

**Nicki:** Welcome to the HealthY Rebellion Radio. This is an episode of Salty Talk, a deep dive into popular and relevant coping 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.

**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. 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.

**Nicki:** Please consult your licensed and credentialed functional medicine practitioner before embarking on any health, dietary or fitness change. Given that this Salty Talk, you should expect the occasional expletive. Rolling.

**Robb:** What's going on, wife?

**Nicki:** Good morning, hubs.

**Robb:** Good morning. You look even more lovely than the last time I saw you, which was probably rounding the, what, northwest corner of the island in the kitchen.

**Nicki:** Isn't that big that we have a northwest corner?

**Robb:** No, this is how limited our life is that we have to start considering-

**Nicki:** Cornets.

**Robb:** It's like the Petersons, Jordan and Michaela, when you're down to meat, salt and water than cold versus hot water, bubbly versus flat water. That shit matters.

**Nicki:** I think there was an early meme during this whole COVID thing, which was it was a picture of a floor plan of a home. It said, "What I'm doing this weekend, wine tasting." It had-

**Robb:** The wine tour.

**Nicki:** ... the wine tour. It was like master bedroom-

**Robb:** It's like room closet.

**Nicki:** ... kitchen, laundry room. It was funny when you look at it. I'm not doing it justice.

**Robb:** Do you ever do it justice, babe?

**Nicki:** It depends.

**Robb:** That's true.

**Nicki:** Let's see. What else do we have to share? Any updates? Thank you all again for all your support with Sacred Cow.

**Robb:** Sacred Cow is out in the wild. Just so that folks know, I know a lot of people just went above and beyond doing amazing things to support the launch. We thank you so much. It's been a little bit of a cluster on the shipping and fulfillment side. We're still trying to unpack all this, but we had to really beg, borrow, steal, convince our publisher that we needed more books just in general, and then there's been this knock on effect of trying to convince Amazon that we needed more.

**Nicki:** Well, and to be fair, I think with a lot of this Coronavirus stuff, the receiving is in chaos-

**Robb:** Is in chaos.

**Nicki:** ... at Amazon. Then they're prioritizing essential things so...

**Robb:** The long and short of that is that they ran out... Tuesday was the launch day, 11:30 PM on Monday, they ran out.

**Nicki:** When they ran out. We're keeping our fingers crossed that there are some crazy way that will make it over the line and hit the New York Times list. We won't find out about that until, I think, it's like a week after launch, so another week or so.

**Robb:** The backstory with that, even if you're buying a book right now, that's great. We thank you, but the goal was you have to make the sales, but then Amazon will only report it as a sale when the book ships, and so it's possible. Unlikely but possible that we'll sneak into the list this first week, and then possibly all these deferred sales might help boosing us to figure this out here.

**Nicki:** I think when the film comes out that there'll be another uptake with that-

**Robb:** Another surge on that.

**Nicki:** ... with the book stuff too.

**Robb:** You guys could start pestering Joe Rogan to get us on there. I pinged him a timer too. I think he might be in the process of moving or something, so I might be super low priority right now but...

**Nicki:** Thanks you all for that.

**Robb:** Yes, huge thank you.

**Nicki:** Our strength reset is underway inside the healthy rebellion with the folks from Basis.

**Robb:** Folks are loving that. It's-

**Nicki:** It's Sara, Grayson, and Nate from Basis Health and Performance out of Chico, California are leading us all through that. It's really great. People are thrilled with how their body feels. They're coupling a lot of these Kinstretch PAILS and RAILS concepts with your standard powerlifting movements like squat, deadlift, bench, also doing a pull up, working towards a pull up for those who don't have it and training the pull up in particular with accessory movements and all these things so that it really helps solidify and improve your position in these movements, which helps minimize injury and damage tissues and all that kind of stuff.

**Nicki:** It's been good.

**Robb:** Folks have been raving about it. Big shout out to the Basis folks and much gratitude to them for what they're providing us.

**Nicki:** Let's see. What do you have? You're doing a little bit of a COVID unpacking today. I just wanted to... Before you jump in and give an overview, it's funny, somebody in the Healthy Rebellion posted... Actually, I think it was Christie posted, it's appalling but very fitting to our times, an image or an advertisement showing that... This was in Louisiana, I believe, but I think it's happening all over the country. That if you go get tested for Coronavirus, you can get a free coupon for a Big Mac, Burger King-

**Robb:** Burger King.

**Nicki:** ... McDonald's, whoever the fast food chain sponsor of the week is. It's just, I don't know... We were all having a good chuckle and face palm together inside the Healthy Rebellion because we all know how important metabolic health is for this, and it's just ironic that their it's being paired with a test.

**Robb:** The apologist's turds in the evidence-based nutrition scene will be like, "Well, one meal isn't going to matter." It's like, "No, one meal wouldn't matter, but if people were otherwise eating reasonably 20 meals of their 21 meals a week, and they had one like this, it's not a big deal, but that's not what's fucking happening. We're many months into this whole process. In the very beginning days of this aperture closing on the COVID topic, it was pretty clear the information coming out of China that metabolic health was really important.

**Robb:** That story has not changed at all. It's only become more reaffirmed. People who are metabolically healthy, the likelihood of death rounds to zero basically. People will say, "Well, what about this person? What about that person?" Well, guess what, 12% of the U.S. population is considered to be metabolically healthy. There's a bunch of people-

**Nicki:** Even when it's showing that younger people in their 20s and 30s are getting COVID, and most people in their 20s and 30s are not healthy.

