

An Interview with Dr. Columbus Batiste

by Mark Huberman

Dr. Columbus D. Batiste is a board-certified interventional cardiologist and has been Chief of Cardiology at Kaiser Permanente's Riverside Medical Center and Moreno Valley Medical Center since 2008. He is also an assistant clinical professor at the UC-Riverside School of Medicine.

In 2011, Dr. Batiste led in establishing the Integrative Cardiovascular Disease Program, which sought to prevent the reoccurrence of cardiac events through lifestyle intervention. In 2018, Dr. Batiste worked with Samsung Electronics to develop a technology-driven cardiac rehabilitation lifestyle program, which has successfully treated over 5,000 patients via a virtual-care delivery model.

Dr. Batiste is active through his nonprofit organization, Healthy Heart Nation, sharing information about the benefits of plant-based nutrition, daily exercise, and stress reduction. He is currently collaborating on an initiative to create a docuseries entitled "Slave Food," which explores the relationship between stress, weaponization of food, and health disparities in minority communities.



I'm sure you've often been told that you have a very impressive and distinctive name. From where are your family roots?

My parents grew up in Louisiana, and my dad was the youngest of nine. The story goes that at the time my father was born, his sister was studying history, and she said, "Well, why don't we name him Columbus?" And that's all she wrote! My father became a very, very proud man and very proud of his heritage, and when I came along, he wanted to pass that name down to me.

You got to be pretty proud of that yourself?

I am, and interestingly enough, when my son Bryce turned 10, he wanted to take my name. About a year later, just after his 11th birthday, we granted his wish and changed his name to Columbus Dennis Batiste, III. The pride now runs even deeper!

Mark: What did your parents do?

Both had degrees in education. My dad earned a master's degree and taught college, but he also did a lot of other things to support the family, including being a probation officer, a painter, and even the owner of a health food store—his way of trying to capture the American dream. He and my mom did everything they could to give us every opportunity in life, including private education.

My mom also had a degree in education, but she always wanted to be a nurse. However, finances prevented that.

So, if your dad had a health food store for a period of time, did he follow any of those health practices himself?

He did, but as I later learned, not diligently enough. After he passed, I read Dr. Caldwell Esselstyn's book, *Prevent and Reverse Heart Disease*, which contained one of the most profound chapters in any book I have ever read. The chapter was entitled "Moderation Kills." As I look back, that fit my father to a T. He incorporated a lot of healthy lifestyle habits into his life, like drinking carrot juice and doing detox cleanses. He took herbs, ate lots of fresh fruits and vegetables. He also didn't smoke or drink—but he enjoyed processed, refined sweets, salted chips and peanuts, and lots of soft drinks. And when he suffered health setbacks, he was given wrong advice by physicians that he needed to eat more meat

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and more protein and so forth. I think most folks on the outside would look and say, "Oh, he was temperate and moderate, and he did pretty good, so hey, he should be healthy." What Dr. Esselstyn taught, and what has now so strongly resonated with me is the fact that we never know how these allowances are going to impact our bodies. They

absolutely will impact us. The only thing we don't know is whether we're going to be the ones that break down slowly, or whether they will impact us like a time bomb.

You appear to be in incredibly good health. Did you suffer any health problems as a child, or were you blessed with good health from the get-go?

I had asthma as a kid, but that was pretty seasonal, so I pretty much just had an annual cold.

Were you an athlete in high school or in college?

You know, there's a great saying that goes, "The older you get, the better you were." I'd like to think I was a great athlete, but I was really pretty average. I actually spent a lot more time studying, because the bar was set very early in my family that education was the emphasis. In addition, because I grew up as a Seventh Day Adventist, which I still am, I wasn't able to participate in sporting events that took place on the Sabbath, and that was a little limiting.

As you may know, I'm the product of Jewish parents, so it was not surprising that I went to law school and my brother became a doctor, and if we had another sibling, he'd probably be a CPA! Was that also true for the Batiste family, and is it why you became a medical doctor—because you were expected to become one?

The mandate was the same in my family. My dad said there were only three options for me and my siblings: "Are you going to be a doctor or a lawyer or a businessperson?" "What are you going to be?" was the only question. And as a result, all five of us are professionals, and we are all engaged in life.

Was it because of your Seventh Day Adventist faith that you went to Loma Linda University for medical school?

It was, and it was not. They actually recruited me first, but it was also an opportunity to come home. However, that is not where I gleaned my knowledge of nutrition and lifestyle medicine.

