

Interview with Terry Mason, MD, the Chief Operating Officer of the Cook County Department of Public Health

(INTERVIEW HIGHLIGHTS ABOVE; SCROLL DOWN FOR EXTENDED INTERVIEW AND TRANSCRIPT)

Terry Mason, M.D. is the Chief Operating Officer of the Cook County Department of Public Health and the former Chief Medical Officer for the Cook County Health and Hospitals System.

Dr. Mason's specialty is urology, and he discusses both generally the health benefits of plant-based, vegan diets, as well as the specific links between diet, erectile dysfunction and heart disease. Our co-founder, Sofia Pineda Ochoa, M.D. interviewed him on August 24, 2015 in downtown Chicago.

A short excerpt of the interview is above at the top of this post, and the extended version (about 40 minutes) can be viewed below.

▪ Interview Transcript

DR. PINEDA OCHOA: Well, tell us a little bit about yourself, and about [your] background, about the work that you're doing right now. You're the Chief Medical Officer of the Cook County Health and Hospital System, right?

DR. MASON: That's my old title.

DR. PINEDA OCHOA: That's your old title? Okay. Tell us about

your background and what you're doing right now.

DR. MASON: I graduated from the University of Illinois College of Medicine in 1978. And then I finished my urology residency in 1983. And I practiced urology as a board certified urologist in the City of Chicago from 1983 to roughly about 2006. In which time I took a job as the Commissioner of Health for the City of Chicago. And I was there until 2009.

And I left there and I went to the Cook County Health and Hospital System, where I came as the Chief Medical Officer. And then I served six months as interim Chief Executive Officer. And then, I serve now – I do currently – as the Chief Operating Officer for the Cook County Department of Public Health. So that's my professional story.

DR. PINEDA OCHOA: Okay. Excellent. You've talked about our country's dietary habits and how the best fed nation in the world is also the most unhealthy. Can you talk a little bit more about that?

DR. MASON: I think that the issue – one of the things that, when I was Commissioner of Health for the City of Chicago, then-mayor Richard M. Daley allowed me to do an experiment. And what that experiment was, was coming out of the season of gluttony – which starts on Thanksgiving Day and goes all the way through New Year's Day – to ask people to give their digestive systems a sense or an opportunity to rest or reset or restart.

So we asked people not to eat any meat or meat byproducts for 30 days. And that was from January – excuse me – that was from January 2nd until January 31st. So that was part of how this started.

And the way that got started is that I met some people – this was a Hebrew Israelite community here in Chicago. I went on to Israel and spent some time in Israel and stayed with the community, which iwa basically a former African American

community that had moved to Israel. And they lived a totally vegan lifestyle. So I got an opportunity to live in the vegan community and get fresh foods, like soy, that was grown by them, processed by them, made into tofu by them. Also made into soy milk and ice cream products and things of that nature, which was unbelievable. It was –

DR. PINEDA OCHOA: I can imagine.

DR. MASON: – amazing. But as I began to read and as I began to continue my work in erectile dysfunction as a urologist, I began to learn that the mechanisms for why men were having this problem centered around the endothelial cell dysfunction. And that the drugs that we were using were really drugs that kept a particular enzyme from breaking down so that you could have more nitric oxide available and that was what helped with the erection.

So I said, wow. I began to, then, think about how could we make that happen naturally? And at the time, I believe his name was Dr. Giovannucci, was publishing a lot about exercise and nitric oxide production. So I started a whole thing called the Center for New Life at my practice at that time and had guys come in three days a week. And we had a trainer, we had exercise rooms with massage. We had a cardio studio, stretching studio, all of those modalities that we use.

So it was interesting to see that we could take people who weren't totally responding to Viagra and then make them respond by changing the way they did two things – the fact that they exercised and we had a vegan chef that provided food for us. So that was sort of my entree into where I am today.

DR. PINEDA OCHOA: Okay. Okay. And about the nation being – the best fed nation being the most unhealthy. Can you tell us a little bit about the current state of affairs with the nation's health?

DR. MASON: Well, America – I won't say it's the best fed. It's

the most fed. I mean, that doesn't mean it's good.

