Are the Elderly Really “Hooked” on Vitamins:
A Special Interview With Dr. Andrew Saul

By Dr. Joseph Mercola

JM: Dr. Joseph Mercola
AS: Dr. Andrew Saul

JM: Hi, this is Dr. Mercola, helping you take control of your health. Today we are joined by Dr. Andrew Saul, who’s been a guest on previous interviews. He’s the editor-in-chief of the Orthomolecular Medicine News Service. Also, he’s written a book, Doctor Yourself: Natural Healing That Works, for which we’ve done a previous interview. But today, he’s joining us to discuss an article that was written in The New York Times, which is representative of the general theme about conventional media about supplements. He’s going to basically break down that article. Welcome and thank you for joining us, Dr. Saul.

AS: Thank you, Dr. Mercola. You know, it’s shooting fish in the barrel when you look at an article that starts out in The New York Times, saying, “Older Americans Are ‘Hooked’ on Vitamins.”

JM: Yes. Yes, indeed. Boy, it’s got to be dangerous. Nothing like being hooked to opioids. It’s killing 60,000 Americans a year and a leading cause of death for Americans under 50. It’s just crazy. But no, they’re hooked on vitamins.

AS: The funny thing is that for those who are hooked on opioids, high doses of vitamin C had been shown in two really good studies to enable people to get off opioids without withdrawal symptoms, or greatly reduced withdrawal symptoms. Being hooked on vitamin C would actually help you get unhooked from heroin.

JM: Yes, indeed. Here’s another interesting fact that we could diverge on for a moment. If you are taking vitamin C and you’re hooked on it, you’ve got to be careful if you go to the dentist. Because vitamin C is a very important detoxifier. If you’re taking large doses and they’re going to give you a local anesthetic, it’s not going to work that well because you’re going to break it down so quickly. Have you observed that at all?

AS: I have. When I go to the dentist, I do take a lot of extra vitamin C to reduce problems, promote healing, make myself more comfortable, and make the gums seal quicker, the bleeding less and the pain reduced. But you’re absolutely right. Because vitamin C is that good at detox, you may actually need a little bit more of the Novocain or the equivalent that they give, or even a little bit more of the nitrous [oxide]. But that’s a relatively safe adjustment to make.

When you consider that if you have a tooth extraction or a root canal or anything that’s really invasive, vitamin C is the dentist’s best friend, because nothing makes gums stronger and quicker than vitamin C. Not only oral vitamin C, but you can even take non-acidic vitamin C, such as calcium ascorbate, magnesium ascorbate or sodium ascorbate and put that right on the gums.
You can even put it right on the socket. People who have dry sockets or extended bleeding, when they use vitamin C topically – not ascorbic acid, mind you, but non-acidic C topically – they get immediate relief. It was Dr. Hugh Riordan at the now-famous Riordan Clinic who brought some of this forward decades ago. It’s good advice.

**JM:** Yes, indeed. Thank you for that insight. A useful one indeed, because most of us have, on occasion, visited the dentist.

**AS:** Like it or not.

**JM:** Tell us a little bit about this article that was published and why it’s just outrageous.

**AS:** The article, “Older Americans Are ‘Hooked’ on Vitamins,” is put out by the very same New York Times that does a wonderful job on crossword puzzles, but is not doing a very good job on fact-checking. The Times has laid-off or fired a very large number of copyeditors. In my opinion, this article is a good example of a piece that should have been properly copyedited and fact-checked and wasn’t.

For example, they mentioned that studies actually have linked high-dose vitamin E with a higher risk of prostate cancer. Now, the reason this is so weird is because if you look at the studies that show a very tiny and possibly questionable increase in prostate cancer among people in this particular study — first of all, they were using synthetic vitamin E, not the natural E. Secondly, the dose was pretty low.

But the salient point here is there have been studies using natural vitamin E with all four tocopherols and all four tocotrienols. These are the studies that they did not quote. Why? Because there's not one, but two studies that show that tocotrienols, specifically gamma tocotrienol, actually prevent prostate cancer and even kill prostate cancer stem cells. Now, that has got to be newsworthy. The New York Times decided that's news that is not fit to print.

**JM:** Yes, indeed. Any other points that they make that weren’t properly fact-checked?

**AS:** Well, yes. One of the comments in the article is that Americans get plenty of essential nutrients in their diet. Now, I don't need to get you started on that one, do I?

