A Modern Food/Medicine Literacy Crisis Saga

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Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts in English
in the College of Liberal Arts and Sciences
Indiana University

May 2020
Accepted by the Graduate Faculty, Indiana University
in partial fulfillment of the requirements for
the degree of Master of Arts in English

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May 11, 2020
Dedication

I would like to dedicate this piece to my loving, long-suffering wife, Beverly, (as well as my Creator, בורא העולם), who made it a point to challenge me whenever I reached the edge of seeing writing tasks out of perspective (despite the instances that quickly approached the point of straining my wife’s patience), and encouraging me by reminding me of the ultimate goal when I felt most discouraged about the outcome of the long semesters of graduate studies.
Acknowledgements

I am deeply indebted, first and foremost, to my project director, Dr. Rebecca Brittenham, who helped me to smooth out highly emotive content in the personal narrative threads where it was hard for me to suppress unnecessary punctuation and emphasis. She helped me as well by challenging my interpretations of quoted literacy theorists where I demonstrated some tendency to make overly broad assumptions, and she augmented my efforts tremendously by suggesting ways of smoothing out occasional rough wording to help the project culminate in a highly polished academic piece of writing. Likewise, Dr. April Lidinsky was very helpful in challenging me to tone down the use of non-academic labels (as well as unnecessary punctuation), and she prompted me to become much more specific in passages where I needed to be less vague with my wording. Finally, Dr. Lidinsky did me a huge favor by pointing me toward several literacy narrative anthologies to increase my familiarity with the literacy narrative genre in composition and creative non-fiction. I am grateful to Dr. Joe Chaney for helping me to learn to think outside of routine literary conventions with his two summer courses and providing a helpful mirror for me during the capstone defense. Finally, I am incredibly grateful to Dr. Kyoko Takanashi for making helpful suggestions in properly formatting this whole project.
Table of Contents

Dedication............................................................................................................................iii
Acknowledgements................................................................................................................iv
Abstract..................................................................................................................................1
A Modern Food/Medicine Literacy Crisis Saga...................................................................... 2
Endnotes.................................................................................................................................35
Works Cited.............................................................................................................................36
Appendix I: USDA 1992 Food Groups.....................................................................................39
Appendix II: USDA Choose Plate............................................................................................40
Appendix III: Pingree on Federal Food....................................................................................41
CV............................................................................................................................................42
Abstract:
This paper examines how big agricultural, food, and pharmaceutical corporations have functioned in concert to create, maintain, and promote unhealthy diet practices in the U.S. The author describes his own experiences in developing a critical literacy about the discourses of food and medicine within the larger historical and cultural context of evolving generational attitudes toward food and medicine in the U.S. since the 1950s. He relates this personal literacy journey to recent scholarly research on the impact of monocultures on food quality, the problems with USDA-recommended Food Pyramids, and the reliance on prescription drugs over nutritional solutions. He makes the case that the combination of these factors, combined with a lack of critical literacy, has led many North Americans into precisely the same disease pitfalls that many of these corporations claim to prevent.
A Modern Food/Medicine Literacy Crisis Saga

Several things happened in my life to make me start to doubt the efficacy of *allopathic* (or "conventional medicine") health treatments for various ailments which others had experienced. I call it Phase One in a multiple phase literacy paradigm shift: “Causes for Doubting the Assertions of Conventional Medicine.” One of the first of these literacy conversations or primary “discourses” (as the literacy theorist and linguist, James Paul Gee, calls them) was with a friend who lives in the Goshen area who had been diagnosed with breast cancer. Ann’s diet had changed after the diagnosis and the beginning of her allopathic therapy, and I used to find all sorts of interesting, but patently unappetizing, entries in her refrigerator when my wife-to-be and I would visit her. These things would include almond milk, carob snacks (in place of typical chocolate-covered fruit or nuts), goji and akai berry juices, aloe vera-flavored drinks, and other “organic” foods like miso that had funny, “off-putting” flavors to me. She had adopted wholeheartedly, a primary, “holistic medicine” discourse slogan by saying that regular medicines from conventional MD practitioners were not good for a person. She let me know that the meds I was on (the antidepressants) were not good for me, either. Other characteristics of her speech included things like, “I found a woman (non-MD) who said I should start taking X, because it would have a Y effect on me.” Many of these things were natural herbs such as ginkgo, ginger, and echinacea. Aside from the fact that all these novel foods demonstrated her wealth of research into an alternative medical discourse and a new diet, she herself still had not completely abandoned radiation therapy as part of her treatment regimen. Since I was still in the first phase of my paradigm shift, “doubting,” I
processed all these changes in her life by doubting her unique perspective more than anything else.

An even stronger force to move me into what I could call “Vagarious Allopathic Doubt Land” was watching my mother’s death from some geographical distance nearly fourteen years ago. My mother, who trained as a registered nurse in the 1950s, conscientiously and meticulously endorsed surgeons’ and general practitioners’ verdicts on any aberrant health condition she was experiencing at any given point in her life. This meant that she never questioned any of her personal allopathic diagnoses. It slowly started to dawn on me over the years, as she complained about the various side-effects of her conventional medications, that what she was experiencing was the amalgamated effects of a cocktail of pharmaceutical meds, but even before she passed away in August 2003, this still, by itself, was not necessarily a red flag for me. She did make a rather strange statement that ultimately jolted my thinking about the standard authoritarian lingua franca of allopathic medicine and its underlying boundary-maintenance mechanisms of “either our way, or else substantially worse-health-that-is-in-store-for-you” mentality before her diabetic cognitive disconnection started to set in during the last two or three years prior to her death. She made an astonishing statement to the effect that, had it not been for all the various medicines that she was on at the time, she would have been long dead already. At the time of her funeral, my sister Judy was telling other close family members that Mom’s last, highly repetitive phrases over the weeks and months prior to her death was a harrowing, verbalized prayer, “Father, help me!” I understood this to mean that
she must have been in substantial pain, and that she wished that God would take her life because she could not take her own life due to her own deep-rooted convictions against suicide.

It started to dawn on me in the course of the next ten years after her death that what she was actually doing by acquiescing to all those strange new, exotic allopathic meds was practicing self-deception. She had to have known, at some deeper level, of the actual toxicity of all these medicines combined wreaking havoc in her system as a nursing professional. My own developing awareness, despite the allure of conventional medicine’s rosy, dominant discourse about the benefits of the various chemical concoctions, which were roundly trumpeted by consumer advertising as the next best thing to cures for various health maladies, and promoted also by the health insurance industry, was beginning to penetrate through the allopathic cryptic charades of “life-giving medications” promises. I sensed that at least two-thirds of my mother’s various medicines were prescribed to counteract the side effects of the first one-third of the pharmaceuticals. What started to become a new priority for me was to find some better way to plan for death than having to look forward to the level of terminal pain and discomfort that my mother had to experience. This also added to the doubts that started forming in my mind about the true efficacy of many of the allopathic medications vs. the diverse types of secondary-discourse tidbits of misinformation which the conventional (or pharmaceutical) medical community was engendering.

