

Dying To Be Free: A Primer on Natural Medicine

A Special Interview With Dr. Leland Stillman

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. This is Dr. Mercola, helping you take control of your health. Today, we are joined by Dr. Leland Stillman, who has a very interesting story and has written a book, “Dying to Be Free.” He's a really bright guy. He's been to my house once, at least, and is an amazing individual with respect to how he has embraced natural medicine at such an early age. It's going to be an interesting dialogue, and we're, of course, going to be discussing his book, which touches on – it's a really good review of the pandemic and the craziness that we've gone through the last two years. He's really compiled a good effort in that, so we're going to be reviewing that. Welcome, and thank you for joining us today.

Dr. Leland Stillman:

Thank you for having me. It's a pleasure to be here.

Dr. Joseph Mercola:

I think it's probably best to get into your background story, because it helps people understand where you're coming from. When did you graduate medical school, this century probably?

Dr. Leland Stillman:

2014.

Dr. Joseph Mercola:

2014!

Dr. Leland Stillman:

Yeah, so I'm making you feel your age?

Dr. Joseph Mercola:

Oh, geez. The reason I'm so shocked is because you have the wisdom of someone who graduated in 1970 or 1980, because you really – your brain works in a way that you're really... No, I'm serious.

Dr. Leland Stillman:

Thank you.

Dr. Joseph Mercola:

There's one thing about being book smart and intelligent. The other is to be wise, and you have a lot of wisdom for someone of your years, but I really am surprised that it's 2014. I thought it was this century, but it really seems like it could've been easily last century.

Anyway, what I'm interested in, and I'm somewhat passionate about this is there is beyond a desperate need for individuals like you to exist in the country. I mean, we need tens, hundreds of thousands of people like you. You're the anomaly, the absolute anomaly. There are others, for sure, but I'm wondering if you could walk us through, maybe hope – the intention of this, your sharing your personal story is to help inspire and catalyze a few others to do this because we need so many more like you who could think.

Now, admittedly, you have to have the foundational, common-sense thinking skills that many people, and especially physicians fail to have. It's interesting. The CEO who runs my company for the last two decades, was born and raised as a farmer. Now, I think farmers, who used to comprise the majority of the workforce in the United States, and I don't know when that shifted, but that used to be the primary occupation, in the United States, was farmers.

Dr. Leland Stillman:

Yeah.

Dr. Joseph Mercola:

But they have this common-sense wisdom. They get things done, and they have to exist and thrive with very few resources, and they're able to just put it all together. It's the ultimate common sense, which, of course, isn't very common, and I think you're a really good contemporary example of non-farmers who have this. I'm sure there's some people like you out there who would be inspired by your story, so if you can just walk us through.

I mean, I was absolutely brainwashed in medical school. Totally bought the whole thing, the conventional paradigm, hook, line and sinker, and it took – we're not going to go into my story today, but I'm wondering, is that your story, too? Or how'd you get out of that? What's your transition into doing what you're doing now, which we'll go into in great detail?

Dr. Leland Stillman:

Sure. I grew up in a very conventional family, as far as the medical care we got, delivered in a hospital. I was born in 1988. It was the late '80s. The vaccine schedule hadn't gotten so crazy and out of control yet. My mother took us to the regular doctor. She remembers me being a very happy, healthy baby until my first round of vaccines. Then I devolved into crying, screaming, fussiness; lots of ear infections; frequent colds, flus, respiratory tract infections.

Later, well, probably in retrospect, I was dealing with some food allergies, but we didn't know that at the time, and my mother had similar problems with my sister, who actually ended up having terrible eyes crossing, or strabismus, after I think post-vaccines. Mom said they crossed like one or two days after, and so she took my sister to the ENT (ear, nose and throat) to have her sinuses drained surgically, at a very early age, and she tells this really – it's funny in retrospect, this story of holding my sister over the emesis basin and saying to the doctor, "This is it, right? We've fixed the problem. We don't have to do this again, right?"

He says, "Oh, no. The fluid in the sinuses could reaccumulate. We might have to go in and operate it again, because the hole we've drilled is going to heal over." She just thought, "There has to be a better way," and so she started hunting for that better way.

Over my childhood and teenage years, I remember going to homeopaths, dowsers, Craniosacral therapists; I mean, everybody and anybody. We did cupping or coining, as it's sometimes called, which is a Southeast Asian medical practice. We tried a lot of things. We tried supplements and herbs and all kinds of weird stuff.

I thought it was fascinating. My dad thought it was all total hocus pocus. I'll never forget him – I was taking melatonin to help me sleep. It was a tiny dose, of course, and he argued with my mother over whether or not this was safe. He said, "Well, we've never done any – studies don't exist," and whatever. He took the very conventional route, and my mother was like, "This is safe, harmless," whatever. I just remember thinking, "This is a weird thing for you guys to be arguing about. I think there's something more going on here."

Anyway, I became fascinated, is the bottom line, by health. I remember very distinctly in childhood not being a very healthy, robust kid. It was, in retrospect, because I was spending a lot of my time in a basement, playing video games, watching TV, not getting any light, not getting any sun, not exercising. I didn't have anyone who kind of pushed me to be active and outdoors.

I remember very distinctly being the last pick. I was young for my grade, too. I was like one of the last. I'm a June baby, and so when I graduated high school, I was only 17. When I graduated med school, I was only 26 or 25 or something like that. I remember being on the sports field and being the last pick in pick-up football. I thought, "This is frustrating." For some reason, I was always very driven, always wanted to be something great, do great things, do big things.

Then, in my teenage years, I still wasn't very healthy. I wasn't very robust. My mother kept taking us to different people, and I gravitated towards a naturopath, who was a very old-school, self-taught, never went to official school, never had a real diploma from a real, four-year institution, and he threw lots of different things of lots of different people and did muscle testing, energy healing, and all this stuff. I saw real value in what he did. In retrospect, I always wonder how much of that was placebo and how much of that was real, but I can't know that and, to a certain extent, I don't care. What I learned was that there's a lot of value in natural medicine, and there's a lot of corruption in the conventional world. When I was 17-

Dr. Joseph Mercola:

This was before medical-

Dr. Leland Stillman:

What's that?

Dr. Joseph Mercola:

Was this all before medical school?

Dr. Leland Stillman:

Oh, yeah, I mean, this was even before college.

Dr. Joseph Mercola:

Wow.

Dr. Leland Stillman:

And I became very devoted to him as a mentor. Later, we had a falling out over a business deal that we tried to go through together, which was very tough for me but, at the end of the day, what really made me how I am is that I had all of these competing viewpoints in my life. I had conventional medicine that my dad wanted us to do. He still gets the flu shot. He got at least four-

Dr. Joseph Mercola:

Is your dad a physician? Is your dad a physician?

Dr. Leland Stillman:

No. My father's a lawyer by training.

Dr. Joseph Mercola:

Okay, okay.

Dr. Leland Stillman:

He got at least four shots of Moderna or Pfizer or whatever. Then, my mother is very alternative and integrative, but very much splits the difference. She got intimidated and frightened into getting two doses of Moderna as well, until she saw the light and realized this was a total scam. Then, so I grew up in both worlds, and that forced me to think, "Well, these people all seem very well-intentioned, in some cases anyway, and they all talk a great game, and there's science on both sides of the aisle, so what's the truth? What really works here, and what matters, and what should we be doing?"

It really doesn't take a whole lot of digging in order to really get a handle on how corrupt the medical establishment and industry is. I think you have to have it, though, at an earlier age. Otherwise, you just shut down, and you say, "It can't be that corrupt. I'm not going to look down that rabbit hole," because it's too disturbing for doctors to think how much they've damaged their patients.

Long story short, Stephen, that mentor of mine, a naturopath, told me, "Go to med school. It'll give you the best training, highest licensure. You'll be able to do everything from IV vitamins and ozone to supplements and nutrition and herbs, and that will be invaluable in the world that's coming," because he, way back in the – just right after 2000, he said, "Look. They're going to create a system where no one has prescriptive authority of vitamins and supplements. It's very restrictive. It's very authoritarian. We'll all be practicing underground, and who knows what'll happen? But it's coming." He was very prophetic in that sense.

Dr. Joseph Mercola:

Actually, for sure. No question.