Did you at least have the good fortune of having Dr. Hans Diehl



Humor joins class in this engaging family portrait of Dr. Batiste with his wife, Danette, and their children.

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as one of your professors?

Unfortunately, no, and even more sadly, not one of my professors, even my cardiology professors, ever mentioned anything at all about the Adventist Health Study, let alone one of its core conclusions about the powerful role nutrition plays in disease prevention, treatment, and recovery.

So, it sounds like you simply received a traditional medical education at Loma Linda?

Correct. There was nothing unique as it pertains to lifestyle medicine. I would hope and pray that things are a little different now than it was when I went through in the 90s, but to be honest with you, I don't know.

From what I've read, it was about a ten-year journey for you to find lifestyle medicine. Tell me about it.

I'm currently in my 16th year of practice, but almost from day one, I had patients asking me, "Hey doc, what should I eat? What should I do? What do you think about this or that diet?" I found myself frustrated and felt grossly inept, because I wasn't given the necessary tools and training in my medical education. So, I remember just starting to read various books, but they weren't plant-based books. I just went to Barnes and Noble and chose a couple of books that had doctors' names behind the titles and started reading to try and give recommendations to patients. It was around that time, I remember, that my dad's health started failing more as a result of his diabetes, and I'll never forget the statement that he made to my sister. She was joking with him one day and said, "Dad, why are you calling Columbus?" And he said, "Well, that's my son. He's my doctor. He's going to look out for me. He's going to take care of me." And during that time, all I was trained to say was, "Hey, Dad, did you take your pills? Did you get your meds checked? Did you get your blood work checked?" But it didn't make any difference in his health or stop his decline, and at the end of his life, that was a huge dark period for me, thinking that I failed this man who did everything for me and provided me every opportunity in the world. All I had to offer him leading up to that point was this traditional medicine that was grossly inadequate.

In a sense, after his death, I felt that I was as causative

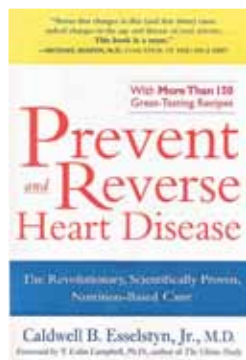
in his demise as his doctors who told him to eat meat without providing, at least, the information that there's a better way. And that's when I stumbled upon Dr. Esselstyn's book and that chapter on how moderation kills. I then started reading more about plant-based nutrition and the research behind it, which I found very compelling. And then I discovered Dean Ornish's work, NutritionFacts.org, and so much more.

At the same time, this new approach to health care was challenging for me. I was only about four years out of training as an interventional cardiologist, where the more complex interventions you do, the better you are. I was educated in this environment of more and more procedures, and I found myself even making statements to people that the future of cardiology is more procedures and more techniques. I find it interesting that my colleagues laugh at me now because they remember that. All of a sudden, I'm going through a mind shift, but part of me was afraid. I didn't want to be the one African American cardiologist within my 50-mile radius who could be called the "quack" for promoting something that no one else was. Frankly, I was scared in that moment.

However, one day it finally hit me that, "Listen, it's not about you. It's about the patients." And I believe it was ordained, because right then, someone referred a man to me for a complex coronary intervention, the first in a series of three sequential patients. I looked at him and said, "I think that you can do this differently," and I just mentioned briefly about eating whole-food, plant-based—trying that first and coming back to see me. To my amazement, that patient came back and reported all his symptoms had resolved, and the same thing happened with the other two patients.

As things would have it, there were a few docs inside my med center who were practicing lifestyle medicine and were trying to deliver that message to their patients. When they learned that I was coming into the role of chief cardiologist in the department, they saw it as an opportunity: "Hey, let's get this chief on board. Now it gives us a little bit more influence."

We got together and started talking about strategies, and next thing I knew, I received a phone call from Dr. Caldwell Esselstyn. For me it was almost a little eerie, and I kind of said to him, "This isn't really Caldwell Esselstyn?" And he said, "It is." He was incredibly encouraging. He told me that I had an opportunity to do really strong,



Dr. Esselstyn provided valuable support by helping Dr. Batiste incorporate healthy diet and lifestyle education into his cardiology practice.

