THE MODEL HEALTH SHOW

EPISODE 527

An Inside Look At The Pharmaceutical Industry And The U.S. Healthcare System

With Guest Dr. Meg Kilcup

You are now listening to The Model Health Show with Shawn Stevenson. For more, visit themodelhealthshow.com.

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. Would you like to take an inside look at the pharmaceutical industry through the lens of a Doctor of Pharmacy, through the lens of somebody who's actually working within the healthcare system? That's what we're going to be doing today. We've got a special guest who is a Doctor of Pharmacy and who's had the opportunity to work in tandem with massive organizations like the CDC. And I think this is an important conversation for us to have today and to look into further because as time is going on, more and more details are being revealed about some of the questionable practices that are taking place in our healthcare system. Most folks don't realize, but the United States healthcare industry is a four trillion, with a T, four-trillion-dollar-a-year industry. And a recent analysis reported that about one trillion of those dollars are effectively wasted.

That's right, a trillion dollars just kind of vanishes due to administrative complexity, due to fraud, due to unnecessary treatment; the list goes on and on and on. We've got more than enough funding and resources to have a nation of healthy individuals, yet ironically, we're actually the sickest nation, not just in the world, but in the history of humanity. I'm going to continue to stress these facts so that we can imprint these on your mental Rolodex, but here in the United States right now, we have nearly 250 million of our citizens are obese or overweight. Right now. At this very moment. We're on a fast track to hit 250 million.

130 million of our citizens have type 2 diabetes or prediabetes. Right now, nearly 60% of our citizens have some degree of heart disease already. We are a ticking time bomb. In the ballpark right now, we've got about 50 million of our citizens have an autoimmune condition. ADHD is at epidemic proportions. Depression, anxiety, Alzheimer's disease, dementia; the list goes on and on. Liver disease, kidney disease. Somebody stop me, in the words of Jim Carrey; shout out to The Mask. But in all seriousness, a big part of the reason we're in this situation is that we've been masking the symptoms of disease. We've been superficially treating symptoms, with our medical system being based around pharmacology, and again, the treatment of specific symptoms, rather than removing the underlying causes of the diseases that kill millions of our citizens, our family members, our friends, each and every year. So, it's a big Jim Carrey scenario, a big Mask scenario happening with our healthcare system, and we know how in that movie, things tended to get a little bit out of hand and get crazy. But the great news is, we can take the mask off, and we can get back to reality. We can get back to sanity. And that's what this episode is all about.

And speaking of sanity, it would be a great idea right now to make sure that we're doing things to fortify and support the health of our immune system. One of the things on a lot of people's minds is this overreaction of our inflammatory cytokines, or the cytokine storm, this response from our immune system when it's working to regulate and respond to a pathogen. So, our immune system is inherently going to create inflammation, it's one of the aspects of inflammation. Without inflammation, we would never heal. Inflammation is there a kind of a distress signal for our immune system to come to the site of a wound, an injury, or an infection, to help the body to do its magic, to do its incredible work of ridding the body of these things and repairing damaged tissues.

But the problem is when this inflammatory response can go too far. What are the things that can help to regulate our inflammatory response? Well, researchers at UCLA conducted a randomized, placebo-controlled trial and discovered that turmeric appears to dramatically reduce inflammation, excessive inflammation. Specifically, it's been found to even reduce inflammation of the brain, neuroinflammation, which can cause a whole host of metabolic dysfunction. And also, the researchers found, this is a nice little sidebar, they found that the turmeric was also able to improve memory and attention span. Those things could be very helpful in our world today as well. Turmeric is well-noted in many clinical trials to have anti-angiogenesis effects, meaning that it's able to cut off the blood supply selectively to cancer cells, which is a really remarkable thing that you don't often see in many foods or concentrates. Like, what you see in things like curcumin, which is one of the major bioactive components of turmeric.

Now, here's the key. We want to make sure that our turmeric is organic, but we also want to make sure that it has the biopotentiators, the cofactors that increase its assimilation and actually increase its effect in helping to reduce inflammation, and there are many storied things that go along hand-in-hand with turmeric to do that job. This is why I'm such a huge fan of the Gold Blend from Organifi. It's based on organic turmeric, but it also has a combination that includes reishi mushroom, which has clinical efficacy in improving our overall sleep time, improving wake after sleep onset, and also improving our non-REM sleep and REM sleep, really remarkable benefits that are seen with reishi mushroom. Also, being an immunomodulator, so reishi helps to increase the activity of the immune system if it's underactive and helps to bring it down and lower excessive immune activity.

And this is why, again, it's known as an immunomodulator, which again, it's very rare to see these compounds readily available in the plant kingdom, and in this case, the mushroom kingdom. So, those are combined. And here's the thing: Right now, as of this recording, limited edition, pumpkin spice Gold Blend is now available, it's just for a limited time, just to hit those notes at this time of year right now, as we're moving into the fall season, to add some extra

vibes and to add some extra health at a time when we so desperately need it. Pop over there, and check them out, it's organifi.com/model, and guess what? You also get 20% off, 20% off their incredible pumpkin spice gold, and their original gold formula as well. Go to O-R-G-A-N-I-F-I.com/model for 20% off. Now, let's get to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled "hope" by Andy D underscore O-K-C. "That's the only word I can think of in describing what Shawn's work means to me: Hope. It's refreshing to know that critical thinking, careful consideration of data and facts, and taking charge of one's own life and health are not dead concepts. It's encouraging to know there are others out there speaking the truth and not afraid to reveal where that journey takes them. I'm often teary-eyed at the end of the episodes because I'm reminded it's worth the fight to stay on this path of health and reason. Thank you."

SHAWN STEVENSON: No, thank you. Thank you so much for taking the time to leave that review. That means so much. And listen, if you've yet to do so, please pop over to Apple Podcast and leave a review for The Model Health Show. I appreciate it so much. And now, let's get to our special guest and topic of the day.

Our guest today is Dr. Megan Kilcup, and Meg is a Doctor of Pharmacy and recently an integrative health practitioner that now spends her days empowering people to create true sustainable, healthy lifestyle practices. Meg has recently transitioned from her role as a Doctor of Pharmacy, and she's learned so much after working in that industry for many years and seeing the pitfalls, seeing the potential good, and also looking at what can we actually do as a community to get our citizens healthier so that we're not stuck as continued customers in the healthcare system and not actually getting well. So, this conversation is incredibly eye-opening and empowering. Let's jump into this interview with Dr. Meg Kilcup. Dr. Meg Kilcup, welcome to the Model Health Show.

DR. MEG KILCUP: Thank you, I'm pumped to be here. Thanks for having me.

SHAWN STEVENSON: Awesome. It's totally my pleasure. So, first question, what got you interested in the field... First of all, what got you interested in health, and specifically what got you interested in pharmacology?

DR. MEG KILCUP: Well, actually, when I look back and you're 18 and you're deciding your plans for your life and you're young and immature, I might have done things a little bit differently, but in high school, when I was younger, I was really fascinated with the body, with chemistry, with biology, and at the same time, I hated blood and guts, and so, like makes me nauseous. So, I was just like, "I'll go into medicine, maybe pharmacy, something like that," and yeah, the rest is history. I definitely would have done a different path, but now, I'm very thankful for it

because sometimes it's the choices that you make that show you something that you would have never known otherwise that actually got me interested in health.

