

# An Interview with Dr. Hans Diehl

by Mark Huberman

**Hans Diehl, D.H.Sc., MPH**, saw the amazing results of lifestyle interventions at the renowned Pritikin Longevity Center, where he served as research and education director. Inspired to make better health accessible to the masses, he developed an affordable, community-based program designed to arrest and reverse society's most common chronic diseases. Today, over 85,000 participants and clinical results published in 45 peer-reviewed scientific journals attest to the success of Dr. Diehl's approach. His coauthored books *Health Power*, *The Optimal Diet Cookbook*, *Take Charge of Your Health*, and *You-Turn* have been translated into 36 languages with a circulation of over two million. He is a Clinical Professor of Preventive Medicine at Loma Linda University and on the Board of Advisors of the American College of Lifestyle Medicine. He continues to present the science of lifestyle change with his trademark blend of humor and inspiration.



**With a name like Hans Diehl, you have to be German, right?**

Yes, that's right. I spent my first 20 years in Germany.

**And if I read correctly, you were born in 1946, which was right after World War II. That must've been a pretty tough time for your family.**

It truly was. I come from very humble surroundings, and we had virtually nothing. We were just living off the produce that we could raise in our garden, and that was it. And with five brothers and sisters, it was very tough.

**So, were fruits and vegetables a central part of your diet by necessity or by choice?**

Well, I think it was mostly by necessity. However, my father was also kind of interested in some of the newer concepts of physiological hygiene. He began to make that important distinction we are now recognizing between a long life and a healthy life—that is, the difference between a “life span” and “health span.”

It's nice to live a long time, but if you spend the last 30 years in bed, that's not a very good health span. You want to live as long as you can in a healthy way. And as I mentioned, my father was already oriented in that direction. I guess it was circumstances as well as personal interest in healthy lifestyles that made us more and more zero in on fresh produce. Of course, meat in those days was very rare

and too expensive. As I think about it now, maybe that turned out to be a hidden blessing!

**Sure! Did your parents have the good fortune to enjoy a long life?**

Well, my father lived to be close to 80, and my mother lived close to 72.

**What did your parents do?**

My father worked for the city, and my mother was busy with six children.

**I'll bet she was! At some point, I read that you migrated from Germany to Canada.**

Yes, that's right. I had some good friends who had migrated to Canada. They would write these glorious letters with heartfelt invitations: “You've got to leave Germany. It's too small. You've got to come to Canada. Here you can travel 5,000 kilometers, and you'll never have to show your passport. And it's Canada that is going to be the economic giant of tomorrow. Come!”

**I am sure you know that a lot of people adopt a plant-based lifestyle because of a personal health crisis. Was that the case with you?**

No, not at all. Actually, I credit my general understanding about a healthy lifestyle largely to my joining the Sev-

*“It's nice to live a long time, but if you spend the last 30 years in bed, that's not a very good health span. So, you want to live as long as you can in a healthy way.”*

enth-day Adventist church. For more than 150 years they have tried to practice a fairly healthy lifestyle because their choice was part of their commitment to giving back to a Master Designer. Adventists have always been clear about avoiding tobacco and alcohol and encouraging exercise. And although they have various dietary options, the recommendation of the church has always been to aim for a vegetarian, plant-based diet.

Today there are more than 20 million Adventists worldwide. They divide themselves up into major dietary groups; in North America, five specific groups have emerged. Close to 10% of the members are total vegetarians; about 30% are lacto-ovo vegetarians who don't eat animal products, but they use eggs and dairy; and another 10% are pesco-vegetarians, who eat fish. The remaining 50% is comprised of semi-vegetarians and non-vegetarians; they are omnivores in that they eat meat products, although probably at a lower rate than most non-Adventist people. Because of these dietary variations within their generally health-conscious lifestyles, Adventists offer an unusual and valuable research cohort for evaluating the effects of different dietary lifestyles on health outcomes.

### With the explosion of information about the benefits of a 100% whole-food, plant-based diet, are the Adventists now becoming even more health-conscious?

Yes and no. As you probably know, there have been many studies on the Adventist population funded by the National Institutes of Health and the National Cancer Institute. What the researchers found is that the older generation of Adventists seems to be adhering more closely to the dietary guidelines that define a whole-food, plant-based diet, while the younger set seems to be slipping somewhat into the mainstream American diet. I attribute this to the times in which we live, in that fast foods are now easily available, and engineered foods are heavily advertised, conveniently consumed, and addictive.

### Was your joining of the Adventist faith your attraction for coming to Loma Linda University for your education?

Yes, it was. Loma Linda University represents the church's global center of science. The medical school, with more than 700 students, sends more young physicians out into the worldwide field than all other medical schools in America combined. The University has a real commitment to serving global needs, providing many of the physicians who are leading the work in many of the Adventist hospitals and clinics circling the globe.

### Tell me about Loma Linda, that mecca of the Adventist faith. Is

### it similar in some ways to Salt Lake City as the center of the Mormon faith?

Loma Linda is a town of about 25,000 people. But notwithstanding its small size, it is the epicenter of health science education. There are about 5,000 graduate students on campus. They are mostly enrolled in doctoral programs, such as dentistry, medicine, physical therapy, anatomy, biochemistry, public health, and so on.

