

GLOBAL WELLNESS SUMMIT

**12th Annual Global Wellness Summit
Should Medicine and Wellness Get Married?
Wellness Moonshot: Can a World Free of
Preventable Disease Serve as a Matchmaker?**

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FRANZ LINSER: Good afternoon. Ladies and gentlemen, on behalf of the Board of Global Wellness Summit, I'm very happy to welcome you all to this what I think most interesting session. Since we are running late, kind of late, I would like to hand over right away and present to you the host of this afternoon, Dr. Richard Carmona. For those few of you who might not know him, he is the 17th Surgeon General of the United States. He is the mastermind of world renowned Canyon Ranch when it comes to programming and strategy. He sits on many, many boards which I can't name here, among many other things he used to consult the US Administration. He's not doing this with the current one but he might be doing this with the next one again.

[Laughter]

FRANZ LINSER: I don't want to go into more detail here and I hand the mic over right away to Rich. Thanks and have a great session.

[Applause]

DR. RICHARD H. CARMONA: Thank you, FRANZ. Well thank you for that great introduction, FRANZ. Alright, well we'll get started. The purpose of this panel, and I guess I was feeling awkward because I was trying to prevent not being able to face all of you but that's not going to happen unless I just keep spinning for the hour and 20 minutes that we have. But the goal here as we're looking at the moonshot and looking at the value proposition before us is can we be matchmakers? Can we bring these entities together in some way and why that's important is because as we look back traditionally, for those of us who went through traditional medical training, a lot of the things we talk about today that used to be called complementary and alternative are now mainstream, and even at the National Institute of Health we have a national center for complementary and integrative medicine today, so it's more and more accepted. I think the term complementary is out the window, that doesn't apply anymore, and so can we marry western medicine and what used to be called complementary. And can the moonshot serve as a way to start pulling this together even more because most of us believe that there is significant benefit in looking at all modalities.

In western medicine we're often I think victimized and believe that we drank our own Kool-Aid and we believed our own press so to speak. And the fact is is that many societies worldwide have been doing practices for thousands of years and they seem to work. And that's why we have this national center in the United States now, where we're looking at it to see what works and what doesn't work.

So today, we're going to be matchmakers and figure out can we make this happen, can the moonshot help with this new relationship, but before we get started, I just want to--a few ground rules. The plan will be that we'll have a discussion to begin this, and then we'll go to the audience in the second half and take questions and have it entirely interactive, but I want to give all of our panelists an opportunity to speak. The other thing I would ask is, is that let me kind of be the traffic cop on this so that if you have something to say, raise your hand. The other thing is, no speeches, nothing that's going to last for two long. Stay focused on the--because the idea is to get as much of the discussion in as we can and crowdsource all of this information. So keep your answers brief, stay to the point. Lift your hands so I know you want to be recognized on something, and yet, to the audience, none of this is scripted, we have no idea where this is going to go, and that's kind of the way I like it. I want to have a free for all discussion, and many of the comments may open up other questions as well.

I would ask that the panelists then if we go around the room, we'll start with Gloria, each of you introduce yourself briefly, just your name, and name, rank, and serial number. No, that's the wrong organization. No, your name, and organization that you belong to and then we'll get started with our discussion.

MS. GLORIA CAULFIELD: Yeah, good afternoon. I'm Gloria Caulfield and I'm Vice President of Strategic Alliances for the Tavistock Group.

DR. MARC COHEN: Marc Cohen, professor of complementary and wellness at RMIT University, Melbourne, Australia.

DR. RANIERI GUERRA: Ranieri Guerra, WHO, Geneva.

MS. JESSICA JESSE: Jessica Jesse, BuDhaGirl, US.

MS. PATRICIA LADIS: Patricia Ladis, KIMA Wellness and the first thousand days of wellness in New York.

SERGIO PECORELLI, MD, PHD: Sergio Pecorelli, University of Brescia, which is just 200 kilometers northwest of here. I am a GYN Oncologist, I used to be. Now I am more in public health.

MS. OPHELIA YEUNG: I'm Ophelia Yeung, senior research fellow at the Global Wellness Institute.

MR. SILVANA ZANUSO: Silvano Zanuso from the scientific department of Technogym which is here.

DR. CARMONA: Wonderful, wonderful. And many of you know public health was the second career for me as well. I was a surgeon, I call myself a recovering surgeon, like Sergio because if you ask a surgeon to name the best three surgeons in the world, they always have trouble naming the other two, right?

[Laughter]

DR. CARMONA: But public health is a wonderful field to be in especially today. So I will ask the first question for my colleagues. Each of you had diverse experiences in your own countries, in your own fields where you're seeing this integrative medicine concept. You understand the moonshot now, so let's start out by each of you just quickly telling me why this is important. Why do we need to make the case here of this marriage? Who wants to start? Please.

DR. COHEN: So I'd say there is a spectrum between wellness and illness and conventional medicine is about illness, complementary medicine is about wellness. One's about the we, the other is about the I. And I mean in my own life, I can't be well unless everybody is well. So to address my own personal illness, it's actually altruistic for me to try make everybody else around me as well as possible. We heard that this morning where if you've got a community of people who are healthy, you're more like to be healthy. So I see this as in parity, that if you want to address the I of illness, you have to address the complete we of wellness, and the methods to do that, basic lifestyle. And we can't address illness issues unless we address all the different social issues, and that's been the way medicine has been forever.

DR. CARMONA: Gloria, from your perspective, let's hear because you run another organization with Tavistock, work with J&J, you have that annual conference down in Orlando, so you get to see a lot of this as well.

MS. CAULFIELD: Yeah. I think it really comes down to economically sickness and sick care as you call it is not sustainable, the way it currently, the trajectory of the current scenario. So I mean I think we have to look at ourselves as our own chief medical officers or won chief wellness officers, and I personally sort of one of the missions that we live by at Lake Nona [phonetic] is thinking about the most important healthcare decisions are not made in a physician's office necessarily, it's that 24/7. From our perspective, there has to be something that changes the trajectory and the mindset of individuals to empower themselves. And I think from our perspective, we're trying to create a community that helps make wellness a default choice.

DR. CARMONA: Okay. Ranieri, from WHO, you've had a great deal of experience here as well.

DR. GUERRA: Well the problem is that I was trained as a world surgeon in my beginning, so it's not used to talk, rather used to cut as you know. The thing is the--but I was also involved very much in traditional Chinese medicine, and into its presentation to the European seeing a few years ago. My personal feeling is that there is room for integration in specific areas of work. Prevention and promotion is definitely there because we do not need invasive subsets to be delivered. We need something which is more dealing with the wellbeing and the perception of egos and our role in society and relationships and networks.

