



How to Identify and Avoid the Bad Guys

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A Scientific Critique of the 2010 Dietary Guidelines Advisory Committee's Report for the Dietary Guidelines for Americans

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Conflicting recommendations for plant-food vs. animal-food consumption dominate the 2010 Dietary Guidelines Advisory Committee's recent report, meaning that real solutions for obese and sick Americans will, unfortunately, not be forthcoming. Except for a few hopeful sentences, the committee presents a report filled with fear mongering, doubletalk, omissions of major topics, consistently biased views of the scientific literature, and inexcusable factual errors that favor the livestock industries. The Dietary Guidelines are developed with the recommendations of a Dietary Guidelines advisory committee, sponsored and appointed jointly by the Department of Agriculture and the Department of Health and Human Services (HHS). The judgments of these advisors weigh heavily on choice of the scientific research that will be considered important for forming the guidelines.

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Fat or Carbs: Which is Worse?

Dr. Andrew Weil's [article](#) in the *Huffington Post* has led his readers to believe that saturated fats in the diet, which are primarily from meats and dairy products, are better for them to eat than carbohydrates, which are from plant foods. He bases this on a March 2010 analysis that was "published in the *American Journal of Clinical Nutrition* (that) found that 'saturated fat was not associated with an increased risk' of coronary heart disease, stroke or coronary vascular disease." In his opinion this piece of research is a significant exoneration of the dietary saturated fat theory for the cause of heart disease. He failed to mention that the National Dairy Council funded this study.

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Saving U.S. Dietary Advice from Conflicts of Interest By Jeff Herman

My June 2010 Newsletter discussed conflicts of interest of the Dietary Guidelines Advisory Committee. The article I referred to was taken off the Internet by the author shortly after the newsletter was published because the version was old. Here is the updated version. This article was originally published in the *Food & Drug Law Journal* and is posted with permission from the Food & Drug Law Institute.

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The story is much the same when it comes to the businesses of making people healthier and relieving their sickness: you only find out who the bad guys are after they are caught. This usually happens when scientific research proves a product or procedure to be harmful after it has been used on patients for a long time. On July 13-14, 2010 a US advisory panel for the FDA (Food and Drug Administration) reviewed the safety of Avandia (rosiglitazone maleate), once one of the top-selling diabetic medications in the world, and found for the second time that this medication is dangerous.



The FDA first approved Avandia in 1999. Heart problems began appearing shortly after its release and were well established by the scientists at GlaxoSmithKline, the manufacturers of the drug, by 2005.¹ Subsequently, sales increased to \$3.3 billion annually. In 2006 when reports came to the public's attention showing an increase in the risk of heart attacks and death, sales plummeted to \$520 million. In 2007 an advisory panel voted 20 to 3 that Avandia increased the risk of a heart attack; but then, by a vote of 22 to 1, the very same panel recommended that the drug stay on the market. The authorities failed their duties, and the public remains at risk.

During the July 2010 meeting, one of the good guys, FDA reviewer David Graham, stated that risks were real enough "to put you in a hospital or a cemetery." Dr. Graham published an analysis this past week (July 28, 2010) in the *Journal of the American Medical Association* estimating that as many as 100,000 heart-related problems among seniors on Medicare may have been caused by Avandia.² These problems included a 27% higher chance of stroke, a 25% higher risk of heart failure, and 14% overall increased risk of dying in patients 65 years or older. Just as damning was a review of the studies on Avandia published last month (June 28, 2010) in the *Archives of Internal Medicine*, which found that this drug increased the risk of heart attacks by about 39% and death from cardiovascular disease by 46%.³ The study's principal author, Steven Nissen, said, "Any potential benefit from lowering blood sugar modestly can't possibly compensate for increasing an event as serious as a heart attack."

But even after *all* the harm that Avandia has been found to cause, the result of this month's two-day meeting was that 20 members of the 33-member panel voted yet again to keep Avandia on the market. (Twelve people voted to remove the product from the market and one person abstained.) The fate of the drug awaits definitive FDA action, to be taken later this year. But my guess is that Avandia will, unfortunately, remain on the market. The people keeping this medication on the market do so because of profits, and disregard the harms caused by it. Most of them work directly or indirectly for the drug maker, GlaxoSmithKline. Investors are worried because the company could face even more lawsuits than they currently have if the drug is pulled from the market by the FDA.

Diabetic medications are approved by the FDA for sale to the public based on their abilities to lower patients' blood sugars, not based on their ability to reduce the risk of dying or diabetic complications, such as kidney failure and going blind; in part, because the medications lack these benefits. This failure to improve patients' lives is compounded by the fact that treatments for type-2 diabetes [harm people](#) and cost patients large sums of money. Even my three-year-old grandson knows that hurting other people and stealing (taking under false pretences) money is what bad guys do.

Is Your Personal Doctor Protecting You from the Bad Guys?

