

Julie Tyler: I have a list of questions here. Why don't you maybe start by telling me what your name is and you can look at me; your name and your medical profession and I'm interested to hear about where people, you know, did their training and kind of what your background is as far as how you arrived to this particular point. Want to go ahead and start with that?

Dr. Ronald Wempen: My name is Dr. Ronald Wempen, a medical doctor. I was originally trained at Boston University School of Medicine following an undergraduate degree in quantitative biology at MIT and also in Boston. Following which I spent time in the air force and working in aerospace medicine. After that, I did some emergency room work and industrial medicine. I found out about environmental medicine, acupuncture, homeopathy, along the line, and since then I've pursued a number of those areas. This is one we call an integrative medical practice and that would mean that yes, we do a lot of work involving the gastrointestinal tract. I probably do more work with parasites than just about any other physician I know of and I can tell you that parasites largely are found in the intestinal tract but also in the liver, gall bladder, and so forth, the accessory organs and I think some...they sneak themselves into the uh... pancreas uh...they could go across the lung but regardless of where they are, they can...the very tiny ones can go elsewhere throughout the body using lymph channels, they can also affect essentially any organ because, two reasons, number one, they produce an inflammatory response and the body therefore produces cytokines which can affect any part of the body; it can cause for example, cardiac arrhythmias; it can cause headaches, difficulty thinking; the parasite doesn't have to be there, but in addition to the inflammatory spots uh...these little critters also are animals and as such they have their own hormones, they produce their own chemicals which can interact with us and so they can produce almost any kind of symptom that you can think of. They can produce pain in various areas of the body including

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arthritis; they can actually cause cardiac arrhythmias and very few conventional physicians would even dream of such a response. Many years ago I saw a patient in a hospital and they came in unconscious; no one else could figure out what they had and it turned out it was a parasite. Once that was cleared they left the hospital and perfectly normal until at least the next time they obtained <laughs> some parasite. Colon hydrotherapy can help clear parasites along with intestinal clean outs by using various herbs, however, you may have to use some drugs in addition because the way in which they hide in the body, they're not readily cleared sometimes by things like wormwood and cloves and so forth. So that's an area that I do a lot of work in.

Julie Tyler: Have you heard of Anna Louise Gittleman.

Dr. Ronald Wempen: Yes; I've read her book and...

Julie Tyler: I just interviewed her.

Dr. Ronald Wempen: Mm-hm.

Julie Tyler: Two weeks ago up in Northern Idaho so parasites was one of the areas that I really wanted to talk about in this film to, you know, highlight again an application for colon hydrotherapy and just how virulent these parasites can be and the symptoms that they cause really do mirror so many of the diseases that you know people are suffering from and whether they are the actual cause of the disease or they just produce symptoms that mirror these diseases, I don't know; that's an interesting question but certainly I didn't realize how widespread the problem was until I, you know, read up on it a little bit and it's great to know that there's a doctor out there who is focusing on that.

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Dr. Ronald Wempen: Typically they come in by being ingested...from our foods. I recall visiting Tijuana once and it was still alright; you're going out to lunch now and I'm giving you some iodine drops; put it on all the food unless it's thoroughly cooked, that way you're going to stay out of trouble.

Julie Tyler: Yeah.

Dr. Ronald Wempen: And this was Hulda Clark, you know, who was the parasite guru for a number of years and she hadn't gotten sick from it because she followed her own rule.

Julie Tyler: Mm-humm. What percentage of patients do you see or do you think have some kind of parasite affecting their health? Is it becoming more common; have you seen a rise in cases or is this something that is few and far between?

Dr. Ronald Wempen: Well in the past oh, maybe 15 years that I've been working more and more in this area, yes I've gradually seen more and I'm not sure if it's because I have been referred patients who may have parasites from colon therapists or whether I'm just doing a better job at recognizing it or possibly it's increasing in the population or a combination of all three.

Julie Tyler: Right; so it's hard to tell but certainly it's fairly frequent that this is something that you have to tend to. How about other issues; what is your general opinion of auto intoxication as far as the contents let's say of the bowel and whether or not these toxins, can they reenter into the bloodstream, you know, by way of a leaky gut scenario or you know, an irritated...the lumen of the bowel; what is your thought on that?

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Dr. Ronald Wempen: This concept was accepted and very popular between 100 and 125 years ago approximately. Then along with the rise of modern medicine, it was discarded and has been...

