

Key Note Address

by Doug McGuff, MD

transcribed from the 1997 SuperSlow Exercise Guild convention

by Ken Hutchins

Although this speech was made almost two years ago, its concepts and statements still ring clear. I have continued to believe it important for all members to be able to read as well as to review Dr. McGuff's attitudes expressed on that July night. It is sometimes easy to forget that there are members and other SuperSlow enthusiasts who could not attend this special event.

If a big plane fell out of the sky and hit this room, any advancement in the field of exercise would be over with. I mean that seriously! You people are like heroes. You are to exercise what the Wright brothers were to transportation. You uphold the level of intellectual integrity that I don't even find in my own profession anymore, and for that I'm eternally grateful and I'm very honored to speak to you.

Ken has asked me to speak specifically on three things and left the rest up to me. Ken doesn't know what the rest is gonna be. For all he knows, I could stand up here and tell you that aerobics is the best thing since sliced bread, but he has given me complete intellectual freedom to talk about whatever I want to.

The three things Ken wanted me to talk about are:

- First: Why is it so damn hard to talk to physicians about exercise? Why don't they get it?
- Second: He wants me to talk to you about my background—so I'll do that.
- Third: Why do physicians love walking programs?

So I'll tell you about those things or at least my theory or angle on it. Realize it's only an opinion, but it's my opinion and here I am.

The other three things I want to talk about are your activity as "an organized lobby towards the insurance industry;" your desire for acceptance in the medical community; and lastly, your despair and disgust over the current state of the fitness industry.

And after having talked about these things, I hope that you don't feel despair any longer. I hope that you see all these things as a great opportunity. I hope that everyone that seeks to do this as a business venture gets filthy rich . . . and I think you deserve to.

SuperSlow, in my opinion, is fixing to explode on the scene and that's a very dangerous time. It can explode into oblivion or it can explode and take off, and that's where I think we're at right now.

My Background

Ken wanted me tell you about my background, because he thought it was unique. I think that once you hear it you'll realize that it's not unique at all. As a matter of fact, it probably accounts for the background of 80-90 percent of the people that are in this room.

When people quote Thoreau, they usually quote how many men will be wise in the face of desperation and that sort of thing.

At age 15, in the year 1977, I dated a new era in my life. At the time, I was into a sport called *bicycle motor cross*. I wanted to go to the gym to train to improve my performance in my sport. And a new *Nautilus*® gym had just opened up in the area, but I was a 15-year-old kid. There was no way I could afford to go to this gym, so I went and bartered with the owner and traded my janitorial services for the privilege of going there on Monday, Wednesday, and Friday.

And on Saturday morning—I can remember it like it was yesterday—I walked into the owner's office, and I commenced carrying out my duties emptying the trash, cleaning off his desk, and things like that. And I looked on his desk. And sitting on the desk was this book, this manual, about the size of Ken's manual. It had a yellow-color cover on the front of it. And it had this enticing-looking appearance to it—sort of like a military manual on how to assemble a grenade launcher or something like that. My curiosity got the better of my respect, and I got nose, and I opened the book to a random page. And immediately upon reading that random page, I got the sensation of a wise, rational man talking directly to me. The book was *The Nautilus Training Principles—Bulletin #2* by Arthur Jones.

The owner showed up a couple hours later, and when I had finished with my duties I asked him, "Can I take this home and read it?" And he said "Sure, as a matter of fact you can keep it. When I purchased some machines they sent me several copies of it."

For the first time in my life, not only did I read a book from cover to cover, but I did it in one sitting. I can remember like it is yesterday, lying diagonal across my bed, with my arms going to sleep, because I couldn't put the thing down. And that pretty much defined the rest of my life.

After being exposed to something like that, it led me to have an interest in the sciences in high school; it led me to study biology; it led me into medicine. After being exposed to writing like that and intellect like that, nothing else will do. And, as time went on, I continued to train in a high-intensity fashion. I read everything ever written by Arthur Jones. I read everything ever written by Ellington Darden. I subscribed to his newsletter. I read everything that Ken Leistner wrote, Ted Lambrinedes, Matt Brzysky, and on-line with *Cyber Pump*. I've followed it all.

In my own training, I gradually incorporated SuperSlow, or what I thought was SuperSlow, based on what Ellington had written. Gradually, I did only that, because I found it was the only thing that produced any progress.