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transformative work within my organization and that he was there for me. He told me that anything I needed, he would help me with. He even invited me to come out to his home in Cleveland, which I later took him up on. I spent about four days watching him teach his course and spent some wonderful personal time with him and his wife. I also received a similar call from Dr. Hans Diehl, whom, as I mentioned, I had never known at a Loma Linda, also offering words of encouragement. Those calls meant so much to me as a young physician, to feel that level of support.

After that, I just took off. I developed a cardiac rehabilitation program rooted in plant-based medicine. I also started using my vacation time to do lectures to patients.

Tell me a little more of your impressions of Caldwell Esselstyn and Hans Diehl. These really are the doctors' doctors, aren't they?

Absolutely! They are genuine, caring individuals who are also philanthropic. Their main goal is to change each person individually and thereby change the world.

I imagine it also gave you some significant personal and professional comfort to realize that you weren't just some lonesome cowboy out there.

For sure. It was complete validation on the highest level to have these individuals reach out to me when they certainly didn't have to. After all, I'm not a world-renowned cardiologist. I'm not from or working at Harvard or Yale or any world-renowned institution. I'm at Kaiser Permanente in Riverside, CA, a suburb in the inland empire about an hour outside of Los Angeles. And for them to call me and to reach out and say, "Hey, listen, this is great work that you have ahead of you and a great mission." That was so powerful—a moment in my life at that I will never forget.

You mentioned working at Kaiser. Is Kaiser a little more progressive than other healthcare provider organizations?

They still follow traditional Western medicine, but as the years have gone on, they are definitely more open to and embracing of the importance of lifestyle. The problem still lies in that physicians are the drivers of it. There's a great saying that I take from a colleague of mine who points out that, "Resources go where value is placed." He is right on the money, and in medical school, the value where the resources go is passing your boards. Since the boards do not test anything regarding lifestyle, there are no resources that go to educating med students about lifestyle and nutrition.

So now these students graduate and go into more training where they're going to have to take board certifications again. And once again, the values are the same and the resources follow. As a result, these new physicians come out of their training devoid of understanding and knowledge about lifestyle medicine, only to enter medical practices that, once again, devalue lifestyle as a form of reimbursement. As a consequence, there is no motivation for these physicians to gain that extra knowledge and understanding about nutrition.

We have the same physicians within Kaiser Permanente, but the value system is a little different in that your reimbursement is not based solely upon procedures, but more on results. Therefore, we are able deliver lifestyle care more effectively. That's the great thing about the NHA, the Plantrician Project, and the American College of Lifestyle Medicine. We are trying to change the medical model.

But isn't there also the personal economic side of things? I would guess that you, like so many other young physicians, left medical school with a mountain of debt that you had to repay. And isn't it still the reality that most insurance plans pay you to do procedures and not to talk to people about their diet and lifestyle?

Absolutely. But that's where the benefit is of Kaiser. I'm not paid on the basis of doing more procedures, whether indicated or not. Our practice is evidence-based, with the focus being "Is this the right thing to do? If so, then do it." I'm very blessed to work in a medical group where I'm able to actually deliver important pearls of lifestyle. But, you know, the way I see it, this is just a physician's responsibility. I shouldn't be applauded for doing something that I'm supposed to do. At Kaiser, I really feel like I am in the perfect situation where the structure of our organization is that

we want to keep patients well. For me, the best way to keep them well is by empowering them with the tools that they can use to do it on their own. Anything else is utilized as a last resort.

You describe yourself as a surgical cardiologist. Does that mean you do stents, bypasses, transplants, and the like?

Interventional cardiologists are the procedural guys, as opposed to the open-heart surgeons. However, my practice has evolved, as it has for many of my colleagues, with a robust emphasis on lifestyle.

Did you come up with the name "The Heart Healthy Doc," or did somebody bestow that on you?

You know that old saying "There's no new idea under the sun," right? Early on in my career, I was sorting all this out and playing around with different names, and I thought maybe I should call myself "The Natural Heart Doc" or "The Healthy Heart Doc." My wife liked that, so I thought "Okay, that's genius. I love it." I used it during a lecture, and someone said, "That's a great name—but are you sure that's yours?" I said, "Sure," because I'd never heard of it before. Fast-forward about a year or so when, all of the sudden, another plant-based cardiologist, Dr. Joel Kahn, reached out to me with some very encouraging words, and when I looked him up, I saw he was using "America's Healthy Heart Doc." After discovering that, I thought maybe I should change my name, but then I thought, I am not calling myself "America's Healthy

Heart Doc," so I am probably okay!

Tell me about the Integrative Cardiovascular Disease Program that you operate.

