

# Your Health

VOL. 14 / NO. 3 / SUMMER 2008

## Bill C-51: The Naturopathic Viewpoint

*BCNA member Dr. Lorne Swetlikoff on the Pros & Cons of Proposed Federal Legislation*

As a naturopathic doctor, I support regulations that ensure the products I recommend to my patients are safe, effective, and of high quality. Unsubstantiated health claims, misrepresentation of content, and shady manufacturing and importation practices, do not enhance the health of Canadians and can pose a health risk. Therefore, regulating natural products for the purposes of reducing risks to one's health, enhancing safety and accuracy of products makes sense.

From a bird's eye view, Bill C-51 appears well intended and seems to strengthen the manner in which all health products will be regulated. But as you delve into the details of the bill you discover the potential for disaster it poses for the practice of naturopathic medicine in Canada. The ramifications include reduced public access to certain natural medicines that naturopathic doctors recommend and that Canadians depend on.

To fully understand the impact this bill has on naturopathic doctors you need to link the history, practice, and training of naturopathic doctors with the proposed language found in this bill.

Naturopathic doctors (NDs) are primary health-care providers with a minimum of seven years of post-secondary education in medical, naturopathic and clinical sciences. NDs are trained to diagnose, order labs, treat conditions, compound and

recommend natural medicines, drugs and devices.

Naturopathic doctors are experts in natural medicine with extensive knowledge and training in the use of pharmaceutical and natural health products. NDs are regulated in many provinces and states in the same fashion that nurses, dentists and medical doctors are.

The demand for naturopathic doctors is growing by leaps and bounds. Canadians are searching for complementary health care to address not only a broader range of therapeutic choices but also to address our aging population and the lack of qualified health-care providers to meet those needs. Today, licensed naturopathic doctors across Canada are successfully delivering safe, ethical, and accountable health care to over three million patients a year.

There are several concerns regarding the impact that Bill C-51 will have on a naturopathic doctor's ability to treat patients:

Bill C-51 claims not to change the way natural health products are currently regulated. This appears to be true for some but not all natural substances. The bill introduces a new term called "prescription therapeutic products" to refer to any product, including a natural product that is not included under the current natural health product regulations and states that they will be accessible only by a "practitioner." Which products will

become prescription therapeutic products is unclear and this concerns NDs. Of greater concern is that under this bill, prescription therapeutic products require a prescription from a "practitioner." Practitioner is defined as an individual who is authorized under the law of a province to prescribe or dispense prescription therapeutic products. Currently naturopathic doctors do not have prescribing authority and are not designated as a practitioner in Canada. The result is naturopathic doctors are excluded from access to those natural products that are or may be designated as a prescription therapeutic product. These are the same products that naturopathic physicians have been using safely and effectively to treat patients for over a century.

Here is a scenario as to how this could play out. St. John's Wort is a common natural health product that is used by naturopathic doctors in therapeutic dosages to treat mild

Continued on page 7

### Inside YH

<b>Research: Vit D</b>	<b>3</b>
<b>Environment</b>	<b>4</b>
<b>Food Waste</b>	<b>8</b>
<b>Archives</b>	<b>6</b>
<b>Cellphones &amp; tumours</b>	<b>2</b>

In the 1990s it was common for athletes to binge on carbohydrates prior to a workout. The idea was that storing energy before exercise would increase stamina. But carbo-loading is not the most efficient way to stock muscles with fuel.

Exercise recovery expert John Ivy, of the University of Texas in Austin, has conducted extensive research into muscle remediation. Some of his research has focussed on similarities with diabetes and exercise. For both groups, insulin in the blood was more effective at carrying energy into the muscles if those muscles had recently been active.

As Ivy puts it: "Exercise makes your muscles more responsive to insulin, and this insulin, in turn, increases glycogen muscle uptake."

In other words, exercise prompts your muscles to absorb more fuel—glucose, which is stored as glycogen—from the bloodstream. The reason carbo-loading is ineffective is that it can't take advantage of this insulin response because it precedes a workout rather than following it.

