

Mark Masselli (00:04)

Dr. Kenneth Cooper always finds himself at the center of news about physical activity, whether it's starting the aerobic movement decades ago, or seeing presidential President Trump overturn his successful school fitness initiative.

Dr. Kenneth Cooper (00:18)

So now to see President Trump coming around and trying to reactivate that, and I said, we can't say for sure it's a FitnessGram, but at least trying to do something to re recognize the need to evaluate our children.

Margaret Flinter (00:30)

At the age of 94, Dr. Cooper says he still has lessons to share about how Americans can all stay healthy from teens and school to seniors living longer than ever.

Dr. Cooper (00:42)

We gotta stop and spend the money for the prevention of disease, rather waiting too much care, too late. So that's something that we gotta get message across because in this book, I'm time to resurrect the specialty of preventive medicine.

Margaret (00:55)

This is Conversations on Healthcare.

Mark (01:09)

Well, Dr. Cooper, welcome to Conversations on Healthcare.

Dr. Cooper (01:12)

Pleasure to be with you. Thank you.

Mark (01:14)

Oh, That's great. Well, first of all, congratulations on your recent induction into the inaugural class of the Health and Fitness Association Hall of Fame. Maybe let's start with a bit of the news. A lot of us remember the presidential fitness, I think it was President Kennedy, test from our school days. It faced some criticism and the Obama administration retired it, and they put in place the FitnessGram, which you developed. Now, President Trump has reversed course. Your FitnessGram is out, and the country has returned to the presidential fitness test. I'm wondering what you think of this reversal.

Dr. Cooper (01:53)

I'm delighted to see that they realize the importance of childhood fitness because the childhood obese becomes adult obese. Inactivity means adults. So the family sets the example for the children. And to have the fitness group available, which is originally discovered by Dr. Charles Sterling back in 1976, implemented the state of Texas back in 2007 as a statewide requirement. Spend that since that time, been able to full, been able to show that if we can do measurement and get objective data and can see improvement, that's the motivational itself. So I wanted the test for math and science and school because they want to be sure there's a progression. Why don't they test the mind? Why don't they test the fitness with like they do the mind? So that's one thing I've been arguing over the years, is we need to have something that has functional capability of improving the health. And the fitness group meets that requirement, but designed originally to be a telegram, as you might say, to go to the school administrators and to the family. So they can start looking at the level of fat and fat. And from that they can make recommendations to make changes because data drives decisions. That's an important thing we're trying to make. So that's why even to have the first, the rehabilitation again of something like the President's Council that went down the drain not too long ago and now it's being revised again, and then point what they're gonna be using exactly as the test does not really known whether it be using the fitness ground. They refer to the shuttle run. They refer for the one, the one mile walk run. Those are the components. doing the set sitting and reach and various things are all components of the, of the FitnessGram. But the first results of the FitnessGram we had were back in, in 2008. We got Senate Bill five 30, passed in 2007 with, Jane Senator Jane Nelson and Governor Rick Perry because it was difficult even getting something into the school district that was operated by the government. So we had finally got a mandate without funding, and I had to raise the money about \$3 million to equip all the schools in Texas with the equipment to do the fitness grab and then to start majoring the results. The first results were, were majorly bad recess the kids from the third to the 12th grade. It even made bake in the top 85 percentile was very rare. And so we didn't have a pass or fail. It was a healthy zone fitness, our needs improvement. We didn't want to look derogatory toward the kids who could make the requirements, but we we're, we're able to compare that with several things that hit the front page of the newspapers here in Dallas.

Number one, the number of tests they could fat on. The six different tests on the FitnessGram test correlate perfectly with the grades they made in school. Now, that was the surprise to many people. What is good for the heart is good for the brain. We know interesting. Next thing you reduce absenteeism due to disease. We could see that very profiling. And then finally we could see there was a reduction in gang and discipline problems in those kids in the high level of fitness. So that should have been, that should have been an observation that go worldwide. Unfortunately, it didn't. It, we tried it in, in, in Georgia, for example, which it lasted for a while there. It was, used by the President's Council for a while, but it didn't send the test of time. So now to see President Trump coming around and trying to reactivate that, and I said, we can't say for sure it's a FitnessGram, but at least trying to do something to re recognize the need to evaluate our children.