### So, for young people who are interested in pursuing an enlightened degree with a lifestyle medicine orientation, would Loma Linda be a good option?

I would say yes, since it certainly is a center of wholistic care. It ranks high as one of the few remaining Christian medical schools left in America.

### And if they attend school there, will they have the good fortune of having Dr. Hans Diehl as one of their professors?

Yes, I do some teaching, but I am more of a window dressing, since I am beyond my retirement age and not fully engaged.

### From some of my reading it sounds like your heroes and the inspiration for much of your work has come from the research done by a Finnish physician by the name of Pekka Puska, and by Nathan Pritikin and Dr. Denis Burkitt. Am I right?

Yes, you're absolutely right. Dr.

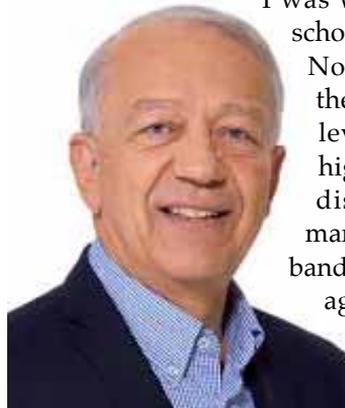
Puska is not only well-known as a prominent epidemiologist; he also highly regarded as a member of the Finnish Parliament and as the Director General of the National Institutes for Health and Welfare in his country, leaving a large footprint of health improvement on Finland.

He was the man who spearheaded a health revolution in North Karelia, a province in Finland that became known as the "Valley of Beautiful Widows." This was the title of his *Readers Digest* article that made a great impression on me as

I was waiting to get into medical school at Loma Linda University. North Karelia then had one of the highest rates of cholesterol levels along with some of the highest rates of cardiovascular disease in the world. There, many women had lost their husbands—not even 40 or 50 years of age—leaving behind beautiful widows.

Taking his cues from the emerging results of the famous Framingham Heart

*“Dr. Puska was the man who spearheaded a health revolution in North Karelia, a province in Finland known as the ‘Valley of Beautiful Widows.’”*



Pekka Puska, M.D.

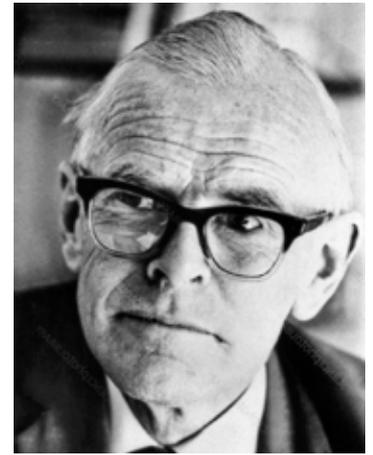
Study near Boston, Dr. Puska argued that people needed to really cut back on their consumption of saturated fats and cholesterol prominently found in meats, sausages, eggs, butter, and cheese; reduce their salt intake; and stop smoking. He also argued that they needed to introduce more fruits and vegetables into their diet. But that was easier said than done in Finland, where the winters are long and where fresh products are not readily available. He launched an intensive educational program in the villages of North Karelia by training female community leaders, who then, in turn, passed the word along about the dangers of smoking, alcohol, and high blood cholesterol levels. He advocated lower salt and fat consumption, and he advocated a larger import of fresh produce and whole-grain products from other countries. As a result, over the next 40 years, heart disease mortality rates dropped by 80%. Finland now has one of the lowest heart disease death rates in the world, and its innovative health education program has become a template for other countries to follow. The Karelia Project has shown other countries how to transform society and thereby raise and drive the level of health.

Dr. Puska's article really impressed me, and I became part of a new professional degree program at Loma Linda University's School of Public Health called a Doctor of Health Science. This program combined the basic sciences of medicine and advanced coursework in the area of public health, which laid the foundation for biostatistics and epidemiology, for environmental health and therapeutic nutrition. The program emphasized therapeutic nutrition and consistent exercise. It also focused on how to help people to change habits through a change in beliefs, attitudes, and behavior. In addition, it talked about communication skills and the role of psychoemotional issues. It became a major new program that stressed health care instead of disease care, focusing on treating chronic diseases with a lifestyle medicine approach that could be administered both one-on-one and in groups.

### Tell me about Dr. Burkitt.

Dr. Denis Burkitt was a British surgeon who came to Africa and was stunned that he couldn't find the diseases he had been trained to treat and cure in England. He couldn't find coronary heart disease or hypertension. He couldn't find gallstones, colon cancer, or diverticulosis. And the more he investigated this difference in disease prevalence, the more it began to dawn on him that the differential disease rates must be related to the differences in foods consumed on these two continents.

One of the key differences he noticed was the much greater amount of fiber in the African diet. While Westerners were consuming a measly 15 grams of fiber per day, the African people were consuming food that contained more like 40-60 grams per day. This led him to propose and popularize the idea that the Western diet may be short on dietary fiber.



British surgeon Denis Burkitt, M.D.

He noted that the presence of dietary fiber may be facilitative in easing the elimination process and its frequency on a daily basis. Back in England, he noted that people may have only two or three bowel movements a week, and as they got older, even fewer than that. "In Africa," he said, "people just squat down and they're done, while in America and in England people attend to their business with much more effort and time, often reading the whole *Readers Digest* from cover to cover, and yet with little to show for it." As a celebrated and colorful speaker, Burkitt often ended his fiber lecture by saying, "The smaller the stools, the larger the hospitals! The larger the stools, the smaller the hospitals! So please, go and have a magnificent stool!"