But we also have the possibility of not only saving but being more effective in a way in different areas, such as healing. Healing is where networks, is where family ties, is where complementary medicine can provide specific and meaningful support that clinical western medicine cannot, because we are not bound to use medicines in that.

Support as I said, because that's needed, especially considering mental health issues which are around any kind of clinical work, including organic diseases. The result was a mental health component that we need to look at, which is where western medicine most of the time is not adequate,

because of lack of time, because of different paradise, because of different reasons.

Finally, palliative care, where the role of complementary medicine, integrative medicine is absolutely crucial. End of life is something that we tend to neglect, and we tend to oversee sort of areas of no one, area of nothing, area that needs to be as short as possible, which is not the case most of the time, so that's my personal feeling where we need to concentrate our efforts for the moonlight which may be a sort of short moonlight in a way, but still worth investing in.

DR. CARMONA: Yes Patricia, go ahead.

MS. LADIS: I wanted to tag being a clinician and involved in functional medicine myself, it's the premise and the foundation needs to be that we all believe that the body has a unique capacity to heal. And I think often when we are entering into the--you're seeing a doctor or you're having a medical issue, there's always bring a war on the body, let's kill it, let's this, let's that. But wait a minute, how about supporting the body so that we can actually harvest the resources and in certain lifestyles in medicine we can actually prevent these things, but when they do occur. The problem is we don't have enough clinicians and practitioners to actually support that.

So we need to get into the med schools in order to really reach this moonshot. We need to start with the people, because that's I think the lesser obstacle. And when we're looking at certain statistics, we have, I can speak to the US, it's 50 million Americans are dealing with an autoimmune disease, 13% of med schools teach about autoimmunity. And of those 13%, it's one to three lectures. Thirty years ago, that was 400 people dealt with autoimmunity. So we have a huge rise and a lack of education so we have to balance those figures. And through the wellness community, I think that that's where the marriage begins because wellness is perfectly positioned. The wellness community is perfectly positioned to actually provide that because it's going to take too long in the medical system. Seventeen years for the research of today to make it into clinical practice. It's too long. We don't have the time.

DR. CARMONA: Jessica, do you have...

MS. JESSE: Well, my first instinct when you ask the question is I think it has to do with the economics, the money. Yeah,

money. I mean money is the big deal, we cannot sustain the rate of sickness that's in the world right now, and certainly in the US we have an issue. I also want to bring up that I think holistic practices make us or tend to give us happiness and joy, and I think we are innately designed to feel joy and to seek happiness. And I think when we are healthy, in every aspect of our lives, we tend to also have joy and then to impart joy upon others.

DR. CARMONA: Sergio.

DR. PECORELLI: Well, I fully agree with what has been said so I won't repeat it. But I like to make a couple of points. First of all, we have been used in the past years to talk about precision medicine, which is based mainly on diagnosis and treatment. Then I think that we have to talk more about precision health rather than medicine. And precision health is something which could be easily and joyfully defined as a marriage between the precision medicine and precision wellness.

The integration of the two which brings about two concepts, one which has more to do with traditional medicine, and that is the predictive side of it, you can predict something. And the other one is prevention. And the prevention side is 90% on the shoulders of the wellness. I think that this is a very important concept of this integration. Also because we have to understand one thing that since everything is caused by inflammation, what we are talking about, as it is I mean, well, there are two ways that we can fight inflammation. One is the traditional one, the pharmacological way of doing it, and the other one is the wellness treatment. And we know very well that the economic difference between the two is huge, but also the side effects, the toxicity and so on, not only that, but also that in a dimensional or prevention the avoidance of tissue damage which is the real point of inflammation can be done through the prevention of wellness.

DR. CARMONA: Yes, good points. Good points. It's interesting to note a lot of what we're talking about, you just go back to Hypocrites for instance, spoke about food as medicine. Spoke about we didn't--the terms weren't used holistic or integrative but he really was talking about integrative practices back then.

MALE VOICE: [off mic]

DR. CARMONA: Yes, yes. Ophelia.

MS. YEUNG: So I'm an economist but I'm not going to talk about economics. Actually, I want to mention two things when it comes to integrative and complementary medicine that I think is so useful. One is that western medicine tends to treat like treat people as sort of one size fits all. It's like this thing, this pill, this dose, this way, and complementary integrative medicine, the approach is really treating people as more as an individual. And if you of course more, I use the word traditional as sort of like eastern, that medicine not western, tend to treat people and acknowledge that we all have different constitution. Each person respond to everything differently, whether food, medicine, differently. So it's just a very different approach as treating, making the assumption that each person might even have a different response to any kind of treatment or modality. And I think then the second thing is that it encourages people to be more connected about how you're feeling about your own health because we're not--it's not just this measurement, this thing, this pill.

The metrics, a lot of it is we should know the metric. We should know whether we feel inflammation. We should feel, no one when we feel sick, we don't feel well. So I think--I feel the complimentary integrative medicine encourage that responsibility and that connection, and by doing that treating people more individually, encouraging them, and to be your own advocate is really important because this is about self responsibility and it will create more a virtuous cycle about your own health and wellness and your health is, you don't rely on doctor. I should know what I eat, how much I sleep, because if I don't sleep well, I don't feel well, or I need this, that, the kind of food. People should know the kind of food that picks them or not. So I feel that that really would create more a virtuous cycle of response of self responsibility and even advocating to your doctor. Like I don't feel right when you ask me to do this, like I'm not my mother, I'm not my husband. Different people have different response, so I think it really kind of encourages this other self advocacy.

DR. CARMONA: It's interesting points you make because Sergio used the term precision or personalized medicine and in western medicine we're discovering now that one size doesn't fit all as you said. That 250 mg dose doesn't work for everybody, or that drug doesn't work for everybody, and yet so in western world they're saying, well, we're going to do it more

personalized which is meaning it's not working the old way and now they're bringing in genetics and epigenetics and nutrigenomics and pharmacogenomics to try and make it more personalized. The irony is what you just pointed out that in the non-western what we call complementary alternative or integrative now, it's always been personalized. It's about you, it's about doing the things that make you better at a macro level, not at a micro level. Silvano.