A third source of doubt about common allopathic medical literacy arose when Kevin Trudeau’s Natural Cures That “They” Don’t Want You to Know
About was given to me as a gift by Ann Wenger (mentioned earlier). After his first chapter describing his plight of not finding anything therapeutic here in the States to correct his personal cardiac defect and having to go to some other country to find a simple cure, Trudeau went on to highlight dominant-discourse marketing strategies concocted in pharmaceutical boardrooms, which stressed selling relatively untested and improperly developed new pharmaceuticals to the general public.\(^1\). This alerted me for the first time to the existence of pervasive corruption that has taken place in the pharmaceutical industry (hereafter referred to as “Big Pharma”). “Big Pharma” has been a term which acknowledges the growing awareness of the alternative medical community (discussed later) that implicates the bad monopolistic practices of the various pharmaceutical communities including Abbott™ (Labs), Eli Lilly and Co.™, Pfizer™, and several others. I still, however, was not fully aware of the lurid, disgusting history of the developments of present-day Big Pharma.

The second phase of development of a holistic literacy perspective (which I could call “Stout Doubt Brew”) for me was a generalized creepy sense of mistrust or altered perception of conventional medicine that mandated vigorous use of the word “No” to the various “prescribed” drug offerings of my family’s allopathic medicine general practitioners. One offer was for a medicine which would render me especially vulnerable to the erotic vicissitudes of manhood which I promptly refused. I had already experienced the harsh unpleasantries of court-ordered child support from the dissolution of my first marriage and had no time at the concluding years of middle age for any further adventures in novel parenting
experiments. The second family physician was all too willing to continue prescribing psychiatric medications even though she had only done residency in the area of internal medicine. I started mistrusting her motivation. Either she was not well-read on the various new developments in progressive medical literature, which was something I had always assumed that every doctor made time in their busy schedules to study, or something else was taking place. I had been alerted to the kickback bonuses for the physicians from Big Pharma for prescribing certain medications from other voices like Trudeau's. Up until four years ago, I had steadily been gaining weight through the years, eating commercially available, as well as homemade, chocolate candy and just about any kinds of desserts that looked like “home cooking” to me. If someone came only to eat at frequent church potlucks, for example, without bringing a home-cooked dish, they either were being very impolite, or else they were indigent. Everyone's basic dialogue assumptions mandated that, if an item was “homemade,” then it was healthy for a person like me to consume. “Carbohydrates over fats,” was the mantra everyone was told. No one told me of holistic medicine’s hotly contested odium of refined sugars and carbohydrates.

A NEW FOOD LITERACY

The mantra provided by holistic medicine, which warns against the neurologically addictive characteristics of sugars, proved to be an awesome spark of inspiration, especially when I realized how big agricultural farming (as well as big pharmaceutical companies) have capitalized on that addiction. One physician who typifies holistic medicine’s response to industry’s incessant meddling with
the diets of North Americans is Jeffrey Ritterman. In his commentary on governmental dietary advice gone awry, "Correcting Four Decades of the Wrong Dietary Advice," he recounts a strange developmental saga of governmental expediency prevailing over sound scientific study (1, 2). The corporate food industry's insensitivity to human physiology began to take the convoluted course of flooding peoples' bodies with excess added sugars when there was a sound rejection of certain non-sugar diet items, possibly coming, (ironically enough at first), from lobbyists for big agricultural mega farming at the special behest of the sugar industry, focused through Senator George McGovern's committee on American Dietary Guideline recommendations, that the American public needed to strictly curtail all animal and plant fats and cholesterol in their diets. This curbing of fats and cholesterol had to be balanced by increasing something else. It was thought by some health practitioners that the part of the diet which had to increase should be carbohydrates.

A glance at the three graphics in the Appendices shows visual fetishism at the USDA with exorbitant grain serving recommendations, beginning with the first "Food Group Pyramid" in 1992 and continuing (albeit somewhat disguised) into the 2011-2014 recommendations. The theory of "choice architecture" developed by economist Richard H. Thaler writing with legal scholar, Cass R. Sunstein, helps to expose the misguided potential of this level of governmental intervention. In Nudge: Improving Decisions about Health, Wealth, and Happiness, Thaler and Sunstein advocate for using behavioral modification cues to encourage better eating choices but warn about the risks and responsibilities
involved in determining what those “better” choices should be: “In particular, we emphatically agree that for government, the risks of mistake, bias, and overreaching are real...and serious” (10). The corporate-sponsored bias reflected in the food pyramids, perceived more acutely by non-mainstream nutritionists (such as Dr. T. Colin Campbell mentioned later) seems to become increasingly more odious to alternate diet conscious consumers as time passes. However, they received broad cultural acceptance, partly because food graphics from the USDA have managed to stay somewhat convoluted, despite the fact that the USDA has been forced to come to terms with modern science and the developing field of 21st Century nutrition science.

One immediately notices that at the bottom of the original 1992 USDA food group “serving recommendations” chart is the big-agriculturally influenced, distorted “McGovern” incantation about the importance of grains (and processed foods made directly from grains) in the diet looming larger-than-life and Buddha-like under all the other food groups. Even the shift from a food pyramid to a plate graphic (which is still up on the current USDA website, “Choose my Plate.gov,” in 2020) still has not substantially reduced the over-emphasis on grains or the exaggerated protein proportion, even given current evidence about the harm caused by grain-based carbohydrates, which are readily converted first to sugars and then to fats in the human body. The third graphic appears to explain why the misinformation/obfuscation from the USDA seems to persist even today. The general public never has their attention focused on the allocation of federal subsidies, which reveal the true underlying priorities, as
Congresswoman Pingree’s comparison graphic makes clear. Inexplicably, fruits and vegetables, which should be the largest category have the lowest subsidy rate, lower even than dairy and meats which have been subsequently devalued in terms of money actually spent by the Federal government, evidently to encourage the higher-priority manufacture of these grains which also feed the dairy and meat animals. Oils, (which one can safely assume refer to refined vegetable oils), seem to be just as problematic, at least in terms of long-term harmful effects on human health. Most egregious of all, there still seems to be a residual subsidy for the tobacco industry (on a “foods” graphic, no less!), which has been proven to generate products which are extremely toxic to good human health. Is there any wonder why US obesity rates continue to be so high with this type of dietary guidelines misinformation?

The food industry has reacted to these “scandalous” public (and governmental) criticisms of processed food offerings simultaneously by: 1), successfully attempting to improve the image and reframe public perception of domestically produced meats, and 2), adding vastly increased amounts of refined sugars to processed foods to generate and maintain evocative food flavors. The budding processed-food industry and big agricultural farming seems to have just “happened” to discover that increasing the sugar load in various foods has proved to be addictive for many people and hence increased the appetites and further, the demand, for over-sweetened foods. Viewed from the realm of food literacy, one could easily say that the food industry has masterminded choice architecture with respect to public tastes. As Thaler and Sunstein emphasize, “A choice
architect has the responsibility for organizing the context in which people make decisions" (2). With all this in mind, it has begun to be obvious to me that the corporate food industry, along with big agricultural farming, have taken it one big step further; they have abused the food commodity market by positioning the context for an exorbitant demand for sugar in people's diets. This heightened demand for added sugar has helped generate spectacular profits for the food production sector, albeit substantially worse overall health for the American people as well as others around the world, who find themselves haplessly ensnared by this insidious addiction.

