

EPISODE 549

The New Leading Cause Of Death In America That No One Is Talking About

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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. On this episode, we're going to be addressing one of the most important and powerful topics of our time. We're going to be looking at the new leading cause of death here in the United States. We're going to be talking about the new leading cause of death in America, that almost no one is talking about. And to kick things off, according to a new report from the CDC, here in the United States, the deaths from overdoses have nearly doubled in 2021 versus just a few years ago. In 2015, for example, there were approximately 50,000 drug overdoses. In 2021, the number of deaths from overdoses hit a record of nearly 100,000 people, and by far, the drugs that have been ending the most lives are opioids and synthetic opioids.

Now, how bad is this problem in the context of what we're dealing with right now, a nationwide, worldwide pandemic? Well, a recent report published just this week has confirmed that Fentanyl, a synthetic opioid drug is now the leading cause of death for Americans between the ages of 18 and 45. This is now the number one cause of death for people who are in this category of prime of life years, between the ages of 18 and 45. This is now the number one cause of death. To put this in context, in 2020, and 2021 there were more deaths from Fentanyl than from heart disease, and COVID combined. In fact, there were thousands more deaths from Fentanyl than from COVID, and heart disease combined, thousands more, yet this is something that most people have not heard a single thing about. In fact, if you do a search, just a simple Google search for the number one cause of death in this age group, you're not going to see any major media outlets reporting on this topic. You might see some local news stations reporting this, but the vast majority of major news networks have not said anything about this. Our health officials are not talking about this, but it is indeed a fact.

Now, to get to the bottom of this, and why this is, and why we're not addressing this issue, the thing that is killing the majority of our citizens in our prime of life years right now, to get to the bottom of this we first have to understand how this all works. How do opioids work? Let's start there, because Fentanyl, again, is a synthetic opioid. So, let's break this down a bit. We have specific opioid receptors in our brain, our spinal cord, and throughout our nervous system, and opioids work by attaching themselves to our opioid receptors and altering our biochemistry, instantaneously. These opioids influence our endocrine system, our cardiovascular system, our respiratory system, and our nervous system in profound ways, ranging from blunting pain, and feeling in general, to psychoactive chemical-induced highs. Now, being that this profound impact extends to places like the lungs, and cardiovascular system, many people that die from opioid overdoses die because their breathing suddenly stops, die because they go into cardiac arrest.

So, we tend to have this very isolated thinking for all drugs that it's affecting just one thing, but in true understanding of the human body, and the true understanding of basics in science, it's going to be a systemic effect. Every drug, just like every molecule of food that we eat affects everything in our bodies, from the very top of our head to the very bottom of our feet. Everything is being impacted, but in the context of opioids, we tend to think that this is affecting the brain, but it is a systemic issue, and this is why most folks are not dying because of "an effect on the brain," the brain damage specifically, it's the lungs shutting down, or the heart shutting down, but those are being guided, and controlled by our brain as well. So, these are the real issues behind what's happening here. Also strokes. Many different issues can take place, so it's not just an opioid death like they just suddenly die, these are the underlying mechanisms. It's because of this powerful systemic connection that every cell in our bodies have, that seems to be overlooked in modern medicine today, period, so please understand, when you take any drug, it's not a side effect that you see listed, or you hear on the commercial, it is a direct effect because everything is being influenced.

We might be taking a drug for our cholesterol, but then have an increased incidence of cancer, or an increased incidence of diabetes develop, which is a fact, by the way. It's now well established. Multiple studies have been published looking at the connection between statin use and the increased incidence of developing diabetes. This is well established, about a 30% increase in developing diabetes from being on a statin. The function of our pancreas, the function of our liver, the function of our insulin, and glucagon, and all these other things, you would think that that's a separate thing from what this is targeting, which is blood fats, or cholesterol, but in reality, all of these things are being affected instantaneously.

So, I wanted to lay this out as the foundation here to understand like how are people actually passing away from opioid use, and how is this all connected? Because as we move forward, we're looking at opioids, so opioids are coming from the poppy, so these opium plants. You might have heard this on some of those movies or television shows that are looking at people being able to reduce pain, it's like, "Go and get the seed of the poppy," right? It's like going and getting this particular plant because it's known to help to reduce pain. But they're also well-noted to be highly addictive.

So, you got morphine being one of the off-shoots, we've got OxyContin being one of the offshoots and several others. But Fentanyl is a synthetic, a very powerful synthetic version of these opioids. Basically, scientists are matching the chemical structure of these opioids and creating something that is 50 to 100 times more potent than opioids that are already massively powerful and addictive, so 50 to 100 times more potent. So the amount of a pill, for example of OxyContin that can cause an overdose maybe 120th of that of Fentanyl can cause an overdose, right? It is incredible and scary. Fentanyl also has the same mechanics of action



in the body, it just does it way better. So, whether it's the pain reduction aspect, the loss of feeling aspect, the high and also the shutting down of your lungs and also the shutting down of your heart and your brain. So, if we're wondering how on earth could Fentanyl now be the number one cause of death for people between the ages of 18 and 45, this is starting to paint the picture on why this is. A report published by the American Psychological Association detailed the rise of substance abuse during this pandemic because also the timing matters.

Their data demonstrated that pandemic-related stress ranging from economic stress and loneliness to general anxiety about the virus are all major drivers of this increase of drug use that we've seen in the last two years. We already saw a steady incline, but things have jumped up in these conditions. So, again, I'm wanting to point our attention to how have we handled things in our culture in relationship to this virus that has infiltrated so much of our lives. Has our treatment for that issue caused an offshoot of many, many, many other issues and many, many deaths and deaths to come? The mandated isolation, the rampant fear, skyrocketing rates of mental health challenges, one of the ways that people deal with fear and anxiety is through drug use, it's an integrated part of our culture. Here, especially again in the United States, and we'll talk more about this, but overall drug overdose deaths as mentioned in 2020 hit the highest number ever recorded. It's not an accident. You understand? The highest number ever recorded. As advanced as we're supposed to be as a society, as many regulatory bodies that we have, something is not matching up here, and we're going to dig into more of why this is. Researchers at the University of Washington Alcohol and Drug Abuse Institute noticed an observable spike in substance use during this pandemic that includes an increase in both quantity and frequency of drug use.

They also noted that many people who use narcotics, whether it's prescription or illicit, started taking new drugs particularly if their usual substances became more difficult to access. Enter the rise of Fentanyl. Now, to reiterate, Fentanyl is now the leading cause of death for Americans between the age of 18 and 45, prime of life years. And the Fentanyl deaths for 2020 and 2021 are more than the deaths from heart disease and COVID combined, even add diabetes to the mix, deaths from diabetes, and it's just about the same, add all those three together is the number of deaths from Fentanyl alone. Now, the rise in drug abuse has gone up in the world, but it is by far the worst in the United States. A comprehensive study conducted by researchers at USC found that the United States has the highest drug overdose death rates compared to every other high-income country analyzed in the study, again, by far. The study published in the journal Population and Development Review found that drug overdose deaths in the United States are three-and-a-half times higher on average when compared to the 17 other high-income countries that they analyzed. The study is the first to demonstrate that the drug overdose epidemic is contributing to the widening gap in life expectancy between the United States and other high-income countries.



Our life expectancy here in the United States has reversed in recent years. It kept increasing over time, but now we are the first generation in recorded human history that is not going to outlive our predecessors, the generations before us. Something is wrong. This issue with substance abuse is contributing, and this isn't being talked about. It's not just about the nutrition, it's not just about the sleep, it's also about our culture of drugs, our culture of substance abuse, our culture of access to these things, because that's what separates the United States, is the access of these things.

