

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.

Nicki: Healthy Rebellion Radio Salty Talk episodes are brought to you by Drink LMNT, 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.

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

Robb: Are we really going to do this?

Nicki: Yeah, I'm just making sure that we're set up the best way I know how.

Robb: Probably the best way to set this up is turn everything off and run away.

Nicki: Yeah, we're screen recording a bunch of this, just different tabs that we have open. So for those of you who are members of the Healthy Rebellion, you'll get to watch that video and kind of see some of the articles that we're going to be talking about today, in today's Salty Talk. But first, good morning, hubs.

Robb: Good morning, wife.

Nicki: We haven't had a Salty Talk in a while.

Robb: No, we've been noodling on a lot of different potential topics. But it's a moving target, which is kind of like the most... What's the most pressing thing to try to have a discussion around? And what is the thing that's least likely to get us 100% canceled?

Nicki: And what can we maybe bring some-

Robb: -And what can we actually affect some change with, yeah.

Nicki: ... will be interesting to people and what might they want to hear us speak about? So today's Salty Talk conversation is going to center around the Great Barrington Declaration, which this was posted by a member in the Healthy Rebellion back when it was originally signed, which for those of you not familiar with the Great Barrington Declaration, it's a document that was signed and put forth on October 4th, of this year by a bunch of infectious disease epidemiologists and public health scientists. It's gained signatures, let's see what the current signature count is. Let's see, there's been over 607,000 concerned citizens have signed it. 11,649 medical and public health scientists, and over 33,000 medical practitioners.

Nicki: So this is, again, it was released on October 4th, and the main thing that it's putting forward is that kind of some of the policies have been put in place for COVID-19. They

feel like it's doing more harm than good. And so they have something that they put forward called Focused Protection. And did you want me to read this?

Robb: It's not long and it's very well written. Yeah, might as well.

Nicki: All right. So I'll read this for those of you who haven't read it, and you're just listening to the audio. That way you have some context for what we're talking about today.

Robb: And then I would read the bios on the three primary folks that sponsored this.

Nicki: Okay, so the Great Barrington Declaration, "The Great Barrington Declaration, as infectious disease epidemiologists, and public health scientists, we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection. Coming from both the left and right and around the world, we've devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results, to name a few, include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health, leading to greater excess mortality in years to come with the working class and younger members of society carrying the heaviest burden.

Nicki: Keeping students out of school is a grave injustice. Keeping these measures in place until a vaccine is available will cause irreparable damage with the underprivileged disproportionately harmed. Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than 1,000 fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms including influenza.

Nicki: As immunity builds in the population, the risk of infection to all, including the vulnerable, falls. We know that all populations will eventually reach herd immunity, i.e. the point at which the rate of new infections is stable, and that this can be assisted by, but not dependent upon, a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

Nicki: The most compassionate approach that balances the risks and benefits of reaching herd immunity is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at higher risk. We call this Focused Protection. Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19.

Nicki: By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures including approaches to multi-generational households can be implemented, and is well within the scope and capability of public health professionals.

Nicki: Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should open for in-person teaching. Extracurricular activities such as sports should be resumed. Young, low-risk adults should work normally rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural

activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity."

Nicki: And it says on October 4th, 2020, "This declaration was authored and signed in Great Barrington, United States by Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations, Dr. Sunetra Gupta, a professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development and mathematical modeling of infectious diseases, and Dr. Jay Bhattacharya, a professor at Stanford University Medical School, a physician, epidemiologist, health economist and public health policy expert focusing on infectious diseases and vulnerable populations."

Nicki: So those are the three primary authors. And then there are several co-signers. And then, like I said, the total concerned citizens plus medical and health and medical practitioners and scientists, total somewhere around 650,000 people.

Robb: Getting close to three quarters of a million people. So how to unpack all this, where to go with it in a way that actually provides some value? Clearly, we have kind of a bias or an orientation, this whole story. I think very early on, we were in the flatten-the-curve camp, and because people do listen to us with regards to health issues, took it really seriously, it was a pretty big deal wanting to try to get this stuff right.

Robb: But very quickly, things began not really making sense to me in the way that things were handled, in the constant goalpost moving in things as simple as, and we'll talk about this near the end of this thing, which this thing may be the end of us too, but talking about masks, and what is the science behind masks? And why are there no standards if masks are so incredibly important, why are there no standards behind them? And that is in and of itself, apparently a controversial position to have. So clearly, we do have a bias or an orientation on this, maybe it's right, maybe it's wrong.

Nicki: I think our bias is just that we would like a nuanced conversation about all of this stuff, right?

Robb: That is one place. So as a beginning, I would say that we're in a position of, it does not appear that the SARS-CoV-2-

Nicki: The original model that came out of the Imperial College of London that said 2 million people were going to die in the United States-

Robb: It was wrong is wrong.

Nicki: ... is wrong.

Robb: It was wrong.

Nicki: But the measures that are still in place are as if this thing is far more deadly than it is and don't get me wrong, people have died, it is deadly, but we have to look at the full cost analysis. So I don't know which way you want to go here.

Robb: Yeah. No, that's a great lead-in. And so when this first came out, I wanted to jump on it and tell people about it and talk about it. But learning a little bit over time, I guess, I

thought, why don't we wait and kind of see how this develops, see what type of criticisms are rolled out? And so let's jump-

Nicki: And there have been... Yeah.

Robb: ... into one of the critique pieces.

Nicki: Several criticisms.

Robb: So from MedPage Today, "Who are the scientists behind the Great Barrington Declaration? All three have advocated against lockdown measures since the start of the pandemic," is the kind of headline there. And I want to throw this thought out there, again, is kind of a, I guess, a thought exercise. Right at the beginning of this story, say like March 10th, March 15th, there were people who were certain that this was the end of the world, that this was an extinction-level event, which if you had an infectious-disease agent that had a 30% infection, fatality rate, and good transmission, it could end society as we understand it, could end the human race, because of all the knock-on consequences, food systems collapse, energy systems collapse, chaos ensues, the people who don't die from the disease die from all the chaos and pandemonium that in arises from there. So you had people that were speculating that this was a species-extinction-level event.

Robb: And then there were other people that were saying that this isn't that big of a deal, that this is probably being being overblown. And I don't know that right at March 15th, either one of those kind of extreme positions really knew anything about what they were talking about. I don't know that we really had enough information, or maybe some people did. Again, when we look at kind of the scientific community, what's interesting when new ideas emerge in science, and we've talked about this with regards to the Manhattan Project, and Ignaz Semmelweis, there's never consensus right out of the gate, that's part of what the scientific process is, is that different people have different ideas, and then we have to share those ideas, and then see where the rubber hits the road.

Robb: And we've seen all manner of kind of suppression of the ability to discuss these topics. And I guess if this is... Is there anything else from this MedPage piece that you want to do dig into or mention?