Where this ethically deplorable industrial habit of putting profits-above-health landed me was observing readings on weight scales which suggested that I was nearly 50 pounds overweight. This meant at the yearly Bowen Center health-scanning, which my wife wanted me to do (since I was listed as a dependent on her Bowen Center's health insurance policy), that my health indicator numbers started to range from being values slightly below the maximum acceptable limits for her health insurance company to values slightly above those same limits. When I gave those numeric data values to our general practitioner, she immediately started pushing me to begin using statin medications. I was just beginning to hear the mournful warning bells tolling about some of the obnoxious and downright harmful side effects of statin medications: muscle cramps, increased risk of cardiovascular disease, stroke, and other associated health problems. Finally, I got tired of ineffective verbal sparring and trading nasty insinuations with the nurse in the physician's office about stopping by the
drugstore to pick up some sort of "obligatory" statin medication, and stopped sending our family's allopathic physician the blood work testing results that were a part of Bowen Center's yearly health-screening. I also determined that I had to lose some weight.

Several things helped make this "weight-loss phase" possible. I knew that my body was reacting to something by the increasingly severe indigestion I was experiencing after meals as I neared middle age. When the first signs began to burst into bloom, I could calm my stomach down with a glass of milk. I chilled as I remembered my dad's similar plight nearly thirty-five years earlier standing at the kitchen sink with a tall bottle of the milk-like Maalox®. He used to explain away his problem of "acid indigestion" as an inherited condition of "slow stomach," a rather convenient Depression Era generation's scapegoat for what some now understand to be a pathological subset of "irritable bowel syndrome," as one conventionally trained nurse described it to me during my initial bout with "diverticulosis." For me however, regular dairy milk seemed to have had only a placebo effect; "relief" only lasted until I heard that milk had lactic acid, and I was sure that I was cursed with my dad's congenital "acid indigestion" syndrome—a plasticized synthetic scare, conjured up and broadly-touted by the TV discourse of most dietary aid manufacturers, who wanted to push freight-car loads of calcium carbonate (not to mention-aluminum hydroxide, a toxic base as well) on an unsuspecting, gullible public.

As an adult trying to cope with the food additives in the overly sweetened processed food, it seemed logical (not to mention, deliciously presumptuous,
likewise), to eat desserts first, before the rest of the meal, because it felt like the extreme amounts of sugar present in the “sweet treats” were probably rushing over themselves to transform into acids when they hit my stomach. Other subsequent foods like vegetables and meats coming later during the course of a meal seemed to mollify this bittersweet indulgence. This, too, seemed to work for a short period of time, although I had to endure a sustained battering of my ego by seemingly insensitive people quoting me the insufferable old adage, “Life is uncertain, eat dessert first, eh?” Finally, when it became painfully clear that I might have to stop eating food altogether to alleviate the distress of my screaming digestive track, my misfortune seemed to become transformed into good fortune by the help of two things—one, my accidental discovery that I had increasing gluten-sensitivity and gluten intolerance at a potluck, which had a “gluten-free” food table, from which I ate exclusively that particular night with no accompanying indigestion after-effects, and two, my insistence on getting a Fitbit™ wristwatch to track my heartbeat rate during exercise at a local recreational center. I soon discovered that I could log my daily health performance indicators such as: water intake, food caloric intake, sleep performance, and daily exercise on my own by syncing readings from the watch to my smartphone or home computer, as well as my own data-logging of food without trusting any allopathic advice on major health issues. The exception to this mistrust was pro-vaccination propaganda myths which I did not understand at the time, nor tried to fight, for what I later came to understand to be pure marketing harassment from the conventional medical community to conquer newer frontiers (and generate large new profits as well) for allopathic practices.
The ultimate literacy breakthrough, however, about real “medicine” for me came about by watching PBS fundraising specials on the role of diet in maintaining good health. I could call this phase—"Your Food is your Medicine Literacy." Several factors informed this new literacy. Initially, the most prominent of these discourse voices belonged to holistic medical practitioners like Dr. Joel Fuhrman, who said that present-day medicines only had minor peripheral roles in preserving health; foods like "cruciferous" and "leafy-green" vegetables—the fluffy mainstay of the best "tossed" salads—were the most effective antidote to consume to maintain good health (via his PBS-fund-raising lectures). The terminology that has characterized this new thinking (and conversation) is that most Americans are consuming a horrible diet identified by the acronym SAD which stands for "Standard American Diet." Although I had to laugh out loud when I first heard it used, what these doctors have meant is that big pharmaceutical companies, aligned with big agricultural business (hereafter referred to as "Big Agra"), push or promote diets oversaturated with carbohydrates that come from Big Agra food "monocultures" (single genetic strains) among the wheat, corn, and soybean products. These monocultures are laced with both pesticides and GMOs (or Genetically Modified Organisms) which march out in mighty molecular arrays to destroy the bacteria in the human gut as well as cells in other human organs. In terms of holistic discourse, the home of the beneficial bacteria in the human gut is referred to as the "microbiome," and at least one pesticide (glyphosate, otherwise known by the trade name, RoundUp™) is currently registered as an "antibiotic," and actively tears apart the "microbiome." Likewise, most meats in the supermarkets, those labeled as
being “natural,” are also oversaturated with even higher levels of pesticides and GMOs than the wheat, corn, and soybeans because these same GMO crops nowadays constitute the sole food intake for “factory farmed” animals. These tainted meats remain the most commonly available meats in an average supermarket, even managing to desecrate havens that a well-respected diet research journalist, Michael Pollan, has implied are the “sacred” supermarket zones around the edges and walls of an average food chain store where the formerly benevolent, venerable whole foods have always resided.³