Improved insulin response lasts only for a short time after a workout. Ivy says the window is about 30-45 minutes. After that window, muscles become resistant to insulin and much less able to absorb glucose. One way to get the benefit is to drink or eat carbs at a level of at least one gram per kilogram of body weight to restore the glycogen you've burned. But wait even a few hours and your ability to replenish that burnt fuel drops by half.

An ideal recovery drink, which includes both carbohydrates and protein, could be a smoothie, perhaps made with yogurt.

The "cellphone-brain cancer" connection has hit health headlines again.

A recent observational study, Interphone, conducted amongst 13 countries including Canada, has sparked the debate. On Larry King this spring three prominent brain surgeons discussed the relationship between cellphone use and three types of tumours: glioma; cancer of the parotid, a salivary gland near the ear; and acoustic neuroma, a tumour that essentially occurs where the ear meets the brain.

This summer, Dr. Ronald Herberman, the director of a prominent cancer research institute, has advised his 3,000 faculty and staff to limit cellphone use because of the potential danger.

In his memo to staff Herberman wrote "Although the evidence is still controversial, I am convinced that there are sufficient data to warrant issuing an advisory to share some precautionary advice on cellphone use."

The cellphone debate is particularly acute in respect to children. Although most studies linking cellphones to cancer are observational (as opposed to epidemiological), living tissue is vulnerable to electromagnetic fields within the frequency bands used by cellphones—and kids have a higher absorption rate because their brains are still developing.

In 2007 The American Journal of Epidemiology published data from Israel finding a 58 percent higher risk of parotid gland tumours among heavy cellphone users. Also last year, a Swedish analysis of 16 studies in the journal Occupational and Environmental Medicine showed a doubling of risk for acoustic neuroma and glioma after 10 years of heavy cellphone use.

Sources: New York Times, July 24, 2008; Vancouver Sun, July 25, 2008



If you continue to eat small amounts of food you can maintain increased insulin levels and accelerated rates of recovery for up to five hours or so. Without the diet timing, however, you won't recover as well and, for individuals wanting to exercise regularly, recovery should be a priority.

Stretching muscles as part of an exercise routine is a good thing—muscles will adapt positively, rebuilding themselves, becoming stronger and more pliable. But this process is dependent on recovery.

While exercise stimulates muscle protein synthesis and protein breakdown, a body still needs protein or amino acid ingestion to repair and become stronger.

Naturopathic doctors have excellent therapies and expertise in respect to sports medicine. Most NDs offer physical therapies, such as Bowen technique, manipulation, acupuncture, neural and prolotherapy, to help resolve aches, pains, strains and injuries. NDs can also advise on nutritional protocols to maximize your pre- and post-workout regime. Link to [www.bcna.ca](http://www.bcna.ca) to find a licensed ND in your area.

Source: New York Times, June 1, 2008

**Fat Facts**

Trans Fat Deception: Health Canada says there is no safe level of trans fat. But a little bit can't hurt, right? A serving size with 0.2 grams of trans fat may seem insignificant on a nutrition label, but trans fats tend to be in foods that people gorge on— such as potato chips or cookies. And “serving sizes” on such foods tend to be smaller than actual consumption patterns (e.g., 10 chips or one cookie). Careful how much you consume of an item even with a small amount of trans fats.

Fat free is better: True or false? Many products with reduced fat have increased sugar to compensate for flavour. Fat-free Breyer's ice cream has almost the same calories as original as they've replaced the fat with sugar—which becomes fat once digested. Be very careful with yogurt; some fat free single-serving yogurts have as much as 20 grams of sugar.

Source: Vancouver Sun, July 14, 2008

**Hormone-replacement therapy (HRT)** is on the decline in Canada. Most Canadian women are turning to drug-alternatives to treat the symptoms of menopause.

A recent study found that only five percent of women in Canada, 65 or older, are using HRT—a drop from 14 percent six years ago. The decline has occurred since a report showed the risks of using HRT outweigh the benefits.

One pharmacist commented that “People are very leery with the claims of the drug industry based on hormones... There's a lot of women using non-synthetic therapy and natural remedies.”

