

The demon Screwtape when his "patient" becomes a Christian: *"The great thing is to prevent his doing anything. As long as he doesn't convert it into action, it doesn't matter how much he thinks about this new repentance."* C.S. Lewis, *The Screwtape Letters*, 1941.

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## The legacy of Mr and Mrs Jack Sprat, a nursery rhyme for this generation—or not?

Did your parents teach you "Jack Sprat could eat no fat, and his wife could eat no lean"? The moral seems to have been that nothing on their plates was wasted, one of the values of the generation who raised their children during or after the Great Depression.

Most articles that I read about the obesity epidemic in the US make the point that "diet and exercise (or rather, the lack thereof) are the simple explanations for obesity, with perhaps a dash of genetic predisposition thrown in." However, other scientists are asking, "Is the environment making us fat?" "Enter the Obesegen," an article in the 24 February 2007 issue of *The Economist*, begins with that intriguing question. A panel of experts convened in San Francisco at the American Association for the Advancement of Science argued that poor diet choices and lack of exercise alone "are insufficient to explain the dramatic increase in obesity across the world since 1980."

**Xenoestrogens in plastics.** Some environmentalists posit that fetal exposure to outgassing from everyday plastics may be the underlying explanation for the recent obesity trend. John Peterson Meyers of Environmental Health Sciences, "observes that a number of synthetic chemicals widely found in the environment

have been shown to alter the activity of genes, even when they are present in extremely low concentrations." You may remember the damage caused to children in the 1950s by DES, diethylstilbestrol, the first orally absorbable synthetic estrogen, given to pregnant women to help them avoid miscarrying. "The drug fell out of favour when it transpired that children exposed to it ended up with damaged reproductive organs."

Animal research seems to confirm this hypothesis. Retha Newbold, researcher at the National Institute of Environmental Sciences, has discovered that early exposure to DES leads to obesity in adult mice. Since her experiments were controlled for diet and exercise, she thinks "fetal exposure [to hormones] must play a role in the fattening that was evident in later life."

**Plastic bottles?** A study of Japanese women has suggested a link between obesity and adult exposure to bisphenol-A, a component in plastic bottles. Frederick vom Saal, researcher at the University of Missouri, showed that fetal exposure to bisphenol-A led to obesity and cancer in laboratory animals. He says that new research should be done to "clarify the role of perinatal programming of obesity."

**Other chemicals.** Bruce Blumberg, University of Cali-

fornia, Irvine, has identified tributyl tin, one of a group of chemicals that combine tin and hydrocarbons. Dr Blumberg believes that exposure to these chemicals, found in PVC plastic and fungicides, interfere "with the body's normal fat-storage process and puts the fat-storage mechanism on overdrive, plumping up the person."

So life in the 21st century is a bit more complex than it was for Mr and Mrs Sprat. In fact, both of them may well be fat partly because of their own choices and also because of their mothers. Mr Sprat may have a low sperm count, see a reference from *THE WEEK*, which also quotes Dr Frederick vom Saal, **Notable Quotables**, page 4.

If the Mrs Sprat of 2007 has reached menopause, she needs to be concerned about breast cancer, since women who gain weight in midlife increase their risk of developing breast cancer by 18%, according to researchers at Brigham and Women's Hospital, Boston. In fact, she may want to reconsider her plate-cleaning habit. Women who have lost and kept off 22 pounds or more since menopause, reduce their risk by 57 percent. Weightloss after menopause lowers circulating estrogen hormones in women, and because estrogen is directly related to breast cancer, weightloss is thought to

decrease risk.

Younger Mr and Mrs Sprat would benefit from the 10 Healthy Steps list in "Pregnancy: protecting your inner child," in the Jan/Feb 2007 issue of *The Green Guide*. 1) Eat safer animal products. For low-mercury fish, see [thegreen-guide.com/doc.115/nofish](http://thegreen-guide.com/doc.115/nofish) Avoid conventional fatty meat and dairy, which host growth hormones, antibiotics, and can contain PCBs and carcinogenic dioxins (which decrease male fertility). Buy BST-free milk. 2) Say no to pesticides at home and at work. Eat organic foods, which have 2/3 fewer pesticides. 3) Have a professional test for lead, if you live in a pre-1978 home. 4) Avoid PVC or vinyl shower curtains, which can release hormone-disrupting phthalates. Several European nations have banned phthalates. 5) Choose less toxic cleaning and personal care products: visit [www.CIR-Safety.org/staff\\_files/alerts.pdf](http://www.CIR-Safety.org/staff_files/alerts.pdf) 6) Find out what's in your water supply. For filters see the [green-guide.com/doc/threesteps](http://green-guide.com/doc/threesteps) 7) Keep food and water in glass or stainless steel. 8) Don't smoke. 9) Don't drink alcohol. 10) Eat lentils, broccoli, black beans, all rich in folic acid, which lowers the risk of brain and spinal cord defects, so that Mrs Sprat can deliver a healthy child. +++

