



**EPISODE 797**

# **Why Drug Companies Are Controlling the U.S. Healthcare System & Policies For Real Change**

**With Guest Calley Means**

You are now listening to **The Model Health Show with Shawn Stevenson**. For more, visit [themodelhealthshow.com](http://themodelhealthshow.com).

**SHAWN STEVENSON:** What is the true current state of health here in the United States right now? Well, a new study that was published in the Journal of the American College of Cardiology tracked the health of Americans for about 20 years, starting in 1999 through 2018. And this recently published study found that only 6.8% of Americans have optimal cardiometabolic health right now. Only 6.8% of our citizens have optimal metabolic health. Our state of health right now is so dysfunctional that we can hardly put it into words. The question is, how did we get here? And another question is, what are we going to do about it? Who is standing up for us? Because there are many different systems and structures that have allowed for this to take place that are actually profiting to the tune of trillions of dollars. We're going to talk about this today. We're going to talk about the science. We're going to talk about the facts surrounding this.

How do we get to this place and who's standing up for us against these entities? And I'm telling you right now that this episode is so powerful because we're going to peel back the layers. We're gonna peel the onion. We're going to open the curtains and take a peek behind the scenes because you got somebody that has worked behind the scenes. He's worked with the ops. All right, and he's lived to tell the tale. And as a matter of fact, his book along with his co author, Dr. Casey Means. Calley means, our special guest today, their book is the number one book in America right now. All right, we're talking over Harry Potter. We're talking over Dr. Seuss. Any book you can name. If you're into the salacious romance novels, this is beating it out right now. No pun intended. All right. People care about this. To have a health book, to be the number one book in the United States, this It's something very, very special. And again, this is another part of the conversation, another part of the empowerment.

And I'm happy to have you here today to talk about this new project. We're going to dig into good energy and the policies. That are going on behind the scenes and the policy changes that we can make to make sure that more people have good energy And that's what this episode is all about now speaking of good energy. One of the ways that we experience Good energy like experientially have that in our lives is really through our expression of good cognitive function just being able to have this experience of brain energy because we really, for the most part, really live upstairs, right? Our senses are really highlighted and focused from the shoulders up. That's really where we experience a lot of our reality. And so having good brain energy and cognitive function is how many of us know that we're experiencing good cognitive function. And what can we do to improve that, like quickly improve that? Now, another study that was just published in the Journal of Physiology found some remarkable results on improving brain activity, overall brain activity, and specifically improving cognitive function.

So this is improving executive function, things like reaction time, memory, and so much more. Now this was a randomized, double blind, placebo controlled, crossover study. All right, this is upper echelon, top of the top study structure, and it found a near 10 % improvement in cognitive function very quickly after utilizing a specific form of ketones.

And ketones are often considered to be this alternative fuel for the human brain and many parts of our physiology, many parts of our biology. But I want to change that conversation. It's not just an alternative fuel. This is one of the other primary fuel systems that we evolved to utilize as human beings. And the question is, where can you find these remarkable ketones? There's only one place that is doing this right. And we're talking about the folks who created Ketone IQ. Go to [ketone.com/model](http://ketone.com/model). That's right. They've got the URL, ketone, right? Ketones are heavy and popular in the streets and they have the URL [ketone.com/model](http://ketone.com/model). And they're going to hook you up with 30 % off your first subscription order to ketone IQ. I keep it stocked up. You're always IQ in my refrigerator. I like it. I use the little ketone IQ shots and they also have larger containers, but got the little shots to use. Pre workout. It's great for pre-workouts. Several studies on improving athletic performance. But if you're just wanting that cognitive boost to have more bioavailable energy, something that's science backed and really does work, check out [ketone.com/model](http://ketone.com/model). That's K E T O N E dot com/model. Ketone IQ, check them out.

And now let's get to the Apple podcast review of the week.

**ITUNES REVIEW:** Another five star review titled "life changing show" by ZaraSO8. I stumbled upon the model health show about two years ago when I was desperately seeking nutritional guidance to help improve my gut health today. I am so beyond grateful that I found this show. I've implemented not only new habits into my lifestyle, but I've gotten my family on board too. Shawn, thank you so much for the time, passion, and dedication you put into putting this important information out there and for making it simple and easy to understand for your listeners. I truly appreciate you and will continue looking forward to each episode.

**SHAWN STEVENSON:** Thank you so much for seeing me and for acknowledging me. But truly you are a special individual to connect with information like this. And I'm just grateful to be a small part of your incredible universe. And if you have to do so, please pop over to Apple podcast and leave a review for the model health show. And without further ado, let's get to our special guest and topic of the day.

Calley Means is a graduate of Stanford and Harvard Business School. Early in his career, he was a consultant for food and pharmaceutical companies and is now exposing the practices that they use to weaponize our institutions of trust. He's also the co-author of the now

number one, number one bestselling book, Good energy. Let's jump into this conversation with the amazing Calley Means.

All right, Calley Means, number one book in America right now. Congratulations.

**CALLEY MEANS:** Thank you, sir.

**SHAWN STEVENSON:** So good to see you.

**CALLEY MEANS:** So good to see you.

**SHAWN STEVENSON:** Looking to do a deep dive today And I want to start off talking about our current healthcare model in particular, it is largely centered around pharmacology. and let's just talk about some facts because I don't think a lot of people realize how things are actually working right now. So the big question is, is it working?

**CALLEY MEANS:** Well, it's obviously not working. I mean, we were just talking before the show started about kids. And I've talked about this. I'm from the right side of the aisle. I believe in personal responsibility. That's what I started my career in and really preaching those concepts. It's not personal responsibility and free choice that 50 % of teens are overweight or obese. It's not personal responsibility and personal choice that 25 % of teens have fatty liver disease. It's not a personal choice that obesity is skyrocketing now among six year olds, that kids are now being born in utero with metabolic dysfunction, that 40 % of high schoolers qualify as having a mental health disorder. There is something all you have to do is look at kids. Cause I think this gets conflated a lot. It's like, Oh, Americans are lazy. Oh, Americans are making the wrong decisions. Parents aren't trying to poison their kids. And I don't think kids are choosing to be metabolically dysfunctional, overweight, sick, depressed. And this is all happening. At truly an epidemic level. So, all you have to do to understand whether our siloed healthcare system is working is looking at kids. And, yeah, as the book unpacks, I think you can really trace the incentives and understand why, really specifically, not conspiratorially, but just really specifically looking at the economic incentives, why this is happening.

**SHAWN STEVENSON:** Yeah, yeah. And, obviously, our treatments for these conditions that have skyrocketed in recent years, are not yielding good results as well.