The tainted wheat (not to mention corn and soy), which in turn produce tainted meat have other types of flaws which are not just ordinary insults in first world digestive tracts. Big Agra has been doing heavy-handed things in third world countries since the end of the second World War. Michael Carolan, in The Real Cost of Cheap Food, notes that “free trade” is something like an economist’s hypothetical abstraction which is truly, an unsubstantiated myth (18). He argues that Big Agra creates a bias against small peasant farmers in third (and by implication, fourth) world countries (18, 21, 25). When Third and Fourth world countries are subject to cheap foreign products like grain, obviously the residents of those countries, and small farmers in particular, become more impoverished since they cannot compete successfully against large agricultural conglomerates, let alone bribe Third and Fourth World governments as Big Agra is able to do. This uncovers a corrupted, sophisticated process known as “dumping,” (although it is an illegal practice in first world countries) (Carolan 25). The insidiousness of this unsavory process has become even more obvious when one realizes that if
one food commodity might become so overabundant in a poorer country that it can cost even less to purchase that same commodity in the marketplace than other types of food commodities, it has created another evil called an “addiction” at the larger society level. People have been forced to buy the cheaper product, often a monoculture (“one strain”) crop, because the other crops with which they have originally been keeping themselves self-sustaining, healthy, and independent from foreign food production interests are suddenly no longer viable alternatives for feeding themselves, if for no other reason than that they suddenly can become much more costly to produce and consume than the readily available cheap-grain commodity itself (Carolan 26). Carolan’s example of this process highlights the classic, commonly exported grain product—wheat—with wheat dependency nurtured in the country of Nigeria beginning in the years of 1950 through 1970 (27). This “nurtured” addiction underscores the fact that it would be better for countries like Nigeria to experience once again something like economic “fair trade,” which attempts to pay farmers comparable First World prices for the smaller quantities of wholesome similar food commodities including grain. In First World countries, for example, those grain prices that North American farmers have been able to dictate because of the existence of North American jurisprudence are preserved by a comprehensive legal mandate impacting directly on the production of those commodities that have been produced on US soil. Here again there are considerations about which I have been deliberately misinformed.
Human societies and individual people are not the only entities which can become addicted to particular foods, and as fate might have it, to foods with high glycemic (sugary) indices. Specifically, the food products *themselves* can become addicted; grain fed animals, (as opposed to grass fed animals), become addicted. Carolan says that cattle themselves become addicted to grain by becoming *acclimatized* to ingesting grains such as corn primarily (although it could also include surplus GMO wheat and soybeans) along with massive infusions of antibiotics and hormones (30). He implies that one end result of this addiction looms ever larger than the bigger beef steaks and less nutritious milkshakes—the animal stomachs *themselves* have become much bigger as well. This points to the fact that the steaks will necessarily be much fattier and as substantially less nutritious in a comparable manner to the more generously pesticide-laced milk quantities as well. The immediate effect for the end consumers becomes obvious: Humans consuming these products become more corpulent and more sick as a direct result. As an illustration of the consequence of this type of addiction, he underscores fact that US caloric daily intake has increased between the years of 1971 and 2016 to an average of 300 calories more per person than what it used to be before 1971 (Carolan 31). Pollan ties this overconsumption into another specific health risk—*cancer*: “Overeating promotes cell division and promotes it most dramatically in cancer cells; cutting back [ingestion amounts, on the other hand]...stifles the production of free radicals, curbs inflammation, and reduces the risk of most of the Western diseases” (184). This gradual shift upwards in calorie consumption unmask the fact that most people, including me, have failed to appreciate the systematic exploitation of North American appetites by Big Agra
and Big Food as well as the big, bad health risks which Big Agrá/Big Food cultivates among the general public..

My own dad, (while trying to invest his extra earnings in the most ethically responsible/“non-warfare” ways), as measured by Carolan’s theory above, was duped by government policy initiated in the 1930s and the 1940s. This very policy, although it was initially noble in intent, fell prey to the destructive, aggressive marketing practice of “dumping” cereal foodstuffs on poorer countries as discussed previously. He did not realize that his purchasing of stock in Kelloggs®, Quaker Oats®, and General Mills®, bestowed on the rest of us in the family, ethical culpability for the dependencies which we helped create in other parts of the world. He did not realize that the focus of flooding the “free” markets of the world with individual grain products could possibly be causing the largescale hunger in those various countries that it was supposed to be solving. “If it’s good for horses, it’s good for us too,” was one of his favorite, over-simplified mantras. International “food security 4” established in 1974 by the World Food Congress as policy with the use of cereals was another name for this majestic use of doublespeak for an evil which flew completely under Dad’s radar. We did not realize that our own nuclear family struggles with obesity had direct ties to our own family’s excessively hearty appetites resulting from Dad’s ever-increasing, disposable income which allowed him to invest in “safe” food commodities via the Dean Witter™ brokers. We, likewise, did not realize that not only were our family’s massive physiques troublesome, but also North American
corpulence (on a larger scale) was actually making third world country farmers far poorer.

At a more practical level during childhood, one thing Dad tried to instill in us was the strange necessity of filling ourselves up with bread at the table rather than with expensive meats. This was a direct result of his upbringing during Depression Era years, while living as frugally as possible in the Appalachian Mountains with his missionary parents. His parents, unfortunately, just happened to be at the mercy of undereducated (and insensitive-to-physiological-needs), early twentieth-century mission boards’ administrators. This might have been expected during those years when commercial meat was simply not on the horizon, and daily subsistence was dependent on mountain residents’ hunter-gatherer prowess. Those turn-of-the-century lessons, learned the hard way at times by my paternal grandparents and vitally necessary through Great Depression years as well, were etched so deeply in his consciousness, that it was hard for him to appreciate the fact that times could and would change even during his own lifetime. Accordingly, we always had plenty of the readily available, store-bought white bread, which was becoming increasingly deficient in nutrients, along with plenty of artificial butter (i.e., margarine) and highly sugared jams to put on those breads for every meal. Dad was going to make absolutely certain that we never wanted for any type of food that he could pay for on an electrical engineer’s handsome salary. As his salary increased, we failed to notice our family’s intake of meats and cheeses had increased as well. Mom never complained when we raided her overstuffed cheese drawer in the refrigerator.
She even said (repeatedly) that we should never have to experience peanut butter and jelly sandwiches in our school lunches as she did during her school age years. Little did we realize (even much later) that our overconsumption of animal products, in fact, also might have been implicated in our dad’s untimely death of adenocarcinoma, which metastasized to his brain, along with all the other physiological complications that ultimately killed him.

