

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 DrinkLMNT, the only electrolyte drink mix that's salty enough to make a difference in how you look, feel and perform. 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. 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 crednetialed functional medicine practitioner before embarking on any health, dietary or fitness change. And given this is Salty Talk, you should expect the occasional expletive.

Robb: Are we rolling?

Nicki: We're rolling.

Robb: Rolling, rolling, rolling?

Nicki: Rollin, rollin, rollin.

Robb: Do you remember Roland Martin?

Nicki: Keep those doggies rollin.

Robb: Different rolling.

Nicki: Rawhide.

Robb: Fuck.

Nicki: No, I don't know him.

Robb: This is where Salty Talk went to die.

Nicki: Usually we cut these parts out when we're testing. It just so happens, this happened in the actual recording. Who's Roland Martin?

Robb: He was a fishing guy.

Nicki: Fishing? Okay. I don't know him.

Robb: In childhood, they would ... He had a very catchy tune for his fishing show.

Nicki: Yeah. Missed that one.

Robb: Really. It was from the 'Tony, we have flies' era.

Nicki: Okay. Before my time.

Robb: Thank you for calling me old.

Nicki: What are we chatting about today, hubs?

Robb: Today I interviewed-

Nicki: Actually before we get there we have something important to share, the Prime Act. If any of you have seen Robb's Instagram account recently, you'll see we had a video where he called our congressman and two senators to ask them to help support the Prime Act. Robb, do you want to share a little bit about that?

Robb: Senator Ted Massey has been sponsoring or pushing forward this idea around the Prime Act for quite some time. The long and short of it is, there are four companies that control 85% of the meat production and really the food production for the United States. Two of those companies are foreign-owned and within that whole structure there is a monopolistic stranglehold on meat processing. The way these big players are able to keep mom and pop operators effectively out of the scene is that you have to have these very specific USDA-certified facilities. And it's not just USDA-certified but you basically need an USDA employee, somebody on the union sitting there administrating this thing.

Nicki: Which is costly.

Robb: Which is very costly and it's a choke-hold. It's a choke point and what not infrequently happens is, these big players will pay for the facility even when nobody is using it, to basically prevent small-time operators from getting in and having access to getting their meat processed. It's super fucked up and this is the inevitable consequence when we get monopolies. But what's interesting right now is, because of Covid and people getting sick and processing plants getting shut down, there's this inevitable chain that occurs where ... animals are born, then they're raised, then they go to slaughter and then they're distributed. All that stuff, if there's a wrinkle in the supply chain they have to remove the animals from that stage of the supply chain.

Nicki: It just gets so backed up, they have so many animals in queue that are slaughtered to be processed on a certain day, that if their plants closed at all they just don't have the capacity to deal with them.

Robb: Yes. So they've just been culling animals and destroying them and they're not being used for food, which is absolutely ... whether you're vegan or not, it's just absolutely appalling. The whole thing is an outgrowth of this very brittle food system. Even from a national security standpoint ... this has been something that's been brought up for quite some time, the centralized processing, the centralized distribution, is incredibly brittle if you were to consider, say, a terrorist activity or something. You could cripple the food

infrastructure within the United States quite easily. This Prime Act would make it quite easy for people to do their own processing at a local level. This isn't like some kind of crazy, unsupervised process. These individuals would be inspected by the Health Department. They would be subject to spot testing by the USDA. If you think this sounds, oh, man, that seems really dangerous, any good restaurant that you go to can receive half a cow or a whole cow, they can receive animals from the grower and they can butcher and process them themselves and they are subject to the Health Department. Old style butchers are the same thing.

Robb: So there is food that doesn't go through the specific USDA vetting process. It has more of a local oversight and there are just layers and layers of benefit to this. Small time operators would be able to get into this. We would have many more options for this processing to occur, so a future pandemic would not find us in this situation. Occasionally when there is contaminated food, instead of there being millions of pounds of contaminated food, it's a few hundred or maybe 1000 pounds of contaminated food. Because again, when you have these massive operations, it's super easy for contaminated products to go everywhere. So this Covid pandemic has exposed a lot of interesting things. Back in the 1980s the United States had 30 or 80 producers of antibiotics. The United States no longer produces any of its own antibiotics. I think globalization has had its run and I think we're seeing some of the really nasty brittle elements to this whole thing. The Prime Act ... I know I'm just wandering on and on, but this shit is really important.

Robb: Again, Senator Massey has been trying to push this thing out for a long time but there's been no interest, no stomach for this stuff.

Nicki: Now given the current climate there's actually some ears forward.

Robb: Serious ears forward.

Nicki: So here's the deal. Here's why we wanted to bring it up and here's why we're going to be beating this drum for a little while ...

Robb: Until this thing goes through or doesn't.

Nicki: ... is because, it's not enough to tweet your congressmen and your senators.

Robb: It does nothing.

Nicki: Writing an email does relatively little. What you have to do is make a phone call. So Robb called, we filmed it, we put it on Instagram. We'll put in the show notes the info on what to do, how to do it. There's even a little script. You're going to get a voicemail most likely from a staffer. All you need to do is tell them your name, tell them your state or zip code. Tell them you don't need a response, you don't need a call back, and strongly encourage that representative to support the Prime Act. Again, we'll put this info in the show notes. You can find your congressman and senator's phone number information at a site called govtrack.us. We'll also share an article from the Farm-to-Consumer Legal

Defense Fund, which explains a lot more about what the Prime Act is. But it takes less than five minutes of your time and if you really care about-

Robb: And it really matters. These phone calls matter.

Nicki: ... if this whole buying meat from local producers, if grazing animals and regenerative agriculture, if all of this stuff is what you support, then spending five minutes and making these phone calls is the least you could do.

Robb: And if we don't do this and we find ourselves in a food shortage scenario or we're really lamenting the fact that these animals' lives have just been wasted ... they slaughtered tens of thousand of pigs and they developed a system for just liquefying these animals so that there wasn't a putrefying mass.

Nicki: It's heartbreaking. Think about all the-

Robb: It's so ridiculous.

Nicki: ... That's an amazing amount of food that could feed ... I mean, it's terrifying and heartbreaking and all of it. So please, call.

Robb: Again, not to get finger-waggy but if we don't fix this, if we don't take this opportunity and we find ourselves in a future situation in which our food supply is dramatically impacted due to the brittle nature, then we kind of got what we had coming to us.