Nicki: No, I mean-

Robb: They do mention that they were-

Nicki: This particular article is just trying to discredit these authors by saying that it was sponsored. The declaration was sponsored by the American Institute for Economic Research, which is a libertarian free-market think tank, part of a network of organizations funded by Charles Koch, a right-wing billionaire known for promoting climate change denial and imposing regulations on business. So clearly, because of that statement there, everybody should just take this Great Barrington Declaration and toss it, toss it to the wind, because-

Robb: Which Professor Gupta denies that.

Nicki: Right. Yeah. And we'll get to some interesting stuff with her and what she's been trying to do. There was a rebuttal that was originally published in The Lancet, that is now called the John Snow Memorandum, which apparently has now close to 7,000 scientists,

researchers and healthcare professionals who have signed it. And this came out 10 days after, so this one was released on October 14th, and-

Robb: And this is not in reference to, "John Snow, you know nothing," from Game of Thrones-

Nicki: From Game of Thrones, yeah.

Robb: ... this is actually referring to a doctor who, very early on, used some epidemiology to establish the linkage between some infected cholera water sources in Great Britain and was able to basically track and isolate that and this was arguably kind of the the birthplace of epidemiology. So it's a cool reference on the part of these folks talking about this because we have gained so much in many ways, particularly with regards to infectious disease by relying on strong epidemiological research for case tracking and whatnot.

Nicki: So these folks are basically saying that, what the scientists of the Great Barrington Declaration are putting forward, is flawed. Any pandemic management strategy report relying on immunity from natural infections for COVID-19 is flawed. Uncontrolled transmission in younger people risk significant morbidity and mortality across the whole population.

Robb: Which we have examples of that which suggest it's not true, with Sweden, with places like South Dakota. I-

Nicki: Where cases are on the rise, but we'll talk a little bit about that, too-

Robb: Case versus... Yeah.

Nicki: Because you have a thing in there about Sweden, right, that we'll get to?

Robb: Yeah. And also, digging back in, I forgot to get a link to this specifically, but again, this is almost going back to the Paleolithic of the COVID pandemic. But we had this case of the Crown Princess cruise ship, which very early on, was an interesting natural experiment in which a group of people were on a contained world-

Nicki: Vessel.

Robb: A contained world with recycled air, very little mobility, a population that is typically not young or healthy-

Nicki: Older, obese.

Robb: Yeah, I mean, all the comorbidities, and there was some death, there was an illness, but it did not decimate, reduce by a 10th the population. And in fact, when you look back through what the numbers were from that scenario, and extrapolate it to the larger population, it's pretty on-point, but yet this interesting natural experiment, which was dismissed completely out of hand in the beginning, and I guess, in some ways, rightfully so, because people would say, "Well, I don't know if this represents the world at large." And that's maybe a valid point, but at the same time, it's a really fascinating case study that has literally disappeared from the discussion. And I am hard-pressed to figure out why a natural experiment like this is not being used as some sort of a benchmark to just say, "Well, are the numbers higher than that? Lower than that? The same as that?"

Robb: And by the last time that I was looking at this, it looked very similar to this kind of Crown Princess story and it paints a picture that this is not nearly as dangerous as what we initially thought and, again, as we're doing this, part of me, because of the... and we'll get to this later, like the one of the reviews that we got on the podcast, for some people, even broaching these topics, it paints us as right-wing conspiracy theorists truthers, which that is such an ironic thing to call people, which is derogatory, but when we take this thing-

Nicki: You can't question anything anymore.

Robb: Well, it's not just that you can't question anything, are we not hopefully moving towards the truth? And so if you weaponize the term, truth, for truthers, then it's similar to if everybody's a racist, then it's impossible to distinguish what a real racist is. I mean, it just loses meaning, and if our goal isn't to move towards truth, then what is it? I guess it's just to roll over and accept whatever the dominant paradigm is, which seems to be more and more of kind of what we're being shoehorned into. But the dominant paradigm doesn't necessarily mean that it's correct. Oftentimes, there's pieces of it that are correct.

Robb: I mean, we still have the... There's a new update on the saturated-fat guidelines that in a large and growing chunk of scientists suggesting that the American dietary guidelines basically remove any restriction on upper-saturated-fat intake, because the science just isn't there. And we've had 50, nearly 60 years of consensus that we must at all cause limit saturated fat. And people will dismiss this, or like, "Well, that's different. This is an infectious disease." It's like, cardiovascular disease is still the number one or number two killer in developed countries. So it's still a very big deal, it will be a big deal, even once we get beyond this initial phase of whatever damage COVID imparts to our society.

Robb: So it's something that we do need to get right. And we do need to have discussions around. And just because the consensus was A, doesn't mean that the truth may not be B, and this is this whole need for having a discussion. And so this Great Barrington Declaration has received a good amount of shellacking online from the kind of established scientific community, it's been banned in distribution on different social media platforms and whatnot. Things like, if you instant message somebody a link to it, it looks like your link went but then when you say, "Hey Charlie, did you get that link?" He's like, "What link?" And so making it look like this stuff is distributable when it's really not and banning accounts that are distributing it.

Nicki: One thing in this John Snow piece that's kind of stuck out to me, is they say that, in criticizing Great Barrington Declaration, they say that prolonged isolation of large swathes of the population is practically impossible and highly unethical. So, instead we should prolong, isolate the entire population, right-

Robb: Seems to be the point they're making.

Nicki: ... so instead of... And then they also say, "Such an approach also risks further exacerbating the socio-economic inequities and structural discriminations already laid bare by the pandemic." Which is happening now anyway, a lot of people who are pro extended lockdown, have nice white-collar jobs where they can work from home online and it's not affecting their paycheck, whereas a lot of people, their work requires them to be in-person doing the work. And so, I mean, the inequalities already present here are huge.

Robb: So what's interesting, both sides of this debate are saying that, say, like, people of color, and minorities and the poor are being disproportionately impacted. And both of them are claiming that their approach will mitigate that process. We need to have a discussion, and we need modeling. And we need to look at examples of where things have been done one way versus another way, and see what the real story is there. Because, and I think we will talk about this here in a little bit, we're very lucky, we do not know anyone directly, that has died as a consequence of this. One of our friends in the Rebellion, she has a friend who lost both parents due to COVID. So this has absolutely impacted people. It's terrible. We have not been directly affected by death. And we are very, very fortunate by that.

Robb: We know a lot of people that have lost businesses, are in the process of filing bankruptcy, are completely reshuffling their lives. And somebody may just say, "Well, that's no big deal compared to dying." I'm not even sure what to say in response to that. How many people commit suicide as a consequence of their life imploding? Losing businesses, a lot of these businesses are closing-

Nicki: Worked their whole life and you're in your-

Robb: Sometimes multi generations.

Nicki: ... 60s or early 70s and you have a restaurant that you've bled for your entire life and you're getting ready to retire. And-

Robb: And it's gone.

Nicki: And it's gone.

Robb: And there don't appear to be fantastic options out there. There's discussions about universal basic income, and forestalling rent payments and whatnot. All of this leads into an absolutely catastrophic implosion of-

Nicki: Well, that's already happening in Britain.