Julie Tyler: Debated?

Dr. Ronald Wempen: Even...not only debated, it's been laughed at; it can't possibly happen but see... the intestinal tract from mouth to anus is populated with more cells of the immune system than any other part; yes there is a lot and the sinuses too but this is what faces the environment, by the way one of my main areas in integrated medicine is environmental medicine; anything that you breathe, touch, or ingest can affect you and it happens more often than most people realize but we have to guard against this and the body processes everything, absorbs some, gets rid of the rest but along the way, it can take back and reabsorb some things that it really would prefer to get rid of.

Julie Tyler: So you're saying the first line of defense is this whole alimentary canal; what makes up the GI tract, that's kind of like the front line basically for all the environmental...

Dr. Ronald Wempen: Front line for our defenses.

Julie Tyler: Toxins.

Dr. Ronald Wempen: Our defenses, that's right and whether it be chemicals, foods to which we're sensitive, some food additives, or bacteria, obviously food poisoning which continues, is a method for auto-intoxication because unless they're killed right away in which case it gives very little in the way of symptoms, they try to...they do escape from the bowel and the body tries to put them back in again; they may go into the liver for processing and pass back through

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the gall bladder and this is a cycle which could go on and on and on again and so the person is sick for one, two, three days instead of getting rid of it in just a few hours but whether this be a bacteria or it be a chemical, the concept of leaky gut therefore or...which is aligned with a dysbiosis because we're not only affected by our own defenses, we have a large population, actually more bacterial cells than we have body cells which should be helping us. These lines of defense breakdown and the lining cells open up with little partitions in between then those can sneak out into the lymph channels and the bloodstreams and travel through the rest of the body and that was what's called leaky gut.

Julie Tyler: And is that what we refer to as this idea of autointoxication?

Dr. Ronald Wempen: Well autointoxication would refer not only to that which we ingest but because we also produce lots and lots of waste material which has to be processed through and if it doesn't get processed through then we can get sicker and sicker on our own. It is recognized that for example, alcoholics have very damaged intestines and livers and they frequently die from an ammonia overload; that is certainly an intoxication, it's an autointoxication.

Julie Tyler: Where the body is really behind the poisoning in other words, because it cannot eliminate these toxins. Do you see chronic constipation in your patients and is that something that you would warn against; do you think that chronic constipation has anything to do with disease down the road? Is that something that we should steer clear of?

Dr. Ronald Wempen: Well...the body should process everything through the intestinal tract that is ingested 24 to 48 hours and if that doesn't happen then you continue to take on continual load which does not

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properly get processed and then cause more and more inflammation. If you're holding onto certain chemicals or certain bacterial viruses, or toxic molds, or parasites, such as schistosoma or flukes, which then are against the genetic background could elicit the beginning of cancer. Now that comes into play too.

Julie Tyler: So there is something to be said for genetics and yet lifestyle is kind of the thing that...the catalyst for bringing on those genetically predisposed abnormalities?

Dr. Ronald Wempen: Well there's a reason why we feel better if we're not constipated; we're having one or two good stools every day.

Julie Tyler: So what would you say is sufficient elimination because in the medical community they really consider it to be anywhere from once a day to maybe three times a week, or even fewer would be considered normal. What is your thought on that?

Dr. Ronald Wempen: Well as I said before, once or twice a day. If you go back to the primitive societies, if they have a good nutritional diet, they eliminate naturally after every meal and that's what we were meant to do; that's what we were built to do.

Julie Tyler: Most definitely. Some of these studies that have come out, you know, even from the early part of the century, Ernest Tepper...and you know looking at different cultures in Africa let's say where, you know, the diet is such, it's totally different than our developed nation diet and again, analyzing the stool samples and the frequency, and then comparing that to rates of colon cancer and other diseases that were really kind of unknown in those cultures, so constipation and elimination is certainly something to focus on. What are some of the diseases I guess or syndromes that people come in, you know, that are...what are the labels that

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you see that you feel like you are treating by way of colonic irrigation and other holistic modalities? Which ones do you think are responsive in other words, to holistic therapies? Is there a category? Is there an area of focus that?

Dr. Ronald Wempen: You know, I really appreciate Jonathon Wright's diagnostic categories. He says when a patient comes in, he's got one diagnose for everybody; they're sick.

Julie Tyler: Yeah.