So in November of 96, I thought "Well, I might as well get it from the horse's mouth. I'll order this *SuperSlow Technical Manual* and do this thing right." As the book came, I waited for it anxiously. It came in the mail, and for the second time in my life, I was set on fire. For the second time in my life I found myself challenging things that I thought I knew, unlearning things to learn new things . . . and being totally flabbergasted with logical thinking applied toward exercise. And it reignited that same passion that I felt 20 years ago from that 15-year-old kid. And for that, I owe Ken Hutchins my deepest gratitude, because I feel like a 15-year-old again.

So that's my background and you think well, so here he is, he's a doc, he's an emergency room doctor, why the hell an ER doc? You would think someone with these sorts of interest would be in orthopedics, or family practice, and do a fellowship in sportsmedicine or physiatry in rehabilitation. Well once again, Arthur Jones has reared his craggy head. Having read that and having understood it and having digested it, how could I possibly take on any of those careers and have to swallow all the stuff that I think is crap in order to do it? I was fortunate to have found emergency medicine, because it's something that I'm very passionate about and I truly enjoy. But it does answer the question as to why I'm doing other things.

So that's my background, and that's probably the least interesting thing to talk about here, because I'm sure it's similar to a whole bunch of other people's.

Exercise and Physicians

Let's move on to Ken's question. Why is it futile to discuss exercise with physicians? What this drawing represents is the statistical bell curve.

This can be used to represent any particular characteristic in a given population. That characteristic will be average in the vast majority of people, and then there will be deviations from the norm in either direction. There's a rule of 68, 95, 97.5. One standard deviation from the mean on either side will incorporate 68% of the people in a given population. Two standard deviations will incorporate 95% of the people in the population for any given trait.

Across the X-axis on the bottom, you can put any trait: height, intelligence, muscular potential. On that far end of the 2.5%, Casey Viator, Mike Mentzer, or some other famous bodybuilder, on the other end, Woody Allen. Okay?

You can put any thing on that spectrum, recovery ability.

Some people have incredible recovery ability. Casey must have, if he did 21 sets with Arthur, working till he barfed corn out his nose, was able to recover from it and grow. And my theory is that, on the other end, the 2.5%, with the really pitiful recovery ability: Have you all heard of *chronic fatigue syndrome*? I think that's what that is. Not any silly crap about *Epstein Bar Virus*,

or stuff like that. There are just some people in the world that are born with piss-poor protoplasm. And that's who those people are.

So what's the point that I'm trying to get at here? Why do I put on this continuum a spread of the least healthy and fit people and the most healthy and fit people? And if you're a physician, depending on the type of medicine you practice—and an internist can certainly attest to this—anywhere from 80 to 100% of your practice, depending on what kind of medicine you practice, will be devoted to people who are on this 2.5%, down on the far end. So what I'm telling you is this: Patients, sick people, people that physicians deal with on a day-to-day basis are not people, they're patients. They're two standard deviations off the norm, they're the least healthy people in the world. Keep that in mind. What I want you to think about is to put yourself in the place of being the physician.

How many of you that run facilities have any sort of disclaimer that says: "Before you start training at this facility, get clearance from your doctor." Any one? Ditch it. Get rid of it.

If you want to get with physicians; if you want to make them understand; release them from that burden. The reason physicians do not know anything about exercise, have not integrated their great volumes of knowledge about the human body and physiology towards exercise, it's because—remember what I told you—80 to 100% of their practice is dedicated to what goes on the low end of that curve. The reason they don't know jack about exercise is, because it's not relevant, at all. So they have no knowledge about it.

I want to make a couple other points about the curve. A lot of people think medicine has a lot to do with health; that physicians deal with health. Physicians in medicine are about sickness and disease. And you say, "Well, yeah that's true, but with all these medical advances, look how much life expectancy has increased over the years. And don't we owe that to medicine?"

My answer to you, as a physician, is "No. We don't." We don't owe it to medicine; we don't owe it to doctors. Maybe indirectly, but directly, no. If you look carefully at history and life expectancy curves. If you really try to look for one-to-one correlations. What correlates most closely is the degree of capitalism in any given society and the concomitant technological advances that go along with it: labor saving devices, sewage systems, transportation, automobile instead of horse and buggy.

A physician cannot do any medicine without his technology. If I'm driving in my car and there's a car wreck and someone is bleeding in the street, without my technology—that I had no hand in creating—I can't do anything for that person.

