McDougall Healthy Immersion Programs
Make Businesses More Profitable

Tell Your Employer
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Sick employees are costing your company money. If you want your company to succeed, watch the following 14-minute documentary and then share this vital message with your company’s president and health resource personnel. You can make a difference.

The average total healthcare costs per employee are expected to reach $11,664 in 2012, up from $10,982 in 2011. In response to these escalating costs, 43% of employers now provide incentives to encourage participation in “biometric screenings” (checking blood pressure, weight, cholesterol, tobacco use, etc.), and 30% offer incentives to engage in healthy lifestyle activities in the workplace. At the core of a healthier workforce are educational opportunities that employees need in order to lead healthy and productive lives. The McDougall Immersion Live-in Programs have been accomplishing these goals, and much more, for more than two decades.

Favorite Five Articles from Recent Medical Journals

- Gum (Periodontal) Disease and Diet
- More Death from Meat Eating
- White Rice and Diabetes
- Doctors Ignorant about Mammograms and PSA Testing
- Diabetes Cured by Surgery. No Surprise!

Featured Recipes

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- Pot-of-Gold Rainbow Stew
- Portobello Poor Boy Sandwich
- Calabacitas (Burrito Filling)
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Documented 44% Reduction of Healthcare Costs

The McDougall Program provides an opportunity to cut healthcare costs in half for your company, improving its underlying strengths and overall profitability in this highly competitive world. Between 1999 and 2001, I ran the McDougall Immersion Program for three separate groups of employees at Blue Cross/Blue Shield of Minnesota. During this time we studied the participants and documented a reduction in body weight (17%), blood pressure, and cholesterol (8%) levels over a one-year period. Medication usage was reduced and/or eliminated. The medical benefits achieved can be described as no less than miracles. Based on the health claims data of Blue Cross/Blue Shield, we documented an average reduction in healthcare costs of 44% for each of the three groups.

Publix Supermarkets of the southeast have also run the McDougall Program for selected employees with similar health benefits.

Two years ago we began McDougall Immersion Programs for the employees of Whole Foods Markets. At our recent Advanced Study Weekend (February 17–19, 2012) John Mackey, the co-founder and CEO of this highly successful supermarket chain, reported substantial savings for his company from the McDougall Immersion, and various other programs, designed to change the diets of their employees. He predicted that because of this success, acceptance of similar programs would soon ripple across the world.

Now is the time and here is an opportunity to help your company to greatness.
Favorite Five Articles from Recent Medical Journals

Gum (Periodontal) Disease and Diet

Relationships Between Eating Habits and Periodontal Condition in University Students by Takaaki Tomofuji, published in the December 2011 issue of the *Journal of Periodontology*, found that, “In overweight students, the frequent consumption of fatty foods and infrequent consumption of vegetables were associated with an increase in periodontitis.” Dietary fat causes obesity. During the past 50 years, the Japanese diet has become higher in fat and the result has been increasing obesity, especially among the youth.

In a related article, Association Between Chronic Periodontitis and Vasculogenic Erectile Dysfunction, by Anuj Sharma, published in the same issue of this journal, investigators found an association between vascular disease, in this case erectile dysfunction, and chronic periodontitis. Most cases of erectile dysfunction are caused by arterial insufficiency to the penis (atherosclerosis) due to the Western diet. This same disease causes heart attacks. This research provides a link between the health of the mouth and its blood supply.

Comments: Chronic periodontitis is a chronic inflammatory condition of the gums (gingival tissues) that results in the loss of both the attachment of the periodontal ligament and bony support of the teeth. Because of the poor health of the gums, bacterial infections occur concurrently. However, treatment with antibiotics is ineffective, because the underlying poor health of the gums is not resolved. At the foundation of periodontal disease is malnutrition caused by the Western diet. In the general population, severe forms of periodontal disease are found in almost 5% of people. If the disease progresses without successful intervention, then the final outcome can be the loss of the teeth.

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Multiple studies have found that people with coronary artery disease and diabetes have a higher rate of gum disease. The common denominator is the food. The study of worldwide populations shows that a diet high in starches, vegetables, and fruits, and low in sugar and fats will protect both oral and general health. All tissues in the body must receive nutrients directly or indirectly from blood vessels. Compromise of the circulation causes many common health problems, from head to toe. Therefore, it should be no surprise that the same poor eating habits that sicken all other parts of the body also result in poor oral health.