Mark (05:33)

That's great.

Margaret (05:34)

Well, that is a really interesting story. I didn't know, large pieces of it. So, you would say the fitness, gram has been, a health-related fitness assessment that's affected the lives of, I think we've read 10 million students in more than 30,000 schools, and it helps students achieve better grades, something we've been pursuing for decades and resulted in lower, gang related problems. I'm, I'm missing how we're gonna keep this intact. With the FitnessGram, per se being removed and the President's fitness test being put back in, is there an advisory committee being set up? Or will you have an opportunity to try and what we call it doesn't matter as much as what we do. Will you be able to get the elements of the FitnessGram into the president's new initiative?

Dr. Cooper (06:23)

I can't say for sure I can answer that question. But what we're still seeing with the FitnessGram testing here in Texas, we're doing the test, but we can no longer, we, it is sponsored by every two years. The, the government pays for that be continued, but we can't analyze the data because the Texas Education Agency doesn't want that data to come out. Now, I can't quite understand that recent because we've gotta get the information what the situations children are in to make some improvement. So as I said, I've been on a war path trying to get that changed here in Texas to try to get them, have the data available to conduct the studies or the evaluations like we did back in 2007, 2008.

Mark (07:06)

Well, not, not only have you been on a war path, but you also have a new book, that's titled "Grow Healthier As You Grow Older". We know you are a great testament to your writing. You say you want to help people square the curve. I'm not familiar with that, phrase. I wonder if you could, shine a light on it for us.

Dr. Cooper (07:27)

Well, this is exciting. This is my 20th book. Took us about two years from start to finish to get this released as of the 24th of, the, the 24th of what? June? I can't even think of when it was. No, but it's going worldwide and we're getting a lot of great response. But there's three basic things I'm trying to talk about in this book. Number one is your health is your responsibility. It's not the government, not the insurance company. It's not in the physician unless they're trained in preventive medicine or lifestyle of medicine. And people must realize that no drug can replicate the benefits of an active lifestyle. So trying to make that point to the individual, if they can get Cooperized, we, number one, can prolong their lives. And we have data to show with a study involving a hundred thousand of people that we were able to get their death certificates and find that with 30% women, 70% men, our people were squaring off the curve. They were, they were living long lives. For example, our women were living 90.4 years and our men were living 86.5 years, which an average for men and women is 88.6 years. It's almost 10 years longer, the national average. But what they were doing, they were condensing the time of senility and senescence into a short period meeting prior to death. They didn't have prolonged death. They had short deaths. If I die tomorrow, praise the Lord. I've had a wonderful life. I prefer that any day. Instead of having my life determining my and my dementia increasing dramatically, I can't recognize my family for the last four or five years of my wife of my life. I don't want that. I wanna square off the curve. And that's what you mean by squaring off the curve.

Mark (09:07)

Well, that's great. I also wanna pick up, 'cause I think I heard the term Cooperized. So I wanna, I wanna get a little, a little more information on what does it mean to be Cooperized?

Dr. Cooper (09:18)

