

ADDICTION

SUMMIT



How Community Creates Health

Guest: James Maskell

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Dr. Paul Thomas: Greetings, everyone, I'm Dr. Paul Thomas. I'm your host of the Addiction Summit. And I am excited today to introduce to you James Maskell. He is the CEO and founder of kNew Health Cooperative, the world's first health cooperative. He is also a real thought leader in the area of functional health bringing a Functional Forum, which he hosts. And he's well known in the area of just dealing with chronic health problems in general.

So anyway, thank you for being on this summit and I want to welcome you, James.

James Maskell: Great to be here with you, Doc. Thanks for having me. I'm really excited to be a part of it.

Dr. Paul: It's my pleasure. So you've created such a strong movement in functional medicine. Perhaps you can begin with sharing your story.

James: Yeah, absolutely. So I was the weird kid at school. I did natural medicine. I didn't realize that it was weird until I got to school and realized no one knew what a chiropractor was. I was the only kid in school who's mom insisted that I not be given antibiotics without her permission. And so somehow, with no medical training, my mom had sort of previewed the downside of over antibiotic use by 30 years.

And so I was just like—it always stuck with me like, what did she know? What was she thinking? What was all this about? And then in 2005, I just sort of had a moment of clarity where I realized that, one, medical cost and healthcare was going in the wrong direction. I got a degree in health economics. And I just sought out to try and find the solution. I just had a thought that some of the things that had been in my childhood that were abnormal would be part of that solution.

So in 2005, I moved to America, started working in a clinic. I was then working with doctors who were doing integrative medicine. I started to see things that most people have never seen or don't know is possible; recovery from chronic diseases, recovering from chronic pediatric diseases like autism, really getting into the autism world and seeing what was really going on like under the hood, meeting people with kids on the spectrum.

And then in 2010, I started to help practitioners build successful practices doing this. I saw that that was a big missing piece. And then in 2014, it really sort of like the trajectory changed when we started this thing called The Functional Forum, which has become the world's largest integrated medicine conference, community. We got 500 meet-ups of doctors all around the country. We've done more than 50 of these every month for four years, the first Monday of every month. And as this goes to air, we're currently on a 40-city tour around America getting people all fired up for our health cooperative.

So, ultimately, we think that functional medicine and lifestyle-driven medicine is the future operating system for care. It has to be to get people well and keep well. And so, yeah, we've just been on a journey to like rally the doctors, bring doctors across from family medicine, primary care, internal medicine, psychiatry, make it easy for them to start doing functional medicine and, ultimately, to build an army of those kind of providers, so that we can get everyone off drugs. We can get everyone to a point where they're just healthy. And that's the goal of the movement.

Dr. Paul: That's fantastic. We have a real synergy in the area of integrative functional medicine. I was trained at Dartmouth. You learn in basic science, the first two years in medical school, why everything happens at the cellular level, with microbiology and physiology. And then you get into clinical medicine in the United States. That is just learning what drug to use for what symptom.

James: Yeah.

Dr. Paul: And you don't realize that that's sort of how you're evolving. But in the end you become a prescription writing doctor or monkey or whatever you want to call it.

James: Yeah. Intense pressure and stress, like mental stress, not sleeping.

Dr. Paul: Yeah. And so I became really dissatisfied with the outcomes we were seeing. And in fact, chronic disease in general is not well managed by writing prescriptions, right.

James: Correct.

Dr. Paul: So in the addiction world, imagine our viewers are thinking, "Well, how does this apply to me?" And when I wrote the book, *The Addiction Spectrum*, which is coming out September 4th, woven through there are the ideas of healing from the inside: Real food, nutrients, vitamin D, stress reduction, sleep, exercise, biome, and community.

Now, I know that, as a nation, we're facing this big issue with addiction. And specifically, lately, opiates are hitting the news. I was wondering what your thoughts were about that and how it relates to functional medicine and everything that you're doing.

James: Yeah, absolutely. So there's many ways in which it all sort of crosses over. I'd say one of the biggest things is that community is being seen as a really effective counterbalance to addiction. Ultimately, people, the most successful community, addiction issues have been full spectrum, so being holistic, so like all the things that you mentioned. But also, in a peer-to-peer environment, right, where people can learn from each other, keep each other accountable, and support each other. And community has been something that's been very lacking from medicine in general. Like it's been very private. It's been very individual with your doctor.