According to the year that I was born, I can expect to live to the age of 72, statistically, if I'm right in the middle of that curve. If I was the age I am now at the turn of the last century, I would have lived to be 38 years old, I would have 3 years left to live.

And the same is true for everyone in this room. But if you want to thank someone for the 31-year increase, thank a capitalist, thank an engineer; don't thank a physician.

The other thing I want to tell you is that there's a lot of hubbub going around in the medical and insurance industry about *wellness*. Wellness this, wellness that.

I have a rule. I never go to any meeting that has a cue in it. If I hear the word, *paradigm*, or, *wellness* or any of this other crap one more time, I'm just going to throw up the carpet. But I'm here to tell you that physicians have nothing to offer in terms of wellness. Physicians don't have anything to give to well people. They're well, not sick.

What I really and truly believe is that wellness is a marketing hoax. And I don't think it's necessarily—I don't intend to be too rough on these docs—I don't think it's so much that we're pushing it, it's just that we bought it, we bought that crap, just like we bought so much other crap. Because if someone pushes it hard enough and it looks sparkly enough we'll buy it. I think it's a marketing hoax. I think it's a marketing hoax put on by insurance companies to convince well people that medicine has something to offer them.

So you can enroll well people into your HMO or whatever, and your insurance company can collect premiums from them, using the well people to subsidize the care to the 2.5% of the people that sit down on the lower end of the health curve.

And that's why socialized medicine will break the economy. Because those people, the lower 2.5% are extremely expensive to take care of, particularly if you suffer the delusion that you can bring that lower 2.5% up into that middle part of the curve somehow. For the vast majority of that lower 2.5%, this can't happen, either because they have such poor protoplasm, or they're so self-abusive: smoking, drinking, digging-their-grave-with-a-spoon kind of behavior. This is pouring money down a rat hole.

Back to our original question: I want you to remember whose balls are on the chopping block. First and foremost are the patient's. But when you ask a physician to give clearance for someone to exercise, you're asking them to do something of which they know nothing about, for which they have complete liability. And it may sound kind of gutless from your point of view, but as a physician, I can tell you that if I okayed someone to exercise, and they go into your facility, and they have a massive stroke or heart attack while they're in the leg press machine doing SuperSlow, they may sue your facility under your corporation. They may take all your machines away from you, and they can take whatever's in your bank account.

But a physician is presenting himself in such a way that they can take everything from him. And punitive damages greatly exceed the limits of malpractice coverage, which is usually about \$3 million dollars. If you get sued for future earnings, you can become an abject slave for the rest of your life. And this is leading us into why physicians love walking programs.

Walking Programs and Physicians

I first asked all of my partners exercise questions and what they think and what they'd recommend, trying to dissect this out, and I'm convinced that this walking thing happens on a subconscious level. Now I'm not telling you that the following happens on a conscious level:

But let's consider the components of malpractice. If I screw this up, the lawyers in the audience, please correct me. But malpractice involves four components. They are: *duty*, *negligence*, *proximate cause*, and *harm*.

Duty means that you've established a relationship with a patient; most any sort of physician has let someone in their office and agreed to establish a relationship. As an emergency physician, the duty is present, no matter what, all the time. It never goes away. This is the nature of the practice. I am mandated by federal law to take care of anyone, regardless of their ability, or even intention, of paying, but that's another story. The important point here is that duty means the doctor establishes the relationship with the patient. And that involves looking out for their best interest.

Negligence means you were negligent in carrying out that duty. As a result, *harm* occurred. And this is the kicker, *proximate cause*.

There has to be legitimate truth, within a shadow of reasonable doubt that a doctor's negligence was the proximate cause of the harm that occurred.

Never in the history of malpractice has anyone ever been sued based on proximate cause for something that was an activity of daily living.

If you follow my reasoning here, physicians like walking programs, because if they say, "Oh, you need some exercise. Well what you should do is walk." That way, if the guy is walking, and he's run over by a car, or steps in a gopher hole and breaks his ankle, or what have you, the physician isn't held liable. Because walking, as an activity of daily living, cannot be upheld as a proximate cause. You've got to walk to the bathroom; you've got to walk to the shower; you've got to walk through the parking lot. You've got to walk in many more dangerous circumstances than ever occur if some doc tells you to go out and walk for exercise.

And remember, I'm not trying to make you this conscious that we're such chickens to discuss what we do, but that this is the world we live in and that's the why doctors think that way.