**JM:** They do get some. They used to get more, of course.

**AS:** The thing here that's funny is that most Americans get plenty of the essentials anyway. This article says the Western diet is not short on vitamins. Now, remember we're talking elderly here. This is demonstrably nonsense. The elderly tend to have poor diets in general, especially those who live alone or those who are institutionalized. Depression has a lot to do with appetite.

As people get older, their sense of smell, and therefore, their sense of taste, diminishes. The elderly don't even get enough water. Their urge to drink, their sense of thirst, goes down. If they're not eating proper meals because they're sad, depressed or lonely, or they're just getting mediocre care,
then they can't possibly get enough nutrients. Because even the paltry amount of nutrients in an American diet is not there if you don't even eat the American diet.

On top of this, the elderly have problems with at least one vitamin, and it's a big one. That is B12. B12 absorption gets worse the older you get. We know that Alzheimer’s symptoms are extremely similar to the symptoms of B12 deficiency. In fact, clinically, I’m not sure a physician could tell the difference. If B12 absorption is poor, and if the elderly are not eating proper meals, balanced meals and good meals either, the amount of B12 going in an older person is going to be low. For the article to say that it’s an abundant nutrient for the elderly is absolutely not true.

JM: There’s the other consideration too that, giving them the benefit of the doubt in assuming that the elderly were in fact non-frail, had access to good food, were mobile and really eating a pretty significant amount of food, like the typical American does. The typical American, of course, is also nutritionally deficient, because also, the soils are not nutrient-dense soils anymore. They’re depleted because of the agricultural farming practices. It’s not that we are deficient in calories by any stretch imaginable.

AS: No, no. That’s not our problem.

JM: We are deficient in nutrients, which is a completely different component.

AS: Right.

JM: But you do bring up an interesting point that most of the elderly tend to actually decrease their amount of even rotten food that most people are eating.

AS: Exactly.

JM: It gets even worse, especially when you drop onto that B12 impairment absorption.

AS: Right. In the article, it actually says it twice, that the nutrients are there. The nutrients are in food. The nutrients are abundant. They’re not paying any attention to the title of the article. If older Americans are hooked on vitamins, this is saving their lives. This is a good idea.

Dr. Abram Hoffer asked me years ago to write a paper on, “Can supplements take the place of a good diet?” My comment was, “Well, they’re going to have to.” Because people eat such lousy diets. If they're going to eat lousy diets, it's better to have a lousy diet and take supplements than to have a lousy diet without supplements.

The solution, really, is to have a really good diet. But I don’t have to tell you what a hospital diet looks like, or what a nursing home diet looks like. You don’t have to tell me what a school lunch diet looks like. These are really, really poor meals. You have exactly the wrong nutrients in abundance – the calorie nutrients. And then you have a dearth of the micronutrients.

One more thing, the article talks about how there’s an abundance of nutrients everybody gets enough. With magnesium, the mineral magnesium, if you look over decades of studies, National
Health and Nutrition Examination Survey (NHANE) studies and all kinds of very large-scale studies of what people eat, magnesium deficiency is probably the most common mineral deficiency in the United States. It may be one of the very most common nutrient deficiencies. Almost no Americans get the U.S. recommended dietary allowance (RDA) of magnesium. Almost everyone comes up below the RDA. Some are moderately below it. Some aren’t even close. Magnesium deficiency, with its attendant problems with sleeping, mood, blood pressure, cramping and spasms, this is a problem that exists for magnesium.

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The other one is vitamin D. Vitamin D deficiency is so prevalent in the elderly that half of the people hospitalized for hip fractures are demonstrably and measurably vitamin D-deficient. What’s really interesting is that the article says that taking extra calcium did not help fractures. That’s not the point. It’s extra vitamin D and vitamin K that help click the calcium where it needs to be. They didn’t mention that. I found this very interesting.

Blue Cross Blue Shield published a study that talked about how the elderly who take vitamin D supplements not only have fewer fractures, but they don’t fall as often. Vitamin D actually helps prevent the fracture by preventing falling. People think, “Oh, yes. Falling in the elderly.” It’s a serious problem. Thirty percent of falls are fatal. Over 65,000 Americans a year die because they fell. This is a huge public health problem, not to mention a risk for grandma and grandpa.

JM: Absolutely. You mentioned vitamin D and magnesium. I think those are probably the two most common and important nutrient deficiencies.

AS: Yes.