Dr. Ronald Wempen: In other words, the body isn't working properly and it's our job to discover the reason why rather than trying to slot people into symptomatic categories and I understand the slotting has been increasing over the past 40, 50 years and there are rule books for doing this and thousands and thousands of numbers which are all going to change in another year or two and this is how insurance companies pay, so this is what attention is paid to for the procedures that is the basis of conventional medicine today. That does not get at the reasons why those end stages are occurring in the first place. I prefer to look at the mechanics of how things happen and why things happen rather than saying one has Crohn's Disease, one has irritable bowel and irritable bowel is a very common one, okay? Too much diarrhea, too much constipation, well, what's the reason for this because typically, conventionally they're given one or two antibiotics and sometimes a laxative and if they can't get better from that, they don't know where to go. Well that's just a starting point for me, what is the basis for all this. Take a look at how frequently they eat, what they eat, maybe they eat one meal a day and what is their... what does their diet consist of? Are they getting enough helpings of greens, of foods with enough fiber in them? Are they sensitive to some foods? Are they sensitive to one or more grains? Are they sensitive to strawberries or whatever? Maybe because of their poor habits and they have a

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yeast overgrowth. Eventually, yes we do come around to look for a parasite but sometimes it is a very simplest thing that can just get people turned around so instead of label, they now have a new lifestyle and so their symptoms go down and they lose the label.

Julie Tyler: So is that really kind of the structure of conventional medicine whereby these symptoms add up to this disease or label and then the protocol to address that disease is what? What is the conventional medical wisdom as far as treating any number of autoimmune diseases? I mean as far as therapy. Is the conventional wisdom let's get to the root of the problem or is it, you've got a disease and here's a pill for it, would you say?

Julie Tyler: When it comes to an autoimmune disease, first they want to attach a group of labels on, due a number of expensive tests and find out where they are slotted, how far along they're slotted, and so the usual treatment for it is a steroid and maybe a different steroid and maybe it's not working with steroids and now they go onto something much stronger, cyclosporine. Maybe they start using some types which are often associated with treatment of cancer just because that's what they've learned to do; you give a pill for the label rather than taking a look of what was the reason for this starting in the first place, what's the history, what were they doing at the time that the first symptoms occurred which may have... taking a careful history...the first symptoms may have occurred years before they first recognized it, so what was going on then? What kind of exposures did they have? How did their lifestyle change and yes, stress can enter into this also, because maybe they couldn't handle certain changes that were going on and so everything snowballed, depending upon their genetic propensity to slot them towards one label or another and I prefer to work backwards and find out what it is that has caused the problem in the first place.

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Julie Tyler: Can people become immune to...we know that they can build up a resistance to antibiotics and that's a big problem right now, especially with antibiotics being in the food supply, etcetera; is that true of anti-inflammatories as well? As far as steroids go? Because I know I had a personal experience with topical steroids and it seemed that this is a long time ago thank God, that my skin was becoming resistant basically to the steroids and immediately after I stopped using it, my problem which was a skin problem came back and it was worse than it had been before I took the steroid.

Dr. Ronald Wempen: Oh Julie, this is the reason why there's a big book of dermatologic treatments; it's amazing how many there are out there; a number of... quite a few pharmacological companies are in on this game and each produces a different name, a slightly different chemical and the reason for this is profit and if they have symptom...well this is highly profitable to keep treating... well, this one doesn't work, then we go to another classification; maybe this is a medium potency and the mild one and then we go to a strong potency and then you've got all these different names from about 30 different companies. You can pass through one after another; maybe one of them will work; without asking, what was the reason it started in the first place? What is the body trying to tell you?

Julie Tyler: Yeah. So in other words, people should view their symptoms as little warning flags, you know, little red flags to highlight some kind of dysbiosis or imbalance going on that needs attention before it progresses.

Dr. Ronald Wempen: Over thousands of years for example, the Chinese relate skin to the liver and we wonder, what's the connection from the skin to the liver; they're not connected? Well if you look at it from the standpoint what does a liver do? It's a huge chemical factory and garbage processor and if it can't properly do

the job then one or more of the other excretory organs...and the skin isn't a excretory organ...are going to come into play and you're going to have some signs on the skin so they recognize this; they didn't know the reason behind it, but they saw that connection. Well I'm afraid that that connection has been forgotten in conventional medicine.

Julie Tyler: And what role does the colon play in aiding the function of the liver; are those two organs tied together? If you eliminate the burden let's say from the colon or get the colon functioning; how does that help eliminate the burden from the liver in other words?