Dr. Leland Stillman:

Yeah.

Dr. Joseph Mercola:

I'm glad you had that training. I'm glad. It sounds like it was your mother who was the key here, that really instilled with you the curiosity to find these other types of therapies.

Dr. Leland Stillman:

Absolutely.

Dr. Joseph Mercola:

Yeah, so I think the key is to have mothers like this training the physicians. Moms, out there, you could play a huge role.

Dr. Leland Stillman:

Mom [crosstalk 00:10:09] so many ways.

Dr. Joseph Mercola:

You can play a huge role.

Dr. Leland Stillman:

Absolutely, yeah. I mean, the conventional medical system is driving people down this path. I see more and more people from my background gravitating more towards the integrative, natural medicine. I think, when I was growing up, it was very much the hippy moms and grandmas who got kids into natural and integrative medicine, but you see more and more people who have stories like mine, where we say, "We did all the conventional stuff. We got all the shots. We did everything we were told to, sent the kids to a good school, had them get high marks, sent them to sports, sent them to whatever, and look how they turned out." They had allergies and asthma and hypothyroidism and ulcerative colitis and Crohn's disease. I mean, it's remarkable how few young, healthy people there are in 2022. Everyone's got some combination of these chronic illnesses, and they think it's normal.

It's totally being normal, as I see this on the television when I go out to eat. If there's a TV on, so many of the ads are pharmaceuticals, and I know who they're marketing to, right? They're trying to normalize young professionals, who, a generation ago, were on no meds, taking all these monoclonal antibodies for autoimmune diseases, all these different immunomodulators that will change their immune systems to prevent them from having allergic or autoimmune symptoms, and it's so obvious that it's painful to watch people ignore the gradual devolution of American health, which is what my book is about and why I wrote it.

Dr. Joseph Mercola:

That is a brilliant summary because I really think it addresses what I perceive to be one of the cores of the challenges in front of us is that we have to create and inspire and have a whole, large number of young physicians, who really understand the truth, as you just shared it. I'm curious,

with your perspective because it's significantly different than mine. First of all, you're still seeing patients quite actively, and we'll discuss the type of practice you're currently involved with now in a moment, and how you got there, but I'm wondering, from your perspective of being active in patient treatment and having colleagues, if you can elaborate a bit on the comment you made earlier in that your perception is that there's an increasing number who are waking up, understanding the truth of what they've gotten themselves into, and maybe expand on that, because I really think that's a big part of the solution is to understand the driving forces and, perhaps, support them in some way.

Dr. Leland Stillman:

I've received a number of different notes, text messages, direct messages on Instagram, various different communications from colleagues who are in my age group in support of things I've said during COVID. I've been very – I think I've been fairly outspoken. I could've been more outspoken, but I was really busy seeing patients.

There's more and more young doctors waking up. The problem is that many of them see no way out of the system. It's not easy, and they've made it incredibly hard, by design, to start your own practice. They really want to keep all of the physicians corralled.

Dr. Joseph Mercola:

Well, let's expand on that, too, because part of it has to be the debt. It's a quarter million to half a million dollars in debt by the time you finish your medical training.

Dr. Leland Stillman:

That's exactly right. See, they've–

Dr. Joseph Mercola:

You're a slave.

Dr. Leland Stillman:

My friend, Dylan, calls it corraling the elephants. They've corralled the elephants, the physicians, by number one, the debt, and so people are terrified of starting a business that may completely fail. I think this is also part of why they really ruined organic reach on social media.

It's extremely difficult now to just start posting content on Instagram, Facebook, YouTube. I mean, when they started, these platforms were very open, and it was very easy for people to get to 100,000/200,000/300,000 people following them. If you have that many people following you, it's very easy to start a business marketing to them, because even if you only have a tiny fraction of them come through, you're able to pay your bills and pay yourself and make rent/mortgage payments, et cetera, but particularly for physicians, particularly as they get out of their training, they've been starved for income.

They've been making \$50,000-\$55,000 a year, working 12 days a week. Sorry, 12 out of 15 days. That was my schedule when I was in training, and working 80- to 100-hour weeks; 60 was light. It was like, "Oh, you're on vacation." You might as well kick up your feet and have a beer.

The doctors come out, and they say, "Oh my gosh, now I can afford nice things. I can finally buy that BMW, and I can finally get the nice house, and so they wind up living paycheck to paycheck with no plan to pay off their debt until 2050, 2060, 2070, and they get to live a nice life, but they're also – if they miss one income period, all of their debts are in arrears.

I didn't have that mentality going in. I don't know how my parents raised me to be very frugal, but I always looked at debt as something you'd be crazy to have, because – I actually remember. My father tried to explain the concept of debt to me at the age of 6, and I just remember thinking, "Dad, why would you do that? Why wouldn't you just work more hours so you had the money? Then you could buy the thing outright instead of paying somebody back more money later. I didn't understand the concept of inflation and money printing and fiat currency at the time.

Dr. Joseph Mercola:

Yeah, yeah.

Dr. Leland Stillman:

Anyway, so that's how they've roped physicians into this, and there's a lot more docs in the hospital, who wish they hadn't gotten the COVID vaccine, who are faking their papers, without a doubt, or who got a couple shots and now are going to fake it, and they're really upset. They're really unhappy, particularly, I think – and it's tough to get numbers on this, right?

Dr. Joseph Mercola:

Mm-hmm.

Dr. Leland Stillman:

Because how would you get numbers on this? Everyone's lying, and if they're not lying and they're telling the truth, well then, I guess we have really big problems. But the problem is that you just can't ruin people's health so immediately after a thing like a vaccine and not have people wake up, and they've really put the pedal to the metal. It was one thing when it was five or six vaccines. Kids were getting asthma and allergies. It's another thing when young people are dropping dead.

I mean, I just heard a story the other day about a guy I used to take ballroom dancing classes with, and he had a double amputation below the knee. People in his circles just think he happened to get meningitis out of the blue and have both of his feet amputated. I've been practicing for eight years, was in med school for four years before that. I have never, in my life, heard or seen of a healthy, 20-something-year-old male having a double lower extremity amputation. You can convince me of a 35-year-old obese diabetic, a 40-year-old or 50-year-old with bad heart disease, some kind of clotting disorder, but I've never seen anything like that, and I have no doubt it's due to the COVID vaccines.

Dr. Joseph Mercola:

Yeah, but it's because you have your critical thinking skills. They haven't evaporated as they have in most of the physicians. I think it's – my guess is it appears to be the majority. Now, I would really be interested in your perspective on it. Do you think that the majority have just lost their critical thinking skills, of the physicians, or they just choose to, for the variety of reasons

you just elaborated on, to suppress them and not voice their opinions for fear of losing their salary?

Dr. Leland Stillman:

I think it's a combination, and I also think that people like you and I, for whatever reason, can't really stand to be muzzled and leashed. We just have something inside of us that wants to be free and really be honest and blunt with people, and people find that really refreshing, but we're rare birds. I'm amazed, constantly, by the capacity of people to put up with and tolerate miserable, totally nonsensical, and sometimes outright, I mean, farcical situations in their work environment, in their marriages, in their health for long, long periods of time. I mean, people are really afraid of change. I'll hear stories of people, of doctors in the doctor's lounge saying, "I'm not getting another one of these COVID vaccines. This is nonsense," right?

Dr. Joseph Mercola:

Mm-hmm.

Dr. Leland Stillman:

No one's saying, "That's crazy." Everyone's saying, "Yeah, no, me neither," right? I can't document any of that, but I think that people will say things like that and refuse the COVID-19 vaccine or fake it, but they won't go to the hospital administrator. They won't come out on social media. They won't go to the infectious disease doctor and say, "Hey, this was the biggest failure of your specialty in the history of the world. You guys look like a pack of fools. You've made us all look dumb, and you've hurt a lot of people, obviously."

Even aside from all the adverse events, I mean, just the way this has divided society is unbelievable. It's so funny. I mean, vaccines used to be sort of politicized, in the sense that there were a lot of people who were single voters when it came to medical freedom, but now, I mean, it's Left, Right, pro-vaccine and medical freedom and even anti-vaccine. I mean, the silver lining in this is it's really getting people off the fence, so we know where people stand, and we can sort this out sooner, rather than continuing the kind of cold war between the home schoolers and the private schoolers and the vaccine choice on this side and the public schools and the public health establishment on the other.