We eat a lot. In fact, we overproduce food in America. According to Nestle's publication, we can produce about 3,800 calories for every person in America. That's probably almost 2,000 calories or so more than we need. But that's one of the issues.

And if we were to take a look at consumption of food in America from 1950s – and that's just by looking at the Agricultural Fact Book, chapter two. If you look at the Agricultural Fact Book, it compares what we ate in 1950 compared to we ate in 2000. It's a bit dated but I think the trends are still relevant.

And those trends – if you look at that, the first thing that's striking is that Americans, compared to 1950, in the year 2000 we each ate 57 more pounds of meat for each person. 57 more pounds of meat than we did over 1950. And a lot of that– we used to eat, in 1950, about 16.4 pounds of chicken. And now in the year 2000, that went from 16.4 to 52.9 pounds of chicken.

DR. PINEDA OCHOA: So much chicken.

DR. MASON: It's a lot of chicken. And we went from 4.1 pounds of turkey to 13.6 pounds of turkey in that same time period. And then we drank less milk but we ate more cheese. So we went from 7.7 pounds of cheese in 1950 to 29.8 pounds of cheese per person.

Now, why are these facts important? Let me tell you why those things are important. And I want to add one more thing, and that's fats. Fats, in terms of solid oils and cooking oils. We went from 9.8 pounds of fat in 1950 to 35.2 pounds of fat in 2000.

So when we look at these maps and we see that we've got more diabetes, more obesity. Well, why is anybody surprised? If you eat more, you get bigger.

And that's what's happening. We're eating more – and on top of eating more, we're moving less. We have a much more sedentary lifestyle now than we did, certainly, in the 1950s.

And I can remember because I was a kid during the 1950s. And I remember we did a lot running around. And we didn't eat as much processed foods. All the foods, for the most part, that we ate were natural foods like beans and rice and peas and other legumes.

And there was meat, but for the most part, what we ate – at least in my house – were those kinds of foods. And we played a lot outside. Things they don't happen today.

DR. PINEDA OCHOA: I see. I've read that you don't eat anything with a face to improve your health. Do you also not eat any dairy or eggs?

DR. MASON: No, I do not. I stopped that some time ago. And I have tried to be as true to that as I possibly could. And I do it, not because of anything other than – let me just tell you some research.

There's some research that suggests – there's a paper. And it's actually off Mike Greger's website, nutritionfacts.org.

But he talks about this paper where they were trying to determine – because so much of what we're dealing with stems from inflammation. And this inflammatory problem seems to damage and have a role in everything from cancer to diabetes to even obesity and –

DR. PINEDA OCHOA: Bone problems, everything.

DR. MASON: Lots of problems. So the question is does food play a role in it? They had an experiment where they took one group of people and they gave them an Egg McMuffin and some hash browns. And they gave another group some oatmeal, some raisins, and some peanut butter.

And they set up an experiment with certain kinds of chemicals, so to speak, or certain kinds of organisms, that would react to or become active if there were products of inflammation. And that inflammatory response, they were able to link back to a regulation of things like leptin, which decides whether your body stores fat and fat cells or uses fat out of fat cells. As well as whether or not it damaged some of the cells, potentially, in the pancreas.

And what they found with the group that ate the hash browns and the Egg McMuffin – that there was significant inflammation that happened that did not happen in the oatmeal group with the raisins and the peanut butter. It did not happen in that group.

So what does that say? It says that there's a role for inflammation. So other people, like T. Colin Campbell and others, are looking at whether or not the saturated fats out of animal-based products do the same kind of thing. And there's some evidence that suggests that that's true. And so perhaps a lot of things that we're seeing are problems related to inflammation or the reaction to the inflammation.

So we start thinking about strokes and heart attacks and peripheral vascular disease. Those things aren't different diseases. They're different manifestations of the same disease.

So what we've done in America is we've made the American public think they have all these different things and that we have different things that we want to do for you for those things. But it's not.

DR. PINEDA OCHOA: It's one thing.

DR. MASON: It's one thing. And the source of all of these things come back to what we eat. And so we take lots of pills for cholesterol control.