Now, for example, drug overdose mortalities here in the United States is now more than 27 times higher than in Italy and Japan, for example. Again, drug overdose deaths in the United States is more than 27 times higher than Italy and Japan. Two other high-income countries that were analyzed. These are countries that have the lowest overdose death rates. And if you look at the countries that have the highest death rates after the United States, the United States still has twice as many overdose deaths than countries like Sweden and Finland. Now, this is a lot and it's pretty heavy, but I believe that we can change this. I believe that we can turn the ship around. But we have to get educated, we have to have these conversations. And unfortunately, they said this as one of those statements that's just kind of a part of our culture, that the revolution will not be televised, this is literally not getting broadcasted to our citizens through the major news networks where so many people are tuning in to get their "news" about what's going on in the world, alright?

So, we have to take this upon ourselves to get educated and to empower ourselves, and to employ things that truly work to create health and vitality. So, the question is, again, it's not just targeting the thing, not just targeting a symptom, but getting to the root cause, and so it's asking, how did we get to this place? Well, New York special narcotics prosecutor Bridget Brennan puts it succinctly. She states, "We didn't develop an opioid epidemic until there was a huge surplus of opioids, which started with pharmaceutical drugs distributed legally." Our United States Food and Drug Administration, the FDA, actually approved the drugs that have ignited this opioid epidemic.

As of today, about half a million Americans have died from overdoses in the last 20 years alone, primarily from these opioids, half a million people. Now, what isn't talked about in that number, which is astronomical, like we can't really understand 500,000 people dying from this door of approval being opened to get access to these opioids, but what isn't talked about is all of the other collateral damage that takes place. What isn't talked about are the millions of other people who are addicted, and their lives are destroyed right now, and they're just knocking on death's door. This isn't taking into consideration the relationships that are shattered, the families that are torn apart by this, the tens of millions of people who become collateral damage because of the access that has been granted to our citizens with bodies that often stand no chance at trying to fend off the impact that these drugs have on our bodies. What's

framed is that its people who have this tendency towards addiction. But I'm going to provide you with some resources today so that you can see that so often it's just everyday folks who had no intention on "getting high" on opioids or Fentanyl who became addicted, and not only that, had their lives destroyed and/or lost their lives, and it's not okay. And we're going to address this, and we're also going to talk about some solutions.

Now, how did drugs this destructive get approved by the FDA and spread so quickly in the first place? At the center of this crisis, when things got taken to an entirely new level, was thanks to a drug called OxyContin that was released by Purdue Pharmaceuticals in the mid-90s. And they were able to tap into a database or a population of not just customers, but physicians, and a whole network of physicians, to be able to prescribe these very powerful, very addictive opioids, because they intentionally aimed at physicians, and they utilized a single sentence on OxyContin's original product label. This sentence stated, "Delayed absorption as provided by Oxycontin tablets is believed to reduce the abuse liability of a drug." That was the statement, FDA approved statement, stamped, rubber-stamped by the FDA, that was allowed to be put on OxyContin's bottles, on OxyContin's marketing to physicians.

Now, what most people don't realize is that this phrase was crafted with the assistance of a high-ranking FDA employee who went on to receive a high-paying job at Purdue Pharmaceuticals shortly after this approval process. Just about a year later, Curtis Wright who was once overseeing the approval process of pain medications working as an employee at the FDA helped Purdue to falsely and fraudulently market OxyContin. And as mentioned, he eventually got nearly a half a million-dollar compensation package, about \$400,000 salary at Purdue Pharma. Now, this clear conflict of interest is perfectly legal. This in lies one of the issues for us to address, for us to no longer allow this to even be a thing. There's this revolving door of employees leaving from pharmaceutical companies and working at the FDA and FDA employees leaving and working at pharmaceutical companies, and all this insider information on how things work, being able to bypass things, loopholes, and the public is the victim because another little not so fun fact, the EJS Center for Ethics at Harvard University detailed how about 200,000 people here in the United States every year die from pharmaceutical drugs, from legal, from approved, from FDA-approved pharmaceutical drugs.

200,000. So, every five years, it's a million of our citizens. Something is wrong. This is not to mention the approximately three million hospitalizations from FDA-approved pharmaceutical drugs. This approval process has taken a very interesting and deadly turn in recent history where pharmaceutical companies were allowed to... Some changing happened, this is the first step, changes in litigation, changes in policy, changes through our government allowing pharmaceutical companies to begin funding the FDA. Pharmaceutical companies make up about 75% of the FDA's scientific review budget, they're funding that to the tune of billions of dollars every year coming from pharmaceutical companies going to the entity that's supposed

to be regulating said pharmaceutical companies. Around half their overall budget of the FDA is paid for by pharmaceutical companies. It's not okay. The door is wide open for corruption, and again, we don't have to just imagineer it, look at the results of what's happened. Because since this time, we've seen approval of some of the most deadly drugs in our recent history. Not only that, the approval rate of drugs has gone up dramatically as well.

Now, the thing is everything has its place. Pharmaceutical drugs have their place; pain medications have their place. Absolutely, I know this intimately. And the situation is that we've become so drug-focused that we're missing out on removing the cause of the issues in the first place so that the drugs are not needed but this would take away from the bottom line of these multi-multi-billion-dollar entities, these multi-multi-billion-dollar drug companies, and branches of government making money from these drug companies that are making money from the sickness of our citizens. The whole system is built on the farming of sick people, the extraction of resources from sick people. What happens when there are less sick people? It's cutting away money. What happens if we become a nation of healthy individuals? These entities cease to exist. They rely on disease and sickness to be in business. Something's wrong. Now, going back to Purdue Pharmaceuticals' marketing campaign really kicking off this opioid epidemic, Purdue's marketing campaign relied on that one sentence which claimed that OxyContin was believed to be less... And even the words that they're using here. They put "believed" on the label. That's not science. Science is not beliefs; science is facts.

That's what science is. You don't put beliefs on the label and you're a scientist, you're a physician. Not appropriate. And I digress, they put this framing which claimed that OxyContin was believed to be less likely to be abused than other prescription opioids according to depositions from various sales reps and physicians that were pitched the drug. But this claim was not backed by clinical studies, that's the craziest part. You know we're about peer-reviewed evidence here, evidence-based but not just superficial, I'm trying to grab evidence that just affirms what I think. What I do is look at the spectrum of evidence and then look at, what does the majority of the evidence say? Because there's going to be things that contradict all over the place. That's what life is, contradictions, but if we can just look at what does the majority of information say and then take our guidance from that. Not to say that that's even right all the time but just let's lean into that. But if we have no clinical data and we just say something's true, we can't do that. Especially in science, especially in domains of medicine that are supposed to be evidence-based to be legal.

In 1995, Dr. Curtis Wright at the FDA recommended the approval of Purdue Pharma's OxyContin for... And this was a huge change because, prior to, opioids were only for severe pain, for severe issues, post-surgery, cancer treatment, those kinds of domains but he helped the approval for Purdue's Pharmaceutical, their new opioid, OxyContin, for "moderate to

severe pain." Now, it's being utilized for things ranging from backaches, headaches, and the like. Now again, relief, yes, we all deserve that but when it's coming along with relief plus, we're dramatically increasing your risk of addiction and death, that's a problem. First tenet: Do no harm. That's the first tenet in our modern medicine, supposed to be, but often it doesn't turn out like that. Purdue helped to fund a network. This is how everything really expanded to the place that we have opioids being the number one cause of death in the United States of people between the ages of 18 and 45. Purdue helped to fund a network of front groups like Partners Against Pain to look like patient advocacy groups.