Healing of periodontal disease is accomplished by better nutrition and improved dental hygiene. Over my years of practice I have
seen remarkable improvements, including complete resolution of periodontitis and reduction of the size of “pockets” between the teeth and gums. Along with eating a starch-based diet, visits to the dental hygienist and conscientious home care are crucial for healing. In addition to brushing, flossing, and water picks, I like inter-dental brushes for the thorough cleaning they provide.


More Death from Meat Eating

**Red Meat Consumption and Mortality. Results From 2 Prospective Cohort Studies** by An Pan, published in the online edition of the March 12, 2012 issue of the *Archives of Internal Medicine*, found that, “Red meat consumption is associated with an increased risk of total, CVD (cardiovascular), and cancer mortality.” This prospective observation of 37,698 men is from the Health Professionals Follow-up Study (1986-2008) and 83,644 women from the Nurses’ Health Study (1980-2008). The investigators estimated that substitutions of 1 serving per day of other foods (including fish, poultry, nuts, legumes, low-fat dairy, and whole grains) for 1 serving per day of red meat were associated with a 7% to 19% lower mortality risk.

**Comments:** Simply put: meat is the wrong food for people. I also teach that poultry, fish and low-fat dairy have no place in a healthy diet. The reason these foods were found to be “beneficial” in this observational study is that people who purposefully choose to avoid red meat will instead choose to eat chicken, fish and low-fat dairy. These behaviors (avoiding red meat and picking chicken, fish and low-fat dairy) also identify people who in general have a much healthier diet and lifestyle.

Many components of animal foods, including too much iron, sodium, saturated fat, cholesterol, and chemical contaminants, and too few carbohydrates, dietary fiber, and micronutrients, have been blamed for shortening the lives of people with more heart disease and cancers. Furthermore, these authors found processed meat to be even more risky. Likely, all the unhealthy components of meat have not been identified. However, all you have to understand in order to take appropriate actions is that meat is not your food: although it is an ideal food for cats, humans should stop eating animal-derived foods.

Dean Ornish, MD (one of our guest speakers for the September 7–9, 2012 Advanced Study Weekend) wrote an editorial in this same issue of the *Archives of Internal Medicine*. He placed the problem of meat eating in a worldlier prospective, discussing the world hunger, global warming, environmental ruin, and fossil fuel costs from livestock production. The title of this editorial is, “Holy Cow! What’s Good For You Is Good For Our Planet.”

White Rice and Diabetes

White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review by Emily Hu, published in the March 16, 2012 issue of the British Medical Journal, found, “Higher consumption of white rice is associated with a significantly increased risk of type 2 diabetes, especially in Asian (Chinese and Japanese) populations.” This report involved a collection of studies (a meta-analysis) that reported risk estimates for type 2 diabetes, by rice intake levels.

Comments: Confounding, the presence of another hidden variable, is of particular concern in this study because socioeconomic status is both a risk factor for type 2 diabetes and a predictor of rice consumption in Asian and Western populations. In other words, within a particular population (say in China or Japan), those who eat more white rice are also the wealthier people who eat more meat, oil, refined food, etc. Poorer people purchase less white rice and less rich food (they also work physically harder), and as a result, they are trimmer with little chance of developing type 2 diabetes—a condition directly resulting from obesity.

Worldwide, the populations with the lowest rates of diabetes are those that eat the most rice and other starches; type 2 diabetes is all but unknown in rural Asia, Africa, Mexico, and Peru, where a high-carbohydrate diet is the cultural norm. Some of the highest rates of obesity and diabetes are, however, found among people of Hispanic, Native American, Polynesian, and African descent—but not because of their genetic make up or the starch-based diets of their distant ancestors. These ethnic groups became fat and sick when they adopted a high-fat, high-protein Western diet.

I recommend people eat whole-grain (brown) rice, but I do not consider white rice a deal-breaker. Because of social status (refined people eat refined rice) and lack of availability, many people tell me they cannot eat brown rice. I understand. When you are out and about, and all you can find is a Chinese restaurant for lunch, and you are given a choice of white rice to fill your hungry belly, or fried pork, go with the white rice.


Doctors Ignorant about Mammograms and PSA Testing

Do physicians understand cancer screening statistics? A national survey of primary care physicians in the United States by Odette Wegworth, published in the March 6, 2012 issue of the Annuals of Internal Medicine, found, “Most primary care physicians...
mistakenly interpreted improved survival and increased detection with screening as evidence that screening saves lives. Few correctly recognized that only reduced mortality in a randomized trial constitutes evidence of the benefit of screening.” Primary care physicians were more enthusiastic about the screening test supported by irrelevant evidence (5-year survival increased from 68% to 99%) than about the test supported by relevant evidence (cancer mortality reduced from 2 to 1.6 in 1000 persons). (Screening is performed by early detection tests, like mammograms to find breast cancer and PSA tests for prostate cancer.)