Research from the 1970s showed that estrogen-only HRT put women at higher risk of endometrial cancer. That led to the introduction of combination therapies containing both progestin and estrogen HRT. However, in 2002 the Women's Health Initiative study revealed that many other additional risks come from HRT including coronary heart disease and stroke.

Source: Vancouver Sun, June 20, 2008

**Vitamin D** supplements can aid in easing back pain: According to a research paper in Pain Treatment Topics, a review of 22 studies found that individuals with chronic back pain almost always had inadequate vitamin D levels. When rectified by 2,000 IUs or more daily, back pain either eased or disappeared altogether.

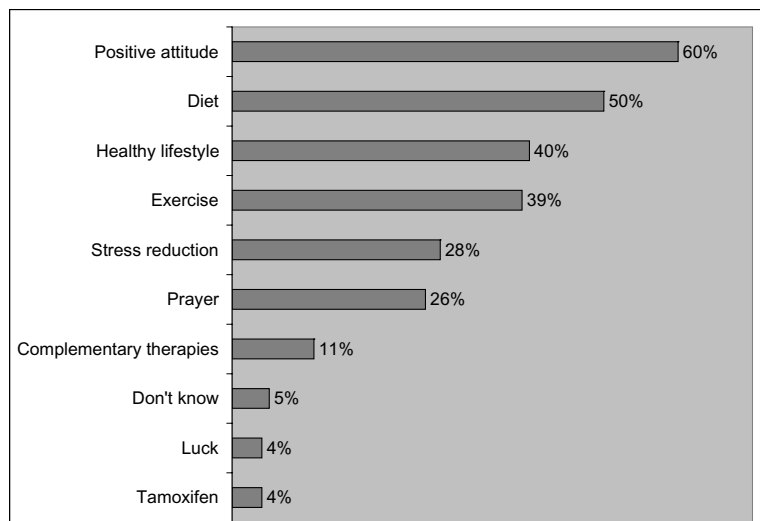
Another study, in the journal Archives of Internal Medicine, showed that people with higher levels of vitamin D were less susceptible to disease, including coronary heart disease. The study showed that low vitamin D levels can be considered a strong risk factor for “all-cause” mortality in men and women.

Low vitamin D can have an impact on the incidence of cancer, stroke, sudden cardiac death and death of heart failure.

Vancouver Sun, June 24 & July 7, 2008

**Trends:** Most adults in the U.S. will be overweight or obese by 2030, with related health care spending projected to be as much as \$956.9 billion, according to researchers at the Johns Hopkins Bloomberg School of Public Health, the Agency for Healthcare Research and Quality and the University of Pennsylvania School of Medicine. See page 7 for more on food consumption and page 8 for a profile on food waste.

**Luck & Cancer Drugs**



Factors breast-cancer survivors cite in preventing a recurrence

Source: New York Times Magazine, June 29, 2008

## Footprint, Imprint, Impact

The word “locavore” was named 2007 word of the year by the New Oxford American Dictionary. A locavore is someone who thinks and acts locally, focussing on locally produced food to promote global change. In so doing, a locavore reduces their carbon footprint.

A carbon footprint is a measure of a person’s contribution to global warming. Everything a person does, whether watching TV or buying an apple, has some amount of carbon associated with it. For example, watching a plasma TV for three hours every day contributes 250 kilograms of carbon to the atmosphere each year; an LCD TV contributes less than half that amount.

Much has been made in the press recently on food supplies and carbon footprints. The locally written “100-Mile Diet” which focuses on local food supplies, has become an international bestseller. But summing up carbon on a food label is a difficult task. A jar of peanut butter, for instance, would require accounting for the emissions from the fertilizer, calcium and potassium applied to the crop, the energy used to boil the harvest, and even the energy to make the jar, label and transport the product.

Bottled water has come under particular scrutiny by the locavore crowd. One study showed that factories around the globe are burning 18 million barrels of oil and consuming 41 billion gallons of fresh water every day, just to make bottled water that, arguably, North Americans don’t need.

