



EPISODE 423

The Meaning Behind
Skyrocketing COVID-19
Cases &
Hospitalizations

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 with me today. I am so pumped about this episode. I've got back on, for round two, an epidemiologist who is far more than an epidemiologist, just to help us to make a little bit more sense of some of the data that we're hearing out there in major media. And I think this is more important than ever right now to actually have some context around some of the information that we're hearing. And at the same time, this is a time in human history where we are all experiencing things that are very, very new and very different, and to have compassion on ourselves and understanding that there's a figuring out threshold or a process that we're all going to have to go through, and that's okay.

We've done some episodes recently just to really talk about taking more responsibility for our inner processing and our perspective right now. And there's so much information, there's so much that's influx, so much new data to process and make sense of. But we have to stand guard to the doors of our mind, we have to really be able to take care of our mental hygiene and our mental well-being, and also our physical health right now. It's more important than ever. We did an episode dedicated to how during this time of quarantine and COVID-19, our health has gotten significantly worse as a society outside the context of the virus, with increasing rates of depression, and diabetes, and heart disease, and the list goes on and on because so many people have cut off their lifeline to relationships, to movement, just basic levels of nutrition process. Food consumption has skyrocketed. And in that episode... We put that in the show notes, we got the numbers. It just... It's absolutely shocking, but it shouldn't be because this is what happens when we are kind of hunkered down and experiencing this new phenomenon called shelter in place/quarantine.

So, with that being said, what can we do still within that context, when there's things that are implemented that have us kind of restricted on living a normal life? What can we do to take control of our health? It's more important than ever. And also, just normal, basic stuff. I moved to California. It hasn't even been a year yet, it's getting close, but I had to get my new plates, had to get those Cali plates and tags. So, you know what that meant? I had to go to the DMV, Division of Motor Vehicles. Now, when I think of the DMV, I think of the movie Zootopia, right? There's a scene in Zootopia... It's such a good animated movie, it's for children and grownups alike. But there's a point where



they go to the DMV to get some information and the employees there... Because this is Zootopia, all the characters are animals, but the animals kind of play a truth or play a parody of some of the characters that we see in the real world. And all the employees at the DMV were sloths, moving very slowly. So, there's already this paradigm that, "When I go to the DMV, this is going to be a long wait. But now, with COVID, a whole different level."

The DMV opened at 8:00 AM. I got there at 7:00 AM. I'm like, "I'm going to beat the rush." I pull up, massive line. Massive line and everybody's spaced six feet apart, everybody has their mask on. But here's the issue is that because of COVID, only a certain number of people could even go in the building at once, only a certain number of employees can work with people there at once. And so, if you got there at 7:55, you can be guaranteed a three to four-hour wait. It was crazy, absolutely crazy experience. But once I got inside, same thing. They had squares on the floor where you could stand. One guy had his nose out of his mask, he got harassed. The lady was on him like white on rice, "Nose. Nose." And the guy was like, "Who knows? What are you talking about?" She was like, "Your nose. Put your nose back in the mask."

So, it was just an adventure, very different. We're out there, it's a... It is Zootopia right now, it's Zootopia. But we have the capacity to manage ourselves within the context of this new situation that we're experiencing. And again, it just starts with taking control of our own personal health, despite the health of what's going on in the society at large. Taking control of our own mental well-being and our mental hygiene, despite the mental hygiene and mental decline that we might be seeing in society at large. Taking control of our own personal relationships, regardless of the relationship context of what's happening in the world around us. We have to take control. This is the time. Be an example. Alright?

I know that things are not easy, I know that we're all experiencing things that even if you feel like they're not appropriate, it... Still, it is and fighting what is, might not be the best use of our time. It's acknowledging what is, because once we do that, once we fully understand and we can perspective take and see the world around us, I think we can better serve. I think that helping our friends and family and our communities to better understand this thing, should come from a place of rapport, and not taking sides because that's what's happening right now. And with that said, as you are well aware, our health, and our nutrition and our immune system is a major player in chronic illnesses, acute illnesses, communicable diseases. This is part of the equation that has been left out and we have to help change that.

And so, I want to talk about some things that you may have never heard before. I want to talk to you about something called *Trametes versicolor*. *Trametes versicolor*, that sounds like a movie studio or something. But this is actually a source of nutrition that has been utilized for thousands of years that has a massive amount of clinical evidence to its efficacy. And a study published in the peer-reviewed *Biomedical Journal, Oncotarget*, found that compounds in *Trametes versicolor*, which is a medicinal mushroom, and its... The common name is Turkey Tail. They found that compounds in Turkey Tail are able to activate your natural killer cells both directly and via interleukin 12. So, having multiple avenues to stimulating the optimal function of your natural killer cells, which your natural killer cells are some of your immune system weapons that have the capacity to adapt, and to change and to acquire intelligence in doing their jobs better. It's basically, these are immune cells that can be trained to take out any pathogen that you're exposed to.

And the reason that this is so important, why I'm sharing this with you right now, is that the FDA has fast-tracked and cleared a new drug that specifically targets your natural killer cells because they're so effective at killing COVID-19 infected cells. I'm going to say that again, natural killer cells have been found to be incredibly effective at killing coronavirus infected cells. Here's the thing: Your body does this already. You have natural killer cells that your body produces, it makes this how they found this out. But what can we do? Because so many people right now are immune-compromised and their bodies aren't doing this job. What are some of the things that are clinically proven to support the function of your natural killer cells; cytotoxic T cells, your humoral immune cells, and the list goes on and on, but natural killer cells specifically?

And Turkey Tail, aka, the scientific name is *Trametes versicolor*. It's just such a... I feel like a movie's going to come on when I say it. So, that's one. And here's the thing: I'm all about, "How do you get these things in a way that you can enjoy?" Do you like lattes? I do. Even the... Lattes is something nice to say. But there's an incredible latte with the main ingredient, the highlighted ingredient as far as medicinal mushroom, a new Golden Latte with Turkey Tail from Four Sigmatic. Alright? They've just upped their game and created this new formula highlighting Turkey Tail. So, number one, it's delicious. Number two, you're getting access to this incredible source of nutrition that many people don't even know about. So, go to foursigmatic.com/model. That's F-O-U-R-S-I-G-M-A-T-I-C dot com/model. You get 15% off the golden latte, and they also have another chai latte. Alright? If you have chai, you know that the limit is the sky. I just made that up. These are bars. If you have chai, you know I'm that guy. I can go on and on. But they have a chai latte as well that has Turkey Tail, and this also has Reishi.