Well, Cooperize is the key, but we have several things we recommend. Number one is get your weight under control. Now, most people use a body mass index. You go to the internet and type in your height and your weight. You get the body mass index. But there's little fallacy there because it considers the body as a cylinder and the body isn't a cylinder. Most people have a pot belly, and that's the visceral fat, the bad fat that cause all the medical problems. So I'm encouraging people to get the body mass index. 18 to 25 is normal, 25 to 30 several weight. 30-35 is obese and above 35 is morbidly obese. But in conjunction with that, measure the circumference of your weight, that is through your naval. It should be no larger than one half of your inches in height. Like if you're at five foot and inches, that's 60 inches. It's no larger than 30 inches. You're six foot seven two, that's 36 inches. So you must measure the waist as well as your, as your weight. There's a new thing called the body roundness index. You also can go into the internet and type that in, and that shows you exactly how much is visceral fat. But the simplest thing is use the body mass index and the waist, the waste. That's number one. Number two, is your diet. Very important. But to summarize it briefly, I say five is fine. Nine is a vine number of servings of fruits and vegetables. You should be consuming on a daily basis. Average American adult, 3.1, average American and teenager at 1.6. That can be changed. But along with that, I strongly rate vitamin supplementation, at least a good multivitamin daily. But I insist you take vitamin D take 5,000 units a day, plus eight daily vitamins. That gives me a, a blood level of around 65 to 70. The average American is less than 30 unless you have exposure to the sun. And the problems we found with COVID is that vitamin D was the only thing that would suppress that cytokine storm that was affecting the virus and going to the lungs and causing pneumonia. And so we've been able to show a clear relationship between reduction in hospitalizations and deaths and people that meet our vitamin D requirements. Hmm. Those two are very important. But number three, I think is the most important. And that is your level of fitness measured by time on the treadmill, very poor, poor, fair, good exit period. We must move from very poor to poor. And that we published a famous article back November, 1989 in the JMA General American Medical Association entitled Physical Fitness, all cause Mortality we're able to show that people could move up one block on the scale and increase their longevity by six years and reduced gas from all causes by 58%. Going all the way out to extreme is only nine years, and then 65%. So the best return on your investment is going from very poor to poor. That takes no more than 30 minutes. Collective versus sustained. Most states per week, that's 150 minutes per week. And that's exactly what's recommended by the American College of Sports Medicine. Next on that list, you must eliminate tobacco in all form. There's no way you can safely do that. Next you should. If you drink, I don't drink, I don't smoke. But if you drink, you should limit it to no more than a drink a day. Men couldn't drink two drinks a day or 14 a week. Women, one or seven a week, but no more than a day, a drink per day that could, alcohol is associated with so many things, such as becoming an alcoholic, such as on the highway, such as cirrhosis of the liver, but also is related to seven different cancers. Now, even the consumption of beer or wine can be related to cancer. Cancer, starting with the mouth, with the larynx, the esophagus, the colon, and even cancer of the, of the breast. Of the breast. They claim there's 30,000 women. People die annually from breast cancer. Women die from breast cancer because of alcohol consumption. So I prefer that you don't drink, but if you do drink, do minimize it. Now, next to the list is controlling stress. For me, I control stress the busy days I have exercising. At the end of the day, un sell you the stress expert from, from contra, from Montreal, Canada said, stress can be the spice of life would be the likely life. But no runs, no hits and no error. Stress. I'm under tremendous stress working all these books and things that I do. But at the end of the day, I control the stress by working out. I go over to our gym, I work out for 30 minutes on the recumbent bike. I used to run, but unfortunately I broke my leg. Snow skiing back in 2004, broke my knee, my leg, and I had to stop running. But you don't stop exercise because fitness is a journey, not a destination. If you wanna enjoy a productive life of I at my advanced stage, you gotta keep exercise. So I have 30 minutes on the recumbent bike and I spend 10 minutes on the way. So that's very important. And also important control these stresses is you must get at least six hours, at least seven hours of sleep per night. That's very important. But again, Cooperize. But the fun thing we recommend is you need a physical examination, a regular valuation. Because the most common first symptom of severe underlying heart disease is sudden death. 4% of the people that died of hearts or heart attacks only symptom they have. We pick up that readily by the stress sets we do here, the treadmill stress sets we do here at the clinic, and we find 16.1% of the people coming here have an abnormal equivocal stress test. And only 5% they have a problem. So 11% of the people coming here have heart disease diagnosed by the stress test, followed by the CT angiogram, and are a many placed in the hospital. CT angiograms are bypass surgery that, that happens several times a week among the roughly 200 patients that come through this clinic every week. People come from all over the world now. So those are basic things we call being Cooperized.

Margaret (14:47)

I, I think we just got the whole book.

Mark (14:49)
I think we did.

Margaret (14:50)

And really, really appreciate your walking through that. And you know, it's, it's such a great opportunity to talk with you who's, who's living out the protocol that you're recommending for everybody else, which is very important. But I wonder, what's the role of strength training in all of this? You know, we, we have a very high priority on this. We, regularly see reports that we should be lifting weights. That this is one of the key things as we age. Where does that fit in with the longevity plan or the Cooper plan?