## The law of unintended consequences: a review of *Chew on This*

**“This purposefully ‘nauseating’ book for teenagers is ‘even more disturbing than the 200[2] best-seller it’s spun from,’ said Abby McGanney Nolan in *The Washington Post*. Like Eric Schlosser’s *Fast Food Nation*, this smartly executed collaboration lays out how our drive-through diets are wreaking havoc on our bodies, our land, the workers, and the animals..... ‘Read this and you will have your last Happy Meal.’ ” a review of *Chew on This* in *THE WEEK*, June 2, 2006.**

[ I bought this 304-page hardcover for \$16 at Barnes and Noble. Buy it and give it away.]

One of the themes of our teaching has been “take charge.” I have recently used this page to encourage us to reconsider our dependence on the convenience of 1) drugs, [they work fast to alleviate our symptoms so we don’t have to change our bad habits] 2) non-stick pans, and 3) microwaves.

Now let’s look at the price of our love affair with fast food—especially on our children.

**How many hamburgers do we eat?** If you took the 13 billion hamburgers that we eat every year and put them in a straight line, they would circle the earth more than 32 times.

**If you can’t beat ‘em, join ‘em** seems to be the way educators with the fast food phenomenon: “One out of every five public schools now serves brand-name fast food.”

**Has fast food become the dominant value in our culture?** “Americans now spend more on fast food than on movies, books, magazines, newspapers, and recorded music—combined.”

**What are the unintended consequences of our reliance on cheap and readily available fast food?** “A child of ten who is diagnosed with Type ii diabetes can expect to lose 17-26 years of his or her life. Overweight teenagers are having surgery to make their stomachs smaller. They are also having heart attacks.”

I posed the questions. The answers are from the flyleaf of *Chew on This*: *Everything you don’t want to know about fast food*, by

Eric Schlosser and Charles Wilson. Eric Schlosser is the author of *Fast Food Nation*, which I have reviewed, and he spoke at one of our local colleges, not long ago.

Eric Schlosser’s children don’t eat fast food. He tells Morgan Spurlock, the creator of *SuperSize Me*, **why** in an interview at the end of the video that documented the serious health problems Spurlock earned when he ate only McDonald’s meals for 30 days. The rest of his answer is in this book.

None of us eats exclusively at McDonald’s. But one out of fourteen of us eats there every day; every month, nine out of ten children eat there. In 1968 when our children were young, there were about 1,000 McDonald’s restaurants, all of them in the US. Now there are more than 31,000, selling Happy Meals in cities in 120 countries from Istanbul [we’ve been there—it had real American bathrooms instead of Turkish ones] to Tahiti.

We might want to rethink **ever** eating there, if we read *Chew on This*. Here’s one reason from page 9: “The food you eat enters your body and literally becomes part of you. It helps determine whether you’ll be short or tall, weak or strong, thin or fat. It helps determine whether you will enjoy a long, healthy life or die young. Food is of fundamental importance. So why is it that most people don’t think about fast food and don’t know much about it?”

“The simple answer is

this: the companies that sell fast food *don’t want you to think about it*. They don’t want you to know where it comes from and how it’s made. They just want you to buy it.”

**Where it comes from.** The food we eat may look like foods our grandmothers made, but it’s not. Schlosser/Wilson’s description of the way the animals [and the workers] are treated in the slaughterhouses, where the cows are turned into ground beef, and chickens into McNuggets, will either make you sad or angry. Some packing plants slaughter up to 400 cattle an hour, dozens of carcasses coming down the production line so fast that workers risk grave injuries.

