

How to Cure the Sick Health Care System: An Open Letter to President Trump From Leaders in Functional/Integrative/Natural Health and Medicine



Joseph Pizzorno, ND, Editor in Chief

President Trump:

One of the biggest and most important challenges you face is our failing health care system. Although the United States spends far more per capita on health care than the next closest country spends, our outcomes are dismal. Virtually every measure shows that Americans suffer poorer health and more chronic disease than those in most other advanced countries.

Unfortunately, almost all the health care reform initiatives being discussed are merely rearranging the chairs on the *Titanic*: arguing about who pays, who has control, and how to subtly ration. The problem is not how we make health care available. Rather, the problem is the health care being provided.

The key reasons for this growing crisis are as follows:

1. We have a disease management and symptom relief system, not a health care system.
2. We treat end-stage disease rather than the health of each unique individual.
3. Virtually all the passive determinants of health—nutrition, toxicity, and social—now promote disease.
4. Government, at all levels, has supported competition-preventing regulations and crony capitalism.

The solution to the ailing disease management system is to address the real causes of disease. We have several recommendations to accomplish this:

1. A broader definition of *public health* that includes such critical concepts as helping and supporting farmers to grow foods with higher nutrient density and working with industry to decrease the presence of disease-inducing metal and

chemical toxins in the air, water, food, packaging materials, health and beauty aids, home and yard chemicals, etc.

2. Primary care that addresses the true causes of disease rather than simply short-term relief of symptoms.
3. Personalized health promotion rather than generic care for disease.
4. A reimbursement and regulatory system that prioritizes health promotion and disease prevention rather than expensive drugs and procedures.
5. Creation of a presidential commission—composed of change agents rather than vested interests—to provide the US Congress with guidance for creation of a real *health care* system.

Please be clear: We do not want to “throw out the baby with the bathwater.” Conventional medicine is miraculous in so many areas. Injury, life-threatening situations, developmental disabilities, overwhelming infection, organ failure—the list of successes is long. Unfortunately, the medical model that works so well for these kinds of conditions has failed for everyday health and chronic disease. We have invested huge resources researching, promoting, and rewarding the end-stage disease treatment model. The time has come to reconsider our priorities.

As widely recognized leaders in functional, integrative, and naturopathic medicine who have dedicated their professional lives to reforming medicine, we present here our suggestions on how to cure our sick health care system. Accompanying this summary letter are articles by each of us supporting our key recommendations. Following are a few select quotes from each article.

Jeffery Bland, PhD, FACN, cofounder Institute for Functional Medicine Personalization and Wellness

Presently our health care system focuses almost exclusively on the diagnosis and treatment of disease, and it lacks effective promotion of recovery, restoration of function, and promotion of wellness.

To create a value-based health care system that better manages chronic disease, we need to have a restructuring of care to focus on the genomic, lifestyle, environmental, and social determinants of disease in the individual.

The need to improve health care is much more than changing access to and finances of care, but it requires a significant change from the disease-centric approach to introduce a scientific wellness component to the system.

Dr Jeffery Bland, PhD, CNS, FACN, FACB, is known as the “Father of Functional Medicine,” a medical approach that focuses on the personalized prevention and treatment of chronic diseases. During the past 35 years, Dr Bland has traveled more than 6 million miles



teaching more than 100 000 health care practitioners in the United States, Canada, and more than 40 other countries about functional medicine. He has been a university biochemistry professor, a research director at the Linus Pauling Institute of Science and Medicine, the cofounder of the Institute for Functional Medicine in 1991, and the founder/president of the Personalized Lifestyle Medicine Institute. He has authored more than 100 scientific publications and 11 books for the health professional and health consumer. He lives in Seattle, Washington, with his wife Susan, and near his 3 sons and their families while pursuing his hobbies of boating, surfing, scuba diving, and a life-long passion for learning.

Mimi Guarneri, MD, FACC, ABOIM, president, Academy of Integrative Health and Medicine Prevention, Integration, and Collaboration

Although Western medicine excels in the treatment of acute conditions such as heart attack and stroke, it does not empower people toward optimal health through prevention and the management or elimination of chronic disease.

Through interprofessional collaboration, research, and education, we will be able to transform health care to a more economical model that promotes the creation of health, as well as the delivery of evidence-based comprehensive, affordable, and sustainable person-centered care.

We know that the key components of health promotion include mind-body practices, sleep and physical activity, nutrition, achievement of ideal body weight, reduced exposure to toxins, and substance abuse and social connection.

Although acute care frequently requires lifesaving interventions and pharmaceutical therapy, chronic disease demands a new model that extends beyond the “ill to the pill approach.”

Dr Mimi Guarneri, MD, FACC, ABOIM, is an integrative cardiologist, president of the Academy of Integrative Health and Medicine, past president of the American Board of Integrative Holistic Medicine, and serves on the Founding Board of American Board of Physician Specialties in Integrative Medicine and is clinical associate professor at University of California, San Diego. She is cofounder and medical director of Guarneri Integrative Health, Inc, at Pacific Pearl in La Jolla, California. A cofounder of Scripps Center for Integrative Medicine, she served 15 years as medical director. She is board-certified in cardiovascular disease, internal medicine, nuclear cardiology, and integrative holistic medicine.



