

GLOBAL WELLNESS SUMMIT

**11th Annual Global Wellness Summit
Catalytic Collaboration: What Can We
Accomplish Together That None of Us Can
Accomplish On Our Own?**

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Catalytic Collaboration: What Can We Accomplish Together That None of Us Can Accomplish On Our Own?

[START RECORDING 200 PM CATALYTIC COLLABORATION.MP3]

JARED: [music plays] Testing, testing. Okay, welcome everybody. If everyone can, who can hear me can kind of make their way into the room so we can get started. You know that we're keeping to a pretty tight schedule here so even though not everyone from the roundtable is here yet, we're just going to get started. So, if everyone would make their way in and find seats.

As you can see, it's a unique set up in here, we're doing it in the round, so, anywhere where you're comfortable.

[background noise] [crosstalk]

Welcome, everybody. All right, we're going to get started in just one minute if everybody could just find a seat and get comfortable. [crosstalk]

All right, everybody. If we can find our seats we're going to get started. [crosstalk]

Okay, welcome everyone to the first of what is going to be a series of really exciting roundtable discussion in this room. As you can see and as was mentioned this morning, this room is set up in the round in a very interactive style that's really unique, I mean, I'm in events all the time and this is a very unique, very fun set up for a live discussion. So, as the first of these round tables we're obviously going to spend a lot of time hearing from this powerhouse group that we have here at the table today, this is definitely a group of awesome heavy hitters we have here. And we also want to build in audience participation, so, our moderator today is going to leave some time for audience Q&A, and before we get started I want to do our moderator the service of giving him a second introduction today. He was already introduced on the main stage and I know we're not doing a lot of formal introduction but this man definitely deserves one. So, let's just talk for a second about Dr. Richard Carmona.

Dr. Carmona was the 17th Surgeon General of the United States. He is also a decorated US Army Special Forces veteran and a distinguished professor with a wide range of training and

experience in healthcare management and clinical care and research. Currently, he is Chief of Health Innovation of Canyon Ranch and serves as Director on several publically traded corporate boards and private companies. Will you all join me in giving a very warm welcome to the moderator, Dr. Richard Carmona. [applause]

DR. RICHARD CARMONA: Obviously Jared is my PR guy, so, [laughter] thank you, Jared, I feel undeserving because I am just humbled to be here among many of my colleagues and friends who I have had the privilege to work with for many, many years and others of you who I have not but that I have read your work, I have seen the things that you do, and what is most amazing to me today is that we have the - - here for an unprecedented team that actually has the opportunity, the responsibility and the challenge to truly change the world and rid it of preventable disease, our moon shot that we declared today under Susie's leadership.

So, this is, you know, I am just pinching myself, I told Susie that when I was Surgeon General if the Global Wellness Summit had been as mature as it is today, I would have, the first person I would have spoken to was Susie, I said, I need your distribution network. I need your expertise, I need the diversity of all of these people in the room, because we can, one person can't do it alone, and it's not doctor centric, it's people centric. It's all of us that are going to make a change in this world and make a difference.

You know, government continues to fail us, but we the people come together and we can solve these problems and make it better for everybody and I think we've got the intellectual-- [applause] thank you. I think we can, we have the intellectual horse power in this room and those who are not in the room who are in other sessions today, when I think of the six or seven hundred people that are here today I am just so psyched that we finally have come to terms with this. And as I spoke with Susie, this initiative, I said to Susie, congratulations, you know, people think you're an overnight success, but it's a ten year overnight success in developing to get us here today. And as I look around the table at my colleagues, physicians and others that are here, everybody had contributed to this in one way or another.

So, what we want to discuss today, and truly it is a discussion, no speeches, let's keep the answers short so that we can get the maximum amount of discussion, but the bottom line here is, what can we as a team, as a Global Wellness Summit team with all of our diversity, what can we accomplish that we can't accomplish alone? Again, in selfless service for the benefit of the people we have the privilege to serve, and, of course, we must, we have to subordinate interest everyone, our self-interest but there is no reason we can't be sensitive to our small businesses, to our universities, to all the things that we have allegiances to, but I think we have the power here to rise up above those personal things and truly make an impact globally.

So, I want to throw the question out to my colleagues here, I want to start the discussion but then I want to engage the audience. So, start writing down your questions and if there are things we haven't touched throw them out, any one of us, and let's keep the discussion going as long as Jared tells us we don't have to end it, whenever that time is.

So, to my colleagues around the table, let's talk about what we can do as a team that we can't do individually that's going to benefit human kind globally as it relates to eradicating this challenge of preventable disease. Who wants to jump in? Okay, I see a brave microphone moving down the end over there.

MS. CLARE MARTORANA: Hi, I'm Clare Martorana.

DR. CARMONA: Thanks, Clare.

MS. MARTORANA: And I think one of the things that we can do, joining together, is focusing on evidence based wellness, right? Really focusing on credibility and providing to the marketplace the opportunity to trust in what we say, so, that's my toss out to the group.

DR. CARMONA: Thank you, Clare. I'm going to back up one second and I was assuming that, you know, most of the audience knows who you are and we know each other, but can you just go around the room real quick so we're on the record for who, who is here. We would start on this side, please, - - and just go around very quickly.

MS. EDIE WEINER: Edie Weiner, the Future Hunters.

DR. ANDREW WEIL: Dr. Andrew Weil, the University of Arizona Center for Integrative Medicine.

MS. DESIREE WATSON: [phonetic] Desiree Watson, Wellness Interactive Branding.

DR. MIKE ROIZEN: Mike Roizen, Cleveland Clinic.

DR. MEHMET OZ: Mehmet Oz, Columbia University.

DR. DEAN ORNISH: Dean Ornish, University of California, San Francisco and Preventive Medicine Research Institute.

DR. PAUL LIMBURG: Paul Limburg, Mayo Clinic.

MS. MARTORANA: Clare Martorana, US Digital Service.

MS. MINDY GROSSMAN: Mindy Grossman, Weight Watchers International.

MS. MELISSE GELULA: Melisse Gelula, Cofounder of Well and Good, a lifestyle media site.

MR. MO GAWDAT: My name is Mo, I'm the Chief Business Officer of Google x until I quit last Wednesday because I'm focusing on a personal mission to make one billion people happy.

DR. CARMONA: Wonderful.

MS. MADELYN FERNSTROM: That's tough to follow. Madelyn, Madelyn Fernstrom from Comcast NBC Universal.

MS. ELISSA EPEL: Elissa Epel, University of California, San Francisco.

MR. JAN-EMMANUEL DE NEVE: Jan-Emmanuel De Neve, Professor and Economist at University of Oxford.

DR. VINCENT APICELLA: Vincent Apicella, Premier Family Health, West Palm Beach, Florida.

DR. CARMONA: Wow, so, you can see the immense expertise we have around the table and in the audience that there probably is no problem that isn't solvable by us working together as a team to eradicate all of that is this preventable disease. So, let's get in to that discussion now.

Andy, I want to pick on you because you have been a person that has inspired me for many years and I want to point out

to the group, there's a number of people there that, and I will single them out as we go along, long before it was politically correct Andy identified that there was a plague in society. Andy was the one 40 years ago when people thought he was a heretic that said, no, you're missing the point here. And I, and I teach with Andy at the university and I have the privilege to teach in his course and we usually do a wrap up that's something like this with all of our students. But Andy, stayed true to what the science told him and understood the value of looking outside of traditional Western medicine for solutions to this mounting disease and economic burden. And I want to start with you, Andy, 'cause I think probably of all of us you're the senior guy who tackled it first, even though we got a few other old timers here that I'll embarrass later [laughter] I'd like to ask you Andy to give some comments.

DR. WEIL: All right, well, I'm going to put out there what I see as a great challenge to the goal that you've set. And that is that there are very powerful vested interest in society that doesn't want things to change. And at anywhere that I've tried to look to see how we can push for the kinds of changes we want, you run up against the same kinds of problems. And I'll just give you one example.

A few years ago I got a letter from a first year student at the University of Pennsylvania Medical School in Philadelphia who had tried to start a campaign to get a McDonald's restaurant out of the University Hospital. The last note is, I think something like 40 percent of US hospitals had fast food restaurants on their premises. So, he had enlisted a lot of his fellow students to sign a petition, they had gotten publicity in the Philadelphia newspapers and he was then called in by the Dean of Students who said if he persisted in this he would jeopardize his medical degree. That is the problem that the hospital had made a deal with the devil, this was money for the hospital and trying to threaten that, you know, threaten that kind of a powerful vested interest that had a lock hold.