Dr. Joseph Mercola:

Perfect. I think it might, at this point, be wise to let us know how you progressed out of medical school, or even discuss, touch on your experience in medical school, knowing what you knew going in. You are a very exceptional person because, I mean, I obviously fully embrace natural medicine, but I didn't when I was going through school. I think there might've been one person in my class who did, and I didn't recognize him at the time, but it's the rare bird who does that, who understands that they are not going to be accepting the propaganda and the brainwashing that occurs, which essentially was catalyzed by the 1910 Flexner Report, sponsored by Carnegie and Rockefeller that literally transformed the American medical system, so we're 112 years into that conversion now.

Essentially, you get no training, none, in natural medical approaches, and you get just brainwashed with [the] pharma model to essentially categorize a collection of symptoms into a disease that there's a prescribed prescription protocol for, or sometimes surgical, but typically, almost always, a pharmacological intervention. I mean, maybe just comment on your experience of going through – you're an internist, so you went through three years of residency training, so it's seven years of medical training, knowing this was all baloney, and maybe, I would just be curious to have your views or perspective on it, and then, also, what you did after you finished your residency, and then what you're doing now.

Dr. Leland Stillman:

I just went in with as much of an open mind as I could, knowing that there was a lot of value to be had in conventional medicine, and it was my job to figure out what that was.

Dr. Joseph Mercola:

Okay.

Dr. Leland Stillman:

I did what I had to do to get through it. I was very wary of things, but also wasn't totally sure about things because as much as they're corrupt, and they being the medical establishment, and there's a lot of misinformation, there's still truth and value in that, in the literature, right? They haven't completely corrupted science. We don't want to throw that out. It's so-

Dr. Joseph Mercola:

It's getting close, though.

Dr. Leland Stillman:

It is. I mean, the degree of disconnection from reality, and to go back to your earlier point, I mean, I think what makes farmers commonsensical is the fact that they do not have the luxury of being detached from the consequences of their actions and from the harsh realities of nature. There's no way to insulate a field from a hurricane, at least not yet, but you can insulate yourself from your vaccine-injured patients, if you're a doctor. You can insulate yourself from the efficacy of natural medicine. You can just sort of put that in a little box outside of your bubble, and it never invades your life, and you only look at the stories of all the horror stories or the, “So-and-so took 18 bottles of the green coffee bean extract and died of liver failure.” Then, “Oh, therefore, supplements are bad, right?” You know these ridiculous hit pieces and scare stories that we run across all the time.

Going in, though, knowing that a lot of it was garbage, I just kind of kept my eyes peeled and my mind open. I just kept watching patients and seeing what worked and seeing what didn't work and seeing what mattered, and I'm trying to understand the system. It became very clear after a very brief period of time, we can really make people better with acute, urgent, emergency care medicine, but 99% of the people in the ER and the urgent care wouldn't be there if they had a healthy environment, a healthy lifestyle and a healthy diet.

This is still true of the people in my practice, who know and understand integrative medicine and natural medicine and the value therein, but who were having trouble, and obviously needing my help, to put those pieces together, because it's very – with our modern world, there's just so many different things that can derail our health, so I just try to focus on what works here; what doesn't work? Then, on the same time, in integrative medicine, natural medicine, there's so much that doesn't work or isn't important.

People come into the office. They're on 20 different supplements. It's \$1,000 a month. They can't tell you how many thousands or tens of thousands of dollars they've spent on X, Y, Z over the years, without resolution of their problem, right? Not all of natural medicine is what people need. You need different tools for different cases and, frequently, what people are ignoring is just the fundamentals, which don't really get any – they don't get the glory a lot of the time, because no one is spending their advertising dollars on them.

I just tried to focus on what works from both fields and then integrate that. I quickly realized that a lot of the luminaries out there on both sides were really corrupted, not necessarily out of any kind of malice or ill will, but what I saw happening was a doctor would get famous for X, Y or Z. They would look good on camera, and then they would be – perhaps somebody would find a grant to throw at them, and pretty soon you've got the Plant-Based Medicine Institute at X, Y and Z University, and they're running around, telling everyone that they're eating too much protein, and they need more plants in their diet, and cricket flour is better than grass-fed beef because it's richer in tryptophan and arginine, you know?

That's what I saw happening very much in the conventional world, the Mark Hyman and the Patrick Hanaways. I think it's Patrick Hanaway. Forgive me, if I'm wrong, but the IFM crowd.

Dr. Joseph Mercola:

IFM is Institute for Functional Medicine.

Dr. Leland Stillman:

Right. Institute for Functional Medicine, yeah.

Dr. Joseph Mercola:

Which, I believe, likely generates the vast majority of what is perceived in the conventional world as alternative positions, but they're-

Dr. Leland Stillman:

Absolutely.

Dr. Joseph Mercola:

Yeah, so I definitely want to dive there because we are opening up a can of worms that is very rarely, and truthfully, I don't ever it ever – being discussed in a podcast before, but it's an important topic, and I think there's-

Dr. Leland Stillman:

That's so true.

Dr. Joseph Mercola:

No one better qualified than you to comment on it.

Dr. Leland Stillman:

Right, because I took the IFM initial coursework after having practiced – I'll back up. When I came out of residency, I knew I was looking for integrative. I went to work for a guy named Rick Sponaugle in Tampa, Florida. He runs a destination wellness center there, which mostly focuses on mold and Lyme. I got a crash course in occult infections, building biology, sick building syndrome, mold toxicity, et cetera. But I also saw that we were still doing things in a very aggressive way. It was IV drips for patients every day for weeks on end.

I saw some people who didn't succeed in the treatment, and I thought, "There's got to be a better way." I left for a variety of reasons, that I won't get into. Then I just started wandering around the world of medicine and financing my studies with traveling doctor jobs. I was a traveling doctor for three or four years, which really changed my perspective on the whole country, because I worked in out-of-the-way Rust Belt towns that couldn't attract a young doctor, and so I worked in little towns in northern Minnesota and West Virginia and Alabama.

In between these jobs, I would go to conferences, I would read books, I would read papers. I was trying to identify the mentors who I wanted to study with and actually learn a method from. I briefly flirted with IFM, but I looked at what they were offering, and I thought, "This is very simplistic. I'm not attracted to the complexity here. I think this is mostly marketing." I ended up tuning into a guy named Jack Kruse, who is a neurosurgeon with some very interesting ideas about light, water, magnetism, but he totally goes off the rails with supplements, nutrition, things like that.

I was looking for something better. Then I ended up training with a guy named Anthony Beck in Orlando, and ended up leaving, working, and studying with him, because it just wasn't a good working relationship at the end of the day, and I've been running my own practice since 2020, where I've really put together the best of what I've learned in all those different places and with all the different experiences I've had as a traveling doctor, working in various – along the way, I've had different part-time jobs at different places and worked and mentored with different people, so I've had a really eclectic experience.

It's sad. There's not a single practitioner training program out there that I actually endorse or approve of or that I recommend other practitioners to, at this point, because they're so mired in various problems. The price is insane. The amount of follow-up and attention isn't right. Their protocols are bad.

I was just looking at an Institute for Functional Medicine protocol today for betaine hydrochloride that my PA, who trained with IFM, sent me. I said, "Look, Nicole. I don't think their protocol is going to stand up." Their protocol is a great way to get everyone on betaine hydrochloride, which may be good for them, but we have to ask deeper questions. Why is the

stomach acid low? Do they really need betaine hydrochloride to digest their food? Yeah, it's fascinating.

There's definitely going to be a new way. That's what I'm working with Dr. Gold, Simone Gold, and we're hoping to do that at GoldCare, create really robust training for clinicians, so that we don't have this problem that we have now, which is where there's only one of me, and I get 100 inquiries a month, in a slow month, and I can only work with 20 to 40 people at a time because it's concierge service, and because I really focus on each case and spend a lot of time.

