Hello everyone, this is Andrew. Welcome to Keen on America. On July 4th, 2026, America will be 250 years old.
An anniversary that will, no doubt, be greeted with a mixture of celebration, contemplation, and resignation. In Keen on America.
Andrew talks not just about the American past and present, but also speculates on its future. What Andrew asks will be the 21st century fate of this now venerable American Republic.
Hello, everybody. It is Friday, March 28th, 25, lots of news as always.
This time, not on the doge front, but on the cuts at the US health agency being orchestrated by a certain RFK junior, certainly going to radically affect the health industry. And we found a doctor to talk about this. Andy Cassris is a Columbia Maryland physician. He's the co -author of a new book, A Return to Healing, Flexna Osler, and How American Medicine Went to Stray. And he's joining us from Columbia today. Andy, congratulations on the new book. You're not a political analyst, but what are your thoughts about these dramatic cuts at the federal health agency?
You know, the issue is that we don't really have a good sense of what's going on. I mean, I know a lot about what Kennedy thinks. I know a lot about what people at the NIH think, but a lot of it is just chaos at this point. I don't think we have a good sense of who's being cut, why they're being cut, and that's part of the problem. Every political administration, when they come in, makes cuts in the health sector or makes changes, but this has been just chaos.
That's all I think of this. - Andy, is this an extraordinary series of cuts? I mean, sometimes when one reads the media, which tends to be not particularly keen on Trump, sometimes one gets the sense that there's just this general hysteria, but is what RFK Jr. is doing at Health. Is it unusual? I think it's unusual, but I also think we're not quite sure what he's cutting. He's made it clear he wants to cut people who are very involved or have been involved in the pharmaceutical industry, and there's a lot of them in the CDC, the FDA, and the NIH, and that's been his plan all long. There's Also, of course, during the Biden administration, people who applied for NIH grants and had things on those grants that would make it seem like they were looking into issues of race and ethnicity, they had those grants approved based on that.
So a lot of people just put stuff on their grants. And this I got from an insider who does a lot of grants. Of course, any of that stuff now is just being cut, so it just shows the politicization of research at this point. Yeah, we did a show a few months ago with Robert Pearl, used to run Kaiser Permanente out here in San Francisco. He's always been our go -to guy on health policy.
He was, at this point at least a couple of months ago, cautiously optimistic about RFK Junior. What's your sense? I don't want to put you on the spot, Andy, but more broadly within the healthcare, within your network, you must talk to lots of different doctors. Do most of your colleagues think that RFK Junior is actually qualified to do this job? - Well, first of all, I'm, you know, my colleagues being doctors, unfortunately a lot of doctors hear things from the news feeds, hear things from medical feeds. And a lot of that is very

driven by pharmaceutical companies. So a lot of what our book talks about, in fact, is the intrusion of the pharmaceutical industry into healthcare. One thing about RFK is He's talked about that. He truly wants to extract a lot of the pharmaceutical influence. Just so you know, the CDC is heavily financed by the pharmaceutical industry through the CDC Foundation. Many of the people who are high up in the CDC were former drug company executives. He's written about this. I've written about this. Many people from the size of the political aisle have written about this. And we really need that to happen. So from that standpoint, a lot of us were optimistic when RFK came in, and especially some of the people he put in place, that maybe that would be what they're gonna do. Maybe it will be, but honestly, we just don't know because there is no rhyme or reason to who they're cutting. And we're not gonna get much out of the media, the basic media, the CNNs and MSNBCs, the MPRs, and the Foxes, we're not going to get a lot from there. Because they're all their political motivations. So we're all waiting to see exactly who's being cut, what's happening. But yes, we do need major reform in these agencies that we need to trust if we're going to move forward in health care. We saw what happened during COVID when we couldn't necessarily trust anyone, and it was just chaos. So we'd like to have some trustworthy groups. Again, RFK is giving lift service to it. We don't know what's going to happen. - Yeah, you bring up the T word, Andy, trust, which is of course, I mean, it's an important word in every sense, but particularly when one goes to one's doctor in terms of trusting what they tell you, in terms of trusting their analysis. You talked about the influence of big pharma a few minutes ago. Is that a big problem? Are you suggesting that the big pharma companies have their