



EPISODE 414

# Accurate Reporting & Epidemiology

With Guest Dr. Alan Preston

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**Shawn Stevenson:** Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson. And I'm so grateful for you tuning in today. I am so very excited about this episode. As you know, we're experiencing a time in human history that we have never seen before. Nothing even remotely close to this. And with what's happening with the spread of this virus, unfortunately, it's become very polarizing and largely politicized. Which is to be expected on some levels, but it's that our solutions have become less and less scientific and exceedingly more driven by fear. And so, I know that fear is one of the most crippling things because not only does it affect our minds and our bodies, it affects our ability to take action. And so, what I wanted to do today is to bring on an epidemiologist. Somebody who has been in this field for several decades. And just to make some sense of all the numbers, all the different statistics that we see out there on major media and also on the internet. Because what tends to happen is that our conversations get skewed and they get driven into one of two destinations, and they're usually destinations of extremes.

Whereas, the truth of the situation usually lies somewhere in the middle. And what's said is that classic quote that, "There's nothing to fear but fear itself." There's so much wrapped up in that statement and it's just talking about the debilitating nature of fear. And due to this fear, what's also becoming concerning to me is how divisive we've all become as a society, and it's so hard for me to see. And this can also be shifted today with just a little bit of awareness and cultivating a little bit of compassion right now. Again, it's very difficult to be compassionate when we are uncertain when we don't feel well, but I'm asking you today, by the end of this episode to reach out to somebody that you love because there are huge ramifications happening right now and many more to come for years, and years, and years as a result of how we handle this situation. Folks losing their lives through what's being termed as deaths of despair. And we're already seeing heightened rates of domestic abuse, and suicide, and drug use, alcohol use, and we've got to be able to intervene. If we don't do it, no one else is going to. Especially when we're talking about our close friends and family.

And so, when all of this kicked off, I felt so compelled to reach out to certain family members. People I haven't even talked to in years. And in particular, I'm just thinking about right now it's coming up for me, I reached out to my Auntie Janet. And she was such a light in my life when I needed it. When I went from living with my grandparents

until the end of my second-grade year, and my grandparents... My grandfather who was really just my father figure, my rock, he had had multiple heart attacks at this point, and they were moving back to "the country" where he grew up for him to live out the rest of his years. He ended up thriving a little bit and doing a lot better once he got out of the big city situation.

But that meant I went to live with my mother and my stepfather in the city, and just in some situations that were very different from what I was accustomed to. I was accustomed to waking up each day, and having a routine and being able to have a level of certainty about not being hurt, not experiencing violence, not being abused physically and emotionally, of being able to go outside, and play and be safe. All of these things were suddenly different when I moved. I had to be aware and be careful about going outside with the level of violence just around me and even in my household. And so, with that said, around this time is when my Auntie Janet came into the picture. And even though we lived in South St. Louis, which South St. Louis at the time, low-key South St. Louis when I was growing up, was kind of like one of the toughest places to be. East St. Louis is well-known for being someplace that you don't want to be after dark. When I was growing up, it was more just run down. There was a lot of boarded-up buildings. There was a lot of separation experience in that environment. But South Side, oh, my goodness. Depending on which block I lived on, it's the same thing. I'm dealing with different gangs and things of that nature.

But with that said, Auntie Janet really stepped into the picture, and she would take me to church, taking myself, and my brother and sister, and we had that community around us. But more so than anything, the most powerful thing was just being in that culture. Because prior to being with Auntie Janet, the extent of my culture with music was Michael Jackson. I was about that life. Lived and breathe. "You know it!" All right, every single moment, that's who I was about. I remember just calling, trying to win concert tickets 'cause there was no way we could ever afford to go to a concert when Michael Jackson came to St. Louis, but I didn't end up getting them. And I begged my mother to give me the Beat It jacket forever, for a year straight. And at this point, and then this is one of things that was awesome about my mom, she got me a Michael Jackson jacket, but it wasn't Beat It, it was Thriller.

And Thriller is just well noted to not be... You can't just rock a Thriller jacket. The Beat It jacket you can get by, but Thriller is blatant like that life, Thriller. So, I got the Thriller jacket much later after the movement had happened. I wore that bad boy to school, third grade. I just felt on top of the world. And when I got to school, I got drove. I got drove. My friends at school... This is an intercity school, they're just like, "What? What



are you doing?" And so by the end of the day the jacket was balled up and put away. I don't know if I still got issues from that, maybe. But going back to Auntie Janet, she was there to expose me to more ideas, like I saw School Daze with her; Spike Lee films and New Edition, the different music with my cousins, Tiffany and Tori, so shoutout to them. And just having more exposure to different culture. And what she did was, she gave everything to everybody. It wasn't just me that she took in, and my brother and sister. Every kid around, she really looked out for us, that she was Auntie Janet to everybody.

And so, I reached out to her. I know that a lot of people have just gone about their business, and just forgot about her and she should be living like an absolute queen. And so, I reached out and I sent her some things to take care of her, to help her pay a little bit of her bills right now. And I think that we can all do that. Just reach out to somebody that you love. It doesn't have to be money but just extend a kind word, lend a ear to listen, to just check in on them, see how they're doing. Because just talking can help to get rid of some of the fear and the pressure that we're carrying right now, we need each other.

Please do not let this divide us. United we stand, divided we fall, please remember that. We need to get together. And it starts at the micro-level. Absolutely. And so again, we've got an incredible episode lined up for you and I think it's really going to blow your mind and it's just important conversation to have. And with that said, our buying behavior has changed dramatically right now, with folks utilizing different apps, and online services and things like that to get food delivery. But the quality of that food remains questionable. But it doesn't have to be especially when we have companies like Thrive Market because some of the most amazing products, things that you'll find at stores like Whole Foods, organic, non-GMO, gluten-free, paleo, vegetarian, whatever it is that you're into. The most incredible products in all the different categories have been curated already for you to have the highest standards and Thrive Market carries all of them for you right now at, here's the big catch, 25-50% off the retail price that you'll be paying other places. Everybody should be taking advantage of Thrive Market, it's so incredible. So again, organic, non-GMO, clean beauty, safe supplements, non-toxic home products.

