

Questions with Sample Answers

**For interviewers of Dr. Len Saputo,
author of *A Return to Healing***

GENERAL QUESTIONS

1—You’ve been a physician for 40 years. What made you an advocate of reform?

Ever since my medical school training in internal medicine at Duke University in the 1960s, I’ve been a frontline witness to the failure of American health care system. This system fails to promote health, and instead profits off of caring for disease. This, more than anything else, is the explanation for why costs have skyrocketed and why our health care system is bankrupting the government, and why health care is the cause of about 60 percent of all bankruptcies. And yet, with all of this additional spending, Americans have become much sicker during this time, and the system is now overwhelmed with an epidemic of chronic diseases. As I witnessed this trend up close, I was moved found the Health Medicine movement in the 1990’s to research the alternatives, and later to open an integrative medical clinic to implement these findings. In my new book, I decided it was time to ask some some embarrassing questions: Why is our health care ranked 37th in the world—yet is twice as expensive per person? Why do we ignore prevention as well as the proven treatments of integrative medicine? These kinds of questions motivate my continuing advocacy of reform.

2—Why “a return to healing”? Has medicine gotten away from true healing?

All sides now agree that our health care system is failing, but the terms of debate are dominated by entrenched interests who profit from “disease care.” The genuine promotion of health and wellness is not in their interest. Yes, medicine has gotten away from health and healing and wellness, and has created unsustainable “disease-care” medicine. We need to replace this system based on profit, with what I call *integral-health medicine* based on genuine service. This new style of medicine is already well evolved, and is exemplified in my integrative clinic that I founded in 2001, called the Health Medicine Center. The key to a return to healing is a new paradigm of *integral-health medicine* that seeks the best-evidenced solutions from mainstream, alternative, and traditional medical disciplines alike. It focuses on the *causes* of disease rather than just symptoms; it works in collaboration with nature for the sake of genuine healing, rather than pursuing a war against symptoms.

3—What’s your take on the current health care reform effort in Washington?

Most of the key issues highlighted in my book are not being addressed in Washington; Washington is still going to be supporting what we consider to be bad medicine and counter-productive health care policies. Washington’s evasion of these obvious priorities has occurred because of the well-known corporate domination of Washington. The Big Pharma and insurance industries are among the biggest lobbies inside the beltway. Witness their flood of money and influence directly into the health-policy committees and particularly to committee chairpeople. The current legislation will leave most of the current dysfunctional system in place, and it will not and cannot succeed in providing the needed overhaul. Much like modern allopathic medicine itself, the new legislation only address symptoms, not causes. We urge citizens and readers of our book to stay engaged over the coming years and learn from the political failure that is now in the making with Washington’s current health-care reform efforts. We’ll have a chance to get it right down the road.

4—What’s wrong with our health care system? What should a reformed system look like?

What it especially missing is a powerful vision of genuine transformation around which citizens can rally for a return to healing and health promotion—a plan that blends insight about the future of medicine with a radical program for regulatory reform. We provide that in our new book, *A Return to Healing*. I present this plan while narrating my own story of awaking to the need for radical reform. It begins with the recognition that the new medicine, which I call integral-health medicine, is the future of medicine—including wellness, prevention, and integrative treatment methodologies. It includes the political recognition of the right to basic care—this includes universal insurance coverage for all Americans, plus—I would emphasize—the requirement that all health insurance cover “alternative” medicine treatments and prevention. This is what I would call fundamental health freedom, that is, our right to choose among treatments offered by licensed practitioners. But current awareness of such ideas and principles on Capitol Hill is far behind. By all accounts, the public is driving the paradigm shift to this new medicine; the Congress is at least a decade behind public sentiment. This is evidenced by the way more educated Americans spend their dollars—almost all of them out-of-pocket—on preventive measures in daily life, on integrative clinics and spas, on scores of alternative and natural treatments, on organic and fresh foods, on food supplements, and on other products and services of the burgeoning wellness market. It is far past time for Washington and the health policy establishment to catch up with this huge and growing mass of pioneers—as much as 40 percent of the population—who are mapping the future of health care, and who are often their most affluent and thoughtful constituents.

CRITIQUE OF MAINSTREAM MEDICINE

1—Why do you call our system “disease care,” and not true health care?