Some time ago I tried to get the food changed at the University of Arizona hospital, the cafeteria, the food is awful. And you would hear everybody complaining about it, the doctors, the Dean of the College of Medicine, there is nothing there for me to eat, but nobody did anything about

it. So, a notice when up saying that the cafeteria would be closed for renovation for three months. So, I thought, ah hah, here is a chance to do something. I asked for a meeting of everyone involved in the hospital cafeteria, I thought the opposition was going to be the registered dietitians because I had had run in's with that profession over the years. It's changing but there is still an old guard there that's tough. They weren't the problem, the problem was the food service providers, in this case, Marriott. And there were a few other big corporations that had a lock hold on food served in institutions, prisons and senior facilities, hospitals and so forth.

We had a meeting around the table, they looked at me like I was the devil, you know, their eyes on the bottom line profit, anything, any change they saw as a threat. I made what I thought were very modest proposals, how about just nutritional labeling on foods in the cafeteria so you know how much fat and calories. I said, how about you have one dish a day that's, that is approved by the Center for Integrative Medicine and the recipe is out there? I had Canyon Ranch to agree to do a salad bar for the University.

DR. CARMONA: Right.

DR. WEIL: Anyway, in every subsequent meeting everything was mixed, when it opened three months later everything was the same, zero progress. Now, I see this in almost every arena that I look at, we run up against this. I think that cannot be changed in, by individuals, it can only be changed by collective action.

DR. CARMONA: Okay, well, I think that's a good point and I see my friend Mike Roizen chomping at the bit over there.

DR. ROIZEN: [interposing] Well, just, just-

DR. CARMONA: --before you talk I just want to just let people know, because this is an important point, you have a bunch of traditional western practitioners here who were converted over the years. Roizen is a world famous anesthesiologist who we worked together at UCSF but he went on and did great things in anesthesia and was a Chairman of a department but he has recommitted his life, for the last couple of decades to pursuing optimal health and wellness, and a testament to how important this journey is. Mike, jump in there.

DR. ROIZEN: Well, just to give the example of the McDonald's, it took us 15 years to get rid of it at the Cleveland Clinic. Toby Cosgrove [phonetic] as his first move, I was actually his first hire at 7:00 a.m., at 8:00 a.m. he held a press conference getting rid of McDonald's, at 9:00 a.m. McDonald's wrote him a nice letter and said, our contract is longer than yours. [laughter]

DR. CARMONA: Yes?

DR. ROIZEN: And I, this is public so I can say this, and he then had the lawyers draft a letter for the day their contract ended, and it sat on his desk 'til the day he could deliver it to them, which was two and a half years ago, two and a half years ago on September 18th their contract ended at 12:00 noon, at 8:00 p.m. you could not tell there was ever a McDonald's there at the Cleveland Clinic. It got reformatted totally into an art gallery space. [laughter] And you could not, it, it's the fastest building project I've ever seen and it did not smell of French fries in that area. [laughter]

And I want to tell you, and this is, this is how we've done it. So, we have now fired four different purveyors of those large corporations. We, and what we have done is we have global wellness champions at the Cleveland Clinic, so, we have 250 who participate in this, voluntarily, they give of their time but they audit each of our, we have, this is ridiculous, we have 73 places at the Cleveland Clinic where we serve food, they serve food, in addition to the vending machines. The vending machines we patrol easily and can get taken care of, they are one company, and we make sure they have nothing with high fructose corn syrup, increased sugar levels, et cetera. We have a tight rein.

The food in the cafeteria is in other places, so we have those wellness warriors report once a month and if they break the contract by X amount of goods, they get kicked out, and this is how we've been doing it.

DR. CARMONA: Okay.

DR. ROIZEN: So, it took a CEO, Toby Cosgrove, who has been wonderful, but he let us, in fact, try and change the food. We've just eliminated, in fact, everything including the ketchup with high fructose corn syrup and added sugar in it. There's only two purveyors in the North America that we know

that do it. We picked one of them to do individual packs now, so, it is possible but it takes someone like the CEO, who is willing to stand behind you—

DR. CARMONA: [interposing] Okay.

DR. ROIZEN: --and get rid of people.

DR. DARMONA: Mike, those are great points, that's to what Andy spoke of, it really does take a team. Toby, of course, another cardiac surgeon who saw the light when he took over at, the leadership at Cleveland Clinic. And I, because of that, you know, we're soon going to see a theme develop here as to how it does take a community to address these issues, and it's not any single person, although it does start with the leadership and a person, often.

So, I would like to toss it to Mehmet now, because of two things; one, he's one of those converted as well, as I, recovering surgeons, if you will. I told this to a smaller group yesterday but, you know, 'cause when you ask a surgeon to name the best three surgeons in the world, they always have trouble naming the other two, you know? [laughter] And Mehmet tells me he is the best, so I am taking it at face value. But the point I want to, I would like him to make, 'cause he is, he has an important vantage point besides, I know you have something else to say but I'd like you also to touch on the power of communication, the platform you have that can inspire people to change their lives, which is what you do in your program, but also to effect policy change and administrative change that will benefit us all. Please.

DR. OZ: So, I'll merge the answers 'cause I think they are so interrelated. I think the average person who watches my show, and it's not just in this country, it's around the world, realizes the fix is on. And there's a lot of things happening and most of it is just BS, they're being lied to, they're being told things that aren't true, and sometimes they are being told things that might be true but they can't tell the difference, so, they become very skeptical of anything that they begin to hear.

And when they start to learn that radical ideas like diabetes might help, but might be helped by diet, again, for most people who view my show, it's probably 10 million people a week, they, they're stunned, completely disbelieving. And

that's important, because if they think the only solution to their diabetes is taking medications every day for the rest of their life, that's not a big time solution. It might keep them alive for a little longer but it's not really what they desire in life. And that anger is beginning to percolate more palpably.

So, this morning I just touched on it briefly, I was doing a show to, down in Del Rey. Florida is the biggest addiction community probably in the country for a lot of reasons and a lot of people come here for rehab. So, you know, how a lot of rehab centers get their patients? Just so you know, they get them from these halfway houses, these little treatment homes. So they, if the treatment home helps the person get better from their drug addiction, guess what happens, everyone loses money. Addiction is much more profitable than recovery. Addiction treatment is more profitable than money.

This is an example that's palpable. I was talking to people on the street where two people died this year, different incidents. And this little old lady, 83 years old, no one would talk to me, nobody, 'cause, you know, either they're involved or running away, and I saw a guy b--, in a motorcycle come riding up in a T shirt and the cop pointed out the fact that, you know, this guy was probably a drug dealer and everyone sort of scurried. And this little woman came out and said, I want to talk to you, which I was sort of surprised by. And she's in her, you know, coming out in her cane and she outran her walker, which she left behind. And she said, I want to talk to you, and she was waving the cane at me and she says, I've had enough. She said, there is a problem here, everyone knows it, no one says it. And I think that's where we are in health in America right now.

DR. CARMONA: Right.

DR. OZ: And it's emblematic what she said but I'm sensing that more and more loudly. So, to Mike's point, we need leadership and it's good to have it, but historically a leaderships would come, and Andy was mentioning and the person would just be, like, fi you're the only person that puts your hands up, guess what happens, they shoot you.

DR. CARMONA: Yeah.

DR. OZ: And then it's the next one and they say, well, the last person got shot so, it's like an IQ test. Do I really want to do that?

DR. CARMONA: Right, right.

DR. OZ: Medical marijuana, just as an example of that, you have the DEA quite clearly is scared of making a decision, the FDA pulls back and doesn't want to get involved even though they know what we're doing is wrong, because, you know, we're claiming this drug has no potential benefits, how, it stays a schedule one and it hinders research. Everyone knows it's wrong and yet people aren't standing forward.

DR. CARMONA: Right.

DR. OZ: And we're going to see more and more populous movements, as we are seeing politically, begin to color the fabric of American medicine, and that quilt that is being woven now is not one that is going to be friendly to people passively allowing moneyed interests to run the system. Most people in America only have one choice, do I want corrupt government to make the decision or corrupt industry to make the decision? And I believe there is an option that doesn't include either of those as the way to go. And it's people like at this conference who will be the vanguard, the Green Berets who will make that loudly apparent because folks want the change to happen, they're expecting it now, it's not like when the founders of this movement started this process, it's ready and it's ripe.

DR. CARMONA: Thank you, Mehmet. I think the theme that you see developing is we can effect change, when change has been effected it's because brave people in organizations stand up and accept risk to be able to effect that change, sometimes personally and that brings me to my friend Dean Ornish, who was waving his hand just now because I will point out that 40 years ago when he started publishing his literature when we were both youngsters in San Francisco, people also ostracized him. He stood up, he said no, I can show this works. And he was the first to show that you can reverse heart disease and as he says, it was a pretty onerous program back then and it was kind of like eating Styrofoam and he couldn't believe that people adhered to it but they did and they got better. And now we have a lot more. But I think the, one of the themes we will see as we go around the room is with many of

the individuals, including you, the audience, it does take a person or persons to stand up sometimes and push back on all of the special interests and challenges that we have.