SHAWN STEVENSON: Yeah.

DR. MEG KILCUP: So, I've always been, I would say, a very healthy person, played competitive sports all through my childhood. My husband and I did Iron Man, we're adults, very much into health, but it was my, well, just being embedded in the healthcare system where you actually understand true health versus what's going on today in society. So, yeah.

SHAWN STEVENSON: Yeah. I had no idea that would be the answer. It's just kind of like, you want to get into health, and into medicine...

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: But just like, "Let me avoid all the cutting open and all that stuff but find a way that I could serve." So, what was your life like day-to-day, you know, having a Doctorate of Pharmacy, what was your day-to-day lifelike, and was it what you thought it would be?

DR. MEG KILCUP: Well, I honestly don't know what I thought it would be, but I actually wasn't your normal pharmacist. I only worked in a pharmacy for one month of my entire life, and that's when I had to in school, and I hated every minute of it, and I felt like I couldn't actually help anybody or talk to anybody, and nobody didn't seem wanted to listen to what I'd say. So, through my education, I actually learned about how dangerous prescription medications can be and how they are the fourth leading cause of death, just death from prescription medications. And that was so saddening to me, and that after I graduated, I was like, "I want to make a difference there. I want to be somebody who helps people maybe get off their meds and do it right."

And so, I pursued a residency in medication safety, and from that point on, my day-to-day was, in my first gig in my career, I was just coordinating a lot of processes and projects on reducing medication error. So, that looked like a whole lot of things in a large clinical system, whether it be reviewing death from medications or reducing opioids or developing safer processes with physicians, educating physicians, things like that. And then we did a study, which was awesome, that really got deep into how patients are just buried in medicines, essentially, and lost in the healthcare system. And that was kind of my... Really seeing up close how patients get put on five meds, which leads to 10 meds, which leads to 15 meds, and then they're hospitalized trying different meds. And so, I was dealing with that mess in my first part.

And then after that, I became the Director of Safety and Quality for a hospital association, and that was more working on a macro level with the federal government and with hospital leadership to reduce antibiotic utilization, safer use of antibiotics in the hospitals, reduce med error, reduce death. So, my day-to-day there was just working with hospitals across our region and physician presentations, all sorts of things, so.

SHAWN STEVENSON: Wow. So, you made the pivot into safety once you found out, "Hey, there's some potential issues here with our hyper-focus on pharmaceutical interventions and patients being on a lot of different medications at once," this polypharmacy phenomenon...

DR. MEG KILCUP: Yes, yeah.

SHAWN STEVENSON: And from that, working in safety, you were working in a little bit more on the education side, like you mentioned, with educating physicians, for example. Now, being in that structure where pharmaceutical medication, and really, pharmaceutical industry and companies have a major influence on education for physicians as well, so, what was that like, trying to have these conversations, trying to basically combat all the influence from pharmaceutical companies?

DR. MEG KILCUP: Right. Yeah, it is kind of twofold in that regard, so, you have the influence from pharmaceutical companies, which is so strong, because they fund the CDC, the AMA, FDA, those various organizations have funding into them, so all the guidelines that come down from the top that land on every physician's desk or computer are essentially funded by pharma. And so, to make recommendations that might veer off guidelines based on other evidence that is not presented by pharma or the CDC or you name it is a challenge because physicians have a hard time going off of guidelines, they can even lose their job. So, on one hand, you would see impact made and you would see decisions change, and you would see systems adjust and all of that, and there are providers who want to change, but on the other hand, most just aren't willing to sacrifice their job or... Hospitals literally have to obey who funds them and reimburses them, which is the government, so they're not going to necessarily do anything that messes that up or they'll lose their funding. And so, after a while, you realize this box that you're in, that you can kind of make some dents in it, which was great, but you could never really get out of it.

So, there's that, and then there's also just the simple fact that physicians, and any human, it's hard to change something when you've been doing something for so long, or when you've trusted somebody for so long, 20 years, 30 years, or you've just come out of med school and it's like, "Well, this is what I believe to be true." And so, you're also working just with the human race that has a very hard time with change, and that's a large component. It actually takes 17 years for a change in the healthcare industry to come to fruition. So, if something, some major

announcement, came out today, safety concern or whatever, and the federal government says, "Okay, this is something, we have to do about it," starts working on it with healthcare 17 years later. So, it's an incredibly clunky and slow process.

SHAWN STEVENSON: Wow, that should be pretty sobering.

DR. MEG KILCUP: It is.

SHAWN STEVENSON: 17 years, that's basically the time it takes to get your driver's license, from somebody being born to get that time for the education to change, really, and that's what it really boils down to, is, What are students being, and not to use this word lightly, but indoctrinated with a certain way of thinking, and if they're getting educated and we're taking very smart people, brilliant humans, and teaching them a way of thinking that is dramatically outdated and oftentimes not effective, we have an absolute army of folks who are doing things that are ineffective.

DR. MEG KILCUP: It's truly a crisis, and I think that indoctrination is a perfect word. And that was me, that's literally everyone that goes into a medical profession. After I started peeling back the layers and doing my own research and putting a lot of pieces together and connecting the dots, I realized how much you become completely indoctrinated and things that I used to be true... I used to believe to be true are completely false, and that could be because of financial bias, it could be because of funding, and it also could be because it takes a couple of decades for things to get around, for a script to even change.

SHAWN STEVENSON: Yeah. Where we're at with science today, obviously there's... The cutting-edge science is really centered around circadian medicine, epigenetics, and all of these phenomenal things, again, I've known about these things for almost 20 years, and with circadian medicine, maybe 10 years, but epigenetics, almost 20 years, and still, these are just beginning to be talked about and implemented in the conventional, more of a mass scale. And so again, just what are we still doing that's out of date, and what are we missing out on that can actually be helping folks? I want people to think about that a little bit, and I want to ask you a little bit more about something you said earlier because it can be easy to glance over. One of the things that was eye-opening for you, which, again, you're coming into this wanting to help folks, and then coming across some data indicating that pharmaceutical drugs, really, the thing that you focus on in your education, could potentially be the fourth leading cause of death for citizens in the United States.

DR. MEG KILCUP: Yeah, it ties with stroke. And I honestly think if the estimate says it's 125,000 a year or X number, it's probably 10 times that because we don't really even have reporting systems for...

SHAWN STEVENSON: That's the thing, it's not accounted for.

DR. MEG KILCUP: That, and so, these estimates are honestly so low. If someone has a stroke, you know that it's a stroke, but if someone dies from their prescription meds, it's not necessarily put together. So, yeah, prescription medications... I always like to preface a lot of what I say with they have a role, especially in, I believe, acute care, but the way we use them today to essentially mask what is going on in people's bodies. The symptoms go away, but then they get five new symptoms because the way a drug works is it's just setting off a chemical cascade of reactions, so, when a patient takes a drug for, let's say, blood pressure, yeah, it's going to impact their blood pressure, but it's going to impact probably 100 other things in the body.