I argue in *A Return to Healing* that America’s health care system involves fighting the wrong war, or what might be called after-the-fact warfare. We are devoting vastly more resources to treating ill health than to prevention—at least 25 times more. Essentially, America is not focused on the true causes of our health problems. Our lack of attention to prevention and health promotion is dreadful—and costly in the extreme.

2—You say health care is “corporatized” and corrupted by business values. Why is that?

People tend to forget that business domination of health care system is a recent phenomenon. It was unleashed by the Nixon administration, but really dates back to the 1980s with the rise of HMOs and managed care. We can see the result today. To us it is a national scandal that health insurers, the hospital industry, and pharmaceutical companies have been given the platform they were provided by the Obama administration, right from the beginning of the reform debate in early 2009. We were baffled when the White House invited representatives of these profiteers off of the health problems of Americans to its health care summits, and even to secretive meetings in the White House to cut deals. These lobbyists and executives are not genuine stakeholders in the health of our citizens. They are in business to make money. Let them remain in business to make a profit, but we find it pathetic that they should have a substantial voice in any policy debate. Corporate domination of health care brings on corporate domination of our national politics. For example, the Senate Finance Committee has taken center stage in the battle over health-care reform. Chairman Max Baucus (D-Mont.) has emerged as the leading recipient of Senate campaign contributions from the hospitals, insurers and other self-interested lobbies who are hoping to shape the legislation. Health-related companies and their employees gave Baucus's political committees nearly \$1.5 million in 2007 and 2008, when he began holding hearings and making preparations for this year's reform debate. He cut off such funds from political action committees on June 1, but not from lobbyists or corporate executives, who continued to make donations! And yet Baucus controls what is arguably the most important committee on the Congress on health policy. Other committee chairs are not much better. We are consumers of health care services, but we are also citizens. Without rigorous citizen engagement, Americans will continue to loose their Republic to self-interested lobbies and corrupted politicians.

3—You write that mainstream medicine is not really “scientific.” How can that be?

Even within the narrow paradigm that now prevails, many high-tech scientific achievements that are able to filter through the inertia and resistance of the modern medical establishment are simply brilliant—there’s no doubt about that. But the general state of corporate corruption in medicine and the health care industry is now taking a toll on medical research and even basic science, making it difficult for doctors to trust published research even in the best medical periodicals. We cite the work of Dr. Marcia Angell, formerly the chief editor of the *New England Journal of Medicine*, and many other credible sources, to support this contention. The problem was noticed long ago: In 1978, a report by the Congressional Office of Technology Assessment concluded, “No more than fifteen percent of medical interventions are supported by reliable scientific evidence.” Thirteen years later, in 1991, Richard Smith, editor of the prestigious *British Medical Journal*, came to the same conclusion. He went on to comment that “only one percent of the articles in medical journals are scientifically sound and partly because many treatments have not been assessed at all.” And David Grimes, MD, stated in the 1993 issue of the *Journal of the American Medical Association (JAMA)* that “much, if not most, of contemporary medical practice still lacks a scientific foundation.” This problem is easily traced to conflicts of interest, usually involving relationships between researchers in universities and the sponsors funding their studies. The amount of money spent by industry in medical research and development was nearly \$60 billion in 2000, or 60 percent of the total, far greater than the roughly \$25 billion spent that year by the federal government. Today, about 70 percent of all funding for clinical drug trials originates from the pharmaceutical industry itself. Remember, these are the folks whose own products are supposedly being objectively and scientifically tested! Growing evidence shows that preventive medicine and alternative medicine are often the most cost-effective first line of defense. Yet, funds for this kind of science is still an embarrassingly small portion of the NIH’s budget.

4—You claim that Big Pharma has “bad karma.” What’s wrong with the drug industry?

We can’t let the limited achievements of the pharmaceutical industry eclipse our awareness of its many failings, including the evidence of its occasional fraudulent practices and the many cases of drugs that have caused outright disasters. Given the industry’s dismal track record of safety and reliability, it’s not just a cute expression to say that “Big Pharma has bad karma.” The \$200 billion pharmaceutical sector is possibly the richest industry in the world—with profits rivaled only by those of big oil, at least before the current economic downturn. But what we find when we look closely, by all independent accounts, is an industry that relies on propaganda, political corruption, and outright deception to obscure its downside—that is, the downstream costs it pushes off onto patients, doctors, and governments, to name a few of its victims. In a word, Americans are not getting better on the whole because of their lavish use of pharmaceuticals; instead, they are becoming *dependent*.