Dr. Ronald Wempen: Okay the way in which the colon works is neurologically, there is one set of muscle fibers that pushes it one way and the other set of muscle fibers pushes the other way and they should be in balance at the appropriate time of day so that you do eliminate regularly and if not, it's going to stay there and then it can build up and build up and what happens is that it can actually get out, and then the collecting system for the... for the bowel, the lower bowel is through the large veins going back to the liver, and that's how it gets reprocessed.

Julie Tyler: So they're very much directly related.

Dr. Ronald Wempen: They're tied together.

Julie Tyler: Do you think you have any thoughts on like what concerns that the American Medical Association might have with regard to colon hydrotherapy and the scope of practice, do you think they feel threatened in any way, that colon hydrotherapy is being used, you know, as an integrative approach or is there resistance, you know, within the community? Do you see a change coming with more doctors kind of doing what you're doing or not so much?

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Dr. Ronald Wempen: There is a slight movement but it isn't anywhere that it should be and you still have the old school really in charge both teaching and then the younger members coming out with some very set opinions with blinders and they're not going to listen or they've even forgotten the basic physiology and biochemistry, they just know what they've been taught; again the labels and treat the label. As far as colon hydrotherapy, it is a very safe mode and the only thing one hears about it from mostly conventional medicine is that oh, that can be very dangerous; it can cause perforations, infections and so forth. Well I have news for you, the colonoscopies are more dangerous and there is a percentage of perforations. For quite a few years now colon hydrotherapy has used... a sterile, non-reusable product. Colonoscopy...has a much higher incidence of adverse reactions by perforations, so colon hydrotherapy is much safer. Now there can be a way in which they can work together in that you can't do a good colonoscopy without a good cleanout and certainly gastroenterologists who perform these intubations frequently could benefit and have their job made easier because many patients can't do a good enough job on themselves. It becomes even more important with the virtual colonoscopy, because you have to have a much better cleanout, because you don't have an instrument going in and therefore the option possibly of being able to suck some of the fecal material out right then...if it's there...and it's significant, because there hasn't been a good cleanout, which you *can* get with colon hydrotherapy, you have a failed procedure, essentially.

Julie Tyler: I have had some medical doctors and maybe even GIs tell me that there really is no such thing as impaction; that people cannot possibly be walking around, let's say years and years of poor diet or whatever and have retained any kind of you know, fecal matter within their lower bowel; do you think that's true?

Dr. Ronald Wempen: I imagine that they have a very biased view because when they actually look at it, they

do a thorough cleansing from the bottom up for the first...the bottom several feet that they're looking at, but not beyond that as far as months and years that can pile up, and yet I think there have been cases where this has been thoroughly demonstrated in autopsies.

Julie Tyler: Where there *is* a fair amount of impaction, which is obviously...which stems from years prior, so it is something that is true?

Dr. Ronald Wempen: I would say so.

Julie Tyler: Yeah. I had a husband and wife doctor team in New Jersey, their son was very ill and finally they took him in somewhere, I think to a colon therapist...or actually they did x-rays, that's what it was with another doctor, they're both doctors and in the x-ray they discovered that you know there was a lot of impaction and they never would have assumed that he was having problems in that way; he was kind of thin and sure enough when they took him to get the colonic irrigation, he was you know, made a lot of progress after that. I found that interesting. Let's see. In your medical training, was there much emphasis placed on GI and this idea of the enteric, brain or the second brain or the colon and the function of the colon; kind of what was the focus? Like in other words, in the alternative community they sort of view, you know, the intestinal tract to be the center and often disease, you know, starting in the gut. Was that a topic that was discussed in your medical training?

Dr. Ronald Wempen: No, it never was.

Julie Tyler: Never came up; so what was discussed with regard to the colon as far as the colon as being important or not?

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Dr. Ronald Wempen: What was important was what were the diseases of the colon, like cancer, ulcerative colitis, so forth, these named severe problems and... that was about all we learned about them.

Julie Tyler: And as far as my research, it seems that even the Colon Cancer Alliance and certain organizations that focus on colon cancer awareness think that maybe only 10 percent of it is really due to genetics and the rest of it is really lifestyle; do you think that people are aware of this in your opinion?

Dr. Ronald Wempen: I think...the general public here is largely unaware.

Julie Tyler: So perhaps they view some of these cancers as being outside themselves, something that just strikes them, you know, for no apparent reason other than being unlucky; being unlucky, that their own body is not really playing a role somehow, that there's a detachment would you say?