MR. ZANUSO: Yeah, I would like to open another point. So why from a scientific perspective is so difficult to combine the western medicine with the complementary, holistic, alternative, we name in many different ways. Mainly because our medicine has some rules. Our scientific evidence is there are some rules where at the bottom we have the observation. So if you go as a doctor to Congress and he say, prostate cancer should be treated like that because I've seen in my practice that it works like that, they kill you. And on the top of the evidence is you have the experiment, you have the clinical trial. On the top of the top, you have the randomized clinical trial.

There is a medicine works on the other way around, completely around. It's based on observations. But it's the observation of many doctor, not me, and many... in thousands of years. So at the end of the day, we have to find a way of integrating to medicine, but it's very difficult from a scientific perspective because often the western scientists says, where's the evidence? It's based on observation.

DR. CARMONA: Your points are well taken. I think the other challenge of course is in western medicine there's an inherent bias. I know when I went through medical school, you hardly discussed any of these things we call complementary or integrative because it wasn't steeped in the so called science. Well, the so called science has many errors as well. I mean most of the studies were done especially in the United States were done on middle aged white men, and that's how it's reported, but that doesn't have applicability to a middle age lady, or a woman who is much younger and so on. So we have a lot to learn.

Did you have a comment, Gloria?

MS. CAULFIELD: I did. So just to kind of play off what Ophelia and Silvano said, one of the things that I think about is if you're trying to look at the combination of where wellness

and medical meets, I think that what really needs to happen is a complete reconstruction of how medical practices are operated. So I personally experienced, I find my annual visit very unproductive and therefore I seek other things out. And so what I think would be useful is some of the learnings from integrative medicine where it may be the person that you really need to spend time with is an expert nutritionist, so the physician is a component of what you need in that primary care practice, but having a constellation of other experts that can really guide you into more of the wellness coaching that I think could be highly beneficial.

So if you think about that or someone that is an expert in movement or exercise physiology or the mental health component, because what I find is most of the time some of those very important questions aren't even asked, or discovered. And trying to create an environment or community within a practice that can support patients in a different way depending on where they are in their health journey if you will, and in what specific services would be a better fit. Those are things that we've been talking about in our medical city known as how do we actually start to attract different models of healthcare practice that really do support wellness and prevention.

DR. CARMONA: Sergio.

DR. PECORELLI: I have two comments. One for Silvano. I think that things are really changing. If you go to PubMed, as I unfortunately did, and you look at each one, touch, meditation, whatever. You find lots of evidence now. With the updated tools from the simplest one, I don't know, interleukin 6, 10, TNF and so on, to more complex ones, or also to others which are those modest, more subjective than objective. Anyhow, you have a much more in order that you can produce evidence that in fact most of what we're talking about is no longer a complementary, but it's a treatment.

DR. CARMONA: Absolutely.

DR. PECORELLI: And physical exercise every day, the famous 30 minutes every day or whatever, I mean is a treatment because it is a prescription. Now the point is that we have to change our model in our mind, which is not simple, and we should try to have the in the wellness world the wellness prescription. And who can do the prescription, this is

another area because this on one side, I'll be talking about it in 30 minutes, but on one side you have the self care so called, and on the other side you have somebody who is prescribing you.

Now the last comment is education, and obviously if you start educating people since they are one day, or let's say 2,000 days and in kindergarten and then in school and so on, things will change dramatically, but with evidence-based.

DR. CARMONA: Yes. Now a couple of comments and I'll have Patricia comment. First, the challenge we have in trying to make this transition even if we can enlighten practitioners, not just doctors but all practitioners, is that the economic incentive isn't there because there's no business model to be compensated to keep people well. And that is the proximate cost of the challenge because more and more we see our colleagues, the younger doctors are in, but they can't make a living doing that. So somehow we need a different business model to be able to be successful and move this forward.

The other thing is is that as you pointed out, whether it's massage, healing, touch, I mean a whole host of modalities that were out there before, there's now science to support them in many cases because for instance you use massage, it's not just massage, it's touch. That when you touch somebody and it's a pleasurable experience, the oxytocin goes up. We can see new neural networks forming, so there's a lot of science now to back up what used to be called complementary.

And the last thing is, in our country at least, the majority of the people in our country spend discretionary dollars on what we call complementary. That tells you right there that it's not complementary because they are spending out of pocket dollars because they're dissatisfied with the system they're in. Go ahead.

MS. LADIS: And then that's why functional medicine was born, right? So this is root cause practitioners. For those of you who don't know what functional medicine is, it's a sector of medicine that basically it was a bunch of really great physicians that were frustrated that they couldn't help their patients? They were not going to write a prescription, they wanted to write the prescription for exercise and certain different changes to their lifestyle, and they wanted to connect with their patients. I honestly did not go to med school, I gave that up because I wanted to do physical

therapy because I knew I could actually talk to my patients, and they can talk to me. So I can have 45 minutes to an hour with my patient in the room and so much gets done.

And I was talking to a couple of clinicians at lunch today, and they said, I said we have to change the system because seven minutes is the average doctor's visit. And how, what are you going to learn in seven minutes? Nothing. So the person can't even cry because most people that are seeking these services have really a lot going on and that imbalance also affects the emotional system or stems from... that's a whole other conversation. But basically, we need to really give practitioners the time. The problem with functional medicine and the reason why I think wellness needs to be married and not just functional medicine with medicine because they have their own issues, but because it's not scalable.

Functional medicine practitioners spend two hours in their first intake. They talk about okay, so what happen when you were born, okay, and two hours later you figure out what's going on. And it's all about root cause medicine. It's fantastic, it's healing people, it is completely putting people from illness, extreme illness to wellness, the cancer, everything. But it's the cheapest person I know is \$300 something and the most expensive is \$1,800.

DR. CARMONA: Well, your points are well taken.

MS. LADIS: That's not scalable.

DR. CARMONA: Your points are well taken. In the seven minutes you speak of, the best you can do is ask the chief complaint, what's bothering you today, and often it's something else that's connected, so it doesn't make a lot of sense. But the points that you make are very important and I think that all those of us who have been in the health system for a long time, and not just doctors, nurses, others, is that there is a therapeutic value in the patient/physician relationship. Sometimes all the person needs is a hug. Or somebody, you hold their hand and you reassure them, but in seven minutes you don't have the time to do those things and we've lost that. It's become very depersonalized and we know now from studies in neuroplasticity and preserving cognitive ability, the more you depersonalize, the negative effect you have on the cognitive ability and maintaining neural networks. Marc.