Generally, the further distance a product has travelled the greater the carbon “penalty” associated with it. If you factor in transportation costs, each glass of orange

In 2008 the world is expected to burn through some 31 billion barrels of oil, six billion tons of coal and 100 trillion cubic feet of natural gas. The aggregate energy produced will yield around 30 billion tons of CO<sub>2</sub>. In 2009 it’s estimated that global consumption of fossil fuels will increase by two per-cent—which will result in half a billion tons more CO<sub>2</sub>. When CO<sub>2</sub> is released in the air about a third ends up in the ocean—dissolving in the water to form a weak acid, having a devastating impact on ocean chemistry and pushing many organisms toward extinction. The rest remains in the atmosphere, increasing global temperatures and threatening the yields of food crops, causing water shortages and increasing drought.

“It is the locavore’s dilemma that organic bananas delivered by a fuel-efficient boat may be responsible for less energy use than highly fertilized, nonorganic potatoes trucked from a hundred miles away. Even locally grown, organic greenhouse tomatoes can consume 20 percent more resources than tomatoes from a far-off warm climate, because of all the energy needed to run the greenhouse.”

New York Times Magazine, April 20, 2008

juice you drink is equivalent to two glasses of gasoline. Thus, food miles tend toward a bigger carbon footprint.

But despite the logic of eating locally, the notion of food miles can be misunderstood. One researcher in this area has pointed out that miles alone don’t take into consideration land use, the type of transportation used, weather, or the season. For example, sea-freight emissions are less than a sixtieth of those associated with air cargo—and you don’t build or maintain roads for ships. A practical instance of distance being more “green” is a recent study which showed that a bottle of Bordeaux in New York had less of a carbon imprint than California wine. The reason was simply that the French ship their wine, the Americans truck their wine.

Adrian Williams, a UK agricultural researcher, had this to say about food miles and eating produce from across the world: In New Zealand they have more sunshine than in the UK, which helps productivity. That means the yield of New Zealand apples far exceeds the yield of those grown in northern climates, so the energy required for farmers to grow the crop is correspondingly lower. It also helps that the electricity in New Zealand is mostly generated by renewable sources, none of which emit large amounts of CO<sub>2</sub>. Researchers at Lincoln University, in Christchurch, found that lamb raised in New Zealand and shipped eleven thousand miles by boat to England produced 688 kilograms of carbon-dioxide emissions per ton, about a fourth of the amount produced by British lamb. In part, that is because pastures in New Zealand need far less fertilizer than most grazing land in Britain (or in many parts of the North America).

A more productive way to think about an individual’s carbon footprint is not so much with each individual product we eat or buy but how much energy we consume on a daily basis. A movement in Europe has

begun promoting what it calls the 2,000 Watt Society, a level of energy use that would be sustainable in the long-term but not starving people or removing common comforts or levels of happiness.

One way to imagine the 2,000 Watt Society is to compare daily energy consumption with light bulbs. If you turned on 20 lamps, each with a 100 watt bulb, combined the lamps will draw 2,000 watts of power. Left on for a day they will consume 48 kw-hours of energy. Left on for a year they will consume 17,520 kw-hours. An individual living the 2,000 watt life would consume in all activities (eating, travelling, working) the same amount of energy as those 20 bulbs (or 17,520 kw-hours a year).

It's not unimaginable. Billions of people do use this amount of energy or less. The average Indian uses about 8,700 kw-hours a year, making India a 1,000 Watt Society. The average Chinese uses 13,000 kw-hours a year, making China a 1,500 Watt Society. But of course, the industrialized countries use much more. Switzerland is a 5,000 Watt Society. Most of Western Europe is a 6,000 Watt Society. The US and Canada are 12,000 Watt Societies.

If the world were to agree to a 2,000 Watt Society, then all countries would benefit: It would set a target for high-energy users to reduce usage while putting a cap on industrial expansion in the developing world. And it's not unthinkable. Switzerland was still a 2,000 Watt Society in the 1960s.

Our average energy use falls into several categories: About 1,500 watts per day for living and office space (e.g., heat and hot water), 1,100 watts for food and consumer items (including the energy it takes to make and transport them), 600 watts for electricity, 500 watts for auto transit, 250 watts for air travel, 150 watts for public transportation.

