Nicki: It's time to make your health an act of rebellion. We're tackling personalized nutrition, metabolic flexibility, resilient aging, and answering your diet and lifestyle questions. This is the only show with the bold aim to help 1 million people liberate themselves from the sick care system. You're listening to the Healthy Rebellion Radio. 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. Warning, when Robb gets passionate, he's been known to use the occasional expletive. If foul language is not your thing, if it gets your britches in a bunch, well, there's always Disney Plus.

Robb: Welcome back, friends, neighbors, loved the ones. Another addition of-

Nicki: The Healthy Rebellion Radio.

Robb: Thank you.

Nicki: Episode 103.

Robb: Cool.

Nicki: One no three, one nought three, 103.

Robb: I like it.

Nicki: Yes. Let's see here. Do you want to talk about daylight savings time?

Robb: Not really, but I mean, it does look like somebody somewhere did something about this stuff.

Nicki: It's the one thing, everybody complains about it every year, including me. It definitely throws a wrench in the routine. It's painful.

Robb: It sounds like we might have, if this thing passes, which it looks like literally the only bipartisan-

Nicki: Supported bill.

Robb: Thing, supported bill, and also that doesn't seem to have some sort of conspiracy element attached to it. It might actually be the-

Nicki: Just globe people don't like it.

Robb: Right. Right. So apparently it was proposed and it had an initial vote and then the president still needs to sign off on it. And then if it goes through, we'll get, I think two more... One more-

Nicki: Will we stay on daylight savings or we'll be on standard?

Robb: We stay on standard. I guess standard, like we're standard right now, right?

Nicki: I think we're daylight savings right now.

Robb: Okay. Well, then maybe it would stay on the other one. I forget. I don't know.

Nicki: Okay. Only reason why I mentioned it is because it definitely impacts sleep, which is a big part of health, which is what we talk about on this show. And I think there's enough people grumbling around on Monday morning following these time changes.

Robb: Dude, it sucked.

Nicki: It's not pleasant. So we'll see what happens with that. Trying to think if I have any other upcoming news, topics inside the rebellion. We're still in the middle of our internal strength model program by Sarah and Grayson Strange of Basis Health & Performance, New York. We have our next 30 day Rebel Reset coming up in April. So that's not actually not that far away. I think we do our kickoff call on April 15th, with the Seven Day Carb Test following that. So let's see, we're recording this today, which is March 16th. So we're just four weeks away from another reset. So if you're interested in that, keep that date in mind. You can always join early and get in on the fun and meet the rest of the folks in the community. And I'm trying to think if there's anything else pressing to mention. I don't think so.

Robb: Okay.

Nicki: So let's jump into your news topic today, and then we've got a couple of listeners submitted questions that we're going to tackle and we'll see if we derail at any point.

Robb: I'm sure we will. Folks probably have heard about this, but it just felt important to just give a little bit of airplay to the title of the paper is Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine in Vitro in Human Liver Cell Line. When I was looking this up, basically, what this shows, I'm not even going to say suggests, it's stronger than suggest, what it shows is that this mRNA signal, and just to remind folks, I'm sure most people know this, but our genes are made up of DNA. That DNA gets transcribed into RNA and then the RNA gets translated in proteins is the way that stuff typically works. The way that this vaccine, if we're still going to call it a vaccine and by the convention that has modified, I guess it now is the-

Nicki: Definition.

Robb: Definition is modified so that that umbrella fits this. But the way that this technology works is that a nanoparticle of RNA makes its way into the cytosol of a cell. It takes advantage of the machinery there to manufacture the spike protein so that it skips the step of DNA to RNA to protein. But then something interesting appears to happen here and an enzyme called reverse transcriptase allows RNA to be reverse transcribed into DNA, and actually added to the DNA of our cells. So early in this whole story, some of my friends, some of the people I know were calling the vaccines, we're still going to call them vaccines, gene therapy. And I kind of push back on that. "Ah, it's not gene therapy, you're being kind of hysterical." Well, it is gene therapy because it's actually adding genes to our germline and there's a couple of things here that are not entirely understood.