With all of this readily available knowledge about the failure of current tests and treatments to help patients, and the undeniable harms done to patients, you would expect your personal physician to be there to intervene for you. But, in most cases they won't save you. Last year I worked on a California Assembly Bill to require physicians to tell patients that aggressive treatment of diabetes does great harm and even kills. During the process, I asked George Lundberg, MD, former editor of the *Journal of the American Medical Association*, for his help. He replied to me, "But as a physician and a long time educator, I just hate having to pass legislation to require physicians to do the right things, like to stop lying." Even I was shocked by the boldness of his words.

On December 2, 2009, I led a teleconference, the Doctor's Forum for PCRM (the Physicians Committee for Responsible Medicine), titled, "Should Doctors Be Regulated by State Mandates?" In this discussion I paraphrased Dr. Lundberg and said that doctors "need to be more honest" with their patients about the limited benefits and great harms from most of the current tests and treatments for chronic diseases (heart disease, type-2 diabetes, and most forms of cancer). The next day I received a correction by e-mail from one of the doctors who had listened to my comments. He explained that it was not a matter of honesty; it was just that doctors don't know. Excuse me! Is a doctor's ignorance a valid excuse for allowing a patient to take Avandia or other dangerous therapies?

Common Instances Where Doctors Could Save Their Patients from the Bad Guys

- Aggressive treatment of type-2 diabetes with pills and insulin
- Treatment of CHD with angioplasty or bypass surgery
- Recommendations to get PSA and DRE for prostate cancer detection
- Excessive use of mammography and colonoscopy screening
- Recommendations for radical breast or prostate surgery
- Overaggressive treatment of hypertension with medication
- Recommendations to treat healthy people with statins
- Recommendations for bone mineral density testing
- Routine use of bisphosphonates (Fosamax, Boniva, Actonel)
- Radical surgeries, chemotherapy and radiation for most kinds of cancer
- Treatment of multiple sclerosis with highly toxic ineffective drugs
- Generalized over-testing and -treating for business / to avoid law suits
- Failure to recommend diet, exercise, and clean habits first

Doctors spend at least seven years becoming experts on the care of the human being, and they are required to be up-to-date. The end result of recommending harmful and useless tests and treatments is the same, whether your doctor is lying (Dr. Lundberg's words) or is incompetent: you, the patient, get hurt by the bad guys. Fortunately, more doctors are taking responsibility and refusing to recommend tests and treatments that hurt their patients, even when this puts them at risk of criticism from their colleagues and lawsuits.

I (John McDougall, MD) have written several articles that you can share with your doctors on how I treat

type-2 [diabetes](#), [high blood pressure](#), [cholesterol](#), [obesity](#), [inflammatory arthritis](#), and [multiple sclerosis](#).

Many other diseases are discussed on my web site under my [Hot Topics](#). There is also a [free program](#) on my web site for you and your doctors. You can also spend time at one of my [10-day live in programs](#) in Santa Rosa, California, where I will have the opportunity to become one of your doctors for a lifetime.

The Best Chance You Have Is to Get Out of the Business

I find it a good rule of thumb to not be on a first name basis with car mechanics, morticians, lawyers, and/or doctors. You do not want to have visits with these professionals scattered throughout your planning calendar—consorting with these people means that you are in trouble somehow. When it comes to doctors, the only way to stay safely away from them is to remain healthy. The most common reason people are unhealthy is because they eat the rich Western diet. Your best means to avoid being involved in medical scandals like the one that is currently going on with Avandia is to avoid getting (or to cure yourself of) type-2 diabetes. Following a starch-based diet and exercising moderately, with the expected loss of excess body fat, almost always accomplish these goals. If you are on medications, find a doctor honest enough and sufficiently well educated to be able to advise you about your illnesses, food, and medications. These professionals are out there and growing in numbers.

References:

- 1) Nissen SE. The rise and fall of rosiglitazone. *Eur Heart J*. 2010 Apr;31(7):773-6.
- 2) Graham DJ, Ouellet-Hellstrom R, Macurdy TE, Ali F, Sholley C, Worrall C, Kelman JA. Risk of acute myocardial infarction, stroke, heart failure, and death in elderly Medicare patients treated with rosiglitazone or pioglitazone. *JAMA*. 2010 Jul 28;304(4):411-8.
- 3) Nissen SE, Wolski K. Rosiglitazone Revisited: An Updated Meta-analysis of Risk for Myocardial Infarction and Cardiovascular Mortality. *Arch Intern Med*. 2010 Jun 28 [Epub ahead of print]



A Scientific Critique of the 2010 Dietary Guidelines Advisory Committee's Report for the Dietary Guidelines for Americans

This article was introduced in the [June 2010 newsletter](#).

Conflicting recommendations for plant-food vs. animal-food consumption dominate the 2010 Dietary Guidelines Advisory Committee's recent report, meaning that real solutions for obese and sick Americans will, unfortunately, not be forthcoming. Except for a few hopeful sentences, the committee presents a report filled with fear mongering, doubletalk, omissions of major topics, consistently biased views of the scientific literature, and inexcusable factual errors that favor the livestock industries.