Dr. Joseph Mercola:

Well, thanks for that summary. I should expand on the Dr. Simone Gold connection because that's how we initially met. Simone came to our offices in Cape Coral and met with our directing staff and expressed interest in collaborating with us in a project that she was seeking and hoping to launch to really transform the medical system, and had selected you to head up her wellness division. She was so impressed with your massive clinical experience. No, because of the way your brain works, primarily, and you're just able to sort through these things. You have an incredible common sense that people should be able to discern from what you've shared so far. That project – as many people may or may not know, she was also participating in the January 6th supposed insurrection, and for her participation, she was given or chose to accept a sentence of I think it was eight weeks, maybe 10 weeks, in prison.

Dr. Leland Stillman:

Yeah, she took a plea deal for 60 days in prison. She ended up getting out I think 15 days early. I think 15 days.

Dr. Joseph Mercola:

Yeah. I actually saw her about a week ago, maybe eight days ago from the date of our current interview, and she had just been released the day before. I was surprised. It was at an event celebrating Dr. Ladapo's book.

Dr. Leland Stillman:

Yes.

Dr. Joseph Mercola:

“Fear of COVID-19.” Was it Fear? I think it was “Fear of COVID.” No, it's “Transcend Fear.” I actually have the book right here. He gave us a copy.

Dr. Leland Stillman:

All right.

Dr. Joseph Mercola:

I usually get an electronic copy, but he was sending copies at the – providing copies at the event. She was there. It was the first time I ever met her in person, so I'm glad she's out, but she's torn between a lot of projects. I'm not sure if her current project would work. I hope it does, because

there's a desperate need for it. Maybe you can comment on that, and then we can transition into some of the other things.

Dr. Leland Stillman:

Yeah, so GoldCare Health and Wellness is Dr. Gold's telemedicine startup, which she's asked me to be the wellness director for. It's definitely working. We have a working electronic medical record. We're seeing patients. The question and the challenge now, as people, I'm sure, will understand is that it's one thing to create something. It's another thing to scale it, from taking care of hundreds of people to thousands of people.

As I'm also sure people realize, the big problem we face right now is that we don't own the infrastructure that we're depending on. America's Frontline Doctors, when they originally came out with their statement and they went viral, I mean, I'll never forget that day it showed up in our office that I was working at in Virginia that morning. I thought, "These people are great. I'm so glad they're standing up and saying something," but their website was taken down and attacked and knocked out within a matter of hours, and they had to rebuild it from scratch. The thing is, they can't just rebuild it from scratch using all the software-as-a-service that everybody else is using. They have to do it with a completely custom backend.

People don't realize this, but when you're doing custom software, from which you cannot be de-platformed and that cannot be hacked into, and GoldCare's medical record is so secure that it's actually something of a problem, because I'll ask the tech team, "I'd like this feature. I'd like that feature. Can you fix this? Can you fix that?" They say, "Yeah, sure," but everything takes longer because everything is so secure. It's wonderful for our patients. It's wonderful for our doctors. It's wonderful that we can't be de-platformed from our own electronic medical record, but it also makes it tough to scale because, for example, if you buy an off-the-shelf electronic medical record with off-the-shelf billing software, like Stripe or Square or whatever, well, it's very easy to just plug all that together and make it work. When you're doing custom software, it takes more time, and then there's more bugs that have to be worked out.

It's definitely working. It's coming. When I say it's coming, what I mean is the final version of something that we're really keen to market across the country to everyone, that's not going to have glitches and bugs and crashes, because we certainly don't want to recommend something that's not 100% ready for the capacity. That's coming. They may even be ready, and I may even be promoting it actively on social media by the time this interview airs.

We have a fantastic team because what this has done is it's really forced wonderful people out of the woodwork. Everyone who had their critical thinking skills intact is ready to jump ship on the old paradigm and create something new. That's what will really get the attention of the authorities is when hundreds and thousands of doctors resign, and they say, "Whoa!" Because there's already a physician and a nurse shortage. I don't know if your listeners and viewers are aware of that, but the crisis in medical staffing is unbelievable.

I mean, nurses, who two or three years ago were making \$20 an hour, \$30 an hour max, even working the night shift in critical care bays, where the pay is as high as possible, are now making \$60, \$70, \$90 an hour as travel nurses because there's such an insane shortage of providers.

That's largely because of the burnout. Nobody wanted to take the COVID vaccines.

None of the providers that I knew, and naturally I happen to flock with the birds who are at least of a similar feather to me, even if they weren't as extreme, they didn't want it. I mean, I remember one of the clinics I worked at. I asked one of the nurse practitioners there, "Did anybody get the vaccine?" She said, "Well, we all got the vaccine, but none of us wanted it," which is sad, but it's a sign that there's a lot more critically thinking adults who are horrified by The Great Reset agenda in health care than they would have us believe.

Dr. Joseph Mercola:

Yes, it is, indeed. The challenge will be to put it all together. I mean, there's a lot of challenges, but certainly the financial one and making the incentives work for everyone, the patients and the physicians, it's going to be a work in progress, I think. I mean, you have to start somewhere, but there's going to be – I'm anticipating a lot of tweaking as it evolves.

Dr. Leland Stillman:

Oh, certainly, yeah. But you know, the great thing about the way that we're operating is that, and patients don't realize this, because they don't have the behind-the-scenes experience that somebody like you or I have had, but a classic example would be the labs.

People think, oh, I need my \$1,000 or my \$2,000-a-month premium. Otherwise, I won't get my labs paid for, and they look at the price of the labs, and they say, "Wow. If I want to get my labs covered, it's going to be hundreds or thousands of dollars out of pocket," and that doesn't cover the physician's expenses, which may be hundreds or thousands of dollars at a concierge practice. When you actually break the numbers down behind the scenes, I can get labs that are retailing for \$100 for \$2. We're talking about a 45-fold, whatever, markup. I mean, it's unbelievable what's happening in health care.

Dr. Joseph Mercola:

That's 50, that's 50-fold.

Dr. Leland Stillman:

Yeah, excuse me. Excuse my math. I'm a better doctor than mathematician.

Dr. Joseph Mercola:

Yeah.

Dr. Leland Stillman:

But the markup's unbelievable. I mean, I can pay my PA and NP (nurse practitioner) out of the money we're saving the patient on the labs. They can have a consultation with a provider, and the labs, and get more labs than they would've from a DirectLabs or Ulta Labs, or where you direct order your labs, for a lower fee. When you look at the amount of money you can save by going to, for example, health care sharing ministry, which I don't know if – I'm sure you're familiar with these, but your viewers may not be.

Dr. Joseph Mercola:

No, I'm not. I'm not, no.

Dr. Leland Stillman:

You're not?

Dr. Joseph Mercola:

No.

Dr. Leland Stillman:

Medi-Share, Liberty HealthShare, Zion HealthShare. There was a loophole in the Obamacare law, where people said, "Okay, well, you're telling us we have to buy this commercial product, but it violates our religious principles," for example, the Amish and so on, the Mennonites. "We need you to allow us a loophole, so we can create our own products that meet our need for religious freedom." The Government said, "Okay, fine. You can have these health care sharing ministries."

These ministries are very loosely affiliated. I'm sure some of them are more clearly defined, in terms of catering to different denominations but, for the most part, they're Christian health care sharing ministries. The goal is to share expenses between members and fellow believers and negotiate better prices with hospitals. It works differently than regular insurance, in that most of your costs are out of pocket, and then you submit them for reimbursement from the health care sharing ministry. Every month, you have a member fee. My fee, as a healthy, 34-year-old male is like \$140 to \$150, which is nothing, compared to what I would be buying as an individual, getting a high deductible health insurance plan, which could be hundreds or thousands of dollars a month.

Dr. Joseph Mercola:

Thousands of dollars-

Dr. Leland Stillman:

And so the average family would-

Dr. Joseph Mercola:

Are you serious? Thousands of dollars for a healthy, 30-year-old?

Dr. Leland Stillman:

Well, it depends on what you're getting, right?

Dr. Joseph Mercola:

Geez.

Dr. Leland Stillman:

[crosstalk 00:39:03] low deductible plan with a lot of coverage, it could be that. The way that they're doing it, because I know that you're immediately thinking, well, hang on. How do they justify that to any healthy, 30-year-old? Well, what they do is they say, "Okay, listen. Your autoimmune drug that keeps you operational, so that you can make your six-figure professional salary and go out and have beers with your friends and lead a normal life, that drug is going to cost you \$50,000 a quarter if you don't have insurance." Right? It's these classic fear tactics that they're using, but when you keep people healthy, they don't need insurance, and they don't end up-

Dr. Joseph Mercola:

They don't need the drug.