And so we have just been looking at what are some of the structures that can reverse chronic disease. And everything that we've done has been about community. The Functional Forum started as a community of doctors in New York. We've got 500 communities around the world now. We've taught doctors how to build communities around their practice. How to use community-based interventions like things like group visits, right, where you get a group of people who are all facing the same issue. And the thing is, addicts learn from other addicts just as well. If you have a room of 10 addicts and they sit in a circle and you're there as the doctor and there's also someone who you've helped overcome addiction, who's the most credible person in that room? It's not you. It's that person, right, because they've actually done it.

Dr. Paul: Absolutely true.

James: And so that person is super valuable. And so, ultimately, what we've just been encouraging is setting our structures where you can facilitate this peer-to-peer transition because ultimately, peer-to-peer is the most scalable and the most inexhaustible resource that we have. And so we'd just be super interested in that. So people say, like there's a great quote from Thich Nhat Hanh who says "Community is the guru of the future." And I love that quote because it really speaks into we don't need more guru doctors to come in and solve the problem. What we need to do is create structures where people are incentivized to work together to help each other. And ultimately that's what we've been sort on a tip on all the way through.

So community is the central focus of my work. It's one of the things that I grew up in that I saw was really lacking in American society, particularly. And I think that it's a very elegant solution to what's a very vexing problem.

Dr. Paul: Yeah. It's interesting in my own journey into addiction—I grew up in a village in Africa. I was in Swaziland for high school on a mountain, totally isolated from risk factors. In other words, no access to alcohol or drugs. And I was in a very supportive community. And so when you speak about the importance of that, it resonates. Then I go to United States for college, medical school, and I'm in isolation.

And when I work in my clinic with addicts and if you're a viewer and you're struggling with an addiction, think back to how perhaps you started either by choice or perhaps just circumstance to become isolated. And as we become isolated, we are in a position of being uncomfortable.

They have the Rat Park studies in addiction, which are fascinating. They took rats and put them in single cages. And given the choice to take opiates versus water, in isolation those rats would pick opiates to the exclusion of food. They would actually kill themselves. But if you put them in a Rat Park, sort of a friendly environment, a community as you might say, they would just bypass the opiates.

And so that's the power of community. And I think you're so right. I've heard one of your Ted Talks. You spoke about the blue zones and how that was sort of an eye opener to the power of community and just health in general.

James: Yes. So there are two ends of the spectrum, which are really fascinating. So on the population health side, you have blue zones, where you have places in the world where people lived to 100 without chronic disease. And it's not like there's a mega hospital down the road, right. It's not the

medicine that's keeping people well into their 10th decade. It's community. It's always community. There are so many examples of this that you can see all different ways. So I see that in the blue zones.

But then on the other end, at the very cellular level, like we had a guy come on The Functional Forum and he's been on—we featured him a lot. And his name is George Slavich. And he's a UCLA researcher in the area of human social genomics. And in human social genomics, what he's been able to show at the very cellular level is that social stress is the biggest driver of all-cause mortality more than drinking or alcohol or what you eat or any of those things. And that's exactly what you're talking about with isolation. And something that a friend said to me once, which is amazing, is like the fact that in prison, being in the isolation wing is worse than being surrounded by the drug—the rapists and the murderers, tells you just how bad isolation is for humans.

And so, ultimately, what I'm saying is we see that on all areas, it's a big issue. And different people have sort of innovated on the edges to try and find out what's the best combination of things to use. I think we're still in that way. But ultimately, yeah, I mean, I think if everyone understood the degree—let me just give you an example. So one of the research that he showed is that if you're part of a group that faces a moment of social rejection where there's an intention to break the social bond—so let's say you're part of a group of people at work that get fired. So 10 of you all get fired. Your whole team goes. You have a two-time risk of depression, right. Because there's a social bond that's been broken in that way. However, if you're the only person that gets fired, right, so there's an intention to break the social bond where now, you're isolated. So if you get fired or if you get divorced and there's a real intention to break the social bond, you have a 21-time risk of depression.

So ultimately, what you're seeing in that case is that social stress, the feeling of isolation, is such a drive. And particularly when it comes to immune system stuff. And so then you have this isolation and then you start showing this disease that looks like an infection or if it looks like something like that. But the real genesis, the root cause of it, has nothing to do with the microbe coming in and doing anything. It's that your immune system has just been down regulated so effectively.