So, it's not just them marketing their drug, they have these front groups doing it for them and also getting out into the communities and going on and on and framing things on how wonderful these drugs are, how non-addictive these drugs are. Not from the pharmaceutical company's mouth but from these agencies like Partners Against Pain, PAP. Alright. Now, all the while, these advocacy groups are directing patients to more opioids at the end of the day. It was a war on pain. They created, they manufactured a war on pain, and one of the things that came from this, it wasn't just the fact of being a war on pain but when the opioids started to show signs of not being as effective against pain as they said, this 12-hour slow-release, that's what was claimed, what happened was people started to say, "You know what, it's not actually working. I'm needing to take more. This is venturing into addiction. If I'm doing that, is that okay?" And they created a new term. So, when the opioid doesn't work like it's advertised to do, to give you this relief for 12 hours and it works for five hours, they made up the term breakthrough pain. You're experiencing breakthrough pain and the solution here, you got to up your dose. That's it.

"Breakthrough pain? I don't want breakthrough pain." "My patient's having breakthrough pain, alright? This isn't just regular pain, it broke through. We suppressed the pain, but it broke through. We got to throw something else at it." They literally just made that sh*t up, just made it up. Instead of treating the symptom, let's go ahead and target... We'll create a new category. We'll create a new category so that that drug stays relevant. We're not going to pull the drug back and say, hey, you know what? It doesn't work like we said. Just create a new category, a new issue so that that drug stays relevant. Now, in addition to that, what do you think is going to happen? Addiction is going to go up. People are going to start dying but instead of addressing the addiction issues, they start... People started breaking into pharmacies. These pill mills began to pop up at various places throughout the country where if you just come in, quick consult with the doctor, you probably don't even have to see the doctor, just get a sign off and they're just running pills out of these spots all over the place.

What began to happen, and as this was getting out, some people at the DEA are getting word of this, some prosecutors, they're trying to go after and look at like Purdue something. "Guys, what you're saying was supposed to happen is not happening." And so, what they did was they



had another brilliant idea because this is not addiction, they said, it's pseudoaddiction. Now again, I can't make this up, and I'm going to give you resources so that you can see this stuff for yourself in a very understandable way, but the term pseudoaddiction was generated. Now, this is from the Attorney General's Office of the United States, and they actually did a press release on this very topic and it's looking at OxyContin creator, Purdue Pharma, and their role in fueling the opioid epidemic and they detail this essentially made up thing of pseudoaddiction where they're literally like, "Your patient isn't addicted. They're not showing signs of addiction, they're showing signs that their pain medication is not strong enough. You just need to up the dose, that's what it was, and then the addiction will go away. You just need to give them more." That's the logic that we're dealing with. This was allowed.

So, this is what's opening the door to the reality we're living in right now: People making money by manipulating and farming sick people, people who are hurt, people who are seeking relief, people who are trusting in their health authorities to look out for them being taken advantage of and in many instances, being killed. Now, the truth is one pharmaceutical company cannot make this much devastation by themselves. They are simply not smart enough to do that, nobody is. You're going to need the collective efforts of other very powerful entities, namely, the United States government has to be involved here. And what happened was a shift in policy and the government lobbying and influence that allowed this shift in policy. The door was really kicked open by Johnson & Johnson. Critical to the globe-spanning effort were years of company lobbying to help persuade the United States government to loosen a key rule on narcotic imports. Johnson & Johnson was just a few months ago ordered to pay part of a \$26 billion lawsuit for their contribution to this opioid epidemic that, again, has killed about half a million American citizens.

Is that even enough? Is their portion, maybe \$5 billion they're contributing, is that enough for all the lives lost, for all the families destroyed, for all the lives to come that are going to be lost? Because this sh*t is still happening and Johnson & Johnson with this bubbly, "Get the baby lotion, the bubbles." No, man. This is not what these organizations are about. Now, we have to still retain a hope and possibility that these companies will act in integrity at least in some things but right now, they're being praised for being a contributor to a solution for what appears to be on the surface the biggest issue of our lives in the form of this novel virus. But as mentioned, what's really killing people in their prime of life, our most valuable resource, if we're just looking at economically, 18 to 45, the number one cause of death is drugs, Fentanyl specifically. And by the way, even in those numbers, if we're looking at the numbers, that's just Fentanyl. We're not even talking about all the other drug overdoses that are in that top five. Top five, dead, or alive, it's a whole different meaning. It's not okay. COVID is down the list.

Matter of fact, again, you combine COVID and heart disease, the number one cause of death most of the time still doesn't reach the number of people that have died from Fentanyl. So,



Johnson & Johnson is the world's leading producer, the number one producer of this genetically modified poppy, they call it "super poppy" that's used to make opiate-related narcotics. They're the number one producer of the plant that's used to make these addictive and deadly narcotics. They're able to distribute and be a source of resource for other pharmaceutical companies. They're the ones given that whole uncut and then these other drug companies are coming through snatching up doing their distribution, but Johnson & Johnson helped to reduce the restrictions on narcotics entering the United States. We think about this in terms of illegal drugs but man, the legal game, that's the real racket. That's the real. The people who are the most powerful are the legal drug dealers. They're doing the same thing. Unethical manipulation of the system and the system itself, if we're talking about our government regulation, it's corrupt as well. It has to be to allow these things to happen.

So now at this point, according to the CDC, there are enough prescription pain killers that have been imported and manufactured that are nowhere in the United States being prescribed annually, prescribed annually to "Medicate every American adult around the clock for a month". That's how much is in the game right now, legal, not to mention the illegal and it's just like, is that necessary? Many of the resulting pills that are leftover from this process end up being used for illicit purposes. They're getting distributed, they're getting utilized in illegal ways. There's an over-abundance of opioids just out on the streets. But the door had to be opened and Johnson & Johnson came through, knocked that door down. I don't want to break my desk in half but they just came through and kicked it down for everybody. Between 1994 and 2015, the amount of oxycodone that the DEA allowed to be manufactured grew 36 times over. The primary place again, we're talking about the root not the synthetic, we're not talking about synthetic Fentanyl yet, but the root of these different opioid drugs, specifically OxyContin in this instance, if we're looking at where they're coming from, well, huge bulk of that was coming from poppy growers in Tasmania. Tasmania.

Just a little spot. When I think of Tasmania, I think of Looney Tunes, the Tasmanian Devil. But listen, his erratic behavior maybe is on those poppies, alright, but this has actually been a newer cultivation where it's become so dominant because it's roughly 500 on this small area, 500 poppy growers producing enriched or these manipulated, genetically manipulated, poppy plants and these growers were, again, manipulated by drug companies for the "top crop" and the farmers that had the highest percentage of opiates that are naturally occurring from their opiates that they're growing per acre, they were awarded Jaguars. Not like the cat but the car. Jaguars, Mercedes-Benz's, BMWs, and other luxury vehicles, luxury vacations. And so, people on the other side of the world often have no idea the impact that what they're growing is leading to so many deaths in other parts of the world. And again, it's just a manipulation by pharmaceutical companies to get folks to create all of this product so that it can be distributed to our citizens. Now, again, this is the genetically modified "super poppy" that we're talking



about, the poppy where morphine and where heroin and where other opiates, OxyContin, is coming from.

We give these different names but it's all coming from the same place. Whereas what we have today is Fentanyl. So, Fentanyl is this synthetic version. Again, just scientists matching up the chemical construct but it's not the same. It attacks and targets the same opiate receptors in the body but as mentioned, it's about 50 to 100 times more effective and so much more deadly. Most of the Fentanyl in the United States is actually coming from China. Now, this is never about a people, it's about a process because we have world citizens right now, worldwide brothers and sisters who are not about that life, who are not about pushing nefarious substances into other countries. What we're talking about, where this is actually coming from as a location. So, China isn't where Fentanyl actually originated, by the way, but because of the lack of regulations in the pharmaceutical industry there, the country is a large distributor of drugs and chemicals that are illegal in other countries and China is actually exporting many different types of Fentanyl products including raw Fentanyl, Fentanyl analogues and even counterfeit prescription drugs like oxycodone that are then laced with Fentanyl.