So, Dean, give us some, your insight as it relates to how we can do this collectively and the experiences you have had that really have enlightened all of us and have empowered many of us.

DR. ORNISH: Well, thank you for your kind words, and I'd say, back at you and everyone else in this room as well. I love the quote from John F. Kennedy that we played on the video earlier today. We're going to the moon because it's hard and things that are meaningful are often challenging. And that, in some ways, you know, when you choose not to eat certain foods or choose not to do certain things and imbue those choices with meaning, I was suicideally depressed when I was in college and I could take all of the meaning out of something.

But I've also learned as I get older is that you can imbue choices with meaning as well. We can do it either way. And the worst thing about being depressed is that you think you're seeing things clearly for the first time, you know, all of the times you ever thought you would be happy you were just fooling yourself, that's the, one of the hallmarks of depression is the feelings of helplessness and hopelessness, that's where it really comes from.

And the power of darkness is to obscure that you even have a choice. And I think there's a lot of darkness in the world now and you, politically you see it in this, and so for me, medicine has always been, I've always felt like I've been living on bowered time, you know, 'cause I came so close to doing myself in years ago, and that gives you a lot of, one, a lot of courage to do this when you feel like, okay, well, how bad could it be? I'm still alive, right? If it doesn't work out I will learn something.

And I think that this become, for me, and I'm hoping for everyone in this room here that this becomes, this work, this moon shot, if you will, is a Trojan horse, you know, for a conspiracy of love, as I mentioned in my talk, to, because working with people when they are hurting, there's a vulnerability there that allows for an incredible degree of openness and intimacy and receptivity to change, and that is

true on a social level and it's true on an individual level and when you're working with people in your spa and your clinic and your hospital and your family, wherever they happen to be. And so, when we can see that as sacred work and see that as an opportunity to help transform individuals, but also health systems as well, because the health systems themselves are hurting and they're having a heart attack, if you will, it's not sustainable in it's current form.

And one of the things that I really appreciate about, you know, the light drives out the darkness, you know? And we can all be beacons of light here and using the excuse of, whatever modality of healing we are using as an opportunity to help people heal at the deepest levels and the, that's why I spent, you know, it took me 16 years to get Medicare to cover my program, because we were training people, we trained 53 hospitals and clinics through my non profit institute first, bigger changes in lifestyle, better clinical outcomes, bigger cost savings, better adherence than anyone had every shown, and a number of the sites closed down because they didn't have the reimbursement and that was the painful lesson that if it wasn't reimbursable that it's not sustainable.

So, I spent 16 years, we had the support of Bill Clinton when he was President, Newt Gingrich when he was Speaker of the House, 20 members of the Senate, 30 members of the House, heads of the AARP, you know, Board of Internal Medicine, everybody, and it still took us 16 years, although when I talk to people in government, I'm sure you can appreciate this as the former Surgeon General people say, only 16 years? You know? [laughter]

And what it allows us to do now is that Medicare will pay for 72 hours of training, we either do it with hospitals and clinics and physician groups, and we can also do with retreats, I mean, a lot of you are doing residential retreats, so, we can democratize retreats instead of just being affluent, educated people is the, the association most people have, Medicare will pay, you know, between \$7,500 and \$10,000 a patient to go through a 12 day immersion retreat six hours a day. So, then we can make it available to the people who most need it and really have a whole new paradigm. And so, if anyone is interested in learning more about that or working with us, just go to Ornish dot com and let us know and we'll get back to you.

But the last thing I want to say is, is that I think American culture, as I get older I have more of a long event horizon, you know, when I was younger I wanted everything to happen right away. And things that are harder just take time. You know, I worked with, you know, you mentioned McDonald's, I worked with the CEO of McDonald's 15 years ago and took a lot of heat for it. I said, let's just go into the heart of darkness and see, they have 42 million customers a day, if we can get them to change, even incrementally on that scale, is worth doing.

So, I got them to, I worked with the CEO to get them to, look, you're going to become the next big tobacco if you don't have anything healthy and I used that as kind of aikido approach to get healthy things on the menu. And they put salad on the menu but the problem was because of the perverse food subsidies that Andy and others have written about, the burger was 99 cents, the salad was \$5.95, so if you're on a fixed income you can get a lot more calories per dollar by eating junk food because it's subsidized.

DR. CARMONA: Right.

DR. ORNISH: And it doesn't price in the real cost to society. So, I would just say to each of you that if you, you know, it is hard doing this work but if you can see the work that you're doing as more than just, you know, unclogging arteries, lowering blood pressure, helping people lose weight, but it's part of a real transformation. 'Cause the thing that I learned, and I'll stop talking in a moment, the thing that I learned when I got suicidally depressed is that it's not just how long we live, it's what brings meaning into our lives, and if you use the work as an opportunity, because it's hard to do things that are meaningful for people that are suffering that is ultimately what makes it sustainable for them and for us.

DR. CARMONA: Thanks a lot, Dean. And Dean brings out a couple of other points and views that we'll be developing in this hour. You know, we're going to hit barriers, this is not going to be easy work and as they say in the military, if it was easy everybody would be doing it. And the only easy day was yesterday. And the fact of the matter is that special interest groups are well entrenched, it makes legislation difficult to move. But another thing that we just brought up

that I, we're going to talk about in another session but I wanted to make sure you understand, 'cause Susie was very emphatic about this as I was, that this initiative for a moon shot is for human kind, it's not for just people that can be in this spa or any place. We have the horsepower and thought leaders here that we can make this part of everybody's life, from the poorest to the wealthiest, and we have to do that. [applause] We have to do that.

We live in a world where children are still born that don't have clean water, sanitation or a vaccine and they die. Thousands, thousands, they don't have food every single day. So, what I admire about the global wellness, besides all of you being here is that we all have a heart, that we all understand that there is something bigger than us. We understand that we are going to make the world a better place, not just a place we work, not just where we have our allegiance and get a paycheck, but what I love about this organization, it demonstrates selfless commitment to a better world free of preventable disease.

DR. ORNISH: Can I just add one thing to that 'cause it's so important what you just said?

DR. CARMONA: Yes, yes.

DR. ORNISH: We trained, my colleagues and I trained at the St. Vincent de Paul shelter in San Francisco about ten years ago, and over 30,000 homeless people went through our program. 'Cause there's this, again, just to show that this isn't just for affluent, educated people.

DR. CARMONA: Right.

DR. ORNISH: And in some ways they did even better because they're not used to people paying attention-

DR. CARMONA: [interposing] Yes. And for those of you that are interested, we have a whole different session on dealing with the social determinants of health and how GWS is going to be committed to dealing with those populations as well. So, I haven't spent a lot of time on it now but I thought it was worth it in mentioning, since some of our speakers have brought up the importance of really addressing all. Other comments on our - - okay, so let's go first and after, you go next. Go ahead.

MS. MARTORANA: Thank you for this topic and this forum, it's very inspiring. So, I want to point out a couple things, one is the power of research to move the needle. So, Dean's program stands out as one of the only reimbursable lifestyle programs.

DR. CARMONA: Right, right.

MS. MARTORANA: And that's ridiculous and what many of you have programs that you know can prevent or, you know, prevent diseases from worsening or prevent disease period. And so, why aren't you studying them? Research is really hard to do, if you want a well controlled study that goes in a top journal, that's the only study worth doing, you know, you want to do pilot studies to get there, but that takes partnerships and my, people in my field are trying to partner with people like you who are running these phenomenal, you know, residential or outpatient based programs that are really making a huge impact on people's lives.

We don't get paid to do those intervention studies at NIH because they're too expensive. So, you know, we need to build partnership with researchers to do these residential retreat studies, I'll be presenting a residential retreat study or - - tomorrow and I can tell you, most powerful interventions we've ever studied, you know, compared to weekly classes where people have to remember, so, taking people out of their current stressful environments, the learning that happens and the, you know, the sense of change of self identity and connection to others is phenomenal.

DR. CARMONA: Right.

MS. MARTORANA: You guys have your hands on the heartbeat of, you know, what can help people, particularly at earlier ages and not waiting until they are retired and then they want to fix their health, et cetera.

My second point is about private interests. And I, I do think that's the biggest force against us and if we think about, you know, we're talking about food and drinks that are surrounding us, so, I just want to point out that we obviously want policy to rein in the big food and big beverage interests that are basically determining what most of us eat and drink. But that's not going to happen in the near future and we can have private sector solutions now.

DR. CARMONA: Mm-hmm.

MS. MARTORANA: We can, we have kids in schools, we all have institutions or own and run our institutions and this is a phenomenal opportunity, so it, you see a sale, for example, we have banned the sales of sugar beverages on hospital in every campus and, you know, that's great but, it's a great idea but if we don't have the data to show that that is acceptable and is making a difference, it's not going to be disseminated.

DR. CARMONA: Right.