Robb: ... society and the economy. Yeah. There's examples of that in Great Britain. And again, we're in a predicament, there is no good way out of this. But there's no painless way out of this. But I don't really feel like... And again, maybe this is just me, because I want things to go a particular way. I'm trying to argue for this in a direction that supports my background. But I have the sense that if kids are generally back in school, there's all this discussion that there's going to be a generation of women that are strip mined out of the workforce because of the childcare scenario. Like childcare nationally, I'm focusing a lot on the United States, US childcare has just imploded, it is virtually gone. And so all of the the the benefits and the progress that has been made bringing women into a more parity position in the workforce, it's gone. And so that that sticky widget of the fact that women are part of the biological equation of humans that are saddled with growing a fetus, at least for right now, and birthing it and are kind of the, more often than not, the primary caregiver, they're going to be disproportionately impacted in this.

Robb: We know for a fact that, again, poor and minorities are disproportionately impacted in this. I don't get the sense though, I don't understand how just massive comprehensive lockdowns and shuttering of, in particular, service-based businesses, is going to address any of that, when this is disproportionately the places that these poorer more minority-oriented folks end up working currently. I just don't get that and I would love for somebody to explain to me how this works out favorably having a more austere kind of

intervention versus a more nuanced intervention that could get these folks working more.

Robb: But we'll shift to this Daily Mail piece which, yeah, the Daily Mail is just right on par with the National Enquirer, for the folks that are watching the video on this, the the list of links that they've gotten-

Nicki: On the side are just terrible.

Robb: ... on the side are just like, "Holy Christ."

Nicki: Terrible. But Professor Sunetra Gupta, one of the authors of the Great Barrington Declaration, is talking about some of her experiences, and she says, as much in here, I don't know where I would fine it.

Robb: Well, read the headline for it.

Nicki: A contagion of hatred and hysteria, Oxford epidemiologist, Professor Sunetra Gupta tells how she has been intimidated and shamed for backing shielding instead of lockdown. And in here, she says she's first and foremost a scientist versus not somebody who's normally in the focus of the media, "Of course, I do have deeply held political ideals, ones that I would describe as inherently left-wing. I would not, it is fair to say, normally align myself with the Daily Mail."

Nicki: But she was went to participate in an interview seconds before they were to go on air. The producer said that they weren't to talk about the Great Barrington Declaration. And she thought that was one of the main things that she would be speaking about during this interview. And she asked, "Why not?" And he said that, "Oh, our listeners won't be familiar with that term. So you're not to talk about that." Then she was going to go on another national radio appearance, and... What did they say? They basically canceled at the last minute saying that her message was going to be a threat to the National Health. Here's the quote, "Giving airtime to me would, 'Not be in the national interest.'"

Robb: And give a little bit of background with Professor Gupta.

Nicki: Yeah, I mean, she helped create one of the therapeutics for coronavirus. Let me look, can we find that here? She has it... She's concerned about the lockdown, leading to lower childhood vaccination rates. So she's not what people would call fringe, even though that's what the kind of dominant narrative folks are calling her and the other scientists who sign this, they're calling them fringe.

Robb: And there clearly is kind of a, to some degree, a political divide on this topic. But what's ironic is that Professor Gupta self describes as effectively kind of left wing, more or less a socialist, very into social programs. And she has been labeled an all right, fringe conspirator in this whole story. And this is how people are silenced. Again, where you just label the-

Nicki: They get labeled and then dismissed.

Robb: Because you disagree, you're the dirtiest, nastiest possible entity on the face of the planet and there's no... Let's say that she's totally wrong about all this stuff. Let's say she's wrong. Let's say we are wrong. I would argue that the best way to deal with that is to have some pretty vigorous open debate, take things point by point. Like when I went through the Cowspiracy film, I went claim by claim, like-

Nicki: What the Health.

Robb: Or What the Health, yeah. I went claim by claim, minute by minute, "Okay, this is what they claim. This is my take on it. Here's the stuff that they're trying to claim as support. Here's..." I don't see hardly any of that. I do, ironically, more on the side of, "Here's where these super onerous lockdowns are disproportionately impacting minorities and women," and whatnot. But-

Nicki: She says she has been accused of not having the right expertise of being a theoretical epidemiologist with her head in the clouds. And she says, "In fact, within my research group, we have a thriving laboratory that was one of the first to develop an antibody test for the coronavirus and we were able to do so because we've been working for the past six years on a flu vaccine using a combination of laboratory and theoretical techniques. Our technology has already been patented and licensed and presents a rare example of a mathematical model leading to the development of a vaccine."

Robb: And I'll just throw this out there as a chemist, and my background was mainly synthetic organic chemistry, building molecules from scratch. There was a time where you basically went in the lab and you just kind of tinkered and you, to the best of your ability, you had a guess about the way that different structures went together. A ton of what goes into chemistry now, which is why there's not a lot of organic synthetic chemists left other than like, making meth, is that you do a lot of this via computer, the computer modeling can go down a hundred, a thousand, a million different rabbit tracks, and give you the most likely solutions to go after, and it's pretty goddamn good.

Robb: And so dismissing her as a theoretician with her head in the clouds. This is just so remarkable in the hubris and again, this is like straw-man character assassination stuff versus... And again, maybe she's wrong, maybe this shit is wrong, but you don't know that by just character assassination and dismissal. And again, we have two competing camps here that seemed to be making similar claims. And I would argue that the data is really coming out disproportionately on the side that a much more targeted approach, an approach that allows kids to go back to school that really focuses on looking strongly at protecting those who are most at risk. And we'll get to a piece about diet and vitamin D here in a minute, but yet again, we're almost a year into this fucking mess. And metabolic health is still barely even mentioned on either side of this debate, when we know that that's, aside from age, that comorbidities are one of the primary drivers of whether or not this finishes poorly or well for people. The fact that this is such a non issue, that alone should give people pause in this whole thing.

Nicki: Yeah, I'm going to take a pause here and read our sponsor ad. This Healthy Rebellion Radio episode of Salty Talk is brought to you by Ned. If you've been feeling stressed or anxious. Who hasn't these days?

Robb: Why on earth would we feel that?

Nicki: Geez, this is the best year ever. If you have any pain or you've been struggling with insomnia, I don't know. Have insomnia rates up-ticked since March?

Robb: Since I've been using Profonol, it's been fine, I've been sleeping for like six days straight, so.

Nicki: Isn't that what Michael Jackson used?

Robb: Yes.

Nicki: Okay. Nevermind that folks. Anyway, Ned-

Robb: Ned is so going to regret sponsoring this podcast.

Nicki: Ned full-spectrum hemp oil only contains two ingredients, full spectrum hemp extract and non GMO organic MCT oil. Ned also has a body butter, lip balm and natural cycles line and their very newest product, Ned sleep blend. It's a powerful natural path to steady consistent and deeper sleep, Ned sleep blend contains CBN, a powerful cannabinoid that promotes sleep with 750 milligrams of CBD, and other wild-crafted botanicals. They're super transparent with what goes into their products. They share third party lab reports, who farms, their products, their extraction process, etc. All of that is visible and you can find it on their website.