The list goes on and on. So many cool products to check out there. Again, 25-50% off and the beautiful part about this and why I want this right here in this episode is that Thrive Market is also dedicated to making a difference. They know that countless people are struggling to purchase food for their families right now. They set up a COVID-19 Relief Fund and through Thrive Market, their Relief Fund is providing grocery stipends to families facing health or financial hardships right now. And Thrive Market



members and partners have collectively raised more than \$400,000 to date. So also, for you, they have two different membership options for you to suit your budget and lifestyle right now. And also you can receive up to \$20 in shopping credit when you get a new membership or they also have a variety of different special offers that come constantly for amazing foods, personal care products and so much more. Pop over there, check them out ASAP, it's [thrivemarket.com/modelhealth](http://thrivemarket.com/modelhealth). So, it's [thrivemarket.com/modelhealth](http://thrivemarket.com/modelhealth). Get the hookup. We save so much money, it's absurd, from Thrive Market. We absolutely love them. Take care of your friends and family but also take care of your finances right now. Pop over, check them out, [thrivemarket.com/modelhealth](http://thrivemarket.com/modelhealth). And on that note, let's get to the Apple Podcast review of the week.

**iTunes Review:** Another five-star review titled, "The utmost respect for this man," by Charlie\_Sk8, "Straight up, Shawn Stevenson has brought so much value to my life. I'll keep this one short. This show is incredible. I've shared it with my family and friends, and Shawn, if you're listening to this, man, thank you. Thank you for your words of wisdom, and for the obvious time and energy that you put into each and every show to help us all live healthy and vibrant lives. Much love and respect."

**Shawn Stevenson:** And much love to you, as well. Thank you so much for leaving me that review over on Apple Podcast. That means so much, it really lifted me up today. And listen guys, if you've yet to do so, please pop over to Apple Podcast and leave a review for the show. All right, it doesn't take that long and it means so very much. And on that note, let's get to our special guest and topic of the day.

Our guest today is Dr. Alan Preston. He holds a Doctorate of Science and Healthcare Services Research from Tulane School of Public Health and Tropical Medicine. He also has a Masters in Healthcare Administration from Tulane. And he holds a Bachelors in Business Administration and Legal Administration. As a former professor at Texas A&M, Dr. Preston taught in the Business School Management, Healthcare Policy, Biostatistics and Epidemiology department. Dr. Preston has leveraged his academic background, as well as his experience in managing companies for over 25 years to assist companies in achieving a higher level of effectiveness through disciplined strategies and management functions that work in the real world. And I am incredibly grateful to have Dr. Preston on today, as somebody who's worked in the field of epidemiology at the highest levels, just to help us to make sense of some of this data, and so that we can truly take control of our own health, and our own lives right now and make intelligent decisions.



And with that said, let's jump into this incredible conversation with Dr. Alan Preston. Dr. Alan Preston, I'm so grateful to have you on. You just inspired me so much as I mentioned to you, my good friend Jairek Robbins, his dad had you on and you just jumped right out with so much rationality and data just to give us a better understanding of what's going on right now. But I would love if you could, to start off by telling us what an epidemiologist actually is.

**Dr. Alan Preston:** Well, that is a great question to start off with because I have friends that can't even pronounce it. So, kudos to you. But an epidemiologist, if you think about it, this is what I used to tell my students who are getting excited about going into epidemiology. We're like the CSI, the crime scene investigators to try to figure out, where did this disease come from? How is this disease getting transmitted from one person to the next? Or maybe it's malaria that's transmitted through a mosquito so we looked at what we call the vectors of diseases and we try to figure out, once someone is infected with the disease like some diseases are not contagious from person to person. If I have heart disease, I could shake your hand all day long, you're not going to get heart disease from me. Not going to happen. Now, depending upon what your wife feeds you and what you eat, beyond what she feeds you that might give you a heart disease.

So, what we do then is we look at the incidence and prevalence rates of diseases within populations and track the transmission of it and/or the longevity of that disease, which we call the incidence and prevalence rate. Incidence is the sudden onset of the disease and prevalence is how many people in the marketplace have that disease. So as an example, if you talk about heart disease, the number of people who die every year just from heart disease, it's 650,000 people. That's a lot of people from that one disease. But it's not contagious.

**Shawn Stevenson:** That's fascinating, fascinating. Usually when we think of contagion we think of viruses, and there is obviously a virus that's on the tips of everybody's tongues right now. And the reason that I really was excited about having you on is talking about what you already brought up, which is this concept or understanding of incidence versus prevalence. Because the data that we got, even early on, and that's continuing to be perpetuated in the media, there's a big difference here. So can you just talk a little bit about that and make some sense of that for us?

**Dr. Alan Preston:** Yeah. So I'm going to talk about it in terms of a rainfall. When the rain is coming down, what you see are the droplets of rain that hit the ground. And let's say that you have a little pothole, if you will, on a road, if you will, or maybe even in... If you have an open container like a trashcan that's open. And the drop of rain is the incidence. So that's the



first onset of the drop of rain that's happening. The prevalence is how much rain over a period of time has gathered in a particular location. So the difference here then is, if we talk about it in terms of viruses, if someone acquires the disease once they learn about it, that's the incident, that's the sudden onset of the disease, which is very early stage.

But we have people that are moving around and about, and what have you, that have the disease and some people may not even know it, they may be presymptomatic. Very few people are what we call asymptomatic, meaning they have no symptoms whatsoever. Now, if you have the coronavirus and you have no symptoms, it doesn't mean that in 14 days you're not going to have symptoms. So one of the problems that the health departments do is if you get tested and you go, "Oh, my gosh." You're asymptomatic and you went through the drive-up test. Your employer wanted you to get tested, so you got tested and then 14 days later, or 10 days later or five days later, you may have mild symptoms to severe symptoms. So what happens is that a lot of people co-mingle these concepts of asymptomatic with presymptomatic and they're really two different things. If you wanted to be accurate, what you'd have to do is test the presymptomatic and asymptomatics at one period of time and then go back 14, 20 days later and say, "Did you have?" And then you have a checklist. Did you have a headache? Were you sweating? Did you have high fever? Did you have muscle ache? So forth and so on. And then we can know if they were actually presymptomatic versus asymptomatic.

**Shawn Stevenson:** Interesting. That's so interesting. And with that, when the initial numbers were coming out, we were looking at... We weren't looking at the actual prevalence, is that correct?

**Dr. Alan Preston:** Yeah. You were looking truly at the incident rate because once the virus took over and made people sick, what do you do when you go get sick? You go to the doctor. What does the doctor do? He tries to confirm what it is that's bringing you to the doctor's office. So they run a lab. And sure enough many of these ended up having a virus. Now, before even we can detect, early on in January and February we didn't even know... A lot of the doctor's offices were even unaware what the lab test should do. So they'll do a simple H1N1 for the swine flu to see if you have that. It comes back negative. So they may scratch their head a little bit but eventually we... In the mid-March we ended up testing people.

But to point back about incidence and prevalence is that when you look at the incident, it's just a certain onset of the disease, that doesn't mean that, that is what the number of people in the population have. They may have 10 to 20 times the number of people in a population that are infected but we are unaware of it. Think about type 2 diabetes.