MS. MARTORANA: So, we did a controlled pilot, people lost waist, particularly those having one soda, of course, it's the lower educated service workers, it made a phenomenal difference and now we're doing a big control trial and we got Starbucks, Subway, Jamba Juice, they all took sugar out of their stores to the extent possible.

DR. CARMONA: Okay.

MS. MARTORANA: So, anyway, it's possible. [crosstalk]

DR. CARMONA: Thank you, thank you.

DR. WEIL: Rich, can I make just a brief comment on that?

DR. CARMONA: Yes, yes. Go right ahead.

DR. WEIL: You know, if you go to the big food companies, their response is, we are just giving people what they want. It's market forces that control a lot of this. If people will begin demanding better quality food the companies will provide it. How do you get people to do that? By educating them. If you present information in ways that people can understand and connect with we will begin to make better choices, they will make better things and the companies will have to follow.

DR. CARMONA: Right.

MS. MARTORANA: That's right.

DR. CARMONA: And, Andy, one time, years ago, you shared with me, you were in an elevator, I don't know if you even remember this, and you were listening, you were humming along with the

musak [phonetic] and you realized it was a musak version of Bob Dylan's A Hard Rain is Going to Fall.

DR. WEIL: Yeah.

DR. CARMONA: It's, like, American culture can absorb anything if you really noticed that. [laughter]

DR. OZ: Let me just, but just to be fair about this in this area, I was on a plane a while back with a guy who is the executive for Chef Boy Ardee, I don't usually mention a name but it's so out there I'll probably just say it. And I was hammering this guy 'cause there is so much salt in that product, and it's for kids and why would he do that and doesn't he feel guilty? Doesn't he have kids? So, and he just listened to me, we flew over half the country with him not saying anything. And then finally he turned around and said, I'm going to tell you something, just to end the conversation, we took out two thirds of the salt. I said, there's no way. I would have heard about that. He said, we took out two thirds of the salt. I said, I would see it on the label, you would write, two thirds of the salt removed. And he said, we took out two thirds of the salt. And when I got home, I checked, he did.

And I, and they didn't tell anybody because they knew, not thought, they knew, because they spent a lot of time on this, it's their day job, we're just dabbling in their consumer products area. That people wouldn't buy Chef Boy Ardee if the salt was removed.

DR. CARMONA: Right, right.

DR. OZ: Because they knew it was bad. And so, we do have to change consumers, and part of it is our responsibility.

DR. CARMONA: Right.

DR. OZ: Getting folks to recognize they vote three times a day with their wallet. That's what matters.

DR. CARMONA: Thanks, hang on, now, Vince has been sitting patiently so we'll get Vince in and then Edie is going to speak right after.

DR. APICELLA: Well, now I'm just hoping to give folks is the 14 years of the boots on the ground sort of perspective in this

combination of traditional medicine and wellness facility and what we have done locally here. And I thank these amazing people for setting that path to give us a platform of legitimacy or else you would get shot, I've been chastised multiple times throughout my career.

I was one of those converts, I converted about nine years ago and I think the biggest question is, why do we have to be converts? You know, we need to change the way our healthcare professionals are educated from day one so we don't have to go through this process. [applause] And--, and I think, and then we'll be able to do more research and then we'll be able to educate even more. Imagine if every physician and mid level provider has some of the same experience and stories that we do. I asked my round table today that we spoke with, I said, where do you guys think that most physicians learn about chronic disease? We treat every single day. And they think that we learn that in medical school and residency, and the fact of the matter is that most physicians learn how to treat chronic disease from a pharmaceutical rep. And this is where we have to evolve out of, and I think together we can do that.

DR. CARMONA: Thank you, Vincent. Go ahead, you, you were waiting.

MS. WEINER: Well, I want to go back to the original idea of moon shot. [crosstalk]

DR. CARMONA: Yes, yeah.

MS. WEINER: And that was really born of the trip to the moon was really born of Russia's sputnik. And what that did was motivate an entire generation of people, young people==

DR. CARMONA: [interposing] Yes.

MS. WEINER: --school children, to really dream big and have done. And when I think about how we reduced the smoking rates in the United States, it was because our kids got on our case. And when I think about the whole thing about recycling, it's because kids came home and yelled at their parents for throwing things out the wrong way.

So, if there is something that the industry can do collectively, all together, and understanding what Dean said earlier, this takes slow change, it doesn't happen right

away, I think that if we start with the kids somehow, and get them educated globally, that will have an effect. And when we think about what Nicolas Negroponte [phonetic] did some years ago where he dropped computers into a village where they had never seen the written word before, ever, and he dropped 50 computers in and within a few weeks these kids were working these computers and within a couple of months they were hacking the computers. And they were teaching their elders what they were learning on those computers.

So, I think we need to, yeah, there are a lot, there are exceptions where we need to, have to go to the older generation to fix it, but I think we need to look to the kids and figure out collectively how to affect them and how to affect the world.

DR. CARMONA: The point is well taken and it reminds me of an anecdote when I was Surgeon General and traveling the world. And we were in a very, very remote village which was not even considered a developed, part of a developed - - I mean, we were in Africa. And the disease, famine, genocide problems were rampant in this area. And we thought about what could we do for this village and there were, like, hundreds of little kids, and what reminded me is what you just said, Edie, we got a tough book computer with a solar panel and we put it on a pole and we stuck it there and what reminded me was, I gave a presentation at a national meeting once and it was on health diplomacy and leveraging health as a tool for economic prosperity and development and peace and prosperity.

And I talked to the Sesame Street people at the time, and I did this presentation on, it was based on that incident that it had which I'll tell you about in a second, the case I made was that Sesame Street was the best State Department export the United States has ever had. And it's, and people were mystified, how can that be? I said, well, it's been around 50 years, it's translated in 120 languages and as I sat in this little village watching all of these kids who were illiterate on a computer screen with a solar cell watching Sesame Street in Arabic teaching them about peace, prosperity, health and things that are, also that are important. Think about the power of that to what you said. Where you brought the world to a third world country who had no idea and yet, these kids who grew up not eating well, they don't have the proper neural development, and live in strife

everyday, the stress we try and avoid, they are getting peaceful messages about health and wellness and prosperity in the middle of nowhere where probably it will take about a hundred years before it go there otherwise.

FEMALE VOICE 1: We have States in this country with communities in the middle of nowhere—

DR. CARMONA: [interposing] Agree, yeah.

FEMALE VOICE 1: --same thing. And food deserts.

DR. CARMONA: So, leveraging, yes, so, leveraging this and using communication effectively to give us, force multiplication to get this information out to every place which is why it's important we are all inclusive. Other comments, go ahead. Jump on it and we'll get everybody else.

MR. GAWDAT: On the note of technology.

DR. CARMONA: Okay.

MR. GAWDAT: Of course, it is really odd for me to be here, I'm a technologist who focuses on happiness and I have no idea what you guys are talking about, but I try, I'll try to give you an outside view, and I think it's an - - outsider view [laughter]. So, Dr. Carmona you started by saying this, it's been ten years in the making. So, if it's going to take us ten more years we might as well aim for where the board is going to be than where the board is right now.

DR. CARMONA: Yes.

MR. GAWDAT: And I will tell you openly now that I quit, the medical establishment is going to be disrupted in a very, very serious way. This is, the world in ten years is not going to be like this at all, and there is not going to be a physician pressuring anything, there is, of course, if the pharmaceuticals teach the machines that are going to happen and become, you know, the artificial intelligence behind it, then we need to teach the artificial intelligence not to - - learn from pharma, but it won't, by the way, it will just learn from patterns.

On top of that, the problems we are going to be facing are very, very different. The problems facing humanity in 25 years time, related to wellness, are not going to be

malnutrition or, you know, chronic disease, they are going to be a lot more about social pressures and, you know, a purpose and happiness and, you know, that what is happening today with robotics and artificial intelligence is that our machines are learning from a value system that is totally corrupt, and if we don't change that value system, what is going to happen is there is going to be more greed, more competitiveness, more, you know, foothold on profit or profitability but multiplied by several, several fold because the machines are going to be much smarter than that.

DR. CARMONA: So, let me say something 'cause, you, what you are suggesting is that is really important. We are not going to be able to achieve a world free of preventable disease and optimized wellness world without addressing some of these issues that are not directly but are indirectly going to be barriers to us, that's what you're saying. [crosstalk]

MR. GAWDAT: So the, from the challenges point of view, we need to start addressing the challenges that are going to start happening.

DR. CARMONA: Yeah.

MR. GAWDAT: But from the partnership point of view, my guess is that there is a very important partnership in the technology establishment around how we can build an environment where our future is built in away that is unlike our past.

DR. CARMONA: Okay.

MR. GAWDAT: And I think, and I think if we don't start to address that and bring them in as partners I think we are going to be talking to one very big missing component.