Robb: One of them is just what this means for health overall. And there is a, as of right now, current DarkHorse podcast, where Bret kind of rolls out a hypothesis for why we see so many problems with the heart in particular with regards to, not just COVID, but also the vaccine. And that is that our immune system is trained to recognize cells that have been hijacked and they get hijacked by parasites, some types of bacteria, and then also viruses. And what's going on there is that, to use a warfare analogy, is that all of our cells are tanks. And usually the tanks are manned by our guys, but if they get taken over by their guy, some interloper, then there need to be ways to recognize this. And the

immune system does have ways to recognize this and what the immune system does is destroy those cells. Those cells are effectively a written off loss as far as the immune system is concerned.

Robb: And the problem that arises with the heart is it is not really meant to regenerate, has very, very limited regenerative capabilities. If it gets damaged, it tends to scar, and there's some evolutionary trade offs around this and it's really a great podcast and I'm stealing all this material from those guys. And part of the reason why the heart doesn't regenerate, kind of two pieces to this. One is that a significant enough injury to the heart means that you're dead, particularly in kind of paleolithic time. So there was no evolutionary impulse to heal the heart. And then the other part to this is that we and most mammalian organisms can get weird growths anywhere, anytime. Any tissue that can repair can get these non-tumor growths. If you get a weird growth in your heart, it can kill you. If it occludes an important artery or something like that, it can kill you. So there's kind of two reasons why the heart doesn't regenerate. So the bugger about using this mRNA technology is it makes our cells look identical to virally infected cells.

Robb: And we were told initially that the vaccine stays 100% on-site and it doesn't. And part of the thing with that is we don't know if there is an injection site, like you're supposed to aspirate a little bit and make sure that you're not on a vein, but because we haven't been able to talk about any of that stuff, there's been completely inadequate investigation into that line of this story. Similarly, we don't know if injecting into the right arm versus the left arm could be a problem here. But again, because we can't have a fucking conversation around this stuff, there's no deep investigation into any of this. And now we have the next layer of this story, which is that it looks like this mRNA actually gets transcribed into the DNA of our cells and this happens as quickly as six hours.

Robb: And some of the questions that we don't know yet are these germ line cells, like could they get incorporated into the cells that make sperm and eggs and could we get a multi-generational effect here? We don't know. And we're probably never going to know, because we're never going to be allowed to ask the questions, to investigate this stuff. And at a dead minimum, we're just now peeling back the veil such that it is clear that this RNA technology is being incorporated into at least some of the cells of our body and we really don't know what that means. And we've talked about this a couple of times, but early, early in this whole story, I was pretty optimistic about the vaccines although I had some reservations. We've never seen vaccines in this class of viruses before, all of them have failed.

Robb: We've talked about this stuff before, but I got to say, I just was throwing out a little bit of just kind of rote precautionary principle and I figured that over the course of time, this was going to end up being generally a net win, probably not that big of a deal for the vast majority of people. And holy shit, was I wrong! And I think that we're going to end up being more and more wrong as time goes on, that this was entirely a Faustian bargain, a deal made with the devil himself. And I don't know if when this is all said and done that there's going to be a net gain in dispensing this vaccine to the population relative to the total cost that it has caused, particularly when you start factoring in the main benefit of the vaccine was in older, sicker people.

Robb: And no, I don't want older sicker people to die, but the people who seem to be succumbing the most are experiencing the worst hazards and downsides of this mRNA technology are younger people. And we are still in the absolute beginnings of this story. We are not five years, 10 years, 15 or 20 years down range to see what this means for goddamned children who've been given this vaccination. So the other link that I have in

here is to a website called Biron. It's a health related website, has all kinds of different offerings, but it had a question, "Do mRNA vaccines against COVID-19 change our DNA?" And their reply, "The short answer to the question is no, it is impossible because the mRNA in these vaccines does not contain any instructions enabling it to enter the cell nucleus where our DNA chromosomes are found or to insert-

Nicki: Their RNA.

Robb: The RNA into this DNA. So the thing that's kind of funny about this, now I'll give these guys the benefit of the doubt, that science progresses and what we didn't know yesterday we might know today, if we're allowed to ask questions, which more and more frequently, we're not allowed to ask questions so we don't really know, but the funny thing is that 99.9% of what this mRNA vaccine does is done without the "instructions" of how to do it. The whole point of this thing is that you stick this RNA molecule into the cytosol of the cell, and then it hijacks ribosomes and translation factors to be able to make a protein.