DEFINING THE “NEW MEDICINE”

1—You founded the Health Medicine movement. What is it? Why did you do this?

I long ago noticed that many patients had been tossing together, ad hoc, various alternative treatment modalities on their own—often secretly and for the most part unsupervised and uncoordinated. It is now obvious to me that, rather than having patients stealthily self-manage their ad-hoc integrative treatment regime, it is far better for everything to be out in the open and scrutinized in a genuinely integrative, professional setting. Working with a large group of health care practitioners of every kind that I began convening in 1994 (which we now call the Health Medicine Forum), I forged an agreement about how to provide the entire spectrum of good health care to our patients, or *Health Medicine*. At its core is the imperative of lifestyle management and prevention, and the need to consider the whole person in our model of medicine. Today, the Forum’s mission statement defines us as “a gathering of health-care practitioners committed to practice integrative, holistic, person-centered care that emphasizes wellness and prevention as primary strategies to support and maintain good health.” Thus, the cornerstones of Health Medicine, though still evolving, now include the following key elements:

- Integrative practice
- Holism
- Person-centered care
- Prevention and wellness

2—What is the difference between Health Medicine and integral-health medicine?

The new paradigm of *integral-health medicine* goes even a step further than the findings of Health Medicine. It seeks the best-evidenced solutions from mainstream, alternative, and traditional medical disciplines alike. It focuses on the *causes* of disease rather than just symptoms; it works in collaboration with nature for the sake of genuine healing, rather than pursuing a war against symptoms. We humans are a multifaceted whole, comprising a rich, bubbling interior life that is dynamically unified with an ultracomplex exterior body. We’re hard-wired to respond to every experience we have in *all* of these domains—every single time. Every experience we will ever have in our lives has physical, mental, emotional, and spiritual components—whether we know it or not, and whether we understand it or not.

3—What are the tenets of integral-health medicine?

The new advances in the integral theory of medicine teach us to include even *more* in our concept of the whole person than even that which is included in Health Medicine. In addition to the interior (mind-heart-spirit) and exterior (bodily existence, including our brain and nervous system) of the individual, we must also consider the influence of both the interior and exterior of the *collective life of the society* in which an individual is embedded. Our collective interior is constituted by the religious or cultural belief systems that condition our individual choices, including health decisions; our collective exterior is the objective or external social, economic, political, and environmental systems (including air, food, water, and soil) in which we move in daily life. Understanding all of this is crucial if one is to truly comprehend the whole person; health practitioners of the future will view the patient through each of these windows, allowing them more options for prevention, curing, and healing. Aside from being informed by an integral or holistic worldview, this emergent health-care model is dominated by a philosophy of prevention and wellness, and is informed by an understanding of the role of consciousness in healing and the body's innate self-healing capacity. Integral-health medicine treatment methodology involves four stages:

- Lifestyle strategies such as diet, exercise, adequate sleep, stress reduction, weight control, avoidance of toxic exposures, are the first line of defense.
- Noninvasive complementary and alternative (CAM) services such as acupuncture, herbal medicine, chiropractic, bodywork, homeopathy, and energy medicine are the next line of defense.
- Natural-medicine approaches based on the latest advances in orthomolecular medicine, functional medicine, and bioenergetic research—and inclusive of the more advanced forms of testing—are a further line of defense.
- Very careful and sparing use of pharmaceutical drugs, surgery, and other invasive strategies are the last line of defense.

4—What is peak health? What is the wellness buffer? What makes for a healthy lifestyle?

