MARCH - APRIL 1996 VOL. 10, NUMBER 2

The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL

INSIDE

See p. 7 for details on:

the McDougalls' Cruise to Costa Rica

Coming July 13 to 20, 1996 ...
a fabulous cruise in a Latin paradise
aboard the 185 foot cruise ship
Temptress Explorer.

CHANGING FINANCIAL FORCE

MEDICINE FOR MONEY

The quality of care you receive depends as much upon how your doctor is paid, as the quality of his or her education. Until recently, fee for service was the only financial force determining your care. The doctor is paid for doing things for (to) you. The more office and hospital visits, lab tests and x-rays ordered, medications prescribed, the more money the doctor, clinic, and/or hospital makes. The doctor is in control of the type and volume of services delivered. People with generous health insurance consider this the best system, because they believe more medical care means better medical care. However, this system rewards the doctor for unnecessary and even harmful treatments, and as a result, too often you are over-treated.

More often these days, physicians are being motivated by financial incentives that reward for exactly the opposite behavior—for restricting care from their patients. You would be outraged if an agent from your health insurance company came in to your doctor's office to negotiate (in front of you) a deal for your doctor to make more money if he would refuse to order a test or send you to a specialist. But, this is exactly what is happening behind your back under the new medical systems called managed care.

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Managed Care

Runaway health care costs, increasing at a rate of 8% to 13% yearly over the past decade, have finally lead employers, health insurers, and the government to demand changes. The health care market has responded with efforts to manage your medical care. Managed care organizations are companies that oversee providers (doctors, clinics, and hospitals); causing them to seriously consider the cost of their services. In essence, a physician's practice behavior is manipulated to make the system more profitable for the managed care organizations.

Under this system most of your medical care must be pre-approved. The patients and their physicians have to jump through many administrative hoops in order to get authorization for discounted fee-for-service care. These systems control costs by managing physicians through efficient utilization of resources and establishing practice guidelines that save money. As a result fewer tests and treatments are ordered, and fewer services are sought from specialists.

Managed care organizations can be health maintenance organizations (HMO) or preferred provider organizations (PPO)as well as businesses founded solely to manage care. HMOs

usually hire the doctors, who are paid by salaries. PPOs are organized networks of physicians who sell their services to insurance companies. Doctors can be on salary, supplemented by bonuses for cost saving care. These financial incentives cause physicians to restrict their patients' access to medical services in exchange for money. Under this system the financial risks are still held by the insurer—the private health insurance company (e.g. AETNA) , the self-insured HMO (for e.g. Kaiser Permanente), PPO, or employer.

Capitation Cuts Care

Paying the doctor per capita (per patient) is a new way of reimbursement that transfers the financial risk to the physician, and away from the health insurer and the patients. Under this modification of the managed care system, called capitation, an individual physician receives a certain amount of money per month for each member. The money is paid by the managed care organization to the physician the patient designates as his or her primary care provider. Across the country professional service payments run about $35 to $40 per patient per month. This money must cover all doctor's charges whether incurred in the office or hospital. (Often there is an upper limit of liability so a doctor will not be seriously harmed by a catastrophic illness of one or more patients).

In some systems the managed care organization pays for specialists, prescription drugs, and hospital use. Other systems pay the doctor more money up front, so the primary care physician can directly pay for all these extra services. As expected, these financial incentives used by managed care organizations do reduce rates of hospitalization and office visits. A recent survey conducted by the California Medical Association of 1,122 physicians found 20% admitted that reimbursement or capitation "frequently" influenced their practice, and 59.1% said they were "sometimes" affected by these concerns. This system has been created without concern for the patient's welfare.

The base capitation payment barely covers the doctor's office overhead. However, an internist with 1500 patients may take home over $150,000 from bonuses and incentives, or nothing at all depending on how he saves money. His income is attached to conduct that furthers the managed care organizations profitability. One advantage of capitation is that the decisions are the doctor's, he doesn't have to get authorization from the insurer. Under this system the doctor has the opportunity to make a lot of money by keeping costs down. This can be done honestly by providing efficient care and avoiding unnecessary tests and treatments. But, the really smart doctors will soon realize money can be made by teaching patients to become healthy (and not spend their money).

Changing Your Medical Care

Patients' choices among health care plans are now influenced (unknown to them) by managed care. Low cost Medicare patients are steered to an HMO and sick ones to fee for service practices. This keeps the HMO profitable, and costs the government, and ultimately, the tax payers, even more money. Even though it is illegal to ask Medicare patients about their health, 43% of HMOs ask this question.