Robb: So this should, as kind of a cover your ass thing, should have been, "It shouldn't and here's why." But again, hindsight 20/20, all that, maybe I'm being critical. But the funny thing about this is when I was poking around, just looking at what the news coverage of all of this topic has been, there's the scientific paper that I've linked to here and then this was the immediately next thing in my Google search. So just kind of interesting. Any thoughts, feelings, conjectures there?

Nicki: It's just a doozy. I feel like so many people, ourselves included, it's just so hard to make sense of what the true north is on any topic, because there's just information coming from all over and most of it is curated for a particular point of view. And so it's just crazy. And then the question is too, what if you got the vaccine? What can you do? What does that mean? And I guess to your point, we won't know for many years what does that mean if are you of reproductive age, are you planning on having a family.

Robb: I know there's some pretty good hubbub currently, Medpage was talking about it anyway, that the surgeon general for the state of Florida is outspoken against the not getting

Nicki: That kids should not get the vaccine-

Robb: And there's some good-

Nicki: The opinion piece on Medpage was ripping him a new one.

Robb: Yes.

Nicki: Calling him all the names in the book and that this is completely unscientific, and why would he have this position when everything shows that the vaccines are safe and effective?

Robb: Which is the safety deal, and again, I'm stealing much of this from Bret and Heather, but the safety deal is a lie in that we don't have data support, like safe for who, under what timestamp? We don't have ten years of data, so we don't know. And so that's just an outright lie. The efficacy piece also, this was a whole other thing that I was thinking about getting into, but the vaccine for children does almost nothing with regards to hospitalizations. We know that it's a leaky vaccine and doesn't do anything, effectively nothing with regards to transmission. It may enhance transmission within the first 30

days because of suppression of immune function, which people will be epileptic when you say that. And then it's like, "Well, here's this goddamn paper. You give me your interpretation on that."

Robb: And it's like, "Well, you should still do it." "Oh, okay, well, maybe you should do it." But maybe other people do a risk analysis that is different. Some people decide to pay the absolute bare minimum on health insurance and whatnot, and that's usually young, healthy people because that's a reasonable risk trade off. And they do like a high deductible catastrophic thing because their most likely event is a black swan. They get cancer, they get hit by a bus, or something. It's going to be very expensive, but then otherwise, they're probably going to be fine. And so they risk mitigate in that way, but we've reached a point where it's like, "No comrade, you're going to risk mitigate the way that we-"

Nicki: "We tell you."

Robb: "That you're going to risk mitigate and all else be damned."

Nicki: And the Pfizer CEO just came out and said that we also need a fourth dose.

Robb: Well, and I think Canada had purchased enough doses so that everybody got like 10 or something.

Nicki: Yeah.

Robb: Eight and some ridiculous number. Anyway, driving this thing off a cliff. But I think that all that stuff is worth considering. And again, in your own healthy rebellion, I know that it's tough, I know that there's still one good thing. A silver lining of Russia and Ukrainian war is that it seems like COVID has kind of gone into some hidden nether world.

Nicki: As has Fauci.

Robb: As has Fauci. I have no doubt that come fall, we're going to go through the summer and everything, we're going to have this war. Hopefully, that thing winds up sooner as opposed to later and we don't get drug into a NATO versus Russia conflict, which the modeling on that suggests about a billion people dying, if that thing escalates. I'm still, just as an aside, I'm just curious. Most of the people who are all into masks and vaccines and, "We've got to save every single life," these are the same people that historically have been saying that the world is overpopulated and that we can't feed everyone and I'm just curious when we're going to switch back to being concerned about overpopulation versus micromanaging everybody's personal health decisions to save every life. I'm just perplexed by that, which again, this falls-

Nicki: There's no answers for you.

Robb: The Eric Weinstein's Hilbert problems for social justice warriors, which is, the epistemology is just self-contradictory at some point. But anyway, shall we do our sponsor? I don't know if-

Nicki: We shall, we shall.