A lot of the deaths that are taking place are people that don't even know that they're taking Fentanyl but it's being laced into other narcotics. While some Fentanyl, quite a bit of Fentanyl comes directly from China, many of the other shipments that's coming into the United States are leaving from China and then coming in through Canada or coming in through Mexico. So, we think about, again, it's coming through Mexico but the origin is often coming from China. Now, this is how Fentanyl is entering the United States in addition to what's being manufactured legally but there's such a spectrum. And now, being that this is the number one cause of death in the United States for folks between the age of 18 and 45, my hope, this is why we're doing this because, in truth, I've seen it time and time again. I've seen major educational institutes, people who are powerful influencers listen to this show and make dramatic change in their sphere of influence whether it's at their university, whether it's through their books, whether it's educating their students and their teams. This type of information right now in this platform can spread like wildfire. This information, I know it right now as I'm recording this, is going to help to make a shift in this.

It's going to help to make it so that we say, "Enough is enough. This is not allowable. We cannot allow this illegal drug to be the number one killer of people who are in their prime of life here in the United States." It shouldn't even be a thing and so this is why I'm so passionate about this because I know that we can be so much better than this but we got to understand what's happening behind the scenes. How is all this integrated and working together? And I want to look at another dynamic of this situation because today, COVID-19 is top of mind. For many people, it's all that exists. It's the only thing to fear in the world. That's all we've been inundated with is COVID-19. But I want to talk about how our rampant drug use is feeding into COVID-19 based on the peer-reviewed evidence that we now have because a major risk factor for severe effects from COVID-19 that you're probably not hearing much about, I've been talking about here but you're definitely not hearing out there on the major news networks and our so-called health officials, but a major risk factor for severe effects and death from COVID-19 is something called polypharmacy. Polypharmacy is the simultaneous use of multiple drugs by a single patient for one or more conditions. Oftentimes when you get that one prescription, it's not just going to be one. You're going to end up on more stuff. You're opening the door.

As a matter of fact, here in the United States, approximately 70% of our citizens are using prescription drugs right now, a significant majority of our citizens, and to give context, this is why this matters with COVID-19, because here in the United States, we have the highest rate of drug use, and also the impact that COVID has had here is just outrageous when you compare it to other wealthy nations. It's just unbelievable, the impact, and this is another big issue. Now, it's not just the drugs, because the drugs are used to treat symptoms, they're not used to fix why we're sick, they're used to treat symptoms. So, it's important to keep in mind that we're also the sickest nation in the world, but it's not even... That's too good of a statement, we're the sickest nation in recorded human history from chronic diseases, largely preventable lifestyle-related diseases; heart disease, diabetes, obesity, the list goes on and on. We have risen to the top, and I believe that we can be the solution because things have gotten so bad here. We can understand... We can get a great contrast as to what doesn't work and turn that around, but we have to acknowledge that it's not working. How we've been treating things thus far is not working. We've got to do something better.

This is one of those things that people talk about Einstein but doing something over and over again expecting a different result is the definition of insanity. And so, when you see that Americans have 100 million citizens who are overweight or obese, and that goes to 150 million, that goes to 200 million, that goes to 225 million, that goes to where we're at right now, we're almost at 250 million of United States citizens being overweight or obese. We've seen the progression. Something isn't working, but we're doing the same things and we're not addressing the root cause. 60% of our citizens have some degree of heart disease already. All of these issues impact me deeply because these are the conditions in which I was raised, where the majority of my family members are obese, where my brothers and sisters and I have autoimmune conditions; chronic asthma and allergies, and my sister has eczema, and my grandfather, multiple open-heart surgeries and died at a fairly young age, way, way before his time. I can go on and on and on, and I can also go on about the drug abuse and the deaths from overdose that I've seen in my family as well.

So, these things affect me deeply. So, I'm so passionate about it, because I know that this doesn't have to be the way, but this is the current paradigm we're dealing with, so this is why I work to repeat these things to ingrain them in your mind so that you know how serious this

issue is. But we always point to the light, we always point to what we can do about it, because we don't want to just be a human filing cabinet with this data without solutions and without speaking them and doing something about them. So, 250 million of our citizens are overweight obese. That is leaning us right into rampant rates of... Because that obesity is going to increase our rates of infectious diseases, is going to increase our rates of heart disease and heart attacks and strokes, Alzheimer's, cancer, diabetes, liver disease, the list goes on and on and on and on. We've got to address our health as a community.

So, with this polypharmacy phenomenon, so many drugs are being used, multiple drugs, because we are trying to treat the symptoms of our rampant rates of chronic diseases. A study published in BMC medicine investigated the relationship between severe COVID infections and being on pharmaceutical drugs prior to contracting the infection. After analyzing the data of thousands of patients, the researchers uncovered that "Severe COVID-19 was strongly associated with the number of drug classes dispensed." Outside of cardiovascular drugs, the researchers found that the more classes of drugs people were taking, the greater their risk of severe infections and death. I love this study because they also addressed and took a look at what are the most pervasive culprits here as far as the drugs people are taking leading to worse health outcomes from COVID, and they actually identified those. One of them, I'll share the three big ones with you, one of them... Again, people taking these, increasing their risk of severe infections and death from COVID, one of them was antipsychotic drugs, drugs that are influencing our hormones, our neurotransmitters, and neuropeptides that literally control our cellular communication, how our body, how our cells are talking to each other, the drugs that are targeting that.

Neuroscientist, Dr. Candice Pert, I've learned a lot from over the years, she's the person who actually discovered the opiate receptor. She discovered the opiate receptor. Dr. Candice Pert stated that "Viruses use the same receptors as neuropeptides to enter into a cell and depending on how much of the natural peptide for a particular receptor is around and available to bind, the virus that fits that receptor will have an easier or harder time getting into the cell." Now, this is key, she states that "Because the molecules of emotion are involved in the process of a virus entering the cell, it's logical to assume that the state of our emotions will affect whether or not we succumb to viral infections." Can our emotional state lead to worse health outcomes, lead to infections from viruses, guess what? The CDC published a report in July of 2021, looking at the data from over 540,000 COVID-19 patients, they found that the second leading risk factor for death from COVID-19 was anxiety and fear-related disorders. I can't make this stuff up. I wouldn't want to make this stuff up, but I could see this coming from a mile away.

We know a ton about psychoneuroimmunology at this point and how our psychology affects our immune system, but it's as if that suddenly doesn't exist anymore, and instead of empowering people, they've been crippled with fear, their immune systems have been devastated, our news outlets, our so-called health officials have been complicit in so many people's poor outcome, severe infections, and death, because they're scaring people to death. They're absolutely demolishing their immune system function. They're tied together, of course, just the idea of this COVID infection is going to elicit fear. So, it's already predetermined, I got this thing, this is the worst thing that's ever been broadcasted, I've ever experienced in my lifetime prior to even having an association with the thing or getting this infection.

So, you already have this nocebo effect taking place, which is going to affect you, not to say that it's not a virulent issue or was a virulent issue. But at this point, for us to ignore the fact that our psychology is going to dramatically have an impact on how any type of influence, anything we're exposed to, how our bodies are going to respond, it is absolutely idiotic to not acknowledge that. It might be the most important thing because our brain, our mind, our psychology, is determining what every single thing is doing in our body, everything that's happening. Our brain immediately, whatever our mind is constructing, when you have a thought, you're creating correlating chemistry in your body, instantaneously all day, every day. Now, whether or not the chemical cascade that you're creating, the immune cascade you're creating is affirmative and protective, or deranged and abnormal, we have so much power to influence that. And I want to remind you of that. Now we don't have to be perfect, it's not like we're not going to have fearful thoughts or whatever, but it's where do you live? Where is your baseline of empowerment and of self-knowledge and trust in your amazing body, where do you live?