I think, if you want to convince physicians that SuperSlow is the way to go, we in the Guild need to take on the difficult patients, the difficult clients that have medical complications, and assume a risk for that and build a case-by-case accumulation of these people. So we show how we deal with problems, and what we can do to the patients' benefit, and that it is, in fact, safe. And I think we need to stop asking doctors for permission. You don't need clearance from your doctor, because your doctor doesn't know crap about it!

And that's a hard thing to do, but I think that might be part of the solution to the problem that the Guild's experiencing. So there's why doctors don't understand exercise and why they love walking programs.

Please, please, understand me, particularly from the physician's view. I'm not saying that they're thinking this on a conscious level. It's hard for me to explain to you the amount of duress that's there as a constant threat.

Every day I go in to work, if I screw up, it can be bad. I mean I could lose everything, every time I go to work. So that's always cooking on your subconscious level, and I think that really affects why doctors make the decisions like they do. With exercise, they're being asked to be experts on something that they know nothing about, and they're being held liable for it. It's as simple as that.

What about your liability with a high-risk patient? I think it exists, and I think what I'm telling you is that, if you're unhappy with the way physicians are dealing with exercise, then you need to assume the risk yourself, because they're assuming it.

You know a lot more about exercise than the average physician. You're a lot more capable of making rational exercise decisions for people with complications than they are. So I think what I'm saying is that you're going to have to be prepared to assume that risk and that burden.

You got to remember too, that the physician holds a different kind of liability than you do. My group practice is incorporated under a P.A., just like most of your businesses are. But my liability is completely outside the corporation. They can sue the corporation, and they can get what's in our account. But they can sue me, individually, because I'm putting myself out there as M.D., licensed by the state. So that brings on a whole other level of liability. But, generally, what you'll lose is your business and whatever you have in your business account.

My main thing that I can tell you if you are in a quandary about that liability situation is to do what we do. Refer out to a physician and coordinate it through me. I take worse risks every day than doing that. I'd be happy to do it.

Marketing to Insurance Companies

I think that you feel you should go to the insurance industry and say, "This stuff that you're paying good money for is a bunch of garbage, and you ought not to be doing it. Here's what we can show you that what we're doing is better, and this is what you ought to be paying for." And you can do that, but I don't think you'll have any success doing that.

Insurance companies operate under very tight margins of the problem, and balancing what they collect in premiums versus what they pay out doesn't leave a lot of margin for error. The reason there's not much margin for error is that largely what is insured is what is legislated. And what's legislated largely exists, because of political action committees from different interested peoples.

In my own profession, the average emergency physician in the American College of Emergency Physicians—I don't know the exact membership number—but per capita, we pay, on average, \$50 per year per capita, and what it lacks from the committee money.

The average cardiologist spends over \$500 per capita per year on political action committees.

That's largely why a lot of it gets paid for, not because it's true, not because it works, but because they lobbied for it and they bought it. And folks, I don't think that the Guild can

compete on that level. And I don't think it needs to. I'm going to tell you, believe it or not, another digression here.

I want to tell you about two of the most competitive specialties to get into out of medical school. These two specialties that are so competitive to get into after medical school are orthopedics and ophthalmology. And why are they competitive?

Well frankly, because you make a ton of money doing either one of those things. And the reason they make a lot of money doing either one of those things is not because they have this broad array of procedures and technicalities that they're good at, but simply because they have one procedure that's extremely well paid for that they do over and over and over and over.

In ophthalmology, that procedure is a cataract operation. With the current technology, about five minutes per eye, at two thousand dollars a pop.

In orthopedics traditionally, before they had all the arthroscopic stuff, for which they are equally well paid, it was the total hip replacement. While I don't know exactly what the physician fee on that is, I know it's quite generous as well.

To put it in perspective: As an emergency physician, and with my current HMO agreement that my group has at the hospital, during the last shift I worked before I came here, I had a young lady who was in a truck. She was drunk; flipped over; and ejected from the vehicle. The vehicle rolled over; crushed her chest. I had to put in bilateral chest tubes; got soaked in blood; had to intubate her; had to give blood; had to open her chest and her aorta; and sent her to the trauma center. For that, the fee that we had agreed upon came to \$190—the physician fee. Now we'll come out with a \$10,000 total bill, make no mistake, but the physician fees are \$190 versus \$2,000 an eye, five minutes an eye.