Dr. Ronald Wempen: The emphasis is on having your colonoscopy done every once in a while and there's certain rules for it, how many years apart, because it's considered a statistical disease that everyone has a certain risk; if you have a family member who has had colon cancer, then you have increased risk, and so you need to have it more often, maybe once every year instead of once every five years or so and so it's sort of a luck of the draw.

Julie Tyler: Right. Do you think that colonics...we know that they can address certain symptoms and syndromes and disease and that you can sort of reverse some of this, once it's gotten to an acute stage. What about for just general maintenance; do you think that if you're looking at let's say a person like myself who's generally pretty healthy and you know with exercise and diet and drinking enough water and all of

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that, do you think that colonics can still play a role, you know, on a once a year basis or a couple times a year; do you think there's any sort of need for that type of maintenance or not?

Dr. Ronald Wempen: Well especially if one tends to have a history of problems, it could be helpful to have a short series once a year just as maintenance to make sure that something is not restarting and then make sure to repopulate with good bacteria.

Julie Tyler: Right and you said series, you specifically said a series, so you're saying more than one in a span of time, whether it's a week or two?

Dr. Ronald Wempen: Yes a span of perhaps two weeks.

Julie Tyler: And the reason for that, for getting multiple colonics; maybe it's three, maybe it's six, we're not really sure; it depends on the individual; what is the reason for that? Why wouldn't it just be the one colonic? Does it have to do with thoroughly cleansing the bowel?

Dr. Ronald Wempen: If you're on your way to impaction, certainly one cleansing isn't going to do it because the rest of the backup has to pass on through.

Julie Tyler: Interesting. Let's see, I feel like I've covered quite a bit here. Am I missing anything?

Dr. Ronald Wempen: Yeah especially since I can't recall who first said that, "Death begins in the colon."

Julie Tyler: Did somebody say that?

Dr. Ronald Wempen: Yes.

Julie Tyler: What was it they said?

Dr. Ronald Wempen: “Death begins in the colon.”

Julie Tyler: And you think that that is? Do you think that's an accurate statement or there's some credence at least to it?

Dr. Ronald Wempen: Yes there is some credence, I would say death begins in the intestinal tract. I've heard it said that the alternative Germans say that heart disease begins in the pancreas, so that's an accessory organ of the intestinal tract.

Julie Tyler: Yeah I just read an interesting article about heart disease and something completely unrelated, one would think was unrelated but ultimately the eventuality was heart disease and it really made me stop and think, wow again it goes back to absorption, you know, and what's happening in the intestines. You know of all the studies done on how to improve motility and bowel function, the treating of digestive issues, why do the majority of the major funded medical studies involve drugs that are developed by pharmaceutical companies? Why are there so few studies conversely on the benefits of colon hydrotherapy do you think or other complimentary alternative approaches?

Dr. Ronald Wempen: Because drugs are more popular; are more profitable and they... and they're sold to the public as a total answer; the ads can be found on television programs on a daily basis.

Julie Tyler: And in *People* magazine.

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Dr. Ronald Wempen: And they can be therefore sold, pedaled, by the millions, rather than a few at a time here and there.

Julie Tyler: Are you aware of any concerted effort on behalf of those doctors maybe that are sort of in your community who are documenting successes with their patients with colon hydrotherapy or is that kind of wishful thinking?

Dr. Ronald Wempen: I think that any alternative therapy that is done on a regular, consistent basis needs to be documented so that it ends up someplace in medical literature whether it is paid attention to or not.

Julie Tyler: I am hoping that the GI community will be educated about this idea of colon hydrotherapy as being an alternative prep and yet even though there are studies that show some success there and looking at electrolytes as being *unaffected* by colon hydrotherapy and lack of side effects for colon hydrotherapy and yet when I spoke to the president of I think it was ASGE with the trade organization, I was told that that study was published in an obscure Chinese medical journal and therefore it was not looked upon as being valuable, because it was not printed in JAMA. What are your thoughts on that?

Dr. Ronald Wempen: Like many inventions, colon hydrotherapy hasn't been done here and therefore if it's been done in another country it is not valuable. And I think that's an egregious, egotistical mistake.

Julie Tyler: I do too. I feel like we pretty much covered everything; I think that you were fantastic and you obviously have the same point of view as I do and I just really want to thank you for giving me your views, you know, the all of the medical doctor perspectives are so important, you know, for the audience.