If I were to say that the rate of type 2 diabetes, is 20% and you looked around the mall when you went to the mall, and you're into physiology, so you understand this as well as anyone. And you look, and you even probably just point out, "Yeah, that person probably has type 2 diabetes. That person has type 2 diabetes, that person has it." And they may not even know it, they're undiagnosed. So the prevalence of that is usually greater than the incidence.

**Shawn Stevenson:** That's the first thing I thought about. Well, I'm not going to say that I watch it, but I have, it's pretty good. It is really good. So what a cool story, just to go from that template to... The Tony Robbins enterprise is very complex and dynamic and then to having your own thing, you just got a breadth of experience and that's why I really wanted to have you on today and the timing of this is so perfect because our world is looking really freaking weird right now.

**Dr. Alan Preston:** Well, the biggest mistake they make, and this is where I think there's oftentimes what I call a little fear-mongering going on in the media, is that they go, "Oh, look at this. The death rate is so much higher than the flu. If you get this, it's curtains, you're just going to die. The death rate, it's just... It's off the chart." Well, to do a rate, you need a numerator and a denominator. So if the denominator, let's say, was two and the numerator was one, one over two, that'd be a 50% death rate. But that would be the incident. But if I looked at the prevalence and let's say the prevalence was 10 times higher, so instead of two, now it's 20, now it's one over 20. Now, the death rate has dropped precipitously. And that was the problem that the media was reporting was based on incidence not prevalence, and they didn't even estimate what the prevalence was. Nor did they make any distinction between the two different things like what you're doing. So your viewers are getting an education that they'll never get in the media because the media doesn't put things in perspective.

**Shawn Stevenson:** Yeah. So with that said where are we actually at right now?

**Dr. Alan Preston:** Well, the death rate is of course a lot lower now. Because what happened? If you go back in the middle of March, you're going to see that there was kind of chugging along at, there was like 300 cases a day, and then there was, then all of a sudden there was like 1000 cases a day and that happened for a little bit, and then around March 17th, that jumped up 10,000 cases a day. And so what did the media say, "Oh my gosh, this is spreading like wildfire." And I looked at 'em and I just shook my head and I go, "Good gracious. Don't you guys have anyone that has any kind of understanding of how this works?" It's not spreading like wildfire. What's happening is that you're revealing what's already out into in the marketplace, meaning the prevalence. They've always had it,





they have it and the tests are now confirming what we in the epidemiology world have known all along that it's been 10, 15, 20 times higher than what the reported incident rate was. So it's not surprising that we went from 3,000 to 10,000 because we did in around, I think the 17th, they did around 1.6 million tests. Well, all of a sudden you start testing people, and they found out that somewhere around 15% or so ended up being positive that they tested and 85% ended up being negative.

Still, that's good to know. So we know that those who think they may have the COVID-19 flu, tested negative, and they may have the same thing, "Oh, I think I may have the flu." And maybe it was the allergies, who knows? So we know that it's at least probably 10 to 15 times higher than what the incident rate was based on just the testing of the general public. And so, this is important to know. And of course, once you know what the prevalence is and the number of people infected, it wasn't that it was spreading faster, it's just that you've tested it and you found out and revealed what we already knew.

**Shawn Stevenson:** Yeah, yeah, and like you said, this exponentially reduces that mortality rate. That was the scariest thing. And can we talk about that?

**Dr. Alan Preston:** Yeah, so the case fatality rate in the early stages looked really high, and looked really scary and very ominous. And once they started testing and they tested as I say, for every 100 they tested, 85 of them end up negative, 15 end up being positive. So that way it gives us a little insight. Think about a jigsaw puzzle, if I gave you a 1000 pieces, and I gave you a... Well, let's say I had the 1000 pieces, I know exactly what the picture looks like, and I give your two sons, 10 pieces, I give you 10 pieces, I give your wife 10 pieces, and an index card and I say, "Tell me what the picture is? The complete picture of this jigsaw puzzle based only on your 10 pieces. Everyone in your family as smart as you all are would get it wrong, you'd be like, "Oh wow, it's a bird. No, it's a plane. No, it's a car. It's bus. Who knows." So but if you had six or 700 pieces, you don't need a 1000, but if you had 6 or 700, you'd probably get the picture right. And you're probably not going to make your... Change your mind as to what the picture actually looks like if you ended up with 100 more pieces.

So that's the way to look at this puzzle of COVID. Is that early on, we didn't have a lot of pieces of the puzzle, so everyone was speculating. One day Dr. Fauci says, "Oh, no need to wear a mask." And then he says, "Okay, maybe we ought to wear a mask." And then Nancy Pelosi says, "Oh let's go to Chinatown and have fun and Chinese New Year's. It's nothing to worry about." And then a few weeks later like, "Oh you know, it's something to really worry about. We ought to really be concerned about this." And then they said,



"Oh we'd see projections coming from the UK, it could be two million deaths. That are occurring." And then they said, "Okay, well maybe only 2 or 300,000." And then they said, "Okay, maybe 6 to 8,000." So they were all over the map. And of course, you're all over the map when you're only using a few pieces of the jigsaw puzzle to come to conclusions about the status.

**Shawn Stevenson:** That just makes too much sense. I think that's what the problem is. Of course, I want to put a spotlight on something. A lot of the information that we're seeing is like pushed to the front, whereas a lot of other information is actually being censored in a way, unfortunately, but it's the WHO. And I went to the W... Because this is what I do, I just have a question, I go and look it up, I go right to the source.

**Dr. Alan Preston:** Sure.

**Shawn Stevenson:** And it's right there, published from the WHO that approximately upwards of 650,000 people die every single year from the flu. Okay? It could be lower. It could be a couple hundred thousand, but upwards of 650,000. COVID isn't even on pace to beat that out. And for me, it's just, it's shocking that number one, we should be upset in the first place, that so many people are passing away from influenza. And the craziest part is, we have vaccines for it, but obviously they're not working very effectively. And now we're waiting on a vaccine for COVID so that we can have life again. But part of the reason when they say, the flu virus why it's not that effective, is that the virus mutates. And they report the same thing, they've already said COVID has mutated several times already. So we're waiting on this kind of false hope and we've taken in so much, just incomplete information. Not that people are purposely trying to hurt people, but the situation that we're in right now, and you mentioned a couple of names of people who are in power in a position to just be like, "You know what, we made some mistakes. Let's readjust, let's pivot." But you know this as well. Once this momentum starts going in a certain direction, once you're so invested in the wrong thing, it's hard to just come out and say, "You know what, I made a mistake."