Nicki: This is our opportunity to really make a difference and as people were saying too, phone calls are disproportionately-

Robb: It's like 100 to one.

Nicki: ... Somebody could write 100 emails, these congressmen and senators could receive 100 emails but if they receive 10 phone calls, that really perks their ears up disproportionately more than the number of emails they receive. This is why it's so important to phone them. Again, it takes no time at all. So again, we'll be beating this drum for quite a while until you get sick of it.

Robb: Hey, please. If you guy do this, if you have a chance, do the same thing I did; record yourself doing it.

Nicki: Post it on whatever social media you use.

Robb: Yeah, post it on social media.

Nicki: Urge your friends, tag your friends. Yeah. It's that important.

Robb: We have a pretty tight timeline on this. Apparently there is another stimulus bill that is being spun up and the goal is to slide the Prime Act into that stimulus bill and we don't have a ton of time on that.

Nicki: Yeah, time is of the essence.

Robb: So please, do it.

Nicki: Sort of related to Covid and regenerative agriculture, I wanted to let everyone know that Sacred Cow, the book that Robb has written with Diane Rodgers is now officially available for pre-order. And because of this Covid climate and book stores being closed and the general economic uncertainties around all of this, the publisher is super nervous about printing-

Robb: Very many books, yeah.

Nicki: ... what we feel is the right number of books. So they're being super, super cautious and conservative with this print run so we're asking you, if this is a book that you think you planned on buying once it was out, if you could please pre-order it now so we can make sure the publisher does print an adequate number of books. We're doing everything we can to try to get them to realize that this book is super important and the demand is there for it, and people care about this topic.

Robb: I don't know how much I should get out in the weeds on this, self-servingly saying this, but it's a really good book. We did a great job on it. It covers the ethical, environmental and health considerations for eating meat and animal products, the value that properly raised animal products can have for the environment. So that should be reasonably obvious as a baseline. It addresses food security, it's really interesting, so many of the challenges that have emerged as a consequence of Covid like, do you have any savings? Do you have some food stashed? We covered all of that in the book because we're a little bit nutty that way. I've been waiting for shit like this to go sideways for a long time. But another opportunity with this is that it's not a diet book. We have some nutritional recommendations in it, but it's not a diet book.

Nicki: It's going to answer a lot of the questions that you guys frequently get asked from your plant-based, vegan-leaning friends. Does meat cause cancer? Is the climate going to shit because of grazing animals? It answers all of those things so it's a really important book and I think it spans ...

Robb: The cool thing for us, the interesting opportunity is, when I've done other books in the past or when anybody spins up a new diet book, people are amenable to supporting it, if they have their own shit that they're hawking. But it's a little predatorial or, oh, well, it might take away from my sales or whatever. So there's this, you scratch my back, I scratch your back but there's not a lot of vigor in it because there is this inherent competition. This thing isn't competing with anybody. We're the only ones in this ancestral health, ethical omnivore space that have really tackled this topic and are largely dietary agnostic in the book other than saying, animal products are really

important. It's not specifically, it's not specifically carnivore, it gives a hat tip to all those things. We feel like there's a real legit opportunity for lots of people to get in and support this, but if you all don't do the pre-orders, then there won't be enough books and we will run out and we won't make the bestsellers list.

Nicki: The main thing is getting this message out there, right?

Robb: If it makes the bestsellers list then there is a slipstream that is created that, oh, wow, we want this on mainstream media. Here's a bunch of interviews. Here's some news pieces. So you could have an amazing book that is phenomenal but if it doesn't sell ...

Nicki: Gets noticed.

Robb: ... then there's this disproportionate effort that is put into things that are already doing well. It's kind of fucked up because, 'oh, it's already doing well so we're just going to help it do even better.' So that is a reality but if you guys are excited about the potential of what is being shared in this book, we really need your help here particularly at the beginning. Usually at a book launch the bulk of books are sold a week, two weeks-

Nicki: A week before it comes out.

Robb: ... before the thing.

Nicki: Yeah, the big push.

Robb: We really need to front-fill that, if this thing is going to get the print run we need.

Nicki: That said, if any of you listening have an audience and have an email list, or have a social following and you want to help promote the book, shoot us an email to hello@robbwolf.com. Diana is working on some amazing graphics for the book and some swipe copy for emails so we'd love to arm you guys with that, if you'd like to share it with your audiences as well.

Robb: Okay. Enough of beating that.

Nicki: That was our rant for-

Robb: Fully. That horse is dead.

Nicki: ... our pre-salty talk rant. Robb, you interviewed ... this is a really cool interview. You interviewed two friends of yours, Scotty Nelson in particular, and Ed Clay. Both of them black belts in BJJ and they're working on some really cool stuff. Do you want to give just a quick high level and then we'll jump into the interview?

Robb: Yeah. Scotty is a kind of a luminary in the Brazilian jiu-jitsu scene, one of the early, early black belts. He created the first website, On the Mat, that had streaming video of jiu-jitsu and he founded Lucky Gi. He's just been a real fixture of MMA Brazilian jiu-jitsu. Ed

Clay, like Nicki said, is a Brazilian jiu-jitsu black belt, was pretty successful within the mixed martial arts scene both as a competitor and as a coach. Both Scotty and Ed have had pretty significant success in business. A number of years ago Ed's mother became very, very sick or had been quite sick with rheumatoid arthritis. She did everything. She went through all the methotrexate and all the immunosuppressant drugs. For a variety of reasons those things weren't really working for her. Then they dug into some of the, quote, alternative therapies like occur out-of-country and they found a hospital in Mexico called CHIPSA Hospital. They took her down there and she went in in a wheelchair and a week later walked out. They're super good in immunotherapy and integrated medicine. They have an amazing scientific advisory board.

Robb: They're so impressed, Ed and Scotty, that they ended up purchasing the hospital and they have gone on to co-found the United Cancer Centers within the United States and elsewhere. So they're really on a mission for helping to bring these integrated therapies to a more accessible place for folks. We covered a lot of different ground. Some of it was just discussing the prickliness and pushback that folks in the mainstream put towards, quote, alternative therapies. This is something that makes me a little crazy. Anything new is by definition I guess technically 'alternative' and it's takes time and vetting. But it's worth mentioning that the work done at the CHIPSA Hospital, they've kept great data, great notes on what they're doing with folks, this was a primary driver in the Right to Try legislation, which occurred recently. Which makes it much easier for people who have run the gauntlet of conventional therapies to do things that are on the edge or more integrated. A real distinguishes of what these guys are doing, they're doing genomics, nutrigenomics, gut analysis, and they're doing highly customized interventions for people. This is the future of medicine.