DR. COHEN: Yeah, Susie pointed out this morning about the convergence and the wellness bubbles have them all converging, and I see wellness and western medicine converging. And we've got this trend where things that weren't designed ever to be medicine, meditation, exercise, use of certain nutrients, cannabis and things, were never designed to be medicines. They were just designed to be a way of life, and now we're finding they're medicinal. And I just thought of an interesting thought experiment, to think if we did have a world free of preventable disease, most of the medical procedures wouldn't have exist. I mean you still have acute care, you still have for accidents, but a lot of the complementary integrative medicine practices would actually be just part of the culture, healthy eating and relating in all of those things.

So we need to converge and these lifestyle practices or complementary integrative medicine practices that we're now discovering have a medicinal value, need to just become acculturated and I said earlier, medicine or good health has to be part of the culture. We can't leave it up to the individual to be responsible when there's all the fast food restaurants, feeding them junk and the culture is actually very unhealthy, so we need to change how we live. And I think that's the bigger discussion about the fuel base, fossil fuel within climates and all these other major global issues. It's just part of that. So we essentially have to change the structure of how we live and that convergence, we're actually seeing a move to--I'm optimistic, I think we're seeing a move towards that. Through this marriage.

DR. CARMONA: I think we are moving. The thing that concerns me, much of this data we've had for decades, and I kind of will paraphrase Winston Churchill who said, "I love Americans, they always do the right thing, eventually."

DR. COHEN: After they've explored every possible option, yeah.

DR. CARMONA: And by eventually, I mean we have this economic comparative now that we can't afford to continue to do things the way we were doing it. So now we're forced to do it the correct way. Ranieri.

DR. GUERRA: Thanks, so I'll try to use my seven minutes to communicate properly. I feel there is a danger here in this discussion, the first is that without education to individuals and to the community by and large, we get into

the risk of getting anti whatever. We face that risk here in this country for instance with vaccination immunization systems, with a major measles outbreak the second in Europe because of people, mothers and fathers trying to heal or to prevent from communicable disease by means of talking nicely and politely to their children, and this is totally unacceptable. So we need to make a distinction on what works based on evidence of years and decades and biological studies and what may work or may not work.

The second point I want to make is that, well, incidentally, doctors can also prescribe information and education, not only movement or drugs, and that's essential. There was a time when at the National Institute of Health, there was a pilot program ran by the National Library of Medicine which was exactly this, prescribe information. Leave your patients with something tangible, which is good.

The second point is that we need to make a distinction on what we have, what the tools we have are, and the way we use the tools and we ran the service. Now do not mix up because we have effective medicines, we have effective surgical practices and procedures, the way we use them and the way we prescribe and we adopt may be challenged, and may become--may improve in different ways and different means. But if you have a cancer, you don't want to treat that cancer by telling the person that she's a nice person, and has a nice personality. We don't want to say that because we have seen that. In this country we had the German, the German medicine which has been adopted several times that has killed a number of people who could have survived.

Finally, we have an economic imperative in these countries where public health is leading and we're government funded and fiscal revenue is funded service delivery is--must comply with the rules of the game. And the rules of the game are, what works goes publicly funded. What may work goes for individual choice. Thanks.

DR. CARMONA: Good points. Good points. Well I think we're in agreement that this marriage should take place. The courtship has gone on long enough and we're suffering because there hasn't been the merger that's necessary so that people have access. So what are the barriers, how do we work together to be able to accelerate this marriage which will benefit all?

MS. LADIS: I like the Japanese model where the highest paid physician is actually the one with the least amount of patients. The person who actually has well people in his practice, so you see less--it's not based on billings. If I want to make a living, I'm going to need to get some money for what I do in order to in a capital society. So how can we get people to have an incentive for their patients to be well? Because right now, I get more money, right, you get more money to cut someone, I get more money to treat somebody when they're in pain, and having surgery and whatnot, but we should theoretically get more if we have less people. If we're keeping them well, that's an incentive. So that's a whole crazy shift, but it's a start to start at least cutting down that you're not able to continue to build higher and higher and more and more an incentive for this and big pharma here, it's just too much. So you're getting too much monetary incentives to actually continue to practice the way that you do.

DR. CARMONA: Yes. So there are a couple of metaphors. There's a couple of elephants in the room here, alright, and I'll speak from my own country. We have these people that are largely ignorant, we call them politicians in the United States. And they fight each other to claim that each party's program is better. And what's happening, this is like Nero fiddling as Rome burns because the disease and economic burden continues to rise irrespective of who our president is, irrespective of what party is in power, because they really don't understand the dynamics, the disease and economic burden continue. So there is one barrier.

Then you have special interest groups which you implied. Hospitals want to keep people in beds, pharma want to sell medication, and even though we have a democracy in the United States, some of us are created more equal than others, okay? So we'll put that elephant on the table as well. But those are the barriers to preventing us from moving where we all need to--where we need to go, where we all need we have to go in order to create this system. So how do we undo some of those things because I really believe--I'll speak from my own experience, you don't go to our Federal Government for innovation or disruption. You go to the private sector. You go to people here in this room to say, how do you fix it, who will respond selflessly and not with an economic intent. So how do we get around some of that? Yes, go ahead, Jess.

MS. JESSE: I actually have a question. Is this marriage of holistic and traditional western medicine, where is the change going to start? Is it, I don't think there's any incentive going back to the way the economic structure is for hospitals, doctor, and so on and so forth, right? Is it the individual's decision, the pressure that the individual then becomes the whole and more and more people arise, that will actually cause a change? It's more of a question, I mean isn't it our duty to become not the victims of the medical system, but become our own advocates, right? I think we sometimes act as victims, and we don't say, stop, we can't do this anymore. And I've seen hospitals and I've seen palliative care that we spend more in the last two weeks of life, people can't afford that, and why are we doing that? So my question is, can we as individuals really move that needle?

DR. CARMONA: I believe we can, and I'll get to Marc, and the reason I believe we already see small steps. For instance, again I'll speak for the United States because we've been far behind some of our European counterparts where they already recognize the value of massage. Where they already recognize acupuncture, other therapies, okay? So if we look at our biggest player in the United States, the Centers for Medicare and Medicaid, they are actually doing pilot programs. Our military has acupuncturists in the combat zone. We have behavioral therapists in the combat zone. We're teaching soldiers mindfulness. And the government is paying for that. So it's begrudging, there's no real big special interest groups that's pushing that, but again they're doing it because they have no other choice because the traditional systems we have in place are failing. Marc.