Comments: Survival statistics are susceptible to lead-time and over-diagnosis biases. While your doctor should know this basic information, most don’t; and you and your family will pay dearly for his or her ignorance.

Lead-time bias occurs when disease is found earlier, but the day of death remains the same. For example, if a person is destined to die in June of 2017 of cancer, and the cancer is found in June of 2016, then the person would have lived for only a year knowing about the cancer. However, if aggressive testing is used and by “earlier detection,” the cancer is found in June of 2012, then the person lived much longer aware of the cancer (for five years), but he/she still dies the same day. If cure is defined as “living for five years,” then, in this example, the person was cured by early detection, but still died the same day.

Screening can also detect cases of cancer that are not destined to progress and cause harm, a phenomenon known as over-diagnosis. Not all cancers grow into life-threatening disease: without meddling doctors, the patient would have never known that they were ill. In other words, when looking hard for abnormalities, cancers, which would have never surfaced during a person’s life, are found. When these abnormalities are treated, the patient believes he or she has been cured, even though their life was really never threatened. This is a serious problem because for every life saved by doing regular mammograms, between 5 and 20 women’s (and their families’) lives were destroyed by the diagnosis of breast cancer and the treatments that follow. For men with prostate cancer, 48 men are over-diagnosed for every one life saved.

Cancer mortality rates are, however, unaffected by lead-time and over-diagnosis biases. Mortality statistics simply divide the number of deaths from cancer by all people in the study population. Thus, the number of deaths in the group that received screening tests is compared with a group that is not subjected to this rigorous examination. Doctors should be aware of these biases in order to provide proper consultations to you.

My general recommendation for people is to not participate in early-detection screening tests for breast and prostate cancers. However, there are limited benefits from PAP smears done every 3 to 5 years for sexually active adult women until age 50 and one colon exam (a sigmoidoscope) performed between ages 55 to 64. Small benefits also come from checking the skin and the mucous membranes of the mouth for early changes that may lead to cancer. When considering any screening tests, realize that you are risking your life today (for example, a perforation of your colon during a colonoscopy) in exchange for the possibility that you will have less chance of dying of cancer one to four decades from now.


Diabetes Cured by Surgery. No Surprise!

Two small headline-generating studies published in the New England Journal of Medicine on March 26, 2012 found that, “In obese patients with uncontrolled type 2 diabetes, 12 months of medical therapy plus bariatric (weight loss) surgery achieved glycemic (blood sugar) control in significantly more patients than medical therapy alone.” And “In severely obese patients with type 2 diabetes, bariatric surgery resulted in better glucose control than did medical therapy.”

Comments: These two studies confirmed the obvious: Major surgery, designed to damage the functional capacity of a person’s stomach and intestines, results in sufficient malnourishment to cause the patient to lose large amounts of weight. With weight loss, type 2 diabetes is almost always cured. These findings will be viewed by patients and doctors alike as legitimate medical therapies, and will be paid for by your insurance companies, your employers, and your tax dollars. The suffering and side effects of these surgeries are often incapacitating and permanent.
What kind of society do we live in where we are purposefully harming a patient’s body in order to cure them of their gluttony, without first offering them an opportunity to learn the cause of their obesity and to then make simple dietary corrections? What’s next? Remove an obese diabetic’s teeth so they can’t eat? Dentists once wired people’s teeth together so they could not eat. Will oncologists soon be taking their share of the lucrative weight-loss industry? Slow poisoning with their drugs results in weight loss, and lower blood pressure, cholesterol, and blood sugars. Will future headlines read, “Lobotomies performed by brain surgeons reduce appetite and cure diabetes?” How about infecting people with tapeworms? Bilateral amputations so the obese diabetic can’t get to the refrigerator?

There is only one way to really cure type 2 diabetes and that is to stop the cause: the rich Western diet. Simply shift to the traditional human diet based on beans, corn, potatoes, pasta, and breads. There are no obese people in parts of rural Asia where the diet is still based on rice (white rice). Thus, there is no need for weight-loss surgeries to cure type 2 diabetes in any of these people.