I believe the members of the Dietary Guidelines Advisory Committee know the truth about the role that animal products play in causing the vast majority of chronic diseases that afflict Americans today (heart disease, type-2 diabetes, obesity, osteoporosis, and breast, colon, and prostate cancer, all of which are mentioned in their report). I believe they also know the solution to the health problems Americans face since they recommend taking steps to "Shift food intake pattern to a more plant-based diet that emphasizes vegetables, cooked dry beans and peas, fruits, whole grains, nuts, and seeds." They should have stopped right there, but they didn't. Instead they continued on with the following recommendations: "In addition, increase the intake of seafood, and fat-free and low-fat milk and milk products, and consume only moderate amounts of lean meats, poultry, and eggs." With just this one industry-friendly sentence, the consumer is given permission by the Dietary Guidelines Advisory Committee to continue eating the animal foods (albeit in moderation) that have caused our nation's current health crisis.

Please take the time to read this [report](#) or, at least, the [Major Conclusions](#). Your written [comments](#) to the Dietary Guidelines Advisory Committee must be received before 5:00 pm EDT on July 15, 2010.

Doubletalk throughout the Report

On Animal Foods and Disease

In some statements, the Dietary Guidelines Advisory Committee discourages meat and dairy consumption: "...deliberate public health efforts are warranted to reduce intakes of saturated fats to meet dietary guidelines for optimal health. Males older than age 12 years also are encouraged to consume less total dietary cholesterol." Then the committee contradicts these warnings by writing, "Americans may choose animal products as part of their diet based on the body of evidence showing a general lack of relationship between animal protein consumption and selected health outcomes."

Saturated fat and cholesterol are synonymous with meat, dairy, and egg products. Ample [evidence](#) establishes beyond any reasonable doubt that the consumption of animal products are a major player in the cause of osteoporosis, kidney stones, liver and kidney damage, heart disease, obesity, type 2 diabetes, and common cancers.

On Dietary Fat and Obesity

When it comes to the main goal of the report, which is fighting obesity, especially in children, the committee warns, "Increased intake of dietary fat is associated with greater adiposity in children." Rather than cut down on the total fat intake, their contradictory recommendation is, "...replacing SFA with some combination of PUFA and MUFA should yield significant public health benefits."

Polyunsaturated fats (PUFA) and monounsaturated fats (MUFA) are equally as [fattening](#) for children and adults as are saturated fats (SFA). Other well-established adverse effects of PUFA, such as immune suppression, cancer promotion, gallstone formation, and an increased risk of bleeding, were not mentioned.

On Dairy Products and Health

Most interesting is that throughout the report the Dietary Guidelines Advisory Committee praises milk products for their health benefits without expressing any real concerns over the harms caused by this category of foods. This is especially contradictory since the committee does consistently express concerns about the harmful effects of the intake of excess calories, total fat, saturated fat, simple sugars, and sodium, which are the major components of milk products. They write, "Early signs of atherosclerotic CVD [cardiovascular disease] are also seen in children, and a number of studies indicate that the atherosclerotic process begins in childhood and is affected by high blood cholesterol levels. Therefore, reduction in SFA in children and young adults may provide benefits decades earlier than currently appreciated relative to both CVD and T2D [type 2 diabetes] incidence."

Even after recognizing the harmful effects of saturated fats and cholesterol, especially for children, the committee emphasizes the importance of hooking our youth early: "It is especially important to establish milk drinking in young children, as those who consume milk as children are more likely to do so as adults." Sincere interests in protecting our children would have resulted in clear and strong warnings about the harmful effects of fat-filled foods, such as milk, cheese, cottage cheese, ice cream, and yogurt.

Also note that low-fat milk products, labeled as 1% and 2%, actually contain 13% and 23%, respectively, of their calories as saturated fat. The Dietary Guidelines Advisory Committee recommends a reduction of saturated fat to less than 7% of daily calories. Low-fat milk products fail to meet this important goal.

On Saturated and Trans Fats

The report's 31-page "Major Conclusions" section dedicates (collectively) almost one entire page to defending two kinds of fat that are characteristic of meat and dairy products: saturated fat (stearic acid) and trans fatty

acids, found in cows and their byproducts. They say, "...when stearic acid is substituted for other SFA or trans fatty acids, plasma LDL cholesterol levels are decreased..." and "Total elimination of rTFA (ruminant) would require elimination of red meat and dairy products from the diet. Although total elimination of iTFA (industrial) may be desirable, the elimination of rTFA would have wider implications for dietary adequacy and is not recommended."

Saturated fats and trans fats have a reputation for causing serious illness, including atherosclerosis and cancer, and the safety of stearic acid and rTFA is unproven. At the very least they contribute to obesity. The reason for dedicating so much space to defending these two cow-derived fats can only be interpreted as a special concession from the committee to the cattle industries.

Lying by Omission

Lactose Intolerance Ignored

In two sentences the Dietary Guidelines Advisory Committee essentially dismisses the intestinal distress suffered by tens of millions of Americans caused by consuming milk products, including low-fat and non-fat milk products: "Individuals who perceive that they are lactose intolerant or allergic to dairy products should be evaluated for such before unnecessarily limiting or eliminating dairy-based foods from their dietary patterns. Lactose-reduced or low-lactose dairy-based products may assist in obtaining nutrients provided by the fluid milk and milk products food group for those who are lactose intolerant." Estimates are that consuming milk sugar (lactose) makes 60 to 90 percent of non-white people—the majority of Americans—[sick](#). For the Dietary Guidelines Advisory Committee to minimize the importance of this major health issue must be considered to be a special concession to the dairy industry (and possibly racist).