DR. COHEN: I just thought I'd name the other elephant in the room.

DR. CARMONA: Yes.

DR. COHEN: And that's that you've got a billion people on earth that don't have access to drinking water.

DR. CARMONA: Right.

DR. COHEN: You've got 2.4 billion people on earth that don't have access to washing water. And these solutions are great but they're very first world solutions, and I think the solutions we need, this marriage brings everybody, brings all of humanity with it.

DR. CARMONA: Great point. Great point. I'm happy you mentioned it because as part of the moonshot, which is what we're trying to integrate here as well, can the moonshot be beneficial in affecting this marriage, is that as we had these discussions, it was like hold it. Food is an example, we have people in the United States just eat too much, okay. But many places in the world there is not food, okay. So food is plus or minus. Water has been pointed out. So in constructing this marriage and hopefully leveraging the moonshot to be able to continue to accelerate, move it forward, hope our colleagues at WHO who have been talking about this for years as well, is what else that we can do?

We used to joke in Washington a lot that especially as a Surgeon General the secretaries and I when we go to educate congress on an issue, we'd say look, if we can't educate them, then let's just embarrass them, okay? And hopefully they'll make the right decision then. And sometimes that's what it takes. The public embarrassing them, a child that die, somebody that comes up with the disease, that spreads rapidly. The vaccination problem, we had that in the United States as well where we had very famous people not vaccinating their children because it causes autism. And you had an epidemic; we had an epidemic of whooping cough, measles in California. And right, starting in the zip codes where those very famous people lived because their children did not get immunized. There's a lot we can do, I feel optimistic that we can, not because the government is going to do it, but because we have organizations like this and people like you who are going to keep pushing. Other comments. Yes, Gloria.

MS. CAULFIELD: I think one of the areas that we really need to focus on is the role communities play with smart policy. So just as an example of that, I've had the last three visits that I had to Rochester, Minnesota where the great Mayor Clinic is headquartered, some of the most renown healthcare in the world, I met with some of their economic development leaders there and sort of a major project that they're working on. And one of my observations, it was the worse tobacco use policy I'd ever seen in a community that espouses healthcare. So wherever you went, every street corner, every café, every--you have to walk through clouds of smoke.

And so on the flip side of it, we're building a community, focused on health and wellbeing, and like NONA and I sort of had to fight our own internal commercial sales folks, when I

said why don't we start from the beginning and think about tobacco use across 14,000 acres, 17 square miles. What does that look like from our employer standpoint, from all of our multifamily that we're building and so on and so forth?

Well, it was a pretty heated topic, but ultimately the right thing prevailed. So I think part of it is what can the community really take a whole off in advance, and huh?

MALE VOICE: What was the raw [phonetic] thing?

MS. CAULFIELD: We have a comprehensive tobacco use policy across our holdings, but there were those that were fighting some of the economics. What does that mean for restaurants? What does that mean for people that are renting apartments? What does that mean for... but ultimately I think we have a policy in line with the mission that we're trying to create in our community. And so that's just one example but I think that sets behavior, it is not that easy to smoke, you can't smoke in public places in our community. You can smoke in your own home, so it's just one example of how community can step in and sort of start laying some sensible policy that helps to shape the culture.

DR. CARMONA: Gloria, great points but I want to emphasize one thing. One of the things I want to get out of this as well, we're all agreeing we have problems, there's elephants in the room, there's barriers, economic imperative is driving us to do the right thing, we've had the data for many decades, but what I want to get out of this as well is how can the moonshot coming together, how can we become the special interest group as the moonshot and drive this. What are the things we can do, instead of just complaining, we need to come to the table with the complaint, but with a solution. And I think that when I look at 600 people here who all have exceptional distribution networks for content, who connected the families and businesses all over the world, we have something here that's very powerful that is yet unleveraged. So I think that should be part of our conversation today too. How do we better leverage Global Wellness Summit, Global Wellness Institute, Ophelia and her team, we need to get them more resources so they can continue to put out more work that can drive the right things. Sergio.

DR. PECORELLI: You said what I wanted to say.

[Laughter]

DR. CARMONA: I'm sorry. Do it closer to the microphone, yeah.

FRANZ LINSER: - - close to the mic anyway because we're saving it for you.

DR. CARMONA: Yes, please everybody lean into the mic when you speak, okay? Thank you.

FRANZ LINSER: - - wanted to say, do it close to the mic.

DR. PECORELLI: Okay, I forgot. I wanted to add one thing however, because you spoke about what's happening in the political world, okay? One thing is happening however, the expenditure for prevention in health is minimal.

DR. CARMONA: Yes.

DR. PECORELLI: And for instance in my country, theoretically it should be 3.2% and, no, 5% on paper, 3.2% in the Parliament, but practically it is 2.1. So less? One point five. Even worse than what I thought. So this is the original thing that we have to face, so we as a community, I think that we can do a lot in trying not to convince political animals, because they run away every five years.

DR. CARMONA: We can only hope.

[Laughter]

DR. PECORELLI: That's the only hope. You are right.

DR. CARMONA: Some of them stay for a lifetime.

DR. PECORELLI: Absolutely. However, very few fortunately.

DR. CARMONA: Yes.

DR. PECORELLI: But I think that what we have to do is more education and awareness, in a few words, since everybody said that empowerment of people is the most important and efficacious thing, that's how we should act.

DR. CARMONA: And I agree with you.

DR. PECORELLI: And I think that this summit and the Global Wellness Institute that is here represented, I mean could play an excellent job, an excellent position not only with the white papers and other things which are absolutely good, but we should use them.

DR. CARMONA: Absolutely. I agree and I think that--I really feel very optimistic about what's happening here because it's hard to get 600 people aligned to run a common value proposition and we're all speaking the same language, we have an opportunity, we have the leadership of Global Wellness Institute wanting to be involved, we have the leader of the Lignona [phonetic] conference here who has an equally important group of thought leaders, I mean we can do something here. And what I know about politicians, once we're successful, they will take credit for it, okay? Yes, of course, but that's okay. We're going to do the right thing anyway, alright? Let's see who, Ophelia, who was first? I'm sorry.

DR. GUERRA: We mentioned many times the word education, and we said how important it is to educate the patient or the final user, the customer, etc., but we do not have to forget the importance to educate the educator, so doctors need to be educated in let's say prescribing wellness. So I think that this organization, it has some power, should act in some way towards the medical organization. At the end of the day, what we should add is that having doctors receiving education on exercise prescription and proper diet prescription during their medical studies.