Dr. Leland Stillman:

They don't need the drugs. Yeah, exactly, they don't need insurance, because they don't need the drugs, and so you can't sell them the insurance at the premium rate. Again, it goes back to this scam, and that's why the health insurance ministries work. They attract people, who are already living close to nature, eating healthy food, or aware that the Government is more interested than basically plundering and enslaving them than elevating them and making them free and independent, critically thinking human beings.

They tend to be Christians, right? Obviously. Part of their charter is that they're not going to cover any health effects or consequences from leading a non-biblical lifestyle, which includes IV drug abuse. I think, any recreational drug abuse, but nicotine and caffeine are – I mean, nobody really has really severe – well, that's a whole, other story, but no IV drug abuse; no premarital or extramarital sex, in some cases. I don't know if they're all that strict on that, and frankly, who would be able to tell? But you get the idea. They're cutting a lot of costs.

The amount of money we spent on IV drug abusers when I was in the hospital is insane. I mean, these people might come in and get \$100,000, \$200,000, \$300,000 worth of care, and the way the hospital pays for that, or affords that, is they bill the state the maximum amount that's covered under Medicaid, which then just is your tax dollars, or our debt, coming into the hospital. Then what they do is they jack up the prices for everybody else who can pay, because they're the only game in town, and they're sending you a bill 30 to 60 days after you've already had your services rendered, and you're sort of lost in this system of, "Do I pay this bill? Are they going to take my house?"

That's why so many people wind up in bankruptcy. What the health care sharing ministries have done, which is brilliant, is they basically take these bills, and they say, "Okay, listen. You billed our patient \$60,000 for this kidney stone. Here's your itemized receipt. We know what these things actually cost. You can take this bill for \$1.40 for 400 mg Tylenol, and you can reduce it to 2.5 cents, and here's what we're prepared to pay you, total, for the bill. It'll be five grand. We know that you got it for that. We know this will cover all your expenses. Thank you for asking." That's what they do, and the hospitals would, frankly, rather get paid than have to go into collections and try and take people to court and whatever. I mean, they need to get paid now; otherwise, they go into debt, and they really can't afford to do that, so they're happy to work with

the health care sharing ministries to at least keep some cash flowing in, and it's a huge savings to them.

Dr. Joseph Mercola:

Is Gold – oh, there's no question. I wasn't aware of that strategy, but it sounds like something that GoldCare services would be inclined to collaborate with-

Dr. Leland Stillman:

And so she-

Dr. Joseph Mercola:

Because that is the thorn in the side of this is if someone does get legitimately sick and generates hundreds of thousands and millions of dollars in expenses that-

Dr. Leland Stillman:

Right.

Dr. Joseph Mercola:

That could sink the boat.

Dr. Leland Stillman:

Absolutely.

Dr. Joseph Mercola:

Is there an opportunity to collaborate with them?

Dr. Leland Stillman:

That's exactly what we're doing.

Dr. Joseph Mercola:

Okay.

Dr. Leland Stillman:

The goal for GoldCare members is for them to have the healthcare sharing ministry portion of their plan, and then their GoldCare membership. Most of all, and this is why Dr. Gold has hired me as the wellness director, is we are a medical practice that is focused on keeping people so healthy that they don't need all of this extra care.

Dr. Joseph Mercola:

Right.

Dr. Leland Stillman:

The other sad fact is that a lot of the care that the doctors are offering patients as being lifesaving and improving their life and improving their quality of life and being medically necessary is absolutely not necessary and is actually not in the best interest of the patient. I'll tell you a story that's from my own practice.

I have a patient here in Florida. He's like 89. He's very old. He's fun to talk to, because he can remember when Florida was dirt roads and swamps and gators and a couple of cities, really. He was on Lupron, which is a drug that suppresses your endogenous testosterone levels. At 80-something, you have no testosterone running around anyway, so this guy had extremely low levels of testosterone. Meanwhile, he's complaining of all of the classic symptoms of testosterone deficiency, and he's getting this drug that suppresses what little production he has.

I say to him, "Listen. You've had prostate cancer. You've had it removed. You're on this because your oncologist says you're on it." By the way, he was being – the cost, out of pocket, if they didn't have insurance or Medicare, was something like \$50,000 every six months.

Dr. Joseph Mercola:

Oh my gosh.

Dr. Leland Stillman:

I mean, it was an absolutely usurious price for this drug. I said to him, "Look. You're miserable. That's why you're here in my office. You're not here asking me to prolong your life as long as possible. You're here asking me to improve your quality of life." We must've spent 30 minutes, an hour, hashing out, "Do you really need this drug? What are the risks? What are the benefits?"

That's the benefit of having a doctor who really takes his time is that you can have those conversations. Then the patient says, "You know what? I think I'm comfortable stopping this medication." Sure enough, three, six months later, he's much better. He feels much better off of the drug. We did a lot of other things with nutrition and supplements and testing and dietary changes, so I can't give all credit to ceasing this drug, but there's so much like that in my practice.

I mean, the number of people I get off of high blood pressure medications, not by starting them on a new supplement or herb, which, of course, I'll use if it's indicated, but simply by saying to them, "Listen. Let's check your blood pressure twice a day for a week. If it's really high at home –" and I teach them how to actually take their blood pressure, because most of them think that they can take their high blood pressure any time of day, having done anything, right? If you take your blood pressure after you've watched something or engaged in something that excites you, an argument with your spouse, watching the nightly news, reading the news on your phone, I don't care what it is, Instagram, social media, if you do that, your blood pressure may be artificially elevated, so it's not really reflecting what your blood pressure actually is.

I'll get people to take their blood pressure after sitting down for five minutes of rest and relaxation, and, lo and behold, they'll have completely normal numbers. We'll pull them off all of their blood pressure medications, one at a time, by gradually reducing the doses, and it's all

because they were relying on one or two numbers from the doctor's office, where they were nervous because they're seeing the doctor; they're agitated because they just walked in from the parking lot, because they're five minutes late, so of course, their blood pressure's high. I mean, this is an epidemic. I think that high blood pressure is massively over-diagnosed because of this, and it's just one of many examples I can give you about how the mainstream practices [[crosstalk 00:46:21](#)].

Dr. Joseph Mercola:

High blood pressure and then high cholesterol, which is another farce.

Dr. Leland Stillman:

Yes.

Dr. Joseph Mercola:

But with respect to your 89-year-old that was on the anti-testosterone medication, Lupron, it's just getting back to the basics.

Dr. Leland Stillman:

Yes.

Dr. Joseph Mercola:

Because if he was on a low, omega-6 diet to begin with, he probably would've never ever encountered prostate cancer, but even in addition to that, it's extraordinary, because this simple recommendation can make you someone like that, and he lives in Florida, is to get out in the sun around solar noon, and that will increase your testosterone levels by 25% to 50% for free, no charge, you know?

Dr. Leland Stillman:

Right.

Dr. Joseph Mercola:

Just be outside, and then you're increasing melatonin. You're increasing, obviously, vitamin D, so many other beneficial things for your body. It's just extraordinary. Once you get the person back to the fundamental basics, the vast majority, certainly not all, but the vast majority of all their dependencies on the pharma model just disappears almost overnight, which is one of the most gratifying benefits of practicing this type of medicine.

Dr. Leland Stillman:

It's so rewarding to see people's lives change for the better and then not need you as much. I just got an email from one of my favorite patients. She hasn't called me in over a year. I got her Christmas card last year. That's about as much medical care as she's needed. She just emailed me, not because she's sick, but because she needs me to renew her vaccine exemption and add a couple onto her jabs to the list of things she's not supposed to get.

Dr. Joseph Mercola:

Well, that's terrific. I think you alluded to it earlier, but you wound up in the best state in the country to be in, in the COVID pandemic, Florida, but I think it was largely the result of one of the mentors that you had.

Dr. Leland Stillman:

[crosstalk 00:48:11].

