

Nicki: Welcome to the Healthy Rebellion Radio. This is an episode of Salty Talk, a deep dive into popular and relevant health and performance news pieces mixed with the occasional salty conversation with movers and shakers in the world of research, performance, health and longevity. Healthy Rebellion Radio Salty Talk episodes are brought to you by Drink Element, the only electrolyte drink mix that's salty enough to make a difference in how you look, feel, and perform.

Nicki: We co-founded this company to fill a void in the hydration space. We needed an electrolyte drink that actually met the sodium needs of active people, low carb, keto and carnivore adherence, without any of the sugar colors and fillers found in popular commercial products. Health rebels, this is Salty Talk.

Nicki: And now the thing our attorney advises, the contents of this show are for entertainment and educational purposes only. Nothing in this podcast should be considered medical advice. Please consult your licensed and prudential to functional medicine practitioner before embarking on any health, dietary or fitness change. And given that this is Salty Talk, you should expect the occasional expletive.

Nicki: It's another episode of the Healthy Rebellion Radio Salty Talk, and I get to go first. So hubs, how are you doing?

Robb: I'm good. Thank you for asking. That's very nice of you to ask. It either shows that you care or provides the appearance that you care.

Nicki: But are you really doing good, I mean, or pretty tired?

Robb: Fucking smashed tired and stressed the fuck out.

Nicki: Probably like everybody on planet earth right now. There's a lot going on.

Robb: There's a little bit going on.

Nicki: A little bit going on. Yep. So anyway, this is our second edition of Salty Talk and we had some really good feedback-

Robb: Great feedback from the first one.

Nicki: ... on the first one.

Robb: Hopefully the second show doesn't suck by comparison.

Nicki: Well the last one you kind of dug in to what we knew about COVID-19 at that point when it was released. You talked a lot about exponential growth and all of that. And by the way, thank you to everyone who shared that episode.

Robb: A lot of folk shared that one.

Nicki: A lot of you shared it, a lot of you tagged us on Instagram and social media when you were sharing it. So we really appreciate that. It sounds like it was a really helpful episode. So that's awesome. And this episode, you're calling it part two of the SARS-CoV-2, and you're digging in, you're taking a little different tact this time.

Robb: Yeah. In the first show we looked at kind of where the numbers were currently and then also what are things that we might do to either benefit or worsen the course of the COVID-19 when you actually end up catching the virus. And in this one, I'm looking at the kind of these dueling banjo things. In the interwebs, in the world at large, people are either trying to diminish the potential impact and significance of what's going on, on the one hand. And then other people are recommending that you never ever, ever go out of your house, ever again.

Nicki: Apparently there really are people that are like going ape shit if they see a neighbor go outside on their porch.

Robb: Yeah. And it's a lot to unpack. People are on edge, but I try to dig into the reality that our population in particular is not metabolically very healthy and these are the people that seem to respond the worst. And I don't think I managed to get this into this episode, but when I recorded the first one, it had just dropped that the Italian medical system was basically saying anyone over the age of 80 will not get intubated. If they get bad enough, they're on their own and they live or die on their own. That has been reduced to the age of 60 now. So shit's getting real.

Nicki: Which is scary.

Robb: It's super scary. And our good friend Henry Akins, he has a close friend who's younger than me-

Nicki: 40 years old.

Robb: 40 years old, great shape, and he nearly died from it. And again, everybody, younger people tend to fare better, but it's not the fucking flu. But then at the same time, the measures that we're doing, people are displaced, people have lost jobs, people are running out of money, and it's a legit concern around is there a way to thread the needle and protect the people who are at the highest risk and also not completely tank the economy and do like a second great depression a hundred years after the first one? So super exciting.

Nicki: I know. It sounds-

Robb: Smoke them if you got them.

Nicki: ... super gloomy, but okay, well let's jump into this. For Healthy Rebellion members, this episode includes slides and those are available in the Healthy Rebellion Community, and let's get into it.