Joseph Pizzorno, ND, Editor in Chief of Integrative Medicine: A Clinician’s Journal and Stacie J. Stephenson, DC, Chairwoman of Functional Medicine at Cancer Treatment Centers of America The Health Care System and Addressing the Determinants of Health

We do not have a health care system in the United States. We have a disease management and symptom relief system that primarily provides short-term solutions while allowing the underlying real causes to continue unabated.

One way to understand what health care is actually being provided is to look at which drugs are most commonly prescribed. Nine of the top 10 only relieve symptoms while allowing the actual causes to continue unabated.

We will continue to have an ever-more expensive health care until we reprioritize to an actual health care system. This means a system that addresses the real reasons that people are sick.

Virtually all the determinants of health are now instead promoting disease. Our foods are not only depleted of nutrients, but they are now contaminated with herbicides, pesticides, and toxic metals. Health depends on the enzyme machine that we call our *body* working properly. Inadequate nutrition plus enzyme poisons means not only poorer health and vitality but a heavy burden of degenerative disease.

Dr Joseph Pizzorno, ND, is a world-leading authority on science-based natural medicine, a term he coined in 1978. A licensed naturopathic physician, educator, researcher, clinician, and lecturer, he is founding president of Bastyr University, editor in chief of Integrative Medicine: A Clinician’s Journal, treasurer of Board of Institute for Functional Medicine, cofounder of American Association of Naturopathic Physicians, board member of American Herbal Pharmacopeia, and a member of the science boards of Hecht



Foundation, Gateway for Cancer Research, and Bioclinic Naturals. He was appointed by Presidents Clinton and Bush to 2 prestigious commissions advising the US government on how to integrate natural medicine into the health care system. He is recipient of numerous awards and honors and author/coauthor of 12 books, including the best-selling Encyclopedia of Natural Medicine (2 million copies in 6 languages) and the principal textbook in the field, the Textbook of Natural Medicine. His newest books, The Toxin Solution, will be released February 2017 by Harper Collins and another textbook for physicians, Clinical Environmental Medicine, will be released by Elsevier in January 2018.

Dr Stacie Stephenson, DC, CNS, DABAAHP, FAARM, is a recognized physician, lecturer, and national lecturer on nutrition-based medicine, and she was the host of the “Health News with Dr Stacie” radio program. Dr Stephenson is board certified in antiaging and functional medicine, and she is a board-certified nutrition specialist. She has worked with the Northwestern Health Science University Clinic, Abbot-Northwestern Hospital, and the Macari Clinic for Functional Medicine, where she also served as medical director and chief executive officer. In 2006, Dr Stephenson founded the Carmel Clinic for Functional Medicine—the first clinic to provide hyperbaric oxygen therapy for children with autism. She understands the unique ways in which a person’s health is influenced by lifestyle, diet, environment, family, and beliefs, and she is dedicated to educating men and women on prevention and therapeutic interventions to heal and maintain health. She is chairwoman of functional medicine at Cancer Treatment Centers of America, and she is a member of the Gateway for Cancer Research Board.



Ruth Westreich is president of The Westreich Foundation. She is a leader of leaders in the integrative/functional medicine space. She has been active in strategic planning, program development, and execution in the complementary and alternative medicine field since it was first codified by Congress as a division within the National Institutes of Health. She is working a strategic level to develop collaborations in a system’s-based model as the entry point for integrative/functional medicine into the health care dialogue at the National level. She has been a major force behind the integrative medicine movement and local and national academic institutions and organizations, including the Academy of Integrative Health and Medicine, Academic Consortium for Integrative Health, Academic Consortium for Integrative Health and Medicine, American Nutrition Association, Bastyr College of Natural Medicine, Samuelli Institute, San Diego Hospice and the Institute for Palliative Medicine, Scripps Center for Integrative Medicine, UCSD Center for Integrative Medicine, and UCLArts and Healing.



Ruth Westreich, President, The Westreich Foundation

Personal Responsibility and Consumer Engagement

We cannot be healthy and thrive as a nation if the only options we have are to wait for disease to occur, and then we treat with pharmaceuticals, devices, and surgery.

We must have access to food and water that supports our body being in natural homeostasis. We must limit the poisons and pesticides where our food is grown. We must NOT be mandated by the state or federal government to inject substances into our bodies or the bodies of our children that we know are harmful and can cause permanent disability or death.

Our young people will not be the young brains that will change the world. And our national debt in health care, Medicare and Medicaid will be our society’s downfall. We are depending on you to speak for us and we are also willing to do our part to change the course of our “disease care” system to one of prevention and true health.

In This Issue

The focus of this issue is to provide guidance from leaders in functional/integrative/natural health and medicine to President Trump and Congress on how to cure the sick health care system. A brief summary of their recommendations is included in the cover letter on the previous page.