own agenda and that all too often policy is made because of them rather than the real interests of doctors or more importantly, patients? We dig this in our book, and we provide not only examples, but lots of references about this. And the answer is yes, when our healthcare system, as we know it today was created, and that happened back in 1911, with a report called the Flexner Report. It was an alliance of big businesses like Rockefeller Carnegie, pharmaceutical companies, academia, and the AMA. And we've moved in a direction where the pharmaceutical industry has taken over huge sectors of our healthcare infrastructure. I mean, organizations that you trust like the CDC and the FDA are largely controlled by the pharmaceutical companies. Even groups like the American Diabetes Association, Alzheimer's Association, Heart Association get almost all their money from the pharmaceutical companies. All the research in this country that's going on in academia is financed and largely drafted by the pharmaceutical companies. The protocols and the quality indicators that we are graded on and that we use to take care of patients were all created by the pharmaceutical company research. If you've ever seen a calculator that a doctor has, they'll plug in numbers and say you have exactly this risk of a stroke if you have atrial fibrillation and you better go on blood thinners. Again, those numbers are very slanted in favor of you must take drugs. So yes, it's a huge problem. I would say it's the biggest problem that we as doctors face. And most doctors are unaware of this because what they're given to talk to patients with are They assume are objective information,

but it's mostly from pharmaceutical data. And that's what we've been dealing with for probably the last 20, 25 years. - Yeah, it's really troubling to hear it from such a pleasantly spoken doctor like yourself, Andy, that the subtitle of the book, "The New Book of Return to Healing," is Flex Osler and How American Medicine went astray. It seems when you say went astray, that's a euphemism. Are you suggesting that? the pharma industry essentially took over the medical industry after this flex no report from 1912 Well, to be honest,
it took them a while Initially, it was the Rockefeller and Carnegie foundations, which was I'm sorry to jump in here here, Andy. We're supposed to trust these foundations, Rockefeller, Carnegie.
Did the farmer or has the farmer industry essentially paid off those foundations? It could very well be the other way around. I mean, those foundations were hell -bent on creating a huge research infrastructure in this country that would help them profit, help them create drugs and help them create new discoveries. And they were not interested in taking care of patients. That's not what their priority is. And I've dug through their archives. There's very little short of profit that they talk about. - So their interest, again, I apologize if I keep on jumping in, their interest is selling their product, which is drugs.
And they want to create drugs. They want to use our medical infrastructure to create and sell drugs. And our academic institutions have largely been their guide to doing that, because there's not an academic institution in this country that's not heavily financed by these drug companies to do their research. And many have written about this. Some of the academic doctors who publish in journals like New England Journal have barely even seen what's published because it's drafted by the drug company. They do the research. So RFK, some people have written him off as a lunatic, his skepticism on many fronts, including the vaccine front. Are you suggesting he's not quite as insane as certainly the progressive media had presented him? - Well, look, if you call me a skeptic, I'll be honored because that's what Einstein said we're supposed to be, you know, we're all skeptics. And when you call people vaccine skeptics, he is a vaccine skeptic, but he demands science to look into this.
And he's gone, in my opinion, he's gone the other way.
He's gone too far in making claims that are also not scientifically validated. So yeah, there's a little insanity there and there is a lot of rational thinking, but it's hard to tweak the two. - But as you say, his,
we use this word skepticism, his hostility to big pharma then you share essentially, and this is what you write about in your new book or return to healing. - I do share it, and I think it's very easy to find it. It's even in the vaccine industry, and if you look at the development of the COVID vaccine, I mean, the pharmaceutical industries were essentially creating the narrative, and they were very involved in making sure that everyone in this country got the vaccine. Whether that was a benign act, or whether that was for profit, you know, it depends how cynical you are. - I'm a cynical person, so. - Are you saying that the, I mean, the vaccine did work, but, and I've always been more than happy to take these vaccines.
But are you suggesting that some vaccine policy at least is determined by farmers'

interest in selling vaccines so that all Americans have to take them?