So, I don't even think of them as side effects; I think of them as expected effects of a chemical that we're putting on our bodies, and so when you do that and then you have new side effects or expected effects, and then five more drugs, and then pile on to that, you're going to have... The body system is so dysregulated and it's not functioning as it's designed, and there's drug interactions. And so, you can imagine how easy it would be for a person to die from that. It's not even functioning, like the neurotransmitters, the hormones, all the things they can't function like they're designed when there's so many other chemicals at play, so, it's tragic.

SHAWN STEVENSON: And we'll put this up for everybody to see, what you mentioned around 120,000 folks passing away each year. This is properly prescribed medication, but then in addition to that, other issues with pharmaceutical drugs, the EJS Center for Ethics at Harvard University revealed that it's about 200,000 folks pass away each year from pharmaceutical medications, and I want to re-emphasize this. This isn't something that you go and look up on the CDC site, like, "Here's the list of causes of death in the United States." That's not being advocated or tracked or being disseminated to the public.

DR. MEG KILCUP: Did not see it on a billboard outside. I saw a lot of advertisements when I was waiting to come in, and that was not one of them.

SHAWN STEVENSON: Yeah. It's so crazy that that's even a thing, and so these researchers are literally just digging around, they're working their behinds off to go and find this data because... And what they noted in that report was that the FDA only acknowledges a fraction of the cases that actually happen.

DR. MEG KILCUP: Right. Yeah, there's not funding, there's not time and personnel and funding to even begin to track the mess.

SHAWN STEVENSON: Why do you think that that's not being tracked or talked about?

DR. MEG KILCUP: I mean, it doesn't go with the narrative, so there's that. The CDC, the FDA, the AMA, the AAP, the American Academy of Pediatrics, they all receive funding from pharma, and pharma makes billions of dollars, so, to advertise against that would maybe cause some wrestling. I can only postulate, but we've become a very pharmaceutical-centric nation. Even the system we have, VAERS, we could really amp that up, we could really talk about it, we could let physicians know about it, let people know about it, but it's not a priority, but that doesn't add to anybody's wallets. It just helps people be aware of what's going on, so.

SHAWN STEVENSON: That's basically... If we're wondering why, it is the way that it is, it would be biting the hand that feeds you. We're talking about literally the CDC being funded by pharmaceutical industry, the FDA, to the tune, we're talking billions of dollars, billions of dollars. And we've created a system, we've allowed a system to be created, that would be very difficult to point out the underlying fallacy of the system. For me, I'm a big proponent, and you know this, of just like, "Let's look at the results. Let's look at how things have transpired in our society right now. How is it working out?"

DR. MEG KILCUP: Right. People are not doing great. We are sick as we've ever been, we're literally only getting sicker as we are coming up with new, novel drugs and new biologics and new advances. So much of modern medicine is "advancing us," but we as humans, as humanity, are not advancing, we are degrading. We're so sick, and that is what drives me, is I want people to actually heal.

SHAWN STEVENSON: I want to ask you about something that I think quite a bit about and I've talked about a little bit, but having you here is such a great gift because I can ask you about this. What does our situation really look like as far as drug approval and drug recall? There are obviously a tremendous amount of drugs that get approval from the FDA, our big stamp of approval of safety, and most folks have no idea that an incredibly high percentage of those drugs get recalled for various safety issues. So, let's talk a little bit about that.

DR. MEG KILCUP: Sure, so, as far as drug approval, so, the pharmaceutical companies are the ones that invest all their money into running the trials, pouring hundreds of millions of dollars just to bring a drug to the FDA to get approved. Then the FDA is relying on the pharmaceutical company to tell them, "Here's the results of our trials." So, it's a red flag.

SHAWN STEVENSON: It's like grading your own homework.

DR. MEG KILCUP: Yeah, so, "We spent millions of dollars, and here's what we found out." I'm laughing 'cause it's ridiculous if you really think about it. So, then the FDA then puts its stamp

of approval, yey or nay, but there's kind of this back-door thing, too, where the pharmaceutical company pays them later after... It's a user fee.

SHAWN STEVENSON: Yeah, that post-hoc, post-hoc payments.

DR. MEG KILCUP: So, the money goes in. And so, I think that it's just... The whole system is flawed in that you have the pharmaceutical companies running it, it's not like a third-party situation where everything's blinded by the company and then the FDA approves, and they actually approve the majority of drugs that are brought to them, and they also receive a lot of funding, of course.

SHAWN STEVENSON: Go figure.

DR. MEG KILCUP: And as far as the recall, that's actually one of the first things that woke me up. I was I think in the first year of pharmacist in my residency, you sign up for all these listservs, get all these emails every day. It's like every day emails, drug recall, safety alerts. Every day and I realized so quickly that drugs that are approved as "safe and effective," two years later, four years later, six years later, have a deadly effect on people, cancer, maybe it's stomach acid reducers and cancer, or anti-depressants actually can make you suicidal.

These things come out, recall after recall after recall. And the issue is it just takes time. And what I realized is that you have the clinical trials run by the pharmaceutical company that are looking for specific outcomes, they're looking for a specific change from the intervention, like, did the person's mood get better or did their reflux improve, but to understand the full-blown picture is not being captured there, right?

And so, I always say that we the people are the clinical trials. So, when you take a medication, you are the clinical trial because there's no way it's covered in the clinical trials done by pharma, and those are short anyways. And so, it really just takes time, every drug will ultimately have something. Even ones that I learned in school is like, "Oh, Lipitor is so benign. Basically, everyone should be on a statin." You know, it was just preached hardcore, and I was indoctrinated in statins, and many people still are. And now, there's plenty of reason to not use that and to understand cholesterol in the first place. But yeah, it's just... It's really a timing issue, and there's such a financial bias, and the reporting system is flawed, which is another element to why it takes 10 years for something to come out down the road, so.

SHAWN STEVENSON: Yeah, that's bananas. And speaking of Lipitor, there was a time when I was working in my clinical practice and have people coming in, and it was like, it was... It was the most widely used drug I had ever seen. And all of the sudden, people on statin, it was getting passed out like candy because it seemed to be so benign, but I came across this data

and it's so crazy that I'm even talking about this still to this day, that we saw, early on, about a 30% increased incidence of somebody developing diabetes once getting on a statin, and I'm just like, "There's something here." It was so benign, there was even talk and litigation being pressed through, and this might sound absolutely nuts, but putting statins into the water supply, because of...

DR. MEG KILCUP: They actually are in the water system filter.

SHAWN STEVENSON: Right. They are because of us. And here's the crazy thing, if you think about it, fluoride is added to the water supply as a treatment, you know? And it's kind of like, you don't have informed consent, like, "Do I want that treatment? What is the side effect of the treatment, how much should I be consuming of this particular supplement?" And the same thing with statins. Again, it seems so benign, but if it's superficially lowering your cholesterol, what are the other mechanisms that it's influencing? And you said this earlier, it's influencing 100 other things at least.

DR. MEG KILCUP: Right. Right. And that's literally every medication. So, you could take something like Lipitor, you could take something like NSAIDS, ibuprofen, it's like, "Oh, this is awesome, I don't feel my pain," but it's actually impacting prostaglandin and the COX enzymes, which are protective for our stomach lining. So, you're helping pain, but then you're breaking down your gut, which leads to basically infinity issues. So, you could apply that to pretty much every medication, but it's especially frustrating when we've all been indoctrinated in the fact that it's benign, "It's safe, this is safe. Pretty much everyone should be taking it."