Dr. Joseph Mercola:

I want to finish up the mentorship component, because I think we didn't really complete that dialogue and discussion, but there's an implication there. I just want to found it and solidify it somewhat, because the journey you took to acquire your level, your skillset is very similar to the journey I took. In other words, I didn't participate in any formalized training and education program. There was certainly no postgraduate training program, at the time, that existed.

From your recollection, which is clearly a massive update from the time that I explored that, 30 years prior to you, or yeah, just 20 years prior, at least, was that hasn't changed, because there still is – they exist, but they're not something that would be wise to participate in. There's certainly going to be a lot of money for just a slight derivative from the conventional medical thinking.

The journey we both took was to essentially fund our ability by practicing, so we had the revenues to survive, and to engage in these other curriculum activities, which is these seminars, these events, that you're learning from individuals who are competent in all these different disciplines, and then you use your brain to integrate it all together and merge it and take the best of the best, because that seems to be the best strategy. I just would like someone who's been through it recently and really has explored the current options much better than I have, because my journey was a lot prior to yours, a lot prior to yours, rather, what you would recommend for someone, who's in your circumstances, that hasn't made the transition. How do they get this education? Because so many make the mistake of enlisting and engaging in these other strategies, like IFM that you mentioned, and they don't – they think they got what they need, but they never got it. What's your plan of recommendation, how they get their skillset level up to speed?

Dr. Leland Stillman:

The number one thing is to tune into the people who've had the courage to actually speak the truth because what I've certainly found, and you know this, it's so funny. The influencer space, Instagram, Facebook, Twitter, whatever, it's full of these people who are functional medicine, wellness, integrative, all this stuff, and the funny thing about them, particularly with COVID was five years ago, they couldn't shut up about immunity.

Everything was immunity. Immunity this, boost your immunity that, optimize your immunity, immunity summit, immunity mastermind. I mean, it was just all immunity all the time because everyone today is, particularly young people who are on social media, are struggling with autoimmune problems and allergies, so it makes sense to focus on the immune system.

Those same people now will not say anything about the immune system, because it gets you wrecked on social media for the algorithms, and what they will do is they'll talk about mindset, and they'll talk about toxic relationships, and they'll talk about self-care, and they'll talk about anxiety and depression, which of course have all been induced in the most toxic relationship most people have at this point in history is probably with their government and the medical establishment. I mean, obviously, that's not always the case, but these people will talk about it like that.

What's the key? Where am I going with that? You need to focus on tuning into the people who got de-platformed, who got censored. I'm not de-platformed, because I'm not famous enough, but I've certainly had some – I've had videos taken down. I've had interviews censored. People who have featured me, like ZeroHedge and LifeSite News and, of course, you now, have been censored and have been de-platformed, because if you're not tuning into the people who are getting censored, banned and de-platformed, you're tuning into people who are not focusing on what really matters, and they may also be leading you astray and into therapeutic paradigms that don't really work.

I mean, you know how much time and effort you've put into the material on your website, and people who really want to learn how to practice this need to go there. If people are interested in communicating with me about this, they can contact me via my website, and I can send them some resources and training programs and things like that, but so much of this is now just out there. I mean, 10 years ago or 5 years ago, BluBlockers, 10 years ago, I don't even know if BluBlockers existed yet, but five years ago, they-

Dr. Joseph Mercola:

Well, they did. That was Joe Sugarman. Joe Sugarman was popularizing them, but not for the health reasons. It was mostly for visual improvement, but they did exist.

Dr. Leland Stillman:

Oh, really?

Dr. Joseph Mercola:

Yeah, Joe Sugarman. Yeah, I connected up with him. He's out in Maui now, but he was a really big marketer back then. I don't know if he's doing much now.

Dr. Leland Stillman:

Still, I mean, just 10 years ago, think about it. Now, BluBlockers, I mean, no one in the health and wellness space, it seems like anyway, is ignorant of at least what they are, whether or not they do or do not recommend them. The point is-

Dr. Joseph Mercola:

You know what's interesting, though – sorry for the interruption. I would agree with that observation, but it's a matter of FTI or failure to implement it, because when I go to all these events where people are-

Dr. Leland Stillman:

Oh, absolutely.

Dr. Joseph Mercola:

Almost everyone there knows it, but usually myself and a friend I'm taking with me are the only ones wearing BluBlockers, the only ones.

Dr. Leland Stillman:

I know exactly what you mean, and that is why now, in my own training, what I'm most focused on is actually helping people to really galvanize themselves into the behavior changes that they need, because it's not enough to just give people information.

Dr. Joseph Mercola:

Right.

Dr. Leland Stillman:

The real value is only obtained and realized if you convince them to make the change that matters. That has been one of the most – it's one of the most disillusioning things, I think, as a practitioner, to realize is that so many people are not actually invested in their wellness, even who are in the natural medicine/wellness space. A lot of people are still stuck in that mindset of, “How do I just put enough duct tape on the fender to keep it from dragging on the highway? How do I just sort of make the car run another 10,000 miles?” Not, “How can I really have optimal vitality? How can I be at the top of my game? How do I take my physical being from where it is to as far away from disease as is physically possible?” That's really what I focus on with my patients now because it just seems like a waste of time to do anything less.

Dr. Joseph Mercola:

Okay, well, thank you for allowing me to address these, what I believe to be, really important issues. Now, I would like to divert to your new book.

Dr. Leland Stillman:

Thank you.

Dr. Joseph Mercola:

Dying to be – what is it? “Dying To Be Free?”

Dr. Leland Stillman:

“Dying To Be Free.”

Dr. Joseph Mercola:

“Dying To Be Free,” okay. That's the book that you've got, which is really excellent. I think it – is it already published?

Dr. Leland Stillman:

It is. It's on Amazon.

Dr. Joseph Mercola:

Okay, yeah it is.

Dr. Leland Stillman:

People can go to – yeah.

Dr. Joseph Mercola:

It's out there. It's a very good read. I've ready, obviously, a number of books on COVID, and I've actually written one on it, but this is interesting from the perspective. It is an absolute must-read if you're a newbie in the field with natural medicine, because you do such a good job of recalling the historical perspective. Obviously, as anyone who's listened to this far point knows that you're very – your mind works in extraordinary ways. You are an anomaly from that perspective and can communicate very clearly and succinctly, and the way you wrote the book is no different than the way you've communicated in this podcast. Why don't you talk a little bit more about the book, why you decided to write it, and kind of summarize some of it, parts of it? We can go from there.

Dr. Leland Stillman:

Yeah, so I decided to write this book, because I was so frustrated by what I was seeing and the fact that I didn't feel like people had the full context of what was happening. So many, particularly people on the conservative side, really had – this was very much a coming or awakening for them to the fact that there were really significant problems in the medical field community system, and they didn't understand that these problems have been going on for decades, generations.

Also, people really like to tiptoe around how big the problem is. I mean, it is truly a colossal fraud for the country to spend 25% of every dollar that is earned. I mean, what's the value of this dollar that's just being printed out of thin air faster than any printing press can actually run, right? But for the country to spend 25% of everything it makes on health care and for life expectancy to now be declining, that is truly remarkable.

Dr. Joseph Mercola:

Yeah.

Dr. Leland Stillman:

Even when you look at life expectancy, if it were staying flat, we should be figuring out how to get people to live longer, because all the diseases people are dying early from are preventable, and so I'm just unpacking-

Dr. Joseph Mercola:

Excuse me. If I could interrupt, I apologize, but that's a really important point. Your book was written before the new studies came out about life expectancy, that I'm sure you're aware of, but I mean, normally, when life expectancy goes down by a tenth or two tenths, it's a really, really big deal.

Dr. Leland Stillman:

Yes, big deal.

Dr. Joseph Mercola:

It went down by three years, 36 months. It's just crazy.

Dr. Leland Stillman:

Huge, huge.

Dr. Joseph Mercola:

Obviously, it was due to the jab.

Dr. Leland Stillman:

Well, you know, yeah.

Dr. Joseph Mercola:

Maybe you could integrate that recent observation, because you struck gold with that one. It absolutely did.

Dr. Leland Stillman:

Well, the real – this is the funny thing, right? They said it was two weeks to flatten the curve, right? The real curve that they're trying to flatten is the population growth curve. They are trying to flatten that and turn it negative.

Dr. Joseph Mercola:

Yeah, yeah. They succeeded.