Robb: There have been some pieces written within the medical scene suggesting that the days of big data aggregates are done, because it doesn't matter what a giant bell curve of information average means for me or for Nicki, or for you guys. What matters is you. So these guys are not saying, chemo is bad or radiation is bad, but maybe chemo plus a low carb diet, plus hyperbaric oxygen for this individual may be particularly good. They're creating algorithms and fleshing that stuff out, so it's a really good interview. The sound quality kind of sucks because Ed and Scotty were in a-

Nicki: They don't do a lot of interviews and they don't have microphones.

Robb: Yeah. That's somewhat unfortunate but beyond that the content is amazing and the mission is phenomenal. Again, the treatments that are rolling out are cancer-oriented and autoimmune-oriented. They're just starting to look at the autoimmune underpinning of various GI disorders. This is something that I actually have been pestering these guys, hey, if you looked at irritable bowel syndrome, if you looked at ulcerative colitis, because I would actually like to go and see if some of the final niggling stuff that I have going on can be addressed with some sort of an immunotherapy intervention. So it's a great interview, it's very valuable stuff. Ed and Scotty are great dudes and I hope you all enjoy it. Ed, Scotty, how are you guys?

Scotty: Great, buddy. How are you?

Ed: Great.

Robb: Really good. A huge honor to have you both on the Healthy Rebellion Radio. Hey, you guys both have very interesting and eclectic backgrounds. Ed, let's start with you. Tell folks a little bit about your background. I covered some of this in the main introduction but it'd be great to hear it from you.

Ed: Yeah. I started wrestling when I was 11, kind of came from a mixed martial arts background. Started in Brazilian ju-jitsu when I was 15. That's actually when I met Scotty back in the day and we've been best friends ever since. I opened my mixed martial arts school when I was 20, started a clothing line called Gameness. We were the largest supplier of Brazilian jiu-jitsu martial arts uniforms in the world, and sold those. Then opened CHIPSA Hospital in 2015 with Scot. My mom was sick. We had read some studies online of a treatment we wanted. It wasn't available in the United States. There was a hospital in Mexico that had it, that's CHIPSA Hospital, and we've been doing that for the last five years. So from MMA to business to running the hospital now.

Robb: Awesome. Awesome. Scotty, you're a little bit of a similar background. You're part of the old guard of Brazilian jiu-jitsu and also getting Brazilian jiu-jitsu on the Interwebs. Tell folks a little bit about that background.

Scotty: Sure. I started jiu-jitsu back around '96, so early, early on. I was living in Silicon Valley and at the time there was only really one website, bjj.org that was run by one of the guys that trained with us at the house Gracie. So he inspired me and I have a good friend, Alan Marquez, better known as Gumby. We started onthemat.com in January or February 1996. We're the first website to host downloadable videos online. Back then it was called Vale Tudo, not MMA. So Vale Tudo videos and jiu-jitsu videos. We're started traveling all over the world and hosting those videos online. It became like a blog long before there was blogs. And Alan, Gumby, had worked for IX Micro on video compression so we literally paid him to compress videos. My brother owned his own server so before servers were even affordable, we were hosting videos and stuff. I worked in Silicon Valley for a long time, met Ed through jiu-jitsu. Left Silicon Valley in the Silicon Valley crash and just decided, maybe jiu-jitsu and martial arts is my full-time life.

Scotty: Ended up moving to Brazil, started Lucky Gi, OTM, build a site, a bunch of different companies. Started manufacturing for other people. Then you and I, we have a little bit of CrossFit history huh?

Robb: We do.

Scotty: Back in the Santa Cruz Rosmond days.

Robb: Yeah, that was one of the first times ... Well, I had been following On The Mat for a while but I remember when CrossFit ended up ... it's the end of one of the On The Mat DVDs, the Glassmans were so jazzed. They were like, we made it. You guys were a pretty big factor in that whole scene.

Scotty: Well, we've got BJ Penn up there. I think when BJ won ... I can't remember which fight it was, but he'd been training with Craig and the guy Jason and everybody over there. They asked him, "What was the secret of your success in this fight and everything? He's like, "I trained at CrossFit." I believe Craig said the CrossFit website crashed that night. I mean, that video I made for them a long time ago had so many MMA stars in it that were trained there. That was pretty cool.

Robb: Super, super cool. It's interesting ... and Ed, I guess you alluded to this already, I had a question about how you guys had the idea of forming the United Cancer Centers and integrating that with the CHIPSA Hospital, but this was due to your mother being ill?

Ed: Yeah. I was training fighters. In 2007 I tore my LCL, PCL and meniscus, through a kick blew it out. We had team doctors that got me on prescription pain pills. I was taking those for about two years, went through withdrawal. Tried to stop a few times over six months, wasn't able to do it, so I went to a therapist. I said, "I'm completely functional running my companies but I'd rather have a clear brain and deal with the pain than a foggy brain and no pain whatsoever." He said, "America is behind the times when it comes to opiate withdrawal, Google Ibogaine. So I Googled Ibogaine. It was not available in the United States. I was skeptical. It said, supposedly it stopped all opiate withdraw. Watched a couple of documentaries, I'm like, ha, let's try it. I took a plane to Mexico City, took a bus, a couple of hours south to a place called Tepoztlan Mexico. I get Ibogaine in somebody's bedroom, was home 72 hours later, never a withdrawal, never a craving. So I asked myself, if this is not available in the United States and can help people, what else is out there? My mom was really sick. She has this severe form of rheumatoid arthritis and she actually failed all standard of care. She had multiple staph infections. She had tuberculosis from the side effects of medication. Broke her back on a short fall due to the prednisone.

Ed: She couldn't take any of the RA medications and it was just eating at her. So we read a study ... and I looked into Gerson therapy and some different diet therapies, but specifically I read a study on Coley's toxins for rheumatoid arthritis. It was done in 1923. It's a long time ago but there was one hospital that had it in Mexico, is CHIPSA Hospital. Then it closed so Scott Dedrick and I ... actually Dedrick is the other partner. We went down there, found the hospital and purchased it. My mom was our second patient, she came in a wheelchair. It was actually attacking her organs, she was covered from head to toe in a rash as well, and she left three weeks later walking. Today she is still doing great, to this day. That was really the catalyst that got us to do it.