Very sick patients requiring extraordinary care, such as bone marrow transplants for breast cancer, will be denied payment for treatment. Experimental therapies are discouraged and medical progress may be stymied. One consolation is you can be certain few people will be experimented upon, unnecessarily.

Just like the old fee for service system, financial incentives under capitation encourage doctors to sign up more patients than they can responsibly care for, to spend as little time as possible with the patient, and to develop an "assembly line" medical practice.

To make matters worse for the patients, managed care organizations often make contracts with doctors that prevent them from divulging their financial arrangements with the insurance company *(N Engl J Med 333:1706, 1995)*.

Medicine is changing for doctors as well as patients. "In the past, nearly every doctor made a good living, and some made a great living. Now a handful will make tens of millions as investors in risk-assuming groups, and some will boost their income by suppressing the use of services..."*(N Engl J Med 333:1706, 1995)*. As utilization of services falls under managed care there will be a glut of physicians and many will become unemployed.

Doctors are avoiding sick patients because they are costly. Top doctors, such as experienced surgeons with special skills, who attract the sicker patients are at risk of being shut out of managed care organizations and medical groups because they incur greater costs. Thus excellence in medicine will be discouraged.

Understanding the financial incentives helps you understand the decisions made by your doctor about your medical care. You don't want to be over-treated under fee for service, nor have necessary services denied under managed care.

Serving the Medical Business

At the present time, regulations are being introduced by our government to help protect patients by blunting the incentives to save money, help educate the patient, and allow doctors, nurses, and patients to oversee care protocols. In the meantime, you must take action.

Understanding the financial incentives, helps you understand the decisions made by your doctor about your medical care. You don't want to be over treated under fee for service, nor have necessary services denied under managed care. You should ask your doctor how he or she is paid. Ask how much he feels these financial incentives influence his practice. If you feel you are receiving substandard care, then discuss this with the doctor. Ask for a second opinion. Go to see the administrator of the clinic or HMO. Threaten legal action if you do not get a satisfactory response.

Healthy patients are low-cost, desirable patients, and will be able to obtain health insurance coverage more easily and have more choices among doctors, clinics, and insurance companies than sick patients. The best way to avoid problems with money motivated medical care is to stay well, and out of the system.

A Better System

Ultimately, the system of financial rewards should be changed. Since money is such a strong motivation for

almost all of us, the negative effects of this incentive should be removed as much as possible. A salaried physician who receives no bonuses will be the professional least likely to have money influence your medical care. However, this doctor still has to answer to a boss who is interested in keeping the costs down. Any extra profit from cutting costs in an ideal system would be reflected in lower premiums for the patient.

Under an ideal system, incentives and bonuses should be paid for improving the health of the patients. For example, pay the doctor an extra $1 for every pound of weight loss, milligram reduction in cholesterol, and millimeter decrease in blood pressure in his selected group of patients brought about by his efforts to improve their diets and lifestyles. Reward the doctor with an extra $20 for each patient he sends to a quit smoking program—and $200 for each successful quitter. Pay the doctor for services of health educators (dietitians, nutritionists, cooking class teachers, exercise physiologists, and personal trainers) he hires for his patients' care. Insurance companies should be paying for health education and exercise classes for their subscribers. Many of them call themselves Health Maintenance Organizations and use health promotion as an advertising claim—let's have them live up to their names and claims—and put their money where it counts.

RESEARCH

FAT AND BREAST CANCER—NO CONNECTION?

"Cohort studies of fat and the risk of breast cancer—a pooled analysis" by David Hunter in the February 8, 1996 issue of the *New England Journal of Medicine* dashed the hopes many women have had they could prevent breast cancer by changing their diet *(334:356)*. The authors analyzed seven prospective studies in four countries, comparing saturated, polyunsaturated, and monounsaturated fat and cholesterol intake, and found no significant increase in risk with increasing intake. Even when the fat intake of women was as low as 20% there appeared to be no benefit.

COMMENT: Breast cancer incidence varies more than fivefold internationally and when women move from countries of low incidence to countries of high incidence the rates of cancer are close to the new country. Sixty-five years of animal experiments show fat increases the risk of breast cancer in animals. So why does this study in such as prestigious journal find otherwise?