And yes, everybody does make cholesterol. Some people make more than others. But most people, their bad cholesterol, they're getting from the only places where you can get bad cholesterol. And that's out of animal and animal by-products. Animals make cholesterol. You and I make cholesterol.

DR. PINEDA OCHOA: And we don't need to consume any cholesterol because we make all the cholesterol –

DR. MASON: We make all the cholesterol that we need.

DR. PINEDA OCHOA: So what is a diet that you recommend to your patients from a health perspective, and why?

DR. MASON: Well, I – let me just back up for a minute because I don't see patients anymore.

DR. PINEDA OCHOA: Okay.

DR. MASON: So we should know that. But the diet – the “live it,” I recommend. I don't like the word diet because the word diet has – the first three letters are die, D-I-E.

So the “live it,” the thing I recommend for people to have the best life, is a whole food plant-based diet. And it does not matter whether you're sick or not sick, whether you're suffering from a cancer or not, but I think that the – from what I understand today – I would have to say that the whole food plant-based way of eating, or the “live it,” is the best way to eat.

DR. PINEDA OCHOA: So it's whole foods, no animal products, no eggs, no dairy, no fish or chicken.

DR. MASON: When I say whole food, plant-based, that means if it's not a plant – if it didn't grow out of the ground – that's not what I'm recommending. So if it walks, hops, crawls, flies, swims, slithers, got eyes, a mom and a daddy, that's not on the menu.

DR. PINEDA OCHOA: That's not what we're supposed to eat. What do you find is the most common misperception among when you have patients – or your friends, or even other physicians – regarding health and diet?

DR. MASON: Well, the biggest thing – when you recommend people to eat, basically, whole food plant-based diet, the first concern is, will I get enough protein? So the way I always answer that question – I say, have you ever seen a horse? And I say, have you ever seen the glutes on a horse? I say, do you know what a horse eats?

And then I say to them, do you know that probably – unless you eat tigers or bears or something – but all the animals that we typically eat for protein, be they chickens and be they pigs or cows – most of those animals do not eat meat for protein. They get their protein sources from plants. And we can get our protein sources from plants. I think we need about 8% and that's what we can get from plants.

DR. PINEDA OCHOA: Yeah. There tends to be a lot of concern regarding vegan plant-based foods about the adequacy of the diet with regards to calcium and iron and protein. Can you comment as to adequacy of the plant-based diet?

DR. MASON: Sure. Iron and B12, especially, are things that people always talk about. And obviously, B12 – a lot of these trace minerals used to be in our soil. And so as we've depleted the soil, we do have some issues around that. So B12 supplementation may be necessary. You can get that from the different types of yeast and things you can get that from, or you can just supplement with B12.

And for iron, depending on – there are plant-based foods that do contain iron. And it only is important in menstruating women and people who lose blood. Because the body does a very efficient job of savaging and recirculating the iron that's used when our blood cells die.

Our red cells live for about 120 days in the body. And then they're broken down. And the heme, or the iron part of the blood molecule, is stored in the liver and its recirculated and reincorporated into new blood cells. And many people who – the other thing that people need to eat – understand that it's the heme, or the blood, that's in particularly some of the animal products that we eat that's a problem. Because some of that causes a reactive, I mean oxidative stress, in addition to the cholesterol, that actually hurts you. So for what little difference you have in consumption, you pay the price for the negative effects that you get from some of the constituents in meat products.

DR. PINEDA OCHOA: So the heme iron in animal products has been shown to produce a lot of radical –

DR. MASON: It has been shown to produce a number of bad effects because we eat so much of it. So I think that people are much better off with – because this is the way – this is not a new concept. I don't know why people think this is new. It's not new.

This way of eating goes back to antiquity. It goes back to Genesis in the Bible. It goes back to – I mean, just any number of things that you can think of. I don't understand why – I think I do – why people try and make it seem like it's something out of the 21st century. But it isn't. It's going back to eating and drinking the fluids that we're supposed to eat and drink. Plant-based foods and water. That's what we need.