Robb: Incredible. I don't know if you guys know, my background is in cancer and autoimmunity research. It was the autoimmune side of all this stuff that really got me into the paleo, low carb diet. We ended up developing the autoimmune protocol, which slowly continues to accumulate some validity and whatnot, and seems to be helping some folks. But Ed, flesh out what that Coley it's toxin regimen is, because I learned about that probably early '90s. I was just fascinated that this wasn't something that was more standard of care, because it's using an ancient immune response to retune our current immune status. Take it away. You could probably do a better job on it than I can.

Ed: Actually I like the way you put it. It's interesting. The history of Coley's toxins is amazing. Dr Coley, if you look at the cancer textbooks, he's in the textbooks as the father of immunotherapy. In 1891 Dr Coley had a sarcoma patient. He was a surgeon at Memorial Hospital, which is now Sloan Kettering. He amputated this patient's arm thinking that was going to stop the spread of the sarcoma. It didn't. That patient ended up dying a few weeks later of the sarcoma. Coley went through the records to see if anybody had survived. He was really upset that this patient had died and went through the records to see if anybody had survived. Nobody had survived a sarcoma, except one patient. He had found this patient but seven years later and the patient was still alive. He brought him in and it turned out that the patient got an erysipelas infection while they had the cancer. He almost died from that infection but when he survived the infection, the cancer was gone. Dr Coley thought, "Well, if an accidental infection can cause the spontaneous remission of a cancer, then so should an intentional infection."

Ed: So he injected his next patients with this erysipelas bacteria and cancer went away. It's a live bacteria, severe response though, septic type response. He did it on a number of other patients, some patients got better, some patients died. So he changed it to a dead bacteria because it wouldn't keep replicating. From 1891 to 1936 Dr Coley had a higher success rate treating many cancers than we do today. So what Coley says, it's a gram-negative and gram-positive bacteria, dead bacteria and it mimics an infection. For instance, CpG right now, Pfizer's owns that patent, it's a pretty popular potential big cancer treatment, it's just one of the danger signals in Coley's, we know a lot more of the science now. But it stimulates an innate immune response, so you're getting the dendritic cell response, you're getting macrophage, natural killer cells. You're getting this big immune response and it causes a fever. So it's counterintuitive in many ways for rheumatoid arthritis. Because rheumatoid arthritis has an overactive immune system, your immune system is attacking your body. So they give you immunosuppressants, which helps some people with horrible side effects for many.

Ed: So our idea with Coley's was to stimulate the immune system and cause acute inflammation. For my mom, when she did it, after about six hours her hands swell up more and more. She got a fever but after the Coley's wore off, the swelling went down. We just kept doing it, it's like boosting. It was amazing. It kind of makes sense. I was talking to immunologist Dr Thomas Eacom. He's like, "Do you know how counterintuitive that is?" I'm like, "I do." He's like, "But I agree with you." It's a little counterintuitive because you're stimulating, but it's doing something to somehow reset the immune system. We don't know exactly what it is.

Robb: Right. I don't think folks appreciate that the immune system is as complex or more complex than our brain. It's this massive information processing center and if folks get into an autoimmune state then we've failed this process of distinguishing self from non-self. But this really potent stimulus can be like a reboot signal. Again, all vertebrates have this really powerful response to gram-negative bacteria, the lipopolysaccharide in there. It's evolutionary conserved, it's ancient. Bacteria running around in our bodies are not a good thing and could even maybe make a case from the hygiene hypothesis that the fact that we don't get as many infections may be leaving us more predisposed to things like cancer and autoimmunity now, because our immune system isn't getting that tuning.

Ed: That's really interesting because right now somebody gets a fever, what do we do? Give them Tylenol to suppress the immune system. Give them antibiotics. These things are good, they saved many lives. Don't get me wrong. Actually what you're suggesting, I agree with. I think that we don't get these immune responses and it could be what's causing some of these autoimmune diseases. I think it could be a factor. Many things really, cancer even. If you look at the statistics from 50 to 100 years ago, it was much different, the odds of you getting cancer as it is today. I think it could have something to do with just that.

Robb: Right. Have you guys tinkered at all with gut-related specific issues, irritable bowel syndrome, ulcerative colitis, because those things seem to have a pretty potent autoimmune underpinning as well? Have you guys branched into that at all?

Ed: No, but I do agree with you. We actually just started doing autoimmune stuff besides my mom. We just started doing it probably two months ago, actually right before the Covid stuff. Because we're so busy, it's hard to do everything. We knew we would get good responses. We've got a couple of really good responses early on from people. But it was like, okay, let's focus on just the cancer. Now we have another location, we have an outpatient facility. We have a stem cell license in Mexico, so it's really something that we could feel good about and have the space to do. But I agree. A lot of the immune system, as you know, is in the gut. So really fixing these gut issues, yeah, that could have a lot to do with the autoimmune diseases as well.

Robb: Well, if you want a guineapig, I am game. Once the house arrest is done I'm game to go down there and see. My gut health has improved over the years but I still have some wonky stuff with it. I'm not as resilient as I would like to be. It'd be interesting to kick the tires on some of those protocols and see what happens with it. If we could fix me, you could fix anyone because I'm about as tough a case as you can find.

Ed: Interesting. Yeah, what's cool about our scientists, we have a really great scientific advisory board. One of the doctors, his name is Dr Vijay Mahant, he's the founder of a company called AutoGenomics. He was in his postdoc at MD Anderson. He is very, very much into the gut microbiome and healing. It'd be interesting to do some sequencing and have him look at it. Same thing with Dr Franco Marincola, he's our chief medical officer for United Cancer Centers. He was the former chief of infectious disease and immunogenetics for the National Institute of Health. I mean, he very much believes that the gut microbiome has a lot to do with the immune system. What's interesting about what Dr Marincola says, 15 years ago what he was doing wasn't considered real science but now it's coming around. MD Anderson did a study I believe in 2015 showing the relationship of the gut microbiome and checkpoint inhibitors. So you have a lot of mainstream scientists now understanding that there's something going on. There are so many bacteria in your gut, it's hard to tell all of the things but it's causing something with cancer and autoimmune.