All of the study groups were of women who ate the rich Western diet. Except for one group—the Seventh Day Adventists—and they found a reason to exclude them from their analysis. Seventh Day Adventists are noted for their vegetarian diet and their lower risk of heart disease and common cancers. (About half are lacto-ovo vegetarians, but few follow a very low-fat McDougall-type diet) Previous studies of Adventist women show they have a lower risk of breast cancer (Ca Res 43:2403s, 1983).

Women who eat a low-fat version of the rich Western diet still eat an unhealthy, cancer-promoting diet—due to other qualities of the food. Low-fat could mean a diet high in low-fat meats like turkey, low-fat lunch meat, low-fat cottage cheese, skim milk, sugar coated cereals, white sugar, licorice candies, and white bread. A diet woefully lacking in cancer-fighting starches, vegetables, and fruits.

It is true that fat cannot be considered the sole cause of breast cancer. However, the rich Western diet is the cause—and this conclusion is based on solid population data and animal experimentation. The American Cancer Society, The National Cancer Institute, The US Senate Select Committee on Nutrition, and The Surgeon General of the United States have all come to the conclusion that our rich diet is an important part of the cause of breast and other common cancers. These groups published their conclusions after a broad review of the scientific literature.

However, negative studies like this one capture national attention by the media because they support the unhealthy food industry, and many people like to hear good news about their bad habits. The truth is—multiple qualities of the Western diet promote cancer; and a plant-based diet protects women in many ways.

Cancer Promoting Qualities of The Rich Western Diet:

- High in calories (animal studies show cancer promotion)
- High in fat (animal studies show can cer promotion)
- High in polyunsaturated fats (corn and safflower oils suppress our cancer fighting immune system)
- High in immune system suppressing animal protein
- High in cancer causing environmental chemicals (for example, DDT is twice as high in breasts of cancer victims)
- High in cholesterol which may act as a co-carcinogen (cancer helper)

A Low-Fat Plant Based Diet Protects You:

(Because it avoids all of the above and more)

- High in dietary fiber that binds and deactivates cancer causing chemicals
- High in cancer-fighting chemicals
- High in vitamins that repair oxidative cell damage (beta carotene, C, E)
- High in phyto-estrogen (these prevent your stronger estrogen from over-stimulating your cells)

You will win the war on cancer (and the argument) if you take the stand that the rich Western diet is the cause of breast cancer.

DO CHOLESTEROL-LOWERING DRUGS CAUSE CANCER?

"Carcinogenicity of lipid-lowering drugs" by Thomas Newman in the January 3rd, 1996 issue of the *Journal of the American Medical Association* tabulated rodent data on the cancer causing effects of cholesterol-lowering medications from the 1994 Physician's Desk Reference, and other sources *(275:55)*. They found two popular classes of drugs (fibrates and statins) cause cancer in rodents, in most cases at levels close to those prescribed to humans at maximum doses. Evidence from humans was inconclusive because of inconsistent results and insufficient duration of follow-up. The authors concluded, "In the meantime, the results of experiments in animals and humans suggest that lipid-lowering drug treatment, especially with the fibrates and statins, should be avoided except in patients at high short-term risk of coronary heart disease." The commonly prescribed fibrate is Lopid (gemfibrozil), and the statins include Mevacor (lovastatin), Zocor (simvastatin), Lescol (fluvastatin), and Pravachol (pravastatin). Even though another popular cholesterol-lowering drug, Questran (cholestyramine) did not encourage cancer alone, it did enhance the effects of other cancer-causing chemicals.

COMMENT: The "war on cholesterol" began with the introduction of power-

ful, albeit highly profitable, cholesterol lowering statins in the mid 1980's. A market for these medications had to be created by educating the public and doctors about the dangers of high cholesterol. Over the past decade there has been a 10-fold increase in the use of these drugs, with 26 million prescriptions written in 1992 in the United States. These medications are effective, especially the statins, for lowering cholesterol, and the statins have been shown to save lives in people with and without heart disease *(Lancet 344:1383; N Engl J Med 333:1301, 1995).* The benefits of gemfibrozil are questionable because results have shown a trend toward an increase in death and heart disease *(Ann Med 25:41, 1993).*

Almost all substances known to cause cancer in humans also cause cancer in mice and rats. Therefore, the findings in this study should bring great concern to doctors prescribing, and patients taking these drugs. The ultimate question is: does the benefit from the prevention of heart disease outweigh the risk of cancer and other side effects from the drugs? There is great debate about this, yet insufficient information to come to solid conclusions.

