

Dr. McDougall, Why Do You Act That Way?



I was born a passionate person—with a larger-than-life type-A personality. I have lived with this high enthusiasm, for better or worse, every single day. My most memorable childhood lesson was about the importance of honesty. My parents would say, “Johnny, no matter what you did wrong (and I was into a lot of mischief), or what else is going on in your life, as long as you tell the truth everything will work out.”

My medical education began in October of 1965, at age 18, when I suffered a massive stroke that left me completely paralyzed on the left side of my body for 2 weeks, and I remain noticeably physically weakened 44 years later. This was my first real contact with the businesses of medicine, and without this opportunity I would have never become a physician. I was raised in a lower middle class family in the suburbs of Detroit, Michigan. My parents worshipped medical doctors as if they were exceptional beings possessing near God-like qualities. I was an ordinary person, at best; therefore, I never even dreamed of aspiring to such heights—that is, before my fateful hospitalization.

My exalted view of doctors changed during my 2-week stay at Grace Hospital. As “a medical curiosity”—suffering a stroke at such a young age—I attracted some of Detroit’s finest medical specialists. After examining me, I asked each new doctor: “What caused my stroke?” “What are you going to do for me?” “How are you going to make me better?” “When can I go home?” The typical response was nonverbal; shaking their heads from side to side, they walked out of my room. I figured I could do that. After 2 weeks of the “best care” modern medicine had to offer, I left the hospital AMA (against medical advice) and returned to my undergraduate college studies at Michigan State University. Soon my learning was on a track straight to medical school. Looking back at my diet, I can give credit to eggs, double cheese pizzas, and hot dogs for my brain damage, and my good fortune.



After three years of undergraduate work I entered the College of Human Medicine at Michigan State University. Medical school was fun and easy for me. During my senior year I met Mary, a surgical nurse, while helping with a hip operation. After a short courtship we married and planned our escape to Hawaii. In 1972, I started my internship at Queens Medical Center in Honolulu on Oahu. We fell in love with those exotic islands, and then destiny took us to the Big Island of Hawaii the next year to work and live. As one of four medical doctors at the Hamakua Sugar Plantation, I had responsibility for 5000 people—laborers and their families. I did everything medical for them from delivering their babies to signing their death certificates. This responsibility forced me to become the best doctor I could be; after all, I was “it;” the nearest specialist was 42 miles south in the small town of Hilo.

Lessons about Medical Practice

Under my care my patients with chronic problems seemed to never get well. I used to play a game with many of these fine people (unbeknownst to them): “Who has the most patience?” They would come to my office with a complaint for which I would prescribe a pill. On the way out of my office I would say, “If this pill doesn’t work, come back and I will try another one.” Upon their return the scenario would be repeated. Soon they would tire of the experience and stop coming, but I never ran out of pills. Consistent failures led to me to the conclusion that the fault was mine: “I was a bad doctor.” Had I not learned my medical school lessons? Maybe I had spent too much time at the beach during my Hawaiian internship?

In an effort to remedy my apparent lack of medical competence, after three years as a sugar plantation

doctor, I moved back to Oahu, with Mary and my two young children, and entered the University of Hawaii Medical Residency Program. Now I would learn effective ways to help my patients. Unfortunately, more than two years of intense training under the guidance of some of the best professors in the world left me still seeking the secrets to health and healing. These special doctors obtained no better results with their prescriptions than I had—the patients stayed ill. In 1978, I passed the American Board of Internal Medicine, certifying my competence in orthodox medical knowledge. Even though I was now a board certified Internist, I had to look back to my days on the sugar plantation for the solutions I was seeking.

Basic Nutrition from My Plantation Patients

From my patients at the Hamakua Sugar Plantation, between 1973 and 1976, I had learned the cause of over 80% of the diseases afflicting people in North America and the rest of the Western world. My elderly patients had immigrated to Hawaii from China, Japan, Korea, and the Philippines, where rice was food. They brought their culture with them. Their children, tempted by Western foods, slowly changed. The third generation, had essentially given up rice and vegetables for meat, dairy, and junk. For all three generations, their health reflected their diet. The first generation immigrants were trim, active, and medication-free into their 90s. They had no diabetes, heart disease, arthritis, or cancers of the breast, prostate, or colon. Their children became a little fatter and sicker, and most of their grandchildren had lost all of their immunity to obesity and common diseases—in every way of appearance and health, they were full-fledged Americans.

My observations contradicted two basic beliefs I had held since childhood. The first was that as we age, we naturally become fatter and sicker. The second was that a well-balanced diet was best. Before my own eyes I saw fully functioning elders thriving on grains and fruits and vegetables. With the inclusion of the two other basic food groups—meat and dairy—the progeny failed.