DR. CARMONA: Yes. Go ahead, Ophelia.

MS. YEUNG: I think as in terms of a moonshot, it will be wonderful if we can find an enemy that's so obvious like tobacco, that's a good example of a very powerful special interest that also becomes sort of like a cultural thing that it's cool to smoke. It used to be as cool to smoke, and now it's not cool to in a lot of places to smoke, it's not acceptable. And that was based on, I mean that was going against some very powerful interest, so when Marc mentioned developing countries water is an issue, so not only it's water, we're exporting chronic disease to developing countries. United States especially exporting unhealthy food, processed food, replacing diets, traditional diet of other countries, there are healthier food, and obesity rates are rising, so I'm not saying we pick good, but we should pick something quite obvious and we should not be afraid of special interest because of--if we could have done that to tobacco, we could do that to--

DR. CARMONA: [Interposing] I agree with you. I would say that that's a little bit down the line. First, get the

organizational structure but I think tobacco certainly would be on anybody's hit list okay, as well we nutrition, food and so on. There's many. But I think we're in the infancy here where we're trying to put together the infrastructure. I know you know this as a researcher, and I sense your passion when I talk to you on the phone about this. I mean you're one of these wonderful people who just wants to stamp out disease and famine and pestilent, make it a better world and let's move on to something else, and you and Katherine do a-- by the way, those reports that they do, these two with a very small staff put that out, it's extraordinary what they do.

[Applause]

DR. CARMONA: Go ahead, Patricia, and we'll get you next Marc.

MS. LADIS: I wanted to fuse a little bit of the conversation that Jessica started and that we're in right now because we're forgetting that we can go above now with used digital, I know, we're all wanting to be digital well but we could use technology now to really reach direct to consumer. So we have to get in front of people. They may not make it to the spa if they're in a certain place. They may not make it into a good medical practitioners practice. They, and the only way, but everybody can somehow get information. And we have I think a responsibility.

Now, one of my close friends started Live Love Around the World and she says to me, Patricia, it's six seconds of a video and that's the only thing that will get anybody's attention. So I propose that we each be responsible for six second video about wellness that we can pose through our social media channels. Start increasing awareness. It's going to take us forever to get this into the education system. The wellness practitioners can only do one person at a time. You yourself adopting it through this moonshot and this lovely wonderful project that we have upon us here, is away and we are our own wellness ambassadors, right? And so we're going to be starting our own level of infiltration of information, but I think that we can do this and that's one of the easiest ways.

DR. CARMONA: It is and just a quick comment, the sad part is what you're describing used to exist in our educational system in the Unites States. For those of us who are a little older than you, it was called Home Economics. You learned how to shop, you learned how to read a food label, you learn how to

balance your checkbook, the activities of daily living. But because it was felt you'll learn that someplace else, and we eliminated recreation and physical activity in many of our grammar schools, because the kids are going to play anyway, except now they spend more time on the Playstation than the playground which contributes to obesity. So we're going back to the future, we're trying to reinvent where we were.

MS. LADIS: But why don't we have wellness commercials? We have to cut big pharma's ads. It's only available in New Zealand and the United States. We have to start wellness ads. Dr. Wilde [phonetic] said it last year, it has to be sexy or it won't happen on a global scale.

DR. CARMONA: Marc, go ahead.

DR. COHEN: I just want to talk what Ranieri said about education. Twenty years ago I used to take a group of medical students from Monash University in Australia to a health retreat for a week. And through the organic farm they did yoga every day, and 20 years after that I have the students who I took with over a five year period, would come up to me as doctors and said, the most meaningful thing they did in their medical education was that week.

And I think it's one thing to teach--we need to reach out to medical schools, but we can't just teach it, there's research for meditations I do it. I think it needs to be experiential education, so if we could all find our local medical school, offer them a massage, offer them an experience, because wellness is, it's something that you don't do just in your seat. It's embodied. And if we want to have this marriage, we have to have a pleasurable experience, so we need to teach the medical world that what the wellness world has to offer makes a difference to their own life. And when it makes a difference to their life, then they'll pass it on to their patients.

DR. CARMONA: Just an infomercial here. I just got information from the commander in chief, Susie, so we're going to try and catch up some time, they want to end at about 10 to which is another 15 minutes. So I'll cut our discussion a little short. Dr. Guerra, will you make a comment and then Jessica, you make a comment, and then we'll turn it to the audience and we'll get some of your questions as well, okay?

DR. GUERRA: Yeah, thank you. Two words of warning. The first is, if you are serious about policies or recommendations

which were initiated by the general audience, by the public individuals, we may go aware, we may go into very difficult and troubled areas. In this country we have anti-science movements that try to force on the service delivery, on stamina, and time sales, business, which we're totally out of not only science, evidence, and whatever. So there is a danger there, unless we have a treat governance system which places science once again at the center of discussion.

The second point is enforcement. We have plenty of policies, we have rules and regulations but enforcement is always very, very weak. And that's where civic [phonetic] society may play a very crucial role because - - sometimes is lousy because doctors are busy on something different. But we have laws, we have regulations, we have a strong regulatory system, the enforcement system is rather weak.

Final word on where we are with the sustainable development goals, there is no way today that any country, any society, any community in the world can achieve the full results by 2030. No way. So we need to act fast and we need to act systematically at all different levels, and in my view, going back to the future at a school level investing in today's things so that they become the literate adult of tomorrow, will make a major difference.

DR. CARMONA: Yeah, and for those of you who are not familiar, go to the WHO website, look up the millennial goals. They really are dealing with what's called the social determinants of health, everything that has an impact on the outcome of a person's health. And they're extraordinarily important and WHO is trying to take a lead on this for many years, our CDC as well, but it's an uphill battle because there's so little funding into public health, that's one of the challenges.

DR. PECORELLI: Don't forget WHO-

DR. CARMONA: WHO-

DR. PECORELLI: -powerful - - .

DR. CARMONA: Yes. Yes, of course. Jessica.

MS. JESSE: Just quickly to promote the moonshot, I really mean this. One of our goals, Ophelia, is to obtain data through 2019. Whether it's the sugar, the fat, the move, the sleep, whatever, it will be very interesting what motivates this group of 600 people. And maybe at the end of 2019, the three

drivers or the three platforms that people choose, then those can really be expanded to say well, can we do this globally. So that's kind of the 2019 goal, can we get data out of 600 people or 30,000 people. So that's one of our goals.