Damage from Animal Protein Ignored

The harmful effects of protein overload were dismissed by the Dietary Guidelines Advisory Committee with this statement: "The data are conflicting on the potential for high-protein diets to produce gastrointestinal effects, change nitrogen balance, alter mineral absorption, or affect chronic diseases, such as osteoporosis or renal stones." Animal foods are inherently high in protein. By recognizing high-protein foods as safe, the Dietary Guidelines Advisory Committee has removed a major concern about eating meat, poultry, shellfish, fish, eggs, and especially, low-fat milk products. The result of reducing the fat content in milk products is a large increase in their protein and sugar (lactose) content.

The preponderance of scientific evidence recognizes animal foods, high in acids and protein, as [damaging](#) to the bones. The human body neutralizes dietary acids by releasing alkaline materials (carbonates, citrates, and sodium) from the bones. The chronic acidosis caused by consuming usual quantities of cheese, meat, poultry, fish, and shellfish is the primary cause of osteoporosis. Worldwide, rates of hip fractures (and kidney stones) increase with increasing animal protein consumption (including dairy products). People from the US, Canada, Norway, Sweden, Australia, and New Zealand who have the world's highest animal-protein consumption also have the highest rates of osteoporosis. The lowest rates are among people from rural Asia and rural Africa who also eat the fewest animal-derived foods (these people are also on lower calcium diets).

Major Sources of Infections Ignored

The Dietary Guidelines Advisory Committee discussed in great detail in the final pages of the "Major Conclusions" section of this report the importance of home-based food safety practices. "Evidence shows that proper hand sanitation techniques, proper washing of vegetables and fruit, prevention of cross-contamination, and appropriate cooking and storage of foods in the home kitchen are most likely to prevent food safety problems." (Note that the words meat, poultry, milk, cheese, eggs, or fish do not appear in this advisement.)

Ignored by the Dietary Guidelines Advisory Committee are the real sources of microbes that infect Americans: the filth found in meat, poultry, dairy, egg, and fish products. Essentially all food-borne pathogens that sicken people have their origin in animals. This can be from a direct transfer caused by eating their muscles and organs or their lactation fluids, or an indirect transfer, such as commonly occurs when animal excrement

contaminates vegetables and fruits (plant pathogens do not infect people).

Dairy products, followed by seafood, have been the foods most often recalled by the US Food and Drug Administration (FDA) because of contamination with infectious agents, mostly bacteria. Meat, poultry, eggs, and dairy products are commonly tainted with [disease-causing](#) bacteria, such as salmonella, staphylococci, listeria, deadly E. coli O157 and mycobacterium paratuberculosis. Viruses, known to cause lymphoma and leukemia-like diseases and immune deficiency disease, are found in most cattle herds in the US.

The Dietary Guidelines Advisory Committee should be telling Americans that the best way to avoid the 25 to 250 million cases of food-borne illness causing an estimated 6000 to 10,000 deaths annually in the US would be to stop eating the sources of the infections: animal foods. Of course, the US government should also oversee the clean up of the livestock industries' manufacturing practices.

Factual Errors

Plants Are Incomplete Proteins

The Dietary Guidelines Advisory Committee took an often stated but incorrect position on the adequacy of amino acids found in plant foods, stating, "Consumption of plant proteins of lower quality is generally fine as long as calorie needs are met and effort is made to complement the incomplete vegetable proteins.... Individuals who restrict their diet to plant foods may be at risk of not getting adequate amounts of certain indispensable amino acids..." Statements like these only serve to frighten people away from healthy plant-food-based diets.

Basic [research](#) completed by the legendary scientist, William Rose, on proteins and amino acids in the spring of 1952 determined the human requirements for the eight essential amino acids. By calculating the amount of each essential amino acid provided by unprocessed complex carbohydrates (starches and vegetables) and comparing these values with those determined by Rose, the results show that any single one or combination of these plant foods provides amino acid intakes in excess of the recommended requirements. Therefore, a careful look at the founding scientific research proves it is impossible to design an amino acid-deficient diet based on the amounts of unprocessed starches and vegetables sufficient to meet the caloric needs of humans. Furthermore, mixing plant foods to make a complementary amino acid composition is unnecessary. The addition of animal foods to a starch-based vegan diet does not improve protein nutrition in children or adults. Current scientific research written by world-renowned experts confirms the fallacy of plants having incomplete proteins. The Dietary Guidelines Advisory Committee is guilty of spreading unscientific rumors.

Vegan Diets Are Nutritionally Inadequate

The Dietary Guidelines Advisory Committee frightens consumers away from plant-food based diets by making the following statements: "Nutrients of concern on vegan diets include calcium, iron, B12, zinc, and long-chain n-3 fatty acids.... Additionally, individuals consuming vegetarian, particularly vegan, diets should ensure adequate intake of all nutrients." In addition, the report says, "Vegan diets may increase risk of osteoporotic fractures."