So when I heard that kind of data, I was just like, “Look, yes, let's try and get people to stop smoking and all that kind of thing.” But like, this is something that no one's talking about that I feel like we have a shot at actually executing on. And so that's why it's been our focus.

Dr. Paul: Yeah. I think, for the viewers, we need to not underestimate the importance of reducing stress. I'm also a pediatrician as well as an addictionologist. And when I'm meeting a new mom who's pregnant and going over the most important things they can do, I'm stressing reducing stress. Sorry for the double use of that word. I don't speak too good. I grew up in Africa. That's my excuse.

But you touched on the fact that health requires a balanced immune system. And the things that throw that out of balance are lack of nutrients, stress, and toxins, and a lack of a balanced biome. And I know you've spoken in the past and have a good understanding of biome, which is sort of community at the cellular level. I wonder if you might sort of expand a little more for our viewers. Because, folks, if you're watching this and you're thinking, "Well, I'm struggling with opiates. Or I'm struggling with alcohol. What does biome and community have to do with me?" It has everything to do with you because as you start to chip away at the factors that are keeping you in distress, you will start to get healthy. So do pay attention, this is important stuff. Share what your thoughts about the biome.

James: Yeah. So just about the time that I started thinking about how do we get mainstream doctors to do functional medicine was exactly the same time as the Human Microbiome Project came out. So 2012, that's when I really started to think about, what am I going to do with the next 10 years of my life? And I was looking for something that would speak to the power of community because that was a strong thread for me, but also something that was like the foundations of medicine could be shaken.

And ultimately, for a hundred years, we built a whole medical system around the fact that germs were the enemy and that we need to kill as many as possible with our vaccines, with our antibiotics. Or otherwise, this was other than us and we need to fight these things off. And ultimately, what the Human Microbiome Project showed is that that's exactly the opposite of what we need to be doing. More than 99% of microbes are valuable. They help us with our digestion, immunity, metabolism. They're absolutely crucial to the function of body and we live in harmony with them.

And the deeper and deeper I go into that, what I realized is it's just about community too because it's about the community of microbes that live inside. And if they're in balance, you stay healthy. And if they go out of balance, then it's profoundly unhealthy. So ultimately—and also, whenever we did content on the Functional Forum about the microbiome, the numbers were just out of control because everyone wanted to learn about this. And it was a big

moment, I think, of humility for all our doctors to realize actually, “We don’t know anything about how the body works.”

It made sense a hundred years ago when the majority of the stuff that was coming in to clinics and hospitals was infection and trauma, to just go [inaudible] lather on the antibiotics. But we reached a moment of diminishing returns on investment of that. And it’s been the same with a lot of different kind of innovations that were big in that time. And that’s really why my platform for doctors was called *The Evolution of Medicine*. Because it was like, one, let’s think about how medicine is evolving and adapting to this new environment. But also let’s look at the evolutionary concept behind how we got to where we are. And we’ve co-evolved with these microbes.

Dr. Paul: Absolutely.

James: And ultimately, if you look at any of these chronic diseases, the microbiome—if the microbiome goes off, then you end up with a disease based on your own genetic susceptibility. And it could be rheumatoid arthritis. It could be colitis, whatever. It could be the reason why you first got on the drug that now you’re hooked to, right? And so it’s the genesis of a lot of addiction.

Dr. Paul: Yeah. We’ve come to realize there’s a real connection between your gut biome, the healthy diversity that we have in our intestinal tract, and the gut-brain connection. And so, what might you suggest folks do because biome is a term that probably a lot of people aren’t familiar with? What are some just practical tips people can use to kind of restore, I would say, I guess, a healthy biome?

James: Yeah. So ultimately what we’ve seen is that any healthy behavior that is done by yourself is actually better done in community, right? So whereas going for walk by yourself is good, being in a walking group is great. Whereas cooking healthy for yourself is good, being in a cooking cooperative where you cook meals for each other is great. And similar with this, like you can definitely take probiotics and that kind of thing, but ultimately the ultimate balance and diversity that you want can really just come from nature.

So I recommend that nature can be a potent solution. So getting out into nature regularly is one of the reasons why I had to move from New York. Once I knew this, I couldn’t live in Manhattan anymore. I also had a child. But now I live in California and I’m in nature more. So finding ways to get into nature regularly is powerful. Spending time with other healthy people is powerful. What we’re starting to see is a lot of these chronic diseases act like infectious diseases where your health is going to be a reflection of the five people that you spend the most time with. I used to make a joke in our Functional

Forums that if we had 100 healthy practitioners in a room, it was actually adding to your health to be there.