Clearly, you should take the safest, most effective routes first. A low-fat, no-cholesterol diet must be the foundation for your cholesterol-lowering program. If you need extra help turn first to the "natural" cholesterol-lowering medications; like garlic, oat bran, vitamin C, and vitamin E (dry form). Next try a natural herb, gugulipid. Activated charcoal has been found to be as effective as Questran, with fewer side effects. (A thorough discussion on the use of these "natural" agents is found in the McDougall Program for a Healthy Heart, Dutton 1996)

If these self-administered, over-the-counter, relatively-nontoxic, low-cost agents fail to reduce your levels sufficiently, then use doctor-prescribed medications. Colestid (colestipol) and Questran (cholestyramine) bind cholesterol in the intestine and remove it; they never enter the body; therefore they may be your first choice. The next step might be niacin (vitamin B3)—however, the side effects can be very troublesome. The last step I recommend is the statins.

I have used the statins for years for my patients who I feel have a very high risk of suffering a tragedy—like a heart attack or death—soon. My father and father-in-law are two of these people. I have no plans to recommend they change their present treatments. They also follow the McDougall diet strictly, and take Colestid. A complete discussion of these medications with their effects and recommended dosages is found in The McDougall Program for a Healthy Heart (Dutton 1996). An ideal cholesterol level is 150 mg/dl or less.

OBESITY HORMONE

"Serum immunoreactive-leptin concentrations in normal-weight and obese humans" by Robert Considine in the February 1, 1996 issue of the *New England Journal of Medicine (334:292)* found most obese people had elevated levels of a hormone, leptin. Only a few months ago, leptin was touted to become the next miracle weight loss drug by newspapers nationwide.

The gene "ob" found on fat cells makes this protein, leptin, which regulates body weight in mice. In mice, mutations in the ob gene that result in a lack of circulating leptin cause obesity. The administration of synthesized leptin causes weight loss. Unexpectedly, this study found obese people had an excess of leptin, rather than a deficiency. The fatter they were the more leptin present. Their conclusion was "obese persons are insensitive to endogenous leptin production."

COMMENT:
Leptin was going to be the cure for obesity—correcting leptin deficiency would result in effortless, painless, (highly profitable for some company) weight loss. Too bad, it's not the final solution. The next avenue of research may be directed at trying to determine why overweight people develop resistance to leptin. With weight loss, sensitivity to leptin returns toward normal. Since the miracle fat pill is a ways off, you should take advantage of the diet thin people around the word eat—the Chinese and Japanese, for example—a diet based on starches; and get some exercise.

VICTIMS OF MAMMOGRAMS

"Neglected aspects of false positive findings in breast cancer screening: an analysis of false positive cases from Stockholm trial" by E. Lidbrink in the February 3rd, 1996 issue of the *British Medical Journal* found examinations and investigations, and the costs of these tests, in woman who tested positive on mammograms, but eventually were found to not have cancer, is a substantial problem *(312:273).* After their first screening mammogram, 352 women were found to have suspicious (positive) findings. Further evaluation required 1112 doctor visits, 397 fine needle biopsies, 187 mammograms, and 90 surgical biopsies. The costs amounted to approximately a half million dollars. Women under 50 accounted for 41% of the costs. The costs of follow-up examinations were almost one-third of the cost of screening all of the women in the original study. After six months 64% were eventually declared free of cancer.

Many people believe we should spare no effort to save a woman's life from breast cancer. But there is a price to be paid for all this noble effort.

COMMENT: The advertised benefits of mammography are a reduction in death and more conservative operations (lumpectomy vs. mastectomy with a smaller cancer). However, the survival benefits of mammography are overrated. Of the six studies done, only the two oldest studies show a survival benefit for women between 50 and 69 years—the other four studies fail to show benefits. All studies have failed to show significant benefits for women under age 50 *(Lancet 346:29, 1995).*

Will a small reduction in breast cancer deaths be balanced by the negative effects of mammograms? Many people believe we should spare no effort to save a woman's life from breast cancer. But there is a price to be paid for all this noble effort.

Just the thought of having a mammogram causes many women to suffer increased anxiety about breast cancer. An abnormal mammogram can lead to extreme distress. In addition to mental scars, surgery leaves physical scars. All these tests take time, are inconvenient, and embarrassing. In several studies of women under 50, those who had the mammograms had a greater chance of dying of breast cancer, and not because of the exposure to radiation. But, because those women who were screened were more likely to be found to have a breast cancer, and therefore more likely to be treated *(Lancet 337:1576, 1991).* Treatment with surgery, radiation, and chemotherapy kill.
Clearly for women under 50, the risks

and costs outweigh the benefits. For women over 50 the benefits are minimal, the harm substantial, and the costs enormous. No benefits have been found for women over age 69.