Thanks for asking! The program was really the platform that allowed me to integrate the plant-based component into cardiovascular care. Unfortunately, many of the individuals I see have already had heart attacks, bypass surgery, stents, and more, and as much as I would love to take care of them before they ever get to that point, those are typically the patients I see. So, for them, I have developed a special cardiac rehab program where I not only perform a monthly two-hour lecture about heart-healthy living, but we also incorporate a monthly special cooking class. It's called the CATH Lab—the Cooking Alternative to Health—which is a whole-food, plant-based nutrition class where I speak on the nutritional benefits of the components that we cook with,

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like onions, mushrooms, and cruciferous vegetables. I also speak about the adverse impact of salt and oil on the cardiovascular system. The inspiration for this kind of preventive medicine was the smoking prevention programs I saw when I was in training at the VA. That was the premise.

Do you give your patients homework?

I do. One of the things I have come to realize is that folks don't like to read as much anymore and that their attention span has diminished considerably. So, I start off with videos, movies, and documentaries that better engage them—specific YouTube videos off the NutritionFacts.org site. Once I get them engaged, I then move over to the books and then to online education. Fortunately, today there's a plethora of information for patients to tap into.

What percentage of your patients embrace what you tell them and stick with it?

That's hard for me to gauge, but I would estimate that about 20-25% will actively engage in the program. They like to come back and tell me about their success. What I find really rewarding is when fellow physicians tell me they knew someone who went to my lecture, are now off their blood pressure meds and are doing so much better. And they thank me for that!

Dr. Joel Fuhrman and I had a conversation about this. I brought him to my institution to give a talk, since he now has a wonderful retreat in nearby San Diego. I told him that one of the main differences between us is that people who seek him out are often already primed to make the change. However, every time I walk in the office to see someone new, I'm giving them an elevator pitch about why this is important for them, and that is a much taller climb. So, for me, when I see 15%, 20%, 25% stick with the program, I think I'm tremendously successful.

Have you read *The Pleasure Trap*, by Dr. Alan Goldhamer and Dr. Doug Lisle, and do you agree with their premise that the pleasure-trap foods of salt, oil, and sugar are what make it so difficult for people to change their habits?

Absolutely. It was, and is, a phenomenal book that I read early on in my journey. You see the pleasure trap play out



Dr. Batiste puts his advice into action, teaching cooking and nutrition to patients in his monthly CATH Lab class.

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them that all oils should be avoided?

I certainly agree with that. We know that oil has a significant negative impact on your endothelium, which is a marker of disease throughout the entire body. There's even the suggestion of its relationship with the coronavirus. There is simply no good reason to add it to your cooking practices.

Yes. I think what our NHA doctors would say is that the problem with oil is that it's just pure fat—food completely separated from fiber and with no nutrition left. Do you agree with that as well?

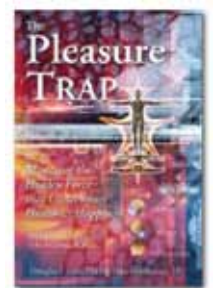
Correct, and that goes across the board. Whenever we separate out the fiber from food, we are losing the micronutrients and phytonutrients that provide its value. The same is true with refined sugar. At the same time, however, I also tell folks distinctly that the road to health is often like running a marathon. While there certainly are some people who hit the ground running and are ready, willing, and able to go from 0 to 60 and make the needed fundamental changes, there other people whose journey is much slower, and we have to work with them more incrementally. In practice, especially in urban communities, I have to be aware of whom I'm speaking with and move them along more slowly.

But you always keep the SOS-free goal in mind?

Always! You know, when I confront people's habits of consuming processed foods—including fake meats—I tell

every day in all of the processed foods, and in all of our food deserts and food swamps; it forms the core foundation of so many of our health problems. Salt-, oil-, and sugar-laden foods stimulate a whole addictive cycle inside of people. When you see it play out time and time again, you can tease out its beginnings from whatever the cravings were.

Dr. Esselstyn and his dynamo of a wife, Ann, rail against oils—even olive oil—which they insist do nothing but clog your arteries. Do you agree with



folks, “That’s like a doc telling you to put a nicotine patch on to stop smoking.” Most people would probably agree that the nicotine patch is better than smoking a cigarette, but no one would tell you that a nicotine patch is good for you. It’s just a temporary transition tool that still can lead to harm in some form or fashion. Unfortunately, those are a lot of the standard American diet-type foods that people are still eating under the guise of being vegan, but which are not truly health-promoting.

