

Hospitals and Health:

Your Orthomolecular Guide to a Shorter Hospital Stay

(An Interview with Dr. Andrew Saul)

By Dr. Joseph Mercola

DM:Dr. Joseph Mercola

AS: Dr. Andrew Saul

Introduction:

DM:Welcome, everyone. This is Dr. Mercola. Today I'm joined by Dr. Andrew Saul, who has over 35 years of experience in natural health education. He studied all over the world in Africa and Australia, and he holds a number of certificates for teaching this knowledge in clinical nutrition. He is currently editor-in-chief of *The Orthomolecular Medicine News Service*, and he's authored over a hundred publications and seven books including the one that we're going to discuss today, which is *Hospitals and Health: Your Orthomolecular Guide to a Shorter Hospital Stay*.

He's also a recipient of the Citizens for Health Outstanding Health Freedom Activist Award. He was named as one of the seven natural health pioneers by *Psychology Today*, and is perhaps most prominently known for his being featured in the movie *Food Matters*. Welcome and thank you for joining us today, Dr. Saul.

AS: I'm very glad to be with you.

DM:You have written several books on natural health, as I mentioned earlier. Tell us a little bit more about this new book that you have,*Hospitals and Health*.

AS:*Hospitals and Health* is a standout book for one reason in particular. It's the last manuscript written by Dr. Abram Hoffer, the famous Canadian psychiatrist who showed in placebo-controlled, double-blind studies in 1953, that high doses of niacin were curative of schizophrenia and other similar mental disorders.

Dr. Hoffer, in his study of biochemistry (he had a Ph.D. in biochemistry and medicine), noted that over the years there had been attempts to treat psychiatric illnesses by communities that didn't have hospitals. One was the Quaker community. And the Quakers, Dr. Hoffer said, found that if they took the mentally ill people, put them in a nice house, gave them good food, and gave them compassionate care, that they had a 50 percent cure rate.

Dr. Hoffer commented that drugs have about 10 percent cure rate. He was thinking that drugs might actually be going in the wrong direction, and hospitals give a lot of drugs. If you put all these together, right off the bat, we have a very good reason why you should read *Hospitals and Health*.

When people go into the hospital, they're going to have problems. The only question is, which one? Statistically, there are so many errors in hospitals that the average works out to one error per patient per day at the minimum. If you're in a hospital for four days, you can expect four medical errors in that time. In fact, hospitals are so dangerous now that you see signs in the hallway and in patient rooms reminding staff to wash their hands.

A gynecologist wrote into a medical journal in Britain, saying that he does not wash his hands between patients. He changes his gloves, but he doesn't wash his hands. And he said, "If I did, I would have to wash my hands 50 times a day or maybe 60 times a day." He calculated the time it took and said, "Who's going to pay for that?" I'm not making this up. This is actually a real editorial statement.

Any child knows [Laughs] that their supposed to wash their hands before dinner or shaking hands with grandma. Any child knows that, and yet hospitals have to tell their staff to wash their hands. [Laughs] It's just not funny. That's just the most basic thing.

Another thing that people have to appreciate with Dr. Hoffer's work is that he had so much experience as a physician that he saw the system from both sides. He's very critical of American hospitals, and *Hospitals and Health* will explain to you what's wrong with them. But the best part of the book, I think, is where we focused on what to do about it. It's possible to make hospitals better, and Dr. Hoffer is highly specific on how to do that.

I am his co-author in this book, and the other co-author is Dr. Steve Hickey over in Britain. Dr. Hickey has done a number of books on vitamin C and is a good friend of mine.

One best thing that Dr. Hoffer wanted to emphasize was that people need good nutrition. Hospital food is almost comically associated with bad food. Almost anyone in almost any hospital at almost any meal, if they looked at the tray, they're going to see things that are packaged, [Laughs] processed, and cooked to eat. I wish this weren't true, but it is!

Now, at many hospitals, if you can ask, you can get better food. You can ask for a vegetarian diet. They may give you something that's overcooked vegetarian food, or they might surprise you. It depends. But the only way to find this out is to do a little advanced work. Contact the hospitals in your area and find out who has the best food. That might sound like you're going out for the evening and you want to know which Broadway show is best to see, but this is a lot more important.

Food is important. Everyone knows that. It's just astonishing how poor the quality of most hospital and nursing home food actually is. If you haven't seen it lately, you need to go and take a look. A lot of people assume that the problem's getting better. I do not think that it is.