*"The more he investigated this difference in disease prevalence, the more it began to dawn on him that the differential disease rates must be related to the differences in foods consumed on these two continents."*

### Did you have the privilege of meeting him?

Yes, I did. He was on the research committee of the Pritikin Research Foundation, and since I was directing the research efforts at the Pritikin Longevity Center, I would see him often. Actually, we became good friends and wrote several chapters in several books. He would also come to Canada, where I was launching my CHIP program and changing whole communities.

### How did you come to work with Nathan Pritikin?

I had earned my master's degree in nutrition and my doctorate in health science from Loma Linda University, when I received a call from Nathan Pritikin to take a look at his program in Santa Barbara. He was a fascinating man. He was not a physician or a health care provider or a trained health scientist; rather, he was an engineer. And when his coronary heart disease was diagnosed in 1958, he approached his disease like an engineer.



Nathan Pritikin

He looked at the whole concept of disease very differently than conventional medicine. Focusing on chronic diseases, it was his observation that physicians tended to do everything possible to provide pain relief for their patients. It struck him that this preoccupation with managing symptoms was more like providing Band-Aids without looking for and removing the causes of the discomfort. Nathan Pritikin looked at his own heart disease and asked himself, “Why do I have this disease? What are its causes?” He wondered, “Why don’t they have heart disease in New Guinea? Why don’t they find heart disease in 80% of the world’s population, while here in the United States it is responsible for every second death?”

And he came to some startling conclusions. Could it be that the Western diet, a diet of affluence, might be related to this epidemic of heart disease in Western society? Could it possibly also explain the high rate of other chronic diseases, especially in the context of sedentary living and unmitigated stress? For him, the solution was to implement a very simple diet centered on foods as grown. Today we call it a diet of plant-based, whole foods.

So, one day Nathan Pritikin called me and said, “Do you have an interest in looking at what we’re doing here?” I drove up to Santa Barbara, and I was amazed. People would stay at this residential center for 26 days, and the clinical changes were most remarkable. Some 40% of diabetics were off their insulin. Similarly, most people with essential hypertension and elevated cholesterol had to have their medications reduced or eliminated as their levels plunged. It really opened my eyes to the importance of a very simple diet and a sensible exercise regimen, as angina patients often reported a lessening of their chest pain as the blood viscosity changed within a week or two.

### What kind of personality was Nathan Pritikin?

He was totally obsessed with keeping up with the latest scientific information. He was reading all the time. He had an outstanding personal library that was managed by his librarian. And his photographic memory allowed him to usually be miles ahead of all the doctors on his staff—

including me with my newly minted degrees! This man was incredible. He was totally committed to the reversal and cure of chronic diseases and the recovery of his patients.

**When I interviewed Dr. Michael Greger last year, he told me that one of the most impactful events in his life was the experience of his 65-year-old grandmother, riddled with end-stage heart disease, coming into the Pritikin Center. With crushing chest pain and in a wheelchair, they wheeled her in, and four weeks later she walked out on her own! Did you happen to be there when she was a patient, and do you recall her amazing outcome?**

I certainly do. She became one of my inspirations as well. Her physicians had given her six months to live—and yet she lived another 31 years!

**You are perhaps best known for the creation of your CHIP program. Tell me about that.**

After leaving Pritikin, I recognized there were some issues for me to think about. I came to realize that when patients go to these residential treatment centers where everything is done for them, there comes the day when they have to go back home. And then they face the same fridge, the same friends, the same physicians, the same markets, the same restaurants, the same church socials—all the same seductive powers and influences that got them into trouble in the first place.

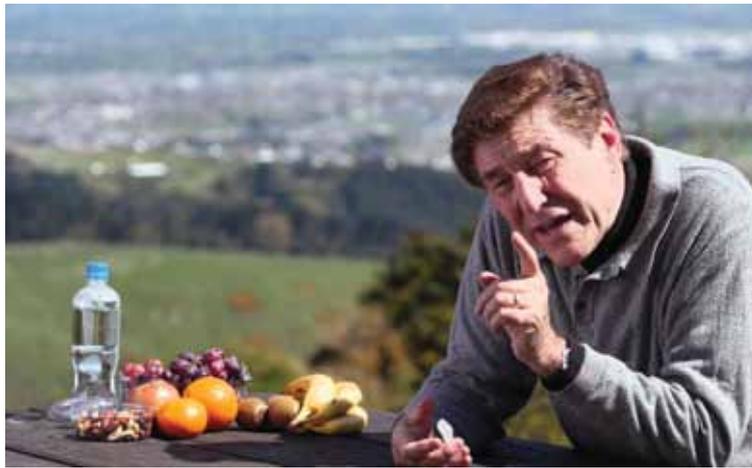
I felt the need to do something to transform society, to create a healthier environment, to make the healthy choice the easy choice. Healthier foods in stores and restaurants. Creating greater awareness about the body’s ability to activate its self-healing potential. Motivating people to adopt healthier habits through group-oriented, intensive education. Providing intelligent self-care and objective biomedical feedback to monitor progress.

