

# INSURANCE FOR ALL COULD MEAN HEALTH FOR NONE

By Andrew W. Saul



The United States is today engaged in developing a national health-care delivery system that evidently will continue to turn a cold shoulder to any serious application of most alternative healing methods. Our government has not made so many consecutive wrong health decisions since the Natural Hygienists were ignored in the 1800s; the homeopaths were driven to the edge of extinction in the early 1900s; and the Gerson nutritional therapy for cancer was defeated by four votes in the U.S. Senate in 1946. America's new national health-care scheme is likely to more or less replicate all the costly mistakes other nations have already made. By 1993, 16 years ago, just the single Canadian province of Ontario had already run up an enormous \$12 billion debt, largely due to nationalized health care. Universal health coverage will, I think, cost us plenty and produce little. This is because *a change in funding is not a change in content.*

Making pharmaceuticals available to everyone will not solve our disease problem any more than making guns available to everyone will solve our crime problem. It is well known that at least half of all illnesses are avoidable, being entirely due to unhealthy lifestyles and unhealthy eating habits, and extending catastrophic health-care coverage is not preventive. Only lip service has been paid to real preventive measures, even though America's chronic-or-crisis style of medicine is the very two-trillion dollar per year boondoggle that got us into this mess in the first place. So, since our health-care system doesn't work, let's make everybody have it! This does not make sense.

There is an alternative, a nutritional "road less traveled," that we should have taken long before this. That road is the one of personal responsibility for health, complete dietary overhaul, and, when needed, aggressive high-dose vitamin therapy instead of drugs.

There is still time to reverse our steps and take this other path. There is a keen need for a direct appeal to individual doctors, students, and patients to improve their health by changing their own lives.

We have not done so, and it is not uniquely the fault of Congress, as much as we may like to say so. America's expensive and ineffective health-care system is fundamentally unworkable. Even the most creative of financial makeovers will not save it. Merely by avoiding

megavitamin therapies and downplaying vegetarian diet, it is doomed. Merely by assigning our health responsibility to someone else after we get sick rather than to each of us, now, it is doomed again. *The only way to have health care for all individuals is for all individuals to take responsibility for their own health.* People need specific instruction on how exactly to do this, and they have not been getting it.

Aside from accidental injury, whatever we do to our bodies we do ourselves, daily, by the lifestyle choices we make. There is no outside enemy to fight; as Pogo said, it's us. As the "bogeyman" disappears from a child's room as soon as the light is turned on, so do old-style, failed disease-care systems pale and fade when examined under the light of nutrition research and clinical proof. We do not need "further study" on mineral and vitamin therapy. The work has already been done, the results are in print, and the public is cheerfully but unhealthfully ignorant. How did we miss it?

One possible explanation is that the public has been "dumbed down" by a cozy relationship between mainstream medicine and the media. As many communities have only one major newspaper, and our country in effect operates with a "one-party" (i.e. "medical") health-care delivery system, we have more than a hint of monopoly. Major wire services are continually fed articles reflecting the positions of the largest, most vocal, and best-funded health lobbies and professional trade groups. What is politically correct, popular, and easily reduced to a sound byte is what gets publicity; what gets publicity tends to get funded, and what is funded gets done. Medical treasure hunts for flu vaccinations or a magic-bullet cure for cancer fit this description. Since pharmaceutical industry investment in such projects is very high, there is funding. Media cooperation is equally high, for a heroic, new celebrity-style medical crusade easily sells papers and commercial air time. Politicians know a bandwagon when they see it, and the result is more laws favoring orthodox medicine...and still more funding.

If there is one truth about clinical nutrition research, it is that it is certainly not self evident. Doctors Frederick R. Klenner, William J. McCormick, Irwin Stone, and later Linus Pauling and Robert F. Cathcart all reviewed the literature on Vitamin C. They all came to the same

conclusions about its importance as a therapeutic agent, and all of them were summarily ignored. I have often said to my college students that if established medical and nutritional authority won't listen to their own, they certainly won't jump to hear you. Indeed, considering the paucity of interest (and funding), it is quite remarkable how much good nutrition research has been done, and how almost all of it points to three embarrassingly simple conclusions:

1. The average American's diet is terrible, being superabundant in chemicals, calories, and protein and very deficient in fiber and diverse major vitamins and minerals.
2. Higher U.S. Recommended Daily Allowances (RDAs) plus nutritional supplements are clearly needed, and even modest increases in vitamin and mineral intake regularly result in both disease prevention and clinical cure.
3. Most citizens, and their doctors, are vaguely aware of Item 1, unaware of Item 2, and not concerned enough to act upon either.