Robb: Absolutely, yeah. That's a really good segue around ... or just a little bit of background. I've thrown this out in the past at different public speaking events but around 2000, 2001, if you poked around on PubMed and you put into that search database, intestinal

permeability, there were just maybe a couple of 100 returns and most of it was quackery, pseudoscience, on and on. Then as we've motored forward, it looks like, when you put 'intestinal' into the PubMed search engine now, it's either the number one or number two most popular return, intestinal permeability. There's thousands and thousands of papers in there now and we know that the gut is critical for a host of different health conditions. We don't entirely, in my opinion, know what the hell to do about it yet. But it's like, okay, it's important. We get that. But there was this period of time where people would destroy their careers by even investigating these topics. Now it's the hottest area of immunology. So there's that piece. There's this other piece that oftentimes people critical of some of the work that you folks do will say, "Well, there's medicine and there is no alternative medicine. There's just medicine that's been validated."

Robb: I don't want to ask too leading of a question but what are your thoughts on that? I have some very clear thoughts on it but I'm curious what you guys think about that position, that the accepted body of medical practice is the only thing that's acknowledgeable, acceptable or what have you. What are your thoughts about that?

Ed: Yeah. I think ... it interests me what Scot would say too. But I think times are changing. People are realizing that mainstream science doesn't have all the answers. There's a lot of politics in it and there's a lot of good treatments that are out there. I mean, if you think about immunotherapy for cancer, I interviewed Franco on my podcast a couple of months ago. We haven't released it yet with all the Covid stuff going. But went through the history of immunotherapy in his lifetime, as far as what he did at the NIH and working with IL-2 and those type of things. He saw a patient ... it was the first patient they treated with IL-2. A melanoma patient, the cancer went away. They're like, oh, my gosh. We have the cure to cancer. Nine other patients, it didn't. So it works about 10% of the time. They didn't know that at the time. But he said he always knew there was something there, but he couldn't know exactly what was going on. I think that happens a lot. There is a lot of money in the pharmaceutical industry and I do think that plays a role. I don't think that's everything. I think probably the big thing is ego. Everybody wants to be right. I got to be right. It's being right in many cases at the expense of somebody's life. We want to be right about this, we're on the right side.

Ed: But no, they're finding these things, even for instance with the gut microbiome and fecal transplants. That's been around for a long time. I think OpenBiome is a company that the FDA allows to prescribe to the patients.

Scotty: For C-diff. Yeah.

Ed: For C-diff, yeah. I mean, that was complete quackery for many, many years. They're getting smashed over that. There is a lot of stuff like that. For instance, ozone therapy. Ozone therapy, I've experienced it. I can tell from my own personal experience, ozone therapy is amazing. There's Coley's toxins, you can't really patent Coley's toxins. CEPG is just one of the danger signals in Coley's toxins and Pfizer bought that company for hundreds of millions of dollars. And the company was called Coley's Pharmaceutical.

Robb: Oh, funny. That's funny.

Ed: So yeah, I just think that it's ego. But we always say, build bridges, not walls. How do we work together? That's what we did at CHIPSA because it was very alternative. When we went to CHIPSA it was very alternative. Quite frankly, we saw a lot of patients dying. Most of our patients are stage four, failed standard of care and last resort. We saw some patients actually get better, which is amazing any time you are doing things that are alternative. But we also saw a lot of patients dying. It's like, how do we build bridges with the scientific community? That's what we did, we started building those bridges and now I would say the only treatment we have that's not science-based perse, we don't have a ton of data we can show, is Gerson therapy. We don't consider Gerson therapy a treatment. It's a great adjunct diet but we don't look at it as a cancer treatment by any means. I can't really argue it scientifically so I wouldn't want to have to. Our other treatments though, I feel confident that our scientific advisory board and our doctors could really-

Robb: Defend that.

Ed: ... defend that, yeah.

Robb: Now a quick word from today's sponsor.

Nicki: This Salty Talk episode is sponsored by Kettle & Fire. Kettle & Fire makes the first USDA-approved shelf-stable bone broth made with grass-fed and finished beef bones and organic pasture-raised chicken bones. Regularly drinking bone broth is helpful in improving gut health and provides nutrients for stronger hair, skin and nails and having ... I mean, this is amazing to have a huge stock of Kettle & Fire in hand, because it makes throwing together a meal quick and easy and this is what we had for dinner last night. We had-

Robb: We took some ground beef from Augustus Ranch.

Nicki: Here locally.

Robb: That we procured here locally and I put some of the-

Nicki: We've had some shrimp on here.

Robb: ... coconut, lime, curry into a pot.

Nicki: Coconut cream, lime, bone broth.

Robb: Diced up some veggies, diced up a little bit of mushrooms. Put the ground beef in there and mixed it up. Then cooked it for a good bit and maybe the last 10 minutes put in about three-quarters of a pound of shrimp. The kids-

Nicki: It was amazing.

Robb: ... crushed it.

Nicki: We do soup at least-

Robb: At least once a week.

Nicki: ... at least once a week. That's your favorite meal. Frequently we'll use some Kettle & Fire to make a quick lunch with some frozen meatballs I've prepared, in the freezer. Super easy, throw it on the stove and in 10 minutes you've got lunch. So can't recommend Kettle & Fire enough and again, having just a stock on hand when you're in a pinch and you need something nourishing, healthy, it's really easy to whip up something. Really tasty. Go to kettleandfire.com/saltytalk. Use code salty talk to get 15% off your order. Now let's jump back into the interview with Ed and Scotty.

Robb: I don't think very many people are aware of, but the work that you folks did was actually pretty pivotal in the formation of the Right to Try legislation. Can you talk a little bit about that, what that is and what that process was?

Ed: Sure. Scot, you want to jump in here?

Scotty: Sure, I'll share a little. Well, I just want to go back a little bit about what you were just saying. You talked about the thing that really is crazy to me is, if we're all coming from responsibility, where is our responsibility as Americans that we've allowed this system become so old and so broken? Our healthcare system is not working for us. If there is ever a time that we're realizing it in our current state CV-19, where else in life do Americans or people in the world, accept stuff that's so old? If you think about a lot of these cancer treatments, some of them are 20, 30 years old. You went to buy a car today and you saw a brand new Tesla and they said, no, you can't buy this Tesla because we haven't had it running for 15 years. We don't know if it's going to blow up yet. But here's this whole Volkswagen bug over here that you could drive around. They both have four wheels, they both have a steering wheel. It's pretty much the same thing, right? I think people are starting to wake up to this and people are starting ... so many people are going outside of the United States for treatment at some point, as Americans. Just like Ed said, he had to leave the country, mom had to leave the country, that we got to step up and do something about it.