Now, listen to this: A study published in the peer-reviewed journal, Innate Immunity, found that Reishi increases natural killer cell's cytotoxicity, making your immune cells more effective at eliminating abnormal cell activity. These are mic drop moments right here. These are things we need to be paying attention to. But these are things that you're not going to see on the inter-webs, except right here, by us making this conversation go viral, alright, in getting this information into the hearts and hands of the people that we care about, but it starts with us. We need to become more educated about these things. Utilize them and demonstrate what's possible. Get in, play with these things, have some fun, experience, experiment. That's what science is, it's experimentation. But not just listening to the experiment from somebody else, do it ourselves. Let's find out firsthand. Because that is truly more powerful than any study you can read, is your firsthand experience. So, again, go to foursigmatic.com/model. That's F-O-U-R-S-I-G-M-A-T-I-C dot com/model for 15% off. And now, let's get to the Apple Podcast review of the week.

iTunes Review: Another five-star review titled, "Thank you for your service," by iwontstop. "I appreciate the caliber of the show tremendously. Big thanks to Shawn for holding space. In a world of misinformation and bad intentions, I appreciate this podcast greatly for bringing many subjects to the light so that I, along with millions, can experience the paradigm-shifting, consciousness-expanding knowledge that will lead us down the path to our higher selves, mentally and physically. This is the only podcast I can listen to with full intent and not get bored. Much love!"

Shawn Stevenson: That gives me life. Thank you so much for leaving me that review over on Apple Podcasts. And everybody, if you've yet to do so, please pop over to Apple Podcasts and leave a review for the show. It means so much. And on that note, let's get to our special guest and topic of the day. Today, by popular demand, we have round two with Dr. Alan Preston. And Dr. Preston is the Chief Operating Officer and Senior Vice President of Analytical Services for Altus Accountable Care Entity. And Dr. Preston also founded companies that provide consultation services to large insurance companies, physician practices, and hospitals in management, operations, and population health management and epidemiology. As a former professor at Texas A&M, Dr. Preston taught in business school management, healthcare policy, biostatistics and epidemiology. And Dr. Preston is also contributing author to a number of publications in the topic area of healthcare policy.

As a former turnaround CEO... So, he's brought in to fix these companies. As a former turnaround CEO of numerous HMOs in states all over the United States, Dr. Preston worked closely with state governors and legislators, helping each state to shape their

regulatory environment in healthcare. Dr. Preston holds a Doctor of Science in healthcare services research from Tulane's School of Public Health. He also has a master's in healthcare administration from Tulane and a bachelor's in business administration and legal administration. This guy knows his stuff, alright, and I'm so grateful to have access to somebody like him who has such a breadth of knowledge and is looking at things from multiple perspectives. And again, his last interview that we had on The Model Health Show was just, such a overwhelming response from our listeners and viewers, and just really feeling like they got a better handle on some of the data that's out there right now. And again, more things are coming out, and so I wanted to bring him back on for round two to talk about our current circumstances and some of the new pieces of information that are coming in.

And so, let's jump into this conversation with, Dr. Alan Preston. Alan, it was such an eye-opening experience to have you on last time. The feedback from our viewers and our listeners, it just helped to clarify so many things that are just so confusing right now; major media, a lot of the news that we see even online, or social media, and just making some sense of some of the terms that we're hearing. And also, one of the big things people were saying, is they just feel so much more empowered, they feel like they really understand better what's going on, and that's what you do...

Dr. Alan Preston: Well, thank you.

Shawn Stevenson: As an epidemiologist, but now the conversation has shifted significantly. It went from, "We're just looking at these death tolls on major media." To now, it's cases, the cases have just exploded. First thing I want to ask you is... So, first of all, what are these cases? What does this mean? Are these actually "new cases" or are these people who contracted the virus maybe months ago and now it's getting counted? Can you explain a little bit about what that means?

Dr. Alan Preston: Yeah. So, there are three ways that they report a "case" to the local health officials, who then in turn will oftentimes report it to CDC. And so, what are the three avenues? One is, is that there are two different kinds of tests. One test has to do with the antigen to see whether or not you ever had COVID. So, if you ever had it, to your point and you may have had it a month or two months ago, but you just learned of it, so they will report it right then and there. So, that's number one. Number two is that there are also what we call these PCR tests. So, the PCR tests are tests that look at a current diagnosis, do you currently have a COVID virus that you currently have? Now, and then, the third one are, do you have symptoms? So, you may have COVID-like symptoms. And so, they'll say, "Okay. This person, we presume, is positive for COVID because they've come in and



they have COVID-like symptoms." So, given those three different avenues, there are a lot of problems in terms of timing and validity of these three different things. And the other thing about testing is that sometimes these tests don't always look at the subtypes. So, as we know, influenza A and influenza B and H1N1, as an example, is a coronavirus.

Shawn Stevenson: Right.

Dr. Alan Preston: In 2009, as we know, that was a pandemic as well. And so, if it doesn't pick up the subtype, then the question is, is that, "Are we co-mingling flu with COVID-19 as if they're one and the same?" And I would submit to you that the answer is yes. So, is it... And what percentage of those are co-mingled, is difficult to say. Because unless we were to drill into the data a little bit more, it'd be difficult to partition it out to say, "Look, we've overestimated the number of 'tested positive' COVIDs by 20%, or 30%, or whatever the number is." So, those are the three sort of sources of tests, but there's one thing that is absolutely interesting. And if you look since March 19th when they did... Or 15th when they did the shutdown, there's something else that happened around that period of time, and that is that testing began to be widespread. And as testing became widespread, what happened? We uncovered and revealed what we in the epidemiology world already know, that there are people... Whatever they were reporting that were infected, we knew that it was a lot more than what they had said.

So, having said that, I have written an article on it and I said, "It's probably somewhere between 10% to 15%... Times, not percent, times more of what they were saying in the, what I'll call the marketplace. We call that prevalence in the epidemiological terms. So, think about this: So, if you have a disease or if you have COVID, you may be undiagnosed, but it doesn't mean you don't have it just because you're undiagnosed. So, once we find out through testing, then what happens? Then, all of a sudden, there are new cases. Well, they're not necessarily new cases. They may have been around depending upon if you had the antigen test or the PCR test. The PCR test will be new, but the antigen test may have been that you may have had it for a month or two. But it's getting added to those that have tested positive, and it gets added on the day that they find out that the person has had COVID and they may have had COVID for a month, or two, or three months ago. So, that distorts, if you will, what's happening. And then, as we test more and more and more, what happens? We find out that there are more and more people who have COVID, which is... Seems to me to be rather normal.