Nicki: And Ned has a special offer for Salty Talk listeners. So if you're curious at all about CBD, or you want to try their new sleep blend, go to www.helloned.com/salty15 or enter code salty15 at checkout for 15% off your first one-time order. You can also get 20% off your first subscription order, plus free shipping. That's H-E-L-L-O-N-E-D.com/salty15.

Nicki: Okay, let's jump over here to this next piece here, you've got a piece from NPR-

Robb: This is an NPR piece.

Nicki: ... and it's saying that studies point to a big drop in COVID-19 death rates.

Robb: So this is another piece of this whole story that is just profoundly disturbing and frustrating. We had this initial claim that the infection fatality rate was going to be 10 times greater than influenza or maybe 100 times greater than influenza. It doesn't look like that was the case at all. We clearly had a lot of sick people, a lot of people died, places like Italy just got shellacked, they had a fairly aged population, a aged and potentially not particularly healthy population. We have not worked through all of that population in Western society. But what we have is nearly a year of working with folks and figuring out how to better treat them.

Robb: There have been some things discovered as simple as don't put these people on a ventilator, make them lay prone instead, and that ended up saving their lives. Different mixes of over-the-counter pharmaceuticals and even some vitamin D and some zinc and vitamin C. There are studies going on constantly. But at the clinical intervention level, the improvement, will it go from patients in the study had a 25% chance of dying at the start of the pandemic, they now have a 7% chance of dying. So if we want to do our vegan number deal, then it's like a 300% reduction in weight, which isn't the proper way to portray that at all. But that's a profound difference. And again, we are learning every day. We're being told that cases are exploding, which again, this is this kind of revolving door-

Nicki: This is the crazy thing, because it seems like every media outlet, it's just this case numbers are shooting up in South Dakota man, they shouldn't have had their... Their governor was wrong after all, because cases are surging. And you're seeing this and so it's sort of like what is... When you throw out a number like that without putting into contexts that the testing has increased-

Robb: Shockingly.

Nicki: ... how many fold? I don't know, 10 fold, 20 fold, 100 fold, I don't know, since the beginning. And not in context with the actual number of hospitalizations and the

number of deaths, it makes people scared. And we mentioned this in a previous, maybe the intro to our last episode, people are so scared that they're... I mean, we have some friends from our former jujitsu life in Reno who are very smart, well-educated individuals, and they have not left their home, they get their groceries delivered-

Robb: They open their garage door.

Nicki: ... to their garage, they open the garage door, they get delivered from the delivery service into their garage, they go out with gloves and sanitize the groceries before they bring them into their home. And this is the level of fear that some people are living with. And what kind of life is that? I don't know.

Robb: I had a really good point, and you just derailed me with that one a little bit.

Nicki: I'm sorry.

Robb: But it's okay. I guess kind of the takeaway that I wanted to pull from this is that were circling back around to the case, the case deal. At the very beginning of this pandemic, part of the, I would call it the terror process, part of it, and that's me being cynical, you could also say that this is part of the educational process, there was a claim that a ton of people were going to die, and there was a statement again and again, again. And it's fascinating that this has disappeared from the discussion from media, we were told again and again and again, "Everybody will get it. There is no way to avoid it, everybody will get it and so we need to flatten the curve." And all that type of stuff. We did all that stuff.

Robb: And then we have these discussions around herd immunity. And there's some up-in-the-air discussion around that, antibodies don't linger that long from the SARS-CoV-2 virus, it seems to start declining maybe at like two or three weeks and then the antibodies are largely gone after that, which makes actually telling whether or not somebody did or didn't have it kind of challenging, but it also looks like T cell immunity is a major factor in both clearing the virus and potentially conferring longer term immunity.

Robb: Now, it may be that people can get reinfected, we don't know on that but mixed into all this stuff, there's a couple of things again, the drum is being beat in cases are exploding, and then we are told again and again that hospitals are increasing admissions and whatnot. All of that is true, but there's a lot of context and kind of nuance around that and we are still being told that intensive care units are running near their maximum. Intensive care units run near their maximum all the time, pandemic or not, and this is something that is just not discussed.

Robb: And this is where a bunch of the other knock-on collateral damage comes from in an effort to create buffer capacity for an expansion of say, like intensive care units. A bunch of other things like oncology, like pediatric screening are closed, people are being furloughed because they have nothing to do. But the the basic business model of the way that intensive care units work is that they are damn near at capacity all the time. Which is another thing that's kind of like, "Well, why is that?" And it's because we have a sick, morbidly sick population, which is another thing that kind of needs to be addressed.

Robb: But in this context of COVID, and the severity, nothing has really changed, we are not in danger of overwhelming these hospitals in general, we heard some discussion that like El Paso is flying people to San Antonio. Good, okay. Not good that somebody's sick, but fuck we have resources, spread the resources around, we are avoiding catastrophic

implosion of systems, if one area is harder hit, then by all means move other people elsewhere. And that can happen in a scenario in which we don't necessarily need to implode the economy, and completely strip mine what passes for our basic kind of human rights.

Robb: Which that's a whole interesting thing, talking about fundamental human rights now, we have a group of folks that are basically security at all costs, and then other-

Nicki: Safety at all costs.

Robb: ... safety at all costs. And this is so reminiscent of the post 911 world, which I railed against that. And it's funny at that time, it was the more right-leaning people that were like, "Oh, you're a pinko, and you don't get it. And the Jihadi threat," and all this stuff. And it just kind of feels like Groundhog's Day, only the teams have shifted, and we are now instead of dealing with a terrorist threat, now we're dealing with a viral threat. But we are making decisions that, like going through an airport is forever changed after 911, it is forever changed and not for the better. It sucks compared to what it was. And we just did a little bit of traveling recently and with the masking and the temperature taking and the things that are in the pipeline, that's going to suck too. And guess what that... What is that going to do-

Nicki: I don't think that's ever changing.

Robb: I don't think that's ever changing. That is going to forever negatively impact the experience of travel, fewer people are going to travel. So all these places around the world that live and die from tourism-

Nicki: Tourism.

Robb: ... are going to be absolutely gutted. So for the people that are concerned about the welfare of people, not just here, but everywhere. Costa Rica, Nicaragua, all these wonderful places to travel and that their economies are absolutely, inextricably dependent on air travel and tourism, I don't know what's going to happen to those folks. We have friends that live in Costa Rica that help run a jujitsu school for basically homeless and poor youth, they have all these kind of social programs around it. They're gutted, they're fucking gutted. And again, if this was a scenario in which things were legitimately more dangerous than what they are, then I guess we have to make... But even then, if people start starving, they're still going to die. If people commit suicide, they still died. If people go on a drug or alcohol binge because they're just destitute and depressed, their lives are still ruined.