Robb: Okay.

Nicki: The Healthy Rebellion Radio is sponsored by our salty AF electrolyte company LMNT. And LMNT, as we've mentioned before, wants to help you say thank you to the heroes in your life with the gift of salt. So think about someone in your life who's been there for you when you needed them, someone who inspires you to be a better version of yourself, could be a teacher, a mentor, coach, first responder, a coworker, someone who shows up every day and makes the world a better place, makes your world a better place. You nominate them and LMNT will hydrate them. Just go to drinklmnt.com/giveasalt, and you can nominate your everyday heroes there. Again, that URL is drinklmnt.com/giveasalt.

Nicki: We have two questions today. This first one is from Robert on long haul COVID, wants to know, "Rob, do you have any ideas on treatment strategies for long haul COVID? Having daily bouts of fatigue one month out, as well as muscle aches and brain fog. In addition, I can't work out as it makes things worse. I'm carnivore mostly at this time. I'm 70 years old, six feet tall, was 202 pounds a month ago, but now down to 186. Thanks very much."

Robb: I've talked to Chris Kresser, Chris Masterjohn to some degree about this stuff and the takeaway that I've had is that the lingering effects of COVID seem to be focused in kind of two areas. One is systemic inflammation, which we seem to experience that neuroinflammation particularly profoundly. I think when your bell rung in some way, then it just affects everything else. And then the other side of this is kind of energy production, like impaired mitochondrial function. So the things that seem to make at least some sense in this fasting, some degree of ketosis. And again, if folks are familiar with my work, I'm not a huge fan of lots of extended fast, but maybe this is a case for like that 72 hour fast to kind of kick some stuff off.

Robb: I would be in ketosis first, well keto adapted and then maybe a 72 hour fast. We're pretty certain that this enhances mitochondrial biogenesis, it does kind of a cell sorting process that abnormal cells and mitochondria tend to get removed and autophagy is ramped up in at least a seemingly favorable way. I think that there are too many people doing too much of this too often. But this seems like one of those cases for really stout therapeutic intervention. I think taking some supplements like alpha-lipoic acid, N-acetyl cysteine, all of these kind of mitochondrial support materials that enhance glutathione production, that makes a lot of sense. Maybe some exogenous ketones from MCT oil. I think that could make some sense, particularly for people, if they don't want to be fully ketotic, but they go more of a low glycemic load approach, but they're doing say like one tablespoon of C8 MCT oil with each meal. That makes sense. And then Nicki, you had mentioned that a fair number of people-

Nicki: Somebody in the... Yeah.

Robb: In the Rebellion are doing hyperbaric oxygen.

Nicki: Yep. Yep. So that might be something to try as well.

Robb: Yep. And the hyperbaric oxygen has all kinds of interesting effects. It's used in kind of nontraditional circles for Lyme disease. And we've mentioned this again in other shows, but things like Lyme disease and the long haul that is typified by Lyme disease or chronic fatigue, all of a sudden that shit is looking a whole lot more credible. And it's been well understood within kind of these alternative circles for like 30 years, but with COVID and the number of people that are coming down with this, and of course, I'm just going to cynically say, we need to make COVID look as horrible as possible and so it's, oh my God, long COVID we really need to be aware

Nicki: Well, it's allowed a light to be shined on.

Robb: There's good and bad.

Nicki: That's the silver lining of that one.

Robb: The silver lining of that is you can be broken over the long haul from exposure to different pathogens and Lyme disease and whatever the complexes that goes into chronic fatigue, fibromyalgia like that to another example. But I guess to recap the possibility of the hyperbaric oxygen, ketogenic diet, targeted fasting, any type of mitochondrial support process, alpha-lipoic acid, N-acetyl cystine, maybe a little bit of whey protein if you tolerate dairy because of the glutathione production. And also the thing, I guess I forgot on the front end, Robert said that he can't really work out. If you can do some degree of zone two cardio, just that lipid based, really low intensity activity seems to be great for inducing biogenesis of mitochondria and kind of getting that energy production ramped back up. So that makes a lot of sense.