**CALLEY MEANS:** Yeah. The book starts, chapter one, starts about Casey, my sister, at the end of med school and she's choosing her specialty. So all you have to know is that at the end of graduation, right, as doctors go out in the world for med school. They devote their lives to

one of 42 specialties. We've divided the body. We've divided diseases into these siloed dozens of conditions. And then if you're really good, you further go deeper. You actually go into a deeper part of one of those 42 specialties.

So Casey chose the head and neck, head and neck surgery. So she was focused on a couple of square inches of the face and she, her dream was to do a fellowship and go even deeper. So the Dean of Stanford Med School, Lloyd Minor, was a head and neck surgeon and he actually focused on like one square inch of the face and he has the condition name, you know, miner's syndrome after him. That's like a very technical, small thing in the face. That's how you become Dean of Stanford med school. So let's back up, right? What does this siloed system mean? Why are we incentivized system? Does this make sense? I think we just take the siloing of medicine as a given, right? That you go and there's the cardiology department, there's the neurosurgery department, there's the, you know, dermatology for skin issues. There's the psychiatry. That just, like, isn't questioned by anybody.

This is the result of an absolutely broken system. What Casey learned by leaving the medical system, but wasn't trained in the medical system, was that diseases are often connected. But that is an absolutely disruptive and opposed message. Casey was doing surgery after surgery, cutting open people's inflammation in the face. And she was on her third surgery of the day. She's done hundreds, you know, over the previous years. And she'd never thought to ask why so many people had inflammation. And she started looking at people's charts and looking at every single person she was cutting open on their sinus inflammation and had diabetes, almost certainly they had depression, definitely on statins for high cholesterol, all these comorbidities, and they were seeing different doctors that she had never met.

So, on average, a patient was on seven different medications and seeing seven different doctors for seven different treatment plans, not talking to them. So that's the average American patient's journey. And we kind of just accept this siloing. And what Casey did, and what helped, and what Casey helped me unpack, was being a consultant, a lobbyist for food and pharma early in my career is that it's very clear why this siloing has happened because keeping patients in the dark, keeping them out of all and curiosity for the interconnectivity. We never think what is depression related to our GI dysfunction is the diabetes related to our inevitable heart issues that's not even brought up, but that's a profitable. Why that these diseases are siloed is because the greatest, most profitable innovation in the history of American capitalism is metabolic dysfunction.

It's the fuel of our largest industry, healthcare. And the simple economic reality is that almost every single dollar in our largest and fastest growing industry that employs the most people of any industry in the United States makes money on interventions when people are sick.

And when you see heart disease as a statin deficiency, and see sinus inflammation as something you can just cut out instead of cure the root cause, and see pre diabetes as a metformin deficiency, and see depression as an SSRI deficiency, now see obesity as an azelic deficiency, you're not curing anything.

These are all lifetime treatments. Everybody that Casey did surgery on, on the sinusitis, almost to a person would come back under the knife years later because the issue wasn't cured. And that just produces recurring expenses that incur recurring payments and people just keep racking up the comorbidities. Unpacking this system and then this is what the book is arguing and I think is resonating with people. This isn't an incremental change to health care policy. This isn't about just you know The importance of healthy eating or walking and things like that, which are vital. It's about incentivizing those actions with our healthcare system. It's about the standard of care in medicine. It's about the complete and utter corruption that a child who is dealing, who's a little sad, is going to be thrown in SSRI right away instead of talking about going out in the sun or exercising, which are much more effective, just scientifically much more effective modalities. And on the first day of Stanford Med School, Casey was trained. She said the Americans were, she was told the American patients are lazy. She said there's nothing we can do to help them eat healthy. They want to not sleep well. They want to, you know, have chronic stress. I don't think that's true. I think if the medical system followed the simple habits that we talked about in this book that you talk about every day and actually Incentivized those things and recommended those things. I think we'd have a totally different country.

**SHAWN STEVENSON:** Yeah, even that overarching belief that's instilled in healthcare practitioners that the patient is lazy. That they don't listen. These are all things that I picked up in my university education as well. Even that has been disproven. And in fact, there was a study published in the New England Journal of Medicine in the early 2000s. And this is another loophole with pharmacology is, when we're putting things through the highest form of randomized controlled trials, you know, double blind, placebo control, all this stuff. We're putting the drug usually against nothing.

**CALLEY MEANS:** Right.

**SHAWN STEVENSON:** The drug is going up against nothing. Not, not a previously used and confirmed effective drug, not a lifestyle intervention, not a supplement, not exercise. It goes against nothing.

**CALLEY MEANS:** Right.

SHAWN: But this particular study, they took over 3, 000 pre diabetics and split them into three groups. One group was given general health information and put on metformin. One group was given general health information and put on a placebo. Another group was given intensive lifestyle modification, exercise, diet, behavior change, and support. And contrary to the dogma that people won't listen and apply, these people did. For three years. For three years and they gathered all the data at the end of the study, not only did those folks who received the intensive lifestyle modification have a significantly higher weight loss, about 12 pounds on average.

**CALLEY MEANS:** Wow.

**SHAWN STEVENSON:** These folks had, and this is compared to the placebo group, 58 % reduction in their development and their risk of developing diabetes. 58 % versus the metformin group 39%.

**CALLEY MEANS:** Wow.

**SHAWN STEVENSON:** All right. So we're talking about 20 % greater benefit from changing lifestyle and they adhered to it, contrary to popular beliefs. What I'm trying to say is it works better and people will do it if they're taught.

**CALLEY MEANS:** I might be new to this fight and too optimistic, but I really feel like we are at a turning point in the country. When you look at what politicians are talking about, when you look at what books are selling, when you look at podcasts. There's a fundamental rallying cry of this book and a fundamental assumption is that Americans want to be healthy. My mom, we've talked about on previous podcasts, abruptly died of cancer and she was thrown the statin, the metformin, the ACE inhibitor, you know, over the 30 years. And I can tell you, she wanted to live. And she wanted to meet her grandson, which she wasn't able to do. And dads want to walk their daughters down the aisle and Americans want to thrive. I mean, it's just that simple. I would just challenge if anyone listening right now or people and listeners lives that they know many people that want to be sick.

I just think this is an absolute lie. And another key theme of this book is this is relatively simple to change and it can happen so quickly. I think we missed a absolutely historical generational moment during COVID when we were dying in as Americans. Multiple times higher mortality rates from COVID than other countries because our immune systems are so weak you can change your metabolic health, your indicators, your HDL, your triglycerides, your waist size, your blood sugar. You can change these things in months. I actually, when Casey got me into shape a couple years ago, as I started getting on this journey, I tested my

levels every quarter, and you can, you can dramat, I, and I, I, I'm not a model, I think, I, I just started doing some simple habits, simple habits we all know about.