Robb: And so this is where this whole thing just seems so perplexing and again, we're going to get absolutely shit reviews for this thing, and I guess we'll talk about that in a moment, but here's just a quick piece. This is what explains temporal and geographic variation in early US coronavirus pandemic. And going down a little bit, the abstract, "We provide new evidence on the drivers in the early US coronavirus pandemic, we combine an epidemiological model of disease transmission with quasi random variation arising from the timing of stay-at-home orders to estimate the causal roles of policy interventions and voluntary social distancing. We then relate the residual variation in disease..." I'll skip through some of the really technical stuff but, "The most important predictors which cities are hardest hit by the pandemic are exogamous characteristics, such as population density."

Nicki: Population and density.

Robb: Population and density. So the point of this article and again, because it's a published piece doesn't mean that it's correct. People can publish things and they can be wrong. But this jives with a lot of what we've seen where you lock down real hard, doesn't do all that much. You don't lock on down all that hard. The difference is in cases, the differences is in fatality is not that significant. What seems to be one of the primary drivers is just, "Do you live in a dense urban area or not?" And this is one of the things where, "Well, maybe in denser urban areas, you do need some degree of friskier intervention on this." But that still begs the question of, if you own a furniture moving company, and you mainly have first generation or newly arrived people to the country that are not great at English and don't have a ton of other skills, and so physical labor is what they can do for the most part to get themselves going, all of that goes away. And then they don't have the resources to move somewhere and buy an expensive house and work remotely.

Robb: So again, this stuff is disproportionately impacting poor people, minorities, etc. And, again, I don't know exactly what to do, but understanding that this may be a reality that just... population density-

Nicki: Well, and it may be not a one-size-fits-all policy across the board-

Robb: Might be recommended.

Nicki: Right.

Robb: Yeah. What else do we have here? Zoe Harcombe did a piece, the impact of lockdowns, and she did an amazing piece. And it looks at a paper that was published in The Lancet, October 22nd, that claimed that a study to quantify the effects of COVID-19 introducing the lockdown measures and how it affected the rates of transmission and she unpacks this thing, I really just want to jump down to kind of her final takeaway down at the bottom. It's a really great piece, Zoe is super smart.

Nicki: Findings, or?

Robb: And, nope, all the way down, all the way down, all the way down-

Nicki: Closing thoughts.

Robb: All the way down, right here, "This means that we knew back in mid March that locking people in their homes would increase the risk of virus transmission." So this is one thing that we saw. And this is one of the challenges that apparently Italy faced is that they had multi generational homes, which I think is great, and it's laudable. But it's also, in this scenario, it's one of the most challenging features because in the home people have such remarkable close proximity. So I guess you do what New Zealand was recommending, which is you take people out of their home and go put them in a illness camp or something like that.

Robb: But, "My note on social distancing on June 8th confirmed this, the greatest likelihood of virus transmission was among closest family members in the home, people sharing a room with and or people caring for someone else. Might we have, with the ultimate irony, done more harm than good with the very place that we have confined people to? Have we wrongly assume that home is the safest place to be?" And again, this is pulling from some of the primary research on this topic, looking at the places where people do and do not appear to get the disease.

Robb: And this reminds me, I've mentioned Nassim Taleb in some of the other pieces that we've done, but he talks so much about iatrogenic effects, like getting stuff, basically you go to the doctor, you go to the hospital and you get something from the hospital that's even worse than what you had. And he talks at length about these really vigorous interventions that we do in the attempt of solving problems. And we frequently make the situation worse, because we're reacting in kind of a first order, logic-based system when these highly complex dynamic systems aren't amenable to first order logic, they have these knock-on effects that you wouldn't initially intuit.

Robb: But even topics like this, I'm sure Zoe's going to take an absolute ration of shit for suggesting... But again, it begs the question, "Okay, then what do you do?" I'm not entirely sure what you do in this situation. But if this is true, you damn better sure have a discussion around it. This needs to be part of the discussion around policy because big swaths of Europe are now heading into another lockdown. So we may be taking people and sticking them in a home with other people where their likelihood of... Versus providing them some latitude to be out, and we did learn this from the 1918 pandemic and some other pandemics, that when you just put children in outdoor schooling scenarios, the viral transmission was markedly improved.

Nicki: Even outdoor care settings.

Robb: Yeah.

Nicki: Like hospital beds or outdoors or in more ventilated, tented type situations.

Robb: Right. So a piece from Matt Ridley that actually just came up today, six reasons the lockdown is a deadly mistake. Do you want to tackle some of this or?

Nicki: It's a really interesting read and obviously all of these links will be in the show notes for folks to read. Yeah, he says, "I supported shutting down the country last spring but we are in a very different situation now." And he links to his original article for the telegraph back in the spring, "I was in favor of national lockdown in spring, I am not now for six main reasons. Lockdowns are lethal, they cause more death from cancer, heart disease and suicide as well as job losses, bankruptcies, social disintegration and mental illness, especially among the young, who are at least risk from the virus. In April sunshine, many people in firms could cope for a short period once. Today, in November rain, the pain will be far worse. I will be all right, living in a rural area an able to work online, but what of those who started restaurants or live alone in small flats?" So I think it's a great perspective, he kind of makes his case for why-

Robb: And here's an interesting piece, "There's overwhelming support in the scientific community for national lockdown, say scientists, but the scientific community in the civil service are on secure public sector salaries and think in top-down ways." They're going to be completely unaffected by this, at least until society completely disintegrates, if that's where we take all this stuff. And we have a friend who has two sons in college, she shared some of their communications-

Nicki: They have come from a military family. And so both the boys are heading into the military.

Robb: Heading into the military.

Nicki: I think one is doing some sort of engineering degree, but just sharing what their fellow students and colleagues, the mindset and kind of outlook that these kind of college-aged kids have. And it's pretty bleak.

Robb: There was this really heartfelt back and forth and the son said, "Mom, everybody else's lost." They feel like their lives are over and they have no future.

Nicki: Nothing to look forward to.

Robb: Nothing to look forward to.

Nicki: There's no drive, there's no reason, which is-

Robb: And what do people do when they get to that spot? What do young impressionable kids do that haven't built a solid sense of self, that haven't found their way in the world? What do they do? And we're seeing that, so... Okay, we're getting long in the tooth here. What's our next piece?

Nicki: Let's see. So you wanted to shift over to some kind of... somehow the food industry?

Robb: Yeah, I mean, so COVID puts a spotlight on the food industry's role in obesity, the virus can be particularly lethal to obese patients, which that's a whole ironic thing in this ablest deal. You can't call people obese, you're being a dick and haranguing them. This is another one of these things where I feel so assailed from so many directions, like, "Well, you're a white male, and so you deserve it," or I don't fucking know.

Nicki: And you're lean, so you can't talk about obese people, because you are lean.

Robb: So instead of talking about it, we're just going to let fuckers die, apparently. So that has some investors worried about new regulations on food and drink companies worldwide. I've been back and forth on this stuff, there was an example in Mexico where they did some soda tax, and it seemed to reduce soda consumption, and it seemed to have some knock-on benefits with regards to health and whatnot. But where this thing inevitably ends up going to is things like attacks on butter and-

Nicki: Meat.