Nicki: Okay. Our next question is from Lindsey on balancing blood sugar during pregnancy. She says, "Hi Robb and Nicki. I've learned some of much from both of you. I'm 39 years old and 34 weeks pregnant with my third child and having blood sugar issues for the first time. A bit of background before pregnancy number three, because I can't help but think all of this may be relevant. Just before pregnancy I was at my highest weight at 190 pounds, but beginning to lose weight. I have primarily eaten a paleo diet, meat, veggies, no grains no dairy. My only sugars were occasionally from honey, dates, maple syrup, and a very occasional glass of wine since 2016, with the exception of a short run of stressful family events happening in late 2018, including moving, when our lifestyle sort of took a backseat and wine and fast food intake went up, which is when I gained all of the weight."

Nicki: "When I had trouble losing the weight, I saw a functional medicine doc in the fall of 2019 and she did wonders through lab work and FODMAP to help me figure out that my hormones were off, had high estrogen, high cortisol, food intolerances of grains, dairy, sugar, alcohol, and coffee and my B vitamins were low from malabsorption." Just as I was able to get things back under control, COVID happened. My family tried to maintain our reestablished paleo lifestyle and exercise more, even through moving again. So just as I'm beginning to lose weight in 2021, I find out I'm pregnant. Yay! I have felt the absolute best this pregnancy, working out, eating mostly paleo, but adding in whole wheat toast with avocado or nut butter in the morning after eating a protein to add calories. The bread didn't seem to bother me. Drinking LMNT on days I workout, et cetera."

Nicki: "I had COVID in January and a stomach bug at the beginning of February. And then I realized I was dehydrated drank more LMNT, which helped me so much. And within a week after that, I needed to take my 1-hour glucose test. I could feel I was bombing it the whole hour. My body didn't know what to do with the 50 grams of sugar. My blood glucose was 153 from that blood draw. The marker they use here in San Antonio is 140. My doctor wanted me to take the 3-hour glucose test, but I knew fasting and with even more sugar, I was doomed. I asked if I could skip ahead to glucose monitoring. I'm currently on day three and my numbers are below and here's what I'm curious about. Why/how can I have high fasting numbers, but normal numbers through the day? Also, on day three, what are some possible causes of the lower fasting number? Was it the potassium in the LMNT, just drinking more water, taking out the bread, not eating dessert like I did the day before? Are there any other changes you all recommend?"

Nicki: And then she gives her three days of fasting. So day one, fasting blood glucose was 104. After breakfast, 108. After lunch, 113. After dinner, 112. That night was a date night and she ate a third of a crème brulée. Day two, her fasting was 103. After breakfast, 101. After lunch, 102. After dinner, 114. She tried some apple cider vinegar and water before bed and drank an LMNT after not drinking it for four days, felt great after drinking it. And then day three, fasting blood glucose was 88 and after breakfast 114.

Robb: Man, that is a lot of stuff to sift through. So one thing and Lindsey first, congratulations, that's awesome that you're pregnant and the fact that you're 34 weeks in. I think that this question did just come in this week, but we're liable to not get much good information to you in the intervening four to six weeks that you've got cooking here, but Lily Nichols kind of my north star on all this and she really likes to rely on in A1c in lieu of all this testing and I think that is completely credible, completely defensible. Oftentimes, doctors push back against it. These folks are not used to someone who is actually monitoring their food. So the benefit of monitoring postprandial blood glucose levels is that we can get an insight into whether or not things are going sideways.

Robb: But if you've historically been eating at a relatively low carb level, then you're just not going to have your best performance on any type of normal glucose tolerance test or a large carbohydrate bolus and whatnot. For sure, when folks become pregnant... Is that the polite, the expedient thing? When one is pregnant, we know that that individual is insulin resistant and more insulin resistant than what they are at a non-pregnant state. It's almost like higher pressure water dammed behind a barrier. We want to push nutrients to the baby preferentially or to the fetus preferentially to the mom. So some degree of insulin resistance is established there. This becomes really dodgy if mom is overweight or already insulin resistant, stressed, sleep deprivation, on and on and on. And this is where the combination can really become problematic. And it also sounds like Lindsey was right in the cross hairs of that, like heavier than what she had typically been, gone through COVID-

Nicki: Some stress that-

Robb: Had some stress-

Nicki: Moving.