**Robb:** Not healthy.

**Nicki:** Chronologically, they're young, but physiologically, they're in pretty bad shape on the whole, unfortunately, in our country.

**Robb:** It's just one of these things where, again, the incentives are super fucked up. There's not a single word being said about improving metabolic health from the powers that be, so this really is a bootstrap deal. I wouldn't be surprised if saying in this whole like, "Anything that goes against the CDC will be circumvented by Twitter or Facebook, whatever."

**Nicki:** Removed by YouTube and...

**Robb:** Basically saying, "Hey, reducing your metabolic disease risk will likely improve COVID outcomes." That is probably a controversial topic at this point, but some people have mentioned, they're like, "Hey, man, you haven't said a whole lot on COVID. We were covering this pretty reasonably closely in the early stages, and the main things that I felt were important to focus on were..." I mentioned this in the talk itself, so I don't want to do two talks here of essentially the same material, but we really tried to cover what is our current situation so that we understand what type of pickle are we really in?

**Robb:** Then what can we do about it? Super quickly, again, it became crystal clear that you want to be as metabolically healthy as possible. Pick vegan. Pick low carb. Pick whatever fucking path through the forest you want to do, but just stay the fuck out of the snack aisle of the supermarket. Done. That's going to help. The other piece was that the information about what situation we're in became so corrupted and bullshit that I just abandoned it. It was a full-time job to stay on top of it, one, and then two, it became obvious almost immediately that the data was corrupt and broken and misleading.

**Robb:** Then even if you decided to get in and try to talk about this stuff, then about half the population wanted your head on a pike for just saying, "Hey, there seemed to be some real irregularities here." Again, I mentioned this stuff in the preamble with the main piece but it is worth mentioning really quickly. There are all these inconsistencies in testing and the reporting. Just noodle on this for a minute, folks.

**Robb:** Wherever you are on the testing or COVID, and its danger or masks or whatever, there is not been a single documented case in which it was like, "Oh, wow, we had 10,000 or 100,000 positives that actually got labeled as negative."

**Nicki:** We over reported oops.

**Robb:** We accidentally over reported oops.

**Nicki:** We over reported.

**Robb:** Bank error not in our favor. This has not happened once. For the people that are really just like these busy bodies on this thing, and again, people are dying. Hospital systems

are challenged. There's legit problems here, but that doesn't mean that there's not a bunch of bullshit going on. Show me one example where this thing has been under reported this thing-

**Nicki:** We said that wrong, under reported. We said over reported.

**Robb:** Well, I think people get the... The main point here is that this thing is being painted as big a catastrophe, as dangerous a situation, as horrible a mess as is humanly possible. It's crystal clear.

**Nicki:** It's just appalling too at how many mistakes across how many organizations.

**Robb:** That-

**Nicki:** You couldn't have more must mistakes.

**Robb:** No, you can't.

**Nicki:** It's shocking.

**Robb:** At some point, if you want to... Again, we're going to end up repeating ourselves a little bit. We can shift gears, but-

**Nicki:** I think it is jumping there.

**Robb:** ... you can can blame the current administration. I'm sure the current administration probably has all manner of gaps and whatnot, but when this problem exists from the local to the state to the federal level, and they're supposed to be all kinds of gatekeepers in these pipelines that are supposed to do quality control, quality assurance, and clearly that's not happening. There's something else going on. I get in and talk a little bit about that.

**Robb:** I talk a good amount about some of it. I also talk a little bit about the vaccine topic, which is very controversial. My only real thing with that is that why are we putting every single egg that we have in that singular basket? That is the sole communication that we're getting from the CDC, the WHO, from our tech overlords. That is the one thing. There's a massive amount of unknowns about whether a vaccine will work at all, what the relative risks are, and there is no discussion around interventions involving things as simple as acid blockers like when people have acid reflux, which you shouldn't take those anyway.

**Robb:** We should be addressing the underlying metabolic need, but ironically, a combination of acid blocker plus and over the counter antihistamine, there have been some studies done that need to be further validated, but it appears to take severe COVID-19 disease state and knock it down to what they called a bad cold. We have quercetin plus vitamin C. There's fenofibrate, which is a cholesterol drug that appears to have similar effects.

There's all these over the counter drugs, all these off-labeled drugs that could be used in a variety of ways, and luckily are being explored.

**Robb:** But there is no communication around it and no mentioning of, "Hey, if the vaccine doesn't really work, don't worry, because we will likely have some other fallbacks." That is not part of the narrative at all, which is... It's like if you were... Who recommends that you should invest only in stocks. What credible financial person says you should be solely allocated to one thing? Only people that are going to fucking bed benefit from that story. Gold bugs will be like, "All your money should be in gold," because they probably have some position on it, and they're going to benefit from it.

**Robb:** Anybody reasonable will say to diversify your investments. Why is there not a discussion around diversification of our investments and dealing with COVID-19? Again, wherever you are on this spectrum, ask that fucking question. If you in your heart and soul believe that, "Well, just a vaccine is the only way to deal with this thing," that's fine, but there's a lot of concerning features to that. It's interesting that none of this other stuff is getting really much in the way of airplay. You have to go out of your way to look for it, to find it.