Robb: ... eschewing meat and I think that that knocks us over to the next link, World Economic Forum, eating less meat and more beans would cut deaths by 5 to 7%. The support for that claim is absolute bollocks and this is the constant rinse, lather, repeat that we face from the kind of vegan-centric world, and this article is super well written. It is the not no meat, just less meat and better meat, which is this great meat that Diane and I have been fighting like crazy and it suggests that, "Okay, eat more beans." How are you going to raise those beans? You need industrial row crop agriculture-

Nicki: Monoculture.

Robb: ... mono crop to be able to make that..Or you need some sort of an integrated holistic system that includes animals, and so that means you're not going to eat fewer animals, you're going to eat more animals in the production of your legumes that you want to eat. And this is at complete loggerheads to the discussion that is coming out of the World Economic Forum, the World Health Organization, part of this whole great reset story we are to anticipate gutting the energy sector, we are to gut the consumption of animal products, and this is one of the things that has made me a little bit crazy. And I've

been seeing this for a long time, I am going to download my Facebook personal information, and then I'll be able to delete that thing at some point.

Robb: But I've been warning that the vegans would tie meat consumption into climate change, and that this would become an international level policy, assailing meat. And there's kind of a certain political orientation that goes with that. And I know some folks, like in the autoimmune paleo scene who are real big, they call themselves advocates or whatever for various things. And I guess that's all well and good. But you will no longer be an advocate for the autoimmune paleo diet, because it's not going to be available, or you will be socially shunned for recommending it because you are destroying the planet.

Robb: And there was just a new piece that came out of the Netherlands, which I did not put in here, but I linked in the Healthy Rebellion, that basically said that their goals of curtailing greenhouse gas emissions have been virtually impossible to reach. But with the aid of the COVID pandemic, and the impact it will have on the economy, that they will likely be able to reach the goals. And I Google Translated this thing, and it's a little bit rough, but it's basically lauding the COVID pandemic, because it is going to so gut the economy, that we will then be at a low enough carbon emission level that we will reach these arbitrary goals.

Robb: Now the fact that people will be starving, and all kinds of other madness going on, I guess is by the side. And this is a piece from the economist, global meat eatings on the rise, bringing surprising benefits as Africans... You're-

Nicki: Sorry.

Robb: Get richer, they will eat more meat and live longer, healthier lives. This is a really hard to find chunk of information. But it's something that Diane and I talked about in Sacred Cow, what's ironic is that the same nutrient deficiencies that overlay veganism look identical to what people experience in developing countries, because they tend to have very little protein, they have very high starch based diets that are nutrient poor, that are very high in anti nutrients that sequester a significant amount of whatever is there. And what we're finding is as places become wealthier and begin to eat more meat, that the children and the women in particular, live longer, healthier lives, have lower infant mortality rates, have fewer diseases of deficiency, and also infection, because they're not hanging on by a thread, because of eating a nutrient deficient diet.

Robb: And all of this is in danger. Like when people are talking about inequality and the social justice issues and whatnot, we have hundreds of millions of people in Africa, in South America that are raising up out of abject poverty, and their standard of living is increasing in this whole COVID pandemic and the way that it's being oriented into altering the food system, altering the economic system to save us from climate change. This is all getting now dovetailed into this climate change. Like the one of the Fauci pieces, and this is where we have completely fucking jumped the shark and gone to crazyville, but Fauci was basically making this case that all of pandemics have basically emerged from too much industrialization and in this proximity of animals to humans and whatnot.

Robb: There's a little bit of truth to that. But that is an outgrowth of the industrial row crop food system and the way that animals are raised in these confined area feedlots. We don't see this in these kind of decentralized regenerative ag scenarios. And yes, you can scale it, you can feed the world with it. That's why we wrote the Sacred Cows.

Nicki: Let's see, I guess we're kind of on our tail end here, do you want to wrap with this?

Robb: We're on the tail end here. I'll just be really quick with this. Again, we mentioned fortunately, that we don't know people directly that have died as a consequence of COVID-

Nicki: Indirectly. I mean-

Robb: Indirectly we know a few folks.

Nicki: ... a father of one of our... friend of a friend's father.

Robb: Yeah. And so I'm not making light of that, but we do absolutely know people who have lost businesses.

Nicki: Several people who have lost business.

Robb: Going through bankruptcies, some of these bankruptcies are probably going to turn into divorces, losing of houses, massive life upheaval. What does that factor in this whole story? Does it factor in this story? And then as has been described already, childhood vaccinations are down, cancer screening is down, cardiovascular-risk screening is down-

Nicki: Even people having heart attacks are not going to the emergency room.

Robb: And so they're dying, where before they would be given clot busters and stuff like that in a timely fashion. We won't know for several years, what the excess death is that's associated with this. But for all the people... for the folks that are just, if you're even still listening, the people that are really self righteous about all lockdowns at all costs, and you just want old people die in the street. If you're still kind of on that side of the fence, and you're still listening, what will you do when three years from now we discover that teenage suicides were 300% greater, that infant mortality rates exploded? What will be the responsibility that you take on there.

Robb: And again, I don't know, none of us know the exact details on this. But the way that this stuff has rolled out, is in such a stilted, terrifying way that we're not really having any discussions around the cost benefits, or even allowing people are like, "Hey, man, I get that you're concerned about this. We over here are going to handle things like this. And if it's a disaster, then it's on us." And I don't know if I'm adding anything of value at this point. Do you want to talk? This is a piece about the history of the Swedish COVID response.

Nicki: Yeah, and we'll include this in the show notes. But it's Sebastian Rushworth M.D., and he basically goes through the whole timeline from the first case that arrived in Sweden till now, because there's a lot of stuff swirling around on the internet about Sweden didn't lock down to the degree that the rest of the world did, and they were criticized for that heavily in the beginning. And then now the people are saying, "Oh, cases are on the rise and whatnot." So interestingly, he says that Sweden could never have locked down, because their Swedish constitution does not allow for that, Swedes have the right to move freely within Sweden and to leave the country. So they could never have locked down the way that a lot of other... It does not allow for a general lockdown.

Nicki: They did put in a lot of measures limiting size of groups that could meet and advising people in sensitive populations to stay home, they didn't require masks. Anyway, it's just a really interesting from a medical doctor who lives in Sweden kind of detailing the process-

Robb: And what it looks like they went after were these potential super spreader scenarios where they early on, they limited-

Nicki: Limited visits to nursing homes, they did a lot of things, but they left the restaurants, they're open, their gyms open, shops, hair salons, all of that stuff. And so it was up to each individual to decide how-

Robb: How to handle it.

Nicki: ... how they were going to be moving about and what they wanted to do. Yeah.

Robb: So again, I guess just an... It's not that the Swedes did nothing. It's not that this quote, second or third wave or whatever it is, that they're not being crushed by it. Yes, quote, "Cases are up, we are testing more and more finding more," but their hospitals are not overrun. And then we overlay that with the reality that we better know how to treat this condition, so. And then we have one final piece in here-

Nicki: Yeah. Well, I just want to mention, so when deaths were peaking in April, he says, "Sweden carried out 20,000 PCR tests per week, at the end of October that had increased to 160,000 PCR tests per week. So that is why Sweden had fewer cases at the peak of the pandemic in spring than it does currently." So this is another piece that's not really talked about in the mainstream media-

Robb: And it is constantly-

Nicki: ... just the sheer number of tests relative to the beginning, which when not put in context can make it seem like we are in the middle of a second wave or that things are significantly worse when, because there were so far fewer tests early on, we really, don't know-

Robb: Early early on, there were no tests.