We could have had the country rallied by The medical leaders in 2020 to get a little bit hardened up on our metabolic health and it would have transformed to your point, not just if you're doing that study for diabetes and the metformin, you know, probably, you know, addressed a couple indicators. You're absolutely plummeting your risk of other comorbidities and overall lifetime. So, that's a key point, this book, and I think there is a revolution happening in the bottoms up. But our advice for patients is, you know, how, kind of understand the paradigm. When you're dealing with the medical system, you really should take more empowerment when it comes to chronic conditions, which is the majority of what's ailing us, the majority of deaths, the majority of costs. Chronic conditions, the American patient can stand to think a little bit more for themselves on that. If you have a, you know, burst appendix or a complicated childbirth or an infection, absolutely, an acute issue that's going to kill you, go. A hundred %, we have a miracle medical system, but almost everything is around chronic conditions right now.

And the bottom up revolution is going to happen from people, frankly, listening less the medical system, more to their own intuition, more understand their own habits when it comes to metabolic health. But something I'm very passionate about, I just love being on the team with Casey's. Casey's, I think the best science communicator on these concepts, and this is a book of bottoms up empowerment, but we've got to change the top down too.

We're really hanging out to dry with the trillions of dollars of incentives of our healthcare system that are incentivized to us to be sick. So I think what's happening is the bottom up revolution, people listening to this podcast, people really taking matters into their own hands, talking about it, changing their lives, realizing that they can go outside the medical system on chronic conditions, is impacting culture. And what we've got to do is literally just change the standard of care. It's changing the standard of care. What is somebody recommended? What do we incentivize when somebody has diabetes? What does somebody get recommended? When they have slightly high cholesterol and are about to get that statin? What is somebody recommended to do when they are suffering from depression, which is almost anyone at some, in some point in their lives.

And I just say follow the science. It's not an anti drug message, but as far as being easy to change, I want to say this, we're exporting our diet in many ways throughout the world, but we are like an order of magnitude worse in the United States. I mean, when you're in Japan, or many countries in Europe, and have prediabetes or diabetes, you get a government subsidized, healthcare subsidized keto diet.



They actually pay lower income folks to exercise. They pay as part of the medical spending when you have a metabolic condition. These policies exist and they're no brainer. And the differences between these countries and the U. S. is astounding. The obesity rate in Japan is like 4%, right? Among kids it's like close to zero. It's over 20 % childhood obesity in the U S and 50%, as I mentioned, of teens are overweight or obese. That is a moral stain on the country. And it is order of magnitude is lower in other countries. So, this isn't hard. This just takes courage.

**SHAWN STEVENSON:** That's real world proof right now on planned earth of what works right? And you know with that they also have significantly lower rates of pretty much every chronic disease you can name and also longer life expectancy, which you would expect right? And so these are things that are possible but we've got to talk about how we got here and this is very important because and by the way, we've mentioned Casey many times Dr. Casey means co-author of good energy number one, number one book in america. So, so happy for you guys. So proud of you guys. It's amazing. And so within her education, Stanford trained physician, she shared some other insights as well that you're well aware of, again, working. Alongside you were working with the ops. Alright, so you worked with pharma, you worked with big food, right? And so the question is why are very intelligent well-meaning physicians looking at depression as an SSRI deficiency, why are they looking at diabetes or prediabetes as a metformin deficiency? How did all of that happen? Why is it pharma first?

**CALLEY MEANS:** The brilliance of the institutional design of our healthcare system is it takes some of the most smart, dedicated people in the world, feeds them into it. Saddles them with societal expectation, saddles them with a lot of debt, saddles them with, in their minds, an inability to do anything else. And then throws them into this system where almost everyone eventually realizes the patients aren't getting better. And I think Casey, and I hope what she inspires other people in the medical field to do is, is she had the courage to leave. And I'm, as I said, I'm a traditional, you know, Kind of, we raised in a traditional conservative family, and I thought that success was rising up the ranks of our, you know, elite institutions. And I thought she was so dumb to leave medicine. I was like, what are you doing? You've, you've paid all the dues. You know, you're getting all the claudettes. You're winning awards, Stanford Med School, head and neck surgery like, this is so dumb. And she didn't have a plan. She's just like, I know it's wrong.

And she somehow had that courage. In her body to really, in my mind at the time, throw away her entire life of training. And I think most people don't have the moral fortitude or, or whatever it is to do that. And, and I think most people actually in the system do know something very, very wrong is happening. But the genius of the institutional design, and you can really study government or institutional design of other systems that have produced really bad outcomes.

Their inputs are good people. And the problem is, it's just this simple economic incentive. And I just can't stress this enough. And let's get away from conspiracies, away from any conjecture. The largest industry in the country that is so complicated, not any one person can understand it, is just fundamentally incentivized for more sick patients to grow. I'll give you an example. I was talking to a lead obesity doctor at Harvard recently. And she said she would cure her childhood obesity if she could snap her fingers.

But there has to be more patients in order for her to employ people. There has to be more obese kids, and more obese patients, and more people on the rolls to justify the assumptions that they made to build their clinic and hire people. And she feels that push every day. As a surgeon at Stanford, Casey saw her friends crying in the hallways for doing surgeries that they knew weren't necessary, for being pushed to do those. They know what they were doing isn't right, but they have plausible deniability. They're at Stanford. They're being told by their superiors that this is what to do. And their fundamental economic incentive is to do more procedures. It's called eat what you kill. That's a very common phrase used among medical professionals. They have to do more surgeries and more interventions. One of the head oncologists when Casey was at Stanford said, offhandedly, that if you're coming into my clinic, you're getting cut open. And that, of course, informed my sister's guidance to my mom as those same oncologists at Stanford, when she had stage four pancreatic cancer, were pushing interventions on her.

Casey said, we're gonna leave. We're, we're gonna die peacefully at home and not do these unnecessary interventions. 99.9 % of patients wouldn't have had that guidance, but these are the economic incentives that are fueling it. Two more quick things. They're really, this really can be traced. The medical system exists today under the Flexner Report, a report written in 1909. And it was written by a lawyer, Flexner was a lawyer for John D. Rockefeller. John D. Rockefeller paid this guy. He lobbied to get him in front of Congress and this lawyer wrote the report for Modern Medicine and it said disease has to be siloed and we have an evidence based situation where we silo disease and have a specific recommendation, a specific pharmaceutical treatment, a specific Intervention for that specific named condition.

This was not intuitive. The economic rationale behind that is that John D Rockefeller was the father of the modern pharmaceutical industry from byproducts of oil exploration, and he was the chief funder and propagator of modern medical schools. He was a lead donor to Johns Hopkins and other east coast medical schools that he wanted to basically propagate and solidify this serious medicine with surgeons and the kind of medicine we know today. He denigrated any type of nutrition. He denigrated any type of holistic thinking. He denigrated every other medical modality.