Dr. Leland Stillman:

They are doing a remarkable job, but to be honest with you, I still would have to step back, and I think, oh my gosh, there are people out there who are still drinking soda from aluminum cans. They're still drinking fluoridated water. They're still breathing polluted, moldy air. They're still not going outside. They're still not exercising. They're still eating all this garbage that passes for food in the grocery store. Somehow, they survive, at all, and somehow they are able to conceive children, and then have those children grow up to think that's normal.

Now, that's rapidly unraveling. I think we're going to watch, really, fertility drop off of a cliff in the next – I don't know if it's years, decades, generations, but this can't go on. I mean, I go back

to Dr. Pottenger's Cats study all the time, because it's such an instructive model for what happens.

For people who don't know, this guy named Dr. Francis Pottenger, he basically looked at the survival of cats over successive generations, and if you malnourish them, they're able to reproduce for three generations, but then you don't have any viable offspring after that. I think we're after that second to third generation of people, who really can't make it because they're so unhealthy, but that's very speculative.

In any event, the first part of the book deals with the big problem of medicine being such a farce and such a scam in this country. Then I go into, really, how this happened. There's three parasites that I see in America. There's big tech, there's big food, and there's Big Pharma. When you look at how they interact with one another, big tech's running the cover and the advertising for big pharma and big food. Big food is really creating the fundamental biochemical imbalances that drive so much of disease. That isn't to dismiss the impact of big tech on people's health, right? Because staying indoors, looking at screens all day, avoiding the sun, staying up all night, baking in artificial light is, and not to mention microwave and radio wave radiation. I mean, these are such bad things for people.

Then, obviously, Big Food creates all these biochemical imbalances, as I was saying, and then pollutes the environment, as well. It's this perfect storm, and they're all providing cover for one another and working to really undermine the health of the American people, because at least in the short-term, their profit is maximized by doing that and by covering up the harms that each is doing.

Once you understand that, you're really able to put into context all the social media that you see and how the algorithms are built, and why the food at the grocery store is like it is, and why it's worth it to buy and spend extra money on really healthy, wholesome food and out-of-pocket medical care that's not within the system. Then I go onto, really, what I've found to be most impactful in my practice.

The biggest criticism I have of integrative and natural medicine in this modern age, and you're one of very few people who doesn't do this, is that most integrative and natural medicine groups' physician training programs, they ignore a huge proportion of what makes people sick, so you'll see people niching down into gut health, and all they do is talk about supplements and diets. It's all about what's going into the inner-tube. They may pay some lip service to sun exposure or exercise or whatever, but they don't really know all about it. Or you'll have people who are just focused on EMF, but they don't ever talk about nutrition. They don't ever talk about the role of supplements and vitamins and dietary changes, and so you get this kind of piecemeal treatment of health and wellness.

I try to be very systematic in the way I approach things, and so I break down in the book everything into either energy and matter because if you pay attention to all the different types of energy and matter in modern life, you won't miss anything, at least on a physical level, that's making you sick. When you address all those things, it's remarkable to see how well people can be. That's why, again, by implementing all this in my practice, I get people the results that they

want, and then they don't need to call me very often, which is the whole goal.

It's been remarkable to me to reflect on my practice over the last few years because I always have people pushing back on me and saying, "Well, I don't think it's this, and I don't think it's that. I don't want to check my EMF levels. I'm not interested in this diet or that diet. That's too hard," and whatever. Those people are the ones who fail to get results and wind up paying more for their medical care over the years, because they're not willing to fully embrace what it takes to actually get to what I call optimal vitality, which is the whole goal.

I share cases and lessons from my practice in the book about that, and then I go into stress, which is massively underappreciated. People talk about stress relief as being important, and they're under too much stress. The reality is they're under too much of the wrong stress and not enough of the right stress.

Dr. Joseph Mercola:

Mm-hmm.

Dr. Leland Stillman:

Because everything that we do in the health and wellness world, or a lot of what we do in the health and wellness world that is most impactful, exercise, sauna, breath holding or diving, anything like that is a stress. Things like intermittent fasting or caloric restriction, these are stresses on the body, and they have all these powerful healing benefits.

People need to arrange the stresses in their life properly, so that they're resilient, because the body will build resiliency against the stresses that it's used to, and the stresses that we're not accustomed to, the stress of deadlines at work, staying up late at night in order to finish reports or whatever you have to do for work, all these stresses really break the body down, because we're not actually at all adapted or optimized to meeting them, let alone, night after night, week after week, day after day, weekend after weekend.

Then I walk through how the public health establishment... All of this is very clear in the literature. I mean, maybe I'm being not charitable enough, but you have to be pretty dumb in order to not get a lot of the basic stuff in natural and holistic medicine, which I think is a big part of why we're all still on the airwaves and here is that what we say makes sense, and it's easily supported from the literature. You have to be very warped in your thinking and robbed of your critical thinking capacity in order to think that vitamins and supplements and minerals and sunlight and earthing and free diving and intermittent fasting have no therapeutic value, which isn't to say that some of our colleagues are not brainwashed enough to dismiss all that stuff.

That's the book. It's really, in some ways, the tour de force through everything that I learned and experienced over – I decided I wanted to go into medicine about 20 years ago, 18, well, no it's 20, I guess, because I was about 14 when I decided I wanted to become some kind of practitioner. It's all the most important lessons wrapped up in one book.

Dr. Joseph Mercola:

You did a magnificent job. I would classify you as in the upper 1% of not just all physicians, including conventional physicians. That's easy to get there. I mean, if you're not in the upper 1%,

you're doing something seriously wrong, but you're in the upper 1% of physicians who believe they are practicing natural medicine. I couldn't recommend your approach more strongly. I was very impressed by – just to give you some examples, there's far, in my experience, far less than 1% of the people, of physicians, who understand the importance of copper and iron overload, and you nailed it in the book. I mean, it was so refreshing to see that discussed. That, to me, is a strong illustration and confirmation that you're in the elite section of clinicians in this understanding.

But you also mentioned that there's some, some patients have what I call FTI, or failure to implement, and they just struggle to adopt some of these lifestyle recommendations. From my perspective, that's all well and good. We live in America. We believe in freedom, allegedly. Your book disputes that somewhat, and I think rightfully so. We're engaging in a course that is heading towards essentially the elimination and destruction of our personal liberties, but foundationally, we have the freedom to choose, and if you want to choose and engage in a convenience lifestyle, I think that's really what it is, where you're avoiding, you're embracing these time-saving, convenient, very tasty and relatively cheap options that are available to you that literally destroy your lifestyle and your health, then you should be allowed to do that. There's no rule against that. You should be free to choose.

In many ways, it really is to your advantage, because there's not enough people like you out there, so that your services, the people who are unwilling to implement what you're suggesting, they just need to be released and let go, because there's like 10 people behind, in line, waiting to get in to see you.

Dr. Leland Stillman:

Right, exactly.

Dr. Joseph Mercola:

On that, and in many respects that's a great position to be in because the truth is out there. We know.

Dr. Leland Stillman:

Yes.

Dr. Joseph Mercola:

We don't know everything, but we know more than enough, more than enough, and I am convinced that we both, together, know this, that we can turn around almost everyone who's not dead, if they get to us quick enough. Whatever disease process they have, it can almost invariably be reversed.

Dr. Leland Stillman:

Yes.

Dr. Joseph Mercola:

Now, that's not everyone, but it's most people, and if not reversed, remarkably improved.

Dr. Leland Stillman:

And almost more important than that is helping people who are at the end of their life, maybe with a diagnosis, or in a situation where we're not going to be able to get them cured, but actually explaining to them that, with the time and resources they have, what's really going to help them feel better. It's sometimes as simple as that example I went to earlier about the Lupron, and this poor man who was put on this for prostate cancer 10 years ago, and he's just – I mean, people are being really exploited by the medical system.

What I tell people is that the model is to turn you into a recurring revenue stream, where you're renting your body from Big Pharma. You're renting your ability to think. You're renting your ability to stay awake. You're renting your ability to stay, have a normal mood, if you even have that, based on the drugs you're taking, right? You're renting your ability to not become manic or psychotic. You're renting your ability to run, jump, hike. I mean, you're renting your body that you own from these people with the drugs that don't actually get you resolution of your problem.