Somehow, Mom seemed to have lost track of the fact that meats and cheeses and the family’s overindulgence in these two items were intimately implicated in the premature death (57 yrs. of age) of her own farmer father by a late twentieth-century, increasingly common type of cerebral accident known as a “stroke.” In this regard he became a statistic far “ahead of its own time” for all the wrong reasons. Pork chops, sausage, a dozen eggs, pancakes with gravy, bacon, hot cereal and cream were grandfather’s daily breakfast fare. Regarding his pork chops, my mother used to say, “For his tastes, the fattier, the better.” Another former farmer-turned-scholar was spared a similar fate when he realized before it was too late that animal fats had killed his own father in his mid-fifties. T. Colin Campbell, a highly renowned nutrition scholar, found that not only were animal fats and dairy responsible for heart attacks (which was the specific culprit for his own father) as well as strokes, but they were also to blame for other non-lethal diseases as well, one in fact, which my own mother and I have known about and experienced as well—macular degeneration, or, as Campbell put it bluntly, “blindness” (194).
Campbell elaborates on the effects further: “Our breakfasts, lunches, and dinners have a particular effect on two common eye diseases, cataracts and macular degeneration” (203). According to him, “Macular degeneration is the leading cause of irreversible blindness among people over age sixty-five” (203, 204). This process occurs, he has discovered, by the presence of fatty acids, which reacting to copious bright light, manage to destroy surrounding healthy eye sensory tissues which a person needs to be able to see properly. Like most other average people, I have never paid much attention to the activity of free radicals in my system, particularly in my eyes, but this has now reached a chilling urgency; I have had ongoing wet macular degeneration in one eye, and dry macular degeneration in the other eye. Up to this point in time, I frequently have heard the short-sighted, asinine, slogan expressed ad nauseum that wearing sunglasses in bright light helps to halt macular degeneration. This glib conventional remedy originated and articulated by the presumptuous allopathic medical community has found itself light years (pun intended!) away from serving as adequate public health guideline advice. The only (non-dietary) solution available and offered to me from the allopathic medical community has been to inject an ‘originally-purposed-for-cancer medication’ (Avastin™) into the eye with wet macular degeneration periodically (at $300 per injection). The average allopathic eye specialist repeatedly tells me that there is currently no allopathic medical treatment (aside from the mandatory dietary supplemental “eye vitamins”) invented to stop, let alone-reverse, the progression of “dry-eye macular degeneration.” With the dry-eye degeneration, the best thing that the last (and former) eye specialist has suggested has been to simply observe any changes in
vision in that eye with the very latest and best “state-of-the-art” diagnostic-imaging technology. Once again, the allopathic medical community at the behest of the big pharmaceutical companies and Big Agra/Big Food have grossly under-informed the American public by putting product profits far ahead of good proactive, public health nutritional counseling.

Decreasing my intake of meats and cheese has been an extremely hard struggle—Lower-calorie meats, as opposed to higher-caloric tree nuts, have always been a sure-fire way for me to experience satiation after I eat, resulting in minimal weight gain. I have also enjoyed having two hard-boiled eggs for breakfast for many years and another one in my dinner salad. I have noticed that this has been driving up my own cholesterol intake levels as reflected in My Fitness Pal, but I have failed to take the readings very seriously because my holistic integrative medicine practitioner has told me that I seem to be metabolizing cholesterol very well. Aside from the pesky fact that my holistic integrative physician’s group have also informed me that eggs are a source of inflammation in the human body (e.g., think arthritis), eggs have proven to be highly problematic recently for another reason, which I have discovered through Campbell’s advice in his signature work, The China Study. His statement, “I’m about to tell you that if you eat animal foods instead of plant foods, you just might go blind” has been a rude wake-up call for me (204). I am living with the very same macular degeneration that he has been warning people about for years! The pernicious irony present in this process is that I am finally realizing that I have some of my maternal grandfather’s bad dietary urges, (or dare I call them—
addictions?). Likewise, I have also discovered that my choice of chips, which I thought was safer than potato chips—corn chips, actually has a higher glycemic load per serving than potato chips! Dr. Steven Masley’s book, *The Mediterranean Method*, displays charts which compare glycemic loads of various foods, some of which could potentially “shock the socks off” the average North American and cause rigorous eating-behavior modification (153). Accordingly, I have had to shift my palette preferences to lightly salted, unsweetened, generally tasteless, rice cakes. However, as I have implied before, this is not the helpful dietary information which Big Agra and the cereal companies have any interest in propagating.

Discovering, nonetheless, that I have been loading my system up with not only unnecessary pesticide chemicals, high glycemic/high cholesterol foods, as well as unnecessary antibiotics, not to mention—the fatty acids that are generating free radicals, has been extremely frustrating and demoralizing. I find it demoralizing, first, because until something like 15 to 20 years ago, I naïvely believed, (as have many other average North Americans), that the federal food safety regulatory agencies such as the FDA and the USDA (as well as the CDC—“Center for Disease Control”) have had my fellow North Americans’, as well as my own, well-being, as a central core guiding principle, a primary modus operandum. News of recent revolving-door role exchanges between industry CEO executives and federal regulatory agencies’ administrator occupants, not to mention rumors about food and pharmaceutical lobbyists writing legislation for US Congress persons behind closed doors in favor of Big Agra and big
pharmaceutical corporations, as well as current news about food safety regulations being declawed by the current Administration, has completely shattered my faith and trust in these formerly “good faith,” consumer-safeguard institutions. I find these developments demoralizing, in the second place, because it helps to explain to me why my body’s resistance to various infections and viruses has taken such a serious (formerly inexplicable) dive in the last fifteen to twenty years.

Part of my initial response reaction to these creature insults has been to pursue as many diverse types of detoxification supplements as I can pay for in the various health-food stores around the local “Michiana” area (to the consternation of my long-suffering wife!). To date, I have experienced few, if any, side effects from doing this (as I would with most routine, conventional allopathic pharmaceutical chemical drugs normally prescribed for most of my less serious health issues). My former allopathic nurse practitioner recently had “to pinch herself” and escape into a totally uninvited “Does-this-hurt?” rampage, tapping various places on my body where my liver haunts my skin surface (as well as ordering a fine panel of liver-enzyme-levels tests, just for good measure) to convince herself totally that my body was not becoming toxic with supplements. Had she sampled Pollan’s discussion of healthy practices advocating the use of supplements as people age, she might not have been so shocked (Pollan 171).

However, I am also aware that substantially fewer studies of the efficacy of these various supplementary detoxifiers seem to be available, (at least here in the States), not only to the general public, but also to me for objective evaluation.
about whether it is wise to continue to pursue or modify this roulette of body-
systems purging as my holistic, integrative medical family practitioner
recommends. On a more practical note, since I still enjoy both wild-caught fish
raised without antibiotics and GMO grain as well as chicken eggs, it makes good
sense to keep up with some ongoing minimal purging particularly in light of the
growing problems of increasing mercury toxicity in seafood (as well as possible
low-level radiation poisoning from Pacific Ocean-originated seafood) and the
increasing resistance of bacterial pathological strains common to commercial
poultry.

SEVERAL ALLOPATHIC MEDICAL “DEAD-END STREETS”

One of the most longstanding trends in the healthcare industry as a whole which
includes Big Pharma (mentioned previously) as well as health insurance
companies and allopathic doctors is the patronage of high technology solutions to
solve major health crises as well as minor health ailments. Since there are large
sums of money involved in the “scientific” research for, the discovery of, and the
initiation of any treatment process, the potential for outstanding profits for
various treatment protocols, but particularly for the use of “health-promoting”
pharmaceutical drugs, is a particularly strong enticement, not only for the
pharmaceutical companies here in the Western world, but also for the physicians
who prescribe them. Those allopathic practitioners receive free samples, and
reputedly, other perks such as free vacations and other financial bonuses from
drug company salespeople. Certain drugs, thus, have become significant “cash
cows.” One of the best examples of these in the pharmaceutical industry is a class
of drugs called "statins." Statins have been prescribed to counter high cholesterol levels, and Big Pharma has been investing a lot of money in TV ads to ensure that the general public to whom it now markets products directly (rather than just solely to healthcare practitioners as it did previously until the mid-1980s), thinks of them as probably "THE" best solution to reduce what are considered to be high cholesterol levels in the bloodstream. The darling corollary spouse to this coddled perception is that the drug efficacy also must be high, (or so the drug manufacturers would like everyone to believe). Probably, the one thing everyone from the manufacturers to the physicians to the alternate healthcare practitioners can agree upon is the fact that pharmaceutical drugs tend to be very "hard-hitting" remedies, i.e., they have a tendency to overachieve the "sought-after" result—the lowering of cholesterol levels in the patient's bloodstream. Although there are several legitimate reasons for this "overachievement" such as the fact that for a drug to be patentable, it has to be a substance that is not normally found in nature and/or has to be isolated from a naturally-occurring substance or else synthesized to emulate the effects of a naturally occurring substance; where the disagreement comes in among the various different healthcare providers about this efficacy for any given drug, is in what constitutes the nature of the "overachieving."