Shawn Stevenson: Yeah. Like you said, there's so much there... One of the big takeaways is... And you said this a while back, that through testing, it will reveal generally, we're looking at possibly...



Just say there's three million confirmed cases, there's probably 10 times that much.

Dr. Alan Preston: That's correct.

Shawn Stevenson: And that's the thing that people are not really understanding, and also the co-mingling component. I went to the CDC site and I looked at the different methods of testing, and this is why I wanted to have you on and have this conversation, is because this is your domain and you understand things like this without even going to the CDC and looking it up. So, I went and looked it up. And I was shocked to see that it was literally right there in black and white that you can administer one of these tests and if you had a common cold, which is a coronavirus, you can come back as a positive...

Dr. Alan Preston: You can.

Shawn Stevenson: If they're testing through this lane and that number gets co-mingled with all these other cases.

Dr. Alan Preston: That's correct.

Shawn Stevenson: And it's just startling to me, something that is so scary and so severe and we've done all this stuff with our economy, that I think we should go above and beyond to be sure before we just start posting all these numbers and have people just like, "Oh, there's... These cases are exploding," without any context.

Dr. Alan Preston: The word 'context' is the most important word of the whole thing that you just said. Because if you take things out of context... And this is true about anything. We could say a whole bunch of things and if you take it out of context, it's going to lose its meaning completely. And that's exactly correct, that if we don't... And the media has done a really terrible job at putting things in context. And I get it, part of their role is, "Look, let's create some sensationalism. People will tune into our channels. We'll get more hits." And so, that sensationalism drives 'em almost not to put it in context. Because if it mitigates the fear, then it's like, "Well, maybe we don't need to tune into the news and just out of... The edge of our chair to see what's happened." And you notice that the death rates are no longer being portrayed on there. Why do you think that is?

Shawn Stevenson: I think that because of all the exploding cases and the death rate not going as high, nowhere near as high, it's just going to keep pushing the mortality down.

Dr. Alan Preston: That's correct. So, when it was scary, when the death rate was really scary, it was like, "Oh, look at the death rate. It's really high." But how do you figure out a death rate? Well, you take the number of people who are infected and you divide that by the population? We have 325 million people in the United States, and that will give you roughly a death rate. And so, if you uncover more and more and more cases, the mathematical construct to that is, and the implications is the death rate will drop. So, back in, I think around March or so, when I wrote my first article, I had sort of predicted what the death rate is. And lo and behold, it's probably... It's right about where I had predicted. So, it... And the reason I had predicted it is because I didn't take what, or we call the incident rate, the sudden new onset that they were reporting. I said, "No, whatever they're reporting is probably 10 times, maybe 15 times greater than that. And if you look at the death rate based on that number, it would be X." And as it turns out, that's kind of what it's turning out to be. Now that we're testing more and more, we're finding out more cases. Well, that shouldn't cause reason necessarily for panic. We're just revealing what we should already know.

Shawn Stevenson: Yeah. That's something I really want people to be able to process and to just ruminate on a little bit more, is that as we've had this explosion in cases and missing the context of the statement with the explosion in cases, that massively presses down the mortality rate and it creates a situation where... And I mentioned this to you, it was published in the New England Journal of Medicine, and this was back in March, April. And this was Fauci and the NIH; they published a report, peer-reviewed journal, one of the most prestigious, and I actually just went and actually read it. Which again, people, if they actually read instead of just saying, "Oh, this and that." So, what they found there was... They were looking at a case fatality rate of COVID-19, and this is the exact words from Fauci and his team, "Appears to be akin to a bad seasonal flu with a case fatality rate of 0.1%." And this was back then before we had all of these cases. So, what is this fatality rate looking like now with all of these cases?

Dr. Alan Preston: Yeah, it's about 0.25%. So, we may be a little bit twice as much as the regular flu. But the interesting thing, is what segment of the population is more vulnerable to the case fatality rate? So, if you look at people that are age 60 and above that have co-morbidity factors, which is a fancy word for saying, "Those people who have more than one disease; heart disease, type 2 diabetes," so forth and so on, they have about an 80% mortality rate in that particular cohort, when you look at that, compared to people that are under 60. And so, if you look at kids, as an example, and you break it down like from one to five, it's like practically nil. I mean, it's just, it's like 0.000000-something, one or something. So, it's extremely low. And so, children are not at risk of dying unless there's some huge different kind of complications or something along that line. They probably

have a greater chance of dying getting to school, if they drive than they would ever from acquiring the coronavirus.

So, given, you can't just generalize and say, "Well, look, even if it's... Whatever the number is that they've put up now. If they say, "Okay, well, there's 120,000 people that have died." And there's a difference between dying with COVID and dying from COVID. So, there has been some studies I've looked at where they estimate the people that have actually died from COVID is probably around maybe 20%. The people that have died with COVID probably would have died anyway because they had all kinds of problems with other diseases that were putting 'em in extremely vulnerable positions, and they probably would have died in a week, three weeks, a month, two months, or whatever the case may be. And it's not to take away that those deaths... Look, anyone who has a loved one, it's very tragic. Just to have one person die is tragic.

Shawn Stevenson: Absolutely.

Dr. Alan Preston: But should we shut the entire economy down because people are dying of X disease versus Y disease? It just doesn't make a lot of sense to me logically why we would do that, particularly since the vulnerable population is not those from age one through 40 or 50, or what have you. So, protect the elderly. And if people get sick from the corona flu-like virus, oh, well. They'll be fine.

Shawn Stevenson: Yeah, I... Same thing, I went and looked at the JAMA, the Journal of the American Medical Association because New York is one of the epicenters. And I want to come back to talk about generalizing in a moment, but it's one of the epicenters. And they found that upwards of 80% to 90% of the patients who ended up in the ICU or even lost their lives, had one or oftentimes, more chronic disease already and the three main ones were obesity, type 2 diabetes, and hypertension. Those were the three things. And what that does, and what I want people to understand, is that these pre-subjects you to abnormal immune responses when you come in contact with any type of infectious disease.

Dr. Alan Preston: That is correct.

Shawn Stevenson: And this is the thing: This has been going on forever. Even the past decade, the World Health Organization, who everybody's tuning in to now, reported that upwards of 650,000 people die. Not just in a year, but every year. And this is an infectious disease we supposedly had taken care of. "We got the flu shot, it's not a big deal." But it's killing so many people and I'm just... I'm so, still, just dumbfounded why were we not upset then? Why didn't we shut down society then? So, yeah, this is a... It's a tough pill to



swallow. But I think that once we can direct our attention to the core thing because I think that one of the things that... And I want to ask you this, would you say that our number one risk factor for mortality, when we're talking about COVID-19, the number one risk factor, if we look at the data, is having a chronic illness?