Because everyone's in this cloud of microbes, right, you just can't see it. And if my cloud's good and your cloud's good, and your cloud is not so good, by you standing and talking to us, your cloud is getting better.

We can't see any of this so it's a little bit amorphous. But ultimately, what I recommend is not just about the number of microbes, right. You don't want to get sidetracked so much on like, "Oh, this probiotic has got a million. Oh it's got 90 billion. And this one is better than that one." There is some thinking to that. But ultimately, I think that what we'll find over time that it's more about the diversity. And I've done some interesting tests, the stool test and microbe test, and found that they're already showing that it's the diversity of microbes that really create health and what incredible lessons for humanity than that.

Dr. Paul: Yeah. Absolutely. And just get out in the dirt, right. And if you've got a nice organic garden and you're gardening or you pull up the carrot, instead of just scraping it totally clean and peeling it, just wash it briefly and eat some of that dirt. The movie *Babies* kind of showed that. They had babies in Africa, Mongolia, and yuppie New York. And the health of these kids who were in the dirt with flies all around them was superior. There is something to being in that community, right?

James: Absolutely, yeah.

Dr. Paul: Super, super important.

James: Yup. Totally.

Dr. Paul: So what do you see as some of the ways we can transform addiction medicine in general?

James: So I think the first thing that I like to think about is the community piece. And we could talk more about the cooperative because it's really the goal of that. But I guess I just want to talk about one principle that I think that everyone who's listening to this can think about, which I think is a naturopathic principle that I think is about to have its moment as a concept that can rebuild healthcare generally and particularly to addiction medicine, is this idea of the therapeutic order. And the concept is very simple, is that with any illness, you start with the least costly, least invasive intervention first. And then work your way up.

And, ultimately, what we're doing with addiction medicine is what people are getting addicted to with opiates or whatever is we're doing it the other way

around. First sign of any pain, opiate. And it's addictive, right. It's unbelievably addictive. The camera guy that I work with has this incredible story where he jumped into a lake that was only six inches deep. And he broke his neck. And then he was in the hospital. So they were like, "Oh, this morphine is really addictive, but here's an unlimited supply."

It's crazy, crazy moment that I always talk about. So like, we see now data showing that in states where cannabis is legal, that opiate use is going way down. And so cannabis is clearly like a less invasive, less costly intervention. And so that's it. But even think about things like what is the lowest thing on the totem pole is like Qi Gong, right. There's zero barriers to entry. You don't really have to learn anything. Watch YouTube videos, you could follow along. But ultimately that's a zero cost, zero invasiveness intervention. And we've seen a lot of people if they really build that kind of practice, then it has a really incredible [inaudible] effect.

And then just above that, you might have lifestyle behaviors, the kind of thing you're speaking about. Reducing stress, meditating, sleeping well, eating right, exercising. Those kinds of things come in slightly harder to do. You have to be motivated. You have to move out of your chair. You have to cook differently. If you're cooking, you may have to learn how to cook. There's some barrier to entry there. And then you've got supplements. And then you've got drugs. And then you've got surgery. And we sort of have been just doing everything.

So the first thing is the re-establishment of that therapeutic order, I think it's absolutely crucial.

Dr. Paul: Yeah, that's really important. And for our viewers, I'd like to sort of highlight something you just pointed out here. And that is that in any of our chronic diseases and in the case of addiction, whether you're talking opiates, which is you started off perhaps with pain relievers or you were just having fun, you progress from maybe just experimentation or light use to treat real pain until you get into a severe condition where if you don't have your substance, you go through withdrawal. Now, you're dependent on that substance. And this happens with alcohol. It happens with opiates. It happens with stimulants like meth. To some extent, it even happens with food. It certainly happens with nicotine for smokers.

And if you're along this journey, right, some of you watching may be thinking, "Oh I don't have a problem with alcohol. I don't have a problem with food. I don't have a problem with..." Anything that is addictive, you have to become aware. And the way you move towards the safer end of the spectrum of addiction is to do exactly the things that James is talking about here starting

with the low end of just building a healthy foundation. So I think that's really important.