**How it is made.** Some of us have watched our grandmothers pluck a chicken; there were no McNuggets in its body parts. My parents liked to make real milk shakes. I drank my first coke when I was 16 and hated it. Now babies have coke in their bottles, and fast food shakes are totally artificial. The consequences: tooth decay, obesity, even gastric bypass surgery for teenagers. The authors chronicle the story of Sam who lost 147 pounds after surgery, lives on protein drinks, and watches his hair fall out if he forgets his vitamins. Now if he wanted a Big Mac, he’d have to cut it into pieces and eat one bite every 3 hours, over a total of 15 hours. Unintended consequences? Yes. Let’s educate ourselves on the **real** cost of our choices. +++

## The poison paradox: the dilemma of the greater good

"Mathematicians like to play games. In particular, they like to play games that examine how people pick ways of behaving that will maximize returns. One such mathematician is John Nash, who won a Nobel prize for his work on the subject." So opens "Pricking consciences: **What is good for the individual is not always best for society,**" in the Science section of the 13 March 2007 issue of *The Economist*.

Alison Galvani, Yale University, and her colleagues, in a paper published recently in *Proceedings of the National Academy of Sciences*, looked at a classic case where the best choice for the individual may not lead to an optimal outcome for society: vaccination. "The vaccination programme Dr Galvani studied was for influenza in America, a country where people are offered flu jabs once a year to protect them from the most severe form of the disease likely to be in circulation that winter."

Dr Galvani's survey found that people over 65 were more likely to be vaccinated than other adults. From a John Nash statistical point of view that makes sense, because the elderly are at greatest risk of dying if they contract the flu. "However, as the parents of any small child know, it is the young who bring pestilence into the home. Thereafter, adults spread coughs and sneezes at their workplaces. Vaccination of the young would reduce the spread of the flu, thus saving lives." Researchers discovered that immunization rates were lower for the young than for adults. "Again that makes perfect Nash sense, since children rarely die of seasonal influenza."

The article concludes with "the utilitarian strategy....because the disease kills the young as well as the old, parents have good reason to get both themselves and their children vaccinated. Which is a small piece of good news for those charged with contemplating how to deal with an influenza pandemic."

**Some of us have a problem with that.** Vaccines contain poisons. Poison is a stealth killer, often undetectable, yet effective in miniscule amounts for drug applications. When does the risk of drugs, in particular vaccines, justify their use? Most of us face this dilemma when our children are given vaccinations, when we are surprised by an acute illness, or when aging brings new disorders.

The Minnesota Health Coalition sends me periodic updates on its work to ensure that someday vaccines will be mercury-free. In one issue, David Kirby, *New York Times* contributor and author of *Evidence of Harm: Mercury in Vaccines and the Autism Epidemic*, "explores the chilling possibility that the mercury-based vaccine sterilizer thimerosal may be fueling the nationwide epidemic of autism, ADD, speech delay, and other disorders."

**During the 1990s, new vaccinations containing thimerosal were added to the childhood immunization schedule.** "At the same time, parents noticed that their healthy children were descending into silent, disturbed, and physically ill behavior after receiving vaccinations. US autism cases began spiking, from about one in 10,000 in

1987 to a shocking one in 166 today. In 1999, the FDA announced that children were being exposed to mercury at very young ages at levels 125 times federal regulations, but the public health establishment failed to take parental concerns about the impact seriously."

**How many vaccines do children get?** I counted them on a chart in our doctor's office today, confirming totals I have found in several written sources: 45 by age six months, 64 by 18 months, and as many as 77 by 4 to 6 years. Besides those, flu shots are recommended for all children. *US News & World Report*, 26 February 2007, reported that school age children now qualify for a nasal injection for flu; the spray group experienced 55 percent fewer cases of flu than the injection group. One could wonder, how effective *are* vaccines, really?

John Carey in *Business Week*, quoted in *THE WEEK*, Mar 11, 2005, said, "It's time to face the truth about medicines. They can be dangerous. Every time a drug company pulls a medication from the market, critics line up to attack the industry for endangering the public and to blame the Food and Drug Administration for lax oversight ...These snap judgments obscure a fundamental reality of drug regulation: All drugs have downsides, and the best regulators can do is try to ensure that the 'benefits exceed the risks.'...The fact is, even when done right, people will get hurt."