SHAWN STEVENSON: Right. I would think that in a logical world, which...

DR. MEG KILCUP: It's a dream.

SHAWN STEVENSON: I would think that our FDA, Food and Drug Administration, this regulatory agency to protect United States citizens, would at least do some third-party testing. So, you get this data from the pharmaceutical company, they've run their particular thing and they told you, "This is the result," "Let me see, let me check on that and run the experiment," because that's one of the things about real experiments is that they should be replicable.

DR. MEG KILCUP: Yes, yes.

SHAWN STEVENSON: Very simple, like, "Why can we not do that?" Because on the back end, we can be literally saving millions of lives, so.

DR. MEG KILCUP: Millions. And yeah, not only lives but there's a lot of just harm and quality of life that's lost, too...

SHAWN STEVENSON: Right.

DR. MEG KILCUP: Through taking these medications, so.

SHAWN STEVENSON: That's also what's not talked about because that's pretty hard-hitting.

DR. MEG KILCUP: But like a... Yeah.

SHAWN STEVENSON: Yeah. We don't really look at all the people injured, millions a year, and also how that affects their families, how that affects their ability to make income, just...

DR. MEG KILCUP: Injured and not healing, too. You could... You can cover up a symptom or you can be like, "Okay, well, my blood pressure is better," but you're actually still very sick, you don't have energy, brain fog, hormone issue, all the things, because you didn't actually heal the problem in the first place, and then you can actually live your life freely full of energy, right, so.

SHAWN STEVENSON: That's another part that I'm so glad you brought that up. When we say a figure like, again, the EJS Center for Ethics at Harvard, saying 200,000 folks pass away each year from pharmaceutical medications in the United States, we're not actually looking at how many people die as a result of inadequate treatment.

DR. MEG KILCUP: Yes.

SHAWN STEVENSON: Right? So, somebody has heart disease or diabetes, and instead of them actually being helped, "Let me remove the cause," how many millions of lives do we lose because they're not actually being treated.

DR. MEG KILCUP: Right. They actually aren't given the tools to actually be their own doctor, to learn how to actually be their own healer. Who could actually go see someone once every three months and expect that person to literally change their life? They can't, right? So what happens is they're given medications 'cause that's quick and that's easy, and doctors are even incentivized to get patients better quicker, we can talk about that a little bit, but quick is usually by pharmaceuticals, but patients are not given the resources and the tools and the basic, foundational concepts like, "Hey, you can actually do this on your own and you don't need to take the risk of these medications, 'cause they could actually lead to your death quicker." Like, "Let's do this the other way around, and maybe take some labs. Let's talk about

food. Let's talk about movement." That's just not the paradigm of healthcare, unfortunately, so.

SHAWN STEVENSON: Yeah, let's talk about this with our physicians being incentivized.

DR. MEG KILCUP: Oh. Yeah, it's just... It's an interesting component. It's like value-based insurance, value-based incentivization for physicians to... The idea that sounds great. It's like, "Hey, Joe has diabetes. If you get Joe better in six months, we're going to reward you. We're going to reward your clinic. If all of you do this right, more financial reward." The issue is that system just pushes meds because most people can't hit the targets that need to be hit in three months based on lifestyle alone. "If you take that pill, you could see your blood pressure go down in week," I don't know, but to get someone to truly change and heal is not med-dependent. And so, even parts of the healthcare system that, at surface level, like, "Okay, I like that, I like that idea," it still is pharmaceutical-centric and not patient-centric, which...

I was in healthcare for 10 years, I ended up at a very macro level. I worked with a lot of people and the high-ups. And it was always said, "The patient needs to be the center of the care." It's like there's all diagrams, you have the patient in the middle of it, and then you have all the things around it, like medications, insurance, pharmacists, physical therapist, all of these people, and the patient is in the middle. But that is literally not what happens. It feels like pharma is in the middle of it, and we're all just kind of out there on that wheel spinning around, so.

SHAWN STEVENSON: Wow. That is a crazy visual.

DR. MEG KILCUP: Yes.

SHAWN STEVENSON: Let's talk about that, your work for several years, working essentially with the CDC being an influential factor, and you being a point of contact and working along with that entity. Again, the CDC is who everybody's looking to today for our advice about the issues going on in our world right now with this particular virus.

DR. MEG KILCUP: Yep.

SHAWN STEVENSON: Let's talk about that aspect of work. Because you mentioned this, it's like a macro position where you can see more aspects of the government and influence with our healthcare system.

DR. MEG KILCUP: Sure, so, I worked a lot with CMS, the Center for Medicare and Medicaid Services, and they provide a lot of this reimbursement mechanism for hospitals to do what

they want them to do. Not all of it is bad, but it's all very orchestrated. And then I also worked with CDC, and I'll just give an example, and this was a very illustrative point to a lot of what I was exposed to.

So, I was involved with reducing antibiotic use, because antibiotics, as we know, are great when you need it, terrible if you don't. And I was at a conference, an infectious disease conference, with tons of physician leaders, the CDC there in their outfit, and federal leaders, local leaders, physician leaders, and also pharma, all out in the lobby, with all their tables. Anyway, so I remember during one of the presentations at this conference, the CDC was presenting on the flu shot, actually. And they were talking about, "This is the data. This is what we know, but this is what we tell our patients. And this is the campaign." So, it felt like it was kind of just brushed under the rug, "This is what we know to be true. This is the standard. This is the new strains," yadda, yadda, yadda, and then, "Here's what we tell patients, and here's how we get them to take the shot. You really need... " It was all about persuasion. "Talk about grandma, talk about baby," and it was so fear-based and so not evidence-based.

And in that moment, I was like "This, this is it." Loud and clear at a conference and all of us there sitting, and physicians, and I don't think anybody had a problem with it, because most people believe it's the right thing. It's just what you do. I don't think everyone is like me and thinks, "Hey, this is a major red flag," but that is where I fully realized, and I actually spoke up at that conference over that statement and a few other ones. And just why not various other pieces of evidence, concerns, and what I found so fascinating is that the CDC and the physician leaders literally couldn't answer me and had no thoughtful, educated response. And they were like, "Hey, well, hey, that's so true. I've read about that data. Here's the flaw on it. No flaw on it, just we're not talking about that data."

And so, I really just learned that, well, pharma was there at the conference with the CDC, and it just felt like this gathering of people where the guidelines were predetermined. We weren't talking about evidence; we were just talking about how we were going to get patients to do what we want them to do. And I think the fact that no one wanted to address any of my concerns. I was even pulled aside after it. Like, "Hey, we're going to have to talk about that offline." I tried to set up a meeting with them. Never wanted to meet with me. So, I think it's just... It's this tunnel where guidelines are determined, and when you're funded by pharma, the guidelines are going to meet those needs. And so, it kind of goes back to this, this wasn't patient-centric, which is what I raised.