James: Yeah, so I think—

Dr. Paul: What are some of the—go ahead, sorry I interrupted you.

James: Yeah. So I think that's an important thing. We have to have practitioners that—the order in which you see practitioners has to go that way because there's very few issues and not really related to addiction, where an issue is so acute that you really need the doctor right then and there. But medicine was created in that era. In that era when you have an infection, you want the doctor straight away because he's got the tools to save you.

In addiction, he doesn't. In fact, he has the tools that got you into this place in many cases if you're addicted to prescription medications, he's the only one that could've got you there, right. So we have to rejigger that balance.

And then the second thing is, Paul, we have to set up structures where people are incentivized to help each other. I've been waiting to do this health cooperative for four years. When Trump signed the tax bill in January, which meant that you didn't have to have health insurance anymore, the individual mandate was gone away. That was my moment to strike to say like, "We need to come up with a better way of managing the health of groups."

And ultimately, the thing that I saw out in the world that was good but not great were these things called Christian health cost sharing ministries. And actually at this moment in time, 750,000 Americans use these Christian health cost sharing ministries because they're way cheaper. You have to commit to be healthy. There are many things you have to do in order to sort of be part of them.

And I saw this was a great idea because it incentivizes people to take responsibility not just of their own health but also of the payments of the community. You're incentivized to use medicine less, not more, which everything has been incentivized. If you think about traditional insurance, how do you get the best value out of your insurance policy that you're paying for? You use it as much as possible, right? And that's not good especially when many of the things that you could get on that plan are addictive.

Dr. Paul: Or invasive.

James: Invasive.

Dr. Paul: Yeah, absolutely.

James: So the health cooperative is built on that concept of something that we saw that had worked for 25 years, which I've been a member of. And this summer, we're going together to say, "Look, can we get 10,000, 20, 000, 50,000, 100,000 people who are passionate about healthcare transformation and want to be in a system where not only are they incentivized to keep themselves healthy, which is much lower rates than commercial insurance, but also they're now incentivized to help their fellowmen." And that is the evolutionary principle that has been out of medicine for 100 years that is absolutely necessary to re-bring into medicine. And that is the idea that like we should be incentivized to help each other.

And ultimately, when we were just in communities and that is the way we took care of health, that was it. But insurance, it has to convince you that you're separate from the rest of the world. Because then your dominating narrative becomes, "Well, what if I get hit by a car?" If you know that there's no one there to support you as a community, if you get hit by a car, then you need this company to come and save you. Whereas, if you are in agreement with a group of people who are just like you, who think like you, who act like you, or are in consensus of like, "If one of our tribe gets hit by a car, we've got you. We've got you. But we're also not going to pay full price for it because we're going to bargain for cash, and we're going to keep the whole prices lower. And friends don't let friends pay retail for medicine."

So we're working on all ways to reduce the cost of everyone and, ultimately, to get everyone healthy. And my vision for this is, this summer, we're doing this 40-city tour. And ultimately, what we're trying to do is set up a hub in each city built around the functional medicine practitioners that we've already built to a point where we are now in a position where we, as a community, in each city, can bring in other people into the pool because we've got enough care locally to be able to support them. And that's our big idea. And we feel like we've got—America is amazing. I live here, and I grew up in England.

It's amazing because there are many countries in the world where you could not do this. There is no other country in the world, like with Colorado, with the marijuana, with the cannabis. There's no other country in the world where a little state within a country would go, "Oh, we're doing this. Sorry." And they just did it. That doesn't exist. You think of a province in Russia can just legalize cannabis? No way. A county in England? No way.

So at this exact moment in history, we have an opportunity before the next president comes in or Trump's second term or whatever. We have a moment in history where we can think about new ways of doing things, popularize them, and that can affect the future of medicine.

And my vision is that we can facilitate that with this health cooperative. And so if you're watching this and you like the idea of this and you want to pay, like just for me, with this Christian thing, I pay \$1000 a month less than the equivalent insurance that my family would have through the ACA. That \$1000 could be spent on anything you want, and you're still covered if you get in an accident.

So if you're listening to this, you got a kNew Health Now, that's KNEW with a K, knewhealthnow.com and check it out. And we're building a consensus. We're building a cooperative. We've got some incredible players onboard. And our vision is that come January 1st, tens of thousands if not hundreds of thousands of Americans will be part of this cooperative and will have started a movement that will have its own energy, its own value, and will incentivize everyone to get healthy, stay healthy, and help each other do that.