Do you live there, or do you live where the media tells you to live? In fear and chronic and habitual fear and terror, and a lack of empowerment, a victim. Are you living in a state of victimhood or a state of empowerment? It matters, it matters. So, Dr. Candice Pert, the person who discovered the opiate receptor, she's had so much research that she's shared and valuable resources looking at not how to manipulate the opioid receptor through drugs but just understanding how human biochemistry works and how are we activating and relating to these things. But more so looking at how we can influence our opiate receptor, even having joy and euphoria, just be within your body, not needing an external stimulus or substance.

So, number one here in their assessment with polypharmacy was psychoactive or antipsychotic drugs specifically, anti-psychotic drugs is number one here. The second one was proton pump inhibitors, has to do with the gastrointestinal tract. They stated in the paper, "A SARS-CoV-2 is at least partly an enteric infection," meaning that it's related to the gastrointestinal tract, but you don't hear that very often, "and the ACE2 receptor is expressed in the intestine," this is how COVID is well-noted to get up taken into the cell, "and as the ACE2 receptor is expressed in the intestine, it is plausible that proton pump inhibitors and other drugs acting on the gastrointestinal tract could increase susceptibility to severe COVID-19." We knew this already, we knew that the gut had a lot to do with this, and gut health is a primary point of emphasis for immune health and for the protection against chronic and infectious diseases, but what did we do about this? What did all these so-called experts who were writing books on gastrointestinal health, on gut health, what did they do about this?

Were they out talking about how important it is to get your gut healthy to defend yourself from COVID? No, they retreated, they retracted. They either said nothing or fit right into the narrative, "We just need another drug that's going to solve this problem. Pharmaceutical companies, you guys have been great! Can you make another drug for us?" That's what they did, these fair-weather health experts. So how does this play out? A recent paper published in the journal Gut, the journal, looking at this issue, the paper was titled, "Gut microbiota composition reflects disease severity and dysfunctional immune responses in patients with COVID-19." It's the name of the paper, people asking the question. The researchers uncovered that hospitalized COVID-19 patients consistently had lower levels of immunomodulatory bacteria coinciding with higher levels of inflammation. Inflammation is a major aspect of severe outcomes, so finding that patients who had lower levels of these immunomodulatory gut bacteria had higher rates of severe infections. Now, the only thing not identified was whether or not COVID was causing the reduction in immunomodulatory bacteria or were they already pre-in that state, and then the COVID infection is contracted.

And I would tell you that it is... Being in the state where we are... Because this is... The majority of people in the United States, in our culture right now, has reduced levels of immunomodulatory bacteria that is associating directly with our immune system. It's modulating and determining what our immune system does right off the bat. And again, as they noted, SARS-CoV-2 is at least partly an enteric infection. So that was number two. Number three, class of drugs in this polypharmacy leading to poor outcomes, number three, opioids. A report cited by the NIH stated that hospital patients who received a diagnosis of opioid use disorder within the last year were over 10 times more likely to contract a COVID-19 infection than patients who didn't have a diagnosed opioid disorder. And according to a study published in Molecular Psychiatry, those with substance use disorders, in general, are both more likely to develop COVID-19 and experience worse COVID-19 outcomes, including higher risk of hospitalization and mortality.

So, I hope that this is helping you to paint a comprehensive picture about our current state of affairs, how we got into this situation, and what are some of the underlying mechanisms and pieces to help make sense of all this. And, again, most importantly, we have to address what we can actually do about this in the face of a very challenging time. Because it takes a concerted effort to create a culture where it's even possible to have a synthetic opioid be the leading cause of death for people who are considered to be in the prime of their lives. And a

big part of that are the establishments that people are looking to right now with complete trust that they're really looking out for their best interest in the face of this pandemic when it's simply not the case. And we did a master class looking at and deconstructing the relationship between the FDA and pharmaceutical companies, and we'll put that for you in the show notes.

You definitely need to check out that episode, because we're going step by step, piece by piece, looking at all of the tentacles that are connecting the two. And again, if we don't become aware of these things, they'll just continue to exist as is. The only way we can change is to acknowledge that the problem exists and to take steps in the right direction. And with this being the case, right now we have to look at how our medical system is constructed. Because in the mid-90s when this was offered as a solution to pain, we already had a drug-first culture, we already had a culture where chronic disease and obesity was on the rise because of our lifestyle. The Journal of the American Medical Association has affirmed that poor diet is the leading cause of death in the United States from chronic conditions. And The Lancet published a report recently looking at over 100 countries and affirmed that about 11 million people die every year from poor diet, from diet-related diseases, 11 million people in the world, we're talking about in the world, alright.

But the United States again, we're the king of it, we're leading the chart in the wrong direction, and so if we can get these baseline pieces together because instead of us putting our faith in entities with a proven track record of causing harm, of manipulating our citizens if you don't come into it already being massively skeptical of their honesty, you're really missing the point, we got to come from the perspective right off the bat, that they're probably not telling the truth and open the door, keep it open for them to prove you wrong. But we're doing the opposite, we trust them, but we didn't. Just prior to COVID showing up in our lives, people would, in conversation, they're out here to say, "I don't trust the news, you telling me the news? Who trusts these guys?" And now they're glued to their television. Pharmaceutical companies, the "government." There was a strong, healthy apprehension that these folks are looking out for our best interest because of history, looking at how things have unfolded. We don't have to look far to see the results of what's taking place in our country with growing rates right now, poverty, unemployment, poor health, death from completely preventable conditions are rampant with simultaneously the rise of people profiting from our deaths.

It is a real thing. So, we have a drug-first culture right now, where if we have a condition, for example, we'll just say that we have pre-diabetes. Right, we have this condition to where our pancreas might be involved here, we've got the alpha cells making glucagon, we've got the beta cells cranking out insulin, we've got the fat cells and muscle cells and their relative insulin sensitivity, and our liver involved, there's so many different intricate things happening here. But our diet, what we're bringing into our body is going to determine the response of all these

organs involved in the development of diabetes. It is the first tenet, is what we're putting in our bodies. Also, other tenets are, our sleep quality is going to have a dramatic impact on our insulin sensitivity, on our pancreas function, on our liver function. Stress, you can stress yourself right into dysfunctional blood sugar.

It's absolutely the case, and we've talked about this multiple times, but the first principle is something very tangible, we don't really accept stress readily because it's invisible, we accept food because it's something like we literally chew on, right? So, if we don't get the food right and understand the outcome, this is where the real work comes in because if the food is causing it, yet we have this drug-first approach, we're never going to get to where we want to be. So again, we have to understand this, let that sink into our mental sphere that currently we exist in a drug-first culture, we have a health issue, our healthcare practitioners are inundated with the standard of care and beliefs. Unfortunately, these are very, very smart people, but they have this position that you are deficient in this drug, your heart disease is a sign that you are deficient in Lisinopril or a statin, your diabetes is signifying that you're deficient in Metformin.

You're deficient in insulin. That is what is missing. That's the treatment because we're drugfirst instead of, Let's actually remove the cause. And I'm standing here today refuting the healthcare practitioners who say that they've been telling people they need to lose weight, they just don't listen. That's bullsh*t. You need to get better at your job. Very simple. First of all, are you even trained in the things that really matter? Are you trained in what real nutrition looks like, personalized nutrition for that person in front of you? Are you trained in positive psychology, in helping that person? Because the person doesn't want to be sick, they're not just tired and lazy. Stop labeling them like that. We are human beings. There is a way, but you exist in a system that doesn't even allow you to take the time necessary to find out what's really going on in that person's life. How is the stress contributing to their heart disease and their diabetes? What stresses are they facing? What are they eating? What are their sleep habits? We're not looking at none of that sh*t. You're deficient in this drug, here you go. You know what, you really should lose weight, watch what you're eating. Sometimes they're sent to a nutritionist, who doesn't know sh*t about nutrition.