**Dr. Alan Preston:** Yeah, that's always the hardest thing to do is to admit your shortcomings, if you will, and particularly on something where you've created such panic and fear in the communities. Now you got to go, "Oh just kidding. My bad. It's not as bad as we thought." That would not make people very happy if they came out and said that. So really what, where I've been very critical about the Fauci and company is that he should be far more measured with his words than he was, he needs to vet if you will, the data that people are telling him to say, "Well that doesn't seem right." And just like I did.



When they came with numbers in the beginning, I looked at it, I just shook my head, I go, "This is completely wrong." So I looked at it a little bit more carefully I ran some of the numbers and I said, "No. This is not even close to what I think is going to happen based on the statistics, and some of the data I had." Even though it was limited, we all have the same data. And here you have very, two different people who came to two different very conclusions. And I think that he just wasn't measured in his approach to telling the people to say, "Look, of course, it serious. Any time you get infected with a disease it's serious. The question is, what can we do to mitigate the impact of the disease? And there are things you can do without having to shut down businesses to mitigate the impact. If you think about the consequences of shutting down a business. First of all, I'm not even sure constitutionally how that even works. But that set aside from a public health perspective, I get the idea of trying to make sure that fewer people die, that is always a laudable goal.

But having some people, are always going to die of something, every year, 300 people die falling off of ladders, over a thousand people die from falls going up and downstairs in their home. So people die of all kinds of things. We can't mitigate every death on the planet. But what we can do is, but we're certainly not going to mitigate it by shutting down businesses. But we can take personal responsibility. So if you're in a crowded area, be responsible. A little bit of social distancing is probably a smart thing to do. If you're in a really crowded area probably wearing a mask helps the other people so that if you sneeze that the amount of the sneeze and or the cough, the droplets are going to be substantially reduced. They're not going to travel six to 10 feet, they'll be substantially reduced. So those are things that you can do. But you talked about the vaccination, let's say that five years from now it takes us that long to come up with an appropriate vaccination. What are we going to do? We're going to shut businesses down and say that you can only have 20% of the public going to your business, they'll all shut down.

So that's not a solution, it's not even, it's not, it's almost... If it wasn't happening the way it is happening now, I would be so cynical. I'd just start laughing, I'd say, "Who would be so stupid to do something like this?" So really, the things that we can do, we can do these things and still interact as a society. We've been doing this, as you say, for the flu and a lot of people die from the flu. I don't remember people panicking then.

**Shawn Stevenson:** Yeah. Yeah. And I want to circle back and talk about the rebound effect, that we're going to be seeing but I want to go back and just look at some things because I know for some people it's coming up but with the media when you see what's happening you see there's just mass confusion. People are losing their lives, people working on the front lines, that's what's seen. And this is, and first of all, I want to acknowledge that this is



happening in some places, some spot cases, especially in places like New York, New Jersey where there has been a big influx and these lives do matter. And I want people to know, that there are hundreds of hospitals that are actually going out of business right now and anybody is free to look this up. Because they were underwhelmed by what happened and they pushed away folks who had elective surgeries, which sometimes these things are not necessarily elective just considered that. And they were, number one, they're not allowed to go the hospital and they're also scared to come out because all of the fear that's been put into place. And so these are different issues that we're looking at.

I'm not saying that there's not a issue and Dr. Alan is not saying the same thing as well, he's saying, that we do have this issue, but the way that it's being reported is a little bit skewed. So that's number one. I want you to talk about that. And also I want to talk about reporting, I want to talk about accurate reporting, because this is another thing that's kind of getting us what we see. And I just think it's so inappropriate to have a death toll ticker on the news, like you're watching the stock market numbers, just infusing fear and just people like, it paralyzes us and we don't realize and these folks have power, they have power to influence, and they're using it in a negative way.

**Dr. Alan Preston:**

Yeah, I think they're being irresponsible in the way that they use it and that's one of the problems. And I don't know if they just don't have a backbone or if they're afraid themselves or whatever the repercussions, but they're being irresponsible, clearly. So to touch on some of the things that you talked about, so the media, like you say, have a little ticker, and imagine if we did this and I told you a little earlier that 650,000 people die of heart disease, every year. Imagine that ticker against the flu death ticker. That'd be one heck of a ticker tape on that one. The number of people who die or get injured in car accidents, about 40,000 to 50,000 people every year die from car accidents. 4.4 million people get injured. So should we then to mitigate the deaths and not overwhelm the hospitals with the 4.4 million injuries, should we then force every car and every driver to go no more than 10 miles an hour. That's it. 10 miles an hour. Interstates, State Highways, school zones, residents, 10 miles an hour, because and after all we want to save lives and we want to save injuries and that would save 4.4 million.

Well, you can't have a society that functions and not have risk, and there are going to be certain risks and so it is up to you, the individual, to be responsible for your life and you have to mitigate the risk. So when you're driving a car, put your seatbelt on, look over your shoulder to make sure there's not a car coming, if you're going to be switching lanes, things of that nature. Don't be texting and driving, as an example. I'm a cyclist so that always is my biggest fear that I'm going to get killed, I'll be healthy, but I'll be dead from someone texting and driving. So there are things that we can do to



mitigate these concerns, but going into full panic mode is not going to help one bit, it just doesn't help.

**Shawn Stevenson:** Yeah. And speaking of some of the conditions that we're seeing in New York and New Jersey, I think a big problem is generalizing the data.

**Dr. Alan Preston:** That's correct.

**Shawn Stevenson:** Can you talk a little bit about that?

**Dr. Alan Preston:** Let me talk about that. And I think it's a huge mistake. So let's take a look at New York as an example. There are a couple of things that New York has that other cities don't have. One is they are far more densely populated than... Are you in California? Is that where you are?

**Shawn Stevenson:** Yep, yep. Los Angeles.

**Dr. Alan Preston:** So California is not as densely populated, even in the biggest cities, it's pretty spread out. So that's one thing. The other thing is, is that in New York we go, "Why was it such a hot spot?" Well, imagine if you had a subway system, and imagine that a large proportion of your citizens relied upon that to get from point A to point B. And in your phenomenal wisdom you say, you know what, if we have, let's say the number is, I'm just going to make up a number, in fact, I'll just say it's X, whatever that number is, okay? But what we're going to do is in order to not have so many people ride, we're going to reduce the number of trains that are traveling every hour and so we'll cut them in half, let's say. Well, all that did was double up the number from X to Y ended up being doubled the number of people that are riding trains. They're still going to ride the trains, but now they have to squeeze in a little tighter so the density got a little tighter. Well, I don't care if you're wearing a mask or not wearing a mask. Someone sneeze on the mask and you're two inches away, you're going to get infected 'cause that mask is not going to be a N95 mask that is going to be of a certain level, I'll call it much like a HEPA filter that will be able to filter out at a micron level of the COVID virus.