Furthermore, I was frustrated that residential programs like Pritikin’s, as outstanding as they were, were largely available only to people who could afford them. My goal was to make this lifestyle change available and affordable to everyone who wanted it. So in 1988, I developed the Complete Health Improvement Program, or CHIP, a 40-hour educational program. With close to 100,000 CHIP graduates, the program moves people towards a plant-based, whole-food diet and incorporates the importance of exercise, adequate sleep, and becoming nicer people.

But the launch was not easy. I should tell you that when I established my first program in Canada in a small town with 4,000 people, I had a lot of resistance from the medical

*“Could it be that the Western diet might be related to this epidemic of heart disease in Western society? Could it also explain the high rate of other chronic diseases, especially in the context of sedentary living and unmitigated stress?”*

community. They actually wrote articles in the newspapers about me even before I got there: “There is a man coming from California. He is making outlandish claims. He claims that he can reverse heart disease, that he can reverse type 2 diabetes, that he can reverse high blood pressure, and that he will teach people how they can eat *more* and they will weigh *less*! This man is a charlatan, and as physicians, we have to protect the people of this town.”



Dr. Diehl developed the Complete Health Improvement Program, or CHIP, a 40-hour community-based educational program.

This was not exactly a rolling-out of the red carpet for me—a man depicted with a club foot and horns on his head! Notwithstanding this negative publicity, over 400 people signed up for that very first CHIP program ever! It was a 16-evening program conducted over a period of four weeks. We did blood tests and recorded other biometrics before and after the four-week program, and the people were absolutely stunned. Their elevated cholesterol levels on average dropped 20%; this improvement alone cut their coronary risk in half. Many of the people were able to get off their medications for high blood pressure and for diabetes. In addition, depression levels improved, and most of these people lost 8 to 15 pounds of their excess weight with ease.

### How did the program work?

Initially, I would go to a town and stay there for two or three weeks to enroll the participants. Then I would spend another four weeks to actually run the program. And then I would take the next three to four weeks to mop up. All of this added up to three months of my time. The programs grew in popularity, and they grew in size, from 400 to 2,000 people in several Canadian cities. Then I traveled to Ottawa, Canada’s capital, to engage the political leaders to help them understand that this could be the answer to the health care crisis. We worked hard to change food supplies and even restaurant menus to get them to qualify for CHIP approval in order to give people healthier options.

This went on for a number of years until my wife came to me one day and asked me, “With all your traveling and being gone three months at a time, did you know that you have a lonesome lover back home who is missing you

badly? Do you know that you have two children who are needing you as well? I mean, you’re saving the world, but how about your own family?” That deeply wounded me; it caused me to look for a better way and greater balance in my life. Eventually, I got my lectures videotaped. I wrote some accompanying books, and I prepared some training manuals for CHIP facilitators. All of

this created the magic that allowed the program to run in many English-speaking countries and yet allowed me to get back to my wife and children.

*“I felt the need to do something to transform society, to create a healthier environment, to make the healthy choice the easy choice.”*

### Did you invent the CHIP name?

I did. We originally called it the Coronary Health Improvement Program. After a while, however, we began to understand that it wasn’t just a program for taking care of coronary heart disease. It was also taking care of excess weight, high blood pressure, diabetes, arthritis, and even depression. Upon my retirement, the CHIP program and our Lifestyle Medicine Institute were acquired by a large Australian company, which renamed it

the Complete Health Improvement Program, thus maintaining the CHIP name.

### Do CHIP programs still operate in the United States?

Oh, yes! They run in schools, in hospitals, in physicians’ practices, in churches, and in corporations. Corporations are eager to improve their bottom line, which is often prominently affected by the medical care costs of their employees.

**I see that you’ve authored or coauthored four books, a couple of them about the CHIP program. One of the more interesting titles I noticed was your 2003 book, *Dr. Diehl’s CHIP Program for Reversing Disease with Fork and Knife*. If memory serves me right, the groundbreaking documentary with the title *Forks Over Knives* came out in 2011. Do you get any royalties from the producers of that film?**

No, no; but it’s a good point! Since you are a lawyer, I should have hired you some time ago! Seriously, though, I did see a portion of an early screening of the film and learned that they had come up with the title of *Forks Over*

*Knives* to correctly convey the idea that the dietary fork may often be more effective than the surgeon's knife.

**So, do you think you should have at least received some credit at the end of the film for inspiring the title?**

It's absolutely okay with me! I don't need the credit at the end of the film. My credit is found in the joy of seeing this film being the most successful documentary of the last five years. You may remember that after former President Bill Clinton saw *Forks Over Knives*, he contacted the film's two icons, Drs. Campbell and Esselstyn, to talk to them after he'd had two stents inserted into his coronary arteries following a failed coronary bypass. Mr. Clinton told them, "I'm ready for an approach that will give me long-term benefits," and he became totally committed to this new plant-based, whole-food lifestyle program.