JM: Also some of the indications or the complications resulting from a magnesium deficiency. But a new one – I’ve speculated it now, but I think there’s a good chance that it’s true – is based on a pernicious toxin that we’re all exposed to. It’s called electrical pollution. Electromagnetic fields (EMFs) are pervasive. Basically, we are deceived and misinformed by the media and the public health authorities that it’s safe. As a result of this toxic exposure, we’re causing oxidative damage very similar to smoking. In many ways, cellphones are the new cigarettes of the 21st century.

Going back to magnesium, there’s some speculative mechanisms that if you have enough magnesium, it will actually serve as a calcium-channel blocker, which appears to be one of the primary mechanisms that EMFs are able to cause the damage of this oxidative stress. It can lower that damage if you have enough magnesium. As you mentioned, virtually no one has enough magnesium.

Now, I’d like to take a tangent and discuss this with you, because you and I are both, obviously, major fans of magnesium supplementation. But like everything in life, there’s a goldilocks dose. Oral magnesium, of course, has a laxative effect. It’s used as a laxative. Milk of magnesia is a laxative. If you take too much, you’re going to have loose stools. If you have loose stools, that’s a complication too. You’re going to upset and distress your microbiome. Would you like to address that fine balance by getting the optimal dose of magnesium and distress in your microbiome?
AS: Yes. That’s an excellent question. It’s such a practical thing to talk about, because just about everybody can benefit from an Epsom salt bath. I was raised with this. My father was a big believer in hydrotherapy. He didn’t call it that by name, but hot baths or foot soaks, you name it, he loved it. We learned that a magnesium salt bath, an Epsom salt bath and magnesium sulfate, is a good way to relax sore muscles. You can absorb magnesium transdermally. There has been some research that argues that you can’t, but most of that was using very low doses of a magnesium cream.

We don’t see a lot of studies on Epsom salt baths, because, Joe, I’m here to tell you there’s not a lot of money in magnesium sulfate when you can buy 6 pounds for 6 bucks. That will give you a month of baths. Transdermal magnesium absorption is not going to have a laxative effect. You don’t even have to take any pills. Plus, it’s fun and it’s relaxing, and it’s going to work in so many ways.

With the magnesium forms, the worst form of magnesium, in terms of absorbability, would be magnesium oxide. That is the most common form available to consumers. Even magnesium oxide will work because people are so desperately deficient. But far better than magnesium oxide would be magnesium gluconate, magnesium citrate or magnesium chloride. The last one is going to be the most absorbable.

If people are taking magnesium in small doses, divided doses, they’re less likely to disturb their belly. They’re more likely to have this work out smoothly. Some people don’t need to take a lot of extra magnesium, others do. It’s really a matter of a therapeutic trial. I would start small, take your magnesium between meals and see when you feel better. That is simply a matter of trial and error. The beauty of this is that even if you make a mistake, the worst thing that’s going to happen is you’re going to have a little loose stool. Most people can easily avoid that by dividing the dose.

JM: Okay. You didn’t mention two of my favorite magnesium supplements, which are magnesium malate, malic acid, because malic acid is a Krebs cycle intermediate. It may be useful to help increase adenosine triphosphate (ATP) production. And then magnesium threonate. The documented improvements in penetrating blood-brain barrier.

AS: You’re absolutely right. I’m glad you added those in.

JM: Yeah. I’ve got an interesting aside about Epsom salts. I’ve been toying with the last few months of getting a floatation tank in my home, which is about 1,000 gallons and 1,000 pounds of Epsom salts. You could float in that. I’m a little bit hesitant to do it, but maybe you could send me some of those studies that show the increased absorption. Because you’re right, that’s the ideal way: to get it transdermally. It would seem that if you’re floating in it for an hour, you’re going to get a significant dose of magnesium. But I don’t know if there are any studies on it.

AS: I think that we can just go backwards and infer the rest. Normally, when you use magnesium sulfate or Epsom salts, they’ll tell you to use about a cup of it in the average hot bath, which I would assume would be around 15 gallons. If you’ve got the moxie to go for a thousand pounds
of it, then go for it. But my guess is that you probably would not have to go to such lengths to enjoy the benefits.

**JM:** Well, there are other benefits too – for the relaxation component through the autonomic nervous system.

**AS:** Oh, sure.

**JM:** But it would seem to be a radically effective way to increase your magnesium levels. But like anything in life, there’s a fine balance. It’s this goldilocks dose. It’s almost impossible to overdose on magnesium orally, because you’ll poop it out. You can certainly do that intravenously (IV). But my guess is that if you’re getting it transdermally, there’s this feedback loop that you might actually exceed the therapeutic level.