If that doesn't make somebody feel angry or emasculated, or particularly a man emasculated, or upset. If you're a man, we need to check your testosterone levels, but we can do that in my clinic, if you're interested. If you're a woman, you should ask yourself, what kind of future do you want for your kids? But I'm sure your listeners are enraged by it.

Dr. Joseph Mercola:

Yeah, interesting, testosterone because a lot of women think it's not important, but that is the highest-level hormone in a woman's system. Now, in men, it's a lot higher than women, but it's still the highest level they have, and many women suffer from low testosterone, and they're not even aware of it.

Dr. Leland Stillman:

And they're not even aware of it and, boy, is testosterone a life-changing molecule. There is a reason that it is being vilified and torn down and attacked in both conventional medicine and on the Left. These cries of toxic masculinity. These toxic masculine – what they're calling toxic masculinity is kids who have a classic setup, and men who have a classic setup, for low testosterone levels and disrupted circadian rhythms and wildly deranged and altered hormone profiles from artificial light, fake food, not to mention their pharmaceutical drugs.

Dr. Joseph Mercola:

Mm-hmm, yes, indeed. I mean, I probably should have you back just to dialogue about some current, basically some of the most common things you see, and I think that would be a really engaging discussion that many people could learn things from, because there's some – you've got the principles down.

When I started my practice, or transitioned into natural medicine and started having my newsletter, and I started getting national and then international promise, and people were flying in from all over the world to see me, I didn't hide my protocols. It was all on my website. Everything I had was shared. There was no charge for it. It was available and free to everyone.

What really amazed me, literally amazed me, and I'm sure you experienced the same thing, is that people didn't believe it was true for them, so they were willing to come in and pay me to tell them that you have to do this. It was excellent. There was everything they needed to know already disclosed on my website. It wasn't like there was this secret, magic sauce, or secret sauce, that I was hiding from this. They just have to do the basics. But I think another discussion with you on some of the common – because you're still actively engaged in clinical practice, which I think that would be very valuable to many, many people.

Dr. Leland Stillman:

I'm sure, because when somebody says, "Well, I don't know if I really want to work with you, Dr. Stillman. I may go over here or over there," I'm like, "If you find somebody better than me,"

Dr. Joseph Mercola:

Go for it.

Dr. Leland Stillman:

"Please introduce us."

Dr. Joseph Mercola:

Yeah, yeah, yeah.

Dr. Leland Stillman:

"Because I'd love to have more people I can talk to and dialogue with." Yeah, I mean, just like you said, there's not – I know one other doc right now who's out on his own and who knows a lot of what I know, but hasn't studied the nutritional and supplement piece like I have, and his name is Dr. Dylan Petkus, but he actually didn't even finish his residency, and he's wildly successful. He's doing a great job for his – they're technically clients, because they're not patients, because he didn't get a license. I mean, he's really just doing health coaching, but anyway, yeah, no, I'd love to come back. Thank you for having me.

Dr. Joseph Mercola:

Yeah, yeah, so for those who don't know, in most states, to get your license, you need to complete postgraduate training after the four years of medical school. There's a minimum, in every state, I know, of one year of postgraduate training. In many, it's more than that, two or three, so unless you complete that, you cannot get a medical license in many states, so that's the dilemma there.

But the interesting aspect of this is that the truth is the truth. If you understand biology at a fundamental level and how to apply it, inspire and catalyze behavior to adopt those changes, then their life is going to change dramatically, and that spreads like wildfire. When that word gets out, it spreads like wildfire, because people are looking for results. They're not looking to adopt some standardized model that the narrative is seeking to promote, and the narrative, of course, is driven mostly by [Big] Pharma, so yeah, it's refreshing.

I think we need to have you back and just discuss some really good, good, some of the maybe top five or six things you see and some of your strategies and approaches, because I think there would, that millions of people would like to benefit from that, because I tend not to go deep. Most of the tension in the last year or two, of course, has been focused on COVID, and even this interview was largely related to your new book, but I wisely perceived, intuitively, I guess, that you have much more to offer than the book you wrote.

The book is excellent. I'm not discouraging you to not get this. This book is a great book. "Dying To Be Free" would really serve you well. It's a good primer for a lot of natural medicine. Many of you are advanced, who are watching this podcast and, of course, you'll know many of these things if you listen to my stuff, but it's really good, especially if you have a friend or a relative, even a neighbor, who is putting their toe in the water. This is the book you need to get them, because it's really going to walk them down the road, open their eyes, not just to the important changes in biology that have been made, but the fundamental precepts of what is happening to our culture. It's being destroyed.

You do a really good job of elaborating on that, so I couldn't recommend it more highly, but I think your primary gift is what you bring to the table with respect to your ability to identify, comprehend, understand, and implement these strategies that really make a difference. It's a rare skillset, and I really applaud your efforts at doing that. We just need more people like you.

Dr. Leland Stillman:

Thank you. I really appreciate that. Yeah, and I want your viewers and listeners to know that they can work with me and my team of clinicians, who I'm overseeing.

Dr. Joseph Mercola:

Yeah, tell us how to do that. That was the next question. That was the next question.

Dr. Leland Stillman:

Yeah, so they can go to my website, StillmanMD.com. There's a little tab on the right-hand corner. It says, "Apply for consultation." They can apply for a consultation there. There's a little quick intake form. Then, we'll get in touch with you. You'll get an automated email with the options for scheduling a visit. I'm not taking new patients for the next couple of months at least, until 2023, but I have a doctor coming on board. I have a nurse practitioner, and I have a PA, so we have plenty of availability for people.

Dr. Joseph Mercola:

Yeah, and you are wise enough to know that you can't really scale to see thousands of people. It just doesn't work in your type of medicine, but what you can scale is to have people under you who are adopting and recommending your protocols and strategies, that essentially get the same results, and that's the process you're doing.

Dr. Leland Stillman:

That's exactly right.

Dr. Joseph Mercola:

And I'm assuming, also, understand that just because you apply doesn't mean you're going to get in. You have certain standards, and if the patient's not willing to meet those or commit to those recommendations, then probably best to see someone else.

Dr. Leland Stillman:

Yeah, that's right. It's been interesting to tell people that I think they should work with my PA or my nurse practitioner, because I'll get some pushback sometimes of, "Well, I really want to work with you, Dr. Stillman," and I just say, "I'm too busy," but the reality is my PA and my NP and the rest of my team, which consists of a health coach in Australia and then a personal trainer named Jim Laird, who's a brilliant strengthening and conditioning coach and health coach in general, we sit down every week. We talk about the cases. We talk about what's going on. I give people my recommendations. I have everything laid out, in terms of what information we need to gather, what people need to do, and so I've equipped my PA and NP and other team members with whatever you need to get well. It's not like you're really going to get a radically different outcome with me.

In fact, what I've run into with my cases recently is that so many people want my attention, my time, my talent, that I'm spread too thin. Somebody who has more time, like my PA or my NP, might actually do a better job right now. Maybe I shouldn't say that, but it's been tough to juggle all the responsibilities that have come up.

Dr. Joseph Mercola:

That is an enormous challenge, no question, is how to address that dilemma, once you become successful and there's a massive demand because of your successes in helping people resolve their challenges. I think you have to have a great mind to know how to identify and navigate that challenge, so I think you qualify for that and are going to do a good job. I am glad to endorse and recommend your services, and I think people would really benefit from seeing you or someone on your team.

This has been great. I've really enjoyed your time when you visited with me at my house. I think you're doing a great job out there. We just need people like you to navigate it because most of the time it's going to be just following the simple basics, and you can get those on my site. They're free. Do those first, of course, and if you don't get better, then you need to see someone who is skilled, understands this, can help you get weaned off your medications. There might be something you just didn't get because you're not understanding the whole picture. You missed some articles on my site that address it, but you missed it for some reason, so they need someone like you to help them put it all together, tie up the loose ends, and get the results they need and deserve.

Dr. Leland Stillman:

Thank you. Yeah, I'm happy to take on new people.

Dr. Joseph Mercola:

Okay, sounds great. Well, thanks for all you' do, and we'll connect again soon.

Dr. Leland Stillman:

Yeah, I look forward to hanging out again. Hope it'll be soon.

Dr. Joseph Mercola:

All right.