- Well, yeah, I think there was very little choice in this vaccine, whether you took it or not, you basically had to. I certainly did. And if I were a student, I'd have to. If I were in the military, the government, I'd have to. But also, you know, there's more nuance to this vaccine. And it's true with all vaccines. Like for instance, should young people and kids have received this vaccine, that was never tested on them. And when COVID was extremely low risk for them, does this vaccine have a public health benefit? Does it, for instance, if you get the vaccine and I don't, are you at risk still? So there are a lot of questions. It's not, to me, it's not a binary between whether I'm for the vaccine or not. It's just a lot of nuance and that nuance was essentially censored during many years of COVID. It was, you either were on one side or the other and unfortunately in healthcare, that's often how it is. You're either a misinformer or an informer. It depends which side you are on as to which one you are. And in terms of your narrative in a return to healing and the problematic consequences of the Flexner report and some other things that we're going to get into, where does Anthony Fauci stand? Because he's Particularly, you talk about being on one side or the other. I think progressives love him and the Trump people love him. Some people even want to lock him up. Was Fauci or could he have been in the pocket, so to speak, a big farmer? I don't think that's a question. I followed his career for 30 years. I don't know that he's in the pockets of big farmer or they're in the pockets of him, but he was part of the part of what he did was assure that Big Pharma and academia had a marriage together. He helped direct pharmaceutical funding to academia.
He's always been involved in that. Whether that impacted what he did, that that's unknown. And yes, you're right, it's extreme, either you hate him or love him. There's no in between, but that's the way it always is. It's the nuances gone. - Although in the old days, I was gonna call you Anthony, Andy, you're not Anthony. - No, I'm not here. - You're very lucky you're not Anthony. In the old days, no one would have even heard of Anthony Fauci, would have been some government medical bureaucrat who just told people what they can and can't do. He certainly wouldn't have been such a divisive figure. Before we get on a little bit more to the book, what do you make, then, of warp speed? It's often used by all sorts of people about how government research and the relationship between public investment and private innovation works. In your mind, is that a model for moving forward? Yeah, and it's funny because Trump takes credit for warps. - Right, what, it was on the hits, but better or worse, it was on the hits. - Yes, of course it was.
- It was, and he'll take credit for it. Yes, that is exactly how things should go. However, with a caveat, we need to trust our government agencies. And they truly have to be watchdogs over the pharmaceutical industry. And if there are members, high-level members of the pharmaceutical industry in these agencies. And if they are getting paid by the pharmaceutical industry, then no, then it won't work. It can't work. We need to have surveillance over this huge, powerful industry.
I mentioned Robert Pearl earlier. I'm not sure if you're familiar with his book.

He did rather well on caring how the culture of medicine kills doctors and patients. His book argues that most doctors are pretty miserable. They're obviously pretty well paid. But many of them are deeply unhappy in their work. Many are burning out. Many are leaving the profession. Do you share Robert Pearl's analysis as a doctor, Andy? And I know you perhaps can't speak on behalf of your fellow author, Alan Roth. But is that a common sense within the industry that doctors are miserable because of the condition of healthcare, of the medical industry?
I mean, you bring up a point they're paid extremely well. I'm a primary care physician. I'm a dying breed. Almost no one goes into my field anymore, even though we are probably the most important field. About 20 % of doctors in this we practice primary care, and we are burnt out. We're burnt out because we don't have time to see our patients. We're burnt out because we have the followup protocols. We have to click boxes. We have to get permission to give medicines. During COVID, I couldn't give medicines I wanted to give. So yeah, it is a situation where-- - Why? Again, I apologize, Andy, just saying so many interesting things. When you say you couldn't give in COVID, give me an example and explain why you couldn't. - Well, a good example is that when we learned early on that about 70 % of people who had COVID in 2020 were getting blood clots. This came from Italian data and from data from Harvard. So I put people on blood thinners. It was just the right thing to do. A lot of us did that. And I was assailed by the, by the public health people at my institutions that I worked saying this was not CDC policy, and I had to explain myself. I've never, it's rare that that happens, but it does happen sometimes. And so I had to say I'm giving it for other reasons. So it was this surveillance over me as to how I wanted to treat treat my patients. And frankly, if I ask a patient, if I explain to a patient whether a medicine has certain side effects, and the patient decides not to take a medicine, that I could get dinged for that, because that might be a quality indicator. For instance, a blood thinner for atrial fibrillation, which is a heart arrhythmia, is a quality indicator. All my patients are supposed to be on blood thinners. So if I have a discussion with them about the risk and benefit, and they choose not to take it, I will get a ding, and enough dings does reduce your salary. So who's doing the ding -ing of Andy Lazarus? And how does that reduce your salary? We in Medicare, especially, and this is true of most insurances, are paid a certain amount per patient, and then there's some money saved, that will be given to us at the end. And a lot of that is based on our report card, how we do with these quality indicators. That's so through Medicare, for instance, that comes from Congress to Medicare, and mostly from specialty medical societies, like the cardiologists and the chronologists, they will create their own protocols. Again, a lot of these are driven by drug company research. And remember, these companies are also paying people in Congress on both sides of the aisle. So that's where they come from.
