them from exploding. The only solution is to allow the body to heal your steadily-progressing disease by making serious dietary changes. (Medications, such as aspirin and statins, when judiciously used, can be of benefit as well.)

I realize you were frightened by the chest discomfort on both occasions (2004 and 2010). Fortunately, changing to a healthy low-fat diet (like the Pritikin, McDougall, Ornish, or Esselstyn Diets) reduces the intensity and/or stops the chest pains very quickly. Improvement in blood flow begins with the first good meal. In a matter of hours the blood naturally thins and a blood clot is less likely to form if a volatile plaque does rupture (aspirin helps too). Spontaneous healing is a powerful force — within the first week the risk of pustule rupture is greatly reduced. In a matter of months, reversal of artery disease can be seen by current technologies (angiograms and PET scans).

The truths I have given you are indisputable and most of your doctors are well aware of the solid research behind what I have told you. Your problem now is the same as everyone else's: making the change. This is not easy, especially when you have almost no conservative medical support. If you do not change you can expect your future to be more like the past, but probably worse, because you are getting older. So for your sake, and all those who benefit from your work, I invite you to attend the next 10-day, live-in, McDougall Program in Santa Rosa, California, March 19 to 28, 2010. You can call me at (800) 941-7111. In this short time together, I promise we will change your life dramatically for the better. When that happens I will stop writing you these cautionary letters, which so far have accurately predicted your future.

Sincerely,

John McDougall, MD

Featured Recipes

BBK Soup

This hearty, nourishing soup is filled with barley, beans and kale. Serve with a loaf of fresh bread and some extra hot sauce, if desired.

Preparation Time: 10 minutes
Cooking Time: 1 ½ hours
Servings: 4

1 onion, chopped
2 cloves garlic, minced
2 cups vegetable broth
4 cups water
½ cup pearled barley
½ teaspoon crushed red pepper
1 15 ounce can cannellini beans
1 teaspoon miso
4 cups chopped dinosaur kale
1 teaspoon lemon juice
½ to 1 teaspoon hot sauce (optional)
Freshly ground black pepper to taste

Place the onion and garlic in a large pot with about ¼ cup of the vegetable broth. Cook, stirring frequently, until onion softens slightly, about 3-4 minutes. Add remaining broth, water, barley and crushed pepper. Bring to a boil, reduce heat and simmer for 45 minutes. Add the beans and their liquid and the miso. Continue to simmer for another 30 minutes. Add the kale and cook until tender, about 10 minutes longer. Stir in the lemon juice, hot sauce and pepper to taste.

Spicy Sweet Squash Stew

This unique stew is fast to put together and fast cooking too, since it uses frozen diced butternut squash as its base. Serve this with a loaf of fresh bread or ladle over whole grains, such as brown rice or quinoa.

Preparation Time: 15 minutes
Cooking Time: 30 minutes
Servings: 4

1 ¼ cups vegetable broth
1 onion, chopped
1 red or green bell pepper, chopped
2 cloves garlic, pressed
1 teaspoon grated fresh ginger
1 ½ teaspoons red chili paste
½ teaspoon ground cinnamon
¼ teaspoon ground cumin
¼ teaspoon ground allspice
1/8 teaspoon ground cloves
1 14.5 ounce can diced tomatoes
1 10 ounce package frozen diced butternut squash
1 15 ounce can kidney beans, drained and rinsed
1 tablespoon tamari soy sauce
1 cup slivered fresh spinach

Place ¼ cup of the vegetable broth in a large soup pot. Add the onion, bell pepper and garlic. Cook, stirring occasionally, until softened slightly, about 3 minutes. Stir in the ginger, chili paste, cinnamon, cumin, allspice and cloves. Mix well. Add the rest of the vegetable broth, the tomatoes, squash, beans and soy sauce. Bring to a boil, reduce heat, cover and simmer until squash is soft, about 15 minutes. Add the spinach and cook another 5 minutes.