Scotty: I think going into Right to Try is a really good chance to speed that up. I also think a lot of what's going on with the treatments for Covid, oh, all of a sudden the FDA can push really fast and inexpensively. So if it can be done once and it can be done, why can't we continue to do some stuff and hopefully we'll see some stuff streamlined. For us in Mexico, they had a Right to Try principle their whole time. They're very much more open at looking at everything that could possibly work, in the way their laws work. Malpractice doesn't really exist there, unless it's ridiculously, cut off the wrong arm or something. Doctors are given some more freedom. They're allowed to work a little bit more as scientist type doctors in Mexico. In a lot of ways what you can do there and in another country are light years ahead of what we're doing in the US.

Robb: Scotty, that's great background on that. Tell folks a little bit more about what the Right to Try legislation actually is. What does it mean for a parent who has a child with a glioblastoma glioplastoma and they've run the gauntlet of therapies and now they're looking for something else. What does the Right to Try legislation do for those folks?

Scotty: Well, the big difference is between Right to Try and compassionate use. Compassionate use has always existed but it required going through the FDA and the FDA was allowed to modify the treatment or do what they wanted, how they saw it fit to be used rather than the patient's doctor or the company that makes it and has been doing it. So basically Right to Try gets the FDA out of the way and allows the patient or the doctor to go directly to the pharmaceutical company, to the manufacturer, and petition them for it. It's also changed some of the laws around, the doctor can't be held liable, the drug company cannot be held liable, the patient has to do what's called fail standard of care. In cancer, we have over 600,000 patients a year who do what's called failed standard of care, meaning their doctors are forced to give up on them because they have no further treatment options. They tried everything they could possibly try and that's when Right to Try kicks in, after that for them.

Robb: Great. So just to make that clear, this isn't a situation in which there's no oversight, there's no process. But we're looking at people that we've thrown the whole pharmacopeia at them. We've done everything but there's still this stuff that's maybe developmental or more fringe and these people have a very dim prognosis. So it's opening up both the legal side of this and the procedural side to give them another chance to experience some of these on-the-edge therapeutics. Now, this has only been maybe two years since the Right to Try has been put into legislation, if I recall. Do we have any sense of what the success rate is of people going through that? Does anybody have any numbers on that yet, or is it too soon to really see what that looks like?

Scotty: Ed, do you have any numbers?

Ed: Yeah. Well, not a lot of people have done it. We're actually going to be the first institution that implements the legislation and we wanted to do it from an institutional standpoint. Because right now the clinician has to go to the pharmaceutical company one at a time. So we want to have the relationships with the pharmaceutical companies, the biotech companies, that we say, okay, we have this many checkpoint inhibitors that we can work in combination, we have this many oncolytic viruses ... we have this many, whatever the treatments are, and now we can go straight to them and we can streamline that process. What we're going to be doing, we're going to be taking the patient's genetic information. We'll be a liquid biopsy, which is taking the circulating DNA from the blood. Tumor biopsy, get microbiome sequencing, pharmacogenomics, nutrigenomics, all the genetic casting. Then we're going to match the patient's genetics with the drug that's been through a phase one. So we're taking a process that would normally take 10 to 15 years time-collapsing into 12 to 18 months, but we're doing it very thoughtfully. We're not just saying, oh, let's try this drug. It's based on their genetic information. You've got to think, the FDA was formed I think in 1963 and they didn't have Watson and Crick discover the double helix in DNA in '52. I mean, this is way ... you didn't have this back then.

Ed: So this is an evolved version and we can fast-track these treatments intelligently. Scot was talking about the chemo therapy, some of them are actually 50 years old. There are some old standard of care stuff. I believe there's a better way to do it. I actually don't think it's throwing everything out. Don't throw away all of the chemo, don't throw away all the radiation. Maybe a lower dosage of chemotherapy to activate the immune system, to turn a tumor from cold to hot. Cold meaning, the immune system won't see it. Hot meaning, the immune system will see it. Maybe that's what you do with radiation too, but combination therapy is really the future and that's actually how we're looking to implement the legislation; use combination therapy, not just one Right to Try treatment, maybe a checkpoint inhibitor with another right-to-try drug.

Ed: That's the evolution of even the Right to Try legislation but nobody's done this yet. We're going to be the first.

Robb: Guys, this maybe gets out in the weeds a little but the scientific model when we ... say, we're comparing one cancer drug versus another. Say, we've got a specific type of cancer and we're comparing this drug or this therapy versus another, that's been the scientific paradigm for 100 years, 200 years, however long we've really formalized this process. But Ed, what you're describing there, this super customized approach, just nukes ... I wouldn't say, nukes the scientific method. But in this big data aggregation where it's like, we're going to put 20,000 people through this and aggregate the data, and if you happen to be the person right in the middle of the bell curve, maybe it applies to you, but it applies to almost nobody else. There have been some really interesting papers written with the advent of personalized medicine. Old big data processes are dead and actually antagonistic to what we're trying to do. How are we going to navigate that going forward? I see what you guys are doing as being the skinny end of the wedge to open this door, but this is going to be a monumental frame of reference shift.

Robb: Because every university, every department of epidemiology, all they want to do is get 20,000 people and make them all do exactly the same thing, with 20,000 people doing a slightly different thing, and at the end of the day the meaning for each of us individually is almost none. What are your thoughts around that?

Ed: It's really interesting that you're saying that. Our chief scientific officer is a guy named Dr Michael Leeman, he has a PhD in theoretical chemistry and protein crystallography. He sits on a couple of boards on big pharma, the Pharma Foundation, Heather Translational Medicine Department. So he's a mainstream scientist but he wants to change the way clinical trials are done. So we're going to be doing observational studies. A lot of people have said, "Oh, with the Right to Try you're not allowed to collect the data. You're not collecting the data, that's why Right to Try is bad." No, we're actually going to be able to collect more data than they do in an FDA trial. We're thinking about an ops like, oh, no, we don't have to, we want to. We want to collect data. Because one of the things that Michael believes is that instead of having that one size fits all treatment, we need to be finding these little subgroups of patients that it's working for. So why is it working for this group of patients with this set of genetics and not for this? Oh, this is the drug that you need for that right there, and really personalizing it. But doing it with the data.