They're not necessarily related to patient care. They're not related to having a patient -centered care, which means we talk to our patients and they make the decision. These are top -down dictates. And yeah, we will, I've lost plenty of money because I don't follow them.

- Yeah, and you're a primary care physician, but a general, a GP in my language, at least. - Yeah, your land is a GP, exactly.
- It's incredible, Andy, we've talked for 20 minutes, and we haven't even come to the insurance industry, which is often the biggest,
or in many people's mind, the biggest problem. How does the dysfunctionality of the medical industry that you write about in a return to healing, how does that connect with big pharma in terms of insurance? Are these two, I don't know if you call them institutions, these two worlds, the worlds of big pharma and the world of insurance, are they essentially The same thing are they linked? They're not they're not as linked as much as you would think but you know insurance has to make money by providing services without being believed to be self -interested and they have to pay their their executives and Under Obamacare the Affordable Care Act a law was passed that the Executives could only make 20 % of the total outlay. So how does the insurance companies dealt with that? They just pay more money. They'll pay more money for services. Their executives can get more money and they'll raise premiums. So that's a separate issue from the big form issue. That deals a lot more with hospitals, procedures, specialists, they're happy to pay big bucks for those things. which people say, "Wow, that's great, they're doing that." But a lot of it has to do with their own self -interest, of course.
- Yeah, it's such a complicated world. So let's get to the book,
A Return to Healing. What are the reforms that you would like to see? What are you and Alan Roth arguing in the book? - So one of the big things we argue, and we take it through time is that, and you'll know this is a patient, if you ever were one. Well, we're all patients. We all have to show up. We all are patients. We all are another and our doctor's office, unfortunately. We have to trust our doctors. And this is the most trusting thing you can have is to put your health in someone else's hands without any information. So one of the things we've been reduced to is a series of numbers. And this is what we argue, is that instead of really talking to us and seeing who we are as people, doctors will just do a lot of tests, find some abnormalities, and fix the abnormalities. And the level of normal and abnormal has changed over time, and we map that out. So we've created epidemics of diseases like diabetes, hypertension, coronary artery disease, Some of which are by number manipulation. Some of which are because we are not focusing on diet exercise and the real barometers of health. And we just find many excuses to make people feel sick. So they will dive into the healthcare system and do whatever we say. Take whatever we give and we tell them we save their lives all the time. So that's what we become. You come. What we're suggesting is to move away from that. So I might not be so unwise, Andy, in doing as much as I possibly can to avoid going to see the doctor. Unless you're dying, it's best probably to keep out of the system.