Plant foods are so plentiful in calcium and iron that there are [no cases of deficiency](#) of these essential minerals reported in people following any natural diet, even diets containing no meat or dairy products. Dairy products actually inhibit iron absorption and are completely lacking in iron themselves; and meat contains essentially no calcium. People following diets very high in animal-muscle foods consume about 100 mg of calcium daily. (Current recommendations are from 400 mg to 2000 mg of calcium daily).

Only plants can synthesize essential n-3 fatty acids. People can easily [elongate](#) basic plant fats (alpha linolenic acid) into all the long-chain fats that are required for children and adults, pregnant or not. Zinc deficiency is almost unknown worldwide, but is often used as a scare tactic to sell red meat. And yes, [vitamin B12](#) can become a nutritional issue, but only for people who have avoided animal foods for two to three decades. However, taking a supplement of vitamin B12, as recommended by the Dietary Guidelines Advisory Committee, solves this very small risk for people following plant food-based diets.

Two studies served as the basis for claiming vegans have a higher risk of osteoporosis. In the [first study](#), a more likely explanation for higher fracture rates was the greater physical activity performed by vegans and resulting trauma. The [second study](#) can best be described as junk science and propaganda from the dairy industry. Worldwide, populations consuming food patterns closest to a vegan diet have the [fewest](#) osteoporosis-related fractures.

Dairy Products and the Risk of Malnutrition

The Dietary Guidelines Advisory Committee warns people who choose not to consume cow's milk that they risk malnutrition by stating, "Those who choose not to consume milk and milk products should include other foods in the diet that contain the nutrients provided by the milk and milk products group, protein, calcium, potassium, magnesium, Vitamin D, and Vitamin A."

Protein, calcium, potassium, magnesium, and beta-carotene (pro-vitamin A) are so abundant in whole plant foods that deficiencies are unknown to occur as long as people have enough food to eat, and [Vitamin D](#) is a hormone produced by sunlight. The Dietary Guidelines Advisory Committee was clear about its advice to avoid vitamin supplements: "In this context, obtaining essential micronutrients from foods when possible is the optimal approach and reliance on multivitamin/mineral supplements is discouraged." Recommending taking Vitamin D-fortified milk is an obvious inconsistency.

Milk Reduces Heart Disease, Diabetes and other Chronic Diseases

The reason milk has become a health food is because of the effectiveness of the promotional arm of the dairy industry. [Dairy Management Inc.](#) began its campaign in 2003 and has spent nearly \$200 million annually to [fund research](#) that supports their business interests. As a direct result of their efforts, the Dietary Guidelines Advisory Committee can now make this statement: "Research since 2004 shows that the under-consumption of milk and milk products may lead to an increase in cardiovascular disease and [type 2 diabetes](#), as well as an increased risk for poor bone health and related diseases."

The Dietary Guidelines Advisory Committee recognizes dairy foods—loaded with artery-clogging saturated fat, cholesterol, animal protein, and lactose, and deficient in dietary fiber and complex carbohydrates—as the healthiest of foods for Americans to consume. This, of course, is not what [science](#), untainted by dairy industry dollars, clearly reports.

Eggs Are Safe for the General Public

The committee offers this qualified "safe to consume" statement that may appease the egg industry, "...that consumption of dietary cholesterol in the amount of one egg per day is not harmful and does not result in negative changes in serum lipoprotein cholesterol and triglyceride levels. Neither does consumption of eggs at this level increase risk of CVD in healthy individuals."

The scientific research that shows that eggs do not adversely affect blood [cholesterol](#) leading to artery disease is funded by the egg industry. Consider that eggs are very high in saturated fat and the most concentrated source of cholesterol in the human diet, with eight times more cholesterol than beef. The trick for showing no rise in cholesterol from eating eggs is to first saturate the experimental subjects with cholesterol from other sources, like beef, chicken and/or fish and then add eggs to the diet. Once a person has consumed 400 to 800 mg of cholesterol in a day, adding more cholesterol-containing foods (such as an egg) causes little rise in blood cholesterol because the bowel cannot absorb more. Poor-quality studies, often funded by the egg industry, add to the information they use to vindicate their products.

The actual impact of [eating eggs](#) is seen when people who eat little cholesterol are fed eggs. When 17 lacto-vegetarian college students (consuming 97 mg of cholesterol daily) were fed one extra large egg daily for three weeks their "bad" LDL-cholesterol increased by 12%.

Fish Is Health Food, Especially during Pregnancy

The Dietary Guidelines Advisory Committee is aware that the oceans are in peril and sea life is on the verge

of extinction, but this impending calamity did not stop them from supporting the interests of the fishing industry by parroting claims about the benefits of fish fat: "...that consumption of two servings of seafood per week (4 oz per serving), which provide an average of 250 mg per day of long-chain *n*-3 fatty acids, is associated with reduced cardiac mortality from CHD or sudden death in persons with and without CVD. Increased consumption of seafood will require efficient and ecologically friendly strategies to be developed to allow for greater consumption of seafood that is high in EPA and DHA, and low in environmental pollutants such as methyl mercury." As for pregnant women, "The current evidence, however, favors consumption of fish for pregnant and lactating women, particularly in the context of women making educated choices to consume seafood that is high in *n*-3 fatty acids and low in environmental pollutants."