DR. PINEDA OCHOA: And with regards to B12, that's a deficiency that can happen even if you eat animal foods, right? Because it has a complex absorption and it's developed, actually, by the microbials. Yeah, now we have better sanitation, but it's not like people who eat animal foods are exempt from having the deficiency because –

DR. MASON: No, they're not. And we see a number of people that have pernicious anemia, which is one of the B12 – and we have people that have B12 deficiencies. And we have to be careful because you have to say, well, what's the number that that's based on? So we have to look at the number of those kinds of things that people need to understand. And then they can always have that conversation.

DR. PINEDA OCHOA: We change, sometimes, the numbers, right? Or guidelines in our time. Cardiovascular disease is the leading cause of death by far. More than cancer, more than homicide, suicide, accidents. You were, at some point, the Chief Medical Officer of the Cook County Public Health System, one of the largest public health delivery systems in our country. Can you comment as to the burden or role that cardiovascular disease plays in our health system?

DR. MASON: It's a huge, huge problem. As people say, it is the number one cause of death. I take slight issue to that. The side effect, or the complication – which is what we call a heart attack – but a heart attack has absolutely nothing to do with the heart, initially.

So it is a vascular disease, okay? It's a problem in the blood vessels of the heart but it's not anything wrong with the blood vessels. It's a problem with what is in the blood vessels – the blood.

And the blood is carrying these chemicals, these things that come from what we eat, which get smashed against the sides of our blood vessels. And our blood vessels, then, react to that injury by trying to get rid of that. And in so doing, it causes foam cells and all these other sorts of things. And this whole attempt to try and heal this insult is hampered by the fact that we keep piling more of that same thing onto the injury.

It's like if I scrape my elbow, and instead of allowing it for

time to heal, I scrape it again, and then I scrape it again, and then I scrape it, and I keep scraping it. I never allow it to heal. And finally, when there is enough of a scab there, sometimes that piece of that scab could break off.

And when it breaks off and goes down into the heart. It goes up into the brain. It goes down into the foot. Those aren't different diseases. That's the same disease that's causing that.

Now, obviously, when it's in the heart, we get the chest pain and that sort of stuff. If it's not bad enough and it kills us, it could cause chest pain and we have to go in and do stents and all that kind of stuff, which are absolutely important and necessary to do. But know that if you have a bypass operation, or if you have a stent, you've done absolutely nothing to deal with the underlying cause of the disease.

And if you don't deal with the underlying cause of the disease, as Dr. Esselstyn and others have shown us, that you will end up back with more occluded vessels. And realize – this is what I always say – blood vessel disease anywhere is blood vessel disease everywhere. From your toes to your scalp, to the arteries behind your eyes, to the one behind your ears, to the one in between your feet, if you have this problem anywhere – if you have it – it's in your kidneys, it's everywhere in the body. What happens is how it gets expressed.

And so if we want to real solution, we have to deal with a solution that is a whole solution. And that is changing the way you eat. That is eliminating the offending substances from the bloodstream in the first place.

DR. PINEDA OCHOA: Otherwise, every time that we have a meal, we're causing injury to our vessels and precipitating all of these problems.

DR. MASON: Absolutely.

DR. PINEDA OCHOA: Some people refer to a plant-based vegan diet as extreme. But when you look at – you were talking about bypass surgery. I looked at some of the rates of side effects with those procedures that you mentioned, and it said something along the lines of about 79% of people having cognitive problems, even after the surgery.

And when people have stents – you mentioned if you have it in one place, you have it everywhere. So given all of the other side effects that we can have with procedures like surgery or the bypass or the stents, what is your reaction to any comment that would say that this diet is too extreme?

DR. MASON: Well, that's because I don't make any money from advising people to change what they do and eat. If I have a stent – assuming the person's insured – there's a way for me to extract part of the \$2.25 trillion by doing that. There's no way for me to extract any of the \$2.25 trillion by advising anybody, supervising them, on a way to really change their diet. It's easier – if I prescribe pills, if I do those things, that all is a way that we can extract value. But we don't get it for anything else.