I know this because I went through the cycle myself. I went to a conventional, expensive, unnecessarily expensive university, private university, and I was taught the wrong things about nutrition. Things that have led us to the place that we are today. Have your patients you work with really watch that fat, lower the fat, eat all these healthy whole grains, right? Really get their blood sugar going bonkers. But we're not paying attention to their blood sugar, you kidding me? We're just looking at, oh does the person want to lose weight, they already have heart disease, whatever the case might be. Superficial things. Oftentimes, tenets of nutrition



that have never existed before in human history. We're telling people to do things that humans have never done.

We evolved eating a certain way, eating real whole foods, not the stuff that fit into this paradigm of healthy whole grains. For me, that's coming in the form of this high fiber oatmeal square cereal. Processed gar-bage. Gar-bage, I close like doorknobs. Heartthrob never, Black and ugly as ever. Shout out to BIG Just felt that his spirit in me. But listen, we are so much more powerful than this, but we got to understand that we exist in a drug-first culture. If we're not removing the underlying cause of these conditions, they're just going to continue to supersede everything else, and we're going to treat people right into a grave with drugs. Drugs have their place, but they should not, on any circumstance, be the first tenet. We should not have a drug-first culture. It's feeding the pockets of pharmaceutical companies, and our physicians oftentimes have no idea that's what's going on, because they just want to help the patient. But if you say that people won't listen to you to lose weight, if you can't do it, get out of the field. If you're not good at your job and all you're good at is doling out drugs and doing surgery, you have your place, stay in a surgical room, don't even act like you can help this person to remove that condition. Just, let's just stop.

Number one tenet, first, do no harm. It's doing harm if you're not properly educating the person and helping them. That requires time, but we have a system that has been constructed where there are massive time constraints, where you might have an average of five to even maybe seven minutes with a patient. That is nowhere near enough time to actually evaluate, to listen. You want to know the number one way to help somebody to lose weight and to change their health status? Do you want to know the number one way? Listen to them. That's the number one way. And this isn't just my anecdotal evidence. I've seen it first-hand, absolutely. This is what's seen in the peer-reviewed evidence. We're not listening to people. We're acting like we are the governing force in their lives. It's a paternal thing in our system. Not a coach. Doctor means teacher. We've lost that. The people have the power. They have the power to change. They just need support, education, trust, love, listening. Look at our society, we're not even listening to each other in general. Look at it. This is how we're in this place.

We've got to do better, and we have to acknowledge the first step here in our solutions is acknowledging the ineffectiveness of our drug-first culture. That is, open the door for drugs to be the number one cause of death. Alright? So, this is how we got to this place. We have to demand; we have to have true patient advocacy by being an advocate of yourself. We're not going into any medical paradigm without being educated on our own bodies. Alright? And also retaining that parental power yourself, so that you can now look to people as a guiding light, as a coach, as a support, and not somebody who's dictating what you do with your health. Empowerment is the order of the day. So that's number one, acknowledge we have a drugfirst culture, and you change it by you not participating in it to the greatest of your ability. Not to vilify drugs in all expressions, because they have their place, for sure. Can be lifesaving. But for the issues we're dealing with, our chronic diet-related, lifestyle-related chronic conditions that are really the big killers in our society, the mental health issues that are really the big killers in our society, drug-first is not the order of the day. Empowerment is.

Now, the other aspect here that we have to strive to change is the fact that drugs can even be marketed here in the United States to you on television, in magazines. You can hardly turn the television station and not find one of these networks playing a drug ad. They're going 24/7 on various channels, especially on network news stations who have been provided billions of dollars in funding from pharmaceutical companies. Again, we started this episode off by me stating a fact that, as of this recording, if you search the number one cause of death for folks in that age range as mentioned, you're not going to see it talked about on CNN, on MSNBC. Those news sites are not covering this. There was a report from Fox, but it's here today, gone today.

It was mostly some local news channels were talking about this. There was even one from one of these facts checking sites, trying to fact check it, and they said, you know what? It's right. Snopes or Snoops or whatever. You already know about the efficacy of these entities, by the way. They're going to do their best to frame things to the advantage of pharmaceutical companies and government agencies, whatever the case might be. But in this instance, the data's so clear at this point that Fentanyl is the number one cause of death for people in that age range, they're just like, you know what, it's right. They did have one little caveat as I was reading, they were like, well, there's a perspective number here in this one instance, and it's probably going to bear out to be this exact number, but just letting you know that's the one place we're going to identify, but, overall, this was rated true. Hit the true stamp.

Alright, so here in the United States, one of two countries that allow marketing to customers directly from pharmaceutical companies through our television. The other country being New Zealand. And New Zealand, now here's the rub here, New Zealand has a much higher level of ethics as far as what pharmaceutical companies can market towards citizens. They have a much stronger watchdog, in that connotation, in that context for what the citizens are getting exposed to. Here in the United States, this is why it's so rampant here. There's loophole after loophole, there's ways around. They can play a drug commercial and not even really tell you what the sh*t is supposed to do. Right? See your doctor. Put up all this magical imagery, where they're out on a boat, or they're in the wheat field, or they're walking through a garden, they're gardening again, and you see this, "I want to garden. I want to get on a boat." Right, you're just like, "Oh, it looks so beautiful." Right? "I've never walked through a wheat field. That looks amazing. I wonder if there's a scarecrow."



But anyway, so we're having this magical imagery, and all the while they can play this very unsuspecting delicate music in the background while they rattle off the side effects to distract you, to detract away, because here, Ask your doctor. Ask your dealer for this new drug. That is not appropriate. You're not supposed to ask them. That's not how it's supposed to work.

And the way that our system is constructed because it's supposed to be based on individuality and a proper assessment by a health practitioner, a collaborative effort, but now you come in, "Hey, doc, you got that new OxyContin? I really heard it's great for pain." It's just not appropriate. So, the drug marketing, part of the solution to eliminate and to make this a bad spot, a stain in human history at this time when we allowed a synthetic opioid to be the leading cause of death for people in their prime of life. And, by the way, when I say prime of life, that's just according to superficial standards. Because that prime of life, real talk, could be when you're 60, when you're 75, alright? Let's not negate that, no disrespect, just talking about from that context. Prime of life can be when you're ten as well, by the way. So, my youngest son is actually 10 years old, and he's definitely vibing with prime of life right now. But, in that bracket, just so you know that I'm talking about that, 18 to 45. So, this is where we also see, and I say that too because that's where we see the greatest economic output is from that age bracket as well.

So, we have to take a stand. We have to ask when people want your vote for public office, what are you going to do about pharmaceutical companies marketing on television? What are you going to do about pharmaceutical companies marketing and advertising to my kids? Because they're seeing this stuff if they're watching their show. There is hardly any standards at this point to where they can reach their hands into. So even myself, I might have been watching ALF when I was a kid. Monday, 7:00 PM, I'm tuning in to watch ALF, right? I didn't sign up to see a statin commercial, which was not happening when I was a kid, by the way, but now kids watching primetime TV, they're seeing drug ads, they're getting conditioned already to accept that as normal. So, we have to ask, we have to inquire, but it's further than that, because chances are that same politician, if they're already in office, they've already gotten a check from a pharmaceutical company.

We have to separate these. Pharmaceutical companies should not be funding our government officials in any way, shape, or fashion. It is wildly inappropriate. Because these folks, their drugs, they might, again, be lifesaving in some small context, but overall they're leading to a lot of hospitalizations and a lot of death of our citizens. If the role of government is to truly protect citizens, then they should not be having this relationship where they're getting paid by the very entity that is causing harm. Now, another thing as well, first thing we could do first step with not being exposed to these advertisements and for our kids, turn that sh*t off, turn off the news, don't watch it. Even network TV, you can pull that up, if there's a show you like,

whatever, it's probably getting put on to some kind of streaming platform where you could watch it on Hulu or whatever, you know. You don't want to sit there through this stuff. Enough is enough, getting these advertisements.