How did something like that happen? As the insurance industry grew, and the medicine grew, what happened? Well a lot of medicine went to the insurance companies and said, "Well, this is what we do. Let's negotiate a price and this is what it's about." Folks, what insurance companies are all about is getting doctors to give their service away.

What orthopedics and ophthalmology did was this. They said, "I fix cataracts, it's \$2,000 an eye. Insure it; don't insure it; I don't give a damn! I'm gonna get paid." Total hip replacement—they said, "Hey pay for it, don't pay for it, I don't care. This is what I charge, if you don't want to pay it, go to hell."

So let's reflect on these two procedures and ask ourselves what they have in common. Think about it. They're both procedures done on older folks that prolong their functional ability in the later years of life. Again, they both prolong viability, quality of life, functionality in later years of life. OK?

We're all stuffing our 401ks, saving for that wonderful day when we'll retire, and do all the wonderful things that we're putting off now that we'd like to do someday. So you retire and someday comes, and you wanted to go see whatever, but you have cataracts in your eyes and you

can't see it. You wanted to go climb Mt. this-or-that, but you've got arthritis in your hip and you barely walk. You've saved all this money to have all this fun, and now you can't have it!

And someone that's old and looking over the abyss at death, will pay any amount of money to extend their functional viability into the later years of life. If there was ever a technology that existed to do just that, SuperSlow is it. You people need to be targeting the older population.

SuperSlow, done properly, for people who are decrepit and homebound because they have lost their functional strength, can throw down their walkers, lay down their canes, and it would be like a freaking tent revival. And they will pay top dollar for it—top dollar.

What I want to tell you, and this is just an opinion—you'll have to figure it out in your own markets wherever you are—but my personal opinion is this: If you're not charging \$35 to \$50 for SuperSlow, you're giving your service away. I really believe that. And I know that there are probably people in here who are charging less than that, and maybe that's what their market will bear, or maybe you're just uncomfortable asking it, but I think you ought not to bat an eye.

The CPT charge code for physician-supervised exercise for 15-30 minutes—I think it's 1.7339—is the code number—is \$55. Fifty-five dollars for crap, absolute crap, walking on treadmills, isokinetics machines, sitting in a chair and doing this with your legs, \$55! You should be able to get that easily, because what you do actually produces results, this other stuff doesn't.

And just to put even more in perspective, my wife has a cousin that performs something called a high colonic for \$50. And for anyone who doesn't know what a high colonic is, they take this big long rubber tube and ram it up your ass, through your rectum, up your descending colon, around the splenic flexors, across your transcending colon, where it turns around to the ascending colon. So you're going up your butt, up around here, around the top, and stop right here. Then they pour in a liter of Perrier®, and then they pull this tube out your ass, and it's your job to hold it for as long as humanly possible before it comes exploding out your butt. And people pay \$50 a session to have this done.

And if you do not think that people will suffer through SuperSlow exercise, with the results that you can show them, I would like to say that you're mistaken based on that fact. Don't go to insurance companies begging. Forget about them. Do what you do. Charge top dollar for it. That's the moral of that story.

OK, we're at the juncture here where this long, long quote becomes important. And I'm going to talk about your desire for acceptance into the medical community, and I'll sit here and read it with you.

Ayn Rand was a philosopher that died, I think, in 1981. She was really good, and this is one of the truest statements that I ever saw written by her. And keep this in mind as we talk about your desire for acceptance in the medical community.

Let's keep this clear. Any conflict between two men or two groups who hold the same basic principles, it's the more consistent one who wins. That'll happen a lot here in this room. We hold

the same basic principles. If we have an argument, the one that's more consistent is going to win. Be careful here.

Any collaboration between two men or two groups that hold different basic principles, it is the more evil or irrational one who wins. The only one that stands to benefit from a collaboration is the evil, or the wrong, or the stupid. The stupid have nothing to give the logical or rational.

Lastly, when opposite basic principles are clearly and openly defined, it works to the advantage of the rational side. When they are not clearly defined, they are hidden or evaded, it works to the advantage of the irrational side.

Ken Hutchins is a very abrasive man. I'm sure he's pissed off a lot of people, but that is to our great benefit. You don't want to make any concessions to someone that's not making sense.

Medicine has a lot of prestige attached to it, and a lot of that is earned. If medicine didn't have a lot of prestige attached to it, I probably wouldn't be standing up here talking to you, because by the standards of your own profession, I'm not qualified to speak to you. I haven't even had my Level-I certification yet. But a lot of prestige is earned, we work long hard hours, take a lot of risk, but a lot of that is prestige earned based on days gone by.