*The Blaylock Wellness Report* is published monthly by Russell Blaylock MD, the neurosurgeon we hosted at St Olaf College in July 2002. The January 2007 edition notes that the number one killer in our society is "neither cancer nor heart disease; it is the health-care system itself, something doctors call *iatrogenic* death. At least, that's what they call it when they talk about it at all." Iatrogenic death includes "mortality caused by medications, surgical errors, hospital-acquired infections, diagnostic machines, and hospital-induced malnutrition. All told, it accounts for 784,000 deaths each and every year—more than all the wars of the 20th century....Officials admit that medical errors are reported in official data **only 5 percent of the time**, so the problem is much greater—exactly how much greater, no one really knows."

You may want to locate at your library or ask me for a copy of "The corruption of medicine," *THE WEEK*, 29 September 2006. The subhead is "Several top medical journals recently admitted that studies they published on new medications have been tainted by undisclosed financial ties between researchers and drug companies. Does Big Pharma have too much influence over drug research?"

We are thankful for doctors, hospitals, especially emergency rooms, and physical therapy. We have used all of them recently; I broke my wrist and hip in Cape Cod last October and Dick had seven stitches in February. But I have a deep suspicion of drugs, and vaccines in particular. See twelve items I excerpted about drugs and compiled for use in **circle of influence** this quarter. Is what is good for society good for the *individual*? It's a dilemma. +++

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## Notable Quotables:

- **Women who eat a lot of beef during pregnancy may be dosing their male offspring with hormones that will leave them infertile.** A University of Rochester Medical Center study of 387 men found that those whose mothers ate beef every day when they were pregnant averaged a 24.3 % lower than average sperm count. "The six major hormones given to US cattle to increase their size are almost certain to make their way to the dinner table. Considering the huge effect hormones have on fetal development, this sperm study is "just the tip of the iceberg," biologist Frederick vom Saal said in the *Los Angeles Times*. The same hormones could also be causing polycystic ovarian syndrome, early puberty, and altered growth rate in daughters of women who eat a lot of beef. *Health and Science News, THE WEEK*, 13 April 2007.
- **Teenage girls who gain a lot of weight can probably blame it on two trends: skipping breakfast and consuming fast food [sodas, burgers, and fries] whenever they want.** Reuters reports that the 10-year nationwide study of nearly 2,400 white and African-American girls found that, on average, girls' consumption of soda rose two- to three-fold between the ages of 9 and 19, according to Dr Ruth H. Striegel-Moore, Wesleyan University..... What's a parent to do? "Encourage your daughters to eat breakfast, and when you do visit a fast food restaurant, resist super-sizing the soda. Also encourage kids to drink water when they are thirsty. But you may need to buy bottled water since school water fountains are often broken and not very clean." "The top reason teen girls gain weight", *CompuServe news*, 3 October 2006.
- **Cola drinks, even diet colas, increase the risk of hypertension.** A new study at Brigham and Women's Hospital, Boston, concludes that there is a significant link between high blood pressure and consumption of sugared or diet colas. Habitual coffee drinking was not the issue. "Approximately 50 million people in the US have hypertension, and the prevalence is increasing. Hypertension is a major risk factor for coronary heart disease, stroke, and congestive heart failure." *Journal of the American Medical Association*, reported on Netscape, 1 October 2006.
- **Conflict of interest?** The International Obesity Task Force receives 2/3 of its financial support from drug companies who make anti-obesity drugs. Children now classified as "at risk for overweight" will now be classified as "overweight," making more kids eligible for drugs. The task force accepted "millions" from Roche Pharmaceuticals and Abbott Laboratories, Reported in the *British Medical Journal* in June 2006.
- **Percentage of the "healthiest" food offered in hospital cafeterias** that derive over 30% from fat? 62%. The FDA recommends foods contain less than 30% of calories from fat. *Physicians Committee for Responsible Medicine*, quoted in *Vegetarian Times*, February 2007. +++

## Fighting spam: winning one battle, but losing the war

In our winter *ink spots*, we announced our new e-mail address. A few people have begun to use it. For a couple of months there was no spam, though Dick was still deleting pages and pages of spam on our old e-mail address. I have a copy of "Losing the battle against spam," from the 23 February 2007 issue of *THE WEEK*, if you are interested.