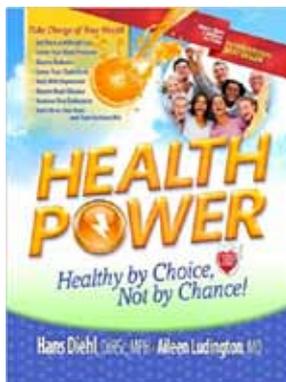
**Tell us about your latest book, *Health Power: Health by Choice, Not by Chance!* Does this book represent the culmination of your thinking?**

Thank you for asking. The book has done very well; there are some two million copies in circulation. This book and its derivatives have been translated into 36 languages. Its 37th edition, this time in German with two coauthors, will be launched this coming May. I have also coauthored a companion book, *The Optimal Diet Cookbook*, thus providing practical tips on how to prepare a meal in 15-20 minutes—simple, tasty, inexpensive meals that are easy to prepare and healthy.

**As I am sure you are aware, our mutual friend, Dr. Alan Goldhamer, advocates a "vegan SOS-free" diet, one that recommends a 100% whole plant-food diet without added salt, oil, or sugar. Are you on the same page with him on that?**

I am—especially for those patients with one foot in the grave, suffering from serious heart disease with a guarded prognosis of recovery. For these patients, highly restrictive dietary programs such as those of Drs. Goldhamer and Esselstyn may be the only way to give them a chance of a turnaround.

However, our CHIP, by and large, does not specialize in taking end-stage disease patients, and therefore we don't feel the need to be that restrictive. Instead, we recommend that they follow our "Optimal Diet" guidelines, which allow



*Dr. Diehl has coauthored four books, including Health Power, with over two million in circulation.*

a small amount of extracted oils. However, as a general overarching principle, we recommend that people consume oils the way they come in nature: eat the corn rather than its extracted oil (and the same goes for all other oils).

**What about the argument that Drs. Goldhamer and Lisle make in their book that salt, oil, and sugar are serious "pleasure trap" foods that become truly addicting in their own way, and that the more you stay away from them, the better off you're going to be?**

They make a very good argument, particularly when you look at processed foods that incorporate so much sugar, salt, and fat. These ingredients actually hijack the brain chemistry and create a pronounced, very enjoyable response in the pleasure centers of the brain—so much so that when you have an M&M, you cannot have just *one*

M&M. When you have an Oreo, you cannot have just *one* Oreo. When you have a Pringle, you cannot have just *one* Pringle! There are truly addictive aspects to these foods.

**The late Dr. Herbert Shelton, who was one of the founders of our natural hygiene movement, always used to caution against telling people that a little bit of something is okay, since people never remember the "little" and only hear the "okay" part.**

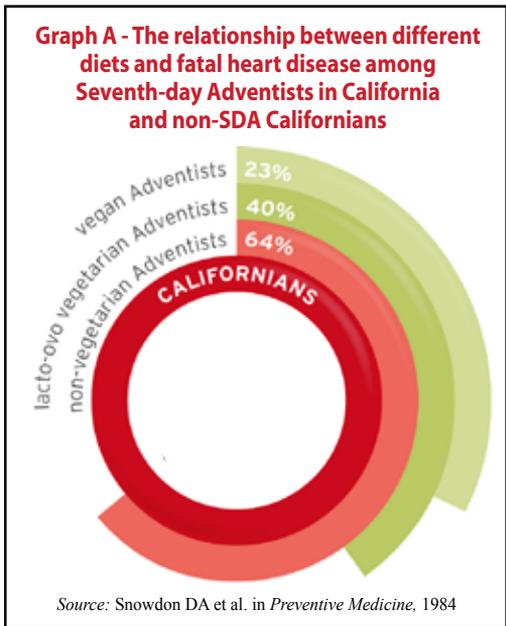
It is probably one of the most dangerous fallacies that we can aim for moderation. Moderation kills. That's because the American diet is so far out in left field that making a little change, or even a moderate change, is not going to move the dietary needle far enough to be able to turn coronary heart disease and other chronic diseases around. To accomplish this, we need to go much further. In our 40-hour CHIP educational program, we try to help our people to understand that a "little" really means a "little"!

**Since you are a part of Loma Linda University, I assume you must have intimate knowledge of the Adventist health studies, which are among the most frequently cited health studies in the world. Can you share with our readers the foundation of the studies and why they're so significant?**

I would be happy to. When you study the effects of diet on health outcomes, it's always a very difficult proposition, because people have such different and varied lifestyles. Some people use alcohol, some don't. Some people smoke,