Associate editor, Jeffrey Bland, PhD, continues his thoughtful commentaries on how personalization and improving physiological function are fundamental to improving and restoring health. In this issue, he dives deeply into the foundational concepts of functional medicine and systems biology.

Regular columnist John Weeks provides us a very interesting overview of the history of the integrative medicine movement. I think the emerging interest in nonpharmacological approaches to pain control is extremely important. Kudos to Richard J. Kitaeff, ND, LAC, who wrote for the first edition of the *Textbook of Natural Medicine* in 1985 a chapter on nonpharmacological pain control, which I believe was the first authoritative and comprehensive guidance for clinicians. Finally, congratulations to the NDs for achieving licensure in Pennsylvania!

We present the third of the multipart series on probiotics written by masters of science nutrition graduates of Elizabeth A. Lipski, PhD: Keren E. Dolan, MS; Heather J. Finley, MS, RD; Cathleen M. Burns, MS, RD; Margaret G. Gasta, MS, RDN; Crystal M. Gossard, MS; Emily C. Parker, MS, RD; Jessica M. Pizano, MS; and Christy B. Williamson, MS. This one focuses on disease-specific probiotic strains, associated with cardiometabolic diseases and fatigue syndromes.

Cristiana Paul, MS; and David M. Brady, ND, DC, CCN, DACBN, provide us an article evaluating the bioavailability and metabolic activity of various forms of vitamin B₁₂ and how these interact with B₁₂-related polymorphisms. I think this an excellent example on how genomics will help us better meet the needs of our unique patients.

With the help of associate editor, David Riley, MD, we are receiving a growing number of excellent case reports. This is to me very exciting as no matter how great we believe our philosophy and therapies, the bottom line is our ability to help real patients. This report by William Shaw, PhD, on the effect of glyphosates on neurological disorders and gut microbial disruption is fascinating.

The old adage, "History is written by the victors" (the origin of which is controversial) is certainly true in medicine. This is why the work of the Hecht Foundation is so important. For more than a decade now, the Rogers Prize has been recognizing key pioneers in Canada who courageously advanced this medicine. However, a biannual award simply does not provide adequate opportunity for the many deserving men and women. To address this challenge, the foundation created the Groundbreaker Award. In *Courage Is Mandatory* for

These Groundbreakers, Kristin McCahon presents how the 5 awardees have helped transform medicine. I am honored to have been a member of the international jury of experts that selected the award recipients.

Associate editor, Bill Benda, MD's BackTalk laments the loss of so many of our cultural icons the past year and what it means for the future. I must say I agree with him in many ways, though with quite different priorities and perspectives. Although the youths of our generation believed and fought for many great ideals, our actual results have not been what we were hoping for.



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Creating Health in America, One Person at a Time: A Message for Incoming President Trump

Jeffrey Bland, PhD, FACN

“Now is not the time to rail against the election of Trump. Instead, the objective must be to organize and to use evidence to promote a clear pro-health political agenda for the United States, domestically and globally.” – The Lancet, November 19, 2016, page 2449

Following the presidential election, an op-ed piece was published in November 2016 in the *Economist* magazine under the title “The Presidential Election: Illness as Indicator”¹ in which an interesting graph from the Seattle-based Institute for Health Metrics and Evaluation was published. The graph related increase in support for Republican presidential candidate, Donald Trump, compared to individual county health metrics that represented a weighted index of obesity, diabetes, heavy drinking, reduced physical exercise, and lowered life expectancy.¹

Review of this graph demonstrates that a significant health challenge lies ahead for the Trump regime because the Republican constituency that supported Trump has the poorest health.

So what are the necessary steps ahead in improving the health of the nation? To date, the progress that has been made in health care during the past 8 years has been associated with increased access to care for previously uninsured individuals and some first steps forward in providing for preventive medical services. But there is still too much reliance on expensive medical procedures, a high level of use of pharmaceuticals to manage chronic disease, and the lack of a system to effectively manage complex chronic diseases that constitute more than 70% of our health care expenditures in the United States.²

Kuh³ has recently commented that to improve health and health care in the United States, we need to set the goal of producing a state of complete well-being in our health care system. He points out that the World Health Organization defines *health* as “a state of complete physical, mental, and social well-being and not merely the absence

of disease or infirmity.” He states 5 recommendations for improving the present health care system:

1. Respect the social determinants of health.
2. Advance wellness and prevention.
3. Strengthen our systems of care to work collaboratively.
4. Foster 21st-century medicine based on understanding of the interaction of a person’s genetics with their environment and lifestyle.
5. Monitor outcomes from a value-based perspective to create continuous improvement.