And in terms of extreme – I think Caldwell Esselstyn said it best. You're going to make an incision in my chest, you're going to put a saw in, you're going to saw my breastbone in half. Then you're going to put a retractor – a thing that will go in like this and it will crank it open and pull your chest open.

Then we're going to freeze your heart. We're going to put ice and stuff around your heart. We're going to stop your heart so we can do the work. And then we're going to cut your leg and take a long piece of vein out of your leg and we're going to flip it around and sew it to the blocked parts of your heart.

And then we're going to restart your heart. And we're going to put you on a machine, in the meantime, that's circulating your

blood through your body. That sounds more extremely to me than changing the way you eat. Especially when you change the way you eat, you fix everything. This only fixes that blocked part. It doesn't fix anything else.

DR. PINEDA OCHOA: A small part that was blocked.

DR. MASON: A small part. It's not a total solution. And I think the American people need to know. Yes, and we're spending upwards of \$100,000 for that operation. Again, another way to extract value.

That's why I stopped practicing medicine. I got to a point in my life where I wasn't convinced anymore that what I was doing, as a physician, was entirely the right thing to do. And that I needed something else to help people understand how to understand their disease and how to really treat it at the source, not at its side effect.

DR. PINEDA OCHOA: And now you promote, vigorously, plant-based diets.

DR. MASON: And the only thing I've seen that has a very comprehensive way to do just that – and we've seen it. We see people that change the way that they eat and go to a plant-based diet. Cholesterol numbers go down, diabetes numbers get improved, weight goes down.

You couldn't take one pill that did all that. You couldn't prescribe one particular thing that does that. Oh, yeah, they'll say you need to exercise. Well, you can't exercise your way into this. Especially if you continue to insult your body with those things. So this, to me, is the only way to do this. By changing what we put in the body is the only way we change the course of the real disease.

DR. PINEDA OCHOA: Speaking of cholesterol, there's been a tendency for people to assume or think that the cholesterol that we eat has little to do with cardiovascular disease, that

it's more so something that is genetic and that does not relate with our cholesterol levels or our cardiovascular disease. Can you comment on that?

DR. MASON: I don't believe that. I think that's poppycock. How can you say that? What's happened is that the way we eat is passed down from generation to generation.

So, yeah, that would look like it is – and there's probably a little genetic basis to it. But it's not genetic in the way people think it is. Food will modify the way that our cells reproduce themselves. And if we're providing – by passing down the way we eat from generation to generation – those foods which damage us, then we're going to get the same problems and it runs in the family.

That doesn't mean it's genetic. It just means it's familial. And what's familial is a dietary habit, not the other things as we would think about. And besides, there's a lot of investment now in genetic medicine. And I'm going to tell you, I'm not letting anybody rearrange my genes.

DR. PINEDA OCHOA: And it's fairly simple too manipulate the drawings of the blood, or the studies, to make that point. Do you agree? To make the point that it's purely a genetic thing and not have to do with your diet. Don't you agree?

DR. MASON: This whole genetic thing is way overplayed, as far as I'm concerned. I think that they overplay that and downplay the role that food has in altering or causing the damages. And we've got biochemical evidence that shows that certain foods – for example, we know that heterocyclic amines, which have been shown in animals to create damages in the cell structure that can create cancers. And heterocyclic amines are on the known cancer-causing list of chemicals in the United States Department of Toxicology, so we know that.

Now, that's been shown in lab animals. We have yet to show it, I believe in humans. But the issue, for me, is there's other

indirect evidence and direct evidence that the inflammatory process – you got to remember, the largest part of our body that has tissues that react to inflammation is in our gut. So these things that throw off our inflammatory system – our immune system – then create problems. Our immune system begin to attack our own cells. Like rheumatoid arthritis, like lupus, like these other autoimmune diseases.

So I don't buy it. I really don't buy it. I think that it's too many people too invested in a system that they don't want to change. And just because they don't want to change doesn't mean that it's the right thing to do.

I believe the right thing to do is – if you, as a physician – and physicians don't know this because we were not taught. I was in medical school for four years, I had 40 minutes of nutrition. And that nutrition was only around deficiency diseases.