Now, that has cemented this idea, and we talk about in the book, this Halsteadian idea that the lead surgeon at Johns Hopkins at the time, who created modern medical residency, who propagated this idea aggressively into the law that modern medicine and serious medicine is cutting someone open, is producing a procedure. That guy actually ended up being a cocaine addict, having horrible manic depressive episodes. Actually instilled this idea of residency where people kind of work around the clock and driving people that still exist to this day.

People didn't understand he actually, after doing, you know, four day rounds of surgery and kind of breeding this very macho idea that still exists to this day and in medical education. He had horrible breakdowns and had to go to the hospital for psychiatric treatment for six months, and he went back and forth.

**SHAWN STEVENSON:** Got to have some coke to get through.

**CALLEY MEANS:** So, actually because of the incentives direct incentives from John D Rockefeller to have this intervention based system to have this silo disease based system. It was enshrined in the laws. It was enshrined into the foundation of medical education that exists to this day. And then as Casey started unpacking this, right, these industries have propagated that. More than 50 % of Stanford medical schools funding somehow touches pharma. Pharma is the largest funder of medical research. They're the largest funder of med schools. They're the largest funder of. Regulatory agencies, the FDA receives 75 % of their funding from pharma. It's not taxpayers. It literally is funded by pharmaceuticals and you say, okay, well, it's an, it's a regulatory agency. They don't really have incentives to grow. I can tell you from being in DC. Bureaucracies have an incentive to grow. That's just what bureaucracies do, and they grow by farmer growing. So, yeah, this was put very intentionally into place.

And, you know, those incentives by Rockefeller directly trace to Casey being told by her attending surgeon when Casey recommended dietary interventions to somebody who had chronic migraines, and obviously that's tied to diet. The doctor told her to go to nutrition school if she wanted to practice and give diet advice that this is serious medicine, that we prescribe pills and cut people open, and never give patient, a patient dietary advice again. That was what she was told.

**SHAWN STEVENSON:** Oh my God. We're, we're serious medicine.

**CALLEY MEANS:** Serious medicine is the scalpel and the prescription pad. That is a convenient idea, right? It's so marginalized. This idea of nutrition, of what we eat. It's like serious if you compounded some element into a synthetic pill, but the idea that the omega

three is in salmon. Actually, if you eat a thousand milligrams, is more impactful in reducing depression than an antidepressant pill. Those are real compounds in those food. Those are the compounds we're synthesizing to put in pills. This idea of food as medicine or exercise, it's all seen as fluffy. It's all seen as, it's very marginalized.

It's just, it's just astounding to me, right, that as kids are being basically forced by adulterated process food, incentivized for a sedentary lifestyle in schools, stuck inside, no sunlight, sitting at desks. That we've convinced people that the only serious response to that is, is drugging them. We are poisoning kids. And then we are drugging them. And this medical system, where every single lever, you know, the med schools, the pharma companies, the hospitals, the insurance companies, they are silent because they have washed their hands of why people are getting sick and make money on basically cleaning up the mess and managing the mess, not curing it.

It is just the economic incentives and to loop back to your question. We, I think it's hard for people to wrap their heads around this. Cause it does sound so evil. This is kind of question keeps coming up, but don't look at what people say. Don't even look at what they're thinking individually. Look at what a system does. Look at what it's designed to do. The invisible hand of economic incentives creates the outcomes that those incentives propagate. And I just, the key message of this book is that knowledge is power and you can do so much better and there's such a path forward of trusting yourself a little bit more.

**SHAWN STEVENSON:** I love that. Yeah. I love that.

Got a quick break coming up. We'll be right back. If you're anything like me, you grew up drinking Kool Aid, Flavor Aid, Gatorade, Powerade, all these different aids. No, that doesn't even sound right. But the truth is many of us have grown up in this culture being inundated by these crazy sugar dense products. Some of these products can have 20, 30, 40 grams of sugar, and it is not necessarily per serving, but how much we would drink of it, because I know that I drink a lot of Kool Aid. I was actually the Kool Aid chef in the house. I would take different packets of that artificial goodness, combine them together with Kool Aid. You know, a cup and a half of sugar per pitcher and make that up for my family. And that was normalized. And not only are we not getting any real nutrition along with this, we're getting a little bit of a party for the mouth, a little bit of a dance for our taste buds, but we're lacking nutrition. In an opportunity to actually provide real nourishment.

And today that is changing because now we can get access to truly nutrient dense juice products for our kids, for ourselves. We're talking about powered by things like acai, pomegranate, and also adaptogens like cordyceps, and all this is combined together. In the

Organifi red Juice blend. Now, why is acai one of the primary ingredients of this red juice blend? Well, it has an ORAC value of 103,000. That means it has about 10 times the amount of antioxidants that other fruits have that you'll find in your produce aisle. It is packed with antioxidants. This helps to reduce inflammation, helps to nourish our friendly flora in our gut. It also helps to support our heart health, our cardiovascular system.

Our cognitive function is so much more. But the cool thing about the red juice blend is that it's backed by science. One of the other ingredients is organic beet juice. And a study published in the Journal of Applied Physiology showed that having beet juice boosts stamina up to 16 % during our exercise. So each of these ingredients has a purpose. And this blend is kid tested. And parent approved. This is far different from the Kool Aids and Flavor Aids and all that stuff that we grew up with. It has real nutrition and also no added sugar. And the cool thing is it still tastes amazing. Kids love it. Again, kid tested, parent approved, and you're going to love it as well.

Get this for your kids. Get this for your family, for your household. This is something that is always on our cabinet shelves. Organifi Red Juice Blend. Go to [Organifi.com/model](https://Organifi.com/model). That's O R G A N I F I .com/model. And you're going to get 20 % off their amazing organic red juice blend. And by the way, they're going to hook you up with 20 % off store wide. So again, go to [Organifi.com/model](https://Organifi.com/model) for 20 % off, hook yourself up with their amazing red juice blend for your family. And now back to the show

**SHAWN STEVENSON:** What you guys are really illuminating with this book and with your mission is that we don't have a system currently. We based primarily and just it's a logical thing. It's a very lucrative system and it is a multi trillion dollar system that is dependent on having a lot of sick people. We're not looking at character. We're not looking at fault. We're just looking at a system that is and exists. And we've devolved or evolved, however you want to look at it, into a system to where pharmaceutical companies multi multi billion dollar drug companies are funding the education that our practitioners are getting. And so again when we have a patient that's coming in. That might have marginally high blood sugar and looking at metformin as a solution.

That is what is taught as a solution. And you said something earlier that was so remarkable. That, you know, going back to the Flexner report, right? And, being able to create a specific label for things. So we have this specific label of diabetes. Now we have a specific drug. Or a specific surgery that might come about if it's a different condition for example. But it creates a standard of care.