So sneezing in that mask isn't going to help you protect a passenger that's inches away. So, guess what happened, a lot of people in New York got infected for that reason. The other thing that happened is, is that we know that about 80 to 90% of all the deaths occurring in people that are say, 65 years and older. So, if 95% of all the deaths are occurring from age 60 or 65 and older, and you have a patient who's COVID positive, but they're not sick where they need a ventilator so you said, "Okay, I'm the governor of the state, Governor Cuomo, and what I'm going to do is, I'm going to do an executive



order that forces those people to go where? In nursing homes." Well, what's in nursing homes? Elderly patients. So now, we know that probably 40% of all the deaths that occurred which were avoidable, occurred in nursing homes. So think about that. So whatever they're reporting today, multiply that number times 0.60 or 0.40, and you'll see the number of deaths that could have been avoided had they not have sent people who are infected into the nursing home. So, those are two mistakes that they made that made them hot spots. Now, why don't you want to generalize that to the population? It would be like this, let's say that I graphed. And I saw one of your kids a little earlier and how old is the young one?

**Shawn Stevenson:** He's eight.

**Dr. Alan Preston:** Eight years old. So let's say I said, "Okay, let's do a study, you and I together and what I want to do is, I want to predict how tall people are going to be when they're 45 years old." You said, "Okay, well, sure, that seems like an odd thing, but let's do it." So, what I do is I measure kids that are in the first grade, second grade, third grade, all the way through the seventh grade, and I plotted on a chart and I see this line going up and I go, "Oh my gosh, if I generalize that to 45, you're going to be 25 feet tall by the time you're 45."

**Shawn Stevenson:** Right.

**Dr. Alan Preston:** Now, as stupid as that sounds, that's about what we were doing with the COVID. They just went, "Oh, from here to here, let's generalize it and go here. Yeah, you're going to be 25 feet tall when you're 45." And as stupid as that sounds like age, nobody knows that everybody knows that it kind of flattens out. Well, yes, we do know that, and they should have known that about the COVID as well that it's going to also flatten out and also come down.

**Shawn Stevenson:** Yeah, yeah, that's so powerful. That's such a great example. And with that in talking about flattening this curve, one of the things that we're seeing still we had a lot, and it's still in the process, but a lot of deaths reported from COVID just adding to the fear. Again, this is something for us to be concerned about, but we also need to take into consideration. And I just went, literally just went to the CDC's site and looked at what they were sending to physicians to tell them about reporting. And I think especially with something that has so much fear around it, that is on top of everybody's mind, we need to be certain when we're reporting that this is a COVID death. And there was in one day officials in New York added 3,000 deaths that were not proven, they were not confirmed to have COVID, they just added 3,000 to the death count. Can you talk a little



bit about that?

**Dr. Alan Preston:** Yeah, so there are about two things that are happening relative to death counts and this is true also on the flu season. The reason and I don't remember what year it was, but at some point in time, if you notice and if you went back to the CDC, it doesn't just say flu, it says flu and pneumonia, they combine the two. Because if it was just purely flu, it would be too small of a number, so they include pneumonia. Now, there is some rationale that you can make for that to say, "Okay, I get that." There is a correlation between the flu and pneumonia because it is a respiratory infection and pneumonia is a respiratory infection, and so that maybe one of the catalyst towards the respiratory infection. However, the virus sometimes some of the respiratory infections are bacterial, not viral.

So, it is a small distinction, but these distinctions over 330 million people can distort what these numbers are. And to go back to what you said, a lot of times what happens is someone comes in and I kind of half jokingly, I said, yeah, I could be riding my bike and I live in San Antonio, we have these mountain cedar trees and if you ever come visit in the wintertime, bring a box of Claritin-D or something 'cause you'll be sneezing. So I was sneezing from the trees and had I been hit by a car, the ambulance would have said, "Well, I think his last... He probably died of COVID, I heard him sneeze."

**Shawn Stevenson:** Yeah.

**Dr. Alan Preston:** So which had nothing to do with it, but they'll just say, "Okay, well, let's just mark that down as COVID." And I'm being a little cynical, but obviously, I think there are two things that are happening. One is they're commingling the H1N1 flu virus and they haven't tested for that, nor have they tested for COVID. And so, we are populating the COVID bucket with the H1N1 bucket. They're both these flu viruses, they're both coronaviruses, but they're distinctly different and we shouldn't commingle the two. So that's making the death headcount go up unnecessarily. And then the second thing is, is that at the discretion of a coroner or the attending physician, they can decide what the cause of death is. So many of these cases that are not confirmed by laboratory tests are still being labeled as a COVID-19 death and they have not been confirmed, and oftentimes the data it may take up to two weeks to even get the data in from the local authorities, and by then, the patient has gone through a funeral service and has been, they're not available to test the corpse if you will.

And with COVID has been, I think, fairly significantly overstated in terms of the deaths. But that doesn't help the people who die for real or the people who die from the flu, a



death is a death, is a death, but from a scientific perspective, and for the population to understand, is it truly as lethal as the media we might be making it out to be? I think the answer to that is no, it is not as lethal as one would believe listening to the news media.

**Shawn Stevenson:** Thank you for sharing that. Just a little peek here, and guys, anybody can go and look this up. So this is direct from the CDC. And what was so interesting to me is that several of my friends and colleagues who are physicians receiving this information they've never really seen kind of being massaged into like, this is what we're supposed to report but this is direct from the CDC. In case is where a definite diagnosis of COVID-19 cannot be made. But it is suspected, or likely, the circumstances are compelling within a reasonable degree, it is acceptable to report COVID-19 as a cause of death on the death certificate. And again, like there are going to be assessments and judgments made in medicine. That's what a symptom is. Like, you take symptoms, you give a diagnosis, but when something as this it has much fear surrounding it, I think we need to work a little bit more to be certain.

**Dr. Alan Preston:** I agree 100%. And I think there are ways they can do that, they can preserve different swabs from the deceased body and confirm it later if they don't have it, the tests available right here, there and then. So I think that what's happened is that, like I said, I think the two things, one is on the death certificates, as you just said, if it is presumed to be COVID then that's why I was sort of saying about my bicycling story. If someone's texting and they hit me and I sneeze, they go. "Well, I don't know, I kind of suspect COVID so COVID it is.

**Shawn Stevenson:** Or if they even test you and they find you have COVID, this can be still listed on the death certificate as...