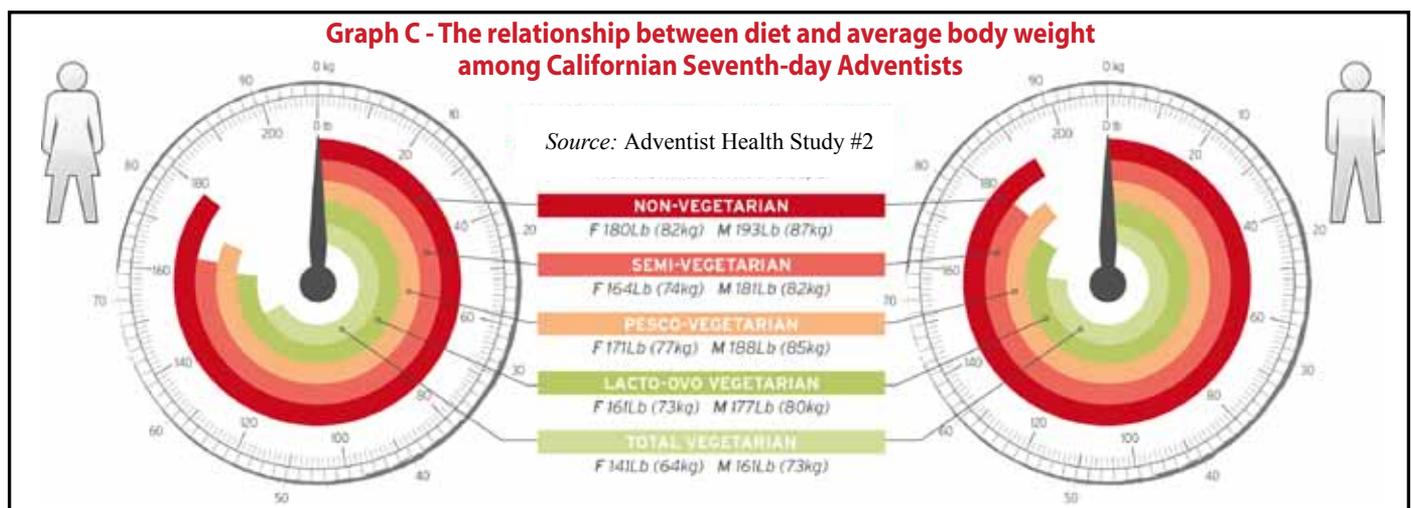
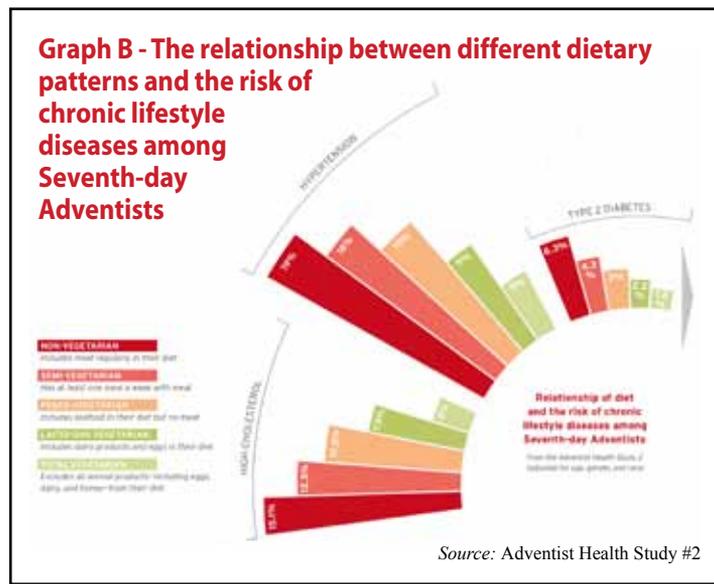
some don't. Some people are overweight, some aren't, and so forth. What is so unique about the Adventist Health Study is that they tracked people who generally follow a homogeneous lifestyle. You find them to be abstainers from tobacco and alcohol. You find them taking a day off every week as part of their spiritual commitment, which, in turn, facilitates an effective social network and support system. And although their diets vary, they are nevertheless easy to group into major dietary groups, largely classified on the use of animal products.

Because of this population's fairly homogenous lifestyle except in the area of diet, the U.S. government came to Loma Linda University and said, "We would be very interested if you would do some follow-up studies on the studies done in the 1980s, where it was found that Adventist vegetarians had much less heart disease, colon cancer, hypertension, and arthritis than Adventist meat-eaters." (See Graph A, "The relationship between different diets and fatal heart disease among Seventh-day Adventists in California and non-SDA Californians.") They said they



would encourage a grant application for a major longitudinal study to explore the relationship of diet, chronic disease, and lifespan.

As a result, the Loma Linda University researchers enrolled 97,000 Adventists in North America in a seven-year study. They classified the participants according to their five dietary patterns (outlined on page 6). The researchers found that the omnivorous church members across the board had at least a fourfold greater disease rate for hypertension, high cholesterol, and diabetes than the pure vegetarians. (See Graph B, "The relationship between different dietary patterns and the risk of chronic lifestyle diseases among Seventh-day Adventists.") And in the area of weight, the meat-consuming Adventists carried 40 and 31 pounds more than the pure vegetarians, for women and men respectively. (See Graph C, "The relationship between diet and average body weight among Californian Seventh-day Adventists.") They also found that there was a very consistent stepwise progression—the more and closer the participants' diets moved in the direc-



tion of a pure vegetarian diet, the lower their risk for these diseases.

**In looking over the Loma Linda University website, I noticed with interest an additional Adventist Health Study called the Walnuts and Healthy Aging Study, which was published in 2016. Are you familiar with it, and does it provide any insight into the current running controversy within the whole-food, plant-based health movement about the value, or lack thereof, of nuts and other healthy fats, like avocados?**

Well, it's one of many nut studies conducted here at the University, directed by a well-known researcher who describes himself as the "Nutty Professor."

**Might that be you?**

Not quite! It is Joan Sabaté, M.D., Ph.D. He has demonstrated in several human feeding experiments that the consumption of nuts will produce similar positive health outcomes: lower cholesterol levels and good weight maintenance. The fact that the daily addition of one to two ounces of calorie-rich nuts did not contribute to the caloric load and thus to weight gain, or at least not to the extent expected, was counterintuitive. These studies are challenging our thinking; we obviously have to distinguish between good and bad fats. We have to also come to grips with the idea that the calories in nuts may be handled differently by the body than other calories. So, in my view, there is something about nuts that needs further clarification. But the idea that nuts in moderate amounts are bad and should be avoided in the prevention of heart disease has been disproven by studies conducted at Harvard, at Loma Linda, and in several other centers.