Dr. Cooper (15:18)

Well, we have, I have a recommendation that because you get past 50 years of age, you get sarcopenia and that is the destruction of most of your loose muscle. That's, we know that. So again, I have it as follows, in your thirties, it should be 80% aerobic and 20% musculoskeletal in your forties and 70 and thirties, and your fifties to 60 and 40 and above 60 is 55, 65 and 45. 55 and 45. So again, as you age older, as you get older, you need to incorporate more musculoskeletal condition. I'm doing something since I told you I fractured my leg snow scheme and I've had a weakness, the quadricep muscle on the right, but there's a new technology because the muscle of the quadricep on the left is strong. So I have unbalance, I can't that just, that's not corrected by a total Libra replacement. So I have to have some type of muscle building rebuilding of muscle mass here at my advanced stage. I'm doing that success now with muscle activation technology. I work with a personal trainer and I can now see some traction of the muscle in my right leg. I couldn't before. So where there's, there's life, there's still hope. So that's very important. But getting back the examination, giving real realistic, what should the physician know? If you can't have a person know, and the physician know if they can't have these examinations like we have here, and then I'd say it is first, get your height and weight. Get the body medicine addiction, waist your comfort. Get that, get your blood pressure, get your blood studies, determine your lipid profile, your cholesterol, your triglyceride, and, and then get your test from DIA for diabetes. Yeah, hemoglobin A1C, but you also want to get the C-reactive protein. Now the C reactive protein is a measure of inflammation. I'll talk about this successfully in the book because we know now you can have a brain full of amyloid plaque. That's how protein and never come down with a men Alzheimer's. And that's the cause of adventure of Alzheimer's. But it has to have something to activate that. And the activate that is inflammation, chronic inflammation, you may have some chronic infection dis lingers and you find the CVIT protein. If it's elevated, then you can, you can lower that by losing weight and getting in shape and taking vitamin D. That's another thing I recommend. As far as vitamin supplementation. I take a gram twice a day of vitamin D analgesic, anti-inflammatory can help protect us from such things as chronic inflammation. All these things are, are summarized in great detail in the book. And if people can just read the book and follow recommendation, we know they will improve dramatically. I want to tell you about something called the Medicare study, which is very informative...

Mark (17:52)

Well that is wonderful. You know, I, you know, Margaret, we've produced a, a number of shows on aging and one expert told us they've reached a peak longevity and that most of us will never come close to reaching the age of a hundred. Professor Jay Olshansky, says humans are approaching a biologically based limit to life. I wonder what your thoughts are about that.

Dr. Cooper (18:14)

I don't believe that. Well, in Genesis says our body should last us 120 years. The reason we don't last 120 years is not because design deficient way we treat our body. And your longevity is only about 20% related to your parent. 80% is your lifestyle. Keep that in mind. And all these new studies coming out about a new, a new approach to looking at Alzheimer's prevention, they say must stop and regroup and understand it's better to prevent it than to try to find a cure. I've said that for years. It's cheaper affecting prevent disease to find a cure. And we've been able to show that the Medicare study and just looking at the level of fitness monitored by treadmill time, very poor, poor, fair. Excellent. Looking at the 20, all 20, 28,000 people came to the clinic, average age 50. We fought for 25 years and got their Medicare day from 65 to 75 years of age. We compare the top 20 percentile, bottom 20 percentile. And we found the top 20 percentile, 36% less Alzheimer's and dementia than the bottom category.

Mark (19:14)

Well, let me ask a question about longevity because, I, I might be wrong in this, but I understand the Japanese have a longer life than we do. Is there something about their diet or is there something about their lifestyle that is so uniquely different than ours? Or where in the world are you looking at people who have longer lives and

trying to understand, if they're in fact following your protocol? Or is it just because of their, the environment that they live in?

Dr. Cooper (19:43)