These objectives for improving the health of the nation are consistent with founding characteristics of the health care quality movement put forward by Donabedian⁴ in 1963. He proposed using the triad of structure, process, and outcome to evaluate the quality of health care. He defined *structure* as the settings, training, and credentialing of providers; *process* as the integrated systems through which health care is delivered; and *outcome* as the quantification of recovery, restoration of function, and life expectancy. Presently, our health care system focuses almost exclusively on the diagnosis and treatment of disease, and it lacks effective promotion of recovery, restoration of function, and promotion of wellness. To create a value-based health care system that better manages chronic disease, we need to have a restructuring of care to focus on the genomic, lifestyle, environmental, and social determinants of disease in the individual.^{5,6,7}

We are an aging population and our health care system needs to prepare itself better for problems associated with this demographic shift focusing on the prevention of cardiovascular disease, dementia, cancer, autoimmune diseases, and type 2 diabetes.⁸

In a recent article authored by J. Michael McGinnis from the National Academy of Medicine, Angela Diaz from the Mt. Sinai School of Medicine, and Neal Halfon

from the University of California, Los Angeles School of Medicine, the authors stated that “based on measures of cost, quality, efficiency and equity the US health system is substantially underperforming—a failure unlikely to respond to incremental modifications of the prevailing system.”⁹ The need to improve health care is much more than changing access to and finances of care, but it requires a significant change from the disease-centric approach to introduce a scientific wellness component to the system. This will require a restructuring of how medicine is practiced going from a top-down command and control delivery system to a distributive team approach that utilizes health care extenders who are trained in how to deliver personalized wellness-focused programs. A disease care system that is designed to provide high-level medical technology to people in need of management of acute conditions is not well suited to deliver personalized health promotion programs. For people with chronic disease, the missing link in health care is the lack of a system that manages the complex chronic conditions that result from the interaction of a person’s unique genetic background with their lifestyle, diet, activity patterns, and social and physical environment. As McGinnis et al¹⁰ stated in their article, “Why is the US performing so poorly relative to both potential and size of the investment? The answer lies in the fissure between the current reality and understanding that multiple factors interact to determine the health status. ... The persistent and increasing gap between current scientific understanding about the determinants of health and the ability to move beyond fragmented and episodic patterns of care is reinforced by outdated concepts of disease causation and measurement systems that often continue to count what was once thought to be important and easy to measure, but in fact offers scant prospects for health gains.” They offer the following suggestions to improve the system by delivering personalized care focused on the promotion of health:

1. Shift health care payments to financing that rewards system-wide integration of improvement in health outcomes.
2. Initiate multilevel standardized measurement of system performance on core health indices relative to chronic illness.
3. Speed development of a universally accessible and interoperable digital health platform.
4. Foster awareness and action on a community culture of continuous health improvement.

We are witnessing the emergence of a precision medical approach to cancer therapy based on the genomic uniqueness of the individual’s cancer. This technology is informing us as to the power of harnessing an understanding a person’s genomic uniqueness is making more precise health care decisions.¹¹ It now recognized

that genetic expression that translates to health or disease in the individual is heavily influenced by a person’s lifestyle, diet, and social and physical environment. We need to translate the concept of precision disease care to that of precision wellness care based on the emergent understanding of the interaction of a person’s genes with their lifestyle. Presently, no formalized component within the health care system delivers this type of care. To create a true transformation in health care that will reduce the burden of unnecessary chronic disease and improve the overall health of the nation, one person at a time, the following needs to be supported by incoming President Trump and his health care team:

1. We define *health and wellness* as a major national priority.
2. All people have insurance for crisis care.
3. All people have electronic health/medical records that travel with them in the data cloud.
4. All people have a primary care provider that is supported by a certified health/wellness coach.
5. We have integrated and consistent health objectives and communication among the Health and Human Services, Department of Agriculture, National Institutes of Health, Environmental Protection Agency, and the National Academy of Medicine.
6. We have a reimbursement system that rewards health outcomes and patient-centered personalized wellness care.
7. We witness the training and credentialing of health care practitioners that provide personalized health promotion and disease prevention programs.
8. We see the development of a successful wellness industry that attracts the best and the brightest innovators.

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Health as an Economic Strategy

Mimi Guarneri, MD, FACC, ABOIM

As a physician, board-certified in cardiovascular disease and internal medicine, I saw the strengths and weaknesses of Western medicine early in my career. I began as an interventional cardiologist, placing thousands of coronary stents in diseased arteries. After providing life-saving repairs, I saw too many patients returning within a year or two for another procedure because underlying reasons for their condition were not being addressed. My question was, “How can we be as good at prevention as we are at intervention?”

Although Western medicine excels in the treatment of acute conditions such as heart attack and stroke, it does not empower people toward optimal health through prevention and the management or elimination of chronic disease. This epiphany sparked my research and application of an holistic, integrative approach to health, which continues to remarkably improve both the well-being and the healing outcomes of my patients. There has been a substantial disconnect between the treatment of disease using advanced technology and the simple notion that prevention is truly the best intervention. Repercussions of this failing approach to long-term health directly and negatively affect the quality of life and productivity of individuals, while crippling our health care systems and escalating US health care spending that already far exceeds other nations per person. Through interprofessional collaboration, research, and education, we will be able to transform health care to a more economical model that promotes the creation of health, as well as the delivery of evidence-based comprehensive, affordable, and sustainable person-centered care.