**What about the criticism that some studies supporting the incorporation of nuts into the diets are funded by the nut industry?**

We need to be very careful that we do not immediately generalize that the results of a study must be discounted or be subject to suspicion because of the study's funding source. At Loma Linda University, we are very clear about our ethical responsibilities as researchers.

**When I previously interviewed both Brenda Davis and Dr. Michael Greger for this publication and asked them about this controversy, particularly as it relates to Dr. Esselstyn's studies and recommendation of no fats, they both agreed that the studies he did and his clinical results were impressive and undeniable. However, they also said that he has not yet**

**conducted a study that added a few nuts into the regimens of his patients. Their belief was that if he did, the results might be even better. Do you agree with them?**

They make a very cogent point. On the other hand, just like Brenda and Michael, I, too, have the utmost respect for my good friend Caldwell Esselstyn, his clinical results, and his conviction.

**Would you also agree that when nuts are added into the diet that they be consumed raw and without salt or oil?**

Good point. I'm glad you mentioned that.

**Being a resident for so many years, were you surprised to discover that the Loma Linda area was at the center of one of Dan Buettner's Blue Zones?**

I was not. Since the book's appearance, it's interesting that some people have drawn the conclusion that if they wanted to become centenarians and be among the Loma Linda stars of longevity, then all they'd have to do is buy a house in Loma Linda, and they'd live forever! The truth is that it is not this geographic area that will provide the age advantage. Instead, it's the Adventist lifestyle. The research is clear: Adventists in Poland outlive other people in Poland. Adventists in the Netherlands outlive other Dutch people. Adventists in Canada outlive other people in Canada. As a result, people sometimes come to me and ask, "Do you mean I have to become a Seventh-day Adventist if I want to live longer?" And what is my answer? "No, you don't have to *become* a Seventh-day Adventist church member, but you have to learn to *live like* an Adventist!"

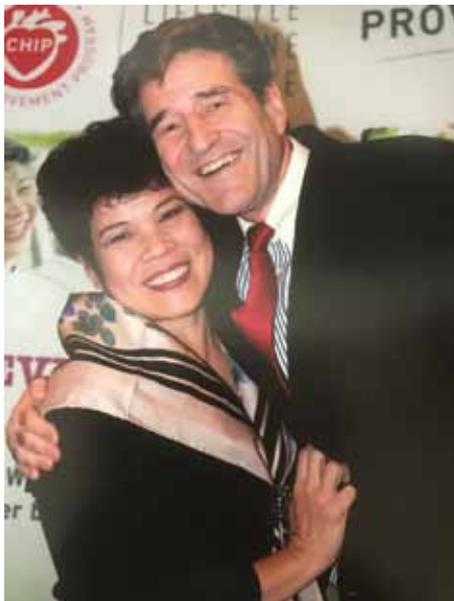
**So, if I come and visit you in Loma Linda, am I going to see people in their 80s and 90s doing their calisthenics in the gym, riding their bicycles through the streets, and jogging around the neighborhood?**

Yes, you might. I, for one, am in the gym at 6:00 in the morning, and you should see all the people there! You can hardly find a parking space for your car. And quite a few of these people are in their 80s, the age that provides them with the perk of free gym use.

**And I imagine they're a lot happier, too—am I right?**

Yes, they are! And there's a very real and special camaraderie. It's a concept of wholism. It's much more than doing your "diet and exercise thing." While these habits are longevity- and health-drivers, you also want to become a nicer, more loving person.

I recently spoke in Taiwan about the importance of developing good health habits (particularly in the area of diet) to a large group of people, many of them accompanied by their spouses. Concluding my lecture, I challenged the men, “It’s not enough to just eat right and to get your daily exercise and sufficient sleep. You must also become a nicer person, so let me ask you a very personal question. ‘When was the last time you gave your wife flowers?’” One man raised his hand: “Oh, it must have been for our wedding—38 years ago.” And everyone cracked up! And then another husband spoke up, “Oh, no, I did better than that. I gave flowers to my wife on Valentine’s Day!”—to which his wife popped up and said, “Just tell them what year it was!” The point is, we need to become nicer people every day. Let us find appropriate ways to acknowledge our loved ones.



Hans and Lily Diehl

**When we first spoke, I shared with you that my late parents operated a mom-and-pop health food store that they opened in 1958. I remember them selling these colorful canned meat substitutes from a company called Loma Linda Foods. They were called health foods, but the ingredients were not very healthy, and I wonder if they were actually marketed by Loma Linda University?**

No, they just used the name Loma Linda. But these food products were not affiliated with the university in any way.

**Today we have Impossible burgers and Beyond Beef burgers. What’s your take on these new products? Have they gotten any healthier than the old meat substitutes?**

I personally stay away from these kinds of foods. While these meat analogs may serve a purpose as transitional foods—moving from meats to beets—these are not foods “from the ground.” They are engineered chemical foods. They may not have the cholesterol problems of animal products, but there are many other dietary issues associated with them that need to be solved.