**AS:** Well, we don’t have any studies showing that that happens. Most of the complaints are – most of the comments in the medical literature are – that the magnesium is not really being absorbed at all. I think that’s not true. I think it is being absorbed. I think the human body is actually pretty smart. You know, from all of your years of experience as a physician, that it’s just amazing what the body knows how to do right. Your body has an amazing propensity to take advantage of the nutrient and use it.

I’m a big believer in simply trying this and seeing how you feel. It was Dr. Richard Passwater who first brought that idea to me in the late ’70s, in his wonderful book *Supernutrition: Megavitamin Revolution*. He said, “To determine your dose of nutrients as you want to supplement with, start taking them, and see if you feel better. If you do, take a little more. If you’re feeling still better, then use the higher dose. If you don’t feel any better, go to the lower dose that gets the most results.”

**JM:** Yeah.

**AS:** I just love that. It’s so simple. We can all do this.

**JM:** Yes, we can.

**AS:** And should. That doesn’t mean you’re hooked on vitamins, folks. It means that you’re an intelligent human being. How intelligent? Well, at least half of all Americans who are taking vitamins every day. With the elderly, it may be as high as two-thirds. I have heard unofficially that among physicians, 3 out of 4 doctors take supplements regularly. They just don’t talk about it.

**JM:** Yes, indeed. One of the supplements or minerals that I used when I was practicing was magnesium intravenously. When patients would come in with acute migraine, infection or asthma attack, I would give them IV magnesium, and probably some hydrochloric acid in there too. It was amazing. You give high levels of magnesium acutely, it has a very potent vasodilatory effect. Your blood vessels just open up. If you get it too quickly, it’s almost like a niacin flush. But it’s just amazing the high percentage of acute abortions of the migraine attack, the asthma attack or their cough or cold that they can have just gone.
AS: Right.

JM: It’s just shocking.

AS: And it’s equally amazing, if you’ve taught in school or raised a family or talked to teachers, how many people suffer, how many girls suffer from menstrual cramps. It’s really a problem. We’re not just talking inconvenience. Being men, we don’t really understand the nuances here, but I am reliably informed that menstrual cramps can take you out. There are women who have to go to bed for several days because the cramping is that bad. And you never hear a mention of magnesium as a preventive for that.

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Ninety-nine percent of teenage girls do not get the RDA of magnesium, just to underscore what we said earlier. The deficiency of this mineral is really serious.

JM: Yes, indeed. Basically everyone watching this could benefit from taking a good-quality magnesium supplement on a regular basis. Just moderate the dose. Make sure you don’t have loose stools. That’s about the only side effect.

AS: That’s right.

JM: Back off if you do. Any other comments on the nutrients?

AS: I’m glad you asked. Yes. As a matter of fact, there’s the one where they bring out the old saw. Relax now and take a deep breath, because you’ve heard this one for at least 15 years. It doesn’t die easily, does it? That beta-carotene causes cancer. Now, this is based on some studies back in the 1990s that showed that a certain population of men in Finland, when given 20 milligrams of beta-carotene a day, which, by the way, is not very much – it’s the amount would be in maybe three carrots – this showed an increase, a very small but widely touted increase in cancer in this bunch of men. But what is played down is that they were smokers.

JM: It’s the smoker study, right?

AS: They were smokers. People say to me, “Beta-carotene can cause cancer.” No. Smoking causes cancer. “Beta-carotene can be harmful.” No. Cigarettes are harmful. Smoking is what’s harmful to smokers. The problem, folks, is not the carrots. It’s the Camels.

JM: Yes. And it was the fact that it was synthetic, which probably is another significant variable. Natural beta-carotene would have never done this. Synthetic, probably in combination with the fact that they were smoking, was not a combination.

AS: Right, indeed. Dr. Abram Hoffer commented on this. He said that one of the groups that was given the beta-carotene, that particular group had been smoking one year longer than the men in the other group. That wasn’t discussed in the article.
JM: Yeah.

AS: What would a year of heavy smoking do to you? I don't think that would help. I don't think that would be good. Dr. Hoffer also mentioned that they did not check to see if these people had precancerous conditions. They went into the study. It looked like they didn't have cancer. But cancer doesn't just pop up there in a week. If someone has been smoking for 10, 20 or 30 years, these precancerous or even hard-to-track truly cancerous changes are already in place. Therefore, the study is a bad study. Therefore, The New York Times should know better than to quote it. They not only quote it, they kind of misquote it because they don't use the word “smoker.”