Robb: Moving, all the rest of that stuff. The whys behind the relatively poor blood glucose response could be that, Lindsey, you went in a little bit on the heavy side and pregnancy just induces insulin resistance. If you were generally eating low carb, then that's going to further skew things. Although it sounds like you were doing some carbs, but maybe it was kind of... It's almost better to eat a little bit of carbs all the time in this scenario versus punctuating the carbs. If people are in a situation like their insurance is going to demand that they have to do this oral glucose tolerance test and what we do is we drop the fat, we ratchet up the carbs, we try to be really consistent with the carbs, doing lower glycemic load, but more consistency throughout the day. And then you will typically ace your oral glucose tolerance test and there's situations where you would want to do that and Lily talks about this in her book. Just a-

Nicki: Oh, what is the name of her book?

Robb: Eating-

Nicki: Yeah. We'll put a link to it in the show notes.

Robb: We'll put this on the show notes, yeah. Yeah. Goddammit.

Nicki: I can pull it up right now.

Robb: I can't remember it. You want to type in Lily Nichols's book, I'm looking at... Okay. So those are ways that we can go around this stuff. The whys as to the way that the numbers changed, the fasting may be kind of elevated due to the dawn phenomenon and you can do some Google food searching on that and Real Food for Pregnancy-

Nicki: Real Food for Pregnancy.

Robb: And then Real Food for Gestational Diabetes is the other one. And they're just outstanding. Love Lily, her work is absolutely amazing. She's been fighting the good fight on this stuff for a long time, really, really appreciate her work. And then that day three where the fasting number was lower, if you overall consumed fewer calories in general, carbs in general, all of that could feed into this. And it could also just be one of these random events that we don't really know why it improved.

Nicki: Well, it would be interesting, subsequent days, if she notices this trend.

Robb: Right.

Nicki: Maybe even just monitoring her blood sugar, she's making different choices.

Robb: You made that point, that she might-

Nicki: So she might see this trend going down because she's so focused on that.

Robb: Actually paying attention to it.

Nicki: Yep.

Robb: I get a little bit prickly about the monitoring and CGMs. I'm like, "Oh, just get into your body and everything." But Peter Ortiz made the point and I believe him. He loves having pristine data and when he wears his CGM, if he cheats, then his data gets fucked up and it makes him crazy. He strikes me as kind of-

Nicki: Type A?

Robb: Little wound tight, little type A and so I get that. And so I undervalue sometimes the benefits of monitoring. I do think that there's a balance there where sometimes people get so far out in the weeds, like quantified selfing and biohacking and everything. They're literally a brain in a tub outside of their body. That's not good. But then at the same time, having some feedback, objective feedback may be super valuable also. And Nicki, you made the point that this could be part of what's going on too. By that third day, if she's monitoring all of her meals and she's like, "Oh shit, that wasn't good. That wasn't good," and then she just instinctively starts dialing things down, then that could improve the final thing. So hopefully, we addressed the questions. There's a lot of moving parts, a lot of unknowns here.

Nicki: Definitely checking out Lily Nichols's stuff, if you haven't yet.

Robb: Yeah.

Nicki: You'll find a lot of great stuff there.

Robb: And the fact that you're going to be another new mom, people are going to ask you questions, man, refer folks to Lily. Her books are phenomenal. She's got a couple of online courses, just can't say enough good stuff about her work. And that's it, I guess.

Nicki: Awesome. Let's see. Anything else you want to mention today, hubs?

Robb: Do you want to mention the oil thing? Do you want to just kind of throw that out there?

Nicki: You can throw it out there. This episode has the potential to elevate the stress levels of-

Robb: Everybody.

Nicki: Everybody listening.

Robb: I don't know if we've talked about it specifically on this show, but the potential of the US losing it-

Nicki: I know you've talked about it with Dave Duley in-

Robb: Yeah.

Nicki: Former Controversial Truth episodes. And I think we've mentioned the book, the Mandibles on this show at various points. I think it was one of our trivia questions actually.

Robb: Yeah.

Nicki: What was the book?