Robb: Cool. Hey rebels. Welcome back. Doing another edition, looking at the SARS-CoV-2 situation. Man, so much new information, so much stuff is happening. A lot of it good, a lot of it pretty optimistic, but still some kind of nail biting stuff going on, trying to figure out exactly how all of this is going to play out. One of the first things that I want to talk about, and the first one we dug into, if you recall or you didn't catch it, I was trying to unpack where the numbers are and then things that could potentially negatively our situation. Like there's still some speculation around things like ACE inhibitors in different insides and then also things that we might be able to use to mitigate this disease process. Like different quinolones and whatnot, which are, for all intents and purposes, ancient drugs and within pharmaceutical timelines and show some real promise.

Robb: And so this one we're going to touch on a little bit of that stuff, but also I guess it's a little bit more head space type stuff. And this first piece that I'm looking at is from the New York Times. It's talking about younger adults make up a big portion of Corona virus hospitalizations in the US. New CDC data showed that nearly 40% of patients sick enough to be hospitalized ranged 20 to 54, but the risk of dying was significantly higher in old people. So some people, some folks are using this... Even before this, they're basically saying "This is a disease of the aged. We don't really need to worry about it." And certainly there is some discussion that's emerging whether or not the response that we have could be worse than the disease itself. And I'm totally open to having discussions around that and there's some give and take in that whole story.

Robb: But the thing is, when we look at Italy, when we look at the United States, Italy has an older population than the United States in general. It has an older population than most of Europe, and they're not fairing well. Their hospitals were overwhelmed, are overwhelmed. They've had to resort to... Basically folks that are over the age of 80 they're just halting the most significant medical interventions on these people. At least that's the data that seems to be coming out of Italy. So in the United States we have a very sick population, and I'm going to talk about that more later, but folks have been dismissing the magnitude of what this could all mean in just the most brazen way. And I don't really want to get out into the political weeds a ton, but here's something that's just fascinating to me. Most of the people that I would say are super dismissing the significance of this whole coronavirus situation tend to be more on say like the conservative side, the conservative talk radio folks.

Robb: I've listened to some of that to get a sense of where these folks are. And again, I'm libertarian, which in modern speak means that I'm just barely to the left of Hitler apparently. But what's fascinating to me is these conservative talk radio personalities are really dismissing this whole thing. And if we step back for a minute, even the most conservative estimates around this disease suggests that the older populations are at exceptional risk. And if we look at the

demographics of Republicans versus Democrats, Republicans tend to be much older than Democrats. So I can't for the life of me, figure out why there's not a fire lit under these conservative talk radio people to be like, "Hey, take some extra steps here." This is their fucking voting base. This is the base of people that supports the shit that they sell and everything, yet they seem to be bending over backwards to just diminish the significance of this whole situation.

Robb: But anyway, that's kind of... Again, there's enough political podcasts out there. This thing's not going to be a political podcast. I will do a little shot across the bow here and there, but that's just a troubling thing. And again, I get that there are some great discussions emerging around. Is the cure worse than the disease? Awesome. Let's have those conversations. But at the same time, let's not just dismiss what's going on out of hand, and it's not really okay that we might see... There's been apparently some hashtags going around between the millennial-boomer back and forth, and there's been a hashtag Boomer Remover apparently coming out of the millennial camp. And that's all well and good, I guess, if you're a complete piece of shit, but the hospital systems will get overwhelmed. And then when you fall and cut your hand while you're partying down at spring break and you need to go to a hospital because otherwise you're going to lose your hand or your finger or it becomes septic, there's not going to be hospital space for you.

Robb: And to say nothing of like sick kids and cancer patients and on and on and on. If the hospital systems get overwhelmed, there will be all kinds of other knock-on effects, and so just some really wacky lack of thinking going on within all this stuff. There's also, "You know this thing, it will only affect the immune challenged." Yeah, to some degree that's true. It's definitely accurate. Most of the people who have died from the virus had other conditions coming out of Italy. The mortality rate when you add one chronic disease, versus two, versus three, each one that you add when you add hypertension plus diabetes, it more than doubles the mortality rate. If you had three of them, it doubles again. But again, 60% of Americans have two chronic diseases, and more and more these chronic diseases affect younger people.

Robb: I did some pieces for the healthy rebellion lab talking about... Basically the title of the presentation was Millennials Aging Like Shit. And we have people in their 30s and 40s showing Parkinson and Alzheimer's signs, which was just unheard of 30 or 40 years ago. So this is again that thing that makes it really dangerous to just dismiss the potential of the hospital systems getting overwhelmed because we as a society are not that healthy. And it could end up really biting us in the ass. And like I said, there's a study in... Again, all of this stuff I'm talking about, I have links in the show notes.