The next thing that we have to remember is that hospitals don't give people vitamins, generally speaking. If you have a note from your doctor, that can help you. Just a simple note from your G.P. that says, "Mr. Smith takes vitamins. Signed, Dr. Bill." Very often, that will smooth over a possible confrontation that an 86-year-old friend of mine had when she went into the hospital for hip replacement.

They were interviewing her and getting her history. They asked her what medications she was taking. They had their clipboards and pens ready to make a nice long list. She said, "None." And they said, "No. Any medications at all that you're taking?" She said, "None whatsoever, but I do take my vitamins." She gestured to her vitamins, which were on the table by her purse. They said, "Oh, you can't take those vitamins in the hospital," and they went over to remove them. She said, "Stop. Those are my personal property and if you remove them, you are stealing from me. And I will report it."

Well, there's a confrontation [*Laughs*] that I'm not sure most people would want to make, but it demonstrates a very powerful point. If you want to take vitamins in the hospital, go ahead and do it. On the other hand, if the hospital, your physician, or surgeon can explain to you that for a particular procedure or a particular medication you cannot take the vitamin, then you can accommodate that request, if they are highly specific.

Usually what happens is they'll say, "You can't take any vitamins." That's just not true. Everyone should take vitamin C before they go to the hospital. They should take vitamin C before they go to the dentist for less infection, less pain, quicker healing time, and less bleeding. The same is true with surgery. People who take high doses of vitamin C are much less likely to have blood clotting in healing, inflammation, and other complications that, unfortunately, are fairly familiar among surgical staff.

If someone says, "You can't take vitamin E (as in Eddie), because we're going to give you Warfarin (Coumadin)," that's a reasonable point. But then, you can go to the next notch. There is evidence that if you take the vitamin E, you don't need a Warfarin.

I had a client once, who had this exact dilemma. He had thrombophlebitis, and he was on Warfarin. He wanted to take vitamin E instead. He has read a little bit and he wondered about it. He said, "Well, what should I do?" I said, "The best thing to do is to gradually decrease the drug with your doctor's cooperation while increasing the vitamin – again, with your doctor's cooperation. Talk to your doctor. The doctor that put you on the drugs should be the one that you'll talk to about the drugs." He hesitated. He was a big guy. He stood like a football linebacker, and he said, "No. No. I can't do that."

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I said, “What do you mean?” He said, “I don’t want to talk to the doctor about this.” He actually was afraid to talk to his doctor. He did not want the confrontation. What he did instead was he just started taking the vitamin E. Eventually, his clotting time was extended to the point where the doctor said, “What’s going on?” You got to remember that he gave him Coumadin in order to increase the clotting time. His clotting time was a little too long. Now, if your clotting time is too long, that means you shouldn’t take Coumadin. It means you don’t need it. *[Laughs]*

What’s the side effect of too much Coumadin? It’s too long a clotting time. That’s how rats are killed by rat poison. It’s Warfarin. The little buggers bleed to death. It’s not a pretty sight. Too much Warfarin causes extended bleeding. Too much vitamin E can also cause slightly extended bleeding, but not out of the normal range. I said to him when he brought this up to me, “You got to talk to your doctor. If your doctor’s asking what’s going on, tell your doctor. He’ll take you off the Coumadin.” The fellow talked to the doctor, and the doctor took him off the vitamin E.

DM: That’s the traditional approach.

AS: The standard of care.

DM: Yes, indeed. It’s sad that that’s basically what happens. In your book, you compared the original purpose for hospitals to what they have become today. Primarily, business-run ventures, and they’re really primarily driven in not in all cases certainly, but in many – if not most – through the bottomline. Not to diminish their importance, obviously, they’re businesses and they have to meet their bills. If they don’t, they’re going to go out of business and close their doors. What is your global recommendation to shift the system to something that’s healthier?

AS: Well, *[Laughs]* I wasn’t planning on making any comments to the World Health Organization, but since you asked, I’d be delighted to answer that.

DM: It’s just hospitals, not the WHO.

AS: Right. When you said “global” that just made me...

DM: Well, yeah. I just mean global...

AS: I’m just playing with you. *[Laughs]*

DM: Okay. *[Laughs]*

AS: *[Laughs]* My clients sometimes thought that maybe I was too light-hearted, but I would say to them, “Look, I know that you have a serious health issue. We both know that. Now, let’s move on and solve it, shall we?” I got that from Bernie Siegel. The most important ingredient that you can give a client is hope, the power that’s in them, and I believe in that.