Robb: So big picture, one of the reasons why the US has done so well over the last like 60 years economically relative to the rest of the world is that the dollar has been the global reserve currency. And there's a bunch of how's why's and what's it's about what that means. But basically the United States has been able to literally print money and buy shit with it and suffer almost none of the normal economic consequences of doing that. Usually, one would experience really profound inflation. We are in a pretty profound inflationary pulse, which may be indicating that we have sucked all the helium out of that-

Nicki: Of that balloon.

Robb: Particular balloon. And that game may be at an end. And part of the prediction around what would happen eventually is that other players, possibly China, possibly Russia, who knows, a multitude of people might decide that they don't want to deal with dollars anymore. And they might decide that they want to do direct exchanges, particularly where energy and oil is concerned, in a different medium. And so there was a pretty significant bit of communication between Saudi Arabia and China and creating the opportunity for China to directly deal with Saudi Arabia in purchasing oil in Yuan. So there would not be a conversion of Yuan into dollar into oil and whatnot. It would be a direct exchange and it would cut the United States out of that story.

Robb: It's beyond the scope of what we can get into here. And if folks are interested in this, then say, "Hey, I'm interested in digging in more," and maybe we find somebody who's a

better expert on this than myself and we could get in and really discuss it. Chris Martenson has, as part of his crash course, if you go, "Peak prosperity, Chris Martenson crash course," there's a great piece that gets into that. Or if you just do a little bit of searching, "What happens if the dollar loses reserve currency status?"

Nicki: Or you could read the Mandibles for an uplifting read.

Robb: It's hilarious, if you're into dark humor. So what this all could portend is the beginning of the end of the dollar as a reserve currency. In the Mandibles, it was a binary switch. One day the dollar was a global reserve currency, the next day it was not. And it was as if we were the Cayman Islands or something. We had no greater status in anything else. And the United States in that story had a choice between having much reduced purchasing power and paying much more for everything that it was going do and being pegged to this new currency. And I forget, in that it was backed by China, Russia, India-

Nicki: India.

Robb: Something like that, or the United States in that story decided to print its own money and kind of remain independent and we ended up with Weimar, Germany type hyperinflation, and it's absolutely terrifying. I'll be honest, nuclear war scares me, but the chances are I'll die directly as a cause of that. I'm not going to have some long-term lingering thing. One of the things I'm the most scared of is a hyperinflationary event, because it is fucking hard to stay ahead of that. There's certain things you can do, but it's like salting the earth in Roman army terms. It just fucking crushes everything, industry, innovation, human spirit, humanity itself, because you're forced into scenarios that are pretty dire. And there's examples like out of Venezuela, currently-

Nicki: Argentina.

Robb: Argentina. Argentina was a non-trivial economic power and had lots of resources, was as developed as most anywhere in the rest of the Western world was, and then it went through a series of hyperinflationary events due to mismanagement and kind of, to be completely frank, playing with all this collectivist, kind of socialist bullshit and a bunch of internal greed.

Nicki: High debt.

Robb: Yeah.

Nicki: Yeah.

Robb: Living beyond their means and all that stuff. So this is the healthy rebellion and part of your health is related to the economy and what's going on in the world around us. And I have a feeling that the dollar is not going to remain a reserve currency forever. I have a feeling that, ironically, it's not going to be a clean break the way that they describe in Mandibles and this is probably good because the only good thing about it happening like that is we could step back and be like, "See, this is exactly what we were talking about." So there's a possibility that-

Nicki: Yeah, but that sucks. Okay. You were right. You want to be right in that scenario? Fuck that.

Robb: Yeah. Yeah. So the silver lining is that it's possible that the dollar just gets kind of picked apart slowly as a reserve currency, which allows all of us opportunities to hedge and

prepare for what is to await us. Nicki's reading a book right now, and one of the exercises in this book, it suggests thinking about what would you do or what would be the impact on your life if everything that you're buying right now increased by a hundred percent?

Nicki: Like if you had a hundred percent inflation.