DR. CARMONA: Okay, that, let me get some - - so, I just, that's a good point. [applause] And I was, I would like those around the table with the expertise to be thinking about giving us ideas of how do we leverage that technology to engage individuals and populations to engender sustainable behavioral change to get to that goal of wellness. Next, go right ahead, we'll go right down the line there, okay, we'll get everybody in. Go ahead. [crosstalk]

MS. BURNS: So, it's a very good segue into Comcast NBC Universal.

DR. CARMONA: Yes.

MS. BURNS: We are a technology company, we have cable, and using the power of cable for - - so to speak, for health and so actually right behind Dr. Carmona is Dr. Tonya Benisson [phonetic] our Chief Medical Officer, and people like me who have mostly left academics or private practice as Tonya has done to build something better in the workplace. And that's a little bit of lower hanging fruit, I love everything I am hearing, but when you look at the workplace, you know, we call it our work family, our work husband, our work wife, we spend so much time here, and another way we are trying to approach this using more technology that also includes some people. Because I think our feeling was that you can't have everything be streamlined and automatic because having a person involved is going to be key. But meeting people where they are, to have programs that are going to be appealing and engaging but in the workplace we end up getting information from - - from your doctor and - - it back for yourself and then bringing it to your family, we start the other way. You get it in the workplace where you spend so much time.

It could be something like Andy is talking about, you improve your commissary, and we have a brand new commissary opening in Philadelphia that is going to have a lot of things we all dreamed about to make this a reality, things like keeping stairways open, all of these very easy things that can be done in a workplace where you can take this home rather than having things start in the clinic and then going back. So, having people in our team which Tonya and others have really accumulated to get a lot of disparate thinking and how do you get messages, how do you do things differently? Because people will respond to the right thing. I think we all fully believe, and I think especially in healthcare and I worked in obesity for many years and going, people don't want to do the right thing and I think we all believe, people do want to do the right thing. They just don't know what - - what it is, and also meeting people where they are. And I think we should all spend a little more time thinking, for example, in our company, we want everyone to eat better. We can't tell our employees at Telemundo, okay, you're going to have Greek yogurt and a banana for lunch. That's just not going-

DR. CARMONA: [interposing] Interesting.

MS. BURNS: --it's not going to work. So, when you have focus groups and we have more than a 150,000 employees all across

the country and I hope Tonya will comment later is the idea that you want to meet people where they are, find these small changes that they are willing to do because people will do a little bit of a good thing and then if they get a small amount of satisfaction or benefit or perceived benefit, then that's something that is helpful.

DR. CARMONA: Thanks very much for that comment. And what I want to do is take the last comments and then we're going to start opening it up to the audience for all of us to respond. But I think the points you make, again if I could summarize it, you know, this glorious world we live in which is so diverse, the nation we live in which is the most diverse nation in the world, which gives us strength but yet paradoxically divides us every day. And how do you take that science that we all know, translate it in a culturally competent and health literate manner to an end user, a fellow citizen where all we want to do is effect sustainable behavioral change. It's really the challenge, that's the equation, how do we get there? Please, go ahead.

MS. GELULA: Hi, Melisse Gelula from—

DR. CARMONA: [interposing] I know, I'm going to get over to Desiree, I'm going—

MS. GELULA: --hi, Melisse Gelula from Well and Good. I think a big answer to this question is making sure we have journalist based media companies that are doing a fantastic job on reporting the applicability and wellness of everyday life.

DR. CARMONA: Mm-hmm.

MS. GELULA: I am feeling very hopeful from my seat at Well and Good, this is a company that is eight years old and the sea change that I have seen among our largely millennial readers blows our minds every day. So, I grew up in an era where women's magazines were about fitting in to a dress size and an ideology, it was not journalism, it was a hold over from our grandmother's era and our great grandmother's era's, a way of thinking about health and wellness that women today do not relate to whatsoever. Wellness is something that adds to your life, I think all of us are here from that perspective. Whether that's Soul Cycle or green juice or giving back in your community. And so, for me, just seeing how the things that, you know, we used to have to defend when we started

Well and Good about taking wellness seriously. To me, it's incredibly heartening to see so much of the American economy actually now stimulated by these categories.

DR. CARMONA: Right.

MS. GELULA: I mean, just to be a little, like, Millennial, the leggings category alone, athlesisure [phonetic] is driving the fashion category, healthy food is actually driving in a lot of areas in the food category and clean beauty versus traditional toxic laden beauty. I am seeing a tremendous amount of hope from the purchasing decisions of this younger generation who we are speaking to and who speak right back.

DR. CARMONA: Yes.

MS. GELULA: They are really engaged and passionate and get together around these ideas. There is an organization in New York called The Big Quiet, mass meditation, I'm probably the oldest one there in my mid 40's. [laughter]

So, I'm really heartened to see that, you know, we've been talking a lot about what's been happening in the hospital scene and it's important, I come from a medical family, my dad has worked with the Cleveland Clinic, my mom is a hospice director, I trained for six years as a psychoanalyst. I believe that we are all here to make positive change and I think Millennials care incredibly about it. Their interaction right now might be on the brand level, it might be on the Soul Cycle level but I think we're going to see that they are hard wired for taking this ball and running with it like never before.

DR. CARMONA: Thank you, and let's, thank you very much.

[applause] Let's get to Desiree, and right after Jenna Manuel [phonetic] and then we're going to open it, open up, so last from us and then we'll open up to the audience. Desiree, please. [crosstalk]

MS. WATSON: So, I, first of all, agree with everyone but I really had to come back to the fact you mentioned in your opening about distribution. I am, I don't even know where to begin and I am going to try and make it as short as possible because with all of this knowledge here right now, I eat, sleep, and lose sleep on distribution. So, when you are looking at grocery stores, there are maybe 38,000 and they

are maybe not in the areas for fruits and vegetables, we can go into all of that and I think we know this. But I really would like us to create, this is the discussion I would love to have, create a new distribution channel so that we can leave this for the young people, because everything you are talking about is true.

So, I'd rather just use one example, so, I am one of 16, my parents had 16 kids, I have 11 sisters and four brothers, right? [laughter] So, statistically when you think about medicine, and, of course, I love the doctors who integrated all things well, I love you guys. So, if you think about us, we should all have diabetes, we should, you know, unfortunately also have breast cancer. But I'm saying this because - - didn't miss us, and I know there are a lot of science behind maybe a gene or two, but there is that conversation you mentioned before, Dr. Oz, about, you know, people want change. No one is sitting in their home saying, don't come to me. Everyone wants a healthy lifestyle. They will absolutely save, not save for a handbag but if you tell them how to save on being healthy, they can do that, and I'm talking about low income people and I'm talking about supporting UN women who are doing work all over the world, I'm just saying, come on, we've got great minds here, we need to create a new distribution channel. And, oh, by the way, I asked my daughters about that and they said, create a new distribution channel because it's not getting to all of the levels.

And on the last note, some of the companies that you all mentioned, my company really works with branding organizations and corporations to get closer to community social responsibility. So, it is ground work.

DR. CARMONA: Mm-hmm.

MS. WATSON: You know, really moving up. So, there is two health insurance companies, major health insurance companies that actually sponsored a faith based initiative which they didn't want to talk about, they didn't want to go into the press, but it's a huge health insurance company that said, yes, well, we can't advertise about faith based or we can't adversaries going in to this community, but maybe you can do it and what we did was created a wellness lounge so that we could get people closer to the conversation and closer to

being well. We incorporate complimentary alternatives and sustainability, all things well. So, I think it's just, recreate something.

DR. CARMONA: Thank you, Desiree, thank you. [applause] And I--, to, to your point, tomorrow we will have a session where we are going to be talking about all of the distribution networks, social determinative health, the impact of connectivity and all of those things, the fact that a zip code is predictive for your outcome, things like that we'll be talking about tomorrow in the other room. But thank you for bringing that up. Jean Manuel, please go ahead.

MR. DE NEVE: Thank you, Richard. So, it's such a privilege to be listening to all of these experts and also going rather last, or - - people on the panel which allows me to detect maybe a bit of a theme throughout and it's pretty clear that we're all arguing and urging behavior change for healthier lives. It seems to me that we've also idne--, we're also identifying the main obstacles to that, which is - - the points that were raised about special interest, I think is standing in the way, second the options were raised about, say, operational structures and an important point was raised, and I think perhaps even the more, the most important in this - - is the culture change to get people to prefer healthier lives.

But I'm going to put on my boring economist head and I'm going to ask a very even more basic question, and it kind of plays on what Dr. Oz was also saying about we vote three times a day with our wallets, and he is absolutely right. But the boring economist in me says, we also have budget constraints on our wallets. And so when I hear Dean say, when I heard Dean say that a salad at McDonald's, I'm from Europe so I'm not very familiar with the prices of McDonald's in the US but if in the US the salad is five times as expensive as a burger, then we have a more important problem to solve, even more than all of the other problems combined, which is we need to make it cheaper and easier for people to make the right choice to begin with. So, even if we can change the culture, even then, people would not be able to afford the healthier, healthier goods. So, So my question to you is, in addition to all of the other obstacles, I would say one very important one is, how can we make it more affordable and to do the right thing in terms of health?