In conventional medicine, each condition is seen as a distinct entity with a name and pharmaceutical or surgical solution. The human body is not visualized as a dynamic system, affected by lifestyle choices, genetics, and the mind-body connection. For example, diabetes is treated with certain drugs and hypercholesterolemia with others. What is missing from this model is disease prevention and its elimination or management through holistic approaches to the underlying causes including diet, reaction to stress, and exercise. This approach is successfully used for many chronic conditions: heart disease, depression and pain, and others. Getting to the underlying cause of a chronic

health challenge is the key to reversing it. Our current approach of prescribing medications for each condition simply places us at risk for an ever-growing dependence on pharmaceutical therapies at the expense of more basic and cost-effective treatments.

The Trump administration has inherited a series of challenges facing the health and well-being of our nation. The United States is ranked first in health care spending, yet it ranks 37th in health status among industrialized nations. Our ranking is number one in obesity and diabetes, and the Centers for Disease Control (CDC) now estimates that 1 in 3 children born in 2000 will develop diabetes in their lifetimes.

This is the time to create an initiative to make health an economic strategy utilizing a new model of care that focuses on prevention, lifestyle medicine, and health creation. At the current rate of health care spending, by 2025, health care costs will account for 25% of the gross national product and will conservatively reach 49% by 2082. Key reports highlight the urgent need for change:

1. Institute of Medicine (IOM) reports shocking decrease in US lifespan: The IOM calls for immediate action to reverse the astounding US decrease in both lifespan and “healthspan.”¹
2. *Lancet* report calls on all health professionals to be change agents: The report urges that with the challenges of a rapidly changing, global environment, health care workers of all sorts must not only be experts and professionals but also leaders in change agency.²
3. IOM’s “Establishing Trans-disciplinary Professionalism for Improving Health Outcomes” report calls for health creation for the 21st-century by prioritizing self-care, health, and well-being competencies in health professions’ education and elevating these goals as health care outcomes and criteria.³
4. Milken Institute report, January 2014, demonstrates that the combined cost of the top 7 chronic disease exceeds \$270 billion dollars per year.⁴

We know that the key components of health promotion include mind-body practices, sleep and physical activity, nutrition, achievement of ideal body weight, reduced exposure to toxins and substance abuse, and social connection. The National Academy of Sciences has issued a powerful call to action concerning the shocking decrease in US lifespan and health span, stating, “We know what to do, and we need to act now.” To act now, we need rigorous, practical tools and innovation in training for radical health creation. The incoming president of the American Hospital Association, Jonathan Perlin, MD, PhD, speaks to this need to move from “sick care to health care.”

Integrative health and medicine, a new board-certified health care specialty through American Board of Physician Specialties, is uniquely poised to offer a solution to our current epidemic of chronic disease. Integrative health and medicine focuses on prevention and utilizes all global healing traditions to treat chronic disease. Because integrative health and medicine recognizes the wisdom in all global healing traditions, it allows us to expand our tool box from surgery and pharmaceutical therapy to include homeopathic, chiropractic, osteopathic, naturopathic, Ayurveda, and traditional Chinese medicine, to name only a few. Therapies within these traditions, such as acupuncture, botanical medicine, yoga, and meditation, provide valuable tools for the treatment and prevention of disease.

Although acute care frequently requires lifesaving interventions and pharmaceutical therapy, chronic disease demands a new model that extends beyond the “ill to the pill approach.” For example, acupuncture has been shown to improve chronic pain conditions; massage accelerates the recovery of premature babies; and mind-body practices, such as meditation, decrease cardiovascular events by 48%. We already have scientific evidence that chronic disease can be successfully treated with aggressive lifestyle change. As demonstrated by the Diabetes Prevention Program, Interheart, and the Ornish Program for Reversing Heart Disease, the cost of chronic disease can be greatly impacted by the elimination of tobacco use, physical activity, therapeutic nutrition, and mind-body approaches such as meditation. Even modest gains in obesity reduction, for example, could decrease illness in the 7 major chronic disease categories, saving an estimated \$100 billion in treatment costs.

The Academy of Integrative Health and Medicine (AIHM), a robust international, educational member organization headquartered in the United States, is dedicated to engaging health professionals and health seekers in training, leadership, interprofessional collaboration, research, and advocacy. It is unifying the voice of Integrative Health and Medicine. The AIHM strongly recommends an initiative that focuses on health creation and prevention for our nation. The nation has an

obligation to the public to improve public health and to proactively prevent disease. We recommend the following:

1. Creation of a White House Office that is focused on the creation of programs and policies dedicated to improving the health of the public and decreasing health care expense.
2. Make prevention of disease and the well-being of the nation a focus of the new health care delivery model.
3. Establish a working group of leaders in prevention of disease and health creation models to generate a roadmap for public health education on disease prevention and self-care beginning at the community level.
4. Incorporate the social determinants of disease in a framework for bold initiatives that promote well-being of all citizens.
5. Evaluate the training of health care providers and enhance training in nutrition, mind-body medicine, health-coaching, and the evidenced-based use of the wisdom inherent in global healing traditions.
6. Establish a mechanism to provide basic health care to all Americans that focuses on prevention and health creation.
7. Ensure that the new health care model is delivered by a new base of primary care practitioners who are not only trained in the diagnosis and treatment of disease but in the prevention and reversal of chronic disease.
8. Create incentives to corporations, individuals, and public organizations to support prevention practices and self-care.