"Fish" refers to the muscles of animals that are high in cholesterol, fat, and animal protein, and totally deficient in dietary fiber and carbohydrate. Thus, they contribute to many of the dietary diseases discussed in this report. Their high levels of [methyl mercury](#), a powerful oxidant, may negate any claimed heart benefits from the *n*-3 fatty acids (omega-3 fats). Furthermore, fish consumption may only serve as a marker for healthier people and have no actual overall heart disease prevention or other health benefits.

The research used to [scare pregnant women](#) into eating a food containing fetal damaging levels of environmental poisons is seriously flawed. Directly to the point, pregnant women can [easily synthesize](#) all the long-chain fats (DHA and EPA) from the basic plant fats, and there is no need for fish to serve as an intermediary.

The Dietary Guidelines Advisory Committee Needs To Be Replaced

These are desperate times. Currently, essentially all Americans over the age of 30 are in poor health and more than two-thirds are overweight. Over half have other risk factors (elevated cholesterol, hypertension, etc.) that predict a shorter, less productive life, and at least one-third are on medications for treating diet-induced problems.

Following my first reading of the 2010 Dietary Guidelines for Americans I thought the report could be rewritten. Now after a more thorough evaluation of this document I realize this is not possible. There is no other solution than to replace the Dietary Guidelines Advisory Committee with experts who will look at the science with an impartial gaze and render recommendations that are truly for the people rather than for America's industries.

America needs a Dietary Guidelines Advisory Committee dedicated to fixing the problem of the rich Western diet. Trillions of dollars are at stake if the truth is told, but the survival of our nation is at stake if we do not take action that is long overdue.



Fat or Carbs: Which is Worse?

Dr. Andrew Weil's [article](#) in the *Huffington Post* has led his readers to believe that saturated fats in the diet, which are primarily from meats and dairy products, are better for them to eat than carbohydrates, which are from plant foods. He bases this on a March 2010 analysis that was "published in the *American Journal of Clinical Nutrition* (that) found that 'saturated fat was not associated with an increased risk' of coronary heart disease, stroke or coronary vascular disease." In his opinion this piece of research is a significant exoneration of the dietary saturated fat theory for the cause of heart disease.

He failed to mention that the National Dairy Council funded this study.

Furthermore, the formulation of Dr. Weil's revolutionary opinion on the wisdom of eating a diet high in animal foods appears to have been uninfluenced by an accompanying [editorial](#) written by the legendary authority on diet and heart disease, Jeremiah Stamler, MD. Dr. Stamler debunked this dairy-industry funded study based on its flawed methodology, and a disregard of 50 years of diet-heart research with contrary findings, and dozens of metabolic (ward-type-feeding) experiments showing that eating saturated fat and/or cholesterol causes an adverse effect on blood lipids. In addition, thousands of relevant animal studies on the damaging effects of saturated fat and cholesterol were ignored.

In this *Huffington Post* article, Dr. Weil claims carbohydrates are the real culprits, and he bases this in part on an April 2010 article from the *Journal of the American Medical Association*. This population study found that increasing added dietary sugars from less than 5% to more than 25% of the calories (a five-fold or more change) caused a small increase in triglycerides (by 9 points, from 105 mg/dL to 114 mg/dL), with a similar small reduction in good cholesterol (HDL-C) (11 points, from 58.7 to 47.7 mg/dL). Most important to notice is the large amounts of "unhealthy" carbohydrates (table sugar) that must be consumed for even small changes in blood lipids to be noticed.

In highly-controlled experiments, in order to show a rise in triglycerides, the experimental design has to be based on feeding the subjects large amounts of refined sugars and flours, and/or the subjects in the experiments are required to eat more food than they can comfortably consume; in other words, they are forced to overeat. Confirmation of the healthfulness of carbohydrates is seen when people are fed starches, such as whole grains, beans, and potatoes, and green and yellow vegetables, rather than overfed sugars and flours; their triglyceride levels do not increase.

Dr. Weil's position runs contrary to several irrefutable observations that you can make for yourself. Starches have fueled the engines of human civilizations for at least the past 14,000 years. Carbohydrates (starches), such as rice in Asia, corn in Central America, potatoes in South America, and barley and wheat in Europe, have provided the bulk of the calories for almost all human diets. Only a few small primitive populations, living at the extremes of the environment, such as the Inuit (Eskimos), have been fueled by saturated fats. Just as undeniable, worldwide today, populations of people who consume the greatest amounts of carbohydrate are the trimmest and fittest, and also have the lowest incidence of heart disease and diabetes. This truth is confirmed by observing the change that occurs when people from Japan, for example, migrate to the United States or Europe. As they eat less rice (carbohydrate) and more saturated fat (meat and dairy products) they become fatter and sicker.