So when they look at the real parameters of your health, about Half of it is what you do, what you do for yourself. And you won't find a doctor who's trained in nutrition that it's just not taught in medical school. I even read an article recently, it said, "Is wellness bad for the healthcare industry?" And yeah, it is, it's very bad for the health. If you're healthy-- - It's not really an article

saying, "Is wellness bad for the patient?" - It's great for the patient, it's terrible for the industry. - Well, the industry would argue, and And they would probably pay doctors to argue it's bad for patients. They will. In fact, that's what this article said, is it's bad for patients. So I mean, we know the places in the world where people live the longest, they don't see many doctors, they don't take many medicines, they don't get all these tests, they don't get stents, they're not on statins. But they eat well, they move around, they have communities, they exercise,
That's how you stay healthy. And doctors are, yes, there are some screening tests you can get to make sure you don't have very high blood pressure, diabetes, certain other diseases that you should do periodically. But mostly when you're sick, that's a good time to see a doctor. Otherwise you really shouldn't look to the doctor to make you healthier. That's not what the doctor's gonna do. The Doctor's gonna make you feel sicker. - But I tell you, next time I get a call from my doctor for my annual checkup, I'm gonna tell them that Andy Lazarus says that I don't need to see you, that it's probably bad for my health. - You could say, what are you gonna look for in my annual checkup is one of the things, but it's true, when you go to for your annual checkup, they usually do an exam and they do a lot of blood tests. And so we don't know really what those blood tests are telling us. (indistinct)
a doctor didn't get my dad in the hospital when I when I had some questions about it. He said, look, we don't have time to customize care for every we have protocols. And that's kind of the view of healthcare system. And it's frankly frightening because you as a patient should know exactly what's going on when you walk in for your annual and and what the pros and cons. So certain tests, you may not believe it, but getting just an EKG when you're not having symptoms is more likely to hurt you than not. And there's an organization called the US Preventive Task Force that gives an EKG an F, which means more likely to cause harm than benefit. And we go through this. Of course, you've got all the legal complications as well. I mean, patients have some responsibility here, Andy. Don't we?
They do. They do. It seems that America seems to be a nation of hypochondriacs obsessed with their health, you can't switch the television on without being flooded with all these advertisements for one kind of miracle drug or another. You've got the supposedly sacred systems, Medicare, that even Trump doesn't dare touch.
So do patients have some responsibility for the dysfunctionality of the industry?
- You know, patients are in a terrible position. I mean, you're right, they're being told constantly that they're sick, there's epidemics, there's something new coming out and that if they're not on this drug, they're gonna die. And yeah, doctors feed into that. Again, this is very good for the industry, for you to feel that way.
The sicker you feel, the better for us. But you guys are in a tough spot 'cause where are you gonna get accurate information? And That's one of the most difficult things for a patient. Again, my mom always says, well, if I can't trust my doctor, who can I trust? And that's true, right? - Well, I was when you got a doctor as a son, that's particularly problematic. - They don't trust me as much as some of them.

I tell too much of a truth, and I'm much more nuanced. I mean,
there's never, I'll give you an example. I had patient who did have an arrhythmia
that could cause a stroke in a very small amount of people, and you could take a
drug for it to prevent that, but that drug could cause you to bleed in your brain.
So I told him, I said, there's about a half percent chance you'll get a stroke if
you don't take it, but a half percent chance you'll bleed in your brain if you do
take it. And he said, I don't like that answer at all. Nobody likes that answer,
but that's just the reality. And nobody really wants to hear the reality because it
does put more responsibility on you as the patient, where I think it should be.
- Again, there's lots of hysteria about the cuts to the health services and to the
research, but in a new book, I'm not sure if you've had an opportunity to read it,
it's actually pretty good by Ezra Klein.
It's called "Abundance" And it's very critical of the NIH suggesting that these huge
research groups are so constrained by bureaucratic red tape that most of the research
they do is fairly useless, that they're unwilling or incapable of taking risks. Is
that your sense, Andy, a lot of the projects invested in by the NIH?
- I mean, the NIH is probably the best group we have to invest in research.
But yes, even they, you know, they have to, there are a lot of people who wanna
get research funded by the NIH. Most NIH research is more basic science,
not what we call clinical. Clinical meaning, if a new drug comes out, we're gonna
try it on people. Most of that occurs in university settings that is a hundred
percent drug company funded So that that's gonna be um That is gonna be more biased
than what we see in the NIH and at least the NIH does it attempt to get to the
root of problems and Explore issues even if there is a lot of red tape in it and
a lot of a lot of waste At least they're trying is so Fixing the NIH is a great
first step and I personally and Alan agrees with this We wish all research would be
emanated from the NIH and not from these drug companies Your book in a sense looks
backwards the subtitle is about flexner and Osler the on the the the flex no report
and you you talk about Abraham flexner in the book and William Osler,
who were figures who shaped the American health care industry, but this was more
than 100 years ago, Andy. Again, don't need me to tell you this. The future is of
AI. My friend Robert Pearl believes that AI might be the solution.