The most impressive example of the potential for extraordinary health provided by a starch (rice) based diet came from some special Filipinos—specifically, family units consisting of an elderly man, a very young wife, and their children. After saving for years and then retiring, single men traveled to the Philippines in search of a young bride. In my office every day I witnessed what can best be described as “natural Viagra.” Men in their 70s and 80s were starting new families and demonstrating physical functions many American men only fantasize about after their 50s. These Filipino septuagenarians also expected to see their young children grow into adults, and they did. This virility and optimism was from their simple diets.

My Hawaii Library Experience

My plantation days left me with a clear understanding of the power of a healthy diet to prevent disease, but the full potential of diet-therapy only became apparent after my research began at the Hawaii Medical Library in 1976. Reading through the scientific journals I learned that many other doctors before me had made the same discoveries as I had: Diets of common starches, such as rice and potatoes, resulted in robust health, and meat and dairy destroyed people’s physical condition. Then an even more important breakthrough was revealed to me. These pioneer scientists reported that once people stopped eating the foods that made them sick, they recovered. They described weight loss, relief of chest pains, headaches, and arthritis. Kidney and heart failure, diabetes, and many more troubles were reversed. Volumes of research written over the previous 50 years in these library journal pages showed me how my patients could be cured with one big simple solution: a starch-based diet.

Challenging the System—Asbestos in the Rice

My first experience with fighting big business came after newspaper headlines in 1978 warned the citizens of Hawaii about cancer risks from asbestos exposure—a common occurrence for shipyard workers and for children because of schools built with these materials. I wrote a letter to the editor of the *Honolulu Advertiser* asking: why worry about these minor sources of exposure when our citizens are eating hundreds of millions of tons of asbestos-coated rice annually? After milling brown rice to white, the ker-

nel is exposed and easily spoils. To prevent this spoilage the rice was coated with talc powder. Talc is an amorphous form of magnesium silicate. Asbestos is the same material in a fibrous form. You cannot mine talc without the asbestos. After a yearlong fight with the rice companies, I won and talc was removed from the rice sold in Hawaii, California, and Puerto Rico, and replaced with a coating of glucose. No personal repercussions followed for me.

Challenging the System—Informed Consent for Breast Cancer

In 1980, I was approached by a citizen-group in Honolulu, which was trying to get an [informed consent](#) law passed, requiring doctors to tell women their surgical options when faced with breast cancer. Massachusetts and California had already passed similar laws. The reason such laws were needed is that doctors were not telling women that surgery did not improve survival; because the disease has already spread to the rest of a woman's body in most cases, long before the discovery of the tumor in her breast (even with a mammogram). Simply put: a lumpectomy or a mastectomy made no difference in her day of death—the choice was to live with or without her breast. I thought a woman should know the facts in case she might want to choose less mutilating surgery.

The fight took two years in the state legislature. My final faceoff in front of the Hawaii lawmakers was with members of the Hawaii Cancer Society and the University of Hawaii Medical School. They lost and the nation's third informed consent law for breast cancer was passed. (There are now 18 states with similar laws.) The personal repercussion for me was that I could no longer buy malpractice insurance. At that time physicians controlled the only two doctors' liability insurance companies in the state. Losing my malpractice insurance meant I lost my hospital privileges. I practiced "bare" (without insurance) for the next two years. Until this writing I have not told this final chapter of the story—I never wanted others to know that my colleagues retaliated against me for making them tell women the truth about breast cancer.

My St. Helena Hospital Experience

In 1986 I was invited by the administration of the Seventh Day Adventist St. Helena Hospital in Napa Valley, California to run the McDougall Program as their lifestyle residential program. This was a good match because their founding religion believes in a vegetarian diet and a healthy lifestyle. (I am not an Adventist.) This hospital was also considered one of the best heart surgery centers in the country. Even then it seemed odd to me to invite a doctor who is against most heart surgeries to work at a hospital that makes 80% of its income from heart disease.

Now that I was working at a respected hospital, I figured, I might be able to get medical insurance to pay for patients to attend my program. I approached several well-known companies. I argued that our program could treat heart patients at a fraction of the cost of bypass surgery (\$4,000 vs. \$100,000). No matter how hard I tried to convince them, the sale was impossible. A representative from one large insurer told me that they were not interested in my approach because it required the cooperation of the patient, and all the bypass surgeon had to do to relieve chest pain was to get the patient to willingly lie down on the table. They apparently had little faith in patients' judgment and willpower. I countered, "But, some patients will change their diet and they deserve this alternative." After some contesting I finally got the real answer, "McDougall you just don't get it. As an insurance company we take a piece of the pie and the bigger the pie the more we get."