Recipes by Jesse Miner - Vegan Personal Chef
–www.chefjesseminer.com – 650-274-8089

McDougall Advanced Study Weekend – Saturday, February 20th, 2010

Vegan for over 15 years and a lover of delicious food all of his life, Jesse became a Personal Chef to share his passion for tantalizing and nourishing vegan dishes. Certification as a Natural Chef from Bauman College in Berkeley, and interning and assisting cooking classes at Millennium Restaurant have prepared Jesse to bring his favorite food to tables all over San Francisco. All meals are created with the finest organic, seasonal and local ingredients. Jesse is also a columnist for VegNews Magazine and received the SF Bay Guardian's 2008 Best Of The Bay award for "Best Vegan Magician".

Jesse demonstrated the following three recipes during the McDougall Advanced Study weekend held at the Flamingo Resort Hotel in Santa Rosa, CA and received rave reviews on his food and easy-to-use techniques. These recipes are definitely worth trying at home.

Red Posole

Comforting Mexican stew featuring hominy, beans and vegetables subtly spiced with New Mexican chile powder. Serves 8.

1/4 cup vegetable broth, or water
1 yellow onion, peeled and diced
1 bell pepper, diced
1 stalk celery, diced
1 carrot, peeled and diced
2 cloves garlic, minced
5 sage leaves, minced
1 tablespoon New Mexican red chile powder
2 teaspoons ground cumin
2 teaspoons ground coriander
1/2 teaspoon salt
28 ounces hominy, drained and rinsed
30 ounces pinto beans, drained and rinsed
15 ounces diced tomatoes, with juices
3 cups vegetable broth, or water

Heat 1/4 cup of vegetable broth in large pot over medium heat. Add onion, bell pepper, celery, carrot and garlic and sauté until onions are translucent, about 5 minutes.

Add sage, chile powder, cumin, coriander, and salt and stir to combine.

Add hominy, pinto beans, diced tomatoes and 3 cups of vegetable broth. Turn up heat and bring to a boil. Reduce heat to a rapid simmer and cook for 20-30 minutes, until stew has reduced to desired thick consistency.

Note: If using dried hominy and pinto beans, cook 1/2 pound of each, and then add cooked hominy and pinto as directed above. Great online resource for dried hominy, beans and spices: Rancho Gordo New World Specialty Food - www.ranchogordo.com

Mexican Green Quinoa

Fresh herbs, onions and garlic boost the flavor of this quick-cooking complete protein. Serves 8.

1 medium white onion, peeled and chopped
1/2 cup cilantro leaves, rinsed and chopped
1/2 cup parsley leaves, rinsed and chopped
4 cloves garlic
1 teaspoon salt
1/4 teaspoon black pepper
3 cups water
2 cups quinoa, rinsed
Puree onion, cilantro, parsley, garlic, salt, pepper and water.

Pour into medium saucepan and bring to boil over high heat. Add quinoa, stir to combine and reduce to heat to low simmer. Cover saucepan and cook for 20 minutes. Check with fork to make sure quinoa is done.

Remove from heat and let sit covered for 10 minutes. Remove cover and fluff quinoa with fork before serving.

Notes: You can substitute long grain brown rice for quinoa. Adjust cooking time to 45-50 minutes.

Tangy Lime Cole Slaw

Crunchy and colorful cabbage slaw combined with a tangy lime dressing provides a fresh and bright accompaniment to a winter meal. Serves 8.

1/2 green cabbage, cored and finely shredded
1/4 red cabbage, cored and finely shredded
2 carrots, peeled and finely shredded
12 ounces silken tofu
1 1/2 teaspoons salt
3 limes, zested and juiced
1 tablespoon dijon mustard
1 tablespoon agave nectar
3 cloves garlic
water, as needed

Toss the cabbage and carrots in a large bowl.

Combine remaining in a blender and process until smooth. Add a few tablespoons of water to thin to desired consistency.

Pour dressing over the vegetables and toss well.

Notes: You can use a mandolin or food processor shredding attachment to quickly shred the cabbage and carrots.