And so, while the CDC, there might be some good intent there, unfortunately, I think they're so deeply indoctrinated with the people creating the medications, the biologics, that the guidelines are literally... It just feels like, to me, to serve them, and any piece of evidence that

does not align is not invited. And that, to me, isn't science, and that, to me, isn't medicine. It's not ethical, and I truly think that all of us as individuals and the American people truly deserve something better than that.

SHAWN STEVENSON: Yeah. Wow, that's powerful. That's really powerful. And even in those moments, you're standing up like Jerry Maguire in this scenario...

DR. MEG KILCUP: Gosh.

SHAWN STEVENSON: Like, "Who's going with me? Who's going with me?"

DR. MEG KILCUP: It's true.

SHAWN STEVENSON: And even though everybody's giving you kudos, like, "Yeah, that's great. Good question," but they're already so concerned about their own thing and not really hearing and seeing the red flag in that, yeah.

DR. MEG KILCUP: Yeah, definitely, no, kudos. It was more of like silence. I don't think people in these positions are ever used to being challenged, to even consider another perspective or consider... And I think in that moment in that conference and throughout my career, I came to realize that we're not paying attention to a patient's whole health. Right now, we're talking about infectious disease, and you're talking about one infectious disease in the field of infectious diseases, and infectious diseases are one part of health and of the earth, right? And so, I was talking about the bigger picture and how "What if this is impacting the patient's whole health?" There's so much more than just this infectious disease, and that's what really drove me actually to create my account, with the phrase "whole health" in it, because our bodies are... We're so much more than just a diagnosis or whatever label we want to put on, whether or not we are interacting with the buyers of modern times. So, maybe in 17 years, they're going to make a change based on my comment.

SHAWN STEVENSON: It's possible.

DR. MEG KILCUP: I was trying my best, but...

SHAWN STEVENSON: I just feel like... It's such a visual representation. I feel like I'm there with you...

DR. MEG KILCUP: Oh, my gosh.

SHAWN STEVENSON: At this conference.

DR. MEG KILCUP: I recorded it myself. It was like... It was like a defining moment.

SHAWN STEVENSON: Yeah. Well, thank you so much for doing that and stepping up and having the audacity to question these things, because, throughout history, it's always those people who are, in a sense, non-compliant and non-conformist to a system or an industry or a way of thinking that brings us to a place where clearly something is not working, something is not aligning. And with it being the case, and this convention again, we're talking about infectious disease, we're looking at the flu right there in that scenario, and we're looking at it, "How can we get everybody to take this drug?"

DR. MEG KILCUP: Yes.

SHAWN STEVENSON: And negating this fact, and this was from a review of multiple studies, this was published in the American Journal of Infection Control, and the study was titled "Lack of sleep can jeopardize vaccine effectiveness." That highlights one of the big components ignored in our healthcare system, which, our sleep is such a major modulator and controller of our immune system. It might be the most powerful regulative instrument.

And so, this study, along with several others, suggests that vaccine effectiveness against infectious disease may be impaired in sleep-deprived individuals. And to take us a step further, researchers at the University of California, San Francisco found that sleep-deprived individuals who were sleeping less than six hours per night were over 11 times less likely to be protected by a vaccine than those who got adequate sleep, again, if we're talking about influenza, for example. And no study's perfect, of course, but when we have data like this, why at the conference are we not talking about how "Hey. We wanted to coerce everybody into taking this drug, how can we make sure that it's actually more effective?"

DR. MEG KILCUP: Right. Right. So yeah, and it's really that there's two layers to that because number one, there's what you're talking about is, is it effective and are there alternative ways to do this without the drug to actually just create a strong terrain through sleep, food, movement, all these things, what you talk about all the time? And then the other component is simply omitting the basic fact that the product that they're trying to get everyone to take, aged six months till you die, doesn't prevent transmission. So, there's number one, the effectiveness, which is actually incredibly small. I think it reduces symptoms by a day in one age group of people, men, but also, the whole campaign was based on, "Hey, you're doing this to love your grandma. You're doing this to protect your baby," and that effectiveness was not there, but that was what the entire campaign was on.

And so, that's what really frustrates me, is you're omitting data like you're talking about other ways to meet the goal of healthy people, 'cause that's the goal, right, healthy people living their life, and then also just integrity and honesty. And I don't know about you, but when I hear something that is not honest and people being okay with it, it's like driving me.

SHAWN STEVENSON: Yeah. Yeah. Yeah, definitely, I definitely feel the same way. And here's the thing, too, and I want to talk more about this, a lot of the folks in that room, or just in the healthcare system, period, get into the field to help people. It's an altruistic driving force. Now, with that said, again, being a very smart person who's driven to serve and to help people, and we're taught a certain way of thinking, suddenly, we are swept up into this alternate reality where we believe that this is the way that we make the patient first. The patient is the center of the chart. But in reality, it's not the patient who this is all about, except in many ways, they're a customer now. And we're in a system where, how can we keep this person, and unfortunately, on as many different modalities of revenue for us? We have a system that is based upon and exists, it only exists because we have a farming of sick people, essentially.

DR. MEG KILCUP: Yes, yes.

SHAWN STEVENSON: If we have more healthy citizens in the United States, the system would rapidly fail overnight. So, with that said, I want to circle back and ask you about something. I don't want to brush over this, you mentioned antibiotics earlier, and you said, essentially, "Antibiotics in the right circumstance, great. Antibiotics used in different or wrong circumstances, not great." Why is that?

DR. MEG KILCUP: Well, antibiotics are really great at their job, which is to kill bacteria. And so, if you are severely, acutely ill with a bacterial infection, this is when antibiotics shine, and we're all thankful for them in that situation. But they just... Unfortunately, while they're wiping out whatever is causing you to be sick, they're also wiping out the bacteria in your gut, which is literally basically just made up of bacteria, and so, when you wipe that out, your gut is... It's our second brain, and it drives basically everything in our body, so, nutrient absorption, mood, allergies, energy. Any physiological process, you can probably relate back to how the gut impacts it. And so, unfortunately, when you take, of course, antibiotics and you wipe out your gut, when you do that chronically, your gut microbiome becomes so dysbiotic that the bad bacteria take over, even the fungi, then you get leaky gut, 'cause that fungi can actually poke a hole through your intestinal wall, which is one cell thick. And then that's when food particles get in, toxins get in, all the things kind of get into your bloodstream that your gut's supposed to be protecting, and that's when you get major issues.

And then on top of that, I would say, too, that antibiotics... Well, there's a lot that I could say, but your immune system is housed in your gut, and so, it's kind of ironic 'cause you're killing

the bacteria that you want to be gone, but then you're also basically killing your immune system for the time being. So, it's just an ironic situation that takes place there, and then another layer to antibiotics is they're so misused. I think there's 47 million inappropriate antibiotic prescriptions a year, and 35,000 people die from drug-resistant infections from these superbugs, and I think it's because there's so much overuse of these antibiotics. And think about the ramifications that come with 47 million, inappropriate. And up to 50% of antibiotics are either inappropriate, or just incorrect, like wrong drug, or wrong dose, or just you did not need those at all, maybe it's a virus or something like that.