**CALLEY MEANS:** Right.

**SHAWN STEVENSON:** But the problem is there is no human being that is truly standard.

**CALLEY MEANS:** Right.

**SHAWN STEVENSON:** We're all different. There is no two cases of diabetes that are the same, no two cases of Alzheimer's, no two cases of depression.

**CALLEY MEANS:** Exactly.

**SHAWN STEVENSON:** And that's really where we began to fail, is to stop treating the person. And as you mentioned, not only not treating the person, but breaking you into all these parts as well. And not having communication within all the different people who are now treating your different parts. One of the really standout things that I've learned from you guys recently, or just really illuminating, shining a brighter light on it for me is.. Our system is now created in a way, or existing in a way, that treating these chronic conditions, right, you being on a statin, you being on metformin, you being on an SSRI, you being on an anti anxiety medication, being on something for arthritis pain. You can, you can stay alive, right?

We can keep functioning by treating the symptoms of these conditions, not getting rid of the root cause, right? You become a walking, talking cash cow for them. Until we have a major breakdown, right? Until we have the big C word hit. Until we have the big, you know, heart attack happen. And then you've got a whole other course of lucrative things to be done. And why on earth would we just wave a wand and eliminate all this lucrative business?

**CALLEY MEANS:** That's the question. The reason chronic disease is such a powerful profit maximizing engine is because people get sick, they rack up comorbidities, but they don't die. They just suffer. They live a sub-optimal life, and that's what's really tragic in America. We're not at our best. You know, inevitably, if you have prediabetes, Which 33 % of young adults have right now. You are almost signing up for depression. You know, multiples more chances of depression or suicide. Because diabetes is metabolic dysfunction. If you're diabetic by the time you're 30, you're dying at least 10 years earlier on average.

99 % of people with diabetes, you know, have at least one other comorbidities. The vast majority have. You know, more than three. So you're, you're basically by bringing the curve down, we don't call it early onset diabetes anymore because so many kids are getting it, you know, by bringing the curve of metabolic dysfunction earlier and earlier into life, you're just signing people up for this treadmill of suffering, but they don't die yet. It's reaching almost an unsustainable point as you've alluded to. Because the difference in life expectancy between the U. S. and other countries, it isn't marginal. It's seven years between us and Japan. I mean,

that's a lot. When you look at the %, I mean, that, that's, we're talking like in the U. S., I think it's 77 years. And it's like, it's seven years more. This isn't a marginal thing. And then life expectancy is actually declining in the U. S. well before COVID. in a sustained way really in an unprecedented way. So it's catching up with us. But yeah, that is the problem with chronic disease for patients.

And the good thing, just economically for the system, people keep racking them up. And it's so sad, right? Because, as you said, patients want to be healthy. And I really think that if parents and those kids are told when they exhibit the first sign of high cholesterol or slight obesity or high blood sugar. If they were told, you're signing up for a life that's 10 years shorter on average, that is going to almost certainly have mental health challenges, that's going to have other chronic, if they're explained that and then given the intensive training and hopefully even incentives to go a different path. That's transforming that kid's life. And I think they want to do it. I think the parents want to do that. We listen to medical leaders. You know, when the medical leaders in the 80s way too late said stop smoking, we stopped smoking for the large part. When they said in the 90s of the food pyramid, terrible advice to eat more carbs, we did that.

20 % up in the next 10 years of the American diet went to carbs, a 20 % increase. We listen to, but medical leaders right now are saying, the USDA is saying a diet 91 % in ultra processed food for kids is healthy. We just had a report on that. You know, they're saying that the standard of care now for a 12 year old who's slightly overweight should be a lifetime injection with ozempic. That's the guidance. The guidance of the American Heart Association is that every adult American should be on a statin, regardless of their blood testing. So it's a question of incentives.

**SHAWN STEVENSON:** Let's talk about what we can do about this. And really you said, Something really powerful. And I talked about this years ago when I was working on Eat Smarter top down and bottom up change. And being very practical about it because I've existed in these different universes and living in poverty in the United States and being able to still find a way because there's this, there's a sentiment that we have of the food desert, for example. And if I definitely lived in a glorified food desert or what's labeled as a food desert living in Ferguson, Missouri. When I had my worst health and when I transformed my health. That has led, in that, in that environment, eventually led to me impacting the lives of millions of people for the better living in that environment.

Now, with that being said, we've got to even change, I think if we even change the moniker of it being a food desert would be helpful, because that takes away opportunity. I'm in a desert, right? I'm just out here, right?

With a camel, you know, and just, just trying to find some water. I'm seeing mirages, but that's, it's not really like that. It's more like a food swamp, all right, because we're kind of drudging through conditions to where I'm inundated with both. I'm inundated with poor quality ultra processed food, but there's also healthy food there. I just don't know the difference. I don't know that it exists and it was there the whole time.

**CALLEY MEANS:** Yeah.

**SHAWN STEVENSON:** And so with that being said and before we really dig into food, I want to close this loop with Big pharma and what can be done with some policy change because the education system is being deeply impacted but also us as consumers. And one of your recommendations or even again just policy change that you could we can have this happen is the advertisements directly to us by drug companies. Let's talk about policy change on that.

**CALLEY MEANS:** Well, We're the only country in the world, New Zealand does a little bit, but, but we really predominantly are the only country where pharma is able to completely buy off our information sources. So 60 % of TV news spending comes from the pharmaceutical industry. And the key point there is that impacts our psychology that, you know, there's a basically a miracle cure for every single condition, which is a lie. There's never been a chronic disease medication in the history of America. That's lowered rates of that chronic disease. If you think about it, Literally with those Zembik, the stock analysis or JP Morgan that Underlies the insane valuation of that company assumes that obesity is going to go up as more ozempics prescribed. So you'll have to unpack that one for me And of course you look at statins, metformin, SSRIs, Adderall, you know Is ADHD going down as more Adderall prescriptions are being doled out?

No. So that's just fundamental. It creates that with the advertising, but it's 60 % of TV news ads. And the key point there is it impacts consumers, yes, but it allows the industry to buy off the news itself. So our information sources fundamentally, you know, you don't see on major news channels inquiring why 33 % of young adults have prediabetes. The COVID, which was a really a metabolic condition. I call COVID a foodborne illness because if you were metabolically healthy, you weren't dying of COVID almost certainly. No, it was, it was all airtime on a pharmaceutical solution. The fundamentally the media isn't asking questions about what's obviously the biggest issue in the country, which is that we're getting sicker, more depressed, more infertile, while going bankrupt, trying to treat the problem and it's going to basically be an existential risk through our country.

Whereas on independent media and books that people are flocking to are really about metabolic health. I mean, from Joe Rogan on down, Joe Rogan is a metabolic health podcast.