Can anything be done about spam? "Tougher law enforce-

ment could help, The Federal Trade Commission has filed about 25 lawsuits under the *Can-Spam Act*, and federal courts have awarded civil penalties totaling more than \$10 million. But critics say that those numbers barely dent the economics of the spam industry. Some spammers send out more than 200 million messages a day; they turn a profit if less than 1 percent of their recipients respond to their

come-ons. Besides, many of the worst spammers live overseas, beyond the reach of US law."

We are not planning to abandon the old e-mail address, because we have permission from CompuServe to send newsletter blasts that are NOT spam. **But please use the charter.net address if you want to reach us**, because we plan to delete most of what we find on CompuServe.

In fact, we respectfully request that you **do not send us forwards**. We simply do not have time to read them. If we make it our policy to delete **all forwards**, as well as spam, it will save us a great deal of time and paper—since Dick has been printing them so that I can read them.

We love receiving your personal letters! Thank you for honoring our preference about forwards. +++

## Should hospital food come with warning labels?

Neither Dick nor I were born in hospitals. It's not that homebirths were trendy in the 30s; our parents were simply poor. I have had plenty of opportunities to try out hospital food since. Dick had his first six hospital meals in January. The salads I had in October/November in the "finest rehabilitation hospital in Cape Cod" were dark green but skimpy. Local ones are bigger but use white lettuce.

"You'd expect the food dished out in hospitals to be healthy...right? Wrong", according to an "alert" item in *Vegetarian Times*, February 2007. "Turns out, the meals in many US hospitals are not only lacking in nutrition but can actually be detrimental" according to the Healthy Hospital Food Initiative report by the *Physicians Committee for Responsible Medicine*, a non-profit. More than 2/3 of the cafeterias evaluated in the study, which looked at hospitals in 25 states, don't offer daily salad bars, low-fat vegetarian entrees, or non-dairy milk.

But change may be coming, "As hospitals turn their focus towards total wellness (and away from a fix-'em-up, get-'em-out policy) 'the leaders are looking at prevention through diet because there's no way we can just use technology to fix patients' problems,'" says Jamie Harvie, co-chair of the Healthy Food Workgroup at *Health Care Without Harm*, an international coalition formed to reduce the environmental impact of the health care industry.

Find out how your community hospital can locate food produced using environmentally-sound processes at [www.noharm.org/us/food/pledge](http://www.noharm.org/us/food/pledge) Better, safer food grown locally will mean healthier options. +++

## LET'S TALK ABOUT SEEDS



When you were a child, did your parents let you blow dandelion seeds everywhere? Maybe the answer depends on their childrearing style. Mine didn't let me, but I sometimes did it anyway.

There are seeds and there are seeds. When Helen Keller spoke to 3,000 Lions club members in Cedar Point, Ohio, on June 30, 1925, she sowed a good seed that continues to bear good fruit. An editorial in *The Lion* magazine in May of that year urged Lions "to meet in Ohio to help form policies with 'the relief of handicapped children as the major activity.'" But it was Helen Keller's 10-minute, 500-word speech that changed the course of Lions' history, and ultimately the personal histories of millions without vision, or threatened by blindness: "*The opportunity I bring you Lions is this: To foster and sponsor the work of the American Foundation for the Blind. Will you not help me hasten the day when there shall be no preventable blindness; no little deaf, blind child untaught; no blind man or woman unaided? I appeal to you Lions, you who have your sight, your hearing, you who are strong and brave and kind. Will you not constitute yourselves Knights of the Blind in this crusade against darkness? I thank you.*" Helen Keller's good seed has inspired Lions the world over, for more than 72 years, to invest their time and money in helping the visually-impaired.

Other seeds are somewhat like dandelion seeds. Pretty yellow flowers are not appreciated by people who would rather have green lawns. The yellow flowers are braided by happy children for necklaces and hair halos. But what happens when they blow the seeds? Drugs remind me of dandelions. Can we know what the risk of taking a particular drug may be, not today, not tomorrow, but sometime in the future? Here are some excerpts from articles I have saved.