**Dr. Alan Preston:** Right. When I got hit by a car from someone texting, and it has nothing to do with COVID. That's a very good point, they test it and go, "Well, you tested positive, we'll put it down as COVID." So that's not the cause of the death, clearly. So and then the other one is where they commingle the H1N1 virus to the COVID virus, and they're putting it in the same bucket of deaths. And so for research scientists, this drives people like me nuts, because we are all into having very distinct elements. We call these independent variables that drive the outcome. And we need to be certain that we can hang our hat if we have any degree of credibility to us. We don't want things to commingled like that willy-nilly, because it makes the prediction of future kinds of events very difficult when we're dealing with faulty information right out of the gate.



**Shawn Stevenson:** Awesome. This has just already been so enlightening for me. And I know for everybody listening, and the next thing I want to cover is the rebound effect of some of our choices that we made, our health officials and politicians because this has become largely and unfortunately a very political experience for many of us instead of looking at the data, and so we're going to talk about some of the things that we can hopefully help to prevent some of the ramifications of how we've handled it thus far. And we're going to do that right after this important message. So sit tight, we'll be right back.

Hey, everybody, with all of the things that we're exposed to today, the environmental toxicity, the weird stuff showing up in our food supply, we've got to do things to really support our immune system. Our immune system is really running the show on so many different levels to keep us healthy. And one of the most powerful things for supporting a healthy immune system is making sure that we're getting in some immuno-modulator. So what does that mean? These are substances that can help to elevate our immune system in response to things that might be trying to creep their way into our body and to our cells and defend us against those things, but it can also bring the immune system back down, calm it down if things are running too hot, AKA we're dealing with some auto-immunity.

We need things that are intelligent. Many drugs out there that are pushed through pharmaceutical companies, though they mean well, they push your immune system in one direction, and that can really mess things up on the back end, leading to AKA side effects. So to avoid that, getting some natural immuno-regulators are going to be a powerful thing you add into your life. How I do that, and it's been a consistent basis pretty much every single day. I've been using every day and even had it this morning, the incredible Mushroom Elixirs from Four Sigmatic so head over to [foursigmatic.com/model](https://foursigmatic.com/model). So that's [F-O-U-R-S-I-G-M-A-T-I-C.com/model](https://foursigmatic.com/model) and you're going to get 10% off all these amazing superfood elixirs. My favorite is The Chaga, and Chaga has been clinically shown to increase your NK cell activity, so your natural killer cells over 300%. It's also the most powerful antioxidant that we've ever seen in the history of humanity that humans actually consume. Powerful antioxidant, powerful anti-cancer, powerful immune system regulator.

So that's what I use. In the morning, I'll get some Chaga and sometimes I'll have it straight or I'll blend it with some hot water, some healthy fats. So this could be some ghee, this could be some grass-fed butter, this could be some coconut oil, some MCT oil, things like that. A little bit of cinnamon, maybe some other fun medicinal herbs you can throw in there, but this has been the daily thing that I've done, I highly recommend you start doing the same thing. They also have the mushroom coffees and my wife is a



big fan of these. And so the mushroom coffee mix has Cordyceps and Chaga in there. And today she ran out she was like, "Where's my coffee?" She's not even... Ever since we've been together, she hasn't been a coffee drinker but this has been her daily thing. She loves the way it makes her feel. And she doesn't get some weird kind of caffeine spiking crash as well. So head over and check them out, [foursigmatic.com/model](https://foursigmatic.com/model) for 10% off. Now back to the show.

Alright, we're back and we're talking with Dr. Alan Preston, and it's just been a truly enlightening conversation. And before the break, we were leaning into, so what are some of the ramifications of the decisions that we've made to quarantine? To shut down our economy right now? And again, not saying that this isn't coming from a truly righteous place and wanting to save lives, but I think that it's important to always realize that every decision we make, there are consequences to those things. And right now, we're getting some pretty clear data, and even just some of my colleagues who run organizations here in California, and hospitals are seeing more deaths from suicide than they are from COVID-19. And the unfortunate thing is that if we don't do something about this, these numbers are going to continue to rise. We're putting these into these categories of deaths of despair. And just to share this with you really quickly, right now we're seeing over 30 million people filing for unemployment, and with skyrocketing unemployment, it's not just death from suicide, I want this to be known, really quickly, but also from increased rates of heart attacks.

There's a peer-reviewed study published in 2017, they found that after adjusting for age, sex, education level, and comorbidities, people who are unemployed have a 50% increased risk of death from heart failure compared to those who are employed. Also, we see higher levels of, so mentioning heart attacks, along with suicide, homicide, mental hospital admissions, prison admissions, all of these things go up when people aren't able to work. And so now I want to direct this back to Dr. Alan Preston, and just, if you can add some of your thoughts to this, because I think it's an important conversation to have when we're looking at models that turned out to be pretty inaccurate, now we're looking at the results of those models that could be far worse for us as a society if we don't do something about it.

**Dr. Alan Preston:** Yeah, it's the old saying that you don't want the cure to be worse than the disease itself. That's just not the direction we want to go, and unfortunately, some of the things that you mentioned that certainly, one could make a very strong argument, that the cure is actually worse than the disease itself. So the cure of making everyone stay home and the cure of shutting down businesses in order to save lives, it's not to say that lives aren't important, but of course, they're important. But we could make this argument

for all kinds of deaths, and we just cannot, as a society, function by saying that we want to mitigate all deaths. It's just not going to happen. Now, I will say that I think on the unemployment's, probably the most unique unemployment situation that we've ever had in the United States from this one perspective. A lot of people are getting paid a lot more handsomely today being unemployed than they would have been had the CARES Act not have been passed. Now, why do I say that?

Because in the regular state unemployment offices, when you file, it is not uncommon to get maybe up to 50% of your income. But because of the CARES and some of the financial considerations they gave to these individuals, some of these people, not all, but some of them, of the 30 million, are getting up to 150% of their income. So think about this, those people are not in despair, to your point. They're going, "Gosh, I have no desire to get back to work because I'm getting 150%, and I can do this for 26 weeks, half a year, and it'll be the greatest vacation, and I get a raise for not doing anything. So of course I don't want to go to work." But the problem that creates for the business owner is, think of your local restaurant that needs servers, that needs cooks, that needs people to clean the place up, that needs to the hostess and what have you. They need those people because there's going to be a demand, but now they're not going to be able to hire them back 'cause those people are going to say, "I'm not coming back, forget it."