Ed: We like to say, we're going to have a crystal ball for these pharmaceutical companies, because we're going to be able to see what works and what doesn't work and be collecting more data than they ever would, or than anybody ever would. So it really is a paradigm shift and we have great, brilliant scientists working on this with us that think the same way. What you're talking about isn't the way it's done but a lot of people are thinking like that. Translational medicine is from bench to bedside. In the '50s and before, doctors were scientists too. They'd see something in the clinic and they make an adjustment. Then it got really far away. Franco for instance, he is the founder and editor in chief of the Journal of Translational Medicine. That's what they do, is translational medicine. How do we take these discoveries and get them to the patients fast, and get them to clinicians and really, really collaborate and work together? So I do believe it's a paradigm shift but there's a lot of people that believe in it. I think that as long as you don't just beat them over the head perse and say, all the old way is bad, just show them with grace ... because they're doing the best they can with what they've been taught.

Ed: The old way, they've been doing that for 50, 60 years. But I think as they see there's a new way, we can make some really fast gains and breakthroughs.

Robb: That's awesome. That's awesome. Guys, the peer piece of healthcare is a bugger. Part of what our goal is with the Healthy Rebellion is to liberate a million people out of the sick care system. One of the sub-pieces of that in my mind is, we really have to upend the third-party payer system. It's so much moral hazard. There's no ability for accountability. It's not very adaptive and so on. I've been really encouraging folks to explore things like Medishares in particular, also health savings accounts. But the health saving accounts are tough because they're still in that third-party payer system, so they're not quite as free as the Medishares in allowing people to do what needs to be done to best serve their health needs. But in general, what has been your experience of folks using Medishares? How have these things worked relative to folks getting any type of traditional insurance reimbursement versus folks just needing it to come out-of-pocket to cover this stuff?

Ed: Scot?

Scotty: Well, we're a cash pay model, unfortunately. We would love for insurance companies to accept that and be able to support our patients more in that way, but unfortunately very few of them allow people to go outside, allow their customers, their patients, to leave the country. But there are some that our patients do work with. Some of their names escape me, but they have a lot more flexibility, they pay upfront. It seems like they actually want their clients to get healthy. They work a lot more with us, they allow their patients to return at the intervals that the doctor suggests, not one that's written in policy. I think they're great. In my experience, patients that have them do much better with them and it's a lot less stressful for them. Just removing that stress out of a sick patient's life, whether it's autoimmune, cancer, whatever it is, always helps. I love your idea, what you guys are trying to do. It's super cool.

Robb: Well, it's either going to be a huge success or be like a plane into a mountain side. There's not going to be any middle ground on it.

Scotty: Is it anything worth doing like that, Robb? I mean, come on.

Robb: That's true. That is true.

Scotty: Do you know how many people told us we couldn't open a hospital? Period. Couldn't open one in Mexico. Don't speak Spanish, aren't doctors. There's the list of things with all the reasons people told us we couldn't do what we were going to do. I mean, we're just going to crash into the side of a Mexican mountain, that's the only difference, you know?

Robb: That's awesome. This is one of the things that really distinguishes true ones from nerds. You guys are definitely in that category because of just multiple iterations of success. But if you knew how unlikely success was, getting in and doing something new, people would never do it. That's where to some degree ... you do some market analysis and you hope that there's something good there, but in a lot of ways you have to close your eyes and drop your shoulder and drive it forward. That's it. Guys, I want to be respectful-

Scotty: I think there's different types of people, Robb. What you just said ... actually Dominick Cruz, we hang out a lot with Dominick Cruz. He just did five days MMA and he has a fight this weekend coming back I think his third time to win his belt. We always talk about the similarities between MMA and how we fight disease and how we fight cancer at our hospitals. Let's talk MMA, right? If you're going to fight a karate guy on your team, you're going to have the best karate fighter you can find and the best anti-karate fighter that you can find on your team. But you're also going to have a nutritionist. You're going to have a mental coach, you're going to have ju-jitsu. You're going to have all of these other things on your team. One of the things we've done at the hospital is, we've built a success fight camp for everyone of our patients. We have four psychologists, we do power of the mind classes. We have Lola and Sarah that do our classes for us three days a week, so we're working on the mental game. As Ed said, he was a big-time MMA coach for years, if I didn't mentally prepare I would be laughed out of the fight world. So why is it when we have people that are in an actual fight for their life, we say their mind doesn't matter?

Scotty: We say their diet doesn't matter. What you were saying is, if people figured out how hard it is ... I do think there's different kinds of people. Because I was talking to [Dom 00:58:00], we've been working on a membership site together. He said, "One of the biggest reasons that really propels them into doing this is because everywhere he looks and everyone he talks to other than his close circle of people, they all tell him it's impossible. Oh, you can't do this, it's impossible. You don't have a chance. You've already been the champ, why are you doing this moving on? It's funny especially in this world that we're in right now, where we're all on lockdown stuff, for Ed we've got a couple new mantras. One of them is, where there's a will, there's a way. Don't even try to tell us we can't do something because where there is a will, there is a way. We're going to figure this out. The other one is the new normal. This is the new normal for us. Things are changing. Back to what you were saying, people being able to say, oh, this is just impossible.

Scotty: It's impossible. I think if some people let their minds get stuck on that first speed bump ... and I have been guilty of doing that in the past, for sure, and sometimes probably still. But there does seem to be different time in people's life or a different thing that's happened in people's life. For me, I've always loved martial arts. I've always loved ju-jitsu, but it doesn't take too many people coming in a wheelchair and walk out life back. For me, anyways. I can't speak for Ed but I think he feels the same way, what's that bigger purpose. What's that higher purpose? When I used to get people into ju-jitsu, I know people who I knew that were on drugs, or people I knew that were morbidly obese or were in a toxic relationship, I get them into Gi, I put them on the mat, I let ju-jitsu do its thing and it doesn't take very long for an entire transformation in their life.

Scotty: That's what we want to create for people in healthcare; get in your fight camp, get in your fight, get your team behind you to win and then go out there and win. I think that one thing that our power of the mind classes have really shown is that, when people change their mind, when people find a reason to live ... when people find someone else to live for or something they need to do, it shifts things up in their brain and they start thinking in a different direction. Then frequently, not always, but frequently their health starts moving in a different direction.