The point of fighting disease is easy to appreciate. But the ideal, of course, is that diseases never occur in the first place—and that we remain in optimal health by regularly pursuing healthy lifestyle practices. We all know about the simple, effective, and inexpensive factors that promote good health through prevention, and we all agree with them, yet we often find ourselves ignoring them. *Time* magazine reported that 96 percent of the population can't remember the last time they had a salad, and that 40 percent of us get no exercise. Our current health care system reinforces this ignorance and laziness—in fact, profits from it. We'll also discover that the infrastructure needed to support wellness and prevention simply isn't present in the United States; the commercial interests that drive today's medical care have little to gain from building such an infrastructure. What's encouraging on the other hand is that we all have *wellness impulse*: the inner urge many of us have to achieve peak health. And it's good to see that the natural medicine and wellness industry has grown to \$500 billion, providing ever-increasing entrepreneurial opportunities in natural health, integrative medicine, prevention, nutrition, and much

more. To understand the wellness buffer, picture your state of health as a spectrum that extends from one pole on the left—where there is (theoretically) perfect functioning of body, mind, and spirit—to the opposite pole on the right, where death exists. In between these two extremes lies a place where symptoms of dysfunction have not quite yet surfaced but where we have lost some of our perfect functionality. I call this critical zone our *wellness buffer*. In conventional medicine, this place is usually not on the map. Disease care doesn't get involved in the issue of wellness unless symptoms have developed. Restoring a well-functioning of body, mind, or spirit is irrelevant *until* a person has lost the cushion of his wellness buffer, and when a good bit of remediation is now required. In today's medicine, the gold standard for diagnosing good health is the act of documenting the absence of signs and symptoms of disease—that is, it's in the business of exploring only 50 percent of the total spectrum! Optimal health is not under investigation; a "clean bill of health" simply means that nothing is severe enough to show evidence of symptoms during a physical examination or abnormal findings in routine laboratory testing. Such measures don't identify the magnitude or extent of the patient's wellness buffer or how close they may be to theoretic perfect function; nor do they show the patient explicitly how to move toward optimal function once symptoms have disappeared. It's a matter of paradigm: Today's diagnostics are geared to detect diseases from the middle to the far right end of the spectrum, where the horse is already out of the barn—maladies such as cancer, diabetes, and heart disease. These tests accurately measure the biochemical and physiological function of many organ systems; many sensitively assay the total function of such organs as the heart, lungs, and kidneys. However, as long as the results of these analyses are within the so-called normal range with no overt symptoms present, nothing more will be done.

FIXING AMERICA'S HEALTH CARE SYSTEM

1—President Obama says he will reform America's health care, working with the Democratic Congress. How does your approach differ?

My cowriter and I spent two weeks earlier this summer on Capitol Hill engaged in our own grassroots lobbying effort on behalf of the ideas in our book. We spoke to representatives of the key health committees in the House and Senate, and handed out our book liberally. We were especially cheered by the work of Senator Tom Harkin who has consistently been a champion of prevention and wellness on the Senate's Health, Education, Labor and Pensions (HELP) Committee. But he is practically a lone voice in the wilderness, along with other truth-tellers like Ron Paul and Dennis Kucinich, who also see through the current health-care system. We also think that Congressman John Conyers, author of the bill for single-payer insurance (HR 676) that has been ignored by the White House and the Democratic leadership, is a hero for his efforts. We had a chance to meet with him and his top aide. But one could sense, with each meeting we had, how gridlocked Congress is with special interests—how it has wholesale adopted the industry point of view on the issues. After all, the insurance companies, the pharmaceutical giants, and the rest of the medical-industrial complex, constitute the

largest lobby on capitol hill. The voice of the people and the voice of reason is almost completely drowned out. President Obama is an astute politician, and he knows how far he can stretch the envelope—and it's just not far enough to make a real difference. His “public insurance option,” which will be like an optional Medicare for the rest of us, shows a moderate degree of real vision, but a single-payer system is a vastly better approach in terms of cost control and simplicity of administration. The point that all need to understand is that health insurers are basically parasitical; they really have to be moved out of the center position entirely, and Obama's public option sadly allows them plenty of room to sabotage real change. On the other hand, certain principles are getting established in the current legislation, principles that have been in operation in other advanced countries for decades. Better late than never! We are encouraged by the fact that all now agree in principle that insurance coverage should be guaranteed by government in some manner. We are glad that Congress is willing to regulate the private insurance industry to the extent that insurers will not be permitted to deny coverage because of pre-existing conditions, or drop someone summarily once they have become an expensive patient. This is progress for a country that has a backward health care system. Other minor provisions that favor prevention, and publicly funded comparative assessment research into various remedies, certainly do represent incremental progress over the Bush era.