What we can do right now... The very first thing that we have to do is to get every single person who goes into a hospital to have a good multivitamin at every meal. That will cost the hospital about 10 cents. If the hospital doesn't provide it, go to the big-box department store. Get a cheap multivitamin. Take one each meal. A natural one is better. A high-potency one is going to be more effective. But that's the start.

I used to teach in two state penitentiaries (No, not as an inmate), and I taught classes on drug and alcohol use and abuse, on nutrition, and a course in biology. When I mentioned nutrition, the prisoners were very interested. They said, "Oh, they feed us a lot of junk here." I said, "Really?" They said, "Yeah. Yeah. It's all meat, starch, and sugar." I said, "Well, can you get other stuff like salads and fruits?" They just kind of laughed *[Laughs]* among themselves and they said, "No, man. You get what they put out, and what they put out is meat, starch, and sugar."

I said, "Well, vitamins?" And one fellow said, "You can buy them at the commissary." I said, "Okay, how about wheat germs?" They said, "They got that there, too." I said, "Here's what you might want to try. Try having a good multivitamin with each meal, cut out the sugar, and start eating wheat germ."

Now, that's not a lot of big steps in an institution. Any hospital can come up with some wheat germ. Any hospital can come up with some cheap multivitamins. We're not breaking the bank here.

Little time went by, and after class in the prison one day, this really big guy... He was big, tall, and scary-looking. He's one of those people that had to turn sideways and duck to get through the door. He said to me, "Can I talk to you for a minute?" I looked up and I said, "Yes." He said, "I just wanted you to know, I have been doing what you said that 'No sugar.' I have been taking the vitamin pills, and I have been eating wheat germ." I said, "Yes?" He said, "I just want you to know that I feel more clear." And I said, "Well, that's great." He turned around, ducked under, and lost the room.

Now, what would be the long-term consequences of the society where prisoners are more clear? Think of the money we'd save if could get people working and being good citizens, instead of paying 50,000 dollars, 60,000 dollars, or 80,000 dollars a year per inmate to have them behind bars. Let's get them working and put them in the tax rolls and bring the national debt down. That sounds like a good plan to me.

We need to bring back prison farms where they grow and eat their own vegetables, get out in the sun and get vitamin D doing it, learn to trade, and burn off the hell out of aggression. It can be done. A lot of prisons were prison farms. The prisons that I taught at had farms in the old days. They just don't do it anymore. They just have the food service trucks back up, they unload packaged, processed junk, and these prisoners eat it except for the ones who are lucky.

One such group was over in Britain. They tried an experiment giving good food and vitamin supplements to inmates. And they had an immediate decrease in violence by somewhere around 35 percent. If it helps prisoners, it'll help great-grandparents in nursing homes.

Diets in institutions are terrible. We can change that right away. People have to refuse the crap that they put on the plate and demand fresh, whole, unprocessed food. If enough people do that, the hospitals will do it. This is something that we can do. Vitamins, multivitamin supplements we can do. Demanding better food, we can do. The next thing that you can do is demand to be addressed by your title. Do not let them call you by your first name. You are a Mr., Ms., Mrs., or a Dr. This is a small point seemingly, but it can actually change your care.

Another thing that people need to do when they go into the hospital, and I got this from a nurse herself, she said, "Bring a guard. I would never let a family member go into the hospital alone. Make absolutely sure that a friend or family member is with them 24 hours a day."

What does this do? It makes sure that mistakes aren't made, or if mistakes are made, you've got a witness. At the very least, the person is going to have some company. That's something we can do. Not everybody has an advocate. Not everybody has family members available, but this is still a doable situation.

What else can we do about hospitals? We can avoid them. We can ensure to avoid them as much as we can. How do we do that? In an earlier interview, we went over a lot of steps that people can do, so they won't need them. Hospitals are terrific for traumatic care and for acute care. They do a really, really good job in saving lives when it's a sudden bleeding emergency. But in terms of chronic care, they're terrible. In terms of the illnesses that most people have to endure that cost the most money, that last the longest, and ultimately die from – hospitals have a poor record.

The elderly consume by far the most healthcare dollars, and it's widely known that the elderly also have the worst diets. As people get older, their sense of taste and smell and desire to drink all go down. This can result in a lot of serious problems.

Here's an example. A friend of mine had a parent – the father in the family – suddenly go into the hospital. He had all kinds of symptoms. The family gathered. They thought he was going to die. It was mentioned by one of my friends to some of these other people that perhaps, he should have vitamins. Everybody just kind of smiled tolerantly and said, "No. No. This is really serious."