The creation of a White House Commission to focus on enhancing the health of our nation, disease prevention, and new models of treating chronic disease is a critical first step to enhance the well-being of our nation and to reverse our current overwhelming health care expenditure. This transformation from a disease care model to a health care model not only requires innovation, it requires courage.

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Health Care System and Addressing the Determinants of Health

Joseph Pizzorno, ND, Editor in Chief; Stacie Stephenson, DC

The US population is sick and becoming sicker at all ages. For the first time ever in our history, children born today are projected to live shorter lives and suffer a heavier burden of disease than their parents. Yet we spend much more per capita on health care than any other country. Something is fundamentally wrong. America cannot be great if her people are sick and dysfunctional. In this article, we address the fundamental causes of the health care crisis and the transformational thinking and leadership required to restore our people to health.

The US Population Suffers a High, and Ever-increasing Burden of Ill Health and Disease

The numbers are clear: US children and adults are suffering an ever-increasing burden of ill health and chronic disease never before seen in our country. According to the Centers for Disease Control, considering only adults in their prime (aged 18–64 years) and only 6 chronic diseases, almost 50% suffer from 1 or more chronic diseases with a stunning 8% suffering 3 or more. Diabetes has become epidemic, increasing more than 15-fold since the senior author was in naturopathic medical school. Attention-deficit/hyperactivity disorder and autism—conditions rarely seen in the past—now affect an ever-increasing number of children. Although a medical apologist might argue we have more disease now because people are living longer, the reality is that we have substantially more disease in every age group. The current priorities and “health care” system simply are not working.

Why Is the US Population So Sick?

In an *Integrative Medicine: A Clinician's Journal (IMCJ)* editorial from volume 14, issue 3 (2015), entitled “Hard to be Healthy in North America,”¹ substantial research is reviewed showing how rampant nutritional deficiencies and high toxic load have become the primary causes of ill health and disease. These issues have addressed in many editorials and articles in the 16 years since the founding of *IMCJ*. Using only the example of diabetes, excessive sugar consumption and depletion of the trace mineral chromium have contributed to the epidemic. But far more important has been the inundation of the population with chemicals

such as phthalates that block insulin receptor sites and metals such as arsenic that damage the pancreas' ability to produce insulin. The role of these toxins—found in our air, water, food, cleaning agents, and even health and beauty aids—is fully documented in an *IMCJ* editorial in volume 15, issue 4 (2016), “Is the Diabetes Epidemic Primarily Due to Toxins?”²

We Need a Health Care System

Ultimately, the only cure for the ailing health care system is to help people to be healthier. This requires fundamentally rethinking what we fund and prioritize. Key to this is changing the passive determinants of health—dietary, environmental, and social. By this, we mean making changes that do not depend on behavioral change. We are not suggesting abandoning health education or promotion of healthier individual choices. Rather, that we must change the environment to promote health rather than disease. Key examples are the research showing that food grown conventionally has suffered a 25% to 80% decrease in trace minerals. Without adequate consumption of these key nutrients, the enzyme machines that provide us life are not able to work properly. Worse, we have now contaminated the environment with chemical and metals toxins that actually poison these enzymes and cause disease.

A true health care—rather than a disease care—system addresses these foundational determinants of health. Following are some ideas on how to accomplish this.

Public Health That Promotes a Health-promoting Environment

We need to more fully embrace the promise of public health. Many years ago in an *IMCJ* editorial in volume 2, issue 2 (2003), “Integrative Medicine and Public Health,”³ a vision for 21st-century public health was presented. As you may know, historically, 75% of the increase in longevity is due to public health measures. Although most people think of public health as contagion control and providing health care for underserved populations, it can be so much more. We have 3 suggestions:

1. Teach and reward farmers to grow food with higher nutrient density.
2. Teach and reward farmers to decrease pesticide and herbicide contamination of food and the environment.
3. Develop, fund, and implement real health education as a major program in schools.

Nutritional deficiencies are rampant in the United States. According to hundreds of published research studies, almost the whole population is deficient in at least 1 nutrient with half the population deficient in many. Our physiology does not work if required nutrients are not available. There are several key reasons why this has become huge problem:

1. Most of the foods most commonly eaten in the United States are processed in such a way as to improve appearance and short-term taste, at the expense of nutrient content. Approximately 20% of the average person's calories come from nutrient-empty sugar.
2. Synthetic fertilizers promote the growth of bigger food, but with seriously lower levels of nutrients. The more fertilizer used, the lower the nutrient content. So even if a person is trying to eat responsibly (ie, real foods rather than high processed ... stuff), the critical nutrients are much lower than the body needs.
3. Worse, high-phosphate fertilizers often contain high levels of the heavy metal cadmium. Not only does this then impair the absorption of critical trace mineral zinc by the foods, but this toxin poisons many systems of the body, and it is a key factor in the kidney disease epidemic, osteoporosis, cardiovascular disease (especially in women), thyroid dysfunction—the list is long.