There are many ways to attain reduced energy use without becoming a locavore. An energy-efficient house with a geo-thermal heat pump and replacing incandescent bulbs, use of an electric bike, the use of a rental car instead of owning, are all simple measures to improve efficiency and lower daily energy consumption. One of the biggest spikes in energy consumption comes from air travel. A round-trip flight from Europe to China is the equivalent of using 800 watts continually for a year...



Source: The New Yorker, July 17 & 24, 2008

With rising gas prices and general economic concern, many people are cutting back on their vacation time. US statistics show that about a third of employed Americans do not take all their entitled vacation days. Passing up on a luxury trip abroad may be sensible, dollar wise, but missing out on holiday time altogether is a mistake.

There is growing evidence that vacation time correlates to good health.

The Framingham Heart Study, which began in 1948, tracked vacation habits of women over 20 years. The study showed that women who took a vacation once every six years or less were almost eight times more likely to develop coronary heart disease or have a heart attack than those who took at least two vacations a year.

Two other more recent studies, controlling for factors such as obesity, diabetes, smoking and income, substantiate the "health and holiday" connection. One of the studies, published in 2000, looked at 12,000 men over nine years who were at high risk for coronary heart disease. Those who failed to take annual vacations had a 21 percent higher risk of death from all causes and were 32 percent more likely to die of a heart attack.

A consulting firm that works with NASA in respect to sleep issues has attempted to measure the qualitative benefits of vacations. They found that after a few days on vacation (usually two to three), that people averaged an hour more of high-quality sleep. Better still they had an 80 percent improvement in reaction times. The benefits lasted for several weeks when the vacationers returned home.

Similar studies at Tel Aviv University have focussed on "respite effects" which measure relief from job stress before, during and after vacations. This research has shown that measurable benefits only accrue to those individuals who physically remove themselves from their office. Even if a person flies halfway around the world, if they still check their e-mail and Blackberry every day, no stress benefits add up.

Source: International Herald Tribune, June 10, 2008

## Side Effects No Medical Miracle

Consider this tragic fact: Modern medical science, while curing more of the ills of mankind than ever before, has simultaneously become one of the major causes of human illness.

Hundreds of persons die suddenly each year of anaphylactoid reactions to modern antibiotics...and many thousands of patients whose body chemistry is deliberately unbalanced by doctors using modern drugs can result in conditions that are worse than the diseases being treated. In one four-year period in the 1950s some 500 epidemics of intractable infections occurred in American hospitals.

These are not cases of quackery or malpractice but a new category of illnesses—those produced by competent doctors. Such diseases are referred to by the medical profession itself as iatrogenic—literally “doctor-caused”—diseases.

Some examples of current iatrogenic reactions include: Parkinson's disease produced in many mental-hospital patients by the tranquilizer chlorpromazine. But much more serious and painful is the liver disease hepatitis, which the same tranquilizer and others cause in one to two percent of all patients treated.

Lupus erythematosus, an ugly, serious and often fatal disease of the skin, heart and lungs, used to be rare, but has increased greatly in the years since the introduction of the sulfa drugs.

Gastric ulcers occur in anywhere from 11 to 31 percent of arthritic patients who are given cortisone.

Many emergency patients nowadays arrive at hospitals bleeding from the bowel or urinary tract—and prove to be heart patients taking anticoagulant drugs to prevent further heart attacks.

One doctor commented: “Several years ago, a lovely young woman died in my office, in convulsions, minutes after I gave her an injection of an antibiotic for a strep

Over the years Your Health has printed a number of articles and statistics on drug-related illness and death. In fact, in the 1990s the Journal of the American Medical Association stated that ADRs (adverse drug reactions) were the fourth leading cause of death in the US. As recently as July 30 this year, the Vancouver Sun reports that preventable medical errors during or after surgery cause 10 percent of surgery-related deaths. That sort of information is not new or cutting edge. The article reprinted here, *from 45 years ago*, confirms a long-term trend in standard medical care.

throat. Since then, I've become something of a therapeutic nihilist—the less I do to my patients, the better. The basic principle in medicine for many centuries was *Primum non nocere*—‘First of all, do no harm’—but we've almost forgotten it today.”