**Nicki:** Might as well just jump into-

**Robb:** We might as well just delete the rest of it, I think. Delete the bulk of it already.

**Nicki:** All right, we'll jump into your talk.

**Robb:** Cool.

**Robb:** Hey everybody, welcome back to another edition of Salty Talk. Man, as if you didn't have enough COVID in your life. I waffled on doing this thing, just a mountain of stuff out there. Sometimes at this point, it almost feels better in some ways to stick one's head in the sand, and just hope that all of the stuff passes us by. Early on, I feel like I was pretty active in this. The main areas that I was trying to hit were, "What is the credible information that we have to make informed decisions?" Then from there, what can we specifically do to improve our situation?

**Robb:** I feel like early on, we had a pretty clear picture of what to do, which is maintain the best metabolic health that we can. That may be a little bit of a different path from one person to another, but avoiding the modern industrial food system is probably a pretty damn good thing to do. Get some sun on your skin, all that type of stuff. I abandoned the attempt at staying on top of all the information, masks and this and that pretty early on, because I felt like the information became corrupted early.

**Robb:** It became both a highly politicized and contentious shit show, even trying to talk about that stuff and unpack it to say nothing of just the grinding amount of work staying on top of it. I've looked at a few folks that, I guess, have maintained a pretty good finger on the pulse of what's going on there. This installment, I want to look at some of the emerging treatments and maybe a little bit of a big picture perspective on this whole COVID-19 pandemic.

**Robb:** Clearly, there's a lot of information that's being put forward with regards to a vaccine. I'm not an anti vaxxer but I'm also not a person who thinks that vaccines are entirely safe and don't have any type of downside proposition. If you think that any medical procedure is absent, any type of unforeseen risks, you're an idiot. I'm sorry, that's just ridiculous. If you want to go get plastic surgery, there are downside risks. Every once in a while, a LASIK eye surgery is incredibly safe. Every once in a while, it screws up, and the person is either blinded, or they end up with far worse vision than what they went into.

**Robb:** It's exceptionally rare because it's a highly competitive. Ironically, it's an open market process, and so the safety and efficacy in that scene has just improved dramatically, but anything has potential downsides. I've got some pieces here, one from the World Health Organization, where they're talking about immunity passports in the context of COVID-19. I will have links to all of these pieces in the show notes. It was interesting. This World Health Organization piece was actually a paid add on the Google when I was looking around.

**Robb:** I guess you could make the case that they're really wanting to make sure that people get some exposure to this. But it was fascinating that just simply, the Gravitas of the World Health Organization didn't ensure that it would appear far enough up the list that they didn't have to pay for its placement. They talk a lot about the promise of a vaccine. Bill Gates clearly is going pretty hardcore on the need for a vaccine. In many ways, it's ironic to me, but it feels like literally, all the eggs in one basket kind of story around the vaccine scenario.

**Robb:** I also pulled something from... I believe this is a Forbes piece, the risks of rushing a COVID-19 vaccine. Testing timelines and approvals may expose all of us to unnecessary dangers. It's worth mentioning that we've never pulled off a SARS virus vaccine in the past. They really looked into this with the SARS COV-1, which was less infectious but more dangerous. Arguably, it had a 10% infection fatality rate, pretty, pretty nasty. The animal trials on that vaccine were abandoned because the response to the vaccine ended up killing the animals.

**Robb:** It's an interesting story, and there's a lot of back and forth on, "Do we develop herd immunity? Do we not develop herd immunity? Do we develop antibodies? Do we not? Is it long lasting? Is it short lasting?" There's a lot of back and forth on that, but it's interesting to me given the ubiquity of other treatment options that seemed to mitigate the risk of the really severe form of the COVID-19 disease process to say nothing of the fact that we're now how many months into this process. We knew almost from the beginning, the information coming out of China suggested that people with comorbidities related to metabolic disease fared much poorer.

**Robb:** We are months and months into this. It really only takes days or weeks to dramatically start improving folks' metabolic health. There's nothing around this. There is no discussion from Bill Gates, from the WHO, from anywhere about, "Hey, it might be good for you folks to just focus on getting healthy." We don't even have to delineate exactly what that means, but I think at a minimum saying, "Well, it might be good to avoid highly processed foods would be a pretty goddamn good start."

**Robb:** I think that that's very defensible regardless of what type of dietary dogma you subscribe to. We get none of that. Maybe there's going to be a vaccine. Maybe that's going to be the cure all. It's interesting in that regard. This is another piece, just 50% of Americans plan to get a COVID-19 vaccine. Here's how to win over the rest. It's interesting even in this piece, and this things portrayed is some lunatic patriotic people. But here's a little bit of background on this, and I fall into this camp to some degree, in which I'm incredibly frustrated with the inconsistent messaging that we've had.

**Robb:** This is a piece talking about contamination at CDC labs resulted into late Coronavirus tests. Federal officials acknowledged on Saturday that sloppy laboratory practices at the CDC cause contamination that rendered the nation's first Coronavirus tests ineffective. Two of the three CDC laboratories in Atlanta that created the Coronavirus test kits violated their own manufacturing standards, resulting in the agency sending tests that did not work properly.

**Robb:** This is stunning to me. Mistakes can happen in the world, but when you start daisy chaining together the number of mistakes and gaffes... I know that people will want to level this pretty squarely at the current administration, and maybe that's accurate or maybe it's not. Maybe this is a concerted effort on the part of a bunch of people to make this situation as big a disaster as humanly possible. I don't know. Maybe that's all conspiracy theory stuff, but the reticence to go headlong into believing that a vaccine is going to be the cure all for us, I have reservations around that just from the virology story of being able to make an effective vaccine for this type of virus.