And the other thing that I think is extraordinary about human behavior is how did we learn how to use these? We chose to, right? So I find it extraordinary that we don't choose to put our health upfront and make some, what I call the super power, use some commonsense for our own health, and I think when we start doing that, big pharma is going to feel it, the media, the glorification of the body, the way the body is supposed to look, everything that we hold dear, I mean I find it amazing that we can do this and we won't take time for our bodies in our own health.

DR. CARMONA: Right, absolutely, so an editorial comment. We'll take some questions now. If you have questions from our colleagues in the audience, you can direct them to a specific person or throw it on the table and we'll all attack it, so who, and please make sure you have a microphone. Do we have somebody who's going to pass around the mic? I'll pass this one around? Okay. You have an extra one? Okay. Thank you so much. Let's start and we'll go around the room. Go ahead. I'm sorry, we'll come back to you next, okay, and we'll go back and forth.

MALE VOICE 1: Thank you. Thank you for a great topic and one that's drives us and passion us a lot. I think the word education was mentioned several times. What I see from a personal point of view and I think we all feel it, is that we are in a system where we've got two antis fighting against each other. When I go to see my GP, he brushes off anything I can say about conventional, complementary medicine. If I go to see a complementary medicine, he'll say it's a joke, anything that your doctor will say. How do we bridge those two together? And for me, it does down to education. But it seems as though it may be easier to educate the masses rather than educating GPs, and in med schools. Now I'm a true believer in traditional medicine, I'm not pushing that aside, but I do think we need to open their eyes about where, what can be done elsewhere. And for me, listening to you and many of you are doctors, it seems pretty difficult to change their beliefs at this stage.

DR. CARMONA: Well, hang on, I think that we are seeing incremental change. What I feel good about is that as I look

at the youngsters coming through our professional schools now, they are much more open to what you call integrative or complementary. It's something that they're willing to incorporate. The older generations who had the more traditional education, it's something that's tough for them to incorporate. So I think that as I often say in the United States, it's an evolutionary process and unless you live in Texas, evolution does work.

[Laughter]

DR. CARMONA: Sorry, Jessica. You're an exception. You're an exception. The people around you though, I don't know Jessica. Go ahead, Patricia.

MS. LADIS: I was just going to say that I think we have to get them in a room together. I think that--and we successfully did that last year. We took Dr. Pecorelli's work and we're really passionate about preconception and really integrating the knowledge that we know because we can actually affect the next two generations. So if we can get practitioners to understand and give the appropriate knowledge through their patient practice, so we had wellness practitioners, we had integrative medicine practitioners, we had functional medicine practitioners, health coaches, physicians, all in one room. And really everybody's passionate to help other people. So we just have to kind of bring us together because I think it's going to take a while to actually change and tackle big pharma. And the real, the control that they have on the medical system, educational system, at least in the United States. So I think that it's getting people in the room, we know from this conference what great things happen. So we were able to do that successfully with the First 1000 Days and The PECOS Program and it was amazing, and we're moving forward.

DR. CARMONA: Before the next question, I just want to emphasize something you should all think about, and Dr. Guerra brought it up, and it is rampant in our country as well, the attack on science. It is major, major problem in many countries, as politics change and so on. We forget the politicians, but when people deny that certain things are happening, did it have scientific evidence, that's another barrier for us to hurdle as well. Please go ahead.

MS. MICHELLE FLO: Okay, thanks. Hi, I'm Michelle Flo [phonetic]. I was actually quite curious about why no one actually

mentioned insurance. You've got 600 people who either are employers or are employees which means that people will-- that's point number one.

Number two is, there's not a single country in the world that doesn't have public health, which is already stretched beyond its means, and a private health. So I was curious why you didn't mention that. Why we can't galvanize each other that the moment we finish this conference, we go and talk to our bosses, we ask our insurance companies why don't we cover massage therapy? Why don't we cover transcendental meditation? Why aren't we covering wellness? We pay the bills. Let's cover it.

DR. CARMONA: Any comments here? Let's from our panel first and then we'll go, anybody want to comment?

DR. COHEN: I was going to say in Australia we've had a big backlash against integrative medicine and wellness practices where there's been lobbies that have, mainly the pharmaceutical lobby that lobby the government to say that has to stop insuring that. So they used to be insured, these would be yoga and other things were insured.

FEMALE VOICE: [Off mic]

DR. COHEN: No, this is private insurance. They've actually taken it out of private insurance. So there are these lobbies in both directions. There's the anti-science lobby, there's the anti-integrative medicine lobby.

DR. CARMONA: Michelle, your point is well taken and looking back historically, there was a time when the orthopedic surgeons didn't want, in our country the chiropractors. And they tried to force them out and they went to a Supreme Court and they won ultimately, and it was found that the chiropractors were taking Medicare backs than the orthopedics, because the orthopedics guys operated too much. This is not my opinion, it's part of a legal thing. So there's plenty of precedent for challenging and when the people will rise up, and that's why I think there's so much power here because in these 600 people who are connected to 600 other people who have great content networks, we can actually force government to change, for regulations to change, force insurance companies to do things, we see it happening incrementally in the united States, but not really fast enough right now.

MALE VOICE: There are some good practices in the world for example in South Africa, there is a company called, Insurance company called Discovery that they do not pay for your service like a massage, but they cut the cost of the insurance if you showed that you go to the gym. For example, if you go at least twice a week, you get the reduction, which is a very good practice.

DR. CARMONA: Yeah, that's starting too. Mary, did you have a comment?

MARY: I do have a comment and maybe a question. I think our biggest problem is confusion. Everybody in the world's got a pill for something. Everybody has got a new diet for something. Everybody's got a new this and a new that and in spite of all the science out there, people are confused. And it's not a matter of education, it's just we're overwhelmed with claims and crazy stuff. And things that people just, I mean it's unimaginable to me as a scientist that we get these crazy ideas. And yet we're hit with ad after ad, whoever said that ad after ad after ad confusion after confusion after confusion, as to what to do to be healthy. Duh, it ain't rocket science.

DR. CARMONA: Mary, are you referring to the politicians as far as confusion? Is that it?

MARY: Something like that.

DR. CARMONA: I see.

MARY: But I'm also referring to even my academic colleagues who like to publish - - .

DR. CARMONA: Any other--who's got other question? You got one there? Okay, please go ahead, thank you.

MS. GLORIA TREASTER: I'm Gloria Treister.