To make it short, it turns out he had vitamin B12 deficiency. After a few shots of vitamin B12 he was perfectly alright, and they sent him home. It's amazing how many real illnesses turn out to be deficiency diseases. I maintain that modern medicine is the study of what happens when you put toxic chemicals into malnourished bodies.

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Voltaire was less kind. He allegedly said, “Doctors are men who give drugs of which they know little, into bodies of which they know less, for diseases of which they know nothing.”

It looks like we have solved the problem of what to do with our most sick people. We put them in a hospital, but this has been done for a long time. It was done with leper colonies. It was done in all situations all through the ages. Just because you concentrate on the problem, it doesn't mean you solve the problem. The only way it's going to really work is to have an incentive for hospitals to empty. Unfortunately, they make their money when the beds are full, so there is vested interest built into the system to have people sick. It's a sad thought, but it's true.

DM: Thank you for those comments. I'm reminded of the fact that another reason why people want to avoid hospitals, because of the entire healthcare system... We won't find an official CDC statistics for it, but they're typically recognized as the leading cause of death, exceeding the deaths from heart disease and cancer because these are from a variety of reasons – physicians' mistakes, prescription errors, misdiagnosis, and all of those.

Obviously, the physicians are seeking to do their jobs, but because of their orientation, a lot of the intrinsic challenges with this system, it just doesn't happen. And in reality, the whole system is the leading cause of death. Of those variables, probably the single most important one is being in a hospital. That's why I think your book is really so profoundly important and necessary to get people ideas. You had mentioned keeping a guard. I love that idea. To that, I might even add and suggest to bring your own weapon with you, if they start to get crazy. *[Laughs]*

AS: Now, to talk like that will get you suspended from school, Dr. Mercola.

DM: *[Laughs]*

AS: Actually, to take your analogy though on the fullest and best sense, you do need a weapon. And the weapon is good old-fashioned know-how. You have to know the game, and we talked about this in *Hospitals and Health* as well.

Dr. Steve Hickey is an authority on game theory, cybernetics, and all kinds of mathematical stuff that quite frankly, I just do not fully appreciate and understand, except that I find out that it has immediate practical benefit.

Dr. Hickey wrote a chapter on *Hospitals and Health* specifically on the “hospital game” and how to play it. *[Laughs]* He actually goes into how the negotiation process usually goes and how it can go. He shows you and actually backs this up with a considerable amount of good science to demonstrate that the outcome depends on you. You got to be a player.

If you just go in, put your arms over your head, they pull off your shirt, just takes you to bed and you keep quiet, you're what Dr. Hoffer calls a “pious patient.” Pious patients tend to get killed. I wish I could say that's not true. Hospital errors are not like, “Oops, I cut your gum while doing a

restoration” or “Darn it! I left an extra sponge in my last patient.” It’s far worse than that. We’re talking about bodies. We’re talking about actual deaths.

You mentioned the number of deaths per year in hospitals and from modern medicine. The lowest estimate makes hospitals one of the top 10 causes of deaths in the United States, and that’s the lowest estimate. The highest estimate makes hospital and drugs the number one cause of death in the United States. Truth is probably, it’s somewhere in the middle, but it’s nothing to delight in if it’s the third or fifth. It’s still a huge problem. We can fix this problem. We can make a change. But the only way it’s going to happen is if you know how to play the game. That’s why *Hospitals and Health* – I think – will really come in handy.

Abraham Hoffer practiced for 55 years. He ran hospitals. He had so much experience here, and what does it still look down to? It’s common sense – good food, good care, [Laughs] as few drugs as possible, and taking charge of your own health.

DM: Having been trained in a hospital in my medical training for a number of years in a teaching institution, I can add another perspective that might be helpful. Clearly, we want to say don’t go to the hospital. That’s the first one. But when you have to go in, especially from something elective... There’s a tendency to think that the teaching institutions are these very prestigious places where you’ll get the finest and the very best care.

AS: Yeah.

DM: That may be the case, but they may also be some of the worst care, especially because they’re teaching students, interns, and residents. The caution and recommendation that I would give is something elective that you have some choice of when you’re going to be admitted. Do not do it in June or July when the staff is training over, but then also generally, to be very, very, very careful over the weekends. I think this is for any hospital, because that’s when the coverage says, go to hell in a hand basket.

AS: Yeah.