They're talking about these things every day. This is what people just flock to. People are concerned about their health and their kids' health, which clearly isn't going right. I mean, even with this book it's been propelled by independent media, but you know, nothing, nothing on the mainstream media. And we've actually heard from producers there that they don't have anything that has critical pharma. That's just a blanket rule. That is what it is. And that's because it's very simple and I don't even blame them. When your bills are paid 60 % by an industry, you're not going to go against them. Tomorrow the president could sign an executive order outlawing that. Tomorrow. It was actually integrated with an executive order from Reagan.

It was changed and, and allowed directly to consumer farm rights. This could be changed tomorrow. And it would have a profound impact on our information sources and kind of national debate. The second thing I'll just mention real quick is you.. I get angry when I think about this, this concept of the food deserts, quite frankly that, we have an ability to change that tomorrow. Food deserts are a result of our SNAP program, and the fact that we are the only country in the world that lets our low income nutrition program go to zero soda is the number one item, 10%, and 70 % of that entire program goes to all to processed food. I'm actually working with a coalition to advocate for SNAP reform, and it is just painful to me, and it should enrage every American. That we have a hundred and twenty billion dollars of taxpayer money going to kids where, you know, lower income moms are trying to support their kids and depending on this program for nutrition and that shoving addictive toxic crap into kids mouths. It is public policy insanity. I don't, I don't think these products should be banned necessarily.

I mean, there's some really problematic ingredients, but we shouldn't be subsidizing them. We should be setting, you know, everyone, if we're spending the money on healthy food that creates a thriving population. And the day that changes, the day SNAP changes to incentivize non toxic food, the next day that food would be more available in those food deserts. So, that's another thing that can be changed very quickly. It can be changed with an executive order that we're going to clean up the SNAP program. Potentially even add more money to it. It's the best investment we can make as a country. This is not partisan at all. We are now poisoning our lower income population and then medicaid is now a bigger line item in the entire defense budget even on just metabolic conditions.

We're spending much more as a government On metabolic dysfunction mitochondrial dysfunction than all defense than any other line item. It's the largest line item if you add up mitochondrial and metabolic dysfunction, diseases, in our medical budget. It's the largest item in the U. S. government budget. So yeah, you clean up the SNAP incentives, clean up the agricultural subsidy incentives.

The other thing I'm working with across the aisle, and I hope the president or the next president signs, is just getting to the science on the recommendations. Step one is that we follow the science on what the FDA is telling us and what the USDA is telling us on nutrition. I just can't emphasize this enough, the criminality of the USDA recommending added sugar to two year olds. It is just unfathomable. Like, when you talk about this kind of suicidal impulses, and like, Americans not wanting to be healthy, and like, what's going on, we're following recommendations. Like, kids being, like, served sugar and then getting obese and having a diabetes and fatty liver disease crisis, it's because parents are literally following the guidelines.

Forget the policy. The USDA should declare immediately A metabolic health crisis among children that is threatening to destroy the human capital of our country and advise that sugar, added sugar is not recommended for infants. Let the policy fall where it may, but the medical guidance, but we co opt industries I used to work for co opt this and literally they have stakeholders come in. They literally tell that USDA, well, you can't. Recommend against sugar because lower income people because of the rigged incentives can only afford food that has toxic ingredients. The USDA should not be worried about any other outside factors than the science and Then you can compel them to do that with some executive orders.

**SHAWN STEVENSON:** Yeah.

**CALLEY MEANS:** So our group we have a group actually of what I'm trying to do Shawn is just use the tactics That pharma and the food industry have used You against us. That's how we win. I think the key is that this issue obviously is resonating with, with your listeners. It's resonating across the country. Nobody wants this metabolic disease epidemic among kids. But what the food companies do and the pharma companies do is they're able to target specific issues. That the second there's a bill on changing the USDA guidelines, the lobbyists are in the office, they're donating, they're pounding, they're pounding the media.

That the second there's, you know, an issue of taking food colorings out of cereal, this is actually happening right now. Lobbyists, lobbyists, lobbyists. No, no parent wants toxic food colorings that are tied to ADHD and cereal. If you poll people, 95 % of people don't want that, but they lobby. So we have, are actually launching a non-profit with CEOs of leading health and wellness companies from CrossFit to Thrive Market to Athletic Greens. And we are going to channel our voices, we're going to share stories about how these health and wellness products actually help change people's lives, getting off of pharmaceuticals, and we're going to lobby on specific bills.

We're also going to avail ourselves of the legal system. I'm working with an activist investor, the founder of Hoot Chocolates, Jason Karp, Vani Hari, Food Babe on Instagram. We're actually launched an activist action against Kellogg's and are engaging with the CEO about the food coloring. He actually said recently that Americans, now that we're dealing with so much inflation, should be encouraged to have Froot Loops for dinner. And Froot Loops are reformulated in the United States with artificial dyes that they don't put in their ingredients for any other country. They literally reformulate them For the U S children with more poison and then encourage them for dinner. It's completely wrong. We've launched some action against them and they're actually at the table with that. So, you've got to focus on specifics. You've got to write the executive orders. You've got to write the bills. You know, people say, why are you focused on Kellogg's? The problem is much larger. No, no. We're going to focus on Kellogg's. We're going to focus on that problem. We're going to focus on Froot Loops getting those colorings out.

And the reformulation to poison American kids more. And then we're going to go to the next company and the next company. We're going to focus on an executive order. And On pharmaceutical ads on tv gonna get that done and go to the next thing. They want us to be talking broad.

**SHAWN STEVENSON:** Yeah.

**CALLEY MEANS:** And I think the broad talk is very important and understanding is very important, but we're the cavalry's coming on specific issues and bill ackman Many billionaires and people with a lot of means have actually supported these efforts on twitter. There's a coalition forming and and I think people want to do the right thing and that we're working to channel that

**SHAWN STEVENSON:** I love this. So again, very practical And very easy. When it boils down to its signature away from getting pharma ads off of television. But the underlying piece of that isn't just the marketing to us the fact that pharmaceutical companies really they're not just buying ad time, they're buying the news. And that's where so many people are getting their information, right? And you're not going to get real health affirmative information on these platforms. I've been on the platforms I was just on good morning america. There's all these things. I can't say Right? I can't say that this, I can't talk about this particular study that's, you know, proving this, this does this, that. No, no, no, a drug does that.

I can't say these things. It's all very superficial. Ha ha, you know, that tastes good. Yeah, all this like horse and pony stuff. And that's why, of course, I had committed to not doing these things again. But I was like, okay, maybe this time will be different. Let me see if it's, no, it's

not different. It's not different. And the underpinning of even the entity itself is about the propagation of fear. It's about the disempowerment of our citizens. You don't have power, you know, you need us. We're going to keep you safe. We're going to keep you informed and reality couldn't be further from that. And so that's number one, removing these ads.