If you're hooked on cigarettes, you're going to have problems. If you're hooked on vitamins, you're not. This brings us to the fundamental question of who kills what and what wastes money. Consumer Reports estimates that 200 billion dollars a year is spent on incorrect harmful medication. The entire food supplement industry worldwide is one-fifth of that, at most. That's the highest estimate I've ever seen. We are wasting huge amounts on giving drugs that are harmful and complaining about the people who are doing good preventive care and taking their vitamins.

JM: I've got to stop you there, because it doesn't stop it [from being] harmful. It stops people dying from these complications of these drugs. Obviously, as I quoted earlier, most of those opioid deaths are prescription deaths. Yes, there’s some recreational use and street drug use, but most of it is actually prescription-based medications. But just take the opioids out – the leading cause of deaths in under 50. What’s your take on the current stats on deaths from medications, versus deaths from supplements?

AS: I really appreciate that question. I’m glad you asked it. Harvard School of Public Health – most people consider them to be fairly reliable – has looked at this six ways from Sunday. We know how many people die every year in hospitals from pharmaceuticals properly prescribed and taken as directed. The lowest estimate is around 85,000 people a year. The high estimate is around 135,000 people a year. The generally accepted estimate is about 106,000 people a year. Now, that’s 106,000 dead Americans every year from properly prescribed drugs, not medical errors, taken as directed, not overdose. In 10 years, that’s a million people dead, from normal side effects.

With vitamin supplements, we know from checking the American Association of Poison Control Centers (AAPCC), who have been feeding this information for over 30 years now, that there have been 13 alleged deaths from vitamins in 31 years. My team looked into this and we could not find substantiation, documentation, proof or convincing evidence of one single death. Vitamins were taken by a person who died from a drug and they blamed the vitamin, along with the drug. I don’t think that’s necessarily how you should do it. So when we looked into it, we found out that there had been zero deaths from vitamins in the last 31 years.

The AAPCC this year actually changed their reporting. They removed the vitamin category, because I kept claiming out to people that they were always zeroes. AAPCC changed the way they report the tables this year. I’m going to take the credit or the blame for that, or maybe it was a placebo effect.
Personally, I think they got tired of the Orthomolecular Medicine News Service saying, “No deaths from vitamins. No deaths from minerals. No deaths from amino acids. No deaths from herbas. No deaths from homeopathic substances.” These alternative treatments are effective. They’re safe, and they’re cheap. I want to emphasize they are safe. People are dying in our land and in our world because we’re giving them dangerous drugs. Dr. Abram Hoffer has said, “Drugs make a well person sick. Why would they make a sick person well?”

JM: Absolutely. Brilliantly said. Thank you for providing that information. I’d like to expand on that by stating that and emphasizing that this was properly prescribed drugs.

AS: Right.

JM: Side effects from them. But in the 30-year period where there were zero deaths from supplements or vitamins and minerals – more accurately, because there might have been some herbal things. I don’t know if that was factored into it — but vitamins and minerals, zero deaths in 30 years. In the 30 years of the drugs, it was probably 3 million of properly prescribed drugs just from the side effects.

But what that fails to incorporate is the fact that drugs, in no way, shape or form, virtually ever, ever address the primary reason why they’re being prescribed. The fundamental cause of the illness is being ignored. As a result, my guess is the number of deaths by choosing that mode of treatment is at least 10 times higher.

AS: You know, Joe, a year ago, The New York Times had another article. In this article, they mentioned that people are taking too many pills. The name of that article is “How Many Pills Are Too Many?” It was published back in April exactly a year ago, April 10, 2017. The New York Times isn’t always getting it wrong. Here, they were talking about the dangers of overmedication, overprescription — the deaths and the injuries from these drugs. Now, they’re changing their tune and trying to say, “Well, you know, the vitamins are the problem.” No. They’re not.

The vitamins are not the problem. They're the solution. If we had better-nourished Americans, we'd save a pile on our 3 trillion dollar-plus disease care bill. It's good that older Americans take supplements. I don't mean to do it foolishly. If you take a look, most people are actually smarter than we give them credit for. Taking a multivitamin for instance, especially if it's a good-quality natural multivitamin, is just a really good idea.

Dr. Roger J. Williams, the discoverer of the B vitamin, pantothenic acid, recommended nutritional insurance back in the 1950s. He's not alone on this. For people who don't have a lot of money, a good natural multivitamin three times a day, can be just the thing.