Speaking of fake foods, what is your take on products like the Impossible Burger and Beyond Meat? Do you view their emergence as a step in the right direction or just the hype of another foodless food?

It depends on what question you’re asking. If a person’s objectives are that they want something that is better for the environment and protects our animals, then perhaps those products are positive. But if the question a person is trying to answer is “How can I best achieve optimal health on this earth and reduce my burden of disease exponentially?” then the answer is found solely inside singular-ingredient foods like broccoli or kale or beans or lentils or seeds, or whatever those singular ingredients are. Optimal health is not going to be found in the conglomerate of difficult-to-recognize ingredients inside these imitation meat products that you could not make in your own home. That should be the real test. If it were, it would exclude these fake meats along with much of the standard American diet and its byproducts.

My late, great father, Max, had a saying that I love to quote. It was “If something has more than five ingredients in it, don’t buy it and don’t eat it.”

Exactly.

When I interviewed one of your colleagues and mentors, Dr. Kim Williams, he said that “There are two kinds of cardiologists—vegans, and those who haven’t read the data.” From your perspective, is the data supporting a whole-food, plant-based diet really that powerful?

I do think that the data is very powerful. However, I think the data is unknown and largely ignored, because cardiology is one of the specialties richest in evidence-based



Good health begins with whole, plant-based foods, a principle demonstrated daily in the CATH (Cooking Alternative to Health) Lab.

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medicine. We’re under this presumption that we’re exceptional in our evidence base, but for many of our recommendations for procedures or for some of the pills, we’re not. There is a plethora of research, but what we find is that over 75% of our recommendations are not based on research done using the highest quality standards.

How is it that your colleagues, who operate on so many damaged hearts, don’t question where all these clogged arteries come from? Where do they think they come from?

My impression is they believe that it’s just destiny. I think the biggest problem when it comes to nutrition is the fact that it’s personal to people. It’s almost in the realm of religion and politics, in that you just don’t talk about it. There is also the issue of denial. Doctors are not that different than the general population. They give recommendations based on their own personal experiences or on their cultural, moral, and personal ethos. I always tell folks, even my colleagues, “Let’s focus on the things we agree upon.” The things we should be able to agree upon are that every epidemiologic, large-scale, randomized study has shown the benefits of following a plant-based diet. There should be no debate over these things.

But surely so many of your colleagues are very bright, educated, gifted, and caring people. What explains their lack of insight? Are they just in the pleasure trap themselves?

Once again, I think it’s the resource-value paradigm. The resources simply have not been devoted to teaching the benefits of lifestyle modification. In medical school, it has been devalued. In training, it’s been devalued, and as a consequence, inside of practices, it’s been devalued. I also believe that everyone is afraid of recommending something about which they have no knowledge.

Do you think things are changing for the better?

Yes, I do. What’s driving the change are laypeople, and I think what’s driving them is the wonderful information out there now on the internet and in powerful documentaries that are becoming more and more available. The internet has exploded with testimonials and bloggers extolling

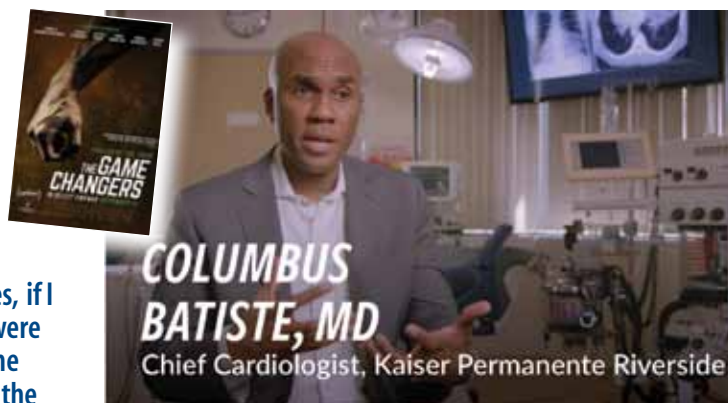
the benefits of this lifestyle. And doctors are people, too; they are subject to the same emotions and triggers that impact everyone else.

Speaking of documentaries, if I remember correctly, you were featured prominently in *The Game Changers*, probably the most significant recently released documentary.