Our people getting Cooperized are living 10 years longer than the national average, we've shown that, but women are averaging, as I said, 90.4 years or 96.5 years, 88.6 years. That's 10 years on the national average. And it ranks us 47 and longevity. Why? We spend way too much for our healthcare on desperate measures that prolong death, but don't, don't prolong life. So we gotta make that change. We gotta stop and spend the money for the prevention of disease, rather waiting too much care, too late. So that's something that we gotta get message across because in this book, I'm time to resurrect the specialty of preventive medicine because preventive medicine, when I was taught in medical school back in the fifties, is the Cinderella of the medical specialty because there's no profit in health. They told me 55 years ago, I had two office and two employees. You cannot limit your prices of medicine taking care of healthy people here in Dallas. He will not come to you when they're well if 150,000 patients are a database from all over the world, we have a 74% return base. We publish over 700 papers now in peer review journals. Bridging that gap between faddism and scientific legitimacy exercise, the price of medicine, the results are too impressive to be ignored. So let's look at the facts that we have. This is based upon facts. A lot of people have ways to prolong life and they have their various ways. I won't comment on any of these because they aren't based upon scientific fact like we have in this book. So it's my advanced age. I'm happy to live, as I said, be 94 years of age. You now have all sorts of plans. For my 95th birthday, I said, you better be sure I'm not gonna be here. I'm gonna be here at that time. But didn't have a center that has gained international reputation. We have four documentaries. We have a 20-minute documentaries. It's called the Power of Prevention. We have another documentary that's for physician once beginning for medical surgery. And then we have one that's can call the power of prevention and the world impact for aerobics. We released that in November, 2023. We had a, we had a woman came down from CNN just to interview me, not to video but interview me. They put that you can still go on CNN today and you can type in Cooper and see the interview with the there. And it's now been, it's now been downloaded by 729 million, 600,000 people around the world. So our work is having, our work is having a worldwide impact. And I say, praise the Lord. I gave him credit for the success of this book.

Margaret (22:07)

Well, you know, you've talked about the, the, the volume of the scientific studies you've done, the publications, the books, the center, it seems to us in our experience in healthcare that the final hurdle is moving things into the, well, there's the realm of public opinion, but there's also the realm of public policy. When Medicare rules, you talked about the Medicare study, but what are the Medicare rules? What are the Medicaid rules? What are the insurance rules? And while it's true that, none of those institutions ultimately change what people do, they do facilitate the trend towards people taking better control through access to better food to access to the medications they need potentially to supplements. What are your recommendations for public policy changes that you would like to see carried on when you are not here? What public policy would you like to see in place that would continue to advance your work?

Dr. Cooper (23:06)

Well, if people could be encouraged just to get 30 minutes of exercise collectively for sustain, most states we read the first step I would recommend because we found in our Medicare study, most people in the top category of fitness for sub bottom category, their cost of healthcare from 65 to 75 years of age was 40% less just by measuring their level of fitness. So you wanna have something that will affect the cost of healthcare in this country. Just look at that position, that stitch, right? They'll spend publishing peer review journal. I've made these two comments about we can prolong life, reduce death, small cause, prevent things like soft summers admission. These comments to both our senators, both Ted Cruz and John that were in office several times and both of 'em have said the same thing. We need to get this back to Washington. I said, I've been trying that for 40 years in no success. We've got to get the insurance companies realizing that we can prolong life, improve quality of life, reduce the cost of healthcare. Well you gotta put back in the hands of the person. And you look at something as simple as getting Cooperized. It's not that difficult to get Cooperized. And it's all something you can do for yourself doesn't cost you anything, but it causes discipline. People ask me your great success you've had at your advanced age, physically, professionally, whatever it may be. You have any one word you can think of that may account for that. I say discipline. How do you discipline? That's the people that work here at the office. And I've worked 40, 50 hours a week. I've done that for years. As you know, I work out and I'm reminding what it says in Proverbs 13, shape 1318, that shame and poverty come. Those are not discipline. I also bible verses in my presentations too, and one that I like to quote is, is in Isaiah 40 31, listen to this. It says, those who trust upon the Lord regain their strength. They can sprout wings and soar like eagles. They can run

and not be wary. They can walk and not faint. That's in the Bible. That's instructions for prolonged life that we've proven with our work here over the past 54 years.

Mark (24:59)

Well, you've talked a little bit about Washington. We have the Make America Healthy again movement, and it's attracting a lot of attention. It also includes an effort to stop artificial dyes and foods. And you've been at the forefront of efforts to partner with so-called the, I would say junk food makers. I'm wondering if you could tell us about your work with Frito Lays and then help us understand if you think that the Trump administration can win its battle against the food industry.

Dr. Cooper (25:28)

Well, to answer your first question, I think that the Trump administration can have a great impact. In fact, I've got copies of my book sent to Scott Turner, who's the secretary of HUD in my patient for years. One given to President Trump and one given to RFK Robert K Jr. So I'm looking, I'm looking at that. But again, the, the other question you had was, was what now?