In the days when Ken's father was a doctor, house calls were that sort of thing, and we're kind of riding on the coat tails of that to some extent, because right now medicine is also up to its neck in commercial interests and political pull. And physicians have acquiesced a lot of intellectual integrity in that process, such as that in the clinical realm of medicine.

I'm sorry such that in the research realm of medicine, the Holy Grail, is all of this aerobics garbage that you see out there. And in the clinical realm, what medicine has clung to is all the crap perpetrated by physical therapists. That these people offer to relinquish themselves of the burden of having to talk about exercise—and they gave it away to some real baffoons.

Stick to Your Principles

But if we're coming along, and you're gonna get some physicians to listen to you and they're gonna say, "Hey, I'm interested in what you're doing. I'd like to incorporate it into what I'm doing here." What I want to bring up to you is what I like to call my "terd in a punch bowl analogy." It's sort of an obscene version of *The Emperor and his Clothes*.

And what it is, is this: Imagine that you live in this town, and the richest guy in town, the most popular guy in town, with a big beautiful house and everything, always has the party of the year; and everyone wants to be invited. And you wait, and wait, and wait.

Finally, one year you get invited. So you get your best suit. You go to his party. You want to make a good impression. You show up there. They've got everything set out. All the food is set out on the table. There's the big punch bowl there. And the owner of the home and the guests, whom you so much want to impress, are standing up there talking to people as they come up. The butler is serving punch.

You walk up. You look. And in the punch bowl there's this big terd! And everyone else is standing around sipping punch, and you're not sure if you should say anything or not. I mean there's a terd in the punch bowl, man! And if I point this out to this guy and embarrass him in front of everyone, he's gonna kick me out of his house. I'll never be invited to another one of his parties.

Well I'm here to tell you, if you don't stand there and point out that there's a terd in the punch bowl, your gonna have to swallow a lot of shit! And eventually someone's gonna come along while you're choking down your punch and he's gonna go, "Hey, there's a terd in the punch bowl, here." And when that happens he's gonna look at you and go, "What sort of idiot would swallow shit? Get out of my party!" Cause when you swallow that stuff, you become one with that stuff. It's like you get into the punch bowl with that terd. And when they go to throw that thing out, they're gonna throw you out with it.

I hope you see the correlation I'm trying to make here. Some doc's gonna come up and say, "Hey Ken, this SuperSlow is really good stuff. I run a rehabilitative practice, I want to include it in what I do. I would very much like to be involved with this, I think this is the way to be. So I'm gonna get it, and I'll incorporate it, then include it along with my work hardening and my treadmill walking, my aerobics, my isokinetics. But hey, you're invited to the party, if you want to be there."

Well my recommendation to all of you all is to pass. Just say, "I'm sorry, but you got a terd in the punch bowl." You don't need to be accepted by medicine, you need to make a change in medicine. Changes in medicine are always made from the outside, never with the inside. Or if it is someone from the inside, by the time they've been successful in making a change, you can damn well bet they're on the outside.

Improvements Come from the Outside

I'll give you some examples: the most renowned neurologic surgeon in the world that repairs all these birth anomalies, is a fellow named Hardy Kinderen; out of Oxford and Harvard University. He is not recognized by the *American College of Neurology*, even though he has invented the vast majority of the procedures that they perform.

Denton Cooley, Cardiac surgeon in Houston, the one you also hear about is Michael DeBakey. Cooley was the first to perform open-heart surgery as a resident, against the expressed direction of his program director, which led to the loss of his career.

One night one of his patients started having unstable angina. The only thing that could save his life was a bypass operation. So he snuck him off through the OR, got together a crew, and did the first open-heart surgery, knowing full well that he was probably going to lose his career.

How many of you heard something called *Helico bacter pylori*? I'm sure your internist has. What was this fellow's name? He's from Australia I think—Barry Marshall. He had patients with ulcers and he took a biopsy that accidently got planted out on a petri dish and grew out this germ. He goes "Hmm, I wonder what this germ is." So he checked it on all his ulcer patients and

it was there everywhere. He checked it on non-ulcer patients and it wasn't there. He tried to convince everyone, but they wouldn't believe him. He took the germ and infected himself and got bleeding ulcers. In the meantime, he was being laughed out of his position at the teaching hospital where he worked. But he got the last laugh. Now, today, he is the recognized father of the vast majority of peptic ulcer relief, and there's probably not a physician in the country that's not prescribing for this.