So, the ramifications on society are just that we're essentially completely damaging our gut, which drives our health, and on top of that, we're creating these terrible, resistant superbugs, like I think by the year 2050, 10 million people are going to die a year from these drug-resistant superbugs. Yeah, it's one person every three seconds, by the year 2050, because as a society, drugs are our answer and we love a quick fix, and when we're sick, we want antibiotics, we want the... Whatever, the Z-Pak, and people don't want to wait. And so, because of that, we're just driving the evolution of superbugs. And bacteria are smart, viruses are smart. If you put something in their path to conquer, they will mutate, and conquer it, and become more virulent, so.

SHAWN STEVENSON: That's kind of creepy. That's kind of creepy.

DR. MEG KILCUP: It is.

SHAWN STEVENSON: We're assisting in that happening.

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: That's the craziest thing about all this. We shouldn't necessarily be worried about a comet or something of that nature, a Bruce Willis Armageddon situation, more so than us creating a scenario where we are not able to exist here by us tinkering with things. And there's even some data on antibiotics being prescribed to patients with COVID-19.

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: This was going on a lot, and it probably still is in some scenarios, but again, it's just like, "You have a certain list of symptoms, it appears that... Here's this antibiotic."

DR. MEG KILCUP: Well, and you know what? I think that it goes to show, too, the gut health of Americans, it's so bad. So, I think there's... The microbiome of our gut is impacting how COVID-19 is interplaying with our bodies and causing various symptoms, and so I think when they're

giving patients those antibiotics, it is impacting how they're responding to COVID, because of the interplay between the bad bacteria that are being housed in these patients' gut, and the virus, and being host to them. There's very interesting data on it. And so, I think, to me, that was just showing me the very strong influence of the gut biome with COVID-19, and I think it's another example where you can look at a person and say, "Hey, they're healthy. Why are they having those outcomes?" Maybe their gut was completely destroyed by antibiotics or by toxins, so their bacteria is off, and it's impacting their response to COVID-19. And there's a lot of data on that. It's very fascinating.

SHAWN STEVENSON: Well, this brings us back to this important point, which is, again, looking at the gut, which, this is another one of those cutting-edge places with science today, and understanding just how much... And the crazy thing is it goes all the way back to Hippocrates, right?

DR. MEG KILCUP: Yes.

SHAWN STEVENSON: He was like, "All disease begins in the gut."

DR. MEG KILCUP: Yes, yes.

SHAWN STEVENSON: Forget it!

DR. MEG KILCUP: Totally. Quack. He was a conspiracy theorist.

SHAWN STEVENSON: In our system, we took the... It's the Hippocratic Oath, based on this fellow's work and his insight. But with that being the case, in this instance with COVID, and I've talked about this, I've really done some masterclasses looking at this, BMC Medicine, we'll put this up for everybody to see, articulated that COVID-19 is at least partly an enteric infection, where it's integrating with... We've got these ACE2 receptors, where this bridge where SARS-CoV-2 is able to infect human cells. There's a lot of action with this particular enzyme, that activity in the gut. And so, the researchers were looking at how things like proton pump inhibitors were increasing the incidents of severe infections with SARS-CoV-2.

DR. MEG KILCUP: Yes.

SHAWN STEVENSON: And again, we see this data, it exists from some of the most prestigious journals, but unless it's a platform like this, you're just not hearing about this kind of stuff.

SHAWN STEVENSON: No, no.

DR. MEG KILCUP: And it goes back to logic and the things we've been talking about, yourself included, for years now, how can we get people healthier?

DR. MEG KILCUP: Right.

SHAWN STEVENSON: How can we really target and help the health of their gut so they're not as susceptible to infections?

DR. MEG KILCUP: Right. Yes, exactly. I actually remember posting about the PPIs, I was like, "This is huge!" And people just don't care. But I think it just goes to show you PPIs, those are one of the most commonly used drugs in Americans because we eat terribly as a society, so, therefore, we have reflux and gut issues, and all sorts of stuff, heartburn, so, people take those medications all the time and they reduce the stomach acid, which we need in our stomachs for a million reasons. And so, unfortunately, it's just an expected effect. "Oh, you're getting sick because your stomach acid is not doing its job," so, yeah.

SHAWN STEVENSON: Yeah, it's such a backward way of thinking.

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: And I've got a very specific experience with this. I would never have heartburn in my life growing up, never had it, except when I ate this one particular thing, which was a 7/11 nacho with chili and cheese, alright? And whenever I would eat it, I would get this really terrible feeling, this nausea, and heartburn, but I kept going to get it, I was just so... I loved it going down, it was such a great experience, which I've talked about this before, going to 7/11 and getting your meat out of a pump...

DR. MEG KILCUP: Oh, my gosh.

SHAWN STEVENSON: It's probably... Right there, right off the bat, it's probably not a good idea.

DR. MEG KILCUP: Maybe.

SHAWN STEVENSON: And it wasn't until the end of my foray with this nacho with chili and cheese, basically, they have the tortilla chips in a case and then you go and pump your cheese and chili onto it.

DR. MEG KILCUP: I can picture it.

SHAWN STEVENSON: But towards the end, I got this idea from a friend about go and crack open a bag of Doritos and then pump the chili and cheese into that bag...

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: Right? So, oh, my gosh, it got really bad.

DR. MEG KILCUP: That is next-level.

SHAWN STEVENSON: Next-level heartburn, and what I would do was I called my mom like, "Mom! Ugh! " She's like just drink a white soda."

DR. MEG KILCUP: You know why you went back? It's 'cause they put those addictive chemicals in it where your brain literally... And it happens, it's not just the gnarly 7/11 cheese or whatever that is, it's in all the... It's in the food at the store, right? So, that's a very poignant, gross example, but that happens all the time to us in a way that's not quite as obvious, it's like, "Oh. Why do I keep eating this food?" And it's because it's actually not food; it's just chemicals that are training our brain to be addicted to it.

SHAWN STEVENSON: Yeah. And what if I could just take a pill, so I don't have that experience?

DR. MEG KILCUP: Perfect.

SHAWN STEVENSON: Even though my body is setting off the fire alarm, like, "Stop putting this in here."

DR. MEG KILCUP: Totally, totally.

SHAWN STEVENSON: You know? That's so nuts.

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: We're nuts, but it's okay. We're getting there. We got a quick break coming up, we'll be right back.

When I was in high school and college, our big sports performance game-day meal was mostaccioli. Mostaccioli consciousness, mostaccioli performance, and wondering why we're over on the sidelines yawning and waiting for the next play to cycle back in again. Of course, you get hopped up, you get the adrenaline going, you do your performance, but what if there was something better? Not just for a game day, but for practice days as well, because how you

practice is how you perform. And so, if you're dedicated to true sports performance, your nutrition really does matter, and now, we have things that have clinical evidence, peer-reviewed, controlled trials that show the efficacy of things that have been utilized for centuries. In a study published in Medicine and Science in Sports and Exercise tested 30 healthy athletes for six weeks to record the effects of cordyceps medicinal mushroom on their performance.