How widespread and grave is the problem of iatrogenic disease today? In 1955, Dr. David Barr, professor of medicine at Cornell Medical College, revealed that an informal survey of roughly 1,000 patients in a major city hospital had shown that five percent were admitted because of, or suffered in the hospital, major toxic reactions and accidents consequent to diagnostic or therapeutic procedures. More startling is the first full-scale formal survey made in this country, which will shortly appear in the *Annals of Internal Medicine*. Dr. Elihu Schimmel, instructor in medicine at the Yale Medical School, enlisted the help of the staff of the Grave New Haven Community Hospital in making a count of iatrogenic disorders occurring in hospital patients. They eliminated pre-existing conditions, nursing errors and the side effects of surgery. Yet even with these sharp limitations, they found that of a thousand patients studied during eight months, nine percent suffered mild or short-term iatrogenic ailments while in the hospital and 11 percent moderate to severe iatrogenic ailments, some of which ended in death. Half of the cases consisted of drug side effects. The rest were reactions to transfusions, tests and other procedures, and hospital-acquired infections.

If you include untoward results of surgery and all those conditions not serious enough to bring people within the hospital's field of vision, very likely a fifth or even more Americans have some form of iatrogenic disease.

Reprinted from LOOK magazine,  
December 31, 1963.

## STATISTICS

### What We Ate Then, What We Eat Now

In 1970 the average American ate about 16.4 pounds of food a week. By 2006 that had increased by 1.8 pounds. That extra weight includes an additional half pound of fat each week, mostly from oils and shortening.

The consumption breakdown, from 1970 to 2006, by food group, is as follows:

Dairy: 4.6 pounds consumed per week, per person, in 1970, dropping 20% by 2006. Dairy was the only food group to drop in the past 36 years—as whole milk consumption plunged while bottled water and soft drinks became the preferred beverage.

Vegetables: 2.8 pounds 1970, up 15% in 2006.

Meat and Eggs: 2.8 pounds in 1970, up 11% in 2006.

Fruit: 2 pounds in 1970, up 26% in 2006.

Grains: 1.8 pounds in 1970, up 42% in 2006.

Added Sugar/Sweeteners: 1.6 pounds in 1970, up 17% in 2006.

Fats: 0.8 pounds per week in 1970, up a whopping 59% in 2006. Fats are the fastest growing food category in the American diet.

Other notable changes: Corn sweeteners up 373%, salad and cooking oils up 190%, shellfish up 140%, chicken up 124% and apple juice up 322%.

Consumption fell most in the following groups: Legumes, veal, fresh brussels sprouts, fresh sweet potatoes, canned fruit, barley and refined cane and beet sugar.

More statistics on food consumption at [www.ers.usda.gov/Data/FoodConsumption](http://www.ers.usda.gov/Data/FoodConsumption) (look under “Loss-Adjusted Food Availability”)

source: New York Times, August 3, 2008

### Continued from page 1

to moderate depression. Under the bill, St. John's Wort could be designated as a prescription therapeutic product, thus requiring a prescription by a practitioner. A naturopathic doctor will not be able to prescribe it to a patient as they do not presently have prescribing rights and are not considered a practitioner. A medical doctor, dentist, veterinarian or podiatrist who is considered a practitioner, would be able to prescribe it; however, they are not trained in natural medicine and therapeutics. Why would such a practitioner choose to use this natural remedy for a patient? This scenario creates a situation whereby safe, natural and effective treatments might not be used as the practitioner would opt to use treatments they are more comfortable with such as riskier drug therapy. Bill C-51 restricts the naturopathic doctor's access to natural substances and this in turn restricts their patients and the public access to natural substances for their health-care needs.

Further Bill C-51 specifically adds cells, tissues, and organs to the list of therapeutic products. For over 100 years naturopathic doctors have prescribed both homeopathic remedies or standardized extracts of these substances such as adrenal gland extract in the treatment of certain conditions. This form of therapy is called organotherapy. This bill has the potential to exclude ND access to these products.

In choosing to see a naturopathic doctor, my patients have demonstrated their desire to take an active role in their health care through the use of natural therapies and natural health products. If naturopathic doctors are unable to access products in line with their training and appropriate for treatment, patients' health is compromised, which ironically is in part what the bill is supposed to prevent.