- **Should I take a daily aspirin?** It's not clearcut. In people who have already had a heart attack or a stroke, a daily aspirin can lower the risk for another. Sometime physicians recommend it for people who have atherosclerosis that impedes blood flow to the brain. In healthy people it is unclear whether the aspirin's benefits outweigh the risks. It increases the risk for bleeding, especially in the gastrointestinal tract. Bleeding into the brain, though rare, is potentially fatal. Aspirin can also interact with OTC drugs, prescriptions, or herbal supplements. Because of the risks, an FDA panel refused to endorse using aspirin to prevent a first heart attack. *Harvard Women's Health Watch*, February 2004.

- **Women who take SSRI antidepressants** e.g., Prozac, Zoloft, and Paxil during the second half of their pregnancies are about six times more likely to give birth to a baby born with PPHN, persistent pulmonary hypertension of the newborn, a rare but potentially fatal heart lung condition. *New England Journal of Medicine*, 9 February 06.

- **Antibiotics can cross the placenta and enter fetal circulation, which may increase the child's risk of developing allergic diseases.** Exposure to antibiotics in vitro, according to a study of 24,690 children, published in the 2002 *American Journal of Respiratory and Critical Care Medicine*, Vol 166, p 827, is a potentially important risk factor in the development of allergic diseases: asthma, eczema, and hay fever.

- **Experts from an FDA advisory panel have recommended that Ritalin and other stimulant drugs for attention deficit hyperactivity disorder should carry the strongest warning that they may be linked to increased risk of sudden death, strokes, heart attacks, and hypertension,** after the panel heard about the 12 strokes and deaths of 19 children who had taken the drugs. The *Associated Press* article noted that the FDA is not required to follow the recommendations of the panel.

"These drugs are big business. The article noted that in the year 2000, sales of these drugs were \$759 million. That number rose to 3.1 billion by 2004. [A]bout 2.5 million children between 4-17 take ADHD drugs, including 9.3% of 12-year-old boys and 3.7 % of 11-year-old girls." *Associated Press*, 9 Feb 06. *The Blaylock Wellness Report* for February 2006 has a 6-paragraph article about the same topic. He notes that parents are rarely told **that only a handful of safety studies have been conducted on these drugs and what is more disturbing is that the drug manufacturers paid for most of them.** "And less dramatic damage is also known to result from the use of many of these drugs—including brain deterioration that may eventually lead to an increased risk of Parkinson's disease."

- **Patients receiving Fosamax for their osteoporosis should probably avoid oral surgery.** During the past three years, oral surgeons have found the jaws of more than 60 patients have failed to heal. Part of the jawbone had died and become exposed. Common thread: the patients had been treated with a class of drugs called bisphosphonates. Merck is in the process of adding information about osteonecrosis [bone death] to its Fosamax label. *USA Today*, 14 March 2005.

- **"Albany Medical Center in New York is leading an effort to ban confusing jargon from prescriptions and medical charts,** such as "cc" which stands for milliliters but could look like zeros. Imagine the difference between 1,000cc of morphine and 100,000." *Health*, May 2005.

- **The New York Times reports that drivers under the influence of Ambien,** the most popular prescription sleeping pill, have smashed into parked cars, plowed over sidewalks, and driven in the wrong direction, completely oblivious to what they have done. Police say that in some states toxicology labs had listed Ambien on the top-10 list of drugs found in impaired drivers. The effects of a pill popped the night before may not have worn off. *CompuServe News*, 1 March 2006.

- **Concerns about increased risk of stroke** have led the National Institutes of Health to end, after seven years, part of a landmark hormone therapy study a year early, telling 11,000 women to stop taking estrogen supplements. Researchers found

that taking estrogen increases the risk of stroke and does not protect against heart disease. Additionally, preliminary data suggest a trend toward increased risk of probable dementia or memory loss. Data showed eight additional strokes per year for every 10,000 women taking the hormones. The trial of estrogen-progestin therapy was also stopped when data showed that the risks outweighed the benefits. Both Premarin and Prempro, an estrogen-progestin combination, have been huge moneymakers for Wyeth Pharmaceuticals. "Increased risk of stroke ends estrogen study early," *USA Today*, 3 March 2004. **Note:** *Be in touch if you want copies of FDA warnings about the birth-control patch or a United Nations agency's warnings about birth control pills increasing the risk of liver, breast, and cervical cancer.*