DR. CARMONA: Thank you, thank you. And so what I'd like, what I'd like to do now, if I can hold the, hold the comments here? [crosstalk]

Okay, did she go? Okay, did you guys? I didn't see your hand up, I apologize if I missed you.

DR. OZ: He's got a little schetoma [phonetic] in that part of his eye. [laughter]

MS. WEINER: I just want to say one more thing on the power of partnership, and we have a lot of media people here. The impact of partnership through maximizing social equity and sharable content is very powerful.

DR. CARMONA: Yes.

MS. WEINER: We each have different levels of expertise in different categories. So, we come together and leverage the diversity of the expertise and have one voice. So, for example, just in the United States we have 15,000 meetings a week, that's not including the amplification of content in our digital platform which is massive. So, how do we partner on that content so that we're going to be the experts on food and on science and in eating? How do I help people holistically by leveraging the other expertise in this room, because the amplification and shareability of that message is huge.

DR. CARMONA: Great points. Let's go ahead—

DR. WEIL: [interposing] I'll make it quick.

DR. CARMONA: Yes, go ahead, thank you.

DR. WEIL: I think another thing that we can do better together than any of us can independently is speak with a common message. We may all think we know what we're doing together but it, it would be great for the Global Wellness Institute or the Summit to take on that challenge as a way to activate the moon shot. Thousands of voices singing different songs is a lot of noise. Thousands of voices singing the same song across the globe is hard to ignore. [applause]

DR. CARMONA: Agreed, agreed, very good. Very good. So, who has the mic? Jared has the mic? Well, why don't we - - and you

just, why don't you pick up so I don't get blamed?
[crosstalk]

JARED: All right, sounds good. So, are you live? Okay, so I'm actually going to open with a questions of my own and then I'm going to circulate the mic and we'll try to get as many as we can. I'm going to start with a shameless plug for a panel that I'm going to be moderating here tomorrow about the intersection of wellness and technology. The reason I'm mentioning that is because my question really has to do with that.

As I listen to all of these brilliant people about, you know, all of these amazing things I am thinking about the fact that if we really want to change wellness behaviors isn't that, part of that about changing the incentives? And one of the things that we study a lot is what is happening with gamification, not just as a concept but how it is being meaningfully applied. To those of you in the room who may not be familiar with gamification it's really the idea of applying game or gaming mechanics to non game settings. And so, it's using rewards and new kinds of incentives, leveling up and social capital to change behaviors.

And we think about, for example, you talk about the younger generations. When you think about the things that are moving the needle and giving people sort of the social capital that they crave, particularly the younger generations, how can we apply the rules of gamification to change the incentives, to change wellness behaviors? I know it's a big question but do any of you have any thoughts on that?

DR. CARMONA: Anybody?

MR. GAWDAT: So, there is no doubt that gaming is, for a technologist is like the, what I do everyday, right? So, I'm still a video gamer, I'm not ashamed to say it, but [laughter] but the truth is this, life is a video game, as a matter of fact, I talk a lot about that in my happiness, you know, line of focus. And the reality is that gamification should not be separated, it shouldn't be part of the technology only, I think gamification as a concept should go a lot more into the real world when it comes to wellness. It should be triggered and enhanced and, you know, and grown a little bit through social connections, through competing and so on.

But you take something like My Fitness Pal or you, or any of your fitness applications and the gamification here is creating a competition that is across the world through just sharing using technology. But it's not totally offline in technology. Truly impactful, I think, it's truly, you know, drives behaviors but it's not something that I think should be separated, it should be aided.

DR. CARMONA: Well, I think, I think that we take it, quick comment on this, first of all, what the gamification does is, the first thing is engagement, somebody is interested. Are they happy doing it? They get pleasure doing it. Those have neuroplastic consequences. Basically it enhances your cognitive ability. It makes your neural network stronger. So, it's just another portal that we weren't used to before. But because you get pleasure, you get happiness, we can tie that together and it enhances cognitive ability over time. So, some very positive things to be thought of as well. The military is using that now to train it's, all of its soldiers in everything from combat to - - practices with gamification, and in a very positive way. And you can reach, going back to distribution networks, you can cover the world with one game. And, you know, we have to deal with culture and language, of course, but that's an important point as well. How about other questions? Jared, jump in there and get some folks - -

FEMALE VOICE 1: I don't have a question. I have a comment. I work for the School District of Palm Beach County, it's the 11th largest district in the nation. And we have a 193,000 students here in Palm Beach, 22,000 employees and our free and reduced meals is 64 percent. And wellness actually became a conversation 13 years ago with Dr. Oz as we brought him ten years ago to our district. It really is really, really difficult. We really all need to kum bay ah [phonetic] and work together and speak the same language. Because as I came, my background is in Public Health and everybody's business is Public Health. We really need to focus on children and we're impacting little kids, big kids, and, in an education forum sometimes that's not their focus. So, when you come in and you are talking about wellness it's, like, speaking a different language and how do you transfer that in to return on investment on insurance for the employees and getting kids more active and infusing games so that kids can be more interactive and gather more energy,

it's been a work in progress. It's been lots of baby steps. And we continue infusing and moving and never stopping and keep moving on.

I think that this is exciting. I am so humble and honored to be around these amazing people. I didn't know of this global place, wellness, 'til actually Thursday evening and I had no idea I was going to stand here today and tell you that school districts are looking for collaboration, for partnership, more of that where Edie mentioned, it starts with our little kids. And I welcome anything that you guys can do to help our school district in Palm Beach County but also all of the districts in the nation. Thank you. [applause]

DR. OZ: Rich, if I could just, I fi could offer a thought, so-

DR. CARMONA: [interposing] Okay.

DR. OZ: --we have a program called Health Corps.

DR. CARMONA: Yeah.

DR. OZ: And it's based on the principle of the Peace Corps, you take young, energetic college grads and put them in school systems around the country. Now, we are not taking advantage of service learning. We, when you activate these kids you don't just take one kid and teach them to eat better and they go off and live their life. You get them and their families and their communities engaged and you're thoughtful about the insights, whether there's a technology insight to get their game on or there's a different way of making sure that they're going to a place that no one has ever thought about not eating lard and educate them about it. They go out there and they will push for change. It's been incre--, we helped change the bodega in Manhattan to serve healthiest food by getting all of the kids who were in Health Corps schools to tell their parents to only buy from bodega's that stocked whole wheat bread. One little move, but it happens, but we need everyone, and Paul's point is the right one, singing the same hymnal.

DR. CARMONA: Right.

DR. OZ: And that's one all equal - - and we should be in our local communities going to the schools, they are desperate. I haven't had, we are all over the country, I haven't had a

school system yet, whether it's one of the largest ones or the tiniest ones who wouldn't happily welcome us.

DR. CARMONA: Right.

DR. OZ: We just never even, they don't know how to ask us, how do they know how to call Mohamed? They're not going to pick up, they don't know who he is. They can't get on and call 1-800-Google X, they don't know how to call Desiree, they don't now they exist.

MALE VOICE 2: Look at what a poor job we do at health education. I mean, think about what you got as health education. It was unhealthy people standing up in front of a class telling you you should do something because they're telling you to do it. [laughter] I mean, this is a wide open field. Health education could be marvelous and I think the use of video game technology to edu--, I mean, that's a fantastic potential there. I mean, you start with conveying the principle, for example, that the body has healing abilities. Imagine, that's such an easy concept to put, should we start, and I think health education should, from kindergarten though 12, on through college, on through professional education-

DR. CARMONA: [interposing] Right.

MALE VOICE 2: --we do a terrible job at the moment.

DR. CARMONA: We do, Andy, to your, to your point, and one of the things I'm very heartened about if you look across the nation in graduate schools, one of the fastest graduate programs is Public Health, Master's in Public Health, and Bachelor's degree in Public Health.

So, I have, you know, cautious optimism that we're getting an army trained of health warriors. Let's get some more questions out there, okay? Go ahead, please.

MALE VOICE 2: It's been said that wellness is about we, and, you know, I really appreciate all of the discussion here but there's a lot of first world issues and I think the single most important health issue on earth is bathing, and it's counterintuitive, but at the moment one in three people on earth can't bathe. And there's about a billion people who don't have drinking water.

DR. CARMONA: Clean water.

MALE VOICE 2: 2.4 billion people can't bathe in clean water. That means they can't wash of feces, urine, menstrual blood, and there are also 2.4 billion, same number, with tuberculosis at the moment, and this is a, you know, we have to bring these people with us. And the spa industry, the hospitality industry, hot springs and bathing industry sells bathing. And I'm working with that industry to create Bathe The World Foundation.