The only solution to this problem is to have the provincial ministries of health in coordination with the federal ministry of health deal with the issue of practitioner status and prescribing authority for NDs prior to the implementation of Bill C-51. The scope of practice of licensed naturopathic doctors must be revised to reflect their current training and education.

At minimum, begin by including naturopathic doctors in the definition of “practitioner” and allow NDs prescribing rights with access to prescription therapeutic products.

Unfortunately, Bill C-51 puts the cart ahead of the horse with the potential to radically alter and then destroy the practice of naturopathic medicine and subsequent access to natural products and devices that Canadians have come to depend on from their ND.

BCNA member Dr. Lorne Swetlikoff is the current president of the College of Naturopathic Physicians of British Columbia. This article originally appeared on [www.CBC.ca](http://www.CBC.ca); it is reprinted here with the author's permission.

# Waste Not Want Not

## Food Riots vs. Food Apathy

The price of rice doubled between March and April this year. The World Bank reports that over the last three years food prices have risen a whopping 83 percent. Food riots in Bangladesh, India and Haiti have led to increased donations for developing countries food crises. But are donations the answer?

In the US, a family of four trashes over 122 pounds of food each month.

In one month, one single family tosses the following edible food into the garbage: 24 pounds of fresh fruit and vegetables, 10.5 pounds of processed fruit and vegetables, 22 pounds of fluid milk, 15 pounds of sweeteners, 10.4 pounds of meat and fish, 18.5 pounds of grains, 8.6 pounds of fats and oils and 12.8 pounds of other food (e.g. eggs, peanuts, other dairy).

sausages and 2.8 million tomatoes. In Sweden families with children throw out about a quarter of the food they buy each year. It's estimated that in Canada, the population discards around 28 billion tons of food annually.

Reducing food wastage won't solve hunger issues across the globe or eliminate food riots in Asia or Africa. However, it

President Bush recently claimed that India's burgeoning middle class, demanding better food, was a major cause of rising food prices. Editorials in the Indian press shot back that if Americans ate less and wasted less there wouldn't be so many food crises. They have a point.

Americans waste an astounding amount of food: About 27 percent of food available for consumption is wasted each year. It happens at restaurants that discard old or uneaten food, at shops that throw out expired and spoiling food and at home, where leftovers and spotty bananas get tossed in the trash. It works out to about a pound of food, every day, for every American.

Comprehensive studies on food wastage are few. However, in the 1990s a US government study determined that 96.4 billion pounds of the 356 billion pounds of edible food available to eat in 1995 was never eaten.

A recent study by the US Environmental Protection Agency estimated that Americans generate roughly 30 million tons of food waste each year; all but two percent of that waste ends up in landfills. Compare that with garden waste, 62 percent of which is composted.

Of course food waste is not solely an American issue. In the UK, Britons toss out a third of the food they purchase, including more than 4 million whole apples, 1.2 million

would make a dent.

The US Department of Agriculture estimates that recovering just five percent of the food that is wasted could feed four million people a day. Recovering 25 percent would feed 20 million people.

There are interim measures that would help local food banks and the environment. Toronto has a green bin program, which residents can use for food scraps, eliminating additional landfill. San Francisco has a similar resident/business system turning food waste into tons of compost each day. In New York there is an accelerated campaign to use "waste" food in restaurants and groceries at food banks. In Massachusetts the state has a program whereby grocers supply waste food for composting to livestock farmers.

While Vancouver mulls landfill options in Washington state, for its ever increasing garbage woes, Port Coquitlam has quietly introduced composting, along with green bins, for local residents. It's estimated that composting organic waste will remove about 220 million tons of waste from Metro Vancouver's landfill. Small, but effective steps.

Sources: New York Times, May 18, 2008; CTV.ca, April 24, 2008

Link to our Redesigned  
& Updated Website

[www.bcna.ca](http://www.bcna.ca)

PHYSICIAN REFERRALS \* NATUROPATHIC MEDICAL INFORMATION \* EDUCATION LINKS