Rather than subsidizing farming practices that produce large amounts of nutrient-deficient foods, we should either totally eliminate such subsidies or redirect them to reward nutrient density rather than food size and weight.

Many examples show how public health measures such as we suggested previously work. For example, adding iodine to salt dramatically decreased severe hypothyroidism and protected many children from intellectual impairment. Another is the 1970s measure prohibiting lead in gasoline and paint resulting in more than a 90% decrease in blood lead levels in children and adults. These are good examples of passive changes that promote health without requiring behavioral change.

Primary Care That Addresses the Primary Causes of Disease

We need to fundamentally change how everyday health care is provided. With typically less than 10 minutes

per office call, it is not surprising that pretty much most doctors can only diagnose disease and prescribe drugs to alleviate symptoms. Although sometimes this works well, such as for infections, for virtually all chronic disease, this fails. There is something seriously wrong with a health care system where 9 of the top 10 most commonly prescribed drugs only alleviate symptoms while allowing the underlying disease and it causes to proceed unimpaired. This is full addressed in an *IMCJ* editorial in volume 7, issue 3 (2008), “We Need Drugs, Don't We?”⁴

Instead, we need primary care that focuses on helping patients understand why they are sick and how to become health. Most therapies should be agents such as nutrients that support proper (even optimal!) physiological function rather than drugs that temporarily relieve symptoms. The optimal primary care physician is an amalgamation of today's family practice medical doctors, and modern naturopathic doctors (NDs), and broad scope chiropractors.

Growing research supports this approach. The *IMCJ* editorial in volume 7, issue 5 (2008), “Integrative Medicine: Cost Effectiveness? Long-term Health Outcomes?”⁵ reviews some very compelling research. Although correlation does not prove causation, something can be learned by noting that 8 of the healthiest states license naturopathic physicians. In contrast, none of the 20 least healthy states license NDs.

Personalized Health Care Rather Than Generic Disease Care

This topic is fully addressed in the accompanying article by Dr Bland.

Health Care Reimbursement and Regulation

The adage that you get more of what is subsidized and less of what is taxed is certainly true in health care. As a business person, you know that competition results in better and less expensive products and services. However, this does not work if distorted by crony capitalism, political-activism pressure, and protectionism. Government subsidizes conventional medicine education, residencies, research, income, and others while suppressing the other health care professions that provide different, and often better, solutions.

The most important role of government is to ensure a level playing field and that health care professionals are appropriately trained and regulated. Let the consumer decide which healing art they want. All health care professionals should be licensed and paid according to their educational standards and scientific validity.

Conclusion

President Trump, you are in a remarkable place in history. Our population is sick, the “health care” system is on life support, and the costs are bankrupting our country. With your leadership, we can change the fundamental determinants of health, the only cure for the ailing health care system.

The White House Commission on Complementary and Alternative Medicine Policy (of which the senior author was a member) was created by President Clinton and US Congress and continued by President Bush to advise them on how to improve the health care system through the integration of the concepts discussed in this editorial. The report published in 2002 provided many keys that are equally valid and important today. Convening another such Commission with your appointees would be a huge help in solving this very challenging problem.

P.S. To help focus our message, we did not include the thousands of references to the peer-reviewed medical research that support our assessment and recommendations. Many of these are included in the IMCJ editorials mentioned previously.

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Personal Responsibility and Consumer Engagement

Ruth Westreich

President Trump:

I have been asked to write an open letter to you as our new incoming president of the United States. The reason I was asked to write this portion is that I have had a private family foundation for almost 20 years and am very well known in integrative medicine circles.

The only reason for my foundation's existence is to collaborate with others to help turn our current "disease care system" into a system of promoting wellness through encouraging prevention and health creation/well-being, because the system we currently have is simply not sustainable. Everyone in health care realizes the urgency of our situation, but what to do about it is the real question. Our good integrative friend, John Weeks, publisher of the Integrator Blog and long-time leader in the field of integrative medicine, has coined the phrase *medical industry* in lieu of *health care* because it is much more accurate than the term *health care*.

I wish I could sit down with you and the many brilliant folks who work tirelessly, giving their lives and resources to changing the paradigm of health care in our country. But you will probably never meet any of us. We don't have big lobbies and deep pockets enabling our voices to be heard. We work long and hard with very little money compared to the giant mega-industries that have such a vested interest in keeping our system status quo. The term *medical industry* implies a giant industry where its goal is to make money by treating disease with pharmaceuticals and medical devices. But the fact is: That it isn't working. And we just keep going down the same path year after year expecting a better result.

Make no mistake: If myself or my family were to need an intervention for an acute condition, such as a heart or lung transplant, the United States is the place to be. We do it better than anyone else in the world. But the vast majority of people are caught in a revolving door situation in the United States, and are seen over and over for maintenance of chronic conditions that are lifestyle related.

Based on well-known statistics, the United States is ranked 37th in the world for the health of our people. So, that means that 36 other countries are healthier than we are, yet we spend more than twice as much as any other industrialized nation for health care. How can that be, and how can we continue on this current path without bankrupting the United States? If we were the healthiest country, perhaps you could justify spending twice as much, but we are not. Our population, including our children, is getting sicker by the day.