These people were absolutely belligerent in that they had no concessions for anyone. And this holds true here. Don't collaborate with someone that holds different basic principles than you; you will only lose. Particularly when it comes to medicine. Clearly define your principles with your friends, but particularly with your enemies, and never collaborate with somebody who is different than you. That's my portion on my opinion about your desire for acceptance in the medical community.

I also hear rumblings and grumblings about whether some states will legislate a requirement to be licensed in order to offer your services as a fitness center/instructor. When you hear people talking about making licensure of fitness instructors a government requirement, you need to fight that tooth and nail. Because, once it becomes a government requirement, truth is not what matters. What is legislated is what matters. And what is legislated is what has money and power. And we ain't got that yet. This can all be stolen from us. We're at that cusp right now.

The fact that people are not as aware of us as you would like right now is probably a good thing. Look at all the people in this room that are opening up businesses. We need to do this and get such a head of steam that we can't be stopped. Because if people catch us while we're small doing this, that's exactly what'll happen to us, particularly if they make fitness instructor certification a government mandated sort of thing.

Lastly, I want to talk to you about your disgust with the current state of the fitness industry. Anyone ever read *The Fountainhead*, the novel by Ayn Rand? I recommend that everyone read it. There's a character in there named Howard Wolff. He's an architect who takes architecture to a whole new level, and has met with a lot of the sort of resistance that you're talking about. He was on the outside, was in for a while, on the outside again, and was met with all sorts of resistance. But he stuck to his principles and in the end was victorious.

And one of the quotes here came right at the time, the cusp where he was just exploding on the scene. And as I read it in the book, it made me think of Ken and you guys at SuperSlow, because this is the way it's happening, from different fates, from unexpected parts of the country, all who've come in for him. It was in an underground stream floating through the country and broke out in the certain places that shot to the surface at random and unpredictable places. Ken's phone is ringing off the hook with people like us, it's gonna get big.

So let's talk about the fitness industry and your despair about it. I think we shouldn't despair. I think that you should not consider yourselves a part of the fitness industry. I think you're at the point in your maturation right now where you should consider yourself the SuperSlow industry. And I think that the fitness industry is going to go down in flames. And I'll offer some observations to support my contention.

The first is that fitness centers all over the country are going out of business . . . big time. How many of you have read the *Vogue* article so far? Just about everyone, right? What was the first sentence in the article? What did it say? "It was the dead of winter and my health club had gone under." It's happening everywhere, particularly the aerobics. These people are offering dollar initiation fees to try and rely on volume, and then they saturate it, and there's nothing left.

I sent Ken an article from one of the top aerobics instructors in the country; "Is Aerobics Dying?" Well they're really upset, because it is dying.

The other thing I want to ask you is the impression you get from the media and the magazines that talk of all this fitness stuff, is that there is a fitness boom in America. Now folks, if there is a fitness boom in America, I want to ask you something: Where are all these fit people? You know what I mean? I was in the Atlanta airport and I made a deliberate attempt to try to count the number of fit people I could see. Atlanta is like the hub of the universe. If you're going to have any sort of selection bias to pick out the genetic freaks in the world that might have a slim chance of being fit, that's the place. And my plane got held over for two and a half hours in that hell hole, so I had plenty of time to look. I could count on one hand the number of people that I thought looked good and fit.

You know there's this low-fat craze going around everywhere. Anytime you see somebody eating anything, it's either out of little green or yellow boxes with low-fat this, low-fat that on them. And they're counting fat grams, but people are fatter than ever. I've never seen so many fat people while I was waiting.

In 1977, when I joined that gym that I was talking to you about, it was a little dungeon. It was a small room with nothing but Nautilus machines in it. No running track; no treadmills; no stair steppers; no step aerobics; no nothing; just machines. The place was chock full of people that looked strong and healthy. I mean really good.

Twenty years later, "the fitness industry has exploded?" Now I go to my health club. I got my machines there, and I've managed to do a good workout in every once in a while, but it is packed to the gills with treadmills, stairsteppers, airbikes, those little things that Nautilus made to do roller blading. And I have to make contention that nowhere are you going to find more unhealthy-looking people unless you go to an AIDS ward or a health food store. I've never seen such sickly-looking human beings in my life.