And so the impact is not going to be nearly as tremendous on some portion, I don't know how many of the 30 million fall into this category, but my concern is to the business owners or owners themselves that are taking all the risk because now, they're not going to be able to meet the demand even if we open it up to 100%, 'Cause they're going to go, "Gosh, even if I could open up to 100%, and not have to worry about it and we found a cure tomorrow, I'm still not going to be able to get back in business at a level I needed to do in order to pay my fixed cost." And a lot of people don't understand that when you run a business, you have two different kinds of costs, fixed costs and variable costs, and the fixed costs don't go away, whether you have an up-tick or a down-tick in the economy. It's fixed, you got to pay the rent. Too bad, too sad. So I worry about the long-term economic consequences for those businesses that are having to feel the effect of this unnecessarily. So that's number one.

Number two, I think that this whole idea between essential and non-essential drives me a little nuts because I've never met a person in business who doesn't think that they're essential. Could you imagine going, "Yeah, I work, but, I'm not essential." Of course, you're essential. You're essential for your family, you're essential for you, so it is essential. Now, if people... And one of the things they always say, and this isn't a slam at



Walmart or Costco or anything like that, but if they can figure out a way that people come into their stores and do social distancing and still provide commerce, then every business in the United States should be able to open up like right now. There's no need to have a business shut down. And we can take precautions, and we can still mitigate the risk, but the risk is really to the elderly.

Remember, the people who are dying are not 30, 40, and 50-year-olds. That's very, very de minimis lows, and those that may have all kind of comorbidity problems, and they may have been smokers, and they had their own health care issues. So let everyone go back to work, let people interact with one another and if you get sick then say, okay, it'll probably be like a flu, and that's probably what will happen. Because that's not where the bulk of the deaths are occurring is in the younger, it's occurring in 74 and older.

**Shawn Stevenson:** Yeah, and this goes back to one of my points earlier, I think that we, as a community especially those who are focused on health and wellness, who affiliated with some of the information because as we know right now, every chronic illness is just steadily going up the past few years, in the past few decades, let me clear that up, the past few decades. And we are so intelligent, we are so advanced, our emergency medicine is amazing but we suck, we absolutely suck at helping to prevent and reverse chronic illnesses, largely lifestyle-driven and we know this already. Right now, in the United States, essentially two out of three people are either overweight or obese, about a third of those folks are clinically obese. We have to talk about what is actually creating the issue with these co-morbidities and radically increasing our incidents of passing away when we do get exposed to a virus.

Because when I mentioned earlier about 650,000 people dying, according to the WHO who everybody seems to be listening to right now, we should have been pissed off a long time ago, why are we allowing this to happen in our planet but instead what we do is we take those people who are experiencing chronic illnesses, we tuck them away, we continue to encourage the lifestyle that created the illness or folks who are elderly same thing, tuck them away and then we forget about them instead of let's do something as a community, let's reach out and go to... If you're so concerned about people let's go to a facility and just go and exercise with them. Do simple things that are clinically proven to help to improve their immune system.

A study right at Appalachian State University found that a simple ten-minute walk boosts our immune parameters, neutrophils, and natural killer cells. I just saw a study today... No, sorry, was it today, it's kind of all running together. It was yesterday looking at why are kids not having such an issue with COVID, and one of the things in the report



was that they have an abundance of these natural killer cells just doing their job. Natural killer cells can be increased just by going for a walk, let's help people, let's not tuck them away, quarantining them right now during this time that makes sense but at the end of the day the next thing is coming, if we don't work to get people healthier we're just going to continue to see lives lost unnecessarily.

**Dr. Alan Preston:**

Yeah, I think you talked a little bit about some of the hospitalizations that occur because... And I'm going to use the word stress, but what does stress do? It causes you to have all kind of... Produce all kind of toxins that people who are not stressed don't produce and so, and there have been a lot of studies that show this and demonstrate this rather effectively. So that being said, to your point, if you're stressed out over COVID-19 go for a walk, go ride your bike, go lift some weights, go do something, eat better but sitting at home in fear and panic is not going to help you, it's going to hurt you and for those people that are delaying their surgeries as an example, you talked a little bit earlier about the number of surgeries and "elective surgeries" that are being denied because the government said, "No, we didn't want to overwhelm the hospital system."

And when I first heard this back in February I said, "This is the most ridiculous comment I've ever heard." And then Fauci opened his mouth and said a few more ridiculous ones, so I had to adjust that. But it was ridiculous from the perspective that we have 6,000 hospitals in the United States, we have the best healthcare system in the world, no other healthcare system has the quantity nor the technology that we have in our healthcare system and healthcare systems deal with nosocomial infection rates every single day. So they understand what an infection is, they understand that infections can be transmittable by person-to-person and they know how to manage that rather effectively. So it wasn't the hospitals I was worried about overwhelming the hospitals, what we've done is we've underwhelmed the hospitals and so now to your point, hospitals are laying off people, this is crazy, here we are in a pandemic and we are going to destroy the healthcare system under the guise that we didn't want to overwhelm them.

This doesn't make any sense on any kind of basis, rationale, logic, political, I can't see how that would make sense. It's just staggering how people come to these conclusions like, "Yeah, I got an idea. "Well, what is it, Joe?" "Well, let's not overwhelm the hospitals by shutting them down, making them go broke." "Well, that's a damn good idea, that's definitely, they won't be overwhelmed then." So it's ridiculous to think that our healthcare system is going to somehow, that they have all this money just sitting in a room, tucked in a mattress or something that's gone help them out during this crisis,

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that's not going to happen, that's not going to happen.

**Shawn Stevenson:** Yeah, yeah. And these are real-world issues that again, I just want everybody to be able to broaden their perspective a little bit because we're going to see a certain narrative that's promoting. Again, I think that a lot of people who are in positions of communication with the public have... And you've mentioned Fauci a couple of times, a couple of episodes ago I shared literally a sound bite because I read the transcript and I couldn't... I literally could not believe that this grown man with so much authority said this but he said, that I truly believe we should not shake hands again, that's clear we should not be touching other people.

*Fauci: What are the things that you could still do and still approach normal? One of them is absolute compulsive hand washing, the other one is, you don't ever shake anybody's hands, that's clear. I don't think we ever should have to shake hands ever again, to be honest with you.*

**Dr. Alan Preston:** Ridiculous.

**Shawn Stevenson:** To say something like that, he said ever again and he said it twice. Again, I'm sure he's an absolutely intelligent, accomplished human being, but you have to understand the position of power you're in, in creating psychological warfare in people's minds and creating phobias to even touch somebody, like they see their grandmother, and they can't hug them again until they go and get checked out. It's absolutely ridiculous, it's so crazy. And now with that point... With that said, I'm going to simmer down a little bit, I want to talk about immunity because especially with you working in this field for so many different years, one of the most important aspects of humanity, is our ability to adapt when we come in contact with the viruses. There are literally 300 trillion viruses in each of our bodies, right now, inside and outside of our bodies. We know about less than 0.001% of all the viruses that there are. There's so much, there's probably more viruses in our planet than anything else, and this has been this way since the beginning. We need each other, we need to develop our immune system. What is happening to us when we're locked away and hiding from each other?