I wouldn't say I was featured prominently, but I was fortunate enough to be included, and it was a tremendous experience. Documentaries like this that shed light on the power of nutrition at all phases of life are very helpful. What I found so beautiful about *The Game Changers* is that it didn't focus just on folks' end result of overcoming reversible health problems. Instead, it focused on athletes at the peak of their strength and prowess, telling them, "Hey, listen, you can have both; you can have plant-based nutrition and still have athletic performance."

What about all the extraordinary athletes that we watch every day who do not follow a plant-based diet? Do you have concerns for their long-term health with their dairy- and meat-laden diets? Do you think their athleticism provides some compensation for their poor diets, or are they ticking time bombs?

The latter. Studies are already showing that many of these folks will end up having high blood pressure and other health problems, along with ballooning weight, as they stop their physical activity. The issue once again revolves around what question you are asking. Can you still maintain athletic performance and grow at astronomical rates in terms of your size and strength by consuming animal products? Yes, you can. But will you maintain the health that you're seeking? The answer is no. The good news is that a lot of great athletes are beginning to figure this out, like Tom Brady in football, Kyrie Irving and Chris Paul in basketball, and others across the spectrum of sports. They understand that they need to take care of their body nutritionally to reduce inflammation, to improve the blood flow through the endothelium, and to speed recovery time. You know, I love athletics, and part of the reason why is that there are no guarantees in life. What I tell everyone all the time is that it's about shortening your odds. It's like attempting a half-court shot in basketball versus taking a



Dr. Batiste is among the doctors featured in The Game Changers.

lay-up. It's like attempting a 10-yard field goal versus a 50-yard field goal in football. Those are the differences. When you transition from eating anything and everything to a whole-food, plant-based diet, it increases your odds of health and longevity. Of course, it doesn't guarantee you're going to live forever, but it certainly increases the odds tremendously that you're going to live well.

Do you agree with Dr. John McDougall's observation that you can't exercise your way out of an unhealthy diet?

He is exactly right! I hear so many people say, "Well, you know, I'm just going to exercise for health," and I'll say to them, "That's not really healthy." But they respond, "Well, isn't that better than nothing?" Of course, it's better than nothing. But if the question that's being asked is what to do to lose weight and be healthy, then every decision you make has to be thoughtful, and that goes beyond the nutrition; it

goes to your mindset. It goes to your choice to be active as opposed to sedentary, your choice to love instead of hate—it's really all these things that play a role in our body and how it interacts.

Since you're a heart doc, you are the perfect person to ask about the wisdom of the conventional advice for patients with heart issues to drink a glass of red wine every day or a consume just a little bit of that wonderful dark chocolate. Is there

some value to these recommendations, or are they just additional examples of people wanting to hear good things to justify their bad habits?

The latter. And a big problem in our society is that we take everything to the extreme when it comes to eating—and that becomes a very slippery slope. No one's going to have just the postage stamp of dark chocolate. They're going to have a whole candy bar! No one's going to have a six-ounce glass of red wine. They're going to have half of a bottle. But more importantly, if you want to have the rich antioxidants and flavonoids that you think you are getting from chocolate and wine, get them from the real foods. Eat the grapes—particularly the skins—and add some cacao power to your smoothies or other recipes. I always advise people not to drink wine or eat dark chocolate for their claimed health benefits, and of course, I don't recommend alcohol to any-

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one. If you find yourself stuck in these habits, then you have to ask yourself why are you insistent on doing it? Why do you need to relax? What is there in your daily routine that you need to change to get out of these destructive habits?

What role does stress play in heart health?

We're living in some very stressful times, and stress can be a killer. When stress builds up, people look for some way to medicate themselves to offset it, and food and drink are often the first choices. The daily routine becomes "I'm going to have my chocolate," or "I'm going to go for drinks after work to decrease my stress," when what is really needed is some interpersonal interaction. The problem with these high-fat foods, as we all know, is that they stimulate this surge of dopamine and so forth, but it dissipates quickly, and it leaves you wanting more and more and more of these empty calories.

Does it drive you crazy when you see those ever-present, uplifting drug company ads on TV urging patients to ask their doctor about this or that medication, rather than waiting for their doctor to recommend it to them?

It does, and these drug companies are very smart. They hire celebrities to endorse their products just so we will watch and imitate what we imagine to be their wonderful lives. But guess what? If you eat healthfully, you will be able to perform sexually with your significant other without Viagra or Cialis. And you can significantly lower your depression, osteoporosis, blood pressure, and Alzheimer's risk by simply following a whole-food, plant-based lifestyle—and with none of the acknowledged side effects of those expensive drugs.