He even has a new book, ChatGPTND, how AI -empowered patients and doctors can take
back control of American Medicine, your book also is about a return,
a return to healing, a return to patient control. What's your view of the role of
technology? Can AI help or is it going to just make personal physicians like
yourself redundant and turn everything into sort of an algorithm?
Well, look, I've looked at AI in certain issues. Friends and I have posed questions
to AI and what we find is that most of the articles they base their conclusions on
are the same garbage drug company articles that we try to get away from. So as
with all technology, what you feed in is what you're going to get out. And
unfortunately, I mean, Google, you know this,
I mean, if you If you get a bot to look at one site over and over again,
millions and millions of time, that's gonna be high up on Google. And when you try

to look at a disease on Google, you're gonna find all those. And almost all those are drug company bots that are doing it. That's my problem with AI. AI is great in radiology, pathology, technical fields. But when you have a patient in front of you, a human being Who has it was nuanced and who has their own interests and wishes? No, I don't I just don't see how AI could do that currently
Can though AI help the doctor you're busy. I mean most doctors claim they're too busy They see when you go and see them They've only got about 15 minutes and they're always rushing from appointment to appointment if If AI becomes the algorithm which patients can use to check on things which they normally would waste their doctor's time with, could that be valuable? Again, it's what the AI right now is not reliable. That's the problem. And the people programming this are likely not people who are reliable. So yeah, I'd rather have a system with less AI and with primary care doctors having 40 minutes with each patient. And that's what Alan and I propose, is to have a robust primary care system where we have lots of time with you and are not burdened by these report cards and quality indicators.
- Oh, that you just told me that you shouldn't go and see a doctor. So what can you do in 40 minutes that you can't do in 10 minutes? - I didn't say don't you see your doctor. I said, the doctor, when they do the annual exam, what are they doing? They're rushing and they're doing a lot of tests. What we could do in 40 minutes is have a conversation with you and that's really what's going to help you learn what's best for you and hopefully if we're trained properly, we're going to help you with your diet, your exercise, what things to avoid. We're going to help you determine what tests are good and bad. We'll have that information and we could have time to talk to you instead of just rushing you through doing a lot of tests and then putting on a lot of medicines, which is the easiest way to deal with 15 minutes. But 40 minutes, we could treat you like a person. So yes, I do think that would be very valuable in a primary care -based system.
I've heard this before.
-Rubby Pearl talks about it, having the conversation to borrow your term, telling people about the importance of diet and exercise. But Andy, you only have to spend about 10 seconds anywhere on the internet, on television, in a bookstore to understand that if you want to improve your health, you need to exercise more and not eat too much and control your weight. So why do you need 40 minutes to tell people that? Shouldn't they already know it?
- Diet is more complicated than that, but yes, you're right. Doctors don't get education in diet. I have taken a lot of extra courses in training. So I talk a lot about it and it becomes a complicated conversation because yes, that's one visit, but then we follow up on it. But also, do you want a PSA blood test for prostate cancer, do you want a mammogram? Should you get a stress test? I have a little chest pain, is that important? I mean, there are many more issues that we could discuss beyond simply the diet. That needs to be part of the conversation, but it's also, what do you need to do in this technological world of medicine and also in the world of common sense? What do you need to do to stay healthier and when things don't work out, how are we going to adjust? So a relationship with a

patient and time for a conversation, we could get to that point. We don't have any of that right now.
One of the issues that a lot of people now are struggling with, Andy, I'm sure you know this all too well, is in an age where there's a great deal of obesity, there are now drugs, GLP drugs that allow people to control their weight.
I was at a social event a few days ago, and there was someone talking very openly about how they were using it. Now they'd lost 30, 40 pounds. I was actually astonished with how public they were. Maybe that's a good or a bad thing. But what advice would you give people not just on these new weight reduction or diet drugs, but more broadly on on all these new drugs flooding the market.