DM: If you can only have a guardian by your bedside, I say that’s the time you need it, on the weekends – on the weekends, because that’s when the mistakes are going to occur. I think the studies have shown that this is when most of the deaths happen.

AS: You are absolutely right, and you said it for me. Thank you for contributing more from the book. [Laughs] This is really a surprise to most people. Most folks would expect that if you call General Mills or Sony on a weekend, you might not get a live person, and you might have to deal with a message or a call center. Most people accept the fact that Saturday or Sunday might be holidays. Indeed, for most people, they are.

What about hospitals? It’s never a holiday, if you have your uncle’s life on the line. But when they bring in the second string... I don’t like to put it bluntly if I can avoid it, but in this case,

there's no way around it. The fact is the second string is on for the weekend, and you are absolutely crapped. The other thing to keep in mind about teaching hospitals (your earlier point) is that they do tend to be more dangerous than other hospitals. Sometimes, your best bet for a hospital is a relatively small local one.

But overall, the most important thing to remember is this: the hospital power structure. No matter what hospital you go in... Maybe you got to be in a teaching hospital. Maybe you don't have a lot of choices. Maybe you are there because of financial issues. Maybe it's because of geographical issues. Maybe it's because it was an emergency, and you woke up in the hospital. Maybe you have to be there on a weekend. Weekends happen. Some people have to be there. They go in on Thursday. They don't come out until Tuesday. The question is, "Are you going to walk out the front door, or be wheeled out the back door?"

Now, here's what people need to do. They need to understand that when they are faced with hospitalization, the most powerful person in the most entire hospital system is the patient. The system works on the assumption that the patient will not claim that power. Nature abhors a vacuum, so if the patient does not exert power and control, somebody is going to step in and do it for you.

You might have set that up with the document. If you have a power of attorney, a living will, or other types of paperwork or someone is responsible, then we know who's responsible. But let's say that it's just an ordinary situation. The patient has the most power. A patient can say, "No. Do not touch me." And they can't. If they do, it's assault, and you can call the police. Now, they might say, "Well, on your way in, you signed this form." You can unsign it. You can revoke your permission.

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Just because somebody has permission to do one thing, it doesn't mean that they have the permission to do everything. There's no such thing as a situation that you cannot reverse. If you can make amendments to the U.S. Constitution, you can change your mind about your own personal healthcare. It concerns your very life. You don't want to cry wolf for no reason, but the patient has the potential to put a stop to anything, absolutely anything.

If the patient doesn't know that, if they're not conscious, or if they just don't have the moxie to do it, the next most powerful person is the spouse. The spouse has enormous influence and can do almost as much as the patient. If the patient is incapacitated, the spouse can probably do much more than the patient. If there is no spouse present, the next most powerful people in the system are the children of the patient. And after that, it's anybody's guess.

You'll notice that I haven't noticed doctors or hospital administrators once. That's because they don't have the power. They really don't. They just want you to think that you do. It is an illusion that they run the place. The answer is – you do. They're offering you products and services, and

they're trying to get you to accept them without question. If you signed a form that says, "You agree to that," well, then you did. I just mentioned that you can unsign it. But the other thing that you can do is when you go to the hospital, bring along a black Sharpie pen, and cross out anything that you don't like in the contract. Put big giant X's through entire clauses and pages, and do not sign it. As they say, "We're not going to admit you." You say, "Please put that in writing that you refuse to admit me." What do you think your lawyers are going to do with that? They have to. They absolutely have to.

What if you have a religious belief? Let's say, you're a Jehovah's Witness. I am not. I have friends who are. When a Jehovah's Witness goes to the hospital, he has a different set of rules. If a Christian scientist goes to a hospital – and it can happen – there's a different set of rules. If you keep kosher and go to the hospital, it's a different set of rules. You can change all of these. It's a game, and you can win it. But you can't win it if you don't know the rules. Basically, they don't tell you the rules. In *Hospitals and Health*, [Laughs] we do.

DM: Yeah. That's a really good advice. It's not only true for hospitals, but pretty much for any contractual relationship you're entering into. I could think of one broad recommendation that I'd like to add to that. I have just recently bought a car. This is in a clause. This is something called binding arbitration, which essentially gives the person who's providing the service with the ability to dispute any claim through a third-party arbiter in which essentially, you throw away all your rights in the legal system, so you can't sue at all.

That's typically something that you don't want to do, and it's a standard clause in almost all these large contracts. But you can easily just block it out like you said, and sign it, initial it. All they can do is reject the contract.

AS: Right.