Dr. Paul: That is very, very exciting. And folks, when you're watching this, let's say, you're in the midst of an addiction and you're going, "Well, how can this possibly help me?" What you need to understand—and, James, you can correct me if I'm wrong here—the whole idea is personal responsibility for your health journey. We've sort of given up our own journey to the doctors who basically are treating symptoms. And they are not dealing with the core issues that are keeping you in bondage to your illness or, in this case, to your addiction. And so when you take that personal responsibility and you move away from a pharma-based treatment protocol, you are starting on the journey towards becoming free because your addiction has kept you in bondage.

Now, I run an opiate detox clinic. I help people who are stuck on opiates get off of opiates. And we're seeing some real progress. Lots of people are actually being able to become free. It's not easy, but it is doable. But the real winners in this are those who take responsibility. And I think that's, James, what you're trying to do is on a whole big system, provide a framework for that to happen.

James: Yeah, so it's incentivizing community. But yeah, the idea of personal responsibility in health is not new, right? People who have been in this space for 30 years would be talking about it as the future. And it is. And ultimately, with most of these chronic diseases, the doctor can't save you. You could only save yourself. There's nothing that they have that can help you to get off it. And that's just a truth that you have to sit with. When you have many chronic diseases—type 2 diabetes, heart disease, autoimmune diseases, like these kinds of things—the pills the doctor can give you at best can reduce the

symptoms for a period of time. But it will trigger a whole cascade of other things that are unpredictable.

That's the way that it's been for this long time. What we want to do is take people who get that, who have already embodied that and seen that, and give them a structure where now they can start to execute this at a community-based level, so community responsibility.

And so I would say, if you're watching this, you can go to Dr. Thomas' detox clinic, or there are a lot of people around the world. Seek out a functional medicine doctor. And their goal is to get to the root cause of dysfunction. And, ultimately, the reason why we started this health cooperative is, one, to be able to prove that incentives matter when it comes to getting people healthy. But more importantly than that, is that in my cooperative, functional medicine is the operating system of care. We don't have to ask for permission. We don't have to beg Aetna to reimburse us. This is just the way it is.

And ultimately, when people experience functional medicine, they like it. They like being listened to. They like being able to tell their story. They like not being interrupted. They like looking for the root cause. They like that the doctors are not going straight to their prescription pad.

They like that the plan is to get people back to health. People know what health is. They know that Valium in the morning and Adderall at lunchtime and whatever in the evening is not health. People know that. But yet, the doctor doesn't seem to see that, their regular doctor.

And so ultimately, people are looking for a new way to do things. And that's what we're here to provide. And really, our goal is to provide something that you don't really know it's functional medicine. You don't really know the back end of our cooperative is being run on the block chain. You just have an experience where you're just like, "Oh yeah, this is the way that it should be."

Dr. Paul: Folks, what you just heard there is revolutionary if you're not already experiencing functional medicine. Another term that sometimes embodies functional medicine is integrative or holistic. There are a lot of different titles or words used to describe practitioners who are looking at root causes of what your condition is and helping you get back to basics so you can heal and become healthy.

Most of my addiction patients, when we look back to their childhoods, except for those who perhaps had just horrendous childhoods and that happens—and I'm sorry if that happened for you. There will be other talks to deal with childhood trauma in this summit. But for most of us, if you think back, there

was a time when you were happy, free, healthy, and you weren't turning to substances or food or behaviors to try to meet this lack that you felt. And yet somehow we all end up in some addiction. And the route back is the journey that we take, and functional medicine is the key and the answer.

And, James, what you provide here is a whole new innovative way to create an entirely different health system that supports the right way to do medicine. I wonder what things you think we can do together to solve this whole issue.

James: Yeah. Like ultimately, what I can see down the road is, ultimately, the structures, like if we go back and put this all together, right, what I see is the three Cs of chronic disease reversal.

So the first C is content, right. It's the content that you're watching now. Typically, it's free to consume. It may cost a few bucks to buy Paul's book. But ultimately, like any content, this summit is free. The book only costs a few dollars. And there will be people out there who will be able to listen to this summit, read the book, and just get on with it and reverse it themselves and get back to health. That's a percentage of the population.