**Robb:** We really haven't done that in the past. Yeah, there's a lot of very, very smart people. There's a whole bucket load of money that's going to be made for the folks who figured this out, but it's interesting, again, that this is the singular answer that we're being given that we just need to hunker down, keep our heads down and wait for a vaccine. Maybe that'll be true. Maybe it'll be a cure-all. Maybe it's going to be the thing that saves us all.

**Robb:** But if it's not the answer, and we have gutted our global economy, all kinds of businesses have closed, all kinds of other collateral damage has happened as a consequence of arguably wanting to do good by not overwhelming hospitals, and trying to minimize death and suffering. There's a lot of good intention there, but again, no action occurs really in a vacuum. Everything has consequences and knock-on effects and whatnot. I just don't see people. It's not to say that anybody needs to agree with me.

**Robb:** I'm not even sure that I'm going to lay out some really hard and fast positions here, other than being metabolically healthy would be a really good idea. That's probably about the only hill that I would die on with any of this, but I don't see people just entertaining the possibility of, "Well, what if a vaccine doesn't work out ideally? What if the immunity response to either the vaccine or just to contracting the SARS-COV-1 or two two virus itself?

**Robb:** Maybe that varies from person to person. Maybe some people obtain long-term immunity, and some people short-term immunity. Maybe the people with the short-term immunity, it's because they have a lessened immune response, which then further



supports the notion that a vaccine isn't likely to work. Again, we don't really know for sure. But I see very little in the way of just discussion around this of game playing, at war gaming this thing. This is going to be important at the very end of this particular episode.

**Robb:** I'm going to hopefully tie all this stuff together. Another piece to all this that really makes people, at least like me, just skeptical of what's going on, this is a Forbes piece, are the test numbers right? Georgia, Florida and the deadly trend of science suppression is by a guy Seth Cohen. From the article, do you believe in conspiracy theories? I don't. But as a resident of Georgia, the state with the earliest and most aggressive reopening plan in the nation, I have a confession.

**Robb:** I'm worried that the Coronavirus information in my state is being manipulated, and the science behind it is being suppressed. I am not alone. Amidst the numerous reports of how some states, including my own, have shared inaccurate Coronavirus-related data with the public, it's hard not to question whether the daily stream of testing data can be trusted. As more and more Americans are trying to make informed decisions as to how their families and their businesses should navigate these uncertain times, the stakes couldn't be higher.

**Robb:** I just can't agree with that enough. What's fascinating is, this is again what's really interesting, every single gaff, every single mistake has happened consistently in a way that makes the situation either legitimately worse or appear worse. We are receiving no instances... I'll backup with that. I'll qualify it a little bit. There do seem to be some inconsistencies on whether or not people are positive on tests. There's some inconsistency there, but there's also many reports, credible reports, that people who had signed up for testing never got tested, received positive test results.

**Robb:** There are multiple examples in which different governmental agencies are double counting test results. It's saying to the positive saying that there are more and more test results. This has happened in Florida. This has happened in Georgia. It's happened all over the United States. Again, we're not hearing, "Oh, gee whiz, we missed this block of 10,000 or 100,000 people. We need to add that to it." It is consistently happening in a way that we are over reporting what's happening.

**Robb:** Why is that? What is the motivation there? Again, you could maybe chalk this stuff up to incompetence. Some people would again probably level moat all the blame at the current administration. Maybe that's accurate, but this is a vast governmental network and private public enterprise. It's all woven together. Is that one person's ineptitude so powerful that it has bugged the entirety of the rest of our medical system? That's a remarkable statement.

**Robb:** If that's true, then our whole system is so fragile that we need to do all kinds of rethinking, rejiggering of that system as it is. I would argue for that anyway, but it starts bending one's ability to credibly believe that there isn't something else going on here. How do we consistently have errors that make this both confusing and also look more and more bad? It's bad enough as it is. I'm in Texas. We have a good number of cases

here. The hospitals seem to be hanging in there, but it's going to be a close thing to see where that exactly goes.

**Robb:** Why wouldn't we work like crazy to have the best information that we can have? These folks... I've done lab science before, and you can make mistakes. But once a mistake has been made once in one place, and that gets reported, you would think that this best practice would go far and wide. I know that that is definitely what happened in the lab work that I did, and it does not appear to be happening here. This is a piece from Vox that I pulled down talking about the 1918 influenza pandemic.

**Robb:** The title is The Most Important Lesson of the 1918 Influenza Pandemic: Tell the Damn Truth. Then a piece from that, "The government lied. They lied about everything," a historian on what went wrong in 1918. I read a similar piece to this early on, where it detailed the different approaches that various cities took in managing that influenza pandemic. It's interesting. There were some cities like San Francisco at that time. It's fascinating to me because those cities, you could almost look at them like city states at that point, likely had transcontinental communication but it was slow.

**Robb:** We're basically in the telegraph era or pre-radio era at this point. The media and the government of a singular large city, it was almost like what we would think about with a city state. There was a monopolistic element potentially to the way that messaging happened, and information was disseminated and whatnot. There were some really shining examples like with San Francisco in this 1918 pandemic, where it appears that both the media and the government were very honest with both what they knew, what they didn't know, what the risks were.