FIBER REDUCES HEART ATTACK RISK

"Vegetable, fruit, and cereal intake and risk of coronary heart disease among men" by Eric Rimm in the February 14, 1996 issue of the *Journal of the American Medical Association* found the more fiber you eat the less your risk of heart disease *(275:447)*. This study examined food intakes of 51,529 men in various medical fields in the Health Professionals Follow-up Study. Those in the lowest fiber group ate 12.4 grams of fiber daily and those in the highest group ate 28.9 grams. According to the authors, "These results support current national dietary guidelines to increase dietary fiber intake and suggest that fiber, independent of fat intake, is an important dietary component for the prevention of coronary disease." "...the positive association between saturated fat intake and coronary heart disease is almost entirely explained by lower fiber intake among men who consumed more fat." Of the three main contributors to total fiber intake—vegetable, fruit, and cereal—cereal fiber was found to be most strongly associated with a reduced risk of heart attacks.

COMMENT: Fiber is only present in plant foods. There is not a speck of fiber in any chicken, beef, fish, egg, or dairy product. The average American eats 10 grams of dietary fiber a day. People following the McDougall diet eat 40 to 60 (sometimes 100) grams a day. Fibers have been roughly divided into soluble (prevalent in oats and beans) and insoluble fibers (wheat). Soluble fibers have been shown to lower "bad" LDL cholesterol, especially when fed to people with high cholesterol levels and when fed in large amounts. Fiber binds bile acids in the intestine and causes them to be eliminated in the stool. Bile acids are made from cholesterol. Thus, loss of bile acids removes cholesterol from the body. For every gram of fiber consumed there is a 0.5% to 2% reduction in blood cholesterol.

Fiber may have other benefits. Fiber lowers insulin levels, and high levels of insulin are associated with more heart disease. Fiber decreases the blood's tendency to clot—a blood clot in the heart artery causes the death of the heart muscle.

Arguing which is the most important contributor to heart disease—dietary fiber, cholesterol, or saturated fat—is of no practical importance. Who cares? The foods that are high in fiber (plants), contain no cholesterol, and are low in saturated fat. Unhealthy red meat, poultry, fish, eggs, and dairy products are high in cholesterol, lack fiber, and are all high in saturated fats (except for some fish). The consumers are left with easy choices when they know the simple nutritional qualities of foods.

HRT AND OBESITY

"Long-term post menopausal hormone use, obesity, and fat distribution in older women" by Donna Oritz-Silverstein in the January 3rd, 1996 issue of the *Journal of the American Medical Association* found hormone replacement therapy, whether used intermittently or continuously for 15 years or more, is not associated with weight gain and central obesity that is commonly observed in post menopausal women. A total of 671 women, average age 60.5 at the beginning of the study and 76.3 at the end, enrolled in the Rancho Bernardo Study were examined for hormone use and body mass and size. Those who used hormones continuously had an average use of 25.6 years (range 15 to 49 years).

COMMENT: Weight gain at the time of menopause is believed to be common, especially an increase in abdominal fat. The effect of estrogen therapy on weight is not well established, with studies showing loss, gain, and no change. These women were well-educated, white, middle-class women who started the study at a weight lower than the average American woman. Women on hormone replacement therapy are generally better educated and more affluent than women who do not take hormones—either because they are more knowledgeable about potential benefits of hormones or they can afford more contacts with doctors who like to prescribe HRT. Most importantly, better educated women are more likely to follow healthier diets and exercise, which may be the reason there was no weight gain observed in these women taking hormones.

If HRT had a reputation for making women fat, its popularity would vanish. (Certainly much faster than the knowledge that it causes breast and uterine cancer has hindered its acceptance). Looking great is more important than the risk of early death and disease, for most of us. HRT has benefits and risks—see the November/December 1995 issue of the McDougall Newsletter for recommendations on the safest way to replace hormones after menopause.