So, they start losing dollars as they are losing viewership. But also, in addition to that, with legislation to make it so that these things are not appropriate. Now, many people believe that things are so far gone that that's not going to happen, even though the United States is essentially the only country in the world that allows this at this magnitude. One other country allows it, period. What the hell? It's not an accident. This is a one-to-one connection, that we allow drug advertisements on our television, and us being the number one country taking drugs and dying from drugs. How much more obvious can we get? This is the bottom line of this scenario, it's not okay. So, demand change, turn off the news, tune into some positive empowerment. And, of course, it doesn't mean you can't watch your favorite show, it's just like take yourself out of the system where you're getting exposed to these drug commercials. If anything, they're going to try to follow you and get on to these streaming platforms, of course, but this is where the legislation comes in and where we are like, You know what, hey, if you want my vote, you can't take a check from Pfizer, you can't take a check from Johnson & Johnson.

They're out here literally killing my heart. By the way, if you're like, Oh, Pfizer too? Yeah, Pfizer was ordered to pay the largest healthcare fraud settlement in the history of the Department of Justice. And family-friendly Pfizer was caught using experimental drugs on Nigerian children, illegally experimenting with new drugs on Nigerian children. They were caught. These are the things they've been caught doing, family-friendly Pfizer. It's F and then you got the PH. PH. F*ck them, with a PH, respectfully. So, with this being said, understanding, Hey, if you want my vote, we got to get out of bed with these pharmaceutical companies, it's just inappropriate, it's wildly inappropriate, and we're not going to tolerate it anymore. Now, moving on from that, we have to look at how do we get into this state in the first place with drug abuse. And it's said so succinctly by an addiction researcher at Stanford University, Keith Humphreys, stating one of the most obvious yet overlooked solutions is addressing the root cause, and "You try to keep people from becoming addicted."

Help create an environment where people don't become addicted in the first place. We have to create, intentionally create healthy environments for our families, create a culture of health. I just did an episode really dictating and breaking down five specific ways to create a culture of health and wellness starting this year, and we'll put that for you in the show notes. But that's what it's really about, creating the conditions where drug abuse is on the periphery, it's not something that is so close access, because it is a minor miracle to make your way out of it. I know this because this is where I come from. I come from a culture where these things were things that I saw with my child eyes on a regular basis. But even within that context, the foods that we're eating, the nutrition, the supplements that we might be taking, create a culture where health is more abundant. So, the first tenet, of course, is to eat real food. We could just make that a primary mover. It doesn't mean we have to eat all 100% "real food" that you can recognize where it comes from but making the ultraprocessed stuff in a small fraction of our overall intake. So maybe it's 10% of our diet, we're going to be winning. Maybe it's 20% of our diet, we're going to be winning. Even 30% of our diet, we're going to be winning. It's not about being perfect, it's just making sure the majority of things I'm bringing in, my DNA can actually acknowledge where that stuff came from because it's a real earth-grown nutrient, earth-grown food, and not something that, they got folks in the lab making up Fentanyl, you got folks in the lab making up twinkies, alright? And both of them are really not good for you.

So, with that said, eat real food, optimize our hydration. Basic tenets that our genes expect from us. There are many wonderful things that we can use to bump up our ability to have a healthy... Because, here, let me be very clear about this. Our nutrition matters, because every bite of food that we eat determines our mental health and our emotional stability, and this is backed up by a ton of peer-reviewed evidence at this point. Nutrition deficiency is even leading to higher levels of violence. This is published in the journal, Aggressive Behavior. They did a placebo-controlled study in finding this data out. If we're going to have better relationships, more empowerment... Because empowerment could be a theory, or it can be a real tangible thing. It's easier to touch it when you feel good. This is why our nutrition matters. And we can... Again, real food is going to take up the bulk, but there are little things that can bump that up another 5-10%. Even today before the show, I had some lion's mane.

So, the University of Malaya found that lion's mane, this medicinal mushroom that's been used for thousands of years, is now well established to help... That's literally been found to help people to recover from traumatic brain injuries, that has been found to help to spur on to encourage neurogenesis, the creation of new brain cells, it's really been found to be effective for supporting the nervous system. One particular study found that it's well noted to support people when they're under stress. Again, what are we experiencing right now? You can have that lion's mane itself, but you need to make sure that it's dual extracted through an elixir, just lion's mane tea, or lion's mane infused with organic coffee. And both of these things are from Four Sigmatic. That's what I had today, personally. I got the coffee ground version with Chaga in lion's mane, got the slow drip going. Oh, it was sexy, and I made some for myself and for my mom-in-law, and just really started our day with this before I headed into the studio. Alright?

Huge fan of Four Sigmatic. Head over there and check them out. You will also get a special discount. Go to foursigmatic.com/model, that's F-O-U-R-S-I-G-M-A-T-I-C.com/model. You're going to get a special discount, 10% off at least, of their incredible mushroom blend. So, if

you're not a fan of coffee, of course, they have the Lion's Mane Elixir, they have the Reishi Elixir, which is great for improving your sleep quality. That's what I made for my mom-in-law last night. Actually, I made her a Reishi tea. So yeah, I just love those guys, foursigmatic.com/model.

And while we're at it, I'll just share with you, oftentimes, my Four Sigmatic is going to be hours before we start recording, but right before I start the show, unless I run out, which I try to never run out, I utilize B. Smart, this incredible nootropic based on royal jelly, because a study published in Advanced Biomedical Research found that royal jelly has a potential to improve spatial learning, attention, and memory. Obviously, I've got a lot of information that I'm keeping track of in this brain of mine, very thankful, but I'm fueling myself with some of the most storied and remarkable nutrition, and there are wonderful places that help to make this very easy.

And in addition to that, Royal Jelly has been found to facilitate the differentiation of all types of our brain cells, and to top it off, researchers in Japan recently discovered that Royal Jelly has the power to stimulate neurogenesis, specifically in the memory center of the brain, the hippocampus. So many different neurotrophic effects because it contains an abundance of acetylcholine. Acetylcholine is a neurotransmitter found in both the central and peripheral nervous systems. These are things that I feel can be defenses against our mental health struggles and our emotional struggles that drive us towards things that can be harmful to us, and they can help to heal and support this connection in our bodies. There are things that exist that can make us better instead of worse. And so, this is what I utilize. It's a Royal Jelly formula with also bacopa in there. It's just really remarkable. It's called B. Smart, and that's from Beekeepers Naturals. Go to beekeepersnaturals.com/model. That's B-E-E-K-E-E-P-E-R-S naturals.com/model. You're going to get 15% off their B. Smart and also their superfood honey it's out of this world.

So yeah, these are things that I fuel myself on when I'm going to be teaching when I'm going to be going through a lot of information that I'm going to be to tap into my focus and attention and memory, so, so many wonderful things that help to even balance the energy, the stability, big fan of B. emotional and the like. So Smart. Again it's beekeepersnaturals.com/model. Now, as mentioned, I did not come from an environment that knew anything about Royal Jelly. That was just completely unheard of, or Lion's Mane. Are you kidding me? I didn't know about these things. Even though a little thing that I didn't even know until my grandfather passed away. He was truly, he was my primary father figure when I really came online. There's a certain age that you're aware, you start remembering everything. For different people, it's going to be a different age.

For me, it was right around the age of three or four. I remember so many vivid things, but he was that parental figure for me, and I found out after he passed away that he would forage



and get these wild herbs and mushrooms, and he was a hunter. I knew that he was a hunter, but I didn't know he was foraging. And he would often just sell these things. He wasn't necessarily utilizing them himself, and he had, because of also my grandmother's encouragement, just you would listen to your doctor. Cut the fat. We're going to use country crop. We're going to use this partially hydrogenated vegetable oil. Cut the fat. Increase your whole grains, which are going to be upping your sugar dramatically, which blood sugar is going to have impact on your blood pressure and your heart, but it's a whole other story, but I really wish that I knew what I know now then.