One outstanding researcher in the alternative healthcare camp who collects studies about overachieving remedies written up and published in a government medical database called "PubMed.gov" is a young scholarly researcher by the name of Sayer Ji. Mr. Ji found and summarized an article
abstract of a scientific study done in the Czech Republic which gives credence to the fact that one of the typical side effects of many statins is (muscle) myopathy ("After a Six Month..."). Not surprisingly, this is one of the most egregious first examples painting a truer, deathly still-life of a typical outcome of the use of a pharmaceutical money-maker, or a “cash cow” drug. Dr. Colin Campbell in *The China Study* puts strong teeth into this dragon with his still valid observation that the ultimate outcome of drugs, similar in side-effects to this one in studies, have shown that “...almost 7% (one out of fifteen) of all hospitalized patients had experienced a serious adverse drug reaction, one that “requires hospitalization, prolongs hospitalization, is permanently disabling, or results in death”” (8). The context for this observation has been yet another study done in this country some twenty plus years ago by a team of medical researchers, J. Lazarou, et al., and written up in the *Journal of the American Medical Association* (“Incidence of adverse drug reactions...”). Mr. Campbell concludes his observation with pointed morbid humor about the patients in the foregoing quote, noting that, “These are people who took their medicine as directed” [emphasis mine] (8)! Obviously, one takeaway is that the wisest course of action for everyone about ready to consider embarking on a regimen of long-term pharmaceutical medications is to have a fortified, healthy mistrust of allopathic medicines. We should *always* look for the alternatives first, and use these meds as a last resort, if and only if all the other alternatives to Big Pharma drugs fail to deliver *any* results if we expect to have long productive lifespans. The second takeaway from Campbell *always* is to allow ourselves the liberty to admit that all allopathic practitioners have “feet of clay” just like the rest of us.
My experience with statins, as noted in the introduction, served as the pivotal critical turning point in my unquestioning faith in allopathic medical recommendations (or, should I say, “medical mandates”) for the beginning throes of middle-age life. I had just started hearing broader stories from friends and relatives about the nasty side effects usually listed in the prescription information that comes with each new prescription retrieved at the typical local pharmacy, which included directions for use of the drug as well as the usual possible, sharply-minimized side effects (in terms of statistical possible outcomes of occurrence in very tightly managed and manipulated tests) ⁵. My 30-some year old son, the valedictorian of his IU medical school class, a respected teaching resident, and practicing ER physician at a large children’s hospital in Grand Rapids, MI, seemed to be giddy with all the jaded pharmaceutically-sponsored studies done in favor of statins; he also seemed to take fiendish delight in plugging for pharmaceutical statins on most of our father-son bike rides, but he was not the only one giving me intellectually suffocating advice. My local physician at the time seemed unusually eager to have a pharmaceutical prescription called into the local pharmacy just two short miles from my home when I had mere borderline-high blood pressure readings and slightly out-of-balance HDL to LDL cholesterol ratio determinations for two consecutive years in a row. Since I have always tended to be cautious about foregoing any professional advice, and in light of the fact that my wife still thought of all MDs as righteous “divinators” sitting on the right hand of God at that point in time, I decided to experiment with a natural (non-pharmaceutical!) statin I had heard about through some naturopathic practitioners as worth a try. The one I decided to try
was called “red yeast rice,” an old Chinese apothecary creation, which was supposed to give comparable results to the modern pharmaceutically synthesized “phytotoxins.” After about three weeks, I noticed strange things happening to my limb muscles when I did light exercising with those muscle groups—I had strange aches in the muscles, which did not subside until three days later, one of those same “minimally-occurring” side effects that were described in the pharmaceutical product information. When I finally decided not to have to live with so much day-to-day aching in my muscles, it seemed that there was only one other “off-beat” galactic trajectory to take, and that could only be embarked on by losing more weight.

Antidepressant medications have given Big Pharma—rich Jersey (cash) cow milk, not just the standard Holstein milk, which is the common fare for business enterprises. The problem for consumers and end-users, however, is comparable to what consumers have to face with other allopathic medications: good business profits, along with their accompanying justifications, which, in many cases do pitifully little for the consumer, turn up as the most handy culprits. As James Paul Gee noted in “Literacy, Discourse, and Linguistics,” “Primary discourses, no matter whose they are, can never be liberating literacies [emphasis mine]” (530). In my case, and in the case of many Americans, the dominant discourses in allopathic medicine about antidepressants, becomes an entrapping primary discourse that is imbibed throughout our lifetimes. This sets the stage for antidepressant advertising discourse to profoundly impact consumers. The first, most striking part of dominant discourse about
antidepressant use is that the initial justification for those antidepressants has been erected on an unproven myth.

This myth, according to Dr. Joseph Mercola, has managed to enslave the general public's perception of the value of the psychotropic medicines beginning with an inconclusive scientific study generating non-specific findings back in the 1960s (1). The mirage was that certain primitive antidepressants initially seemed to alter brain chemicals. The fact that it was an unproven speculation made no difference to the pharmaceutical industries—they all had obstructive dollar signs cluttering their eyesight; all they needed was to find some easy-to-hire marketing expertise, and history repeated itself once again with another ineffective set of remedies (or “snake oil”), at least according to non-industry-aligned scientists.

The fact that general practitioners had to sell a whole, largely untested, and little-understood, biological process to their patients was only a very minute safety “trip-hazard” according to the Big Pharma primary discourse. Once this primary foothold in public consciousness was gained, it was a relatively easy step to convince that same public that new generations of anti-depressants were even better because they reputedly had less problematic side effects than the first-generation antidepressants. With this promise of new life, another new product sprang up from the ground—Prozac®. Everyone wanted a piece of this “feel good,” magic “stress reduction,” wunderkind. Happily enough for Eli Lilly and Co., the manufacturer of this new type of drug—a selective serotonin re-uptake inhibitor—Eli Lilly and Co. discovered that the chemical concoction would serve as not only a wonderful “cash cow,” but also as a long-term revenue stream as
well, which further enslaved the general public beyond their knowledge or wildest expectations.