• **Prescription drugs in the US can cost 85% more than they do just north of the border.** A secretive industry, legal loopholes, and price-sheltered consumers help keep the prices high. US prices got so high in the first place partly because, in the 70s and 80s, companies began pricing drugs according to a percentage of a country's median income, says Stephen Scholdelmeyer of the University's PRIME institute, which monitors the industry. Drug prices in Canada run about 50-60% of the US figure; in Europe it's about 40-50%. Examples of the difference:

Dilantin	seizures	100 mg,	quantity 100	US \$28.99	Canada \$6.04
Fosamax	osteoporosis	10 mg,	30	\$68.99	\$30.46
Glucophage	diabetes	500 mg,	60	\$80.99	\$19.01
Wellbutrin	depression	100 mg,	60	\$109.99	\$82.01

What Scholdelmeyer calls the drug industry's "broken market"—a market that doesn't have to play by traditional rules of economics—makes the industry vulnerable to public anger. *M*, a publication for alumni, friends, and staff of the University of Minnesota, spring 2006.

• **"Combos of antidepressants or other mood-altering drugs and sleep agents are now routinely prescribed to kids**—with little regard for how the meds will interact—according to a study published in the August issue of *Psychiatry* 2005. Researchers found that American children were five times more likely to receive more than one medication to treat psychiatric symptoms in 1997-1998 than they were just four years before. 'We don't know how these drugs may interact with each other, and we don't even have safety studies in children for many of these drugs,' says lead researcher Joseph Penn MD, Brown University Medical School. Nor has the US Food and Drug Administration necessarily approved these medications as treatments for the childhood conditions for which they are prescribed. Talk about disturbing trends...." *Vegetarian Times*, February 2006.

• **"If you frequently pop Tylenol for your daily aches and pains, beware.** Healthy adults who took the maximum recommended doses of Tylenol for two weeks—the equivalent of 8 extra-strength tablets daily—had abnormal liver test result", reports *The Associated Press*. Researchers at the University of Southern California and the University of North Carolina are concerned that even normal amounts of the popular painkiller could lead to liver damage. "I would urge the public not to exceed four grams a day. This is a drug that has a rather narrow safety window," said the study co-author, Dr Neil Kaplowitz. He also advised heavy drinkers to take not more than two grams a day. *CompuServe news*, 6 July 2006.

• **German biostatistician Dr Ulrich Abel summarized his findings on the effectiveness of chemotherapy drugs** in these words: "There is no evidence for the vast majority of cancers that treatment with these drugs (cytotoxins) exerts any positive influence on survival or quality of life in patients with advanced disease....The personal views of many oncologists seems to be in striking contrast to communications intended for the public." This was reported in the German newsmagazine *Der Spiegel*, December 1990. **In April 2004, *Der Spiegel* published another report by several serious researchers.** Examples: Epidemiologist Dieter Hoelzel of Clinic Grosshadern at the University of Munich stated "Regarding survival rates in patients with metastasizing carcinoma in the intestinal tract, the breast, the lungs, or the prostate, we have not made any progress in the past 25 years." He, together with a group of oncologists, created a database containing the medical histories of several thousand cancer patients leading to this conclusion. Gynecologist Gerhard Schaller, University of Bochum, said, "Chemotherapy has done practically nothing for women with late-stage breast cancer...." This opinion was confirmed by Wolfram Jaeger, director of the Gynecological Dept of Staedtische Clinic Duesseldorf, who said, "There have been and there are no success stories. We treat large numbers of women without tangible proof of success." Quoted in "Report on Chemotherapy," *Gerson Healing Newsletter*, Sept/Oct 2006.

**This is the time of year the catalogs from Spring Hill Nursery and Dutch Gardens start arriving. I am hoping some of the 147 tulips we planted several years ago will be blooming by my mother's birthday. Spring is a time of renewal, when we remember that the brown, shriveled bulbs we planted will burst forth into new life. That hope, that certainty, makes the Resurrection a certainty too.**

**We plant bulbs and good seeds. Life occurs. Our thoughts, our words, our deeds can be beautiful--or ugly like dandelions and crabgrass. I heard an interview on NPR yesterday with Daniel Yankelovich about his new book, *Profit with Honor*. I grieve that there are companies that exploit those who need their products and services. I rejoice when I learn of corporations with "stewardship ethics," that truly serve, so I am eager to read it. Watch this space.**

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Carol Cover