Working at a heart surgery center I had many chances to talk to surgeons and cardiologists—some of them actually became my friends. I told these heart doctors on several occasions that I would send all of my patients to them for a second opinion if they would return the favor. I got no takers. My kindest feedback came from the radiologists. They would tell me, "McDougall, we know your diet works. We see the repeat angiograms of their heart arteries showing reversal." During my sixteen years at St. Helena Hospital, I sent many patients to other doctors for a second opinion and treatments, but I did not receive a single referral from a local doctor in return. How unique, that the population served by this hospital seemed to have no need for instruction on healthier eating (from me or anyone else). On many occasions I did, however, care for the physicians at St. Helena Hospital, their spouses, and their children.

My Departure from St. Helena Hospital in 2002

I have fond memories of those years working at the hospital. Thousands of people were helped with the aid of the talented and caring professional staff working for St. Helena Hospital. But, the program never seemed to grow in numbers in this setting. Maybe people saw a contradiction of health (my program) and medical treatment (the hospital). Even though I was a national figure appearing at that time on most of the top TV and radio shows nationwide with my bestselling books, our census was far lower than it should have been.

In 2002 an opportunity arose to enlarge the McDougall Program and to help many more people. Dr. Roy Swank, the inventor for the [dietary treatment of multiple sclerosis](#), offered me the opportunity to open my live-in program to treat his patients with MS. This was a win-win opportunity for everyone and I expected an enthusiastic welcome from the hospital administration. After lengthy discussions they told me that they did not want to be associated with MS patients, as if this would be a stigma. The real reason may have been that treating MS patients for any hospital would be very low-profit. I explained that we are: a hospital and our primary purpose is to treat the sick, a special hospital because of the religious foundation, and even more exceptional because of the Adventists' belief in diet therapy. I concluded no better match could have been made. They were steadfast. My contract renewal was due for signature in five days. I turned it in with "VOID" written over the front page. I was told later that they had thought I would never leave them because without the organization they provided the McDougall Program could not exist.

Other McDougall Programs

But, I had run the McDougall Program many times without them. Between 1999 and 2001 I ran my program in Minneapolis, Minnesota for Blue Cross Blue Shield—the medical insurance company. During this three-year period, with three different groups of their employees, I was able to show the same remarkable health benefits we were getting at St. Helena Hospital: weight loss, reduction in cholesterol, blood pressure, and sugars; relief of indigestion, constipation, arthritis, etc. This time I was also able to document a 44% reduction in healthcare costs for each of the three groups based on the insurance company's own claims data. I had had a similar experience in Lakeland, Florida caring for some of the employees of Publix Supermarkets. Both of these remote programs were run out of local hotels. I can set up a 10-day McDougall Program in any city in the US within 72 hours. I still can't understand why anyone would think the McDougall Program would depend upon anything other than sensible people looking to regain their lost health and appearance.

The Santa Rosa Clinic and Our Future

In May of 2002 we began our first McDougall Program at the Flamingo Resort in Santa Rosa, California. Our yearly census quadrupled in no time. The food now tastes as if Mary made it at home. Like many things in life, we have asked ourselves why we waited so long to take over complete control of our program. Our non-profit foundation has raised money and has begun a [study](#) with Oregon Health & Science University on the dietary treatment of Multiple Sclerosis. The web site, www.drmcDougall.com, is receiving 7 to 8 million hits a month. The McDougall, MD TV show is playing in 95% of households worldwide. Dr. McDougall's Right Foods are in nearly 4000 stores. Our free newsletter is going out to 30,000 people monthly. We make new friends every month at our sessions: 10-day medical live-in programs, 5-day programs, Advanced Study Weekends, Celebrity Chef Weekends, and Adventure Trips. Seems like we're on a productive track.

I have just co-authored [AB 1478](#), a bill asking for even more informed consent for the people of the state of California. One part of this bill requires doctors to tell patients that heart surgery does not save lives in most cases and that diet is a real answer. The second part requires doctors to tell patients that common medications for type-2 diabetes increase their risk of dying and that diet will help them greatly. The bill is in committee now. I wonder if there will be any negative repercussions for me from my colleagues when [AB 1478](#) is passed into law? I can't change, my parents taught me to tell the truth, always, and my life is guided by my passions. Medical care is changing for the better because millions of informed people are demanding improved health, rather than more treatments. I am optimistic and so should you be. To believe this is unfixable is unthinkable.