I continue to be amazed at the number of people who actually do not know that huge doses of Vitamin C can safely be used as an antibiotic, antitoxin, antiviral, and antihistamine. Most surprising is the clinical nutrition misinformation level among doctors, who ought to read their own journals but apparently do not. Busy physicians tend to over-rely on the sales forces (or "detail men") from pharmaceutical houses the way that TV viewers rely on news anchormen and -women: just give us the summary. Patent drug companies make money from patented drugs, not generic vitamins. There is much more money to be made with Prednisone than with pyridoxine (B-6). Doctors' prescriptions generate patent drug sales without the doctor having to pay a cent. This well-entrenched and profitable system favors itself politically and in the mass media. The medical lobby is the most powerful in the land, for the American Medical Association's Political Action Committee has outspent all others. Whether nutrition disinterest results from a lack of financial interest, a lack of political clout, or a lack of inclination, the end product is the same: patients are the losers.

We must help correct this problem by placing both the facts and the motivation directly into the reader's hands. From that point, it is up to each person to live healthfully using all available tools to do so. It is wise to select the less-traveled path when it gets you where you want to go.

The first task is to get people interested in making the journey. You can lead a horse to water, but you cannot make it drink. You can, however, make it want to drink. Motivation shortens the distance between the pond and the muzzle.

Although each of us must ultimately make our decisions alone, it is our nature to pay attention to input from others. We appear to have been listening much too closely to the "vitamins are dangerous, drugs are not" spokespeople. Our attitude towards health too often seems to resemble a psychology experiment where white-coated scientific authority figures were able to get subjects to deliver apparently painful shocks to other human beings simply because they were told to.

If scientific authority has adequate power, it can accomplish remarkable feats of repression outside of the laboratory. For example, it took 112 years after James Lind discovered the citrus-fruit cure for scurvy for the British Board of Trade to require lime juice on its merchant ships. Scurvy is a fatal disease, and countless thousands of sailors died in the meantime. Linus Pauling appeared before a Senate Subcommittee on Health in 1975. He gave a carefully-referenced and crystal-clear presentation on the benefits of large doses of vitamins, especially Vitamin C. After over thirty years, that same Senate body has done nothing with that information. Nutrition can cure us, and ignoring nutritional research can and has hurt us.

Surgeon James Lind was right about citrus, and Professor Pauling was right about supplemental Vitamin C. Each of these men published, and was promptly put on the back burner of the scientific stove. Their work endures because of its soundness and because it helps people. It is a big kitchen, however, and louder, larger and shinier pots and pans have gotten the public's attention, the professions' attention, and the attention of the press. The first task, therefore, is to show people that they do in fact have a choice. Since there are so very many choices in life, it is easy to have missed reading Dr. Lind's 1753 Treatise on Scurvy. Perhaps it is not as easy to not have read Dr. Pauling's book *How to Live Longer and Feel Better*. As a civilization, we've spoken rather a lot and said rather little; often, we've written a lot and buried some of what is most useful under the heap.

By strip-mining libraries and the Internet, we can produce some very motivating evidence of successful nutritional cures. Since such an endeavor itself requires motivation, there is a need to stimulate an individual to action. After years of shamelessly coercing patients, students, and practicing doctors to hit the books and see for themselves, I can confidently report that once started, this educational process is self-sustaining. Thorough knowledge of mega-vitamin nutrition mixed with our own keen need for personal health improvement is such a combustible mixture that a single, well placed spark will start a good fire.

To help provide that initial spark, I have written a number of books that attempt to blend personal conviction, motivation, and all-too-seldom-seen scientific literature into a guide for



students and patients. We think in terms of the difficulty of educating and motivating someone else to do something when the really tough task is to do it ourselves. Dr. Albert Schweitzer said that not only is example the best way to teach, it is the only way. The issue of motivation comes back to each of us: we may talk the talk, but can we walk the walk? First, we need to work on ourselves. An old saying is that the teacher teaches best what he most needs to know.

Teaching and motivation are closely connected. Many years ago, I learned that the first rule of teaching is that you need to get the listeners' attention in order to deliver the goods. A second rule is you need to get them to both accept and act on their new knowledge. The third is to monitor progress and make sure they got it right.