Nicki: Exactly. Gosh, finally, we have two images. One is just-

Robb: It's cartoonish.

Nicki: It's cartoonish.

Robb: It's a before lockdown, after lockdown, in these exponential-

Nicki: So it's flattened the curve and you have these exponential lines on unemployment, bankruptcy, suicide, starvation, overdoses, domestic abuse, child abuse-

Robb: Depression and I'm not sure.

Nicki: ... depression, and the destruction-

Robb: And the destruction and permanent-

Nicki: Closure of small businesses.

Robb: ... closer of small business, yeah. So, hey, really quickly, I do want to comment on that. And again, we literally are probably down to six listeners but a good number of the people who are really in support of these pretty onerous shut downs and like, "You're

going to kill grandma if you don't wear a mask," and all the rest of this stuff. I would also say these people are generally the folks that kind of rail against big corporatism, right? Like Walmart is a bad thing because it's big and all that, those are the only things fucking left. What this process has done is-

Nicki: Amazon, Walmart.

Robb: ... any independent small operator, whether it was a restaurant, the things... Let's flip it around, the things that one, are conglomerated, huge chains-

Nicki: Big corporate.

Robb: ... big corporations, they have one crazy... You just look at it, at stock holdings, these were the people that were able to go in and advocate, "Oh, we are an essential," whatever. We have seen examples of a small independently owned hardware store that was shut down. Home Depot remained open, Lowe's remained open, because they're big enough to be able to grease the palms and make the shit happen to make them an essential service. Whereas if you're just a small time operator, Mom and Pop again, invested your whole life into this thing, and you've got no... you're not getting any giant corporate bailouts or any of the rest of this stuff. This is the knock-on consequences.

Robb: So again, when people are self righteously appointing themselves the steward of the whole world, what will your response be when you want to go buy your clothes at some bourgeoisie little boutique? They're gone.

Nicki: Okay. Amazon will deliver it to your door with a drone.

Robb: Apparently, yeah. This is one of the knock-on effects of this. It's so hard for people to go and start a business, shit is so stacked against you, it is so incredibly hard. If you're successful, usually... particularly if it's some service-based business, like a restaurant or something like that, you work for years at less than minimum wage, and just crushing hours, because you've got a passion for it and then maybe it succeeds at some point. And then maybe you get a half decent payout at some point, but it's so fucking stressful, and so many unknowns. And some people are kind of like born for it, and it's good.

Robb: But we've seen several different kind of analysis around this. And I'm part of a business group that talks about this stuff. And the guy is as capitalist running dog as you could find. And he basically said, "I could not conceive of starting a business from here on out."

Nicki: He said something to the effect of, "I think it will be very unattractive to be an entrepreneur in 10 years."

Robb: Yeah, and that we're-

Nicki: Like we're-

Robb: And that we're bad now, and it's just going to get that much worse. Basically, that in 10 years, he couldn't conceive of somebody wanting to be an entrepreneur. So just think about that. If nobody chooses to be an entrepreneur, we are left with whatever the giant monopolistic entities are, as the winners, or working for the government, or being on the dole of the government. And that's it. And this-

Nicki: And a lot of the creativity and the innovation, just-

Robb: The freedom.

Nicki: ... dies. Did you want to show this other image? Or, you wanted to go?

Robb: Yeah, I believe it's below or maybe, so-

Nicki: This one.

Robb: ... we got this one.

Nicki: We'll wrap up with this. We mentioned it in the intro before our one-star review for talking about masks in an inappropriate way apparently, you want me to read it?

Robb: Sure.

Nicki: "COVID truther, I used to respect Robb Wolf, I'm a nurse and find things he says regarding the efficacy of masks and respecting the guidelines of the specialists in the field to be inflammatory, and dangerous. I've unsubscribed after having been a follower for years. Congratulations on fully embracing the lunatic fringe regarding all this, I hope you consider the deaths you may have unwittingly caused because your listeners may not have worn masks and spread the disease to someone who could not afford to get sick with this."

Robb: I'm not entirely... I've had a lot of thoughts around this but I'm not entirely sure what to... I touched on this a little bit earlier, the truth or peace.

Nicki: Again, lunatic fringe, there's no room for conversation or nuance-

Robb: And again-

Nicki: ... Semmelweis was the lunatic fringe because you should wash your hands after working on a cadaver and going-

Robb: Before delivering babies.

Nicki: ... to help a woman deliver a baby.

Robb: The scientists that suggested that H. pylori was the cause of ulcers, not stress was the lunatic fringe and was absolutely railed against and run out of town on a rail, until he gave himself an ulcer with H. pylori and then cleared it up with antibiotics. The podcast that I did that this person responded to, I basically dug into the literature on mask efficacy as it relates to influenza. And I took things that were at least like 5 to 10 years old. So that hopefully it's non political, it hasn't been fiddled with. And it just made the case that you needed to wear a very specific type of mask in a very specific type of way. If you did every single thing, right, it decreased transmission rates by about 10%. If you did things wrong, it potentially increased transmission rates. If you took the mask on and off, if you messed with your face, if you didn't wash your hands-

Nicki: I think about this every time I come out of a store and I put my mask in my purse next to my phone, which people have said phones, even if you clean them all the time, phones are filthy, your fingers are on them all the time, you touch everything and then you hold your phone, I'm like, "Gosh, putting my mask right here." You know?

Robb: Right.