**Dr. Alan Preston:** Yeah, so it's hard to develop an immune system, if you are never exposed to the very threat that helps create the immune system, so living in a bubble is not going to develop the immune system. Now some people would say, "Well I'm going to wait for a vaccination." Well, guess what? 50% of the Americans don't take the vaccination for the H1N1 and we have over 50,000 deaths a year that can occur from that alone. 39 million people can get affected by the H1N1 and yet that vaccine has been available, but people



just don't take the vaccination. So vaccinating, waiting for scientists to invent a vaccination, which only 50% of the people aren't going to take anyway, is probably not the answer.

And there are things we can do in this society to vaccinate ourselves from this. If you're a younger, like I said, if you're somewhere between 5 and 60 years old, and you get a virus, whether it's the flu or COVID-19, the likelihood of you dying is very, very low, very low. But what will happen is that your body more than likely will develop an immune system so that if you get in contact with that virus next time around, your body is going to be well prepared to attack it on its own and that's the beauty of the adaptability that you have just talked about, is our bodies are amazing, and they are very adaptable.

Unfortunately, they're adaptable in two ways, as well. If you're sedentary and you don't do much and you sit on the couch and you eat donuts for lunch, your body's going to adapt to that too. It's going to get fat, and you're going to get... You're not going to have a strong immunity system. You're going to compromise your circulatory system, you're going to end up having type 2 diabetes potentially heart disease, and eventually, you're going to overwhelm your own body, through your own actions. So be smart, and go out and exercise, eat right. If you come into contact with people you think that you don't know and you shook their hand then go wash your hands, that's fine, just don't touch your face you can practice simple things. Those are vaccinations as well, in some ways. You're not going to get it if you don't introduce it to yourself, so that will vaccinate you just don't introduce it to yourself.

**Shawn Stevenson:** Yeah. Dr. Preston, this has been, again incredibly enlightening. I've used that word several times and I'm grateful for the work that you're doing and just speaking out when so many people are just radio silent right now because I think again, we need to bring some rationality to the conversation. Some of our decisions that policy-makers have made is just... Again, it has politicized this issue. It has divided people more than anything. And I think that, we just need to bring some good old common sense into the equation. And if you could, in closing, is there anything that you want to share regarding this potential epidemic that is coming down the pipeline with folks, this issue of diseases of despair with increased rates of unemployment, and heart attacks, suicides and all that whole list of... Is there anything that we can do right now to kind of right this ship and turn things around?

**Dr. Alan Preston:** Yeah, well, I think the best thing that people can do in society, right now is number one, be a little selfish and take care of yourself. Now, what do I mean by that? And this is one of those things that certainly falls under the category easier said than done. I can get



that completely. But nevertheless, it's important that when you feel like there's a dead-end, you feel like you're not going to be able to get from point A to point B, that's the time to go take a walk. There had been times in my life where things may be not has gone exactly the way I want it, and maybe I was upset about this, that, or the other thing and I decided I was going to go pound the pavement and it was a very healthy way to manage your stress.

It's a very wonderful way to manage whatever anger you may be feeling of the COVID-19, or that you lost your job or you're unemployed. Now, it's not going to make you pay the rent, tomorrow, but it will help you at least function in a way that you're going to maybe be a tad bit more rational in your thinking. And the media is there to some degree to sensationalize things and boy, have they done a phenomenal job sensationalizing. So, listen a little bit less to the media, maybe listen more to your podcast and others that have the wisdom to put people on that, that understand this, that is a little bit different narrative than what you would normally hear in the media. So kudos to you and your team for putting this on. But yeah, there's no reason, the world is not coming to an end this too shall pass, and you'll find your way and we'll get back at it, but always remember that when you elect an official, you may want to ask them this one very important question, what would you do in the next pandemic? Are you going to shut down businesses like your predecessor? And maybe that should be the litmus test for who you vote for in office. If they say, "Yeah" then don't vote for him.

**Shawn Stevenson:** Dr. Preston, that's a great way to end it. Again, thank you so much. Thank you for your wisdom, thank you for all your work over the years, to put yourself in this position to be able to share and to teach, and just again thank you so much.

**Dr. Alan Preston:** You're welcome. I've enjoyed it. Thank you.

**Shawn Stevenson:** Awesome! Everybody, thank you so much for tuning in to the show today. I hope you got a lot of value out of this. There's so many huge insights and takeaways, and I hope that you're feeling more empowered right now. But one thing that I really want you to do, we do not want, unnecessarily, our family and friends to lose their lives as a result of the treatment, as a result of locking our society down. So, please reach out to somebody today. Offer some words of encouragement, offer a friendly ear, just see how they're doing, encourage them to take care of themselves. That's one of the things that he just closed with, and make sure that they're just getting out and going for a walk, making sure that they're getting adequate sleep. As we talked about on a previous episode, Mayo Clinic has confirmed that just one night of sleep deprivation can cause damaging effects to your immune system and increase your likelihood of actually





having symptoms and getting sick from a virus.

Alright? This is well-known obvious stuff, but what's happened as a result of the quarantine, our sleep patterns have been more erratic than ever because we don't have any sense of routine like our whole world revolved around our work and our children's school, and all those things have been taken away from us. It's totally natural for things to be in disarray. But right now that we know that there's an issue, we could do something about it. But not just for ourselves. Let's reach out to those we love and help them with that as well. And he also mentioned how incredible our immune system is. It's why we're here. It's why we're here guys. He mentioned this ability of our immune system to learn, it's the humoral immune system. These are the B-cells. We have so many different immune system weapons that have evolved to protect us. As a matter of fact, our immune system itself evolved from viruses facing off against other viruses.

This is not something new, and this is not the last virus that's going to be coming our way. And so what we do right now, what we allow as a society is going to determine how we handle this the next time. But most importantly, we want to get our citizens healthy. And I hope that again, I hope that you got a lot of value out of this. And if you can, please make sure to share this out with the people that you love and care for. This is more important than ever, and we've got some epic, epic content coming your way very, very soon so make sure to stay tuned. Take care, have an amazing day. I'll talk with you soon.

And for more after the show, make sure to head over to [themodelhealthshow.com](http://themodelhealthshow.com). That's where you could find all of the show notes. You could find transcriptions, videos for each episode. And if you got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that this show is awesome, and I appreciate that so much and take care. I promise to keep giving you more powerful, empowering great content to help you transform your life. Thanks for tuning in.