Those things were just not a part of my paradigm, and as such, I experienced so much loss in my life and also this issue today, we have the deaths from overdoses. There's a spectrum of this because we're just talking about specifically about death. We're not talking about the lives that are destroyed. Because I lost my uncle to substance abuse. He died far too young. My stepfather was my other parental figure. I thought he was my father until I was about eight or nine years old because he was just always there in my life. I lived with my grandmother to be able to have some advantages to go to school, but I eventually moved in with my mom in the third grade, and it was a daily thing. And because of drugs, he is now in an adult daycare because of the damage that it has done to his brain.

People talk about this sh*t, but they really don't understand it because they've not been exposed to it. This can destroy somebody's life, but it didn't just destroy his life. It destroyed our life. I lost my father. We could do so much better because I could tell you firsthand what a beautiful person he is. I could tell you firsthand he didn't want to do the things that he was doing. The environment that we existed in were just so conducive to these things even being available. And let me be very clear. And we want to make this very clear with our children as well. When the seizures started, he wasn't trying to have crack at that moment, even though he had crack previously. Somebody he trusted laced what they were smoking with something else. This is what's happening with Fentanyl a lot. Even if you are partaking in this drug paradigm, you got to be very, very, very, careful at who you're trusting, where you're dabling. It'd be the best idea to not dabble, but please understand that and communicate this to our kids because again, you could be trusting in the environment, your peers, all that stuff, and you think you're doing one thing and it's something else. That's what happened to my stepfather.

So, the environment is of the utmost importance because it's a miracle that I made it out of that. My brother and sister didn't. My brother did recently, he's emerged from these conditions, but man, my brother took that same track for quite some time. It's why I'm so, man I marvel at my brother. Man, he's been through it. He's been through it. He was the baby boy, and he was the nicest, he was the sweetest of all of us. He was such a sweet kid, and just so much abuse he was exposed to from all of us. We're just in this violent culture, solving

problems through violence and what he was exposed to very young, the alcohol, the drugs, and I'm off to college. I'm six years older than my brother, five, six years older, and it's just one of the things that I struggle with because I didn't realize I was of course trying to get out and pave the way for us, and I just kind of thought that he was going to follow along with me.

But now he's doing what he loves. He's made it past all those things that destroy the life of so many people we care about, and he just got a promotion and he's making good money, and he's so live, his energy is infectious, and he loves football. I'm not saying he loves football more than his wife. I'm not saying that, but it's right up there. Probably wife... No. Kids, wife tied, then football. Now, and his passion, we talked about this years ago because he's still dabbling in that environment, and I was just like man, we put something together because he had this story. And I was like, "What do you really want to do?" And he wanted to coach. And I'm so honored to say that last year, so now it's his second year and they're just wrapping up, but last year he started coaching. He started doing what he dreamed to do and coaching these kids, and his very first season, they won the Super Bowl in our region back home in St. Louis, and man, I have that. I see it every day.

I see the trophy every day. So yeah, it's the environment. And yeah, I just want to be a good example for my brother. Now he's a good example for others. So, what puts us into this place, and so many of us are spiritually bankrupt, we don't even realize it because of the oppression we might exist in or the difficult things that we go through. And part of us getting out of this situation is going within and understanding our value, to have a healthy association with ourselves and the universe. We are part of this infinite, infinite universe, and we're a special part of it. And when circumstances or experiences start to tell you otherwise, we can lose ourselves. And so aligning ourselves with a purpose intentionally, your purpose is whatever you say it is. For my little brother, it was to be a coach. That brought a whole new level of vitality to his life. You get to decide what that is. This is part of healing our community from this issue, because when you are aligned with that purpose, and you have that strong sense of self-love and appreciation, and taking care of your body, suddenly the desire for those things become so, so, so much less strong.

They don't get their hooks in you, and that's what it's really about at its foundation, we become stronger, healthier, more resilient, more compassionate, more self-aware human beings, all this stuff fades away. So that's what it's really about. And we've talked about this on the show as well. The importance of purpose, even in terms of longevity, and I'll put a resource for you guys for an episode that we did talking about the science around purpose, around the vocation, the things that we do for a living because these are the things, we often... For our lives, they take up the majority of our time, and it is even with our family, once we get to certain age, it is doing work. So, the time we spend doing that, it matters. And it has contributed to so much



hopelessness if we... We've been programming our society through our education system, to grow up and to do sh*t that we don't like every day just to make money.

And that is absolutely not the story, especially today, we are living at... This is the live classic novel, it's the best of times and it's the worst of times, but it depends on what you're attuned to, I believe it's the best of times. We're facing some of the worst, craziest stuff for sure, but the advantage we have, we can communicate with each other right now like this. The revolution will not be televised, but at the same time, we can utilize our television, we can utilize technology to access information in a way that our brains are more entrained to, which is through this lens of entertainment, and you have some film assignments that help to go hand-in-hand with today's episode.

Film assignment number one is a series on Hulu. It's a depiction of real-life scenarios based on this massive hit book, Dope Sick, detailing this occurrence that's taking place with OxyContin and Purdue Pharmaceuticals and all the inter-working pieces of it, and it's streaming on Hulu, so that is assignment number one, is through that lens, it has got some great actors taking part, to demonstrate, to articulate the depiction, again, real-life events depicted throughout, so that's kind of an easy on-ramp to understand many of these different pieces from the FDA to the pharmaceutical companies and other involved parties. Another assignment is Crime of the Century. This is a documentary looking at this opioid epidemic, and it is just really eye-opening on so many different levels, it's more mechanical in nature, it's a documentary-style expression of things, so you got to understand and look through that lens, but that's another resource and film assignment. And another one, if you want to see a depiction of how our own government has been involved in illegal drug trafficking, then check out the film, Kill the Messenger, starring Jeremy Renner.

It's another great film depicting and articulating some real-life events and scenarios to understand we're existing in a very twisted culture that has uplifted people who profit from sickness and poverty and suppressed individual citizens and created such a level of disempowerment. And we've got to understand, during this time right now, and what we've allowed to unfold with isolation from each other without context, a six-feet paradigm and these numbers being arbitrary, not based on any real scientific evidence and doing social experiments that we've never done before, we've never isolated healthy people in the history of documented human civilization. This is a new experiment, and we act like this has been done forever. It has consequences. Isolation has consequences.

This is why it's not an accident. And again, we see more deaths taking place from chronic diseases during this isolation, from drug overdoses during this isolation. Where is the costbenefit analysis? Because it existed prior to, there were scientists speaking up about this like, "Hey, I don't know if this is such a good idea", because these things are well noted to happen. When people lose their jobs, when people are not working, there are incidents. And by the way, again, people would just... Their business is getting shut down. What happens is we see about a 50% increase in the incidence of heart attacks when people are unemployed, heart disease skyrocketed, in 2020 when all the focus was on COVID, we had about 60,000 deaths from heart disease those previous years, but in 2020, it jumped up to almost 700,000. And again, it's one of those things you barely hear people about. But we demand better. We have the power to change. We have the power to take care of each other in real ways, in sustainable ways, inefficacious ways, but we've got to tap into that, we've got to remember who we are in the grand scheme of things, you are a remarkable part of this universe, and I appreciate you, and I hope that you share this with your friends and family.

Share this information, it's incredibly important, and ironically, at this time, it's not getting addressed. But we will make it known, and we will make it known that we will not settle. We are not going to settle for this nonsense, we're going to create a community, and a world, and a spectrum of health, a society that works for everyone. It starts with us. I appreciate you so much for tuning into the show today. Take care, have amazing day. I'll talk with you soon.

And for more after the show, make sure to head over to themodelhealthshow.com, that's where you can find all of the show notes, you can find transcriptions, videos for each episode, and if you have 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 the 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.