Robb: The reality of only 12% of Americans being metabolically healthy. And again, this is based off of kind of modern criteria for what constitutes metabolic health. If we were to throw a crazy ancestral health model into that, I don't know if like 1% of Americans are metabolically healthy. I don't know if I'm metabolically healthy from an ancestral health perspective. That would be an interesting thing

to really unpack what they consider to be metabolic health and then overlay that within the context of ancestral health. But we have some real challenges within all that. And one of the best pieces, again, I think I've kind of alluded to this, that there's some discussion emerging around whether or not the mitigating strategies, the social isolation, all these people being sent home from work, losing jobs, losing employment, that is having massive knock on effects.

Robb: It's having effects everywhere. Apparently hospital admissions for children that have been abused have skyrocketed, because people are stuck home alone, they're stressed, they don't know what their financial future is. The way that the media, the 24/7 media cycle around this is super depressing. It could get bad, it could get really bad but just in the way that people are feeling and and whatnot. And so John Ioannidis, who's pretty famous within medical circles, he's been incredibly critical of a host of nutritional epidemiological studies. He's been beating the drum that most of what passes for nutritional science research is not science at all and should not be published, should not be funded, et cetera, et cetera. And so he wrote a piece, A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data. And I think he raises some really important points.

Robb: I'm going to read a piece out of the paper. Draconian countermeasures have been adopted in many countries. If the pandemic dissipates either on its own or because of these measures, short-term, extreme social distancing and lockdowns may be bearable. How long though should measures like these be continued if the pandemic turns across the globe unabated? How can policy makers tell if they are doing more good than harm? It's interesting because places like China and South Korea, Taiwan, Hong Kong, they experienced SARS 1, they experience MERS, and they took it really seriously. Their public health infrastructure, they had a game plan and it's not to say the United States had no plan, but when we look at what has happened around testing, like there was a validated test that was available out of China that we could have used a month ago and we didn't. And this is all going to be stuff that will need to be unpacked after we get through this.

Robb: We can't do a witch hunt and save ourselves simultaneously, but it's worth acknowledging that we didn't have a super good game plan. There hasn't been great communication from like the federal to state to local level. We again have these pretty draconian interventions, telling people to stay home, but yet folks aren't doing it. And even within that, it's unclear exactly how much social distancing should we be doing. There are folks on social media that are basically saying that if you go outside for a walk that you are contributing to the problem, and that's absolutely ridiculous. If you live in a super high-population urban area, then that might be the case. And granted, a lot of our population exists within these high density locations.

Robb: But even then it's pretty well understood that it's close confines, being indoors that is the real heightened mode of transmission for this disease. So if we had more of a game plan, if we had more communication, we could explain to

people that, "Hey, going for a walk is good. Blow off some steam, get some sun." Even if it's not sunny, it's been cloudy here in Texas for... Seems like forever, for like two weeks straight. But being outside is better than being indoors all the time.

Robb: Ioannidis raises some fantastic points, but a lot of these questions aren't going to be answered right now. We will discover some of the answers to what he's raising as we go along, but it is worth beginning to ask some questions about could more targeted quarantining, trying to really protect those who are at highest risk while allowing... I will try to remember to link this, but there was an estimate that because of school closures, we may reduce our medical staff population, their ability to be in hospitals by nearly 15%. Now, kids spread disease around like... They catch and transmit stuff like crazy, so there's some back and forth with that, but there is some modeling that suggests that we would be better off keeping kids in school, unless there's a situation in which say like there's a parent or another sibling that may be at high risk due to existing health conditions. But these are the nuanced reactions that we need to do to really protect those who need the most buffering, but then caused the least amount of unintended consequences and collateral damage in this whole story.

Robb: And as I say that there's this counterpoint and I'm not totally sure if this is going to work on playing an audio track here and we'll see if this works. Here we go, but this is from Dr. Michael Ryan. He's World Health Organization Executive Director, and he has been on the front line of dealing with different types of outbreaks, in particular Ebola for a very long time. And he has an interesting take on this.