Pointing the guilty finger away from fat and towards carbohydrates is self-serving for those diet-experts who themselves refuse to give up their high-fat diet. Food industries buy scientific research published in respectable journals because it is one of their most effective marketing tools. The end result of this mixing up of the truth could be that billions of people will be deprived of a real opportunity to live long, disease-free lives.

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Saving U.S. Dietary Advice from Conflicts of Interest By Jeff Herman

My June 2010 Newsletter discussed conflicts of interest of the Dietary Guidelines Advisory Committee. The article I referred to was taken off the Internet by the author shortly after the newsletter was published because the version was old. Here is the updated version. This article was originally published in the Food & Drug Law Journal and is posted with permission from the Food & Drug Law Institute.

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Featured Recipes

Baco-yuba

While waiting for the first tomatoes from my garden this year, I started thinking about how I was going to enjoy them on toasted bread, which started my dreams about baco-yuba. I used to make this faithfully every year when I had my parents to help with the preparation because it does take a bit of work. However the results are so worth it and it does make a large batch which keeps well in ziplock bags in the pantry. I made this again a couple of months ago and my grandsons and I enjoyed it so much that it will be a regular staple in my pantry this summer, and as soon as my tomatoes start to ripen we'll be loving our baco-lettuce-tomato sandwiches.

Preparation Time: 30-45 minutes

Cooking Time: 30 minutes (in batches)

Servings: makes about 40-50 strips

1 package flat yuba sheets (see note below)

$\frac{3}{4}$ cup low-sodium soy sauce

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

Dash liquid smoke seasoning (optional)

Cut the yuba sheets into strips about 4-5 inches by 2 inches. Combine the soy sauce, water and smoke flavoring (if desired) in a shallow pan or tray. Soak strips of yuba in this mixture for 5 minutes, putting in at one time only as many as can be covered by the liquid. Remove the strips from the liquid and lay them on a broiler pan-do not overlap. Broil about 6 inches from the heat until the tops begin to bubble slightly, about 35 to 45 seconds. Watch them carefully, they burn easily! Turn over with tongs and broil on the other side about 30 seconds. (The whole broiling process will only take about 2-3 minutes.) Remove from the pan and place on paper towels to cool. Repeat with the remaining yuba strips. Store carefully in large ziplock bags (the strips are very delicate and break easily).

Note: Yuba, also called dried bean curd, is a by-product of soy milk. It is usually sold in Asian markets and is available in thin sheets, available dried or fresh-frozen. If using the fresh-frozen variety, thaw and proceed as directed above. If you are using dried yuba, soften the sheets in water for about 15 minutes, then separate the softened sheets, cut into strips about 4-5 inches by 2 inches and dry slightly on paper towels. Then proceed as directed above.

Hints: My father used to stand in front of the broiler with the door open and the tongs in his hand so he could easily see when the yuba strips needed to be turned over. I could always count on him to make perfect baco-yuba every time. The broiling goes very quickly, so don't be tempted to close the oven door and walk away for a few minutes. These need constant attention!!

Edamame Surprise

Once again I am back to our favorite one dish quick meal. However, I have changed it for the better, I think, so I invite you to give it another go and see what you think.

Preparation Time: 5 minutes (cooked rice needed)

Cooking Time: 10 minutes

Servings: 2-3

$\frac{1}{4}$ cup vegetable broth

1 tablespoon soy sauce

$\frac{1}{2}$ to 1 teaspoon sambal oelek

1-2 teaspoons salt-free seasoning mixture

1 10 ounce bag frozen shelled edamame

1 10 ounce bag finely shredded cabbage
1 10 ounce bag frozen corn
2 cups cooked brown rice
1-2 chopped fresh tomatoes

Place the broth, soy sauce, sambal oelek and seasoning mixture in a large non-stick sauté pan and mix well. Add the edamame and cabbage, cook stirring frequently for about 4 minutes. Add the corn and continue to cook for another 3 minutes. Stir in the rice and tomatoes and cook for another 2 minutes.

Hint: I used to make this with frozen lima beans, but since lima beans are not a favorite for most people, I tried it with soybeans (edamame) and now my grandsons even like it! If you would like this to be more rice based, just add another 2 cups of rice to the final mixture. And add more fresh tomatoes if you have them in your garden. Top with Sriracha hot sauce for more heat.

Chipotle Sauce

This is quite a spicy salad dressing that was prepared for our group during the July 2010 Costa Rica trip. John and I enjoyed it so much that we spooned some of it on almost everything we ate (except for the desserts). To make this a bit less spicy, leave out the jalapeno pepper.

Preparation Time: 5 minutes
Cooking Time: 10 minutes
Resting Time: 1 day
Servings: variable

1 7 to 8 ounce can chipotle peppers in adobo sauce
2 ounces rice vinegar
1 jalapeno (seeded for less heat)
1 ½ cups water

Place all ingredients in a large saucepan and slowly bring to a simmer. Pour ingredients into a food processor and process until smooth. Pour into a covered container and let rest for 1 day.

Mushroom Sauce

This was my favorite sauce for pasta during our recent trip to Costa Rica. A simple, creamy sauce that lets the flavors of the mushrooms shine through.