Even while I was in medical school, we didn't realize that we needed to give nutrition to people we operated on and starved to death half the time. I shouldn't say to death, but you bring them in, you put them through a bowel prep, you don't feed them. Then you operate on them and then you can't feed them. And then they got a recovery and you don't feed them.

We learned, over time, that we needed to supplement them with some nutrients if we wanted them to heal. Well, duh! That should work for everything and every kind of ailment that we have. And we need to teach the American people that we can get those – and I know, I'm convinced, that the American farmer can and will – if subsidized the way they're subsidized with everything else – they can and they will produce wholesome, organically grown fruits and vegetables that will be of a great nourishment to all people.

DR. PINEDA OCHOA: Excellent. And Dr. Mason, you're very well known for your work in erectile dysfunction and for pioneering

brachytherapy, I guess, for prostate cancer. Can you tell me, first, what is the role of diet in erectile dysfunction?

DR. MASON: Oh, there's a huge role. The penis has a lot of those endothelial cells. And the penis depends on those cells in order to function properly to let blood in and keep it in to create the erection.

The damage to the endothelial cells just doesn't happen in the blood vessels lining the heart. It actually happens, also, in those blood cells of those sinusoids lining inside the penis. And when they're damaged, it can't expand. It can't keep that blood where it needs to be. And therefore, the man doesn't have an erection. It is absolutely a critical part of the problem of erectile dysfunction.

DR. PINEDA OCHOA: Okay. So what kind of diet – would the same kind of diet – a plant-based, vegan diet for everyone?

DR. MASON: I think there's one way. See, this is the beauty of a whole food, plant-based way of eating. You don't need a certain one for this and a certain one for that. That's garbage.

If you just eat the right foods, you'll have the right results. You don't need special diets for all of these things. You just want to eat the cornucopia of colors, the cornucopia of textures, the cornucopia all of the different types of –

DR. PINEDA OCHOA: Plant-based foods.

DR. MASON: The thing is, you won't [overdose] on it because you'll get too full. If you tried to eat 2,000 calories of a whole food, plant-based diet – that is, with no added oils or anything – you couldn't eat it. It's too much food.

DR. PINEDA OCHOA: It's too much food. It's got a lot of fiber. And can you tell me what kind of – you mentioned Giovannucci earlier in the interview. I think he has a lot of articles and

information about the relationship between prostate cancer and dairy and other things. Can you tell me what type of diet increases the risk of prostate cancer, to your knowledge, which is the number one cancer among men in the United States?

DR. MASON: Let me tell you, I believe that we're going to find out that just as we know that whole food plant-based way of eating modulates a number of factors that improves our vascular health, improving our vascular health also improves all the other health of all the other cells in the body. And that's why T. Colin Campbell showed in his book about the relationship of high amounts of animal protein and cancer or tumor genesis, or the growth of cancer in the lab animals that he's shown.

I believe that when we begin to adopt this, we'll see that the solution is so complete that we won't need something different for this and for that. That's taken a reductionist view of the world. This is a far more comprehensive view.

And to fix anything fixes everything. So when we eat foods that lower our cholesterol and do all these other things, we then create an environment in the body for it to be able to function better, heal itself, and protect itself against these insults that result in things like cancer.

Let me give you an example. Again, on Mike Greger's website, I was very struck by this article that he did on constipation and breast cancer. What he showed, in a nutshell, is that when women have three or fewer bowel movements a week, that they're at a much higher risk for having breast cancer.

And the reason for that is their bile acids, that are made by our bodies, that are there to break down fats in our food as it goes along. There's a circulation called the enterohepatic circulation – that just means from the gut back to the liver. So when the stool doesn't pass through our colons in a proper amount of time, and it's in contact with the colon walls

longer than it should be, you reabsorb those bile salts back into the system. And they show that these bile acids are taken up in breast tissue. And they've also demonstrated those things cause cancers.

So women who have very slow oral-anal transit time – in other words, it takes a long time for what they eat on Monday to actually end up in the toilet – have higher rates of breast cancer than those who eat dinner, breakfast, or eat food on Monday and it comes out the toilet on Monday. Which, theoretically, is the way it's supposed to be. Because you should get what's called a gastrocolic reflex, which is a normal reflex that when your stomach distends, you get a signal to empty your colon.