**Robb:** They had lots of qualifications, excuse me, when they would make different warnings and whatnot, "We think this but we're not 100% sure," things like that like an honest adult conversation about a complex topic. Other places like Philadelphia and elsewhere, they had tons of subterfuge and lies and backpedaling. What it did is it just destroyed the social contract. It caused people to not believe anything at all. We are really at that point where this is another topic that has just been hyper politicized, hyper polarized, and you can draw a line down the middle of the country, and see where people are going to play out based off of sociopolitical leanings.

**Robb:** That's really dangerous. Again, when historians look back at this time, it will be interesting to see where the real responsibility lies. This makes me think about the 2007, 2008 financial crisis in the book and film The Big Short, where we discovered that there was all this systemic brokenness that occurred and misaligned incentives. I think that this story may prove to be even worse, but I pulled up. I don't know why, but in researching this particular piece, that whole mean, "You had one job to do," kept popping into my head, and so I pulled up one of those.

**Robb:** I've got a picture here of a jersey. It's printed in the letters 13, but it has the number 12 on it. It's like you had one damn job to do, and you got it wrong. For the government and for the media, they had one job to do, which was just be honest with us. This extends even into the mask wearing story, where it appears that the initial messaging

around masks do not work was because there was a fear that there would be a run on masks which we did have. That ended up happening anyway, and we've had a real supply problem in that regard.

**Robb:** But instead of just being honest with people and saying, "Hey, good quality masks will improve our situation. But listen, we've got medical workers that are going to be taking the brunt of this and these really critical frontline people. We need folks to pump the brakes. Don't go clean out stocks of this stuff. Hang tight, and we will catch up on this." Instead, we had this flip flop narrative where one day, masks don't work. The next day, they do work. One day, we can't congregate outside. The next day, you can so long as you have a protest to go to.

**Robb:** Maybe you need to wear face covering or maybe you don't. Wherever you play out on that spectrum, that inconsistency is horrible for bringing unity. Again, whichever side of the aisle you happen to be on, it's not unreasonable for somebody else to be on the exact opposite side of the aisle and be like, "Fuck you, I'm not doing what you're going to tell me to do," because we've had this just horrifically inconsistent message at every level of the government, in every facet of the media.

**Robb:** You have to really dig far and wide to define people that are talking about any of this nuance and any of this detail. This is also why I largely abandoned even talking about this stuff, because it's just maddening, and it's virtually career suicide to even try to talk about this. Now, we're going to take a quick break to hear from today's sponsor.

**Nicki:** This Healthy Rebellion Radio Salty Talk episode is sponsored by Ned. Ned is a wellness brand offering science back to nature-based solutions as an alternative to prescription and over the counter drugs. CBD has become extremely popular in the past year making it more and more difficult to choose the right company and products. That's where Ned comes in. They produce the highest quality full-spectrum CBD extracted from organically grown hemp plants all sourced from an independent farm in Paonia, Colorado.

**Nicki:** Ned Full-Spectrum Hemp Oil only contains two ingredients, full-spectrum hemp extract and non-GMO organic MCT oil. That's it. That also has a body butter lip balm and a natural cycles line. I encourage you to check out Ned. Try their CBD for yourself. We have a special offer just for listeners of the Healthy Rebellion Radio when you go to [www.helloned.com/salty15](http://www.helloned.com/salty15) or enter code SALTY15 at checkout. You'll get 15% off your first order. That's H-E-L-L-N-E-D.com/salty15.

**Nicki:** Listeners can also get 20% off their first subscription order, and free shipping is unlocked for purchases of \$100 or more. Again, that's [helloned.com/salty15](http://helloned.com/salty15). Now, back to this episode of Salty Talk.

**Robb:** That's a little bit of the situation that we're in on theoretical treatments and in my opinion of why things are even more of a mess than what they should be. This is a piece that was published recently. Fasting blood glucose at admission is an independent predictor for 28-day mortality in patients with COVID-19 without previous diagnosis of diabetes, a multicenter retrospective study. What they did in this case is looked at folks

upon admission what their blood glucose levels were. Then they got sorted into different categories.

**Robb:** Folks that had a fasting blood glucose below 6.1 millimolar got were observed to be in one group, and then a fasting blood glucose above 7.0 millimolar were observed to be in a much higher risk category for mortality in that 28-day period. It's worth mentioning that a diagnosis of diabetes... This is another piece. A blood sample will be taken after an overnight fast. This is how you diagnose diabetes or one of the ways of doing it. A fasting blood sugar less than 100 milligrams per deciliter of 5.6 millimole is normal.

**Robb:** A fasting blood sugar between 100 and 125, 5.6 to 6.9 is considered pre-diabetes. If it's 126 or seven and above in two separate tests, you have diabetes. What's interesting here is the cut points that these folks are observing of people entering the hospital for what would ostensibly be pretty severe COVID-19 complications, these folks that were at particularly high risk for mortality and complications, riving effectively diabetic. Now, there is some literature that suggests that COVID itself is causing damage potentially to the pancreas.

**Robb:** It's causing some lipid metabolism issues. That could complicate things, but these people were showing up effectively type two diabetic, the ones that had the highest complications. Is that some background metabolic disease that is just going undiagnosed? I would argue it probably is. Within the United States, our conservative estimates are only 12% of the population are metabolically healthy. Again, that's using modern Western diagnostic criteria of what defines metabolic health.