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**Featured Recipes**

**Gratitude Bowl**

In the August 2009 newsletter I provided recipes for various bowls that were similar to ones we had enjoyed at a restaurant in Portland, Oregon. These are simple, but delicious meals that are some of our favorite dinners because the ingredients can easily be varied according to what is in season or what you have available in your pantry and refrigerator. In fact, we enjoy these so much that we recently added these bowls to the 10 day live-in program menus and they have become one of the favorite lunches of the participants. The buffet line contains a choice of either brown rice or quinoa as the base for the bowls. Following the grains are six separate bowls containing steamed broccoli, carrots, mushrooms, snap peas, mixed greens, and mung bean sprouts to pile on top of your grain choice. Then there is a bowl of Asian Marinated Tofu (August 2009) if you choose to add some tofu to your dish. To top it all off, we offer a choice of three different sauces to ladle over your grains and veggies: Szechuan Sauce, Asian-Ginger Sauce or Peanut Sauce (all found in the August 2009 newsletter). There are several restaurants in California, called Café Gratitude, where we especially enjoy the various bowls that they offer on their menu. Three of our favorite bowls at Café Gratitude are very similar to these bowls from the August 2009 newsletter: Named “I Am Grateful”, “I Am Accepting”, “I Am Fortified”, they offer a huge bowl of grains topped with various vegetables and a sauce of your choice. Here is my version of a grain and vegetable bowl topped with a simple Tahini Lemon auce. Preparation Time: 15-30 minutes

**Cooking Time:** 15 (need cooked rice or quinoa)

**Servings:** 4

2 tablespoons vegetable broth
1 onion, diced
1 carrot, sliced
¼ pound fresh shiitake mushrooms, stems discarded and caps thinly sliced
2 cups broccoli florets
2 cups coarsely chopped kale
1 zucchini, halved lengthwise and sliced
4 to 6 cups cooked brown rice or quinoa
1 cup mung bean sprouts
1 avocado, peeled and chopped (optional)

Place the vegetable broth in a large non-stick skillet with the onion and carrots. Cook, stirring occasionally, until carrot softens slightly, about 5 minutes. Add the shiitake, cover and cook until tender, about 4 minutes. Add broccoli and kale and cook, stirring occasionally until tender about 5 more minutes. Add zucchini and continue to cook until all vegetables are tender, about 3 to 5 minutes longer.

Meanwhile, heat the brown rice or quinoa until warm. To serve, place some brown rice or quinoa, or a combination of both into a large bowl. Top each bowl with some of the cooked vegetable mixture and a few of the mung bean sprouts and avocado chunks. Drizzle a bit of the Tahini Lemon sauce over the top and serve.

Variations: Instead of the shiitake, use oyster mushrooms, crimini or another of your favorites. Instead of the mung bean sprouts use sunflower sprouts, if you can find them in your local market. Add other vegetables that are in season according to their cooking times.

**Tahini Lemon Sauce**

This is a higher fat sauce because of the tahini which is made from sesame seeds. Use only a small amount to season your bowl, or choose one of the non-fat sauces from the August 2009 newsletter for a lower fat option.

Makes 2 cups

1 cup water
¾ cup tahini
1/3 cup lemon juice
2 cloves garlic, minced
½ tablespoon soy sauce
¼ teaspoon crushed red pepper

Combine all ingredients in a blender and process until smooth. Refrigerate in a covered container for up to one week.

**Cauliflower Cocktail**

I got the idea for this recipe from a comment that I saw on the internet about a restaurant in Virginia that serves a dish like this as an appetizer instead of shrimp cocktail. I have modified the recipe only slightly to make it a bit easier and to contain less sodium. This is really fun (and delicious) to eat and is a great conversation starter when served as a party appetizer. I just felt I had to share it with all of you because it is something you may never have seen, much less tried, if I didn’t write about it.

**Preparation Time:** 15 minutes  
**Cooking Time:** 10 minutes  
**Resting Time:** 10 minutes  
**Chilling Time:** 1 hour  
**Servings:** variable

3 quarts water  
½ cup Old Bay Seasoning mix  
1 onion, quartered
3 whole peeled garlic cloves  
¼ cup lemon juice  
1 large head cauliflower, cut into 1 inch florets  

Cocktail sauce, chilled (see hints below)  

Place the water in a large pot and add the seasoning mix, onion, garlic cloves and lemon juice. Bring to a boil, reduce heat and simmer at a low boil for 10 minutes. Remove onions and garlic from broth with a slotted spoon and discard. Return liquid to a boil. Add cauliflower, turn off heat, cover and let rest for 8-10 minutes. Drain at once and spread cauliflower in a single layer on a rimmed baking sheet and let cool for a few minutes on the counter. Place uncovered in refrigerator to finish cooling. Serve with chilled cocktail sauce to dip the cauliflower florets into before popping into your mouth.