Robb: For sure, absolutely. That's awesome. It's interesting again, where athletics is a great classroom for so many things. I can't tell you how many times we've had people say that their doctor related, "Well, your diet is not going to influence this disease or that disease." It had never really occurred to me to look at it like this, but nobody would say to an athlete that their diet is trivial. Eat whatever you want, it's not going to matter. Well, of course that matters. If your nutrition doesn't matter for fighting cancer, for dealing with autoimmune disease, come on, that's preposterous.

Ed: Think about this, if the best athletes in the world are eating very healthy and have nutritionists and are doing these things ... if the best athletes in the world are going to sport psychologists and doing meditations, why wouldn't we do it for a cancer patient? They're in the fight of their life. That idea, it doesn't make any sense. I mean, I would be the worst coach ever if I told my [inaudible 01:01:42], "Ah, don't worry about focusing, don't worry about visualizing, just eat all the cake you want, you'll be fine. It doesn't matter." But that's what they tell people and I know that's not true. We know that. They're wrong on that. There's no way. Maybe it's not going to make all the difference but it's got to make some difference. I don't know how you measure it scientifically but it's got to make some difference. So you're exactly right, it absolutely matters.

Robb: Absolutely. Guys, what are the biggest say, two, three challenges and opportunities that you guys face over the next three to five years?

Ed: Scot, you want to go?

Scotty: Currently we are working-

Robb: Covid is a bit.

Scotty: ... to reopen the hospital. Yeah. We have last I checked 47 autoimmune and cancer patients waiting to come back to get treatment with us. Right now the challenge is the new normal, figuring out what we could do. It was absolutely insane to me that we had to send home cancer patients from our hospital, stage four cancer patients, 90 something percent chance of dying to make room for people that have ... I don't know what the percent is right now, less than 1% chance of dying of Covid. Actually right after we're done here were meeting with some labs to get some equipment and get some Covid testing and we're working how to reopen our hospital next week. We just have too many people that depend upon us for care. We've had thousands of patients already in our system that we are currently treating, plus new patients that want to come down and get treatment. So our goal right now is to get open and start treating people again and getting them back on a path of health.

Robb: Awesome. Awesome.

Ed: Yeah, and I would say the next three to five years, big picture, the biggest impact that we can make is with the United Cancer Centers. I believe it's a revolutionary idea that we're fortunate to be a part of. Ultimately our goal is to open up in Nashville in the fall. The Covid thing has probably held that back a little bit. We're in the middle of a fundraiser. So we're going to be funding part of it but obviously it's expensive to start a cancer clinic, in the United States especially, and to pay for the team that we have as well, bringing all the top people. But it's really getting the funding, getting open this fall or asap, and being able to be innovative and light to make those quick changes. That's the idea. Right now with all the telemedicine, we had a call last week with our team and we're going to put things in place instead of the patients coming in all the time. Our idea, we have a geneticist, a nutritionist, a psychologist, oncologist and immunologist at every location. The patient was going to be able to talk to each one of them one-on-one. Lots of personal type contact, that was the goal. You don't normally get that. In Mexico, we have a one-to-one patient to doctor ratio. For every patient we have a doctor in the hospital, which you can't here.

Ed: It's unbelievable. That's a mind thing too because if the patient's sitting down with a doctor they're like, wow, this doctor actually cares about me. They're given that personal attention. We believe it makes a big difference in many aspects. We wanted to bring that touch to what we're doing for United Cancer Centers so every patient will have that experience with the nutritionist, the oncologist, immunologist, geneticist, et cetera. So we're thinking now though to do that with the telemedicine, so we line up the consultations one after another during the first visit. But it's really being light and making adjustments for the new normal. I think there's opportunity to really make some gains in differences in healthcare right now. These ideas that some of our scientists have had for such a long time but maybe haven't been able to get them through because of the system, now there's opportunity to really change the system in a positive way. The most difficult right now is getting open and really getting those systems in place, and being light. Because as we're light ... there's going to be people, especially in the United States, oh, you can't do it this way or you can't do it that way. But to get those systems in place and then just keep an even keel and keep building those bridges.

Ed: Don't take it personal, build those bridges. Because as soon as we get upset about it all ... because that would have happened to us a long time ago, we're making it about us. It's not about us. People are dying of cancer. It's about the patient. It's about the impact you can make in the world. It's about my mom, it's about Scot's dad, it's about our families, our friends. That's who it's about. So really being outward-focused will be the key of this, but I think that's part of what can be difficult in the future too, is not getting too frustrated with the system as well.

Robb: Right. Right. Very well said. Guys, where can folks track both of you down and also more information about everything you're up to?

Scotty: Chipsahospital.org, unitedcancercenters.com. I'm on Instagram, scottyotm. I'm on Facebook, on there too. So those are probably the best ways to get a hold of us, Ed's got some other contact info.

Ed: Yeah, same websites. @edclay official for Instagram and then thebigideapodcast.com as well as Who We Are podcast.

Robb: Awesome. I will get all that in the show notes. Guys, thanks so much for doing this. I know it was short notice and you guys had a lot going on but I really appreciate you taking the time to chat today.

Scotty: Thank you for making the time for us, Robb.

Robb: Absolutely. I can't wait to get in some rolling, so we'll see you guys soon.

Ed: Let's do it.

Scotty: Until the next go.

Robb: Absolutely. Okay, guys. We'll talk to you soon. Bye-bye.

Nicki: All right, hubs. That was a-

Robb: It was a goody.

Nicki: ... it was a goody.

Robb: It was a goody.

Nicki: Yeah. Well, folks, I hope you enjoyed this episode of Salty Talk. Please check out Kettle & Fire, our show sponsor today. Grab some of their bone broth and their soups. You can go to kettleandfire.com/saltytalk. Use code salty talk for 15% off your order and share this episode. If something in this show perked your ears up, made you think, share it with your friends. It's easy to do from right within your podcast app. There's a little share button, tap that, text it away to your friends.

Robb: Look at you, you're so tech-savvy.

Nicki: I think that's it. Anything else for today? Oh, and don't forget to call your congressmen and your senators for the Prime Act.

Robb: Yeah, let's get on top of that.

Nicki: Let's get on top of that.

Robb: Let's jam that thing through and make it happen. That would be incredible.

Nicki: All right, guys. Have a great week.

Robb: Bye, everybody.

Nicki: Bye. As always Salty Talk episodes are brought to you by DrinkLMNT, the only electrolyte drink mix that's salty enough to make a difference in how you look, feel and perform. Get salty at drinklmnt.com. That's drinklmnt.com.