**Robb:** If we use something from the ancestral health world, I don't know how many people are really metabolically healthy, but this next piece, mounting clues suggests that the Coronavirus might trigger diabetes. Evidence from tissue studies in some people with COVID-19 shows that the virus damages insulin producing cells. There may be multiple vectors in which COVID-19 disease process worsens the potentiality for type two diabetes or this kind of poor blood glucose control.

**Robb:** What's interesting there is it's super well understood that upon admission, if you've had a heart attack, a stroke, traumatic brain injury, a bad auto vehicle accident, higher blood glucose levels correlate poorly with good outcomes. This is something again that just makes me crazy. There have been some people in the carnivore space and elsewhere that maybe some kind of over the top claims of... I think these folks had they kept the message general, that any move towards better eating would be good. Why on God's green earth are we not seeing more messaging from the CDC, the WHO, from local and state officials like, "Get healthy?"

**Robb:** Why is that not the mantra? Why could not... If we have a two-point bullet point right now, social distance and wear a mask, would it kill us? That a third point, and maybe make it the number one, "Get healthy. Eat better. Social distance. Wear masks." Honestly if they included that, it might reticence around complying with any of this stuff would improve if there was one data point, one suggestion that was just unassailably true. We know that improved metabolic health improves outcomes in the story.

**Robb:** I just cannot for the life of me figure out why this isn't woven and baked into the cake, but it's not. What's interesting is there are some pharmaceutical and nutraceutical-related interventions that are really interesting. This is, again, part of the reason why I'm really critical and suspicious of the, "Vaccine is our only solution or only response." Particularly, again, for the folks that are really pro-vaccine, all I'm suggesting here is we've had terrible success with doing this in the past. It's still unclear what the immunologic response is to getting the virus itself, to say nothing of what the implications would be for a vaccine.

**Robb:** There's a lot of unknown. Why are we putting every goddamn egg in that basket when this is such a big deal? That's my only question with this. If you're really pro-vaccine, that's cool, but I want you to be able to give me a good answer to that. Why is there not equal amount of effort and focus being put into off-label drug use, current nutraceuticals that are being investigated anyway as adjunctive therapies in this story? Why is that not receiving some amount of airplay?

**Robb:** Some of the problem here is that none of this stuff is really newly patentable. Most of this stuff is either a natural product, as I'm going to talk about quercetin and vitamin C, or it's over the counter pharmaceuticals that you could literally buy in a gas station for the most part. There's not a huge payday to be made on that other than the people already have this stuff. I guess they would sell more of it. What's being proposed is that there would need to be potentially trillions of doses of the COVID-19 vaccine produced and disseminated to be able to plug all the gaps that we're going to have?

**Robb:** Again, assuming that it actually works and doesn't have greater downside risks and then upside. Even in that story, again, I think it's going to depend from person to person. It's just fascinating that so much emphasis placed in this one area. Sorry, spinning out here. This is a piece from Pharmaceutical Technology news. Study finds that fenofibrate may down regulate COVID-19 to a common cold level. This is a study that came out of Israel. It definitely needs to be validated. It needs to be replicated, but fenofibrate is an old school cholesterol drug that it works differently than statins.

**Robb:** It modifies the enzymes involved in lipid metabolism in such a way that it tends to shift LDL particles in a direction that makes them more amenable for clearance. It also tends to work pretty well in lowering triglyceride levels. Fenofibrate is an interesting drug to be used, and it also, as a side note, can have efficacy in dealing with gout. With one drug, you end up addressing a good number of features that pop up related to metabolic disease. Again, this is very new.

**Robb:** There's not a ton of information. We need to replicate this and see what the real story is at scale, but this is a fascinating story here of a simple drug that has massive efficacy information. We understand the toxicity. We understand the hazards, which are not particularly great. It's not a super rough drug to be used in theory. This wouldn't be a long-term usage. It would be an acute intervention, and so there's some pretty good hope around this.

**Robb:** I guess that this and the other things that we're talking about here, some of them are not going to cut the mustard. They're not going to prove themselves out to be efficacious in improving COVID-19 outcomes. That's okay, but we need to, I think, open up our perspective if there are other options out there. This is from the frontiers in immunology, quercetin and vitamin C and experimental synergistic therapy for the prevention and treatment of SARS-COV-2-related disease.

**Robb:** This paper is 100% speculative. It is purely looking at mechanistic potentiality of using quercetin, which is a bioflavonoid that we would get out of fruits and in particular fruit peels and vitamin C. But there are some really compelling mechanistic data here. Again, this is something that is safe, could be easily used, has been studied in other viral disease processes and other inflammatory disease processes with good outcomes.

**Robb:** Then it's also mentioned in this paper how other over the counter for the most part pharmaceuticals could be dovetailed into this story. This one... Who is this one from? Science Online, famotidine, histamine and the Coronavirus, this talks about a proton pump inhibitor drug, the drug most people know as Zyrtec which is an antihistamine and the combination therapy of both of these potentially having huge benefits for the COVID-19 disease process. Interesting aside on this though, the PPI is the proton pump inhibitors that are prescribed for acid reflux.

**Robb:** There was some early information that suggested these things may worsen COVID-19 susceptibility due to modifications in the ACE receptors. This is an interesting story, but as time has gone on, it's still unclear what degree these proton pump inhibitors might enhance the ability of the virus to gain entry into the system but then possibly, synergistically using it with some of these antihistamines and or quercetin and vitamin C might have some benefits.