Dr. Alan Preston: You're absolutely right. And look, Shawn, you sort of dedicated your life to fitness and you've tried to help people understand how important it is to stay fit and maintain that. So, people are looking for immunizations. Well, look, the first immunization is to stay fit, eat healthy, exercise, do some of these things that you try to teach people every day. So, that is in fact a natural immunization, as you have mentioned before, to lots of diseases. Not just the coronavirus, but flus and heart disease, type 2 diabetes. You can just... We could probably have a half-hour conversation just on that. So, that's number one, is that it really... It's up to the individual to take care of themselves, that's first and foremost. Secondly, you had mentioned 650,000 worldwide that die of these infectious diseases. That number, 650,000, also is the number of people who die in the United States of heart disease alone and a lot of that could be preventable. So, just heart disease in the United States, people, 650,000 people are dying. Now, it's not a communicable disease. I get it. But nevertheless, people are dying. And as much as I would love to live to be 200 years old, 'cause I love life, I'm probably not going to make it that long. I'll probably end up going somewhere between 98 and 105. So, if some driver is not texting and hits me while I'm cycling, I'll be fine. But...

Shawn Stevenson: And you're an avid cyclist, too. You sent me your track the other day, it was like 41 miles?

Dr. Alan Preston: Yeah, 41 miles in the hill country.

Shawn Stevenson: Oh, my goodness.

Dr. Alan Preston: And did it with a fair degree of intensity. So, that's... I call it my COVID test. So, if I can go do that, 35 miles one day, 40 miles the next day, or something along that line, I have no upper respiratory infection because I wouldn't be able to do that otherwise. So, that's one way to know. And plus, it's a healthy thing to do.

Shawn Stevenson: Yeah, yeah. And that's the thing, it's just like things that are good for one thing, tend to be good for everything else and just focusing on those things. And you just said it. So, I just published a big resource for everybody, demonstrating that... So, the FDA has already kind of fast-tracked and cleared a medication to target COVID that specifically targets our natural killer cells, right, our NK cells. And the funny thing is: Appalachian State University published a study finding that going for a short 20-minute walk, boosts



the performance and production of natural killer cells. The Journal of Stress and Health published a study finding that folks who don't cope well with stress, have abnormal performance and production of natural killer cells. And we're more stressed than ever. These are basic things with human physiology that we're simply not talking about and I'm just... I'm shocked. But then again, I'm not shocked that the politicians, public health officials are not talking about the things that actually matter most. And instead, we're talking about more... Just things with fear and... Yeah, it's just... It's tough to process.

Dr. Alan Preston: It is. And then, when you... And to your point, when you think about it, we have largely made 40 million people unemployed in order to save some number of people. Okay? Now, people are wearing masks and everybody's been wearing a mask, some masks are more effective than others, some are less effective. Nevertheless, have the cases gone down?

Shawn Stevenson: No, they... It skyrocketed.

Dr. Alan Preston: No, it skyrocketed a lot.

Shawn Stevenson: And the people that are lining up to get their test done, are these the anti-maskers that are lined up for a mile to get their test done? No, these are people who are avidly wearing their masks.

Dr. Alan Preston: Absolutely. They have a lot of fidelity to the mask, they do it religiously, and so forth and so on and 20% of them still get tested positive. So, there's... The point being is that look, the viruses, whether we like it or not, they are very smart, if you will, about spreading into social animals like human beings and it's just the nature of the beast. And we've seen this throughout history. And they come and they go, and then they sort of die out. And then, as people develop what we call this herd immunity, where the body develops antibodies so that when you do get infected or you get exposed to it the second time, it's not a threat. And then, the virus, if it can't come back and create harm to the host, then it has nowhere to go and it dies out and it sort of disappears for the most part. And we've seen this throughout history. So, it's okay to try to protect and do some social distancing, wear masks, and all that. That's all good, and fine and dandy. But to shut down businesses and lay off 40 million people and scare them from going to the doctor? They have healthcare needs.

So, what is that pent up demand doing to those people who have certain diseases? It's not like their disease state is going to say, "Well, let's put our disease state on hold." "Why?" "Well, there's the COVID out there. And until that gets situated, your heart



disease should not progress anymore, nor should your type 2 diabetes. And if you have cancer, well, we're going to stop... That should stop progressing because of COVID." No, it's continuing. So, the demand may have slowed down for healthcare services, but the disease states is a continuum and it is still moving forward. And so, we're putting at risk millions and millions of people by not allowing them to seek medical attention and all these measures that we have in place. So, the harm we're doing to society might be significantly greater by tenfold, fiftyfold than what COVID-19 could potentially ever do to our population, particularly since it doesn't really affect the people in the younger generation.

Shawn Stevenson: That is exactly what I want to transition to next, to talk about some of the economic implications and also what's happening with our healthcare system and hospitals. But we're going to do that right after this quick break. So, sit tight everybody, enjoy this message and we'll be right back in a moment.

There's a huge wave taking place right now with folks stepping up to try to find how to get a mental edge. There's never been more competition, there's never been more people vying for attention, and looking for creativity in performance and finding ways to really stand out. And so, priming and optimizing brain health is truly the wave of the future right now. And for that, folks are really tuning into this category of nootropics. Now, nootropics are a category of supplements, drugs, other substances that can improve cognitive function, be it memory, executive function, motivation, things like that. But we want to keep in mind that your brain is really operating on a system that has literally millions of years of evolution behind it. So, throwing in a new, smart drug that was created last week, might not be a good idea. So, we want to lean into, "What are some of the things that have historical use, that are also clinically-proven to be effective for optimizing and improving the function of our brain when we're talking about mental performance?"

And so, for that, I want you to know about a study that was published in Evidence-Based Complementary and Alternative Medicine that found that this little secret, listen in, raw honey possesses nootropic effects such as memory-enhancing attributes, as well as neuro-pharmacological activities, such as antidepressant activities, and anxiolytic effects. So, helping to reduce anxiety. I didn't know honey could do that. Alright, but listen to this: Honey polyphenols are also directly involved in activities that help to reduce neuroinflammation. So, we're talking about reducing inflammation in the brain. Now, this is another thing that has a parallel wave taking place with inflammation and disorders of inflammation taking place throughout our body, systemic inflammation, but also of the brain specifically, which is connected to issues like dementia and



Alzheimer's, but also just poor mental performance. And so, honey has that capability as well. But the key is raw honey, the study says raw honey.