Hints: Cut the cauliflower into florets that can easily be dipped once and then popped whole into your mouth. Test the florets for tenderness while they are in the hot water; you don’t want them to be too soft, nor too hard, usually about 8-10 minutes is perfect.
The cauliflower may be prepared one to two days ahead of time and covered and refrigerated until serving. It may be served chilled or at room temperature, whichever you prefer. There are many varieties of cocktail sauce available in most supermarkets. Be sure to choose an oil-free variety, and feel free to spice it up a bit more by adding some horseradish and vegan Worcestershire sauce to taste.

Smokey Yam Chili  

This delicious spicy bean and yam chili may be made on the stovetop or in a slow-cooker. I usually serve it over brown rice and sometimes top it with a few slices of fresh avocado or some tofu sour cream to tone down the heat a bit.

Preparation Time: 15 minutes  
Cooking Time: 1 to 8 hours, depending on cooking method (see hints below)  
Servings: 6  

1 onion, chopped  
1 green bell pepper, chopped  
2 cloves garlic, minced  
¼ cup water  
1 15 ounce can kidney beans, drained and rinsed  
1 15 ounce can pinto or black beans, drained and rinsed  
2 15 ounce cans fire roasted chopped tomatoes  
1 medium garnet yam, peeled and chunked  
2 teaspoons chili powder  
2 teaspoons ground cumin  
2 teaspoons cocoa powder  
¼ teaspoon ground cinnamon  
Dash chipotle chili powder  
Freshly ground black pepper  

Place the onion, bell pepper, garlic and water in a large pot and cook, stirring frequently until vegetables soften slightly. Add remaining ingredients and mix well. Bring to a boil, reduce heat, cover and cook for about 1 hour, until yam is tender. Taste and adjust seasonings for more heat, if desired. Serve in a bowl with some baked tortilla chips, or ladle over baked potatoes or whole grains.
Hints: This may also be made in a slow-cooker so it is easy to start in the morning and then return to a simmering pot of chili after a long day at work or play. Place all ingredients in the slow-cooker at the same time and cook on low for 7 to 8 hours or on high for 4 to 5 hours.

Eat Vegan on $4 a Day

By Ellen Jaffe Jones

Ellen Jaffe Jones has scoured the shelves of popular supermarkets and big-box stores and calculated how to eat three nutritious, delicious, satisfying meals for no more than $4 a day per person. Eat Vegan on $4 a Day includes tips on how to adapt your favorite recipes, cook with beans and grains, and use bulk buying to reap big savings.

Ellen Jaffe Jones has been an award-winning reporter and journalist, and a financial consultant dedicated to socially responsible investing. Before she started traveling on a book tour, as a result of her personal quest for better health, she taught cooking classes affiliated with the Physicians Committee for Responsible Medicine. She is now a certified personal trainer (AFAA) and running coach (RRCA) and routinely places in 5K races for her age group. Follow Ellen at www.vegcoach.com.

Mary’s notes: Ellen is a Star McDougaller and you can read her complete story on our website; just search for her name on the Star McDougaller page. This book is filled with fast, easy and delicious recipes, plus a lot of information to get you started and to keep you eating healthy and inexpensively. Most of the recipes in this book do not contain any added free oils, and the very few that do are easy to adapt by changing to vegetable broth or water instead of the oil.

The following four recipes are some of my favorites from her book. To purchase the book go to www.vegcoach.com or www.amazon.com.

Minestrone

$1.00 per serving  Makes 12 servings

½ cup dried kidney beans, picked over, rinsed, and soaked
½ cup dried great northern or cannellini beans, picked over, rinsed, and soaked
6 cups water
8 to 10 large tomatoes, finely chopped, or 1 can (28 ounces) unsalted diced tomatoes
1 onion, chopped
4 celery stalks, chopped
3 carrots, chopped
¼ head napa or green cabbage, chopped
½ cup cut green beans, fresh or frozen
2 tablespoons vegetable broth powder
2 garlic cloves, minced
4 ounces whole wheat pasta shells, elbow macaroni, or other small pasta
2 tablespoons chopped fresh parsley

Drain the beans and put them in a large soup pot. Add the water and bring to a boil over medium-high heat. Decrease the heat to medium-low, cover, and cook for 1 hour. Stir in the tomatoes, onion, celery, carrots, cabbage, green beans, vegetable broth powder and garlic. Cover and cook, stirring occasionally, for about 30 minutes, until the beans and vegetables are tender. Stir in the
pasta and cook until tender, about 10 minutes. Stir in the parsley. Serve hot.