And what we are aiming to do, we are petition the United Nations for World Bathing Day, June 22nd. And we're also trying to get a campaign where we add a dollar to hotel bills. And just like it's a standard in hotels to have a little letter in the bathroom to say, please hang up your towels and help save water and save the environment, I'd like to see a standard that says, when you sell bathing the hotel room, right, you add a dollar to the bill and that goes to the, you know, to give bathing to someone who, that's not possible right now. There are 20 million hotel rooms in the world. So, this industry, this wellness industry, you know, how can we do a little bit together with some practical things? Well, potentially \$20 million a day could go to help people to bathe, and once you have the basics, you know, fresh water and clean water to drink. And bathing is not just about basic health, it's about dignity, it's about confidence, it's about comfort and it's a social, peaceful, multi generational multi cultural activity that we all take for granted. So, I just would like to put that on the table whenever we are thinking about the moon shot, let's take the whole world with us. And currently one in three people don't even have the very basic human dignity of washing themselves.

DR. CARMONA: Thank you, your point is very well, very well taken, thank you. [applause]

MALE VOICE 2: Clean water.

MALE VOICE 3: I just wanted to raise a question, perhaps Mo or Dean. Perhaps we are putting a lot of attention on the thicker end of the wedge here as well. And I'm just wondering, you know, with, there's so much attention in our societies on me and what I get, whereas maybe the answer is going back to some simple virtues of relearning care for others, kindness, service, because I feel that when we're selfish at some level we degrade ourselves a little bit. But

when we do something that's really kind for another person, no matter how simple, we elevate how we feel about ourselves. And I'm wondering if you follow the thought that if it's almost impossible to feel good if you don't feel good about yourself. And if you don't feel good about yourself you're probably not going to have much reverence for your body or any reverence for what you put into it.

So, I'm wondering if through kids and education, perhaps whilst we're working on these bigger issues of drug company domination and the food industry domination if we can start at a really simple place and go back to those basic human values of practicing the virtues of kindness, care, compassion and service to others, 'cause mother nature is trying really hard right now to teach us service to others. 'Cause you look at all of the amazing things that people are doing out there after disasters. So, just like your comments on that.

DR. ORNISH: Can I respond to that briefly?

MR. GAWDAT: We got Dean, go ahead.

DR. ORNISH: Real quickly, I mean, Aldous Huxley called the perennial philosophy of love and compassion and forgiveness which you find in all religions and spiritual groups once you get past the things that they fight and kill each other over. [laughter] And the Dalai Lama once said, be kind whenever possible and it's always possible. And I think that's really the essence of healing, you know, healing really, as I mentioned briefly in my talk is about bringing people together. And when we have our support groups they're not support groups around staying on the particular diet or types of running shoes, it's just creating a safe environment where people can let down their emotional defenses and just talk openly and authentically about what's really going on in their lives without a fear that someone is going to judge them or give them advice or reject them. And ultimately it's a place where people can really have that same sense of love and compassion for each other and for themselves. And in my limited understanding that is really the deepest area of where healing occurs.

DR. CARMONA: Thank you, Dean, we got another question?

JARED: One over there.

DR. CARMONA: Okay.

DR. BACO: [phonetic] Hi, my name is Dr. Baco [phonetic] I am a family practice physician in Wellington with Dr. Apicella. I have been in the works, working with my patients and trying, I too am a convert, I am functional medicine trained. To the comment with regards to training the te--, the children. While I think that is a great environment to do I do believe we need to take it back home and teach our kids the way, both to love themselves, whatever their faith is, and their foods. And the reason why I say that is because I am very big on nutrition. I have four children that go to a school that give 30 minutes, 30 minutes of time to eat. I don't care if you give them the most organic food out there and present with them the salads, they don't have the time to eat the right food that still will cause the same inflammation, the same type of rancidity in the stomach, it's going to cause problems.

I know my children, 'cause I teach them, they will go to the teacher when they are handing out these donuts for birthdays or whatever and say, I'm going to pass 'cause I think there's processed food so, my teachers come to me and go, your daughter Gigi, she'll pass on that because she wants to make sure there isn't any artificial flavoring or inflammatory things in there. So, being taught at home really makes a difference and my kids teachers tell me that.

But secondly, when I had gone to Europe to see my family during school, they get an hour and a half of lunch, an hour and a half, I went with my cousin and we picked up her daughter and they had a full hour and a half, we went out to lunch and then we dropped her back off again. That's mindful eating, that's eating with family and socializing.

So, I guess my point, as much as I would like to make a change in school, we've got, to Dr. Oz's point with medical marijuana, I just came from a conference on medical marijuana and when you essentially look at the political changes that are happening very much so, they just passed it to be legal in Florida, there's a lot that's being said. We've been lied to. Back when President Nixon was there he's the one that just said, we're going to put that as a schedule two, for a political move because of money, not because it was the right thing to do.

So, I just feel like what we need to do, if we're going to make changes sooner than later we need to work on a more political level so that we can change the school system. Because as much as we try to educate and I'm the biggest educator out there, we need a system that is not constantly trying our hands out there. I did a program called First Line Therapy in my medical practice and let me tell you, you get reimbursed so little and I gave a lot of just free time because I wanted to make a change for my patients.

So, I just always feel like my hands are tied because of a lot of political things, a lot of policies that keep me bound, so... That's all I have to say.

DR. CARMONA: Thank you, thank you doctor. So, quick, quick comment before the next question. One of the points she raised, I think, is very important and there is many of them. But the one I want to address is the one of mindfulness, this is an emerging area of science that is being that is a great deal of basic science behind it. And as you said, if you stuff all of your food down in five minutes you won't have time to digest and not thinking, one of the things that I, as an example I want to give you, we used to teach, at Canyon Ranch we give mindfulness lectures that were stuck in just about everything we did to talk about mindfulness. We have a whole week now that is just mindfulness. And people said, well, Rich, how can we spend a week on mindfulness? I said, well, mindfulness in exercise, mindfulness in sleep, mindfulness in relationships, mindfulness in sexual activity, and by the end of the planning period our team came back to me and said, well, Rich, we don't have enough time in the week, we need two weeks for this now, because that's how important it is and we know we can correlate mindfulness now with cognitive ability, okay? And the message you're sending your genes to make neural networks. So, it's hard science behind this now. We have to do a better job as the doctor said. Other questions?

GINA: [phonetic] Hi, I'm Gina, I'm from Mexico City and I, it was a comment about the food and the, and the school in Mexico. You know, we have a very large, we had a very large obesity problem in Mexico and the Secretary of Education made a very important change in the way the food was distributed and what kind of food was distributed in public schools in Mexico. We have 17 million children that go to K-12 and they, now they

don't have any food that is, how do you call it [crosstalk] processed food and junk food, they don't have junk food now in the schools. And they put a heavy tax, which I agree with you so that, you know, before it was cheaper for the workers to drink a Coke than drink water. Now they put a 35 percent tax on soft drinks of the Coca Cola, who are very, you know, quite upset with the government. Also PepsiCo was upset but they had a, I mean, it really made it incredibly low the amount of Coca Cola products that were sold in Mexico and the obesity rate went down enormously.

And the school is making a great change, I am very much involved in education and the school changed a lot. They have, I don't know if it's, they don't have half an hour to eat, and they do give a good time, not an hour and a half because they would be long in class as well, but I mean, they have a good time to eat and they have nutritious food, even the public lower, I mean, actually, no, Mexico is quite, you know, it's not, poverty is there. And even in those schools they forbid the junk food and forbid the processed foods. So, that's making a big, big change.

DR. CARMONA: Thank you for your comments, thank you for your comments. I would ask you a question. Do you remember Dr. Julio Frank [phonetic]?

GINA: Yes.

DR. CARMONA: So, Dr. Frank was the Mexican Health Minister when I was Surgeon General and we spent a lot of time together. Mexico was doing better taking care of issues than the United States and Julio used to say to me, both in Spanish and English, he would say, Richard, why don't you try this? I would say, Julio, why don't you come and meet my Congress, okay? [laughter] Okay? Because he, and he is now the President, he went to Harvard - - and now he is the President of the University of Miami, okay? He's one of the most forward thinking, smart guys in the country as it relates to health and Mexico showed us up on a lot of those issues back then. So, I just want to let you know you're, you're points are well made. Thank you.

GINA: - - the healthcare in Mexico is 110 million people and it's working.

DR. CARMONA: It's working, it, it is. But that's a whole other issue, though [laughter]. So, let's get a question.

FEMALE VOICE 3: Yeah, I just want to mention one thing.

DR. CARMONA: Yes.

FEMALE VOICE 3: We're talking a lot about the food issues in schools, well, there's activity issues that are extreme because—

DR. CARMONA: [interposing] Yes.