I read somewhere that you are developing a project to improve the health of those in poverty. Tell me about it.

It's one I have been working on to benefit disadvantaged individuals, and my first target audience is the African American community. My focus is on the evolution of social injustice, which I find is rooted in the evolution of food deserts and food swamps and how they have become concentrated in urban communities where individuals at risk



Dr. Batiste is rewarded with a smile from Carmel the camel, who seems to appreciate his commitment to whole plant foods.

“Every decision you make has to be thoughtful, and that goes beyond nutrition; it goes to your mindset. It goes to your choice to be active as opposed to sedentary, your choice to love instead of hate.”

their overabundance of salt, sugar, and fatty foods and the almost complete lack of health-promoting foods in so many quick-serve restaurants. I remember as a kid growing up

with my dad in inner-city Compton and having to drive 20 miles to get to an area where the stores looked so bright and the fruits and vegetables looked so beautiful. We would never shop inside of Compton. It wasn't until later on that I realized we lived in a food desert, where the produce was of poor quality, yet equally as expensive as elsewhere, if not more.

So, what's your way of attacking that?

One way is developing a documentary that will expose the problem of food deserts, working with community leaders to get the word out about it. Another level of attack is introducing healthier foods into the community and demonstrating that healthy food can actually taste good, that it's not that hard to prepare, and that you don't have to give up your culture to eat healthfully. A third level is obtaining government subsidies to make healthier foods more affordable and available. I believe this has to be a groundswell movement, and fortunately, this is actually happening in many communities of color. We need to light the fire in those communities to enact real change. It is desperately needed, since the health disparities and incidence of diabetes, blindness, amputations, and kidney failure is epidemic in our inner cities and poor rural communities.

In one year, I lost my father-in-law from kidney failure as a result of high blood pressure and lost my father as a result of diabetes, and I knew things had to change, because these painful deaths, like so many others, are just unnecessary.

So, are you starting a nonprofit?

Yes, I just started a nonprofit called Healthy Heart

reside. It is no secret why so many people of color have such a heightened incidence of disease and why they are most likely to die at all ages from chronic diseases.

Of course, there is a confluence of factors including social injustices and stress, but from my vantage point, the most important factor is the poor nutrition that results from these food swamps, with

Nation, but I am also working with others to effect meaningful change. I serve as president of the local chapter for the American Heart Association and am trying to make changes from within. I also sit on board of the Association of Black Cardiologists and am trying to work with them. I have become an active member of the American College of Lifestyle Medicine, and I work closely with Dr. Scott Stoll of The Plantrician Project, as well.

My main emphasis with Healthy Heart Nation is to deliver the message of health on a community basis through work with churches and community leaders. The unique title of the

project that I'm currently working on is "Slave Food." The reason I call it that derives from the fact that when inner city folks go to grocery stores, do they really have a choice? Do they really have a choice when they are dependent on public transportation, where they can't carry on multiple bags? Do they really have a choice when all the foods that are available for consumption in their community are foods that are devoid of nutrition and are disease-promoting? Do they really have a choice when all the government subsidies make the least healthful foods less expensive than the ones that are good for them?

When you put it all together, you see that it creates a situation of enslavement, and it's time to break that cycle and let folks know that there is a new and healthier way, a freedom that they can achieve. In short, we have to meld resources and opportunities for people to have avenues to see clearly that they can be free and that their DNA is not their destiny.

Your perspective reminds me of the premise of Dr. Joel Fuhrman's recent great book, *Fast Food Genocide*.

You are exactly right. His book is terrific, and we definitely plan to interview him as part of our project.

When you talk about the health problems experienced by people of color and the poor, nowhere does that appear more evident than in the statistics arising out of COVID-19 pandemic. Public officials seem to be recognizing the disproportionate impact on people of limited means in the city. Do you think



The Healthy Heart Doc prescribes "an apple a day"—that is, a whole-food, plant-based, SOS-free diet—to keep the doctors away!

"I believe this has to be a groundswell movement, and fortunately, this is actually happening in many communities of color. We need to light the fire in those communities to enact real change."

We can't necessarily look completely to the government to do that. We need every local faction, every barbershop, every church, synagogue, and community group to take ownership of this. We need every news station and DJ inside these

communities to push and promote this. We need to have churches and synagogues promote it. We need all of these entities to work together to create a movement that galvanizes people to call for a change in the food that is available and the environment in which people live, by creating walkways and greenery inside these unincorporated cities that have been historically disenfranchised. We also need to improve inner city education, so we can change a whole generation of individuals who

will then have the potential to create a better world for us. That's what has to happen.