Variation: Substitute up to 1 cup of chopped kale, spinach, or turnip greens for the cabbage. If you use fresh spinach, it will only take 1 to 2 minutes to cook. To avoid overcooking, stir in the spinach after the pasta is cooked.

Pot-of-Gold Rainbow Stew

$1.50 per serving  Makes 8 servings

1 cup dried pinto beans, picked over, rinsed, and soaked
3 ¼ cups water
2 onions, chopped
1 eggplant, quartered lengthwise and cut into ½ inch thick slices
1 green bell pepper, diced
5 garlic cloves, minced
3 small zucchini, quartered lengthwise and cut into ½ inch thick slices
1 red bell pepper, coarsely chopped
1 cup chopped fresh basil
Salt
Ground pepper

Drain the soaked beans and put them in a large saucepan. Add 3 cups of the water and bring to a boil over medium-high heat. Decrease the heat to medium-low, cover, and cook for 1 to 1 ½ hours, or until tender. Set aside; do not drain.

While the beans cook, put 1 tablespoon of the remaining water and the onions in a large soup pot and cook over medium-high heat, stirring frequently, for about 5 minutes, or until the onions are translucent. Stir in the eggplant, green bell pepper, garlic and remaining water, 1 tablespoon at a time, as it evaporates. Cover and cook, stirring occasionally, for 5 to 10 minutes, or until the eggplant begins to soften. Stir in the zucchini, red bell pepper and basil. Cover and cook, stirring occasionally, for about 3 minutes, or until the vegetables are tender. Stir in the cooked beans and bean liquid. Season with salt and pepper to taste.

Tip: Substitute 1 can (15 ounces) of pinto beans instead of cooking them yourself. Rinse and drain the beans. Stir the beans and an additional ¼ cup of water into the vegetable mixture.

Portobello Poor Boy Sandwich

$2.00 per serving  Makes 2 servings

2 large portobello mushrooms, stemmed
¼ cup balsamic vinegar
2 to 4 tablespoons water
2 roasted red peppers, drained
2 ounces spinach leaves
1 small loaf whole wheat French bread, split lengthwise and halved crosswise
1 tablespoon low-sodium soy sauce (optional)

Put the mushrooms and vinegar in a medium bowl and marinate for about 20 minutes. Put the marinated mushrooms and 2 tablespoons of the water in a medium skillet and cook over medium heat for about 10
minutes, or just until softened and tender. As the mushrooms cook, add more water if necessary, to prevent sticking, loosening them with a spatula. Top each mushroom with a roasted pepper. Cover the skillet, decrease the heat to low, and cook for 3 to 5 minutes, or until the peppers are warmed through.

Divide the spinach leaves and put them on the bottom 2 pieces of the French bread. Cut the mushrooms and peppers in half and divide between the sandwiches. Sprinkle with the soy sauce, if desired, and top with the remaining pieces of bread.

**Calabacitas (Burrito Filling)**

$.25 per serving  Makes 10 servings

1 small yellow onion, chopped
2 tablespoons water
2 small zucchini, quartered lengthwise and sliced
4 ounces white button mushrooms, sliced
½ teaspoon chili powder
½ teaspoon ground cumin
¼ cup frozen corn
Ground pepper

Put the onion and 1 tablespoon of the water in a large skillet over medium-high heat and cook and stir until the water has evaporated. Stir in the remaining 1 tablespoon water, the zucchini and mushrooms, cover and cook for 10 minutes, or until the zucchini and mushrooms have released their juices. Decrease the heat to low. Stir in the chili powder and cumin, cover and cook for 5 minutes, or until the mushrooms are soft. Stir in the corn and cook for 5 minutes to heat through. Season with pepper to taste.

Tips: This makes a wonderful side dish if you choose not to use it in burritos. To “stretch” it, serve it on ten (10 inch) whole grain flour tortillas. It’s amazing how many children say they don’t like vegetables, but I’ve never met a child who didn’t love this vegetable-packed recipe. Children loved to be involved in creating their meals. They can build their own burritos when you serve Calabacitas with small bowls of condiments, such as chopped avocado, salsa, sliced olives, chopped tomatoes, etc.