DR. CARMONA: Hi, Gloria.

MS. TREISTER: First of all we're having a lot of trouble describing medicine as its practice with drugs and surgery. So I just wanted to throw in there what I've been calling it and see what you think first of all. It's allopathic medicine. Allopathic medicine is defined as medicine that cures things with drugs and surgery. So rather than calling it western, I prefer that. I don't know if you agree, but that's-

DR. CARMONA: [Interposing] It's okay, I think we have to look at osteopathic too which overlaps with allopathic. They have more manipulation within osteopathic, but there's a lot of overlap in the practice otherwise.

MS. TREISTER: Correct. So the other thing is that we've been talking about education, and I believe that we need to figure out who do we want to educate first, but I believe that empowering people so they aren't influenced by those stupid ads, and empowering people to just understand the basics. Wellness is easy. We saw what's going on in the blue zones, that's not tough. So who are we going to educate first. I believe it should be the patient coming into an office and questioning things and being responsible for themselves. We became victims when the health insurance came in. I think health insurance should probably be catastrophic, and everything else you should pay for so you have a choice. I don't know if that's part of the program but that's my feeling.

DR. CARMONA: Yeah guys, we have less than five minutes left, so let's keep the answer short. I'd like to get in as much as we can, okay? Gloria, thank you. Go ahead, sir.

AARON: Yes, my name is Aaron. We talked about special interest and those types of things. I think we get the money out of politics, get all those types of things so people have to make judgment calls on the people, and start it as a groundswell just like they did with cannabis, that you get the people behind it, so you get to movement, and again if you get the money out of the politics, they'll tend to vote a different way sort of thing.

DR. CARMONA: The foxes are guiding the hen house unfortunately. It's going to be tough.

MS. CHRISTINE CLINTON: Hi, Christine Clinton, I chair the Wellness for Children initiative. I want to know when we're going to hold the food companies accountable for the food that they're creating because it's not grown. We know it's manufactured in a lot of cases. So I just feel, I've reached out to many of them to ask them about their ingredients, etc., and they never want to field any calls or something. So I'm just wondering when are we going to hold them accountable.

DR. CARMONA: Well, I'll just answer quickly and we want to move onto another question?

FRANZ LINSE: We have three more and really ask you to be short and-

DR. CARMONA: A comment on the last inquiry. This group coming together can affect that kind of change. Just like we can become a special interest group, that's why I use a special interest group that doesn't have an economic comparative that is doing it selflessly. So I think that's what I'd like to see come from this that we can force that type of change. Not just in nutrition, but in other areas. Sir.

MARK ROSENFELD: My name is Mark Rosenfeld. I have two comments/questions.

DR. CARMONA: Please make them quick, we've only got a couple of minutes, okay?

MR. ROSENFELD: First of all, I don't see how people can remain in a governmental institution and actually change things. I just don't. And in my case, you can comment further on it as to why some of you are in that, but I left academia to go into the private sector in order to do the kinds of public health things that I wish to do, and I have become - - .

The second thing I want to say is on science. And you have to be careful when you define science. We're all dumping on junk food and by the way I ditto that, but on the other hand, in China, what we found they have an absolutely rampant--I work a lot in China, they have an absolutely rampant diabetes problem. It's beyond epidemic. And my experience with it has been the fact that it's older people that have diabetes. You speak to these people, you say have you ever been to McDonalds? Have you ever gone to a convenience store and buy candy bars or whatever? The answer is no. It's the fact that, and this is the comment just for your head, and that is the fact that it turns out to be the refinement of rice over the many years that the Chinese have a genetic predisposition to diabetes. So you have to be careful when you start looking at these questions and just don't blame and say junk food, junk food, junk food, there are other reasons.

DR. CARMONA: No, it is clearly multifactorial. Nobody is saying anything differently.

MR. MIKE BRUGGEMAN: Mike Bruggeman, Chairman of the Beauty Meets Wellness Initiative. We just did a consumer insight study on global beauty but we asked one question because I have a background of 20 years in healthcare, opportunity for

wellness providers to address the following conditions in a hospital, a spa, or a wellness setting. Over 40% of 1,750 people mostly from France and the US said that they see most of these conditions, anxiety, obesity, not being addressed in a healthcare setting anymore but in a wellness provider setting or a spa. So I think we need to break apart the continuum of care and look at episodic acute and that's really where the hospitals live and then start to bridge some of these other providers.

And honestly, it's just, it's the very mindset that we live in in the US, it's called managed care. Why is it not managed health? I mean when you think about it, that really prevails and so what Patricia said consumers, we need to educate consumers and build that groundswell, but then also we need to learn from the Rochesters of the world, the Cleveland Clinics of the world, and do case by case small community efforts, not global efforts because they're not going to sustain themselves.

DR. CARMONA: Yes.

FEMALE VOICE: Bravo.

DR. CARMONA: Last question.

FRANZ LINSER: Last one, last but not least.

DR. CARMONA: Yes.

DR. NERIDA JAMES: Good afternoon, I'm Dr. Nerida James from Australia and I've been a naturopathic physician, osteochiro for 40 years. In Australia, I've seen a huge change between with natural medicine and chemical medicine, allopathic medicine. There are lots of doctors working with naturopaths; there are lots of naturopaths in medical centers in Australia. And the integration has begun, we do get attacked in natural medicine from not enough science, but there's more and more science happening. Some of the science in allopathic medicine is poor science, and they claim it's great and you look at the study and it's not, so there's definitely a marriage happening. What I see I can do from a personal viewpoint, this program is go back to my 20,000 patients and do an education, I can do an email blast, I can do--I have Facebook page, I can do that six minute interview and talk about wellness.

And in Australia the people are making a change, and they want natural medicine. And Professor Marc Cohen has done a lot of studying at RMIT University here and I admire what he's done in bringing some science to natural things and natural wellness. But that's what I can do is do an email blast and do my--and talk about wellness and that's going to be affect a change quickly and we have got the Internet, let's use it.

DR. CARMONA: Thank you. Listen, I'm sorry we can't spend even more time on this, it's so important. I want to thank the panel, I want to thank our colleagues in the audience, but also I think we have come to an agreement. We've defined a problem, kind of like what Pogo said, we've met the enemy, the enemy is us, okay. And there's a lot of work to be done, but I think we're all in agreement that with this entity that we've created here, within the Global Wellness Institute, and the Global Wealth and Summit we can affect global change, but it's going to be hard work. Thank you all.

[Applause]

[END RECORDING]