I know that those of you in the Guild—particularly those that run businesses—deal with on a daily basis, all the stupid, idiotic things that people believe. And you explain away the bullcrap until you're blue in the face, and I know that you're tired. I know that you're tired of having to explain away every stupid notion that anyone has ever learned. And sometimes you feel that Americans just don't get it. But I'm here to tell you that I really do think that they get it. You're sick of the Health Riders®. You're sick of the NordicTrack®. You're sick of Abrollers®. You're sick of dollar initiation fees. You're sick of neon, sick of loud thumping disco music. You're sick of Ken & Barbie® behind the juice bar gabbing while they try to learn to use the machines. You're fed up with it. For those of you that have opened a place and presented SuperSlow to

anyone, tell me if I'm wrong, but people are starving for this, they're gobbling it up. Am I right? They are starving for this.

My favorite philosopher once said that Americans are extremely lousy at explicitly stating their philosophical beliefs on any particular subject. She said they're saving grace was that they have a great sense of life. Somehow they're sense of life stuck with them and a lot of times that sense of life can be seen in their popular culture.

There was a movie that I saw, and I wanted to bring a video tape of it here and play it for you. Unfortunately, even though it was such a crappy movie, I thought it would be out on video tape by now, but it wasn't. My wife and I went and saw it just to blow off some steam. The next time I see you guys, I'm going to ask you if you've seen it. It was at the dollar theater. I want to invite you all to go and take a look. It's called *Romey and Michelle's High School Reunion*. Has anyone seen that? Just you?

Well I'm relying on this one person in the whole damn audience that's seen it.

I want you to remember something from that movie: Romey and Michelle are going to go to their ten-year high school reunion, and they want to get in shape because they want to look good for this thing. It switches from scene to scene to scene on different days as they cycle through every silly-ass aerobics thing you've ever seen. There was step aerobics. There was the spiritual spinning bike thing. Do you remember what she said when she was on that bike? They had to get on and off the seat, up and down, and she said, "What do I look like I'm doing here? This is obscene, this is ridiculous!" She said that in the movie!

And then the next thing they do is this aerobics-boxing class. They're all standing around these bags and they're punching and kicking to music and stuff. They go through several different stages of all these silly exercise notions, and then, at the very end of the thing, she goes into the dressing room steps on the scale and what happens? She gained a pound.

Then what happened after she realized she gained a pound and had nothing to show for all that effort? What did the next scene flash to? They're sitting in their living room together among a pile of Twinkies® and Doritos® and stuff like that, gorging themselves.

And you all laugh and this seems funny and trivial, but remember what Ayn Rand said, that's American's sense of life at work. That wouldn't be on the screen if the vast majority of the people didn't believe that. I know you feel like they don't get it. I got news for you people. Americans get it. If you just offer this up to them, they'll gobble it up. I promise.

I believe it so much that I'm going to try to open my own facility. I've already paid a big sum of money for a lawyer to send in some paperwork so that I can become incorporated, and I'm looking at some office spaces. I'm going to take out a business loan. I'm going to pretty much liquidate my life's savings to buy the stuff because I think I can make a lot of money off of it. Maybe I can do a little less emergency medicine and more of this, because to me, this is a lot more rewarding and has a lot more to offer.

So please, don't get discouraged. Americans do get it. You guys have something really good to offer. I think you ought to charge top dollar for it, and I think you all ought to get rich doing it.

And for those of you that work in traditional fitness centers, my advice to you is this: Distance yourself from them as much as you can. Set yourself up so that you're distinct from them, that you are easily identified as a separate entity from them. Because folks, you don't want to be in that boat when we blow its ass out of the water. OK?

Ideally, I think every one of us should eventually own exclusive-licensed SuperSlow facilities, because that's going to be where the money is. I realize that the fitness industry is on its death bed. Its prognosis was grave and this doctor is here to tell you that it's going to die. If you people stay true to your principles, keep your integrity like I know you will, we'll all be there to piss on its grave. Thank you all very much.

"There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain its success, than to take the lead in the introduction of a new order."

—Machiavelli

"How many a man has dated a new era in his life from the reading of a book."

—Henry David Thoreau

In any conflict between two men (or two groups) who hold the same principles, it is the more consistent one who wins.

In any collaboration between two men (or two groups) who hold different basic principles, it is the more evil or irrational one that wins.

When opposite basic principles are clearly and openly defined, it works to the advantage of the rational side.

When they are not clearly define but are hidden or evaded, it works to the advantage to the irrational side.

—Ayn Rand