PERSONALITY AND HEART ATTACKS

"Personality as independent predictor of long-term mortality in patients with coronary heart disease" by Johan Denollet in the February 17, 1996 issue of the *Lancet* found the tendency to suppress emotional distress was associated with a 4-fold increase in the risk of dying of heart disease (347:417). They studied 268 men and 35 women with a documented history of coronary heart disease for 6 to 10 years. They focused on the tendency of people to inhibit self-expression in social interaction (social inhibition) and the tendency to experience negative emotions. This was termed a "distressed personality" or type-D personality. This personality was associated with depression and social alienation.

Personality might promote heart disease by causing spasms of the heart arteries, activation of platelets, and an increase in the tendency for the blood to clot—blocking off the flow of blood to the heart muscle. Mental stress could cause an increase in heart rate in patients with narrowed arteries. This demand on the heart might cause irregular heart beats that could kill. Type-D personality people may also be less interested in straightening out their diet and lifestyle, and adhering to medical advice. They may communicate less effectively with their doctor. Social isolation, depression, and emotional exhaustion have been found to increase the risk of death from heart disease, and overall life expectancy.

COMMENT: Personality traits may be associated with more disease, especially heart disease; however, this issue must be placed in practical terms. First of all, what can you do about it? Personalities are hard to change, and thoughts are nearly impossible to control. Even if an effective means to change someone from a type-D personality were available, there is no evidence that this would change the risk of death, unless the connection was with a type-D personality and unhealthy diet and lifestyle behaviors.

Even though some personality traits are harmful and impossible to change, you always have the option to change the way you act out your thoughts and feelings. Even if you feel depressed,

inhibited, and negative about things, you don't have to take it out on yourself by smoking more cigarettes, drinking more coffee and alcohol, eating more greasy foods, and skipping your daily exercise. By maintaining a healthy diet and lifestyle you will avoid illnesses, including heart disease, and weight gain, even when times are emotionally tough. In addition, there are several practical things you can do to help you improve your mental outlook. Exercise, high carbohydrate foods, and managing to sleep less have all been found to relieve depression and improve overall feelings of well being. (See the Nov/Dec 1992 McDougall Newsletter).

ONION SOUP

Servings: 4
Preparation Time: 10 minutes
Cooking Time: 30 minutes

3 large onions, cut in half lengthwise and then sliced
5 cups vegetable broth
¼ cup sherry
2 tablespoons Worcestershire sauce
1 tablespoon soy sauce
1 teaspoon dried minced onion
2 tablespoons Worcestershire sauce
1 tablespoon soy sauce
1 teaspoon dried minced onion
½ teaspoon minced garlic
½ teaspoon onion powder
¼ teaspoon thyme
several twists of fresh ground pepper

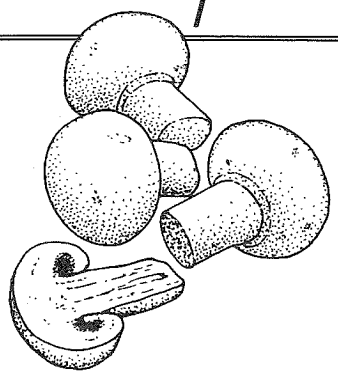
Place ½ cup of the broth in a large soup pot. Add the onions. Cook, stirring frequently over medium heat for 10 minutes. Add remaining ingredients, bring to a boil, cover and cook for 20 minutes. Serve with a hearty loaf of bread to dunk in the flavorful broth.

RAINBOW SKILLET MEDLEY

Servings: 4
Preparation Time: 15 minutes
Cooking Time: 20 minutes

5 cups frozen chopped hash brown potatoes
5 cups water
2 cups chopped broccoli
½ cup vegetable broth
½ teaspoon minced garlic
1 bunch green onions, chopped
1 red bell pepper, chopped
1 green bell pepper, chopped
1 cup frozen corn kernels
1 teaspoon basil
1 teaspoon oregano
½ teaspoon dill weed
several twists of fresh ground pepper
dash or two of Tabasco sauce

Recipes



Place potatoes and water in a medium pot. Bring to a boil. Add broccoli, cover and cook for 5 minutes. Drain. Place vegetable broth and garlic in a large non stick frying pan. Heat to boiling, add potatoes, broccoli, and all the remaining ingredients. Cook, stirring frequently for 10 minutes. Serve hot.

Hint: Buy cut broccoli florets in bags in your supermarket to save time.