Now, with this, we need to be careful, we need to be mindful. And for me, this is why I look to Beekeeper's Naturals to get my honey because they're dedicated to sustainable bee practices, beekeeping. And also they have third-party testing for over 70 pesticide residues that are found in common bee products like honey, bee pollen, and the list goes on and on. Now, some of those things that are in conventional honeys include arsenic, lead, mercury, E. Coli. Not good, not good. So, we want to behave and make sure that we get our honey. They have an incredible Superfood Honey, they have a Chill, B. Chill Honey also that has hemp in the honey as well. But they have some incredible products that, again, you're getting your medicine, you're getting your nootropic benefits without the harmful stuff on the backside.

Now, if we're talking about nootropics, this one, specifically, you have to know about. There was a study published in Advanced Biomedical Research that found that royal jelly, royal jelly has the potential to improve spatial learning, attention, and memory. Royal jelly? That's what the queen bee eats, alright, is exclusively the royal jelly, alright? So, this is taking honey and this is supercharging it. This is taking honey and doing a Fast & Furious with it, alright? This is the Vin Diesel version. Now, royal jelly also has anti-microbial, anti-tumor, and anti-inflammatory properties as well. And royal jelly has been found to facilitate the differentiation of all types of brain cells, so helping your brain to create the cells that it needs. And, to top it off, researchers in Japan recently discovered that royal jelly has the power to stimulate neurogenesis in the hippocampus. So, this is the memory center of your brain literally creating new brain cells. I'm telling you, there are not many nootropics out there that can do something like that.

And the B.LXR product that Beekeeper's Naturals has is phenomenal. It's called B.LXR, L-X-R. Incredible. The basis is royal jelly, but they also have one of my all-time favorite things in there, bacopa. Now, listen to this: A randomized, double-blind, placebo-controlled human trial, gold standard of studies, published in 2016, found that after just six weeks of use, bacopa significantly improved speed of visual information processing, learning rate, memory consolidation and even decreased anxiety in study participants. Try the B.LXR, alright? If you want to boost your cognitive performance, it's something for you to kick off your day to get focused. If you're about to go into a meeting, or a performance, or a study, or you just want to improve the function of your brain, reduce inflammation, get your brain healthier, try the B.LXR. Alright? Go to beekeepersnaturals.com/model, you get 15% off everything they carry. Again, I'm a huge fan of the Superfood Honey, love the bee pollen. B.LXR, game-changer, alright?

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That's Beekeeper's Naturals. So, that's B-E-E-K-E-E-P-E-R-S naturals dot com/model for 15% off. And now, back to the show.

Alright, we're back and we're talking with Dr. Alan Preston, and just blowing my mind again. I'm so grateful to be able to do this round two. And before the break, we were talking about some of the implications with our healthcare system, with hospitals and just the economic implications. Right now, we're looking at 40 million people being out of work and many million more who are only working in a slightly significant capacity, we'll just say that. And the thing that I don't think people realize is that when things are "all clear to open back up", people are not going to be coming out in droves. There's going to be a huge lag before businesses can even attempt to get back to normal. And when we have this state, it's not that we just see a massive spike in suicide when folks are unemployed, there's about a 50% increased incidents of having a heart attack when you're unemployed. There's a higher rate of alcoholism, of abuse, domestic abuse, the list goes on and on. Everything...

Dr. Alan Preston: Yep, it does.

Shawn Stevenson: Everything that threatens human life, goes up when you're not able to work and take care of your life needs. And from what I'm gathering is that our solution... Clearly it's clear at this point. Our solution to this situation with COVID-19, our solution has been far worse than the condition we're trying to treat.

Dr. Alan Preston: Agreed. Yeah, so, it is true. And you talked a little bit earlier about stress. Well, what's more stressful than losing your job and your income, that you may get kicked out of your house or your apartment, you may get evicted, you can't pay for your car, it gets repossessed? All of these things create tremendous stress on these individuals. So, the 40 million that people are unemployed, I say they really are... I kind of categorize them into two basic frameworks. So, those that lose their job because the business no longer can sustain running the business with all the employees since they're only able to operate at a 25% capacity or maybe a 50% capacity and they can't continue to carry on those expenses. And then, you have some that furlough their employees. And depending upon where they are in terms of the wage earner, they may end up, because of the CARES ACT, getting 100 and... Up to 150% of their income by not working. So, those individuals are going to be okay financially, they're not worried about their cars being repossessed. So, they look at it and they say, "Wow. So, let me see if I get this straight. I could work for X dollars or I could not work for Y dollars. And so, not working, I could make more money. Gosh, what should I do? Oh, I know, I'm not going to work." Okay?

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Shawn Stevenson: Right.

Dr. Alan Preston: So, the problem that that then creates is that as we then go back to the business community and we say, "Okay, you can now start hiring. We're going to open up the economy," they go, "Well, that's fine and dandy. But guess what? None of the people want to come back to work." And why would they? So, we're creating an additional strain for the businesses, again, because we have created an incentive for some portion of people to be unemployed. Now, some people, trust you me, don't want to be unemployed at all. Okay? So, I'm not generalizing that it's 100% for everyone. It's partitioned out into two different buckets, if you will, in that sense. So, when you think about it and you look at it, if you're a small restaurant... And we talked about going out to dinner. If you're a small restaurant, you're going to have a hard time finding servers, to finding cooks, to finding people that bus the tables and things of that nature. So, even if you could operate at 100% capacity, you may not have the employees to be able to open it up at 100%. So, it has a... The economic supply chain, it trickles into these businesses. And that's something I think that... Politicians and bureaucrats have no clue how a business operates when it comes to hiring and attracting employees to make that business a meaningful, financially viable organization.

Shawn Stevenson: And that's the thing that I really admire about you, is that you have your experience as a professor and looking at your work in epidemiology, but also as somebody who started and run several businesses and also being a CEO of several businesses. So, you have this incredible array of perspectives that you're bringing to the table in these conversations, and this is why it's so important. We've got hundreds of thousands of listeners, for this to trickle down to reach more people to get educated in a more complete fashion. And one of the things that you mentioned earlier, is that especially when the shutdown happened, so many folks, it's not like their diseases just stopped; diabetes, heart disease, cancers. They were forced to stay home and to save beds for COVID patients. Today, now, we have all these reports, and you see it on the news, without context saying that, "Hospitals are now overrun. The ICUs are full." But then, I actually go to the official reports and I look at what the hospitals populations are, and it's actually a small percentage of COVID patients.