**What is your opinion of the emerging popularity of switching to grass-fed beef and free-range chickens? Are these net positives from humane, health, and/or environmental standpoints, or are these just giving people excuses to**

**continue their bad habits?**

That’s just good news for bad habits. Keep in mind that whether you are eating grass-fed cattle or free-range chickens, you still have problematic food, because the amount of saturated fat and cholesterol is the same. And these meats still have zero fiber. Furthermore, livestock is the main contributor to the greenhouse gases, adding to climate change and increasing ecological concerns. These are not healthy products. Just because they were raised in somewhat healthier ways doesn’t put them on a pedestal of health.

**Your answer reminds me of one of my favorite lines from the Broadway musical, *Man of La Mancha*, where Don**

**Quixote’s sidekick, Sancho Panza, thoughtfully observed, “Whether the rock hits the pitcher or the pitcher hits the rock, it’s not good for the pitcher.” And certainly, either way, it’s not good for the animals raised for human consumption.**

So true! And as you know, when you move towards a plant-based diet, you’re not only helping your own personal health. You are also leaving a softer footprint on the earth, and that has never been more important than it is today with our planet being in survival mode.

**As we are conducting this interview, the coronavirus is headline news. What is your take on what is happening, and how concerned should we be for our individual and collective health?**

It all has to do with the immune system. If you have a strong immune system from following some lifestyle patterns that promote health (such as a very simple diet, a consistent exercise program, being a nice person, and getting sufficient sleep), that virus will not be as dangerous to you as it might be to other people. Therefore, do everything to strengthen your immune system by the way you choose to live.

**As you reflect back on more than 30 years since you first worked with Nathan Pritikin, launched your CHIP program, and established the lifestyle medicine program at Loma Linda, you’ve got to be pretty pleased at how the lifestyle medicine world has grown, as measured by the success of the American College of Lifestyle Medicine and the Plantrician Project.**

When we started our CHIP program in 1988 in a small town in British Columbia, the arrows were flying, and I had to have my famous friend, Dr. Denis Burkitt, come from England to give me some protection and extra credibility. Today, everything is changing. The winds are now blowing from the back. It's one of my greatest joys to have seen this evolution taking shape. The time is right. The truth is finally coming to the fore. To see lifestyle medicine emerging as the fastest-growing board-certified medical specialty in America, and to see its emergence in 42 other countries, that's a legacy all of us can be proud of and grateful for.

At times, I find myself looking into the mirror and musing, "God, you have been most gracious in opening many opportunities to me. You've been most generous in giving me the privilege of being one of the small wheels, especially in the early days, that pushed this movement forward. You have entrusted to me thousands of people wrestling with their chronic diseases, and you have given me the joy of seeing them turn around after making some lifestyle changes." It's now so rewarding to meet more and more physicians who are tired of pumping pills and procedures for every chronic disease. They want to turn these diseases around. They want to help their patients get well. They want to go beyond merely prescribing medications for symptomatic relief. As I look back over my life, all of

this adds up to a privileged and rich life crowned by many friends, colleagues, and my loved ones. There could be no greater joy!

**Speaking of a great joy, do you have good fortune of having the rest of the Diehl family share your healthy values and outlook?**

I'm very fortunate to have a wonderful spouse and soulmate, to whom I have been married for 50 wonderful years. Lily stood by my side in my journey—particularly in the early days, when the demands were sometimes overwhelming. She bore the burden with me, often even chipping in money to make sure that all the budgets would work out. We also have two wonderful children and four grandchildren who share this lifestyle with us.

**Earlier in this interview you mentioned your belief that we need to be pleasant and nice in our lives, and that this is a key ingredient for enjoying a longer and happier life. When I was talking to our friend and colleague, Dr. Pam Popper,**

**about interviewing you for this issue, she told me that you are one of the nicest people in our movement. I now agree with her 100%! Thanks for taking the time for this interview.**

That's so kind of you to say, and thanks so much for the fine work you are doing to advance our important cause.



*"To see lifestyle medicine emerging as the fastest-growing board-certified medical specialty in America, and to see its emergence in 42 other countries, that's a legacy all of us can be proud of and grateful for."*

## Hope for the future...

**Where there's a will, there's a way.**

Many of our friends have helped preserve the legacy of "Health Through Healthful Living" for future generations through bequests to the National Health Association.

A large number of people do not have wills, and there are many others who may consider updating their wills because of sweeping changes in tax laws in recent years. Bequests are important sources of support for our future achievements and goals.

The following format, at right, may be used by those who wish to make a bequest to NHA:

*"I am committed to 'Health Through Healthful Living.' Therefore, I give the National Health Association, a 501(c)(3) non-profit education corporation presently with headquarters in Youngstown, Ohio, the sum of (\$ \_\_\_\_\_), and/or other specifically described property free of all death taxes, creditors' claims, and expenses of administration of my estate, for discretionary use in carrying out this aim and purpose."*

**The total dollar value of a bequest to NHA is deductible for federal estate tax purposes. You can consult with your attorney about the procedure for naming NHA in your will or you can contact the Association.**

Contact:

Mark Huberman, President  
P.O. Box 477  
Youngstown, OH 44501

Phone: (330) 953-1002  
Fax: (330) 953-1030

E-Mail: [info@healthscience.org](mailto:info@healthscience.org)