Robb: And that a hundred percent inflation, the thing about that though is usually we talk about inflation in an annual perspective, but what if it's a hundred inflation monthly or daily? And this is where this stuff eventually can get into. And what else do I want to say about that? There are some things like gold and silver and different things that in theory can be hedges. Although, it looks like the powers that be do everything that they can to make that a difficult process to make happen. There's crypto.

Nicki: Chris Martenson definitely has a lot in this department.

Robb: He has a lot of material around this stuff.

Nicki: And this is his domain so if you guys aren't familiar with him, his website is peakprosperity.com. He does a lot of great YouTube videos. He's on Twitter.

Robb: He has a paid community thing. It's like 300 bucks a year, but it's fucking worth it, particularly if you're kind of newbie to this stuff and all this is scary. And it is, but there's also things that can be done to do it. I'm friends with Chris. I have no affiliation with what they're doing though, but his material's really valuable. And the only criticism that I would have of Chris is that he's typically been 10 or 15 years early in the shit that he's predicting. The main drawback to Chris's material is you don't know exactly when the other shoe is going to fall. Yeah.

Nicki: Yeah, but he predicted-

Robb: He did so much stuff.

Nicki: He predicted that there could be events, this was like in 2011, he predicted there could be events where the government could make it such that if you had rental properties, your tenants need to pay their rent.

Robb: Which sounded crazy.

Nicki: Which sounded crazy. But then we saw that during the pandemic-

Robb: And he was absolutely spot on.

Nicki: Where there were.

Robb: And he makes other predictions like that 401ks could be subsumed by the government when the debt spiral starts going out of control and then you kind of a voucher type token in response, and this is just stuff that has happened in other situations at different times in the world.

Nicki: And I guess I want to say one thing, like if you're listening and you're already feeling stressed about the world and this is overwhelming and making you want to crawl into a hole, totally, totally get it. But this book that I'm reading, it's called... What is it called?

How To Survive A Modern Economic Collapse and it's written by this... I can't remember the author's name. He goes by Ferfal.

Robb: Yeah.

Nicki: That's like his nickname, but he has a full name too. And he lived through that whole period in Argentina, he's from Argentina, so from December, 2001. And I'm only in the very beginning of the book, but he's laying the groundwork and he's like, "If this overwhelms you or you're thinking, "Oh, this can't happen to you,"" the whole point of us even talking about this type of stuff on the podcast is if your head's not in this space and it's stressful, that's fine, but it's better to be aware of what could happen and kind of arm yourself with just that awareness versus being caught completely off guard and surprised and then having nowhere withal with what to do.

Robb: We talked about that a little bit, just with regards to the beginning of COVID, just recognizing that a big event could happen that could disrupt supply chains and electricity and strain social fabric. Just knowing that that's a possibility means that you are less likely to be in a paralyzed position for hours, days, weeks before you realize, "Okay, shit, this is the situation."

Nicki: And it's not about being this crazy prepper person. It's just about being aware and taking a few steps that might... You live your life, have your social relationships, nothing like that should change. You're not going to turn into some crazy wack job that's just stocking canned goods in their closet. But being aware and just making yourself as resilient as you can now, because it's only going to benefit everything else that you're doing in your life-

Robb: Right.

Nicki: Being resilient, both mentally, physically, health wise, financially, he made the point there's people that, "Oh, I'm totally cush. I've got my job, pays me $100K a year. That's never going to change," well, it can. And we saw this during the pandemic. You can lose your job. What if you're a hundred thousand dollars a year job, what if that doesn't buy what it buys today? And that's a freaking reality. We're seeing that right now. I don't know. Our intent is not to freak people out. Our intent is not to make people more stressed and overwhelmed than they already are. It's just keep your eyes open, do the things that you can, that you have control over to kind of hedge against some of this stuff, be aware. And I think that just puts you in a better position. If nothing happens, great. Yeehaw!

Robb: Right, right.

Nicki: I hope to hell nothing severe happens, but if something does happen, you have a better odds of pulling through.

Robb: We're good?

Nicki: Thank you so much.

Robb: Okay.

Nicki: Yeah.

Robb: Let us know what you think, everybody. Share your thoughts on all this and take care. We'll see you soon.

Nicki: Have a great weekend.

Robb: Bye, everybody.

Nicki: Bye.