When I taught in two state penitentiaries, I tried to get the inmates to get a multivitamin at the commissary, at the Post Exchange (PX) – they had to buy them with their own money – and take that multivitamin every day. I also said, “Cut down on sugar.” Inmates were telling me they felt better. Now, what's the benefit to society when you have inmates who are actually getting physically and mentally more aware, more clear – as one inmate put it to me – more calm, more capable, by being good citizens. That’s what we want.
The Chicago Tribune picked up this article not too long ago, when we were calling for adding a multivitamin each meal to the prisoners’ ration. The total cost to the state would be around 15 cents a day.

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How much does it cost to keep a prisoner in Joliet? How much does it cost to keep a prisoner in Sing Sing, New York City for one year? One hundred and twenty thousand dollars for one inmate, for one year. Nationally, in the prison system, it costs around 30,000 dollars a year to keep someone in jail. Cost of vitamins, 65 bucks.

JM: Quite a difference indeed. But, I doubt that Illinois could even afford 15 cents a day, because they’re on the verge of going bankrupt. With their current liabilities, they can’t loan any advances. But it is sad, you’re right. It’s just a matter of redistributing the resources that are only being allocated. Instead of spending it for all these other crazy things, they could allocate it to something that really does work.

AS: They could actually make some money. If they brought back prison farms and taught inmates agriculture, inmates could grow organic food and save a lot of money to the taxpayer by not having to buy the junk food that they truck in in the semis. We could actually have healthy inmates.

A lot of people think, “Well, what are you? Some kind of a bleeding-heart liberal? What are you going to do? Put felons in jail and make them healthy and do all this for them?” Look, let's take the politics out of it. If you get down to reality, the vast majority of inmates are going to get out. They’re going to be released sooner or later, unless you shoot them all. They’re going to be released sooner or later, unless they have a life sentence.

Even if they have a life sentence, the people who work with them, the doctors, the guards, the nurses, the clerks, the warden, they're going to come home, with the drug-resistant tuberculosis (TB), with the drug-resistant diseases that are so prevalent in prisons. I worked in a prison where half of the female inmates were HIV-positive. New York State admitted years ago that 1 in 8 inmates tested positive for TB. I believe that tuberculosis rate in prisons in the New York State now is nearly 1 in 4. If you work with this population, you're coming back to your community even if they don't. It's in our interest to be healthy no matter where we are.

I think we could save money for Illinois by instituting reform in how food is provided to prisoners. What do you have in a prison? You have this huge compound with this unbelievably terrific fence. What a great place for a garden. You’ve got all that space, a terrific fence and lots of people to work on it. No gopher is going to get through that fence. No rabbit, no deer. Nothing's going to eat those crops. You can grow organic food, and we could transform the way we look at penal institutions. We could make them into corrective institutions.

JM: That's great. Yeah. Even in places like Illinois, which has a fairly harsh winter, you could easily create greenhouses.
AS: Not only that, you could grow kale. It’s a joke here in my neighborhood, because I'm the kale guy. I give kale away to everybody. I bury the kale. I compost it. It grows up through the ground. It grows up through the compost pile. We have snow and the kale pushes up. We had snow yesterday and today. It’s April. I’m in Rochester. The kale was still pushing its way up. You cannot kill kale. Growing kale, you don’t even need a greenhouse.

There are so many things that we could do that we’re not doing because we have not spoken out. We have not required change. We’re too busy watching the news and listening to what The New York Times says about nutrition. No offense to New York Times, but since they fired so many of their copyeditors, they need to do a better job fact-checking. The facts are in. Nutrition is a really good idea. Americans’ nutrition is really lousy.

JM: This termination of the copyeditors, did this occur in the last year? Was there anything that stimulated that? Was it a transition in the ownership of The Times?

AS: It’s financial difficulties. The Times had been having financial troubles for years. Their stock prices have been going down. Their profit has been going down. They wanted to save money, so they eliminated the copydesk. They got rid of about 100 copyeditors. There's a big protest at The New York Times. Nevertheless, it was a cost-saving measure. It’s not unheard of.

The New York Times now is doing a good job with digital subscriptions. It's back making money, not a lot. But I would like to suggest to people that if you are a reliable, reputable newspaper, the most important thing you need to do is not see that your bottom line is right, but to see that your facts are correct.

JM: Now, I want to get back to the farming in the prisons. You had mentioned that they had done this previously. I'm wondering if you have awareness of when that occurred and why it occurred, because it does seem like a brilliant idea. I mean everyone's got to eat. Why not put them to productive work and give them a skill? I mean, to me, even if you're happy – forget if you’re a prisoner — everyone should have the ability to grow their own food, like you and I both do.