FEMALE VOICE 3: --we cancelled all of the classes for those of us old enough, I was in the JFK program in elementary school where you had to work out. But I think we have to use gamification as creative. So, just an example, I'm involved with the US Fund for UNICEF. There is something called Kid Power and it's dealing with obesity in children in the US and malnourishment around the world. So, there is actually gamification where the kids in the schools, and they are given it for free, they have to do activity, they win points, and when they get to a certain level of points it unlocks a packet of nutrients for children around the world.

DR. CARMONA: Mm-hmm.

FEMALE VOICE 3: So, we're helping kids here be active and we're feeding kids somewhere else.

DR. CARMONA: Good.

FEMALE VOICE 3: And it's applied through gamification. And we have to be thinking of other things like that.

DR. CARMONA: Yes.

FEMALE VOICE 1: Because the schools are not putting the programs in, we have to put the programs in the schools.

DR. CARMONA: Thank you, thank you.

MR. GAWDAT: Yeah, I'll make a very quick—

DR. CARMONA: [interposing] Yeah, Mo, go ahead.

MR. GAWDAT: --so, it is not an understatement to say that kids don't learn in school anymore. Kids learn on the internet.

We can reach them, we can make them the power that, you know, that makes the change.

DR. CARMONA: Yes.

MR. GAWDAT: I know, you know, to Jean's point, I think the idea really is an economic challenge, fi they knew what the right thing was, would they be able to do it? But definitely we need to reach them out there so that they can make the change.

DR. CARMONA: Thank you. So we got a few minutes left, let's get a couple more questions. Go ahead.

MS. CHRISTINE CLINTON: [phonetic] Hi, my name is Christine Clinton and I am the Chair of the Wellness for Children Initiative. And we have been working on a pilot program with 300 children in Ireland and we really started with something very basic called the five senses solution where we encouraged the children to use their five senses every day. We created just some very simple templates for the teachers to be able to implement these programs with really very little cost because it was using the children to use their own sense and some of these activities that they do every day.

So, I live in Philadelphia and we will start to work with some programs in Philadelphia school district there. So, there are programs, I would be happy to talk to you afterwards. We're just building on the very basics with the children, teaching them how to self love and how to extend that to their classmates because we understand the importance of empathy and how to, how to be human again and how the children can just learn from the very, very beginning.

So, in this program we started with six months olds and go up to 12 year olds in an after school program, so, we're starting with the babies with the very basics, with touch and we've encouraged the parents to come along and see what we're doing as well. So, this, the feedback has been phenomenal and we're very happy with it and I'd be happy to talk to anybody about it afterwards.

MR. CARMONA: Thank you very much.

MS. CLINTON: Thanks.

MR. CARMONA: Jared, how much time do we have left? This should -
- we go on? Jared?

JARED: Yeah, I think we probably have about three minutes left,
so we have time for maybe two questions.

MR. CARMONA: Okay.

JARED: So, I have one back here.

MR. CARMONA: You guys, why don't you pick one then, okay?

JARED: I have one back here and then you find someone else for
the final question.

MR. CARMONA: Okay.

MR. MARTIN GOLDMAN: [interposing] Hi, good afternoon, Martin
Goldman. And I had the pleasure of sitting on a roundtable in
London with Julie Bach [phonetic] Wellness for Cancer and it
was in an absolutely amazing event and I'm going to try and
keep this very quick. That was six months ago. We have to
keep the traction going, we have to keep that momentum going.
We have to see more of these events. So, that was the first
thing we need.

And then from this panel of unbelievably intelligent people
in the arena, we need to ask designers of wellness templates,
we need to get in your head, we need to understand the
research that you have had and what you have created and what
you have experienced in the last 20 years and put that in to
bricks and mortar. Because I, as well as, as fast as the
industry is moving our bricks and mortar are staying
stagnant. We are, like, trying to use the Nokia 6120 mobile
phone in today's day and age, it just doesn't work, there's a
huge syntax error there.

The third point is, we hear Donald Trump talking about false
news, but what about false food and the point I want to make
here is, the biggest supporter of the London Marathon is
Nestle. You'd be probably better off eating a wrapper than a
chocolate that Nestle gives us. How do we combat that?

The very final point is, and I was staggered at this, in the
in flight magazine from Lufthansa the United Nations predict
that 66 percent of the population will live in cities by

2050, that is 180,000 people a day moving to the cities. How do we want to give them fresh food and vegetables?

DR. CARMONA: Thank you, thank you, and I think with many of the comments what we realize is we need as we move in this moon shot to have these discussion about appropriate strategy to engage industry in general because simply calling them out doesn't work. There are strategies that have worked that we should continue to discuss and how to implement those. Another question? Yes, - -

BALDEGAR: [phonetic] I have a question for real. And this is primarily for the medical side of the data panel. My name is Baldegar [phonetic] and I would love your help to help us to break into the United States with a charity that we have been doing here for a long time I Hungary where what we started doing was I had leukemia when I was a child, my parents actually took me out of the hospital and give me nothing but organic and biodynamic food and I really greatly considered my recovery due to that. And then since I moved over here I went back to Hungary and I started to bring their organic and healthy food to sick children on the chemotherapy and while they are in the hospital. And that was not a problem at all, we've served over 50,000 meals so far. And the cold pressed juices and organic meals. We started that initiative as well in Canada but in the United States we have an incredibly hard time to go in to a hospital and tell them, here is some organic food for free, take it, like, you know, use the money in your budget and give it to more research or hire more nurses and give more medication but the red tape is so incredible that we are unable to actually do anything with it.

So, my question is, what would you advise us to do?

DR. ROIZEN: I can tell you this-

DR. CARMONA: [interposing] Go Mike, please.

DR. ROIZE: --a number of hospitals - - have farmers, a number of hospitals have farmer's markets. You could do it in that, for example, at the Cleveland Clinic we run 17 buses from churches to the farmer's market and subsidize the farmers to have people who can't afford that food to buy it. So, you could do that and I'll bet other hospital--, other, I think Mayo does it as well, I don't want to... And I'll bet you

could get a coalition of 50 or a hundred hospitals together pretty easily to do that at their farmer's market or serve it in, you know, a number of us, at least we do, we have a plate, we have subsidized senior food on Sundays for all of the people in the community where we have literally, and it's hard to find enough green in that, in those subsidized foods, so I bet you could do that easily. And I would be happy to help with that.

DR. CARMONA: And Jared, thank you, Mike.

JARED: So, before I pass it back to you to just finish up, Dr. Carmona, I just would like to say, I know we could not get to all of the questions in the room, we simply don't have enough time right now. But I do believe that most if not all of the participants on the round table are going to be here for the bulk of the programs. I would encourage anybody who did not get to ask their question to follow up with the participants in any of the other forums that are provided.

And then, before I give it back to you I would just like to give the mic over to Denise for one second to make an announcement.

DENISE: Thank you, Jared, and to your point, a couple points about gamification, right? So, we talked this morning about the Breakers and its workplace of wellness. We have incentives, we have incentives in place, wellness incentives that are both technology driven, that are both healthy competition driven, that are incentive driven, financial incentive driven. We talked about our healthcare costs this morning, and a lot of that is because of those incentives that we put in place. So, last year we had 65 percent of our team members engaged, this year we have 80 percent of our team members engaged. [applause] Yeah, thank you, thank you.

We've talked about healthy eating in the schools, right? Well, if you go into our café, that's what we preach and that's what we have. We took out the bad stuff and we have the good stuff in there and we're eating the good stuff. But we educated them first on why they should be eating the good stuff. So, it's here, it's alive and well.

We talk about mindfulness. We have a mindfulness coach that is on staff, she is actually going to be doing a mindfulness

workshop for you all tomorrow if you want to join her and she does mindfulness workshops for everyone in the organization. So, we have all of those things - - here built in and the message that I want to leave here today is, I hope that we all in this room, we all know how to make that change, go back into our organizations, like, we said this morning, if we go into our organizations and we drive that change within our organizations and then bring it into our families and then bring it into the schools, that's really how it's going to be.

One last thing, we talked about movement for our kids, well, we have to move as adults. We're going to have an energy boost session next door on the main stage with Chris Jordan and our very own Breaker's wellness champ, Ramses, Ramses, wave your hand so everybody can see you. [applause] So, please join us next door after this session is over. Thank you.

JARED: Fantastic. Thank you, Denise. And then Dr. Carmona, take us home.

DR. CARMONA: Yeah, everybody thank you so much and I wanted to, first of all, thank the panel members and all of you in the audience, this is the launch of our ignition of our moon shot. We can't do it without you. There's an--, more sessions, please attend them and continue the conversation throughout the meeting. Thank you all very much. [applause] [music plays] [crosstalk]

[END RECORDING 200 PM CATALYTIC COLLABORATION.MP3]