So we're going back to the principle of let's start in the therapeutic order, right. So let's start with the least invasive, least costly thing first. This summit is a great example. Watch all the sessions. Take in all the information. Set up structures for yourself.

So then, in order to execute on the ideas of this summit, you need to actually participate and do stuff, right. So if you can't do that yourself, if you don't have the right environment for that, the next C is community. So you need to find a group of people who also want to do that. The most powerful thing that you could do is to meet someone else who has your same health goals who you can be accountable to.

My mother-in-law, a few years ago, lost 110 pounds. And the only thing that she did different is that she had to call someone at the end of the day to tell them what she'd eaten. And her desire not to say, "Aah, I messed up, I went to McDonald's. I broke down," whatever, was enough to change her behavior enough to transform her health.

So community is key. So the thing that I would recommend for all the people who are listening, use online connections to create offline relationships. Like 30 years ago, it's impossible to know who in your community was interested in this stuff. You'd have to go to the health food store and look at the white bulletin board and see if you could find something that was relevant.

Today, it's super easy. Meetup, Facebook, these are structures where you could find people in your community. Go to the functional medicine practitioners, they probably know other people who are struggling like you. And that's kind of the community that we've been trying to help practitioners to build around their practices.

And then the third C, if you can't get there, is coaching. And coaching is really a new thing in medicine. It's been around in business for a while. But it's about helping people shift behavior. And so, you can get accountability from an accountability buddy, which is free, or you can get accountability from a paid coach. But guess what? A coach is typically 10x cheaper than a doctor.

And so ultimately, these are three layers of care that you can find for yourself before you ever get to the doctor. And so, ultimately, what I would recommend is to look for local groups and look for groups that are going to be congruent. I've heard—I live in LA, so I know that there are plenty of detox facilities where there's more drugs going around those things or anything. And it's sad, but it's true. So just look for people's whose heart is in the right place. Look for people who have gone through the process. Look for places where they use, people who have gone through the process and are out the other side as mentors. And ultimately, find yourself a community. Because ultimately I find that people that have gone through the process are very, very excited about sharing what they've learned because it gives them a satisfaction from being part of the solution to the problem that they faced before.

Dr. Paul: You brought up something that was so profound, use online to develop offline community. That means you're going to find your people, but you're going to interact with them in real life, right?

James: Yeah.

Dr. Paul: And that's so important because I think the isolation that people feel when you're in an addiction or you're stuck in a behavioral addiction or actual chemical one, that isolation has to be broken. And a lot of times, most of—not most, but many of my patients suffer from extreme anxiety, sometimes a lot of depression. A lot of times there are phobias. There's ADD/ADHD, just discomfort and a distractibility that makes being around others difficult at first.

And so you've got to take baby steps to get out of that isolation and get into a group of people who understand you. I've got over 15 years of sobriety. I still go weekly to an AA meeting. I'm not saying AA is the way for everybody or a 12-step program is the way. But it's a heck of a community. We are around

sober people, and I always walk away from a meeting feeling recharged, reconnected. I've long since lost the desire to drink. I've got freedom.

So if you're still stuck in addiction and you're in that bondage, you know what I'm talking about—that inability to just break free. It just keeps drawing you back in. So it will take a community of some kind that you're going to connect with sober, non-using people who are going to support that journey. And so, the community is huge. Thank you for bringing that up.

James: Absolutely, yeah. And I appreciate it, the connection that we made. I would say to everyone who's listening to this, this is the first time that I've seen a very concentrated summit based on this particular topic. And over this next week, you're going to learn all the different things that have played into it. You're going to understand kind of how you got here. And certainly ways to like come back out the other side. But my final, just thought, is that community is everything. And if you can find the right community to support you, your chances of being successful with whatever you try to do it is going to be multiplied significantly.

Dr. Paul: Thank you, James. Those of you who are new to this summit, do keep yourselves plugged in to as many of these as you can because there's a wealth of information coming on all sorts of areas.

And I want to thank you so much, James, for bringing to our attention the whole community piece and everything you're doing to bring functional medicine to the masses. I've felt ever since I stumbled on it, wow, this is amazing.

We're going back to root causes of conditions that are plaguing America. Like you said, it's no longer infectious diseases. That's not the problem. It's the chronic things. And so, your work is very important. And thank you very much for being a part of this summit.

James: Absolutely. Thank you, Paul. And keep up the good work.

Dr. Paul: All right. Take care, James.