Dr. Michael Ryan: What we've learned in Ebola outbreaks is you need to react quickly. You need to go after the virus, you need to stop the chance of transmission. You need to engage with communities very deeply. Community acceptance is hugely important. You need to be coordinated, you need to be coherent, you need to look at the other sectoral impacts, the schools and security and economic. So it's essentially many of those same lessons. But the lessons I've learned after so many Ebola outbreaks in my career are be fast, have no regrets. You must be the fast mover. The virus will always get you if you don't move quickly. And you need to be prepared.

Dr. Michael Ryan: And I say this, one of the great things in emergency response and anyone who's involved in emergency response will know this. If you need to be right before you move, you will never win. Perfection is the enemy of the good when it comes to emergency management. Speed trumps perfection. And the problem in society we have at the moment is everyone is afraid of making a mistake. Everyone is afraid of the consequence of error. But the greatest error is not to move, the greatest error is to be paralyzed by the fear of failure. And I think that's the single biggest lesson I've learned in Ebola responses in the past.

Robb: So pretty powerful. Really interesting perspective. And so again, we are operating with incomplete information other than we know that if a goodly proportion of most countries' populace experiences this disease in a very quick fashion, hospital systems get overwhelmed. And once the hospital systems get overwhelmed, clearly you guys are aware of all this stuff by this point, then the morbidity and mortality increases dramatically. Hey folks, we're going to take a quick break to hear from our show sponsor.

Nicki: This Healthy Rebellion Radio Salty Talk episode is sponsored by Perfect Keto. Snacking on keto has never been easier or cleaner than with Perfect Keto Bars, nut butters, trail mix and chocolate covered nuts. And now they've just released their new Perfect Keto Cookies. They've got a chocolate chip and a double chocolate and Robb, they're pretty darn good.

Robb: They're super good. They're really good.

Nicki: I mean it's like, "Move over Quest Cookies, Perfect Keto's in the house." Yeah, they're quite good. Perfect Keto products are super clean, no soy, dairy, gluten, artificial sweeteners, binding agents, et cetera. And right now with code Salty40, you can go to perfectketo.com/salty40 and get a buy-one-get-one deal. Buy anyone of Perfect Keto's products and get one for 40% off. You can go to perfectketo.com/salty40 and again, that code is Salty40.

Robb: I'm buying cookies.

Nicki: And now back to this episode of Salty Talk.

Robb: So there's another web website, covidactnow.org and again, I'll have a link to this in the show notes. But this is an interesting site and I've been trying to dig around to figure out how they're doing their modeling, but what they're providing is a map of the United States and you can put in your particular state. I have Texas pulled up and it provides a projection of when the point of no return for intervention is to prevent hospital overload. Basically it provides a line of the available hospital beds and then it shows no action versus three months of social distancing, versus some really aggressive shelter in place activity. And it's a little stool-loosing, I have to admit, because again, the way that we're... What I'm learning is that some of these models, although helpful, they oftentimes put forward a complete linearity in these processes, like the exponential growth and whatnot, which isn't entirely accurate, but this is where models get refined over time.

Robb: But for Texas, we in theory have somewhere between March 29th and April 3rd to avert this curve, basically overwhelming the hospital system. When you look at this overlay for New York, they're already in theory past the point of no return, and the next week or two is really going to describe just how true these models are, and then also to what degree these hospital systems in fact get overwhelmed. Again it can't highlight enough. There are some really fascinating

breakthroughs occurring like looking at chloroquine phosphate as a COVID-19 pneumonia treatment. There are some adjunctive therapies where they're using these malarial drugs plus azithromycin to mitigate the secondary infections that oftentimes are the things that really kill people in this really advanced and gnarly form of pneumonia. There's convalescent serum which extracts antibodies. There's a lot of really interesting stuff emerging that could avert some of this process. But again, this is where buying time in a smart way, could really provide some huge benefits.

Robb:

When we think about this looking forward, and I want to go back to again this understanding that came from Bloomberg, is the place that I pulled this one down, 99% of those who died from the virus had other illness and this coming out of Italy. As we go forward, we've got some opportunities here. And I'm a little bit flippant in saying this, but in these folks that were sick, did that fit their macros? And I know that it's kind of a prick thing to say, but here my ax to grind with a lot of the folks in the evidence-based nutrition crowd, and I have nothing but respect for people in say figure competition and bodybuilding and all that stuff. But there's this enamorment with folks in that scene. And very smart people that will spend enormous amounts of energy unpacking whether or not the consumption of sugar in a metabolic ward setting is... If we can make all these overblown claims about sugar consumption.