Dr. Alan Preston: It is.

Shawn Stevenson: Can you talk about what's going on there? Why that is?

Dr. Alan Preston: Yeah, you bring up a very good point. So, part of it has to do with what I call



measurement periods, right? So, if we looked at the number of ICU beds or the number of occupied bed days, medical surge bed days prior to COVID, let's go back November of 2019, it would be somewhere around here. Okay? So, whatever that is, let's say it's X. Okay? And then, COVID comes along. And so, we said, "Oh, we don't want to overwhelm the hospital system. So, what we're going to do is we're going to shut down the hospital system's elective surgeries and elective procedures." So, the number of beds as a result of elective procedures went from here to here. Okay?

Shawn Stevenson: It's lower. Lower. Yeah.

Dr. Alan Preston: It went lower. So, did... Not only did we not overwhelm the hospital systems, that... You may recall when Governor Cuomo was saying, "Oh, we need more and more ventilators," and so forth and so on. And the administration provided them, they had more ventilators than they could ever use. The Javits Center was opened up to a temporary hospital facility, they brought in the Navy hospital ship, Hope, to help alleviate to the extent that there would be some overwhelm in the hospitals. Well, we never overwhelmed the hospital systems. We have over 6000 hospitals throughout the United States, none of them were... Well, I'm not going to say none of them, some of them were indeed overwhelmed. But when a hospital system is overwhelmed, whether COVID or not COVID, what do they do? They transfer patients to other institutions that have a capacity. So, it kind of works itself out for the most part. And to the extent that it had been overwhelmed, like New York as an example, we'd have seen patients in the Javits Center and the Hope, and we really didn't see any patients largely in that.

So, then, they measured it then from the low period and they said, "Okay, now we're going to measure again in July." And look what happened? We opened up to the economies and some states faster, some states slower. And all of a sudden, this pent up demand, we had more procedures done and more beds were filled, and more ICU beds were filled, and so forth, and so on. So, they said, "Look at this, this is a spike." A spike from where? You're not looking at it from November to July, you're looking at it from March or April to July. So, you have to take into consideration, it went from here to here, then back up to here. We should be measuring it from here to here and say, "Eh, no big deal." It seems like that's roughly where we would anticipate and we would expect the number of ICU beds to have an occupancy of 80% to 95% in any given year overall. So, this is not an uncommon situation in the hospital industry at all. Nobody is surprised by 95% occupancy of ICU beds, and most hospitals would... They're not interested in having empty beds, right? You can't... It's hard to operate a healthcare facility that has a lot of fixed costs, if you're running a 50% occupancy rate.

So, they availed themselves to the doctors and the patients at large, and to the extent that different procedures need to be performed, then they avail themselves, they perform those procedures. Some of those require an overnight stay, some two or three days, but this is a common thing. So, they don't over-build to the point where they only have a 30% occupancy rate. They build enough hospitals, so knowing that if they end up building the hospital, that there'll be enough demand given the incidence and prevalence rates of diseases, and I can go through a whole bunch of 'em. So, this is a normal thing. Now, if you're not in the healthcare business and you hear it and they say, "Oh, it was from here, and now it's here," again, without the context/that's such an important word, you're going to be like, "Oh, my gosh. This is horrific. What's going on? The sky is falling." No, not really.

Shawn Stevenson: That's so deep. They're making it a causality through media that the hospitals are overrun because of COVID. When in reality, this is normal, this is normal state of affairs with the capacity of hospitals. But most importantly, you would expect it to be a little bit higher because of all the people who got pushed off. But now, they're giving all of this undue credit to COVID instead of saying, "Okay, we have these hospitals that are filled or close to capacity because of all these other issues, and we have 5% COVID patients as well." But they're not doing that.

Dr. Alan Preston: That's correct. And to that point, we look at... In the world of statistics, we look at the statistics called the observed over the expected, and that tells us a little bit about the burden of disease, okay? And the problem is, is that when you look at the expected... When we do models and we look at the expected, we look at it based on past data. And we say, "Okay, well, based on past data, the expected." But every once in a while... And depending upon the industry, when you do this, and we're talking about healthcare right now. But if I move to another industry, as an example, let's talk about retail. We... The expected sales in December could be radically different than the expected sales in August. Would you agree in a retail setting?

Shawn Stevenson: Absolutely.

Dr. Alan Preston: Yeah. 'Cause in December, those... They're going to go up rather dramatically. So, we wouldn't say that, "The expected sales are going to be... In December are going to be the same for August because we've seen June, July, August, September, October to be kind of flat. And therefore, we're going to project that to be, in December, about the same." No. We know that the expected sales are going to go up in December, anyone with half a brain would know this. Now, if you have a pent-up demand of healthcare services and people have not been able to get to the doctor, but again, the disease is



not going away, and it starts manifesting itself and you feel the symptoms of these underlying diseases, guess what? The demand for those services, since you couldn't go for two or three or four months, is going to go up, so the expected should go up. Anyone with half a brain would have figured out, "Oh, the expected... We can anticipate that there's going to be an expectation of the higher demand of underlying diseases that have nothing to do with COVID." No kidding, Sherlock. You don't need to be a rocket scientist to kind of figure this out.

But the media, again, looks at this and they go, "Oh, look at this, there's a spike." Well, so? In December, there's a spike in sales. What does that mean? Nothing because we expect that to be the case. Well, guess what? We expect this to be the case as well. So, when we look at the observed, what really happens over what we think is the expected, it... Those two numbers really aren't that different. But if you take the observed over an expected that is just flat, and you don't take into consideration what any person with half a brain would have figured out, then you're going to say, "Oh, this is reason for alarm." Well, not from my perspective. It isn't...

Shawn Stevenson: It just... We've said this many times, even in our conversations that were offline, is this just makes too much sense. It's too logical and so many of the responses and the things that we're seeing right now are just not based on logic. And it's unfortunate because our more primitive parts of our brain are very much emotionalized right now, but it's hard to differentiate between what's logical and what is being kind of emotionalized and politicized right now. And I'm just so grateful to be able to kind of make some sense of this data. And I got a question that I've just been thinking about, just kicking around in my mind, I was like, "I can't wait to ask you this question," and again, because you've been in this field for so long. But I just don't... The way that we're even going about the testing for cases right now, I've never... I don't recall ever seeing anything like it. Is it normal to be testing people that don't have any symptoms? Is it normal to be testing healthy people?