And in most countries where you don't have a lot of these things, you have people – such as with the Ugandans that people have demonstrated a long time ago – where they had very large bowel movements. And if you look at the weight of the stool versus the weight of the stools here, if you look at a number of these things, you'll see that moving stuff through the colon improves our overall health. And then one thing that moves things through the colon is fiber from plant foods and, obviously, drinking water. So those things help move things through, eliminating the opportunity for these things to stay in contact with the colon too long, which some people believe also causes colon cancer.

DR. PINEDA OCHOA: Many people think of fish as a health food. What are your thoughts on that, considering the prevalence of mercury, DDT, the cholesterol content, the animal protein content, IGF-1 promotion. What are your thoughts on fish?

DR. MASON: Well, fish is meat. I don't care what anybody says, fish is animal protein. And I used to love fish, but I'm just so skeptical now because of the things with which – or where our streams have been polluted, our oceans. Runoff from different tributaries that now inhabit, or go into, or drain

into places where fish are grown.

The fact that we're seeing, I'm told – I've heard – that there are now hermaphroditic fish that are happening as a result of the biochemical alterations from pesticide runoff and all these other things. So I'm a little concerned about – a lot concerned about this. So I don't include fish in what I do.

And I must say that I used to think I could get nice, good wild-caught salmon from Alaska, because I'd like that. But when you go to the stores and you see color added to fish you see all these other things, it makes me skeptical and nervous about it. So I just stay with plants as best as I can buy.

DR. PINEDA OCHOA: Okay. Dr. Williams C. Roberts, a very prominent cardiologist and cardiovascular pathologist, wrote the following, and I want to get your reaction. He wrote this:

"Although most of us conduct our lives as omnivores, in that we eat flesh as well as vegetables and fruits, human beings have characteristics of herbivores, not carnivores. The appendages of carnivores are claws; those of herbivores are hands or hooves. Teeth of carnivores are sharp; those of herbivores are mainly flat for grinding. The intestinal [tract] of carnivores is short...; that of carnivores is long. Body cooling of carnivores is done by panting; herbivores, by sweating. Carnivores drink fluids by lapping; herbivores, by sipping. Carnivores produce their own vitamin C, whereas herbivores obtain it from their diet. Thus, humans have the characteristics of herbivores, not carnivores." And "[a]therosclerosis affects only herbivores. Dogs, cats, tigers, and lions can be saturated with fat and cholesterol and atherosclerotic plaques do not develop."

Sounds like cardiovascular disease and atherosclerosis could be significantly improved if we ate more like the characteristics that we have and not pretend to be omnivores or carnivores. What are your thoughts too what Dr. William C.

Roberts wrote?

DR. MASON: I agree. I think that we are omni – I mean, carnivores. I think we are – I'm sorry. I agree and I think we are herbivores. We have these teeth, we have the molars in the back and our jaws can apply to 200 pounds of pressure to help grind the food.

We have a digestive system that really depends upon the digestion actually starting in our mouth when the grinding of our food and our food being delivered into our stomach as a pulp, as a ground-up mush, so to speak. Not chunks of meat that go down raw, almost. So I would agree that that's true. And we find that our digestive systems, I think, accommodate digesting the animal – I'm sorry, digesting the plant-based proteins much better.

DR. PINEDA OCHOA: Okay. All right. And the last question. Kaiser Permanente said in their medical journal, "More research is needed to find ways to make plant-based diet the new normal for our patients and employees." And Harvard's Healthy Eating Plate says, "Go with plants. Eating a plant-based diet is best." How would you feel if the US dietary guidelines shifted to recommend a plant-based vegan diet?

DR. MASON: Great. I think that it's the best thing that we could ever do. And I think that we would find disease, disability, and death begin to plummet in America.

DR. PINEDA OCHOA: Okay. Excellent. Thank you so much.

DR. MASON: You're so welcome.

This transcript is an approximation of the audio in above video. To hear the audio, please play the video.