The biggest, decades-long, largely undiscovered trap for the general public was the fact, (and still true today!), that once a person has been “stabilized” on a daily regimen of any of the SSRIs for more than a few months, the drug would become both physiologically and psychologically addictive, with very few safe and proven ways to come back off of the medication. As Dr. Kelly Brogan, a prominent mental health advocate with resources for women and practicing (holistic) psychiatrist, has noted in her article, “How Long Does Antidepressant Withdrawal Last,” “Antidepressant drugs...are routinely prescribed without informing patients that the exit plan may involve excruciating delays and complex withdrawal” (1). She went on recently to summarize some of the bizarre complaints which the withdrawal process encompasses; there have been, “Neurological symptoms including “brain zaps”...
[and]...psychosexual/genitourinary symptoms...” (2). She has noted that two of the biggest horrors associated with the withdrawal process have been the fact that allopathic “general practitioner” physicians have not been trained about the reality of “psychiatric medication dependence,” as well as the fact that withdrawal itself can be triggered spontaneously for a patient simply by virtue of the patient inadvertently skipping a scheduled dose (2). The enslavement by an irresponsible Big Pharma, however, reached far beyond psychological addiction into even other physical health areas as well.
As recently as last year, Dr. Kelly Brogan’s team has begun to collect data that indicate that the side effects of allopathic antidepressant (including the broader category—“antipsychotic”) medications, in general, represent continually burgeoning problems with this mode of remediating disease that flow into other areas of medical practice. Dr. Brogan’s team notes that “…antipsychotic drugs cause high blood sugar, excess fat accumulation around the waist, low levels of good cholesterol (HDL), elevated levels of triglycerides, and increased blood pressure in adults” (2). Amazingly, these antidepressant/antipsychotic medications are triggering the same responses in the human body as refined sugars.

I discovered several things about antidepressant pharmaceutical medications. One of the first things I discovered was that my system was extremely sensitive to the hard-hitting drugs. The first-generation drugs were every bit as good as hallucinogenic mushrooms. The first psychiatrist I visited while in school on the West Coast in the ‘70s had to isolate one of the individual components of the combination drugs to minimize my ensuing problems with vertigo (something completely foreign for me!), which I initially experienced. However, the drug prescribed at the time did help to level my moods slightly, as the practitioner claimed, but looking back, I couldn’t tell if it was a “placebo” effect or not. At that point in time I did not understand my own limits, nor my own body’s response to the problem of heavy loads of academic/work stress as well as my food choices, and in light of that void, any solution coming from “knowledgeable” professional healthcare practitioners sounded good to me! For
the other “side effect,” I was fortunate enough to be forewarned: My appetite did increase substantially, but I was still young, and if I went to swim at the YMCA in Pasadena, I could come away feeling calmer and leaner, (despite the burning in my lungs from the ghastly remarkable air quality of the LA atmosphere, even inside the Y).

While doing customer service work for Loctite™ Corporation in the Midwest after four years of trying to pacify panicky, frustrated customers, it seemed I was ready for another medication, some type of anti-anxiety remedy. Although I have long since forgotten the name of that compound, the diagnosis of my condition was much more befitting of my sedentary disposition, but I also started to realize that if a job was stressing me to the extent of having to be on a medication just to do the job, then it was time for a new job. Fortunately, I was still not on any medication which was addicting at that point in time. That, however, was all about to change after I had moved again, met a wonderful psychotherapist, and started dating her.

Finding an unfamiliar environment to be anxiety-ridden (as well as overwhelming by the isolated rural empty spaces), I finally was introduced to the Wunderkind. Although I was working as a temporary chemical technician for another large chemical company, I felt as if I was a true dignitary in the planet, while truly experiencing “better living through chemistry” for about the next nine months, but then I started to experience what my psychiatrist called “the dwindles.” That meant, that once again, I had to become another rodent, this time, a hamster on an exercise wheel. I would start one medication roulette; it
would work for a time until the “dwindles” caught me by the hind leg, unceremoniously throwing me off my wheel, and I would go off one medication and begin another one. I went through Paxil™, Wellbutrin™, Lexapro™, Celexa™, Cymbalta™ (which was originally marketed to the public as an antidepressant, and then as an antidote to pain!), and finally wound up on Effexor™, which looked at the time to be a good choice for the aging complaints of fixed income, and limited budgets, although I began to be convinced it had been long years since when Effexor™ had offered me any efficacy worth honorable mention. By that time, however, with the realization that my body’s supply of glutathione to get rid of toxic medicines was decreasing as I got older (not to mention my chronic problem with obesity as well), I was becoming ready for a new understanding about the role of whole foods in people’s emotional and mental states of wellbeing.

CONCLUSIONS

What remain after the foregoing discussion are obvious rhetorical questions. Do I have to be my own health advocate? The answer is a resounding “Yes!” Can I trust the big food and pharmaceutical corporations to ever give me accurate and trustworthy information? The patent answer is “Never!” What is the price to be paid for my being aware of agricultural and pharmaceutical apathy, if not outright antipathy, towards human needs and basic existence? The answer is something which has been said before concerning the price for preserving democracy— “Eternal vigilance!” This last response perhaps underlines the reality that corporate agendas will always be inventing new euphemisms, green-
washing, and other nonsense to hide the evils blended into their “foodlike” products and inventions, and I now need to be reading the 4-point type with a magnifying lens to see what new terms they are fondling to conceal the same nasty chemicals that they have always relied on to make their products more marketable. However important these newly acquired behaviors are for me, there are other reasons for discussions such as these.

These other reasons, of course, lie with my students, the next generation of researchers, some of whom just might manage to be overlooked by big corporate marketeers to the detriment of those same behemoths. If I can inspire those students to challenge assumptions and behaviors exhibited by those wishing to preserve the Standard American Diet (SAD) and improperly-evaluated pharmaceuticals to the point of “upsetting the boat,” then I will have managed to have served at least some small piece of society well.
Notes

1 Trudeau paints a dismal picture of the callous and heartless way a typical Big Pharma CEO thinks about any individual health problem on page 20 of his book.

2 Dr. Jeffrey Ritterman traces all these developments in a painstaking fashion on pages 1 and 2 of his article.

3 Pollan has a wonderful discussion about the significance of healthy foods lining the edges of a typical supermarket (where they might be missed so that the unhealthy food-like products in the center of the stores can have their wares marketed more successfully), pgs. 63-65.

4 Carolan defines and discusses global food security/insecurity on pages 218-219 of his book.

5 Snider and Woolven have an excellent eye-opening discussion about the issue of insidious pharmaceutical information control in paragraph 5 of their blog article.

6 Snider and Woolven spend the first couple paragraphs in their blog article elaborating on the variable called “placebo effect” in medicine efficacy, in which Big Pharma is able to generate handsome profits based on how they spin this uncertainty to the general public—They tout it as, efficacy certainty. Their implication is that the general public never fully understands the existence, let alone the role of the placebo effect.
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Looking at the Pieces of the Pyramid

The Food Guide Pyramid emphasizes foods from the five major food groups shown in the three lower sections of the Pyramid. Each of these food groups provides some, but not all, of the nutrients you need. Foods in one group can't replace those in another. No one food group is more important than another— for good health, you need them all.