Dr. Alan Preston: Yeah. So, if you go back in 2009 when we had the H1N1 pandemic, the administration, the Obama administration back then tested... And Fauci, of course, was in the administration back then as well, by the way, and they just stopped testing for a while. They said, "You know what? Stop the testing because it's a pandemic. We know that more and more people are going to get it, so forth and so on. We don't want to alarm people. Don't worry about testing." So, they just quit testing. Now, I will tell you that when you test... You say, "Is it normal to test people that don't have any symptoms?" Right? So, the answer to that has to do with this concept of asymptomatic versus pre-symptomatic. So, you may not have any symptoms, and a lot of people are worried

about that. "Well, I knew so-and-so and they didn't have any symptoms and they were sick and they got tested," and so forth and so on.

And so, what happens... And I'm going to explain just a little bit the differences between that. So, it's okay to test people who don't have symptoms, if you will, just to see if you have it because the fear may be that you may be asymptomatic. And if you're asymptomatic and you don't have it, the fear then is that you're going to spread it to other people. Okay. Now, as I remind people, I said, "Well, how would you spread it to other people?" And they go, "Well, sneezing or coughing." "But if you don't sneeze or cough, how would you spread it to other people? Because it's spread through... It's a respiratory infection and that is largely how it's going to get spread." Now, you might spread... Some of it... If you've seen people, when they talk, sometimes they... saliva or whatever comes out of their mouth a little bit.

Shawn Stevenson: Projects.

Dr. Alan Preston: Projects a little bit. But the bulk of the spreading is sneezing and coughing. Okay, that's the bulk. So, if you're asymptomatic and you're not sneezing and coughing, you're probably not going to be spreading it out. You're not going to be much of a vector of that disease, if you don't sneeze and cough because, again, it's an upper respiratory infection. So, you could touch someone. So, who cares? That's not a big deal. It's like AIDS. You could touch people all day long, you're not going to get AIDS, okay? So, you have to understand how diseases are transmitted. So, having said that, it's okay. It's okay to get... To do that because one of the things that we learned scientifically is that for every 100 people that get tested, we can get a sense of how many people really have it. And right now, for every 100 that get tested, it's about 15 people that indeed indicate that they have it.

What's interesting is that the 85 people that turn out negative may think they have it. Like in San Antonio, if you come to San Antonio in the wintertime and come visit, bring some non-sedating antihistamines 'cause you'll probably start sneezing. We have a pollen count with these cedar trees that are just overwhelming. And so, if you sneeze from pollen or some allergy, that has nothing to do with the disease itself, right? So, a lot of people think that they have it. They... It's almost like when college kids sometimes, when they're taking a mental health class and they start looking at the DSM book and they go, "Oh, my gosh." And they start reading all of these different kinds of conditions and they think, "Oh, I may be this, I may be that, I may be that." So, they kind of project onto themselves that they have all these diseases. They don't have all that stuff, but they read a symptom and the symptoms are pretty broad. If you look at the list, it's

about 30 or 40 symptoms. Well, throughout the day, you may be... Are you... "Shawn, were you tired this week?" "Well, yes, I was." "Oh, well, you might have the symptoms of COVID." So, you could find some symptom that's going to make you fearful that you have COVID. So, they go get tested. So, I'm okay with that. I'm okay with people voluntarily going to get tested because then, we learn that really the prevalence is probably 15% of the population, and that's good to know.

Shawn Stevenson: Yeah, that's huge.

Dr. Alan Preston: So, it's helpful in our prediction modeling.

Shawn Stevenson: That's a huge percentage of people. And what that does is, again, with this many people who've contracted the virus, and you look at the people who actually end up in the ICU or the people who have severe symptoms or their lives lost, that percentage just keeps going down lower and lower and lower. And it's just like, I really hope people get that. I really hope people get that.

Dr. Alan Preston: Well, let me put that in context, too, because some of this is what I call self-selection, right? So, you're not going to go get tested, most people are not going to get tested if you have zero symptoms. Would you agree with that statement?

Shawn Stevenson: I... Yeah. Today though, there is a percentage... And I just want to share a story real quick, and then you continue on this track.

Dr. Alan Preston: Sure, yeah.

Shawn Stevenson: Even my neighbor across the street, she had some of the... 'Cause it's like 30 different symptoms. She had headache, kind of tired, she... They... A whole team came into her house, hazmat suits on, masks, everything. Had her sit in the garage, tested her, but she didn't have it. She wasn't feeling well. So, yeah.

Dr. Alan Preston: But most people... We have 325 million Americans, and most people are not going to go get tested just to go get tested. First of all, there's a cost associated. So, they're going to say, "I don't have it. I don't have any symptoms. Forget it." But what is fascinating to me, so of the 15%, a lot of the people, the bulk of the people who get tested, to your point, like your neighbor, think they have some symptom and therefore they want to find out, they want to rule it out. Okay, and that's perfectly legitimate. But so, think about this: So, for every 100 people who are thinking this way, there's only 15 out of those that actually are positive. So, 85% of those who think they have a symptom of

COVID, have no symptom... Well, they have the symptom but have no COVID whatsoever. So, that's one way to put it in the proper perspective. Because the only people that... I call it self-selection. The only people that go get tested... Not all, but the bulk of the people that go get tested are those who think they have a symptom and they want to rule it out. Perfectly okay. Now, you'll have some people... We have some executives that they get tested all the time because they're around people and they just want to be responsible and all that. That's fine, too. But the bulk of people who get tested, like your neighbor who has a symptom or one or two symptoms, and they want to rule it out. Now, the Hazmat may have been a little bit too over the top. Be that as it may, they ruled it out.

Shawn Stevenson: Yeah. And this leads me to... And this is something I've been studying the last couple of years, I'm just... I'm kind of low-key obsessed with this field of psychoneuroimmunology, and looking at how our thoughts and our mental well-being affects the function of our immune system. And just seeing the fact... We got clinical evidence showing how... But first of all, I think it's important for us to understand that every thought or every feeling that we have has correlating chemistry. These are real things, these are real ex...

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

Shawn Stevenson: Even if I just sat here and thought about something that just really... A traumatic experience in my life, my chemistry in my body starts to change.

Dr. Alan Preston: Yeah, it's true.

Shawn Stevenson: Hormones start getting produced, neurotransmitters... It changes your body's chemistry. And with so many people being in fear... And again, this is a scary situation for... Not just the virus, but the implications with our family structures, our social structures, our economic structures, so many things, what's happened with the mental health of our society, and also the immune health of our society and that in and of itself. We need to take these things in consideration and have a more balanced conversation to help to address that.