Rule One is fairly easy, as health is personally important to everyone, particularly to those who don't have it. Monitoring effectiveness is simple, too: if they get better, it worked. If they didn't, try something else. This is a routine and completely valid approach in medicine, used every day by physicians everywhere.

Rule Two is the tough one: getting them to act on their knowledge. If someone knows full well that smoking is harmful, how then do you get her to stop? To want to stop? To even want to want to stop? Facts alone are not enough. Even our love and concern is inadequate. I have watched many of my relatives smoke themselves to death, fully informed and fully loved.

It is the same situation with any other health issue, including nutrition. Overweight people, sedentary people, alcohol drinkers, and careless eaters all increase their risk of disease. This knowledge is as well known as the behaviors are common. How shall the personal health behaviors of millions of Americans be changed? A citizenry that holds individual freedoms such as the right to bear arms so dearly will almost certainly reject any attempt to control their food choices. I have often witnessed the mere presence of a vegetarian at dinner causing a form of mental indigestion among others.

To enlighten the people, a great deal of public mobilization, and money, would normally be suggested at this juncture. Perhaps an all-out educational campaign really would help. After all, per-capita cigarette smoking has decreased ever since the landmark Surgeon General's Report of 1964. Perhaps money really would help. Look what that can do for our national highway system. Still, I think that prodding our government to do it sounds better than it will play out. Federal endorsement of alternative medicine and aggressive vitamin therapeutics would likely conflict with far too many special interest groups to ever get through the House or the Senate.

Veterans of World War I learned that war does not end all wars. Many of us have lived long enough to be considered veterans of other wars. The War on Poverty resulted in a demeaning welfare system. The War on Drugs has resulted in more Americans in prison than any Westernized country. The War on Cancer has resulted in more hospitals, yet cancer still kills nearly half a million Americans annually. A War on Germs is lost before it is begun, since germs are everywhere but not all people are sick.

In the Sixties, one slogan was "What if they gave a war, and nobody came?" Enough individual actions should add up to peace. Well, what if each person eats right, exercises, eradicates their bad habits, and starts taking vitamins? Might our new slogan be: "What if they gave everybody health insurance, and nobody needed it?" The result would be nothing less than total national health, gained one person at a time. Good heavens, we'd have an outbreak of wellness!

Oddly enough, it may be that we've had trouble seeing the trees because of the forest. Health care is such an enormous issue that we tend to bite off more than we can chew. Getting a nation to be healthy is one tall order. To think that we can ever gain national health by refinancing the same old disease model is ludicrous.

Having to respond to a problem frequently means someone was asleep at the switch who should have prevented the problem in the first place. Teachers themselves are taught the importance of being proactive. Well-planned lessons and well-established discipline will avoid many a classroom disruption. An unwritten code of teaching is that if the principal has to come to your room to quell trouble, you botched it. When police respond to a crime victim, or when ambulances respond to a heart attack victim, in some way we have failed to be proactive.

There are fundamental problems with America's disease-care system (for it certainly is not a health-care system). The quality of emergency care in this country is superb. But chronic-disease care? Preventive medicine? Nutrition and wellness education? Delivery of these services is so pathetic that we are all too often better off without them. Here are some reasons:

## 1. FINANCIAL CONFLICTS OF INTEREST

- a. Doctors and hospitals and pharmacies make the big money only when you are sick. The end result is obvious.
- b. There is virtually no funding from pharmaceutical companies to support vitamin research. Why? Because there is no money to be made for them in a cheap, non-prescription cure that already exists and cannot be patented.

## 2. GOVERNMENT OUT-OF-TOUCH WITH THE PEOPLE

Government may change the way it funds our failing “health” system, but the system itself continues on, fundamentally unchanged, with its drug-and-surgery orientation. Only aroused voters can stop this.

## 3. AVOIDANCE OF INDIVIDUAL RESPONSIBILITY FOR HEALTH

- a. The elderly are the main users of the disease-care system, and are by far the chief taxpayer-supported users. This age group is often strikingly resistant to diet and lifestyle change. What preventive health education the elderly are offered is as bland as a nursing home diet and just as useless.
- b. The poor are treated for diseases but not educated for health. The poor all too willingly accept this, and stay dependent on dispensary-style medical “care.” Don’t tell me that it is different, because I’ve seen it. I have worked with street people and the homeless. Some so drunk that they could not stand straight, some children so hungry that they ate more food at one sitting than I have ever seen go into any body of any size. Drugs, especially alcohol and cigarettes, eat into the wallets and purses of poverty so much more than those of the middle and upper classes. For 25 cents a day they each could have vitamin supplements, and I’ve seen first hand how much sickness that will end. I have also seen how difficult it is to motivate the recipient to want to use vitamins and good diet when they are handed pharmaceuticals instead. You see, we have taught people to hold out their hand, receive a prescription, and go away.
- c. Real health demands real lifestyle change for almost all Americans. Young or old; rich, poor or middle class: all ages, classes and races have to move towards a low-sugar, near-vegetarian, chemical-additive-free diet. The middle class and the well-to-do frequently have the attitude that “If I don’t want to live healthfully and eat right, you must still treat me, and some insurance company has to pay for the treatment too.”