Mark (25:50)

Well, in, in terms of the food industry, your work with Frito Lay...

Dr. Cooper (25:53)

Oh yes, Frito Lay, lemme tell you about that. That happened back in 2002 because, Steve Reman was the CEO of PepsiCo and he was a member of my board of trustees, my research institute. He came to me in desperation saying, I know that our products are county or the things accounting for the obesity. We have a problem with children in America. We don't need to take the saturated fats out of our, I say, you don't need to worry so much about the saturated fats. You need to worry about the trans fats because trans fats were introduced years ago because they're hydrogenation of vegetable oil, poly and that kind of thing. But they, they have prolonged shelf life. They're inexpensive and they don't change the taste of the food. So they're ideal. But they ignored it to publish back in 1999 that they increased the LDL or bad cholesterol and lower the HDL cholesterol, increased heart disease exponentially. So what he said, we're going to take the trans fats of a Frito Lay product. They did an expensive cost, but they did that without increased the price of their product that went worldwide. WHO said not long ago that taking the trans-fat outta the diet worldwide is resulting about 16.9 million more people. They're not having heart attacks now because they're taking the trans out. Started here in 2002 and we tried that gate, it was very difficult. Again, the fast-food restaurant, he kept the fests out and McDonald's is the last one to get out. We got it out and it's now made public law. It's 2006 by the FDA.

Margaret (27:20)

Wow. Well that is, that is a heck of a piece of legacy, to leave behind. And you know, I have to wonder, back to the discipline comments that you made. I don't know if our audience is familiar with the fact that you, were trained as a flight surgeon that you worked with the NASA astronauts. How much of that military, training, and work contributed to your belief and your experience with discipline is underlying the ability to adhere to these principles?

Dr. Cooper (27:49)

Let me tell you what happened because at 50 half my life, I wouldn't even be here today because in, in high school, I was an athlete at Allstate, Oklahoma. I made all state basketball, won the state champ in a mile. I got a, a scholarship to the University of Oklahoma. I weighed 168 pounds during my athletic career. But then I got into medical school and I discovered that obesity must come manifest manifestation of stress. So I started gaining weight just to keep awake. And I, my internship made it worse. By the time I finished my internship, I'd gone from 168 to 204. I weighed that much. And then for six years I waited in the Army. I was referred for the, the draft. So for years, six years, I didn't realize back in those days that exercise had a health factor. Exercise was just competition as far as I knew about. And so in my obese state, 29 years of age, I went water skiing. At that time too, I was hypertense and I had pre-diabetic condition just because of my obesity. Halfway through the skiing up here at Latex Home, I got hit with chest pain and my heart started racing outta my chest. So they got me over the side. I was still in the Air Force. I pa my, my heart rate came back to normal. And so they got me the, got me the next day about a school of aerospace medicine for the complete examination. And they said, doc, only thing wrong with you, you're outta shape. And here at I'd gone up at, at 29 years of age, I was overweight, inactive, but all the things I mentioned all that. And so I changed my lifestyle. I planned on becoming an ophthalmologist after I finished my internship. But when I lost the weight within six months from my first marathon, I ever run the Ross Marathon twice in 30,000 miles for 40 years. All that disappeared. I thought, this is a field of medicine that sadly art. So I changed my direction. That was epiphany from God as far

as I'm concerned, that made me change my direction from becoming an ophthalmologist, become a especially preventive medicine. When I was advised to not against that, look what happened. We have a full, full-time. We have 31 physicians on SF we eight, we have eight different subspecialties here, and we have people we can't even handle people waiting in lines, months to come to come through our examination and they come back because they're, we're proving they can enjoy a long healthy life, the folks that square off the curve...

Mark (29:55)

Well, Margaret, ophthalmology is their loss and our gain.

Margaret (29:59)

Absolutely. And we want to thank you, Dr. Cooper for joining us today. Thank you to our audience for being here. And just a reminder to subscribe to our videos on YouTube, find us on Facebook and X and also please share your thoughts and comments about this program. We hope you found it as interesting and, and truly, informative as we have Dr. Cooper, thank you again and everyone take care, be well and get moving.

(30:29)

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