- Nicki:** If you're not washing your mask several times a day, you're probably at risk of some type of contamination, or you're using disposable ones, which like you see them littered across the street, you see them washing up on beaches-
- Robb:** And they're about as appealing and seeing a used condoms, so yeah. So I didn't say, "Don't wear a mask." What I said was, "If you're going to wear a mask, you got to do it right. Period." This is peer-reviewed literature, and it is well accepted. And this is pre a period when all of this shit has been totally politicized. That was a point that I made.
- Robb:** The other point that I made is that with the current kind of mask mandates, through our zero recommendations around the qualitative nature of the mask, it doesn't describe what it's made of, how it fits, really how you should or should not wear it, there's nothing with that. And I also mentioned that you can poke around any local municipality and look at their guidelines for what constitutes a hairnet when working in food service. And there are rather nice delineated guidelines about what constitutes a hairnet.
- Robb:** And if we can't bother ourselves with defining what constitutes a mask, how it needs to be worn and have some QA QC around that, then I'm suspicious about what the real story is there. And also, again, from this kind of iatrogenic deal, are we giving people more COVID and more infections, because they're going about their lives and taking a mask on and off? Whereas usually people are kind of like, "Okay, I'm shopping, I'm not going to stick my finger up my nose right now. I'm going to wait till I get home and wash my hands and they'll dig that big golden booger out of there at the end of it."
- Robb:** But now you're like, "On and off, on and off, on and off." And these kids that we see working in the supermarkets and stuff like that, or restaurant, they pull their mask down just to get a gulp of air, because they're hot and they're uncomfortable and everything, and then they pop back on. It's a different thing in some ways when you're a medical professional, and it's like, you've gone... Part of the reason why becoming a medical professional sucks, because it's hard, is because it's a weeding out process. If you can't deal with being hot and uncomfortable and all this other stuff, you're not going to make it, they're going to weed you out whether it's nursing or being a doctor or whatever.
- Robb:** But a low paid restaurant worker or some college kid working in a supermarket trying to make ends meet while they're at college, there's no education around how to fucking wear these masks. And so, again, for the self righteous, what will you folks do if, when we circle back around, it turns out, "Oh, people got more coronavirus, people got more other illnesses because of the way that they were flipping the masks on and off?" And again, when I did this initial piece on this, I wasn't saying do or don't but there are these inconsistencies here. And can we have a discussion around the inconsistencies?
- Robb:** This gal apparently is a healthcare professional, and she offered not a whit of commentary about what I got right or what I got wrong. She did a character assassination, and then basically dropped a hand grenade and split. And I have no doubt we're going to get 100 of these or 1,000 of these after this one. And I guess I'm reaching the point where I don't really care. If this is what is necessary, if we have to self emulate-
- Nicki:** We have to be able to question things, we have to be able to have conversations, there has to be nuance and I know nuance isn't sexy, nuance doesn't sell anything. When we were looking at rebranding the podcast, I think one of our ideas was like, "Nuance, blah, blah, blah." And we're like okay-
- Robb:** And we were like, "Oh fuck, nobody will listen to that."

- Nicki:** Nobody will listen to that, so we got to call it something else. So I think the primary point is, we're in the spot where everybody is so divided on all topics that we can't even question the things and have a conversation around anything anymore.
- Robb:** And I think that's super dangerous. Bret Weinstein and his wife, Heather, talked about a lot of things, they haven't talked a ton of COVID, but they've talked generally about kind of the woke elements of society, which I would actually say are pretty aligned with this kind of like painting the worst possible scenario around COVID. But when he was initially banned from Facebook, or had his account disappear, and then it got reinstated, and there's this whole weird backstory behind all that, he made this case that this stuff will destroy the Republic. And again, it's very US centric, and everything.
- Robb:** But Bret had this very interesting and, I'm blanking on his name right now, but he's a British journalist on... And this British journalist made the case, he's like, "The US can't..." and he was talking more with regards to the election and just kind of our society at large, but he said, "The US can't afford to get this wrong. Because where the US goes, everybody else goes. And if we fragment and come apart at the seams, it will be catastrophic for the world." And there might be something that reemerges and life is good again. But when you look at the broad arc of history, something akin to a liberal, Western democracy has been a blip on the radar, it's mainly been kings and emperors and dictators and totalitarian rule. And I see where we're going and the stuff that we are doing.
- Robb:** It is just so obvious to me, that it's kind of like when the kids ask something like, "Dad, would a meteor..." When they ask these seemingly simple questions around the physical nature of the world. And it's like, "Man, there's a lot to unpack, to even begin to address that." I think people like us, people like Bret, just at this visceral level, you're like, "Yeah, I see this, this is going to destroy everything that's good." Not that everything's perfect, or people that are marginalized and abused. But it just seems so obvious that the direction that we're going is not going to make any of that better. It's going to make it far, far worse.
- Robb:** But clearly there are folks on the other side of this, that don't see that at all, don't see the danger of the loss of freedoms, don't see the danger... And the loss of freedoms isn't just me choosing or not choosing to have a mask or be able to work to support my family or a host of things around that. It's being able to have a discussion, like around Dr. Gupta's suppositions here in the Great Barrington Declaration. Is what they're putting forward, is it 100% accurate? Is it 70% accurate? Is that 70% better than the 70% that's in the John Snow... And we don't-
- Nicki:** Could we take half from one and a half from the other and find a middle ground?
- Robb:** Can we take a little bit from one, a little bit from another and find a middle ground that works? And even if it's not optimized one way or the other, could we be at a point where we're not ready to literally murder each other over these topics and destroy our economy and just rip us asunder? And that's really the only reason why we keep doing this stuff. I really don't know if this is doing us any favors, financially, business wise. I mean, it didn't take many one star reviews basically calling you what a truther and a conspiracy theorist that it will start having impact, and probably not great impact.
- Robb:** But at the same time, we have two kids, we hope to live at least a little bit longer on this world, and we would like the world that they inherit to be as good as it can possibly be. So I don't know, we keep marching forward trying to offer some value in this whole thing. We'd love to hear from you folks, we'd like to hear... And I would really like to

hear from folks that think that we are nuts. Don't tell me I'm a truther, don't tell us that we're... What is it? That we're-

Nicki: Dangerous.

Robb: ... a lunatic fringe. What specifically did I get wrong? Just do me the solid of what I did with the What the Health film and take a line by line deal. Say, "Robb, at this point, you made this statement, and this is an article that detail..." Fuck, just put a little effort into it, because I don't like being wrong. The quickest way to be right is to change your mind. And I'm willing to change my mind. But what this person did is so lazy, so ugly, and it certainly didn't help me. And she certainly, whatever benefit she got from me, she didn't give a shit enough to even put an effort into trying to unfuck what apparently she feels like I got wrong. That's just hatred. All of the supposed benefit that she got was repaid with disagreeing me on one topic, and then just basically punching me in the balls and leaving and offering nothing in response to try to fix what I'm doing. It's all I got. I didn't curse too much in this one.

Nicki: Just at the end.

Robb: Just at the end. Do you have any closing thoughts?

Nicki: I don't.

Robb: Cool. Hopefully you guys find this valuable. We hand-wrung a lot about what to do and how to do this. And again, I don't know if it's valuable for you guys at all. People may just be at this point where they're like, "I'm over it. I don't care." If that's the case, then tell us and then we'll do pictures of our cats and dogs and talk about how we feed them kind of naturally, but not really, and we'll shift gears and just make it... It'll be like the Newman Show.

Nicki: I could start doing nails and makeup and-

Robb: I like nails and makeup.

Nicki: ... talking about that.

Robb: It's a big business.

Nicki: So my thing.

Robb: Seems to be the standard place one goes once they've run out of ideas in the nutrition scene, so, or stolen all the ideas they can out of the nutrition scene. Okay, folks, thank you.

Nicki: Okay, thank you guys. Make sure to check out our show sponsor. If you've been curious at all about CBD or you want to try Ned's new sleep blend. Go to helloned.com.salty15 or enter code salty15 at checkout for 15% off your first one-time order at Ned or 20% off your first subscription order, plus free shipping. Again, that's H-E-L-L-O-N-E-D.com/salty15. Thanks, everyone.

Robb: Bye everybody.

Nicki:

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