AS: Right. You bet. Where this started was many, many years ago. Back in the 1930s, prison farms were the rule, not the exception. In that vitamin movie, I’m actually filmed outside of a correctional facility in New York State. Across the stress from that correctional facility is a farm now that is privately held that used to be a prison farm. I know the people who live there.

Here is an example – You had a prison, and across the road, you had a farm. You had the animals, and you had the crops and you had the equipment. People were learning trades, because it’s not just a matter of taking a rake, a hoe or a shovel through some weeds or potatoes. You also have to learn to take care of animals. You have to learn food storage. You have to learn veterinary medicine. You have to learn how to maintain vehicles. You have to learn about the weather. You have to be physically fit. You have to have discipline. You’re going to get fresh air. You’re going to get sunshine.
What you have here is a system that was discontinued because it was cumbersome. It's a lot easier to put them all in a small area, put a fence around them and put the guards in towers. But I have, again, been inside prisons. I have seen the very large number of guards. In my experience, that very large number of guards is available to take this out. You can take your trustees, your most trusted prisoners, and get them out on sort of a work release, with guards, and very easily make this the thing to do.

You know, some prisoners actually get with the program. I was teaching college courses in prison. I had students who actually cared, who actually realized this was their chance. They could go to college in prison. Those who do never come back. The recidivism rate among educated prisoners is almost zero. Why not educate everybody? Like you said, Joe, they should learn how to grow their own food. What better life skill than that?

**JM:** We all should have that skill. There’s no question.

**AS:** You bet.

**JM:** Are you aware of any movement to have this occur in prisons? It would seem it would be a worthwhile project.

**AS:** Somewhere, there are rumbles of this, but I don’t have personal knowledge of it. But there are places. There are communities. They’re not only having community gardens, but they’re also trying to get halfway houses or prisons interested. What we need is to have the political will nationally and statewide to put this right into the laws, right into the rules and right into our institutions. We can do this.

Our tendency is to say, “They did the crime. They do the time. Put them in the garbage can. Batten down the hatches. Slam down the ledger. I don’t care anymore.” When you teach in prisons, you get a slightly different angle. What you see are a bunch of people who are going to be released. They’re going to come back to your community. How do you want them coming back? I think, with a healthy mind, some work skills, and healthy food, not fed a lot of sugar and not kept out of the sunlight.

**JM:** Yeah. That’s a noble goal for sure. This is sort of bringing this back, again, to The New York Times article, which claims that the elderly are taking too many supplements.

**AS:** They’re hooked on them.

**JM:** Hooked on supplements. That’s what. They’re hooked on the supplements. The primary argument against that was because they have poor nutrition, because of the lack of nutrient-dense food. That reflects back to the point that we really should be creating our own food, because you can’t buy nutrient-dense food in almost every supermarket available. You’ll say, “How’s that possible?” Well, not too long ago, literally three generations, World War II, we had victory gardens. My understanding is that 50 percent of the produce grown in the United States was grown in people’s backyards.
AS: Right.

JM: We can do that again. We need to do that again. If you don’t have a backyard or you live in a condo or a townhouse, well, guess what, there are community garden spaces available.

AS: And there are window boxes. There are plants that will grow indoors. There are sprouts. I know you’re an avid sunflower seed sprouter, and so am I. Those things are tasty. People who haven’t tried this, you don’t know what you’re missing. Sunflower sprouts about 3 to 4 inches high are just delicious.

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JM: Yes, they are. I travel with them. They’re easy to grow. If you buy them at Whole Foods, you’re going to pay about 30 dollars a pound. If you grow them yourself, it’s like 25 cents a pound.

AS: Right. It’s a good way to teach the children and grandchildren, because they see the seeds sprouting. Kids, you cannot keep them out of the kitchen. If you’re doing sprouting, they will want to be in on it. They want to water. They want to help out.

Well, I give you my grandchildren. My daughter and son were raised with all these natural healing, vitamin and good diet stuff. Now, I get to see my grandchildren having the same experience. It’s a real rush, because you can detect this right away in kids. They’re drawn to it. They’re just naturally drawn to nature, life and how things grow. The kids are right there. There’s nothing more fun than watching kids do sprouting, gardening or juicing.

JM: Yeah. I couldn’t agree more. Sprouting really is the perfect example, because it’s an accelerated program. They’ll see it from day one. They’ll see the little germination occur in day two. Literally in one week, they can actually harvest something, which might take months, closer to months, when you’re gardening. It’s a little delayed process. It’s a delayed gratification. But they get that immediate gratification when they’re sprouting, which is great.