Dr. Alan Preston: Yeah, I agree 100%. And in your part, talking about the thoughts that we put in our head, our bodies respond to that and they respond to it in lots of different ways physiologically. And you talked about it earlier, about stress. Well, a lot of times, the stress is self-induced because we... I say self-induced, maybe it's aided by the media somewhat. But we... People become panicked over things that when you look at and you analyze risk, and you understand how to analyze risk, you go, "Well, look, there's a

lot of things you might want to be panicked over, but this isn't one of them," given the person's age and their physical health, and so forth and so on. But that is not healthy for them to be panicked because to your point, that stress is going to have an impact on their overall health that has nothing to do with COVID, but they're deteriorating their overall health through their embracing of these concepts and ideas that are very stressful. And it's just not healthy for them, and that's unfortunate.

Shawn Stevenson: Yeah. Alan, this is wonderful, and you're definitely just a point of logic and intelligence amidst a lot of other gibberish. And I just... I'm so grateful for that and to have you as a friend and to be able to communicate. And is there anything else that you wanted to share today, that you want people to be aware of, that you want people to be thinking about in the context of this situation that we're experiencing?

Dr. Alan Preston: Yeah. I think as citizens, that we interact with people, we're social, people are very social. And we should... We can continue to be social, but we also have to do it in a way that is considerate of other people. I was walking into the grocery store the other day, and I was at the self-checkout for my two items of groceries. So... And a lady that was in like five lines away was not wearing a mask, and the lady that had walked in next to me, who was wearing a mask, I was wearing a mask, was really... Was like, "Look at this woman. I can't believe she's not wearing a mask, blah, blah, blah. They ought to kick her out of the store," and all of this other stuff. And I... And so, I kind of stopped her and I said, "Look, don't hate, don't hate. She's not... First of all, she's not doing you any harm. She's like 30 or 40 feet away, that's number one. Number two, in order for you to be affected, she would have to sneeze or cough. And is she sneezing or coughing? No." So, I think that we need to not impose... If someone's not wearing a mask, you... Stay away, stay six feet away from them, if you will, you'll be fine. But don't hate people because they made a decision that's different than what you made. A lot... And this lady was wearing one of these homemade masks, the cloth ones.

Shawn Stevenson: Yeah, we talked about this, yep.

Dr. Alan Preston: So, she was probably doing more harm to herself than the lady not wearing the mask at all, to your earlier point, so... Which is kind of hilarious in one kind of sense. But my point is, is that, look, go about your business, be a good citizen, keep a little social distance, wear a mask if that makes you feel a little better, it'll make other people around you feel a little better. So, it's okay, that's fine. And it does provide some protection. It's not the panacea, it's not a safeguard. But do the right thing in society and we will get through all of this. But don't hate people because they do something a little different than you do. Again, that's a stress thing that you're adding to yourself,



you don't need to be doing that. Just look at 'em and just acknowledge them and what have you and just be happy that they're out and about like you are, they're just trying to conduct their lives the way they see it. If you see it differently, that's okay.

Shawn Stevenson: Awesome. Thank you for bringing back a point of humanity right now. I definitely think we could use much more of that. And in closing, I've got one more question for you.

Dr. Alan Preston: Sure.

Shawn Stevenson: What is the model or example that you are here to set and setting for other people with how you live your life personally?

Dr. Alan Preston: Yeah. So, I'm pretty religious about, on the weekends... I work in Houston, I live in San Antonio, so I'm back and forth. So, when I'm in Houston, I try to work out. A good two or three days a week, I go to the gym and I kind of just do weights, actually. Then, I save my aerobic for the weekend. So, tomorrow and Sunday, I'll probably do somewhere between... For the... 60 to 80 miles; 30 miles one day, 30 or 35 miles the next day kind of thing. And I do it at a fair level of intensity. And I do that... Quite honestly, it's a very selfish thing. I do it for me, just for me. And it's very therapeutic, too, because it gives me an opportunity to think, it clears my mind, I sweat out everything. Whatever stupid stuff I may have eaten the week before, it's gone and I just feel so much better. And if I have any stress, after that bicycle ride, no stress whatsoever. So, I think that you have to just incorporate that into your lifestyle. You can't just say, "Oh, I'm too busy. I'm this. I'm that." Just do it, get up and do it kind of thing and you'll be fine. So, that's kind of what I do. And my... All my friends who know me know that I cycle, I'm very passionate about it. One year, I rode my bike from Canada to Mexico. So...

Shawn Stevenson: Are you serious?

Dr. Alan Preston: Yeah, so...

Shawn Stevenson: Wow.

Dr. Alan Preston: So, I'm a very passionate cyclist. And I do it... I enjoy the sport, but while I'm doing it, it's also tremendous exercise. So, it's a great way to incorporate a healthy lifestyle. I don't do drugs, I don't do anything that's stupid like that because why would I do that? That just doesn't make sense. And then, I try to remain positive, I'm very positive. And I think that if you do that, people who know me, know that I'm constantly smiling, and cracking jokes, and having a good time and enjoying life. And when you do that, I think you'll live



longer. You certainly will be a lot happier as you're living your life, as I am. So, that's what I try to do.

Shawn Stevenson: Awesome. Dr. Preston, that's a great way to end this. Thank you so much for your brilliance, thank you for spending your time and sharing your wisdom with all of us today.

Dr. Alan Preston: Likewise, and I'm proud to be on your show. And thank you also very much, and I appreciate all the work that you're doing to educate people on this and numerous subjects that you do. So, thank you, I'm glad that you do it.

Shawn Stevenson: Awesome, I receive that. Thank you so much. Everybody, thank you so much for tuning in to the show today. I hope you got a lot of value out of this. This is an important conversation to have, and I love the way that Dr. Preston ended this in talking about the importance of doing something for yourself right now. He said that... What... His activity that he loves, it's something that's a little selfish, but it helps him to show up better for everything and everybody else in his life. So, what are you doing for you right now? This is a time when you definitely need a little bit more self-love, a little bit more self-care and also... Not just physically, but also taking care of your mental well-being as well, and paying attention to and standing guard to the doors of your mind and what you're allowing in. And I'm grateful, again, for you spending your time with me today. And please, if you got a lot of value out of this, make sure to share this out with your friends and family. And let's help to, again, up-level the conversation, add in new pieces, add in new dimensions and really help to provide some context in all of the data that we're hearing out there today, it's more important than ever. I appreciate you immensely for tuning in to the show. Take care, have an amazing day and I'll talk with you soon.

And for more after the show, make sure to head over to the themodelhealthshow.com. That's where you can find all of the show notes, you can 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.