2—You founded an integrative medicine clinic. How is this part of the needed reform?

Institutional change takes time. And almost no encouragement for change is coming to entrepreneurs like myself from medical schools or from government. I founded the Health Medicine Forum (HMF) in 1994 and spent seven years exploring how the principles of health medicine could be applied in clinical practice; it was only in 2001 that I felt ready to create a new clinic to embody the principles of Health Medicine. In my experience since then I have made discoveries that could be adopted for a nationwide commitment to integrative and natural medicine. For example, although many alternative medicine practitioners have some resistance to truly partnering with other health care modalities to create a higher synthesis, physicians have much more resistance. The result has been a fruitless turf war waged at the expense of patients dealing with difficult health care issues. Resolving this situation takes special people—pioneers who are willing to stretch to explore new approaches that are beyond their own training. This is what we should expect from true healers. Without the willingness of practitioners to work as a community of healers, new possibilities will never be tested and brought forward into clinical practice. In the end, what everyone wants is “good” medicine. It doesn't make any difference whether it comes from the mainstream or alternative medicine, or from the East or the West. We just want the best treatment for our health problems. I find it tragic that health care practitioners from different disciplines have not found more ways to work together to provide the best care possible, especially given that no discipline by itself has found an effective way to treat any of our epidemic chronic diseases. Yet in my clinic we have found ways to work very effectively together. The story of how we achieved this is told in chapters 7 and 8 of my book.

3—You don't give unqualified support to "single-payer" insurance. What is its role, if any?

The bottom line is this: our corporatized health-care system is not really health care—it's "disease care." And, if we are indeed fighting the wrong war with our disease-care system, if we are wantonly allowing our population to develop diseases before we act, do we really want to pool the health-care insurance premiums of our population so as to better finance *this* system while leaving its other assumptions unchallenged—especially if these assumptions drive up costs beyond all reason and don't deliver wellness, prevention, and healing? Government-sponsored single-payer insurance can cut health care costs by up to 30 percent and offers many, many important advantages over corporate dominated insurance. But even more advanced reform is needed: Our current "disease-care" system is wasteful, counterproductive, inefficient, prone to corruption, and even lethal. Single-payer is a necessary reform, but alone is not sufficient.

4—You present a five-point national plan for prevention and wellness. Please explain.

The preventive measures recommended in *A Return to Healing* will reduce costs by making Americans healthier throughout their lifetimes. Our list of recommendations includes:

- Fund new programs that make exercise universally available and attractive to Americans.
- Tax junk food; subsidize sustainable agriculture and healthy, organic foods.
- Disclose *all* treatments backed by evidence; many integrative treatments are preventive.
- Expand support for preventive screens.
- Ban direct-to-consumer TV ads for drugs; advertise healthy lifestyle instead.

5—What is "health freedom"? How would you provide for genuine health freedom?

Integral-health medicine, if translated into a health-care delivery system, permits maximal freedom to choose one's therapeutic approach according to personal preferences and the sacred bond between patient and physician. It incorporates integrative or holistic approaches at every juncture, especially for reasons of cost-effectiveness. And it robustly funds truly objective, comparative, and broad-ranging scientific research—in all cases using public money. Taking health care seriously, according to this worldview, would require far more funding than now designated in President Obama's budget for Comparative Effectiveness Research, with an expansion of its scope, plus a reconfiguration of NIH's budget in the direction of the new healing modalities of complementary and alternative medicine that now comprise far less than one percent of its budget. It should be expanded tenfold. A large portion of our population now demands and believes in these remedies, and many such treatments are well-evidenced. But

because of monopolistic practices, patients are not always informed of all the treatments known from evidence to benefit their condition, nor are they always given the freedom to choose such treatments according to their preferences or beliefs. In that connection, we need to Require that insurers cover proven alternative treatments. We need to modernize insurance coverage so that it extends the integrative medicine revolution to everyone. Most non-invasive, natural, or alternative treatments are not covered by Medicare and private insurers, even when provided by licensed practitioners and scientifically proven. It's time for legislators to understand that the new medicine saves lives and money.