DM: But you don't have to agree to it.

AS: What I tell a car sales person or his or her manager is what I recommend that people tell hospitals. It's "You can keep your car if you don't want to sell it to me."

DM: Yeah.

AS: "You can keep your hospital, if you don't want to admit me, but put in writing that you refuse to admit me. You want me to sign your form? I want you to sign my form." You can do this stuff. This is the power that people don't realize: that the patient has incredible power, but if the patient is unconscious, in pain, or in crisis, obviously the hospital has to act. In that way, I see their point.

But if you have someone with you – and you make sure that you do – then you have a person that can be your advocate, and you do require that. This is not just a clever idea. This is a life-saving procedure. There's no substitute for having somebody stand guard over you.

I once went to a talk in Australia where I studied for a year. A friend of mine decided to crash the Prime Minister's party. Now, it was his idea, not mine, but I was complicit. He was a Physics student, so I figured that he was smarter than me. I was a Biology student. *[Laughs]*

DM:*[Laughs]*

AS: He said, "We'll go to the party." I said, "You got to have an invitation." He said, "No. All you go to do is dress up. You got a suit?" I said, "Sure." He said, "Well put it on. We'll just go in there and no one is going to ask for an invitation." We walked right in. We went to the auditorium. We sat in the third row. The Prime Minister of Australia was six feet tall in front of me. Nobody ever checked. *[Laughs]* This was 1973; of course, things are a little bit different.

The point that I'm getting at is, you really can accomplish more if you have the determination to make it happen. The problem with hospitals is that when we go there we're in pain and we're frightened. We have to have a system already in place. Whenever there's a lawyer involved, it's too late. You have to be proactive, not reactive.

You need to actually survey the hospitals in your area and find out where the good ones are. For instance, most people know when they talk to young mothers where the good maternity centers are. I have never been with a group of young mothers that didn't say, "Oh yeah. At this one hospital, it's really not good, but these other ones, these other two were really good. I had a good experience there. I fancy this." That's a start.

The same is true for many surgical institutions. The same is true for mental hospitals. The same is true for all kinds or aspects of care, and it's definitely true for nursing homes. You want to know if a nursing home is any good? Walk in and breathe in. If it smells bad, leave and take your patient with you.

When I worked at a prison in New York State, it was an old prison with beautiful grounds, nice trees, nice-looking buildings and, of course, the **[inaudible 36:45]**, and triple fence is all around it. In there, were women. It was a women's max. The first thing you'll notice when you walk in the door of the building was the overpowering, bad, poorly run nursing home smell. That's the first thing that you notice. Ironically, the captain of the guards told us – so the state will deny this – that approximately half of the women in that max are HIV-positive. It's a study in dirt, disinfectant, and poor care.

Now, you would never want to send a loved one into a prison building for their hospital care. If the hospital smells like the prison, something's wrong. Look around. Take a look at the staff. You can tell a lot by talking to nurses. You can tell a lot by looking at the people at the bottom rung. The people that are the orderlies, the janitorial staff, and the nurses' aides – they call them patient specialists sometimes, which is a nice euphemistic term for someone with a high school education.

Take a look at the people that are right at the bottom. How are they doing their job? Are they careful? Are they friendly? Are they clean and neat? If so, things are better. If people are nice to you, they're probably also going to do a better job. When I go to a post office and I find grumpy staff, I go to a different post office, and that's just to mail a package.

DM: That's some really good advice. There are loads more of it in your book. That's what all we have time for today. If people want to find and acquire some of this valuable information, which I think is really crucial for everyone, because it's a risk that all of us will essentially have winding up in the hospital. Most of us can avoid it, but accidents certainly happen. And certainly, we have friends and relatives who wind up in hospitals. So what's the best way to get a copy of this book?

AS: *Hospitals and Health* is available through any online bookseller. Any bookstore can order it at www.DoctorYourself.com. You can get a copy autographed by me, if you like. But wherever you get it, please do so and read it.

DM: That's great. It's a special incentive to have a personal autographed copy. It's at www.DoctorYourself.com. All right, thank you for all that you're doing, all that you continue to do, and all that you have done for helping educate the public about the really important aspects of how to stay healthy and avoid medical consequences of the traditional healthcare system. I really appreciate what you have been doing.

AS: Well, I thank you very much for these kind compliments, but they should truly go to the people who taught me, Dr. Hoffer and these other wonderful physicians and researchers who showed that nutrition is better than drugs.

DM: Absolutely. Thank you very much.

[END]