- 2-3 SERVINGS
  - USE SPARINGLY
  - The small tip of the Pyramid shows fats, oils, and sweets. These are foods such as salad dressings and oils, cream, butter, margarine, sugars, soft drinks, candies, and sweet desserts. These foods provide calories and little else nutritionally. Most people should use them sparingly.

- 3-5 SERVINGS
  - On this level of the Food Guide Pyramid are two groups of foods that come mostly from animals: milk, yogurt, and cheese; and meat, poultry, fish, dry beans, eggs, and nuts. These foods are important for protein, calcium, iron, and zinc.

- 6-11 SERVINGS
  - This level includes foods that come from plants—vegetables and fruits. Most people need to eat more of these foods for the vitamins, minerals, and fiber they supply.

- At the base of the Food Guide Pyramid are breads, cereals, rice, and pasta—all foods from grains. You need the most servings of these foods each day.
Appendix II

(USDA.gov "Choose My Plate" Graphic replacing Food Groups Pyramid between 2011-2014)
Appendix III

(Modern Big Agra Federal Subsidies)

ChooseMyPlate.gov

More updates on federal food policy at www.pingree.house.gov/localfood

**Graphics Courtesy of The Office of Congresswoman Chellie Pingree.**
Curriculum Vitae

EDUCATION:

Indiana University South Bend
Department of English
Master's in English: Creative Writing anticipated May 2020

Ivy Tech Community College
Department of Visual Communications
Associate's of Applied Science: Graphic/Web Design majors, 2012

Cleveland State University
Monte Ahuja College of Business
MBA courses, 1989-1991

Fuller Theological Seminary
School of Theology
Master of Arts in Theology (Near Eastern Languages and Literature concentration), 1980

Eastern Mennonite University
Liberal Arts Program (Major in Liberal Arts; Minor in Spanish language and Literature)
Bachelor of Arts 1971

ACADEMIC POSITIONS:

Ivy Tech Community College, Adjunct English Composition Instructor, 2019-Present

Ivy Tech Community College, Adjunct Remedial English Instructor, 2015-Present

Ivy Tech Community College, English/Communications/Office 365 software applications Tutor, 2012-Present

Fuller Theological Seminary, Graduate Teaching Assistant, Hebrew language, and Literature, 1978-1979

Fuller Theological Seminary, Tutor, Hebrew, and Greek languages, 1977-1978
COURSES TAKEN:

Indiana University South Bend, Poetry(2): “Contexts for Writing,” “Stylistics,” “Teaching Composition,” “Reading and Comprehension,” “Literature and the Unreadable,” and “Professional Scholarship in Literature”

Cleveland State University: Financial Accounting, Marketing, Micro and Macro Economics, Business Mathematics (including Calculus), and Human Relations Management

Fuller Theological Seminary: Sumerian language, Akkadian language and literature, Aramaic royal documents, Syriac royal documents, Intermediate Biblical Hebrew reading, Ugaritic language and literature, Arabic language and literature

PRIVATE MUSICAL INSTRUMENT AND MUSIC GENRE STUDIES:

Professional North American Old Time fiddle-based, dance band music, studied: with Jennifer Armstrong, fiddler and bagpiper, whose family started “Saturday Night Live” on WFMT, Chicago; with Jennifer Jeffries, dance fiddler and fiddle instructor on the “Chicago Barn Dance” roster; and with Charlie Walden, fiddler with numerous field recordings, fiddle instructor, and past president of the “Missouri State Old Time Fiddlers Association;” fiddle lessons, 1992-1994

Goose Acres Folk Music Center Consortium: featuring musical instrument craftspersons, first introduced to North American Old Time Dance Band music and dance band dynamics, Mandolin lessons, 1988-1989

Cleveland Music School Settlement: Renaissance and Baroque period music including French, English, and North American historical lullabies, incidental music, and courtly dance music, Alto recorder, 1987

DESIGN, ORGANIZATION, PRESENTATIONS, AND PERFORMANCES:

Procured domain space and developed a commercial website for Dan Shenk, former Elkhart Truth columnist, copyeditor, http://www.glyphicgraphics.net/copyproof, 2011-2012
Co-organized the first house band, the “Spy Run String Band” (Ed Benner, fiddle, mandolin, harmonica, Dean Barber, banjo, John Long, guitar, banjo, Jan Long, hammer dulcimer, acoustic bass), for the Fort Wayne Traditional Music and Dance Group, served as the lead fiddler for the first three years of monthly dances, Ft. Wayne, IN, 2008-2010.

Organized and rehearsed 15 musicians from the Goshen Farmer’s Market Saturday jam sessions and the Spy Run String Band, developed the set list, and created/distributed lead sheets to the musicians, to perform square/contradance music for the monthly Goshen Community Contra Dancing Group’s dance, Goshen, IN, October 2009

Maude Powell Music Festival (yearly), Old Time American dance music and Scots/Irish ballads presentations through stage performances by the Tiskilwa String Band (Ed Benner, fiddle, mandolin, Rick Reha, guitar, banjo, and Phil Kaufmann, guitar), Peru, IL 2002, 2003

Menno Folk Family Music Festival, stage performances, square/contradance accompaniment, and workshops by the Tiskilwa String Band (Ed Benner, fiddle, mandolin, Rick Reha, guitar, banjo, and Phil Kaufmann, guitar), Camp Friedenswald, Cassopolis, MI, July 2002

Bureau County Historical Society Annual Dinner, Old Time and Scots/Irish ballads and dance music presentation by the Tiskilwa String Band (Ed Benner, fiddle, mandolin, Rick Reha, guitar, banjo, and Phil Kaufmann, guitar), Princeton, IL, October 2001

Putnam County Historical Society Annual Dinner, Old Time and Scots/Irish ballads and dance music presentation by the Tiskilwa String Band (Ed Benner, fiddle, mandolin, Rick Reha, guitar, banjo, and Phil Kaufmann, guitar), Putnam, IL, April 2001

Fiddler, Actor: Thomas, Cotton Patch Gospel, Stage 212, Manahan Center, LaSalle, IL Winter 2000

Mennonite Board of Missions Festival—“For the World”: Old Time American dance music and Scots/Irish ballads performances, workshops by the Tiskilwa String Band (Ed Benner, fiddle, Rick Reha, guitar, banjo, and Phil Kaufmann, guitar), June 2000
Bureau County Historical Civil War Re-enactors (costumed) Anticipation Ball, fiddled dinner music and accompanied impromptu after-dinner dancing, Princeton, IL, March 2000

Historic re-enactments of pioneer (North American) life, times, and music in yearly costumed appearances, fiddling rural Old Time North American dance music, frequently accompanying cloggers and square dances/contradances at the Boone County Pioneer Festival in Belvidere, IL beginning in 1994 through 2003 with Jim Minch, Ph.D., banjo, and Rick Reha, guitar

LANGUAGE SKILLS

Working knowledge of German and Spanish

*Letters of Recommendation Available Upon Request*