And only recently I started watching some network TV again because my son is really into basketball. So I started watching basketball again, NBA. And I'm sitting because I'm different, you know, my, my vision is different. I'm watching every commercial break without fail. Every break is ultra processed food, alcohol, and sprinkled in an occasional car, where you can use your car to go drive and buy that sh\*t if you want, but it'll get delivered to you. And then pharmaceutical ads are sprinkled in the mix. Not every commercial break. But a lot of them right and so it's just like and it's on repeat. Repeat. Every single commercial break and I'm just like I cannot believe and I'm informing my son I'm like, do you see this like this is not normal. Like this is this ad right here. This isn't even allowed in other countries besides us in New Zealand that you would see something like this. And even in New Zealand, there's more stringent laws on what they can say.

They could just put up literally all this fantastical imagery. It can be you walking with Gandalf into the forest and just be like, you know, you're gonna feel so much better, you know, with this particular, with Zoloft. And then of course they whisper all the side effects and erectile dysfunction and anal bleeding and death and all this stuff. It's just like they just sprinkle it in there and sometimes again, That'll happen and I'll point it out. I'll pause it like wait a minute guys. Did you just hear they just said death? Hold up Let me roll it back and I'm like they have these outcomes and they're disclosing it because these things happen when the drugs are tested. They're not just saying this they're trying to let you know like hey you get all this benefit, but you might die. Or you might have this particular thing happen and this is the system we're existing. In so policy change for Let's remove this stuff from our faces from being able to fund the news itself. Let's, and I love this so much, End subsidies for poisonous food is another very practical and obvious policy change as well. And eliminating the conflicts of interest in nutrition research These are all very obvious practical, top down changes that can create a healthier environment for us to exist in.

**CALLEY MEANS:** The last one I'll add, and this might get to actually connecting it to bottoms up empowerment, is I don't think it's a buzzword. To say that the American people want to be healthy. And I think as a high level concept, enabling the American people's choice with their healthcare spending is really important. Fundamentally, we have is, is, is , the average American has a number of chronic conditions and right now we have a one size fits all system that basically waits for them to get sick and then funnels them into a drug. Which, as you mentioned, are often very ineffective, as Dr. Robert Lustig has pointed out, a statin.

All the prescriptions you get for that increase life expectancy on average of four days. The majority of folks who are prescribed an SSRI see no benefit. It's a, it's a total one size fits all ineffective system. So that's what people basically have no choice to do. I'm a huge proponent.

And started a company to, to promote this of HSAs. What's interesting about HSAs, so these are, most people have these, or an FSA, these tax free dollars. They're very confusing for a lot of people. But they basically give you the choice on where to spend your health care dollars. Most people think they have to just get sick and it's to buy drugs. And they're like, oh, you know, a lot of people I talked about HSA, I'm not sick yet, so I'm not buying a bunch of drugs, I don't need it. What we learned is that you can actually use that money to buy exercise, to buy red light therapy if you have inflammation, to buy an eight sleep if you have trouble sleeping. If you actually have a doctor write a note that ties a root cause intervention to the reversal prevention of a condition, which most of us have, You can actually steer those medical dollars to root cause modalities, supplements, too. Vitamin D, omega 3 deficiencies, all these things are, are central to our chronic disease crisis.

We, in the past four months, have steered a hundred million dollars. We've written a hundred and fifty thousand. Doctor's notes, 150, 000 patients, steering a hundred million dollars of tax free money to exercise. C. O. of CrossFit said this has been transformational for them. Eight Sleep, Athletic Greens, a lot of these companies. That's where medical dollars can and actually should go, but very few patients, when they see the high cholesterol numbers or see the high blood sugar numbers, there's their doctor writing a letter of medical necessity, actually outlining specific science backed exercise, sleep, diet protocols that they can actually use medical advantage tax free dollars on.

This is just a small example that we want to show efficacy on and promote for other programs. But imagine a world where Americans were actually able to be in control of where their medical dollars went and be asked the question, do you want to wait to get sick and then buy drugs to manage that? Or do you want to actually invest this 4. 6 trillion we spent on healthcare into thriving? I think that's obvious where patients would want to spend their money. So unlocking that choice, putting it on the patient. I have no interest in lecturing the American people, frankly, that much on diet. On exercise, on healthy habits. What I want is for patients to be informed. I want them to be informed on what the best science backed standard of care actually is for the conditions that they have. They're not even told this.

I'll just give one more example. Many friends I have right now, women are battling with PCOS. Infertility is skyrocketing among men as well. But PCOS is a scourge right now.

I mean, it is popping up very often. And those women are being shuttled on a path to invasive interventions, which are very important in many cases and not to comment on, on that. And everyone's got to be on their own decision. And I don't care. I mean, mom should absolutely make the decision they want, but I don't think we're having informed consent at this point. PCOS is a, it's not tangentially a metabolic condition. PCOS is insulin resistance. That's literally what it is. There's solutions for that. And this is clear in the data that intensive keto diet and lifestyle interventions are the best cure for PCOS ever studied. It actually can happen in a matter of months, reversing the signs of PCOS.

It's highly related to chronic stress. It's highly related to what we're eating. And I'll tell ya, I've yet to meet a woman who's had a traditional OBGYN who's ever been informed of that. I actually have friends who are fertility specialists educated at places like Stanford and Harvard Med School that do not understand the link between PCOS and insulin resistance. They're not even, it's, it's literally not covered. So, that is where we have to open up choice, open up informed consent, open up the ability for patients to steer their medical goals because the system right now will cover the estrogen pills, they'll cover the invasive procedures. It'll cover, you know, as you get slanted to that, but it does nothing to incentivize or inform the patient about another road that additionally would not even lower the PCOS, but actually address the warning sign of the PCOS, which is metabolic dysfunction, which if not addressed will lead to other big problems for that woman.

**SHAWN STEVENSON:** Yeah. Where can people get more information about HSAs?

**CALLEY MEANS:** Yeah, our company is [trumed.com](https://trumed.com) and we make it very easy. We literally, looked at these sites that are prescribing Viagra and prescribing like Adderall very easily. We all know these sites. They're advertised probably during the NBA games. We hired the same lawyers and we're like, how do we prescribe broccoli and CrossFit and Omega 3s instead of, you know, Adderall and Viagra? So we designed a quick telehealth process to assess asynchronously in two minutes. Or whatever, however long it takes, but, but an efficient telehealth survey, like the drug surveys, of whether a lifestyle intervention is warranted. And on our website, we've got these leading brands, Momentus, Eight Sleep, as I mentioned, Pendulum. We've partnered with leading companies. And we're embedded into their payment flow. So you can actually assess your eligibility for these items. We have third party providers make those assessments and pay seamlessly with HSA FSA dollars. My message is wider than that for an efficiently to do it and to learn more, go to [trumed.com](https://trumed.com).