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Julie Tyler You know, even a medical doctor in Los Angeles who... Dr. Junger, Dr. Alejandro Junger, he has something called the Clean Program and quite a large following of celebrities, etcetera and even though he's had colon therapists working with him, even in his book he recommends colonics you know maybe during this cleanse, you know, per week or whatever. He said, "You know, I just really... I don't want to go on camera about it; I don't really want to be quoted, you know, I guess read my book and I guess you can refer to my book," which I certainly can do but you know there is some resistance and there is some peer pressure or you know, a little bit of wariness, you know, on behalf of some of the medical community and I think that's a shame. But it is what it is I guess. They're really still beholden in a lot of ways to the pharmaceutical industry. I had an interview last week with an ex-pharmaceutical rep and she didn't really say anything that was too earth shattering but just that you know there definitely were strategies for minimizing side effects and buzz words and you know conferences and dinners and ways to, you know, rally and galvanize the medical community behind their products and she actually worked on the rollout of Vioxx and so when all of the heart attacks and everything came to light with Vioxx, that was really disturbing for her and so yeah; it's interesting. I don't know how really to change any of it except to get the message just directly to the people.

Dr. Ronald Wempen: Julie, hang in there because changes are on the way. I don't know... first of all, when I was cleaning out the garage a few months ago, I came across some old newspapers, I think it was during the Reagan years. Health care in this country is absolutely collapsing. It's just too expensive and it's so it's exploding. Well, this is still happening. But at some point, just it's just like when there were warnings before, somewhere around year 2000 when we were headed for a financial collapse in this country, those voices were ignored for quite a few years until it actually happened. Well I think it's going to happen. And I'll give you some reasons why. I'm on Medicare and I've

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had to have three surgeries during the past two years; hernia and two on the knee, there were infections and the first one didn't work and it came back and so I had another one, so I got to see what the surgeon...at an outpatient clinic, who was very good, the anesthesiologist, what they were charging and what Medicare actually paid and most of the rest of it. They allow a certain amount and just for an example, I think the surgeon charged something like \$2,500 hundred dollars for the surgery; gee, that's much more than what I went to medical school for this little procedure, but anyway, he did and I think he was allowed something like \$400 of which they paid something like \$200 or \$300 of which...and then the rest of it, except for maybe \$10 bucks, which we pay out of pocket, was paid by the secondary. Well, he can't continue to do \$400 on a procedure, so he has to make it out of private pay. Well guess what's happening there? They're cutting back also. People can't afford both their insurance company and the payments and it's going to get worse with Obamacare which I think will go through because part of this whole system is going to continue and it has to collapse of it's own weight. They even suspect in actuaries, they suspect that 15 percent of hospitals will go bankrupt, I think that those in the medical profession are going to find that their salaries, their earnings are going to be cut way, way back. The only ones who are going to do well for a while are the administrators. I saw something recently about a week or two ago that actually, Medicare is quite efficient and has something like 15 percent overhead versus something like 30, 35 percent overhead in private insurance. Well, that's not going to continue. So...that system...and it won't take very long, maybe two, three, four years, is going to collapse of it's own weight and we're going to be...because people are going to be, including Congress...are going to be screaming at all the waste and inefficiency so what's going to be proposed? Government take over health care and now you're going to have a system like in Canada or in European nations where you'll no longer see...well, no people will no longer get into health care because you'll earn a lot of money. You can't anymore. So that

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means that you're going to have people searching to get their care and by the way...they're more honest in Germany, they call it *disease* care, not health care. There are a few organizations which actually they're...I'm not sure if you call them private or semi-private organizations and you have a choice of about three, so maybe it's Obamacare light, I don't know, anyway, or strong; whichever way you want to weight it or look at it; it's not totally like the British and Canadian systems. But with very strict controls and you're not...except for emergencies, you're not going to get everything you want. What does that mean? It means that people are going to have to take...either get sicker faster, or they're going to have to start taking control of their own health and that's where you and I come in.

Julie Tyler: Yeah.

Dr. Ronald Wempen: So it has to happen.

Julie Tyler: Yeah it has to happen. Unfortunately even the US Preventative Task Force, you know, that Kathleen Sebelius is in charge of...even when you go to the web site to look at, you know, what their approach is as far as prevention, it really is just all about screening, you know? Once you have the disease. But not actual prevention. Go figure.

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