BROWNIES

Servings: 16
Preparation Time: 15 minutes
Cooking Time: 30 minutes

Dry Ingredients:
1 cup unbleached flour
2/3 cup reduced fat cocoa powder
1 teaspoon baking powder
1 teaspoon baking soda
¼ teaspoon salt

Wet Ingredients:
1 cup Just Like Shortenin'
1 cup sugar
1 teaspoon vanilla
2 tablespoons Egg Replacer mixed in ½ cup water

Preheat oven to 350 degrees.

Combine dry ingredients in a bowl. Set aside.

Mix Just Like Shortenin' and sugar together in a separate bowl. Stir in vanilla.

Mix Egg Replacer and water together and whisk until very frothy. Add to sugar mixture and stir to combine. Add wet ingredients to dry ingredients and stir until mixed. DO NOT OVER MIX. Spoon into a non-stick 8 inch square baking dish and flatten. Bake for 30 minutes.

Hints: Just Like Shortenin' is a fairly new fat replacer. It is made from plums and apples and is an excellent fat replacer in baked goods. If you cannot find it in your natural food store, information on where to purchase it may be obtained from The Plum Life Company, 15 Orchard Park, Madison, CT 06443.

HAYSTACKS

Servings: 8
Preparation Time: 15 minutes
Cooking Time: 10 minutes

8 cups fat free baked tortilla chips
1 28 ounce can fat free refried beans, heated
1 4 ounce can diced green chilies
1 4 ounce can chopped ripe olives (optional)
1 cup chopped tomatoes
¾ cup chopped green onions
2 cups salsa

Place all ingredients in separate bowls. To assemble, layer ingredients over the chips in the order given. Eat with your fingers, or use a fork if you must.

Hint: This may be assembled on one large plate and shared as an appetizer, or assembled on individual plates so each person has their own haystack.

CREAM OF MUSHROOM SOUP

Servings: 6
Preparation Time: 15 minutes
Cooking Time: 30 minutes

1 onion, chopped
½ pound fresh button mushrooms, chopped
8 fresh shiitake mushrooms, chopped
10 fresh oyster mushrooms, chopped
½ cup white wine
5 cups vegetable broth
2 cups frozen chopped hash brown potatoes
1 tablespoon parsley flakes
¼ teaspoon nutmeg
2 ½ cups soy milk

Place the onions and mushrooms in a large pot with the wine. Cook, stirring frequently, for 5 minutes. Add the broth, potatoes, parsley and nutmeg. Cover and cook over low heat for 20 minutes. Add soy milk and cook an additional 5 minutes.
Process in batches in a food processor or blender. Return to pot and heat through.

Hint: This is a delicious, thick, creamy mushroom soup. Serve with thick slices of fresh bread to dunk in the soup. This is what mushroom soup is supposed to taste like!

BULLETIN BOARD

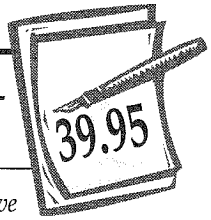
McDougall TV Show

"McDougall" the TV show, began airing 8:00 PM EST (5 PM PST) Sunday evenings on the American Independent Network Nationwide. This half hour show stars who else but John McDougall, MD, with interviews of entertaining and expert guests. You can receive it on your cable dish (302 channel 2), by your local TV stations, or your local TV stations can carry the show independently. Call (805) 373-7680, ask for Chauncy, if you need more information or know of a TV station that would like to carry us.

Las Vegas Health Show

June 17-19, 1996 at Bally's Resort. Get 2 free tickets with any order of McDougall products through our office. Many nationally recognized speakers, including Robert Pritikin, Bernie Siegel, Earl Mindell, Neal Bernard, Julian Whitiker, and John McDougall will be presenting at this show at Bally's Resort. To order books, tapes, or newsletters, or sign up for a class call (800) 570-1654 or write P.O. Box 14039, Santa Rosa, CA 95402.

Upcoming Half-Day Classes



A lively and informative presentation that may change your life! See and hear John and Mary McDougall present the latest information on health and diet. ***Call (800) 570-1654 or (707) 576-1654 for reservations***

April 13 - Honolulu
Hawaii Prince Hotel
9:00 am - 1:00 pm

May 4 - San Jose
Hilton Towers
1:00 pm - 5:00 pm

The Healthy Heart Book

The McDougall Program for a Healthy Heart is in your bookstores for $24.95, plus tax. This book tells you about your heart, blood vessels, and blood. You learn how to lower blood pressure and cholesterol naturally. The very few honest indications for bypass surgery and angioplasty are clearly explained so you can effectively deal with the medical business. Plus 100 new healthy heart recipes by Mary. Order by calling (800) 570-1654 or write P.O. Box 14039, Santa Rosa, CA 95402.