The group that added cordyceps to their daily regimen had twice the oxygen uptake of the control group. This oxygen is essential in supplying nutrients to your muscles, preventing fatigue, and preventing the build-up of lactic acid. Another study done by the same group also showed a 9% increase in aerobic activity from utilizing cordyceps. For myself personally, my pre-workout go to his Shroom Tech Sport from Onnit, and it's because it was a subject of a double-blind, placebo-controlled 12-week clinical trial performed by researchers at Florida State University. And they found that utilizing Shroom Tech Sport as a pre-workout showed a direct increase in bench press reps by 12%. They also found an increase in combined bench press and back squat reps by 7% for the supersets, and also were found to parallel the earlier study with a cardio performance increase by 8.8%, almost 9%, that was seen in the earlier clinical trial. If you're not utilizing Shroom Tech Sport, definitely check it out. Go to onnit.com/model, that's O-N-N-I-T.com forward slash model, for 10% off. It's a world-class pre-workout and pre-life supplement to use. Onnit.com/model. Now, back to the show.

SHAWN STEVENSON: Let's talk a little bit about what we should be looking at as far as... You've had a very up-close and personal experience with our healthcare system and our dependence upon pharmaceutical interventions, which, again, drugs have their place, and especially, as you mentioned, for acute situations, I'm a big, big fan of some of the things we're able to do, our emergency medicine. But our treatment of chronic illnesses is absolutely horrendous. It's terrible.

DR. MEG KILCUP: Right.

SHAWN STEVENSON: And the Journal of the American Medical Association published a meta-analysis, this was 2018, and they determine, guess what? Poor diet is the number one cause in their analysis of our epidemics of chronic diseases.

DR. MEG KILCUP: Right.

SHAWN STEVENSON: Those being heart disease, obesity, diabetes, et cetera. We know this is the thing, but we're not doing anything about it. This is why folks like yourself and your platform and platforms like this is so important because the thing is, I know and you know this, too, people want to feel good, they want to be healthy...

DR. MEG KILCUP: They do.

SHAWN STEVENSON: But they're oftentimes not connected to the right data. So, let's talk about some of that right data. Why is our nutrition, we've touched on a little bit, but why is food such a big component of our health and being able to avoid some of the downfalls in the healthcare system?

DR. MEG KILCUP: Right. Well, I mean, food is literally feeding... Our body is a result of the food we eat. And so, not only just maybe physically what you're looking at, or maybe your skin health, or weight. That's an obvious thing that you can see, but the inner workings of our body, the protein that we eat, is the building block of so much of what's going on our body. So, I think that when we're eating food that's not food and it's packaged in plants and we put it in our bodies, it's just disrupting the...what I say is God's design for our body, the way that everything is flowing. I don't even think we really fully understand the human body, of course. It's just an insane cascade of chemical reactions all the time, and so, when we eat foods of the earth, meat from animals, it actually is just fueling our body how it was designed.

On one hand, I love all the data behind it. I love it when you see data on, "This food helps with this, and beans help with this, and potatoes help with this, and meat helps with this," but on the other hand, I'm just like, "It's actually so basic and primal." So, sometimes I'm just like, "Yeah, I love this data. Foods to support your liver, foods to support skin health, foods to support heart, all these things." No, it's actually so, so basic and common sense. And so that's why I always want to encourage people, is... You could research all day long about the clinical benefits of food, real food, on losing weight, being actually heart-healthy, not from your cereal box, on all the things, reversing type 2 diabetes, but when we come down to it, we just have to maximize eating real food.

And it's simple, but it's a really big step for a lot of people, and so, I would just say for anyone listening, is you don't have to go from eating 90% processed food to 90% real food overnight. That's a pretty big switch. If you want to, go for it, but take baby steps, to be stepping into just eating real food. That's what our bodies run on. I love it so much. I get passionate about this, because it's so good, it's so common sense. It stands the test of time, and your side effects are only positive. You could take exercise, even. Exercise is just as effective as anti-depressants, but we don't see that clinical data, and to me, that's common sense, and I love that the data supports it, but it's like, "Wow!" It's just incredible, so.

SHAWN STEVENSON: Yeah. You just said it. It is actually in the data affirming that movement. Exercise is equal, if not more effective, than some of our best anti-depressants. Now, why is there not a vested interest in getting folks to move more versus getting folks onto very

expensive medications? And you might not be personally paying out of pocket for that drug, so you think...

DR. MEG KILCUP: Right.

SHAWN STEVENSON: But this is a big economic drain, because that money is coming from somewhere, and so it might be invisible to you, but it's still funding this big machine. And so, why on earth would we have somebody to go and move more and reduce their symptoms of depression versus making a little bit of money? So, this is why folks don't tend to see publications. Again, prestigious...

DR. MEG KILCUP: No one's funding it.

SHAWN STEVENSON: Peer-reviewed journals.

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: Yeah, exactly. So...

DR. MEG KILCUP: Let's do it, let's fund it. But I think the reality is there will always only be these massive RCTs done by pharma. So, anything that's outside of that realm, natural, holistic, even if it's a supplement that's natural, people are like, "There's no evidence." Well, there's not going to be, because it's not funded by one of the richest entities in America, Big Pharma, so.

SHAWN STEVENSON: Right. The good news, we do have some scientists asking these questions, but like you mentioned, it's a funding issue, for sure. But you just said it. Here's the big news, this is the big headline, and this is going to sound a little crazy. You said it, these are the words: "It's basic." This is so basic. And so just paying attention, asking a simple question, "What do my genes expect me to eat? What have humans been eating the longest?"

DR. MEG KILCUP: Right.

SHAWN STEVENSON: Very simple. You just listed some real whole foods. Chances are this is going to have better outcomes than the nacho with chili and cheese.

DR. MEG KILCUP: Right, right.

SHAWN STEVENSON: Just very basic! That's so basic, but yet, for people, we're at the level below basic or 10 levels below basic, or we're in Godzilla land here in Middle Earth basic,

burning and don't even realize how basic this is, to find out what is probably going to give you a better health outcome.

DR. MEG KILCUP: Right. Yeah, and I always just say you can dig in the data, you can research all day long, you could get into all the amazing biochemistry of real food and movement and sleep, and I love that. But if you don't just realize that these foundations, if we just don't do them, you're not going to feel great. I love how it can be both very complex and interesting, but it's also so simple. Even for myself, if I'm like, "Man, I'm not feeling so well the last few days. Am I taking care of myself? Have I been moving my body? I need to go to sleep an hour earlier." It's like that for all of us, and we all get the chance to decide every day what we want to do with our bodies, and I love that.

SHAWN STEVENSON: Yeah, yeah. And by the way, this is another great point of emphasis is that you are doing these things with... You got three boys, three young sons.

DR. MEG KILCUP: They're like a workout, too.

SHAWN STEVENSON: So, finding a way to feed your family, to create a culture of health within your family structure, with you and your husband, so let's talk about that a little bit and the culture you've created, because when I follow you and check you out, you guys are often doing things that are active. You guys are hiking together and going on adventures, and of course, eating good food along the way. How are you able to get to that place from a place that's, again, very basic where... Below basic. If somebody's wanting to get to that place, say it again, they've got small kids and they've got a lot going on in their lives, what are some of the things that they can do to create a culture of health in their family?

DR. MEG KILCUP: Right. I think in our society today, we love the easy way out, and with the kids, it's easy to not get outside, to not go on road trips, to not take a hike; it's easier to put them in front of a show. I have three boys, they have so much energy. But what happens when we actually do that with our kids, not only with them but model it, is they realize how awesome it is and how fun it is to mountain bike or to go on a hike or to do all the things that we actually love doing. And it takes more work with kids, that's hand- down true, but I think, in the end, you're cultivating a family culture, a family habit, of not sitting and screening and snacking on chemicals, you're out in the earth, right?