Robb:

But there's this reality that in westernized populations, we have very few healthy people. And in the background of this storing, I've been talking about this for over 10 years, the congressional budget office of the United States has a projection of somewhere around 2030, 2035 that diabetes-related healthcare costs will bankrupt the United States. That's even before we get to the neurodegenerative disease issue. Diabetes by comparison to neurodegenerative disease is easy to deal with because there's a good number of pharmaceuticals that you can put people on that will kick the can down the road. But neurodegenerative disease requires 24/7 nursing care, and that's just going to be orders of magnitude worse than diabetes. And now we have the potential, there's a potential that this coronavirus could become somewhat similar to the influenza virus in that we can anticipate a yearly re exposure. Now I guess some people would flippantly say, "Well, the sick and the weak are going to get cold and that will be better."

Robb:

Maybe you're right in a very Darwinian sort of way, but the collateral damage with that is going to absolutely gut society. And so it's kind of time to shit or get off the pot with the way that a lot of people are tackling nutrition writ large. We really need to link arms and figure out the commonalities that we have and quit the backbiting. And this goes across so many different sectors of the story. Not every approach works for everybody. Perfect. Okay. Let's not take a shit down each other's back while people are doing good work trying to help other people. Whether we agree 100% with the methodology or not, or the exact precise way that the science is articulated from someone, if folks are taking people from being metabolically broken to a state of better health, that's a fucking win, and

that needs to become the standard that we gauge success around this story going forward.

Robb: Before I wrap up here, I just want to mention this piece that was really interesting. It was at kottke.org K-O-T-T-K-E.org. It's by Jason Kottke. I hope I'm pronouncing his name correctly, but it's called the paradox of preparation, and it's interesting. I'll read some stuff from this piece that he did. The paradox of preparation refers to how preventative measures can intuitively seem like a waste of time both before and after the fact. Most of us don't stop brushing our teeth because the dentist didn't find any cavities at our most recent checkup, but with larger events that have effects more difficult to gauge like the COVID-19 crisis, climate change, et cetera, it can be hard to spur people into action. A doctor I spoke to today called this the paradox of preparation, and it's the key dynamic in all of this.

Robb: The only way to get ahead of the curve is to take action that at the time seems to be overreaction. Example, Japan closing all schools for a month with very few confirmed cases. The thing is if shutdowns and social distancing work perfectly and are extremely effective, it will seem in retrospect that they were totally unnecessary overreactions. So I'm just throwing this out there. I really desperately hope that we end up in a situation in which we need to remind ourselves about the paradox of preparation. I hope that the pending collapse of the hospital systems in New York, if we don't rally enough resources around that is an aberration or is a near miss. But the potential here is enormous to get this thing wrong.

Robb: So if we are lucky, we will need to remind ourselves about the paradox and preparation. We will need remind ourselves that yeah, it didn't turn out as bad as what we predicted, but that may be because we hustled our asses and we came together and we did the things that both help mitigate this disease but also didn't totally crater our economy and make us crazy in the process.

Robb: So that's what I've got for you this time. We will be back soon. Definitely come and spend some time with me over at the healthy rebellion. Some really cool stuff going on there. Hope y'all are well. Take care.

Nicki: All right, another episode of Salty Talk in the books.

Robb: Do you need a hug and a smoke and a cup of coffee?

Nicki: I think everybody is in need of massive hugs. This is a lot.

Robb: It's a lot but if we stick together, we can get through it.

Nicki: We can. All right folks, thanks again. Please share this episode. Check out our show sponsor, go to perfectketo.com/salty40 and remember, you get the buy-one-get-one for 40% off on all Perfect Keto products. You can view all the slides

from this episode's topic as well as join our community of folks working to liberate one million people out of the sick care system at join.thehealthyrebellion.com and stay safe, stay healthy.

Robb: Keep us posted on how you're doing.

Nicki: And we'll talk to you next time.

Robb: Take care.