Preparation Time: 15 minutes
Cooking Time: 15 minutes
Servings: 4-5

4 ounces Portobello mushrooms, finely chopped
4 ounces oyster mushrooms, finely chopped
4 ounces button mushrooms, finely chopped
1 onion, finely chopped
4 cups soy milk
4 tablespoons cornstarch mixed in ½ cup cold water

Place all the mushrooms in a large pot, cooking and stirring until softened. Remove from pot and set aside. Add the onion to the mushroom liquid and cook until onion turns translucent. Return mushrooms to pot and add the soy milk. Slowly bring to a boil. When mixture starts boiling, slowly stir in the cornstarch mixture. Cook and stir until thickened. Serve over pasta, whole grains or potatoes.

Gallo Pinto

This dish is served every morning for breakfast in Costa Rica. This black bean and rice dish translates into "Spotted Rooster" and has many variations. It is served with either Salsa Lizano, a Costa Rican bottled sauce, or with a fresh tomato salsa called pico de gallo. We like this rolled up in a fresh soft corn tortilla.

Preparation Time: 15 minutes (need cooked rice)

Cooking Time: 30 minutes

Servings: 8-10

Beans:

¼ cup vegetable broth
1 onion, chopped
2 stalks celery, chopped
1 teaspoon minced fresh garlic
3 15 ounce cans black beans, drained and rinsed
1 bay leaf
1 teaspoon dried oregano

Vegetables:

¼ cup vegetable broth
1 onion, chopped
1 stalk celery, chopped
1 tomato, chopped
¼ cup chopped fresh cilantro
4 cups cooked long grain brown rice
hot sauce

Beans:

Place the vegetable broth in a medium-large saucepan. Add the onion, celery and garlic. Cook over medium heat, stirring frequently until vegetables are softened. Add remaining ingredients, mix well and cook over low heat for 20 minutes, stirring occasionally. Set aside.

Vegetables:

Place the vegetable broth in a large non-stick frying pan. Add onion and celery and cook over medium heat for 5 minutes, stirring frequently. Add tomato and cilantro and cook for another 5 minutes. Add the bean mixture and the rice. Mix well. Heat through and season to taste with the hot sauce. Remove bay leaf before serving.

Pico de Gallo

This fresh tomato salsa is served at many Costa Rican meals. It translates into "rooster beak" in Spanish, and is quite spicy. The amount of jalapenos used may be varied to adjust the "heat" of the salsa.

Preparation Time: 15 minutes

Chilling time: 1 hour (optional)

Servings: variable

2 cups chopped tomato
½ cup finely chopped onion
1-2 jalapeno peppers, seeded and finely chopped
1 clove garlic, minced
¼ cup chopped fresh cilantro
2 tablespoons lime juice
dash salt

Combine all ingredients in a tightly covered bowl. Refrigerate for at least 1 hour turning the container over several times to allow flavors to blend. (This is an optional step. The salsa may be served immediately, if desired.)

Fresh Corn Tortillas

We had fresh corn tortillas made for us at every breakfast during our recent McDougall Adventure to Costa Rica. We all watched with amazement as the "tortilla lady" made perfectly round tortillas by hand with seemingly no effort at all. The recipe is very simple, but the forming of the tortillas may take a bit of practice. A tortilla press may help in the process. Cook the tortillas one at a time in a non-stick frying pan.

Preparation Time: 30 minutes (includes resting time)

Cooking Time: 20 minutes (in batches)

Servings: makes 16 tortillas

2 cups masa harina

1 ¼ cups hot water

Combine the masa harina and water in a large bowl. Mix well and knead with your hands for several minutes until the dough is smooth and thick. Cover with plastic wrap and let rest for 20 minutes.

Heat a non-stick frying pan over medium heat until a drop of water bounces on it. Take a piece of the dough, about 1 ½ inches, and roll into a ball. Flatten the ball between two pieces of waxed paper using your hands, a tortilla press, or a small heavy frying pan until it is about 5 inches in diameter and about 1/16 inch thick. Peel off the waxed paper and place tortilla on the hot pan. Cook until lightly browned on each side. Place in a cloth covered basket. Repeat until all tortillas are done.

Costa Rican Mango-Avocado Salad

The mangos and avocados are amazing in Costa Rica and this is one variation of some of the salads that were available most days during our July 2010 trip. The avocado makes it rich, but it gives a bit of creaminess to the salad.

Preparation Time: 15 minutes

Resting Time: 1 hour

Servings: 4-6

1 large mango, peeled, pitted and chopped
1 large ripe avocado, peeled, pitted and chopped
1 ½ cups shredded cabbage
1 cup finely chopped red bell pepper
½ cup chopped cucumber
6 green onions, chopped
¼ cup finely chopped fresh cilantro
4 tablespoons fresh lime juice
½ teaspoon agave nectar
Dash salt
Freshly ground pepper to taste

Place all the ingredients in a large covered bowl. Toss until well mixed. Refrigerate at least 1 hour before serving, tossing several times during that hour to make sure flavors are well combined.

Hints: If you can find some fresh pea shoots, they are delicious tossed on top of this salad before serving.