The most important thing you can do while you are president is fix our broken system of "disease care." Albert Einstein's famous quotation is just as true today: "We can't solve problems by using the same kind of thinking we used when we created them." I voted for you believing that if Hillary Clinton became president we would have 8 years of the same broken system, our population would be sicker, and the cost of health care would be astronomical. I also worry greatly about the United States not being a viable world leader in the future. Documented research states that by the year 2050, staying on the same course, 1 in 2 children in the United States will be born with or will develop autism. Should that happen—and we are well on our way, as the conservative number for autism in 2016 is 1 in 38—we will no longer be a viable global competitor providing goods and services for ourselves and the rest of the world. Our current army, now considered weak, will be weaker and smaller, and our military will be depleted. The cost in manpower will be astronomical. And how will we pay for the care these folks will require? Our system is not set up for that onslaught of care. The vast majority will grow to require lifelong care long after their parents have died. Who will pay to support them? I am saying this to you because I have a William Wilberforce quote on my Web site that states, "You may choose to look the other way, but you can never again say you did not know." He was referencing slavery, but it is just as true today with

regard to the health of our population. We can never again say we did not know, and that is what drives me and the hundreds of thousands, if not millions, of professionals, to stay the course for prevention and the creation of health. What grander legacy than being known as the president who had the courage to clean up our very broken system? Everywhere you look around the United States, there are large citizen groups, professional organizations, and science and health leaders working tirelessly to bring visibility and answers to this very complex problem. Most of these organizations are not on your radar, but you could be the catalyst that can bring visibility and unification to them and their missions.

Many factors determine the health of a population. We cannot be healthy and thrive as a nation if the only options we have are to wait for disease to occur, and then treat with pharmaceuticals, devices, and surgery. Our bodies are the most complex system known to humankind, but they only thrive in concert with the rest of our planet if the entire complex ecosystem is similarly thriving. We must have access to food and water that supports our bodies being in natural homeostasis. We must limit the poisons and pesticides where our food is grown. We must NOT be mandated by the state or federal government to inject substances into our bodies or the bodies of our children that we know are harmful and can cause permanent disability or death.

Statistics support our nation doing a midcourse correction to increase the long-term health of our people. One in 38 children is born autistic, or will develop autism by age 2 years. This is unacceptable. Childhood cancers are up by 40% in the last 20 years, yet research money for childhood cancers is at an all-time high. Autoimmune diseases, allergies, gut and microbiome conditions, diabetes, heart disease, and all types of cancers are up not down, yet we continue to spend more money looking for a cure and not trying to prevent them from occurring.

Other medical professionals included in this editorial can articulate the cause and solution to this health crisis much better than I can. I would call you as our new president to bring together those medical professionals who work to prevent disease and restore health, each representing a piece of the puzzle, and work to restore our nation to health. I believe this is possible, but not the way our current system has morphed: a mega industry delivering profits instead of delivering health as the bottom line.

I strongly urge you to look at those other nations whose population is healthier than we are, and see what they are committed to doing that will ensure the continued health of their people. You need to look at the World Health Organization and see its recommendations, even if those recommendations go against the mega industries whose profits will be affected. You need to take an in-depth look at the Food and Drug Administration and the Centers for Disease Control as those are the agencies

whose job it is to protect us. Unfortunately, and all too often, that is not the case.

In the 1962 book written by Rachel Carson, *Silent Spring*, she stated,

We are accustomed to look for the gross and immediate effect and to ignore all else. Unless this appears promptly, we deny the existence of hazard. Even research men suffer from the handicap of inadequate methods of detecting the beginnings of injury. The lack of sufficiently delicate methods to detect injury before symptoms appear is one of the great unsolved problems in medicine.

As one of the first environmentalists, she brought visibility to the chemical destruction of fish, animals, and plants through the indiscriminate use of pesticides in our environment after World War II. She was referring to how interconnected we are to all species. As the fish, animals and birds were dying, people were also becoming sick. Her observations and continued commitment finally lead to the banning of 11 hazardous chemicals, including dichlorodiphenyltrichloroethane, in 1972.

These are complicated times and these are complicated issues. I hope you honor and adhere to the platform you used during your recent election: to make America great again by giving its citizens a voice. My family foundation has worked tirelessly for more than 20 years to give a voice to those who cannot speak for themselves.

Today, health care is a mega-industry driven by profits, and it will not be repaired by asking the pharmaceutical and chemical companies for their opinions. If we don't make an effort to turn the health of our population around, we will not be a superpower. We will not be a global competitor. Our young people will not be the young brains that will change the world. And our national debt in health care, Medicare, and Medicaid will be our society's downfall. We are depending on you to speak for us and we are also willing to do our part to change the course of our "disease care" system to one of prevention and true health. We know there will be upfront costs in the near term, but in time we will all reap the benefits and we will all share in the profits. I urge you to Make America Great Again.

Sincerely,

Ruth Westreich
President, The Westreich Foundation
Activist and Consumer