**Robb:** This is some of the complexity that we're dealing with, that even in the more legitimate scientific literature, we don't have 100% solid story here. Early on, it looked like some of these PPIs might be problematic or dangerous. Now, it's looked like they might be beneficial. This is why we need to do better studies and also, I think, just keep an eye on all this and put some effort into it. This last piece, and this is wrapping things up.

**Robb:** This is from the Journal of Evaluation and Clinical Practice. It's a really fascinating piece. It's a systems engineering piece around this. The title is COVID-19: How a Pandemic Reveals that Everything is Connected to Everything Else. I am just such a fan of these pieces that look at complex, adaptable systems. This can be applied to the economy, employment markets, the food production, so many different things. Climate change, we have these complex systems, and people get fired up to address problems either real or perceived.

**Robb:** There's just this rush to do something. I'm going to read from this paper. It's a little on the long side, but it's very good. This is from the second section in this paper, The Emotional Response to Unexpected Complexity. In general, we're not good at seeing and comprehending the complexities in issues, and we have great difficulties in managing their underlying dynamics into the future. The human brain has not evolved

to keep all components of a problem in mind and to appreciate their changing dynamics more than two or three steps ahead.

**Robb:** At the physiological level, the experiences of failing to manage a complex problem creates cognitive dissonance and emotional distress. We experience anxiety as physical symptoms such as palpitations, sweating and tremors. Having to solve problems with high levels of unknowns often results in interventions that are ad hoc focused on what appears to be the most obvious without considering their wider consequences. Dorner studies in the 1980s demonstrated how people of all walks of life handle unexpected contextual problems.

**Robb:** Most of us have come to the logic of failure. We over respond, and when realizing the consequences promptly react with an overall response in the other direction and so forth. Few among us use the approach of first, closely analyzing the problem, second, responding by introducing small interventions, and finally taking time to observe what happens. In dynamic systems, the true effects of an action are only evident after a time delay. One has to observe and evaluate the complex adaptive systems feedback to guide responses.

**Robb:** Invariably, infrequent small tweaks rather than rapid and dramatic actions achieve a stabilization of the situation and ultimately provide the necessary space for a resolution to emerge. When I read this, it was not quite a religious experience, but it was close, because I'm thinking about our response to not just COVID but to these topics of injustice and excessive force by the police, and just a host of different things and overlaying the responses that we've had to so many of these problems.

**Robb:** They fall right into this wheelhouse of... From my perspective, we're having these massive responses with no thought about what the knock on consequences are. Are these things that we want to address? Are these things we want to improve? Absolutely. In my opinion and in the opinion of many, many people, the overall response that we're getting in many cases is going to be worse than the problem that we had initially. I'm not sure what more to say on that.

**Robb:** This is a drum that I've tried to beat a long time, and I'm not uniquely smart or anything. I just... A long time ago, and I think it was really beginning to understand Arthur De Vany's work where he would talk about complex adaptive systems and evolutionary biology. Nassim Taleb talks about this stuff. When you look at medicine itself, there's a powerful case to be made that for a ton of different situations, we would be better off just leaving people alone.

**Robb:** There's all kinds of surgeries, all kinds of medical interventions that when you really get in and look at it, the intervention is worse than the problem itself, not always. Emergency medicine is amazing. If you're choking on a grape, hopefully somebody gives you the Heimlich maneuver, but damn, there's actually a very few number of things where it's like, "Yeah, this is crystal clear going to be a net benefit even if there's collateral damage."

**Robb:** You do the Heimlich on somebody. You have a pretty good chance of breaking some ribs, but you also have a really good likelihood of them not dying from choking. We don't have a ton of examples like that. Again, because complex adaptive systems or complex and adaptive in complexity is different than complicated. A computer motherboard is complicated, but it's not complex. Complex means that it can evolve and adapt with inputs. That so describes our world, and things like that really benefit from mild adjustments, mild nudges.

**Robb:** It tends to not do well with sweeping change, because that complex adaptive system, if you up end it, the unintended consequences can be really catastrophic. Again, this applies in so many different directions on so many different topics. This is, again, why I really push for people to become educated on evolution, economics and thermodynamics. It doesn't tell you everything. It doesn't tell you all the details. But if it deviates from some of these precepts of complex adaptive systems that...

**Robb:** If every decision that we are suggesting that we do, if there's not an equal amount of time asking, "What are we not thinking of? What unintended consequence could emerge from this? What question have we not asked?" We don't do enough of that. It really behooves us to ask these questions. I'm optimistic about where we're going in this COVID pandemic, although it's still very scary what the total catastrophic outcome is going to be. I think it's going to be far, far worse than what anybody really thinks.

**Robb:** I'm hopeful that we're able to learn from this, and change policies and change the way that we look at things, but we really are fighting human nature here. This piece that I just read of effectively being in a Zen state, of taking in information and contemplating it, and then thinking about, "Well, I might want to do this, but what other things should I consider before taking this action?" This is really evolved thinking. I don't say evolved in a hierarchical term, but it takes effort to get there. One must really work both on an individual level and at a societal level to get people to this spot.

**Robb:** Our default mode, human nature is to be reactive, because we evolved in an environment where the bulk of our problems were not chronic in nature. They were acute. Something was going to kill us, or we need to catch or kill or eat something. That situation resolves itself rather quickly. We didn't need to think about the secondary, tertiary, quaternary result of that situation. But in our highly complex world now, virtually no process, no decision operates in a vacuum, but our brains are such that we think it does.