But wider than that, when your doctor is pulling out that prescription pad for you or your child. And again, for a chronic disease intervention, if they have an infection, listen to your doctor.

But if they're, if you're on the borderline of the cholesterol or blood sugar, they're starting to get you on that pharmaceutical treadmill. You should demand a letter of medical necessity for them first, for lifestyle interventions. And if they don't know how to write that, get another doctor. You should frankly be demanding, as we go through in the book, a detailed analysis of how to read blood tests. You should be demanding a wider set of blood tests from that doctor to get a personalized understanding of what's happening in your body.

But, that's, trumed.com has more information, but I'm evangelical about this. Maximize your HSA or FSA. Work with your medical provider or TRUMED to understand and work with them on a letter of medical necessity of core metabolic habits that are proven to prevent or reverse that condition, and then steer those medical dollars, those advantage dollars to your Peloton, to your gym membership, to your supplements. I think that's a really important part of the solution.

**SHAWN STEVENSON:** Yeah, and that's the powerful part about good energy is we've got this multifaceted view of how do we actually fix these things. The education is phenomenal, yes. But also very practical solutions. Is there anything else pertinent? We've covered so much ground here, and again, we are, we're really looking at. the foundation, like how did this system get created? And also what are some science backed and creative solutions? But is there anything else that you want to share before I reluctantly let you go?

**CALLEY MEANS:** It's that this is a story of optimism. I mean, we've been very negative about the medical system and the medical system has lost its way. And the incentives has gone off track to a degree that will be existential if we don't reverse them, but we should all be optimistic. We have produced miracles, particularly on acute conditions. On chronic disease management, a lot of these chronic diseases are byproducts of modern society of things that have been good. I mean as we talked about in the book Light is so important. I've been shocked at how important light is. It literally sends signals to our cells. And it was just like 150 years ago or less that we invented artificial light. It used to just be you know, this is a actually a very disruptive Invention for ourselves and we are still catching up with that exercise. We never used to have it. The more we have gyms, the more gyms proliferate, the more overweight and sicker we're getting. Cause it just used to be built into our normal life. We had to walk. Temperature is the same thing. Convenient food.

There never used to be pasture raised or all organic or all this stuff. Everything was, um, movement. So, all of these kind of stresses we're having on our metabolic health are, I think, byproducts of a lot of benefits of modern society. And I think we just have to look at it that way. We have to look at these taxes. We didn't just have supplements.

We just used to get the great things we needed from our food, but we are depleted in a lot of ways through our modern society. So, that's a framework that's been helpful to me. You know, I don't love actually to exercise, but the second I thought of it as a tax that we just have to pay for the benefits of modern society, which I wouldn't want to go back on. So I do think there's an optimistic frame here.

I think patients want to be healthy. I think that we have all these benefits of modern society have lost our way a little bit on how we think about how we need to fill them a little bit. And if we can really, truly, radically changed how we think about chronic conditions, and think about the interconnectedness, which humbly, I'd suggest if you read this book, you will know as much or more than most doctors who are not trained about interconnectedness. You know, a foundational premise of this book is that when it comes to chronic disease, you can be your own guide. I know so many people listening are on that path, um, but we need to keep talking about it. Give this book to people if it resonates. And the more we can just inspire our own personal bottoms up journeys on chronic disease reversal and understanding the interconnectivity of metabolic health, we really will have a revolution in the, in this country and we'll be thriving much more. And that path is available to us.

**SHAWN STEVENSON:** Absolutely. The revolution will be televised and it will be podcasted. Calley means, can you let everybody know where they can get their copy of Good Energy if they have not done so yet, which so many people have. Number one book in America. Where can people find it?

**CALLEY MEANS:** Thank you, Shawn. The Revolution will be televised, at least on amazing independent platforms like yours. And I'm so appreciative of you. And, the book's available everywhere. I'm on Twitter and Instagram @CalleyMeans, my name and truemed.com is where we're, we're pushing hard on the HSA issue.

**SHAWN STEVENSON:** Awesome. Awesome. Good energy. Get your copy now. Calley, appreciate you so much. Thank you, sir. Thank you so much for tuning into this episode today.

I hope that you got a lot of value out of this. Again, definitely pick up a copy of Good Energy. It's the number one book in America right now, and for good reason. And also, Invest in your own physical and mental well being. This is not just about, again, top down policy change, but also bottom up and what we can do in our own lives. I know that life happens, life be lifin but we've got to make ourselves a priority and make those investments, whether it's a time investment and getting into 10 minutes of exercise, you know, just sneaking it in. Getting some exercise snacks in or making a shift in that ratio of packaged pre packaged ultra processed foods that we might be consuming and just shifting that ratio a bit over to more



real minimally processed slash unprocessed foods. Just making some micro changes to invest in our health. We can do this no matter where we are right now.

And that's a fact. If you got a lot of value out of this, please share this out with your friends and family. Of course, you can share this on social media. Take a screenshot of the episode. Seriously, take a screenshot. Share it on Instagram and tag me. I'm @ShawnModel and tag Calley as well. Calley Means. That's C A L L E Y. Calley Means. The means are out here. The means are out here doing good. The means are actually not all that mean when you get to know them. No, real talk, Calley's amazing and one of my favorite people in this space. I'm so glad that he stepped up and he shared with me and all of us really that when his sister Casey decided to move away from that conventional paradigm that she was literally operating in and working with patients and not seeing people get well. Just seeing people's health degrade, and getting to the root cause of what's bringing them in, in the first place, and let's remove the root cause and putting her, her focus into that.

Calley was like, you're stupid. What are you doing? You got the degrees on degrees on degrees. You're getting the awards. Your life is set. You've got the American dream right here. What are you doing? You're crazy. And for him to acknowledge that and to not just. Believe in a sister, but to step up, to step away from what he was doing, the life that he had built to join this mission is something really, really special. We've got some power players. We've got truly, I'm telling you, I've been at this for over 21 years now. All right. And in many of those years, it felt like a bit of a solo superhero, you know, got my own solo movie, just over here, just iron man off on his own. But truly the Avengers are emerging and it's not just these apparent superstars slash superheroes.

It's all of us. We are the Avengers, we are the change. And these are the moments for us to step up and to invest in real wellness and to work together. And it's very exciting. And again, if you got a lot of value outta this, please share this out. Keep spreading wellness. Share this out with your friends and family again share this on social media and you can send this directly from the podcast app that you are listening on. You could pop over to YouTube. Join us in the studio and of course subscribe to the model house show over on YouTube as well. We're doing some cool stuff over there and listen, we've got more in store, amazing masterclasses and world class guests coming your way very, 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 the model health show. com. That's where you can find all of the show notes. You can find transcription 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 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.