Someone famous once said that "It's tough to judge history while you're making it," but I'm curious as to your take on the current pandemic of COVID-19. Is this some new civilization-threatening phenomenon from which our only salvation is the development of a vaccine, or are you confident that this is just another health challenge that we can control and endure by building our own immunity through healthful living? Is there a way out or are we really stuck in something very deep?

That's a great question. I think we will survive COVID-19 and that we have the capacity to develop immunity to it. We already know that as exposure occurs, the vast majority of people are carriers and are not succumbing to it. I think the real issue is to first recognize that these coronavi-

this may contribute to an awakening of fundamental changes that need to be made?

I do, and I've recently been saying to folks that COVID-19 has uncovered America's dirty little secret that stark health disparities exist in our country. COVID-19 has really attacked communities of color and exposed those disparities in terms of the incidence of chronic diseases, such as diabetes and heart disease, which we know are risk factors for the coronavirus. But we can't just stop at having a conversation about the problem; it has to continue on to action. And that action has to be, how do we go about making and sustaining meaningful change?

ruses are developing and evolving from the mass farming of animals and the industry that it supports. As we begin infringing closer and closer upon the environments where animals have resided, diseases are being transmitted across species, and this becomes a serious problem.

Do you believe that factory farms in the U.S. pose the same risks of cross-contamination posed by the wet markets in China?

Absolutely. These horrendous farming practices literally provide fertilizer for this to continue; there is a clear, distinct relationship. When you look at the evolution of these diseases that occurred over the past century, that is exactly what is happening. So there has to be a shift, and that shift has to be towards plant-based eating.

What other health problems do you see plaguing our world?

We very much need to take a look at how we go about our day-to-day living. I believe that health is much greater than just the food we eat. I believe that there is a mindset, a spiritual mindset, that has to develop. There has to be exercise and productive activity, and we need to be teaching people how to love. I think we lack empathy in this country, and we need to learn to be able to put ourselves in other people's situations—and not just in terms of how they eat. We could use more intimacy, since intimate relationships help us hormonally; they help us bond. We also need to place a much higher priority on sleep. Finally, we need to laugh more. I would be willing to bet that if we did a survey right now and asked how many people across the country laughed over the past two weeks, the response would probably be below 10%. Humor and laughter are so important to living a healthy and meaningful life.

Lastly, I know you're not a pediatrician, but you are a parent of teenagers, and I'm wondering if you have thoughts as to the best way to raise kids in our pressure-filled world?

The approach that I've taken is to plant seeds of knowledge when they are young, so that they can make good decisions as they grow older. There's a saying in a great book, "Raise a child in the way he should go, and when he's old, he won't depart from it." And so, I'm trying to



Dr. Batiste's programs encourage laughter and humor, valuable tools that reduce stress and bring joy into our lives.

plant seeds and let them see the importance of health. Now, with that being said, I'm not going to bring things into our home that will be harmful for them, and I'll always try to set a good example. But in the stressful world in which we live, I pray for my kids all the time. I have a great deal of concern for America and for my kids growing up in America and what may or may not happen to them.

From a nutritional standpoint, I tell them all the time that my job as your parent is to help you be better than I am and to arm you with the best opportunities. Part of that starts and stops with the foods that you eat. Part of that also starts and stops with the opportunities that they're given,

and I always urge them to make the most of every opportunity and not to ever settle or feel complacent about life. I also don't hide them from problems that can develop from the food they eat, from issues of social injustice, or financial negligence. Ultimately, I try my best to educate them, and hope and pray every day that what I'm doing and telling them pans out to be the best thing for them as individuals.

Finally, what do you do for fun when you're not practicing cardiology and educating people in your healthy "CATH Lab"?

I love to play my son in basketball.

Who wins?

Oh, I still win right now, but he's only 13 and is already six feet tall! But I also enjoy laughing. My wife always says, "People would never know that you laugh as much as you do at the silliest things." And you know, a big part of the reason for that is that I find laughter is the best stress reliever.

You sound like Bennett Cerf, who I think is famous for saying, "Laughter is the best medicine."

He is right on the money!

It's been a real pleasure meeting you.

I truly appreciate your reaching out to me, and I'm humbled by the opportunity to speak with you and learn about your fine organization.