We jump in alpine lakes; we do all these things with our kids because it gives us life and we see that it gives them life. And yeah, we're normal people, and we have movie nights every now and then, it's not like we're just only hike all day long, right? But I think it's just taking those baby steps to get your kids out. I think literally just getting kids outside could be like a major step for a family, if you're not there yet. That, to me, is huge. And then when it comes to food,

I actually really think that kids, of course, we're modeling to them and I think that's huge, what we eat, but they're smart, and they actually know what good to taste like. And so, if we're constantly giving them chemicals, their taste buds, they're going to bethink that that's what tastes good.

And if we're giving them food that's real, more, we're not perfect, but I always think like 80-20, 90-10, something like that, then they're actually going to desire it. I have a... My youngest is sick right now, and twice a day now, "Smoothie," he wants a smoothie, it's all immunity boosts that I make him. Tastes good, it's perfect, and that's what he wants and that's what he craves. And I just think it's those little, baby steps. If you're not there for the full force, just change three things and see how you feel, see how it changes your day. See how it changes your kids. Bless the kids, they're on so much processed food, and it's a driver of ADHD, it actually... I read that the amount of processed foods is changing the mineral absorption and it's tied to autism, even. So, the red dye, the processed food, it is literally changing our kids, not just their weight or their health in that way, but it's changing their mood and their brain and your entire day. So, I'd say if you could just get them outside, and more real food.

SHAWN STEVENSON: Yeah, yeah. I love that. And unfortunately, even the label of autism can be a little bit controversial or radioactive for people to talk about. But what I want people to think about is, and this is a fact, look at how the rates of autism have skyrocketed in the last couple of decades.

DR. MEG KILCUP: Yeah.

SHAWN STEVENSON: Something happened. There's something going on, something is wrong here. And we have a lot of data on what those things likely are. And it's probably not one thing; it's probably a combination of this very abnormal life and structure and exposures that our children have, that we have. And so yeah, I want people to think about that a little bit. And also, being that during this time, with this this virus and all the changes that have happened, the societal changes, and I'm going to talk more about this because I've got several studies now on my desk indicating how the rates of obesity have just jumped up radically in children specifically...

DR. MEG KILCUP: And depression.

SHAWN STEVENSON: Right. That, too. When I when I break this stuff down and actually show people the numbers, it is shocking how quickly things have gotten so much worse. And so, with that said and the paradigm that we're existing in right now, what are some of the things that you feel are not getting enough attention? What are some of the things that you feel we can

actually be doing right now to make our citizens more resilient, to protect our children in a real sustainable, ethical way?

DR. MEG KILCUP: Right. Yeah, I feel like from a media position, CDC healthcare perspective, there's the one focus right, it's like all talk about. And I think it's just... We can go there if you want, but it's such a tiny component. And I think, to me, it completely misses the mark of the fact that besides all the data around it, how we treat our bodies is going to impact how we respond when we meet any pathogen, whether it's COVID, influenza, or the trillion other viruses in the world.

So, I think just like what we've been talking about today, is it's the foundations. And so, whether it's you're not eating real food, I mean, that's a perfect opportunity to change what you're eating. We know that, of course, diabetes and obesity and all that is impacting COVID outcomes, so, even if COVID gone in 10 years and your kid's 10 years old, there's still so much that is positive from making these changes in our kids and in our families. For me, when it comes to COVID, it's just like everything else, it's about the foundations. So, sleep, like you said, is huge for the immune system, movement. I just love... Movement and sleep, you get increases and use the cells in our immune system that are fighting infections. It's amazing to me.

So, yeah, I think you could take a biologic every six months, but if you're sick as all gut out, or your gut is messed up, or all the different ways that your body could basically be like dying inside, you're probably not going to fare so well. And so, whether or not the population is doing what the health experts are saying, we're so sick that it doesn't even really... It's not going to make a dent, because as a nation, we're very sick and we're dealing with a virus that basically impacts the people or nation that are that way. And so, I would just encourage those people and everyone to create a strong terrain, not just because you don't want to get sick with COVID, but because you want to feel well. I mean, when I wake up, it's not like I don't eat well because I don't want to get COVID; I eat well because I just feel better that way. I have more energy. I can have energy for my kids. I can do all the things I want to do with them. I have energy to make them a real food dinner. COVID Isn't my driving force.

So, I think I want everyone to realize that yeah, you're going to see better outcomes with COVID, as a nation, we would, but we'd also just feel better. We wouldn't be depressed. The kids the AAP just said finally yesterday that there's like a emergency crisis now of depression and kids, teenage suicide, and girls doubled suicide attempts. So, I think just the fear and the isolation and the screens and basically living life how we should not be living, is having a terrible impact. People become depressed, then you eat more, then you watch your screen, then you feel lonely. I mean, that is not what we're here for. And so, if you can get out of that cycle and step into how we're designed to live, that's where you'll thrive. And beating COVID would be just another positive.

SHAWN STEVENSON: Yeah, absolutely. Meg, this has been so insightful and helpful, and thank you for bringing that up, because, again, that's hot of the presses, with this being acknowledged, which we could see coming a mile away, all the isolation and all these mandates, the impact that it's had on our children has now been put into this state of emergency or crisis to address these mental health issues. And so, thank you for being the example of what we can be doing, and I encourage people to follow you, of course, on Instagram, is one of the best places. So again, let everybody know where they can follow you, and also just where they can hang out with you and learn more.

DR. MEG KILCUP: Sure, yeah. So, on Instagram, I'm just... It's kind of a mouthful, but it's awholehealthlife, so, A and then the word wholehealthlife, awholeheathlife. And my website's awholehealthlife.com, so. But yeah, if you find me on Instagram, that's where we can connect.

SHAWN STEVENSON: Awesome. A wholehealthlife, and we'll put that for everybody in the show notes, of course, and again, I want to thank you so much for being an advocate for all of us, for doing the hard thing when it wasn't popular, and I just can't wait to connect more to see what you do next, and I'm just grateful for you being on the planet at the same time as me.

DR. MEG KILCUP: I love it. Thanks, Shawn, well, it's truly an honor to be here. We've hung out a lot when I'm working out or in my sauna, so it's fun to meet you in person, I'm truly honored to be here.

SHAWN STEVENSON: Awesome. Honor's all mine. Everybody, Dr. Meg Kilcup. Thank you so much for tuning in to the show today. I hope you got a lot of value out of this. Definitely share this episode out, and make sure to follow Dr. Meg on Instagram, awholehealthlife. Tag her and let her know what you thought about this episode, any impact, any clarity, that she was able to provide in sharing her voice, just give her a shout-out and let her know how much it means for her to stand up for all of us and to talk about these issues and to stand for real health and wellness. And listen, we're just scratching the surface on what we're going to accomplish. We've got some incredible episodes coming your way very soon, so make sure to stay tuned. 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 themodelhealthshow.com. That's where you could find all of the show notes, you could find transcriptions, videos for each episode, and if you've 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.