I'm very, very suspicious. I mean, there was recently a Harvard doctor who's a big fan of these weight loss drugs who published an article saying what's happening when people get off them, which is scary, scary stuff. But all these drugs seem so obvious and It kills your appetite, but then you're essentially addicted to it, because as soon as you stop taking the pills, you'll start eating again. Not only eating, but eating much more, because your GLP receptor has increased, and you've become what this guy said is voraciously hungry 24 /7. But if you stay on the drugs, it causes muscle destruction, causes bowel impairment. So we don't know. You're damned if you do, if you're damned if you don't want to go on these things. And they're no long -term studies. And that's the problem. When you have a drug company, when the FDA is run by drug companies, and remember, drug companies are fully in charge financially and also administratively of the drug approval process. That came under Clinton. Because of that, drugs come out very quickly. There's a new dementia drug, $50 ,000 a year that has no evidence that it actually helps people in a meaningful way. But it got passed. Doctors are prescribing it to tunes of billions of dollars. But is it going to have long -term effects? Maybe. But, you know, we know it helps dementia and it's not that. So, yeah, it's these new drugs dementia. Exercise and eating program. Yeah, yes. The same thing. Exactly. Yeah,
- We did a show recently actually about the scandal of the Alzheimer's reports research, which was all made up for the benefit of the researchers.
I'm sure you're familiar with that case. - Yes, yes. And remember the Alzheimer's Association is 100 % or maybe 95 % funded by drug companies. We have all these numbers in our book. We look through the numbers and they are pushing medicines. They will give lip service to what we just talked about. Oh yeah, you should eat well and exercise, but you know, we got these medicines. And so, yes, we know what you're supposed to do. It's just our medical system does not get paid for you to do the right thing. - Well, it's nice to have a doctor who advises you not to go to see the doctor. - Yeah, yeah, I appreciate, Andy, your forthrightness.
Let's end, I mean, it's entertaining in a sense, but also very disheartening to have such a dysfunctional system.
It's all very well talking about getting 40 minutes with your primary care doctor. Maybe that's possible, maybe that's not. If you had 40 minutes with RFK Junior or even better Donald Trump, what would you tell them about what can be done in the next three to four years to actually improve the system. What would be your advice

as a primary care physician, reforms which are doable?
- I don't think I could say anything to Trump because he's not gonna listen. But if I were gonna talk to RFK, I would say three things. Number one, we need to eliminate the pharmaceutical influence in federal agencies. That could be done tomorrow. Number two, Medicare needs to change its reimbursement system, pay more for primary care, less for procedures. We don't need to pay so much for stents and pacemakers and stress tests. We're paying so much more than anywhere else in the world. That's again, a simple tweak that we could easily make. And number three, Medicare finances the residency programs that train doctors, they are basically the residency programs can't exist without Medicare Medicare should put more emphasis on primary care They should pay for more primary care programs and we'll get more primary care doctors So those are three simple things that could be done tomorrow. The first one though is not that simple. Is it you just saying? It is it is to get it. How would What actually happened? How would it be done? I mean, you just remind us what the first one was. The first one is to remove the pharmaceutical influence from federal agencies. So first of all,
the CDC and the FDA could not take money from drug companies anymore. That's going to have to be taxpayer money. And number two, people who are executives at pharmaceutical companies cannot work with those agencies, period. And I know that's something JFK has talked about, but I don't know if he's doing it. But that's easy, I mean, that's easy to do. We could do that tomorrow. - So just as we need to keep corporate money out of politics, maybe we need to keep farmer money out of the healthcare system. Very, very interesting conversation with Andy Lazarus, the co -author of A Return to Healing, Flexna Osla, and how American medicine went astray. I think that's a euphemism Australia we might find some stronger words to describe it but Andy is very forthright and honest about the current state the dysfunctional state of American healthcare I still convince me if I if you're around the corner from me Andy you can be my primary physician anyway very good and we'll have I have half -hour visits so at least we're getting there you're not gonna give me 40 minutes yeah we're getting close close to 40 minutes Well, congratulations on the new book, Andy, and as this Trump 2 .0 experiment unfolds,
and perhaps we'll get you back on the show to give some analysis of what RFK is doing right and wrong. Thank you so much. I would love that. Thank you so much.
[MUSIC]
Yeah, he's the one to bash Asking questions, no filter Just keeps on grinning Here's the man who's got the whole crowd spinning Money, fame,
success It's all in his sight Still dig deep, expose you with all his might No sugarcoating, he'll cut right through And ♪ And he's the one still ♪ ♪ Yeah,
he's an expert ♪