McDougall Radio Show

FOR YOUR GOOD HEALTH is a syndicated Sunday evening radio show from 7 PM to 9 PM throughout California.

Listen on:
KZST 100.1 FM, Santa Rosa

KLAC 570 AM, Los Angeles

KPIX 95.7 FM, and 1550 AM, San Francisco

KSDO 1130 AM, San Diego (replayed Sunday noon to 2 PM)

KXLY 920 AM Spokane, WA

Dining Out McDougall Style Guide

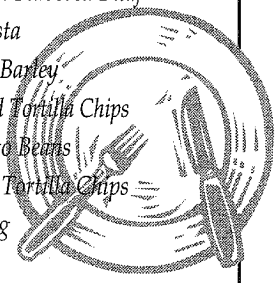
For Santa Rosa and the North Bay
This guide lists 100 restaurants that serve McDougall-style foods. The items they offer and the prices are included. A further incentive is the more than $300 worth of coupons provided in the back of the book Price is $7.95 plus $2 S&H and .60 Califonia sales tax.

McDougall 's Right Foods

Products will be available by April 1996 by mail order, with distribution through natural food stores and supermarkets in Northern California beginning early 1996. Distribution will spread throughout the country during the year. Mail or FAX us, and we'll send you an order form. We'll also provide you with ordering information to help you get these meals in your local stores.

Dr. McDougall's Right Foods
101 Utah Avenue
South San Francisco, CA 94080
(415) 635-6000
FAX (415) 635-6010

Instant Oatmeal w/Maple Spice
Instant Oatmeal & Five grains - Apple Cinnamon
Baked Ramen Noodles - Chicken Flavor
Baked Ramen Noodles - Beef Flavor
Mediterranean Pasta & Beans
Rice & Pasta Chicken Flavored Pilaf
Minestrone with Pasta
Split Pea Soup with Barley
Tortilla Soup w/Baked Tortilla Chips
TexMex Rice & Pinto Beans
Tamale Pie w/Baked Tortilla Chips
Vanilla Rice Pudding



CRUISE TO COSTA RICA

Final plans are being made for an expedition cruise to Costa Rica July 13 to 20, 1996, aboard the 185 foot cruise ship Temptress Explorer. There is room for only 99 people. We have the whole ship and only McDougall food will be served. On board are biologists and naturalist guides who will be providing daily lectures and tours through the rain forests and other natural sights. There will be leisure time for snorkeling, sailing, scuba diving, water skiing, sea kayaking and walking the beaches.

Details and costs can be obtained by calling Montrose Travel at 1-800-666-8767.

McDOUGALL ORDER FORM

ITEM	PRICE/UNIT	QUANTITY	TOTAL
The McDougall Program for a Healthy Heart (hard cover)	$24.95		
The McDougall Program for Maximum Weight Loss	$11.95		
The New McDougall Cookbook	$24.00		
The McDougall Program	$12.00		
The McDougall Plan	$11.95		
McDougall's Medicine	$12.95		
The McDougall Health Supporting Cookbook, Volume I	$9.95		
The McDougall Health Supporting Cookbook, Volume II	$9.95		
The McDougall Audio Tapes (6 tapes)	$39.95 currently offered at $20		
New Video! The McDougall Program for Maximum Weight Loss 30 min.	$12.00		
The McDougall Video 2 hrs.	$25.00		
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The McDougall Newsletter (Bi-monthly)	$20.00 Outside USA $24.00		
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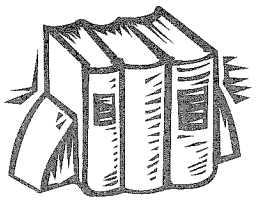
Total			



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Send to or call:

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P.O. Box 14039, Santa Rosa, CA 95402.
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Look in your mail for a renewal notice. Don't hesitate... make out a check for $20.00 for another year of the McDougall Newsletter. Send your check with your name and address, or even easier, enclose your mailing address from this newsletter. Mail it to:

The McDougall Newsletter, P.O. Box 14039, Santa Rosa, CA 95402.

Previous issues available at $3.50 per copy.

HAVE YOU MOVED?

Please send us your address change if you change locations...the post office does not forward bulk mail.

GIVE A GIFT

Send us your name and address, the names and addresses of the people you want to give gift subscriptions to, and a check for $20.00 for each one.

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