**Robb:** We think that our good intent and our desire to do good is enough to insulate us from the unintended consequences that seemed to lurk around every corner.

**Nicki:** Do you think... What am I trying to say here? I was going to...

**Robb:** I don't know what you're trying to say. Spit it out.

**Nicki:** I was going to say did you piss some people off with this episode?



**Robb:** Probably. I mean, that's the state of our times, right? Everybody has crawled into their bunker, and they'll lob some hand grenades and put the machine gun up and just pepper the other side. There's no like, "Hey, let's sit down and have a discussion, and really look at things in a rational way." I will say that probably somewhere around November 5th, November 6th, COVID is going to magically disappear from being the concern of of the world.

**Robb:** There's going to be some magical breakthrough somewhere around then that just takes this thing off the map.

**Nicki:** I don't know. People have said that, and on the one hand, I agree because I feel like it's being leveraged politically. I also feel like there's so much money in this vaccine story-

**Robb:** That's true. That is story.

**Nicki:** ... that I don't think that it's going to go away.

**Robb:** That's a very good point.

**Nicki:** I mean, I read this article where-

**Robb:** I'll tell you what, there's going to be messages of hope, and the messages of hope, again, will be all around the vaccine. Currently, there is no message of hope. It's like we're fucked. We need to hunker down. Unless you're protesting, then you're killing grandma if you go outside and don't wear a mask and everything. Again, I get it if you want to wear a mask, you don't want to wear a mask, but the main point that I wanted to make in this whole thing, and this is part of what I unpacked with that 1918 flu pandemic piece was that when we are lied to, when we're attempted to be manipulated, then you destroy the social contract and then people start going crazy.

**Robb:** I almost feel like in this case that the people knew that disinformation was going to destroy the social contract. That has actually been the MO, whereas in the past in situations like this, some people do the right thing. Some people do the wrong thing. It's good here. It's bad there. It's uniformly shit across the board in this circumstance. I don't know if this thing was valuable. More and more, everything I do, I'm like, "I don't know if that mattered," but I felt it was important to at least have some discussions around the notion that what if a vaccine isn't the end all be all?

**Robb:** What if it doesn't actually come to pass, or why is it that in this situation where we've never been able to do a Coronavirus-based vaccine before, we just know emphatically that it's going to work this time, and that we know for certain that the potential downside risks are lesser than just getting metabolically healthy? Again, circling back around, why is there zero messaging around the need for metabolic health? We are long enough into this thing now that we could have reversed the metabolic disease in virtually every last person in westernized societies at this point.

**Nicki:** It's five months at this point, four, five months.

**Robb:** Yeah, we're five fucking months into this thing. We could have... What would have been the knock-on effects there?

**Nicki:** I mean, the transformations that we see with people in five months are...

**Robb:** We're doing some poking around. Somebody asked an interesting question in the Healthy Rebellion the other day, which was, "Hey, who in here has had COVID?" When you look at the number of people that are members, and then we were like, "I don't think anybody has. We think one person we thought had it because she had a fever over 101 degrees for 20 days-"

**Nicki:** But tested negative.

**Robb:** ... but tested negative in that case, which was just like, "Okay, well, what did she have if not that?" This was still pretty early on. Was this another example of the testing that was dog shit?

**Nicki:** The false negative.

**Robb:** There's that thing, but it's interesting that given the number of people in there, we should have a fair number of cases. We so far don't. Is that because everybody's asymptomatic? Is that because that is an interesting cross section of people that are generally pretty metabolically healthy, and maybe even a little bit lower stress? I would say the bulk of the people in there spend significantly less time on social media than other cross sections of people.

**Nicki:** They get outside. They know the importance of sunlight on their body.

**Robb:** They get out. They do, by hook or by crook, yeah.

**Nicki:** They exercise.

**Robb:** There's only knock-on things. We're trying to noodle on if there's something that we could do study wise to look at that, but it struck me like it's one of these things that's hidden in plain sight. I'm like, "Oh yeah, we don't really have anybody in here that has reported being sick." It would be a complex thing to unpack that, but I think it's worth looking into, but again, just encouraging people to share and to think and, I guess if nothing else, to recognize if we are encountering somebody that's on the opposite side of the mass debate or the vaccine debate.

**Robb:** Please recognize that the way that this stuff has been communicated to us, in my opinion, has been in such a way that it's so stout from the beginning. Then we are polarized, and so even though we may not agree with folks on the other side of the fence, they are not really the enemy. We're being coached and cajoled into assuming that anybody who is in a different position than we are with masks or vaccine or how severe this thing is that they are the enemy, and that is just an incredibly dangerous place to go to.

**Nicki:** Well, thank you all for joining us. Remember to check out our show sponsor Ned. Go to [helloned.com/salty15](https://helloned.com/salty15), or enter code SALTY15 at checkout for 15% off your order.

**Robb:** Please come hang out with us in the Healthy Rebellion, [join.thehealthyrebellion.com](https://join.thehealthyrebellion.com). We have another general reset happening in September.

**Nicki:** A 30-day reset starting in December. We'll start sharing more info and details as we get a little bit closer. I think that's it. I hope you all have a fabulous week.

**Robb:** Take care everybody. Bye.

**Nicki:** Bye.

**Nicki:** 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](https://drinkLMNT.com). That's drinkL-M-N-T.com.