AS: That’s right. If you live on the 12th floor of a high-rise, you can still sprout.

JM: Yeah. Or if you’re in a dorm in a college, you can do it.

AS: No matter where you are, there’s a way that we can do this. We’ve been taught to be consumers of medical care instead of self-reliant people. We’ve been taught to be patients and not persons. To change this around, we have to give ourselves permission to take the power, to do what our body should have been doing all along. We’ve been misled.

I think maybe profit has a little bit to do with this. The pharmaceutical industry is making an awful lot of dough these days. I know people who take pills that cost a thousand dollars apiece. Don’t tell me I’m hooked on vitamins and I’m wasting my money and having expensive urine. I don’t need to hear that. I find that taking vitamins is very helpful to me, my children and my grandchildren. For 41 years professionally now, I’ve seen it in so many people, and so have you. You’ve got the letters, the testimonials. You look around and you see this working. If there’s one thing we need right now, we need a healthcare system that works.
JM: Yes, indeed. It’s really interesting because we have so much disease. The conventional healthcare model is a progressively increasing disastrous failure. Unfortunately, I don’t really see a solution, other than it getting worse, to the point where it’s almost like an alcoholic resting in the gutter before he finally wakes up, has an epiphany and gets off the drug.

It’s the same thing here. The health system’s going to have to go through a catastrophe before they realize what works, what can we afford, what is really going to turn around disease. The answer was here all along. They just were blinded by the pharmaceutical companies.

AS: The New York Times could have had its headline read, “Older Americans Are Hooked on Excessive Pharmaceutical Medication.”

JM: And then they would have been right.

AS: They would have been right on. A year ago, Joe, they did that. A year ago, they had that article. But now, maybe to help improve the bottom line, maybe because they want to attract advertisers that happen to be pharmaceutical companies, or maybe because they fired too many copyeditors, this time, they didn’t fact-check.

The simple truth is these straight-faced tests should be applied when you hear somebody tell you that vitamins are bad, but drugs are okay. Don’t you love those TV commercials that rattle off all these wonderful benefits, and then they give you the side effects and they say them real quickly, and they say this side effect and that side effect, and then they say, “And death.” This is on our TV sets. Our children are watching this.

JM: In case you forgot, the United States was only one of two countries in the entire world where this is legal. You cannot do this anywhere else on the planet, instead of the United States and New Zealand, I believe. It’s the law to advertise. They figured this out probably 20 years ago now. I think it happened in the Clinton Administration, if I’m not mistaken, where they changed the law and allowed the drug companies to go in. It tends to happen in most governments over time. The United States has been around nearly 250 years. It gets perverted over time and corrupted.

AS: We should not necessarily do everything they did in ancient Rome.

JM: Yeah.

AS: I think we can do better. I think people are turning onto this. I think that people are not a bunch of fools. I think folks, when they’re given the truth, will make the right decision. Our problem is that an article like this in The New York Times is giving people something that is several notches away from the truth. That is reprehensible.

JM: Yeah. It is. Alright. Any other comments you’d like to make on that or words of wisdom?

AS: I’d like to say the most basic one. For people who think they can’t, you’re wrong. You can. You can do this. You can do this right away. You can eat better. One of the few free decisions we
make every day is whether we will or will not exercise, whether we will or not eat this or that, whether we will or not say no to pharmaceutical drugs or over-the-counter drugs. Every single incremental advancement that you make is going to make your body happy. You’re going to see the difference. All you’ve got to do is try it.

**JM:** Yeah. I would extend that. Because if you do try it and you are successful, as you likely will be, you may need to be in consultation and guidance with a healthcare professional who understands this little bit better and just apply it, although most of the time it’s sometimes going to work just by itself. But once you do get better, you’re not only helping yourself. Guess who else you’re helping. Your friends and your family, because they see the massive improvement and change. They’re wondering, “How did you do that? What happened?” You’re going to inspire and catalyze others. Because you can preach to them, but the best way to lead is by example.

**AS:** That’s right. It was Nobel Prize-winning physician, Dr. Albert Schweitzer, who said, “Not only is example the best way to teach, it’s the only way to teach.”

**JM:** Good words to end on. Thank you for all you do, have done and will do. You’re a major inspiration to all of us. Thanks for coming on to help us understand this flawed article in The New York Times.

**AS:** Thank you, Dr. Mercola. It’s a pleasure to be with you.

[END]