## 4. COMPLACENCY AND MISINFORMATION FROM HEALTH PROFESSIONALS

For decades, nutritionists and dietitians have preached that vitamin-and-mineral supplements are not needed if you just eat a balanced diet. It is a nice story, but it is only a story. Dietary supplements are the only way that Americans can possibly get any more than 30 I.U.s of Vitamin E daily, even from a perfect diet. And, that amount is only 5% of

the amount that prevents most cardiovascular disease, our Number 1 killer. Supplements are the only way that we can get between 500 and 3,000 milligrams of vitamin C daily, the amount that is protective against many forms of cancer.

Magnesium, calcium, and chromium deficiency are the rule, not the exception, in the United States. It is simply not enough to keep cholesterol and saturated fat out of your diet. We have to put something good IN.

It is time to wake up and smell the herbal tea. A house built on a crooked foundation will never have a straight roof. We are spending over two *trillion* dollars each year on disease care. That is over two million million dollars. Per year.

It is not working. Careful shoppers would demand their money back.

Nobody likes a naysayer or a prophet of doom, especially when the subject hits as close to home as this one. So here is the way out:

1. Health care for every person requires every person to take responsibility for their own health. This starts at the dinner table. Overweight and undernourished: that’s us.
2. A country that manages to get Tax Form 1040s to everyone can get a good daily multiple vitamin to everyone. Cost? Ten cents a day per person times 305 million Americans (2009) equals 30.5 million dollars a day times 365 days for a total of \$11.1 billion annually. That is about half a percent of what we spend on “health” each year in this country.
3. The U.S. RDAs must be raised to be effective in actually preventing disease. Vitamin-C intake should be increased by at least 20 times (from 60 milligrams to 1,200 mg daily, which is still less than half what any other animal our size obtains). Vitamin-E intake should be increased by at least 40 times (from a ridiculous 10 to 15 International Units to 400 to 600 I.U.s) This means supplements, so let’s take them.
4. If you want to improve our nation’s health, and help fund the process, greatly increase the tax on alcohol and cigarettes. Two-thirds of all elderly hospital admissions are alcohol related. Cigarette smoking remains a leading cause of death. You may well object to paying for these habits with your taxes; users are paying with their lives.
5. Whole foods plus nutritional supplements are essential for optimum health. I for one would be embarrassed if all the nutritional advice I could offer was to “eat a balanced diet.” Aliens would be puzzled to see all our hospitals




and nursing homes so full of our loved ones, and yet so barren of natural foods and supplemental vitamins. We have to motivate and educate for optimal nutrition today to avoid ending up in those places tomorrow. And we personally have to do it ourselves, for ourselves.

As difficult as it truly is to change our own personal habits, it remains the only sure method to gain our own health, and to positively influence another person to do the same. For in the end, education may be reduced to an option, and motivation may be reduced to an offer: there is a way out, and you are free to try it. The *Titanic* had insufficient lifeboats, and still many of them were launched when less than half full. There actually was a way out for hundreds more to be saved, but only for those (1) who knew early that the ship actually was sinking, and (2) who climbed into a boat. Most of those lost never knew their options until it was too late.

Today, Americans have real health options but are largely unaware of the safety, the scientific validity, and the real curative power of simple nutrients. Sometimes it is the most-dreadfully-ill persons who make the discovery, on their own, that there is a way off the sinking ship of conventional drug-and-surgery disease care. Individuals using natural healing modalities have indeed recovered after "hopeless" diagnoses. It is regrettable that so much more often, patients are never informed that they even have

choices such as macrobiotics or wheatgrass, and that these alternatives can really work.

This can and must change. We must advocate, and personally choose, that less-traveled route if it will lead us to health. That small lifeboat, no matter how flimsy it looks, is a better bet than staying on a big, solid, doomed ship. 

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