EPISODE 843

Pharma Rep Turned Whistleblower Reveals the Shocking Truth About U.S. Healthcare

With Guest Brigham Buhler

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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. A brand new report comparing the health of 10 of the world's wealthiest nations has revealed that the United States spends, by far, the most money on health care. Yet, the U.S. ranks dead last in health outcomes for its citizens. The new report now featured on practically every major news site states "Among ten nations, Americans die the youngest and live the sickest lives despite the U.S. spending the most on health care." Now, exactly how much money is getting funneled into the healthcare industry? Well, according to the American Journal of Managed Care, the number has just surpassed, listen to this, $4.8 TRILLION dollars, trillion with a T, and it's projected to hit, now listen to this even closer, it's projected to hit $7.7 trillion within the next seven years at the pace that we're on. The American Journal of Managed Care states that health spending continues to significantly outpace economic growth.

Alright, I hope that you heard that. Our health spending outpaces our economic growth significantly every single year. And we're looking at a potential collapse of our healthcare system and our economy. In fact, our economy is now, in a strange way, dependent on sickness to maintain itself. It is the most lucrative industry and part of a wider publicly traded industrial complex. Again, where our economy is now dependent on the farming of sick people. On today's episode, you're going to get an inside look at this system in a way that you have never seen before. You're going to find out which entity has distorted the patient and doctor relationship, leading to seven minute office visits, epidemics of chronic disease and medical expenses that are now the number one cause of bankruptcy in the United States. And I'm telling you right now, you're going to be surprised at what's behind it all.

And our special guest has again, a very powerful inside look and experience in these various industries. And he's sharing these things so that we can be more educated, and also again, being able to shift from our current sick care model into something that's truly sustainable, and we need to do this now. Now, as I love to do for our guests that come to the model health show studios, put together a little gift bag full of goodies and for our special guest today, I actually gave him something. And as I was getting some things together at my house and putting the gift bag together. I felt a little tug on my heartstrings because I'd never given our guests this particular gift. And when he opened up the bag and he saw what it was, he was like, dude, I use this. every day. This is my favorite coffee.

How did you know? And maybe that's what was pulling on my heartstrings, but also I kind of didn't want to give it up. You know, I didn't have a lot left.

And this is incredible ground coffee from Four Sigmatic that is also infused with these incredible dual extracted medicinal mushrooms, specifically the lion's mane and chaga blend with organic coffee. But I just felt it was the right gift for me. And sure enough, man, his eyes lit up like he was a kid on Christmas Day. So it was really a cool moment. But the reason that it's one of my favorite beverages is that it's highlighted in a meta analysis of over 40 studies published in the European Journal of Epidemiology. And it revealed that, Regularly drinking coffee is associated with a lower risk of death from cardiovascular disease, certain types of cancer, and all cause mortality. Now the question should be, what is it about coffee that's leading to these benefits? And scientists at Stanford university recently deduced that compounds in coffee are able to defend the body against age related inflammation.

Their research revealed that light to moderate coffee drinkers live longer and more helpfully, thanks in part to the compounds that suppress genes related to inflammation. Again, the key here is organic, high quality coffee. And taking that up a few hundred notches is that it's infused with these incredible medicinal mushrooms like lion's mane. And affirmed by the University of Malaya to be neuroprotective to support cognitive function and also to support our mental health, reducing rates of anxiety. There's only one place to get this incredible coffee and it's from the folks at Four Sigmatic. 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 hooked up with 10 percent off store orders. definitely check out their lion's mane and chaga blend. They also have an incredible half calf blend that has adaptogens like ashwagandha. So definitely check out their incredible blends. And if you're not into coffee, they've got their incredible dual extracted mushroom elixirs as well. So reishi, cordyceps, everything that you're looking for, head over to foursigmatic. com forward slash model. And now let's get to the apple podcast review of the week.

ITUNES REVIEW: Another five star review titled "Truth Teller" by Jtrez67. Thank you for sharing your research and telling us the unbiased truth. Also, I love your humor. You do a great job of sharing relevant, useful information regarding health. Keep it up.

SHAWN STEVENSON: Thank you so much for leaving that review over on Apple Podcasts and that's what today's episode truly at its core is all about. These are some powerful truths. That most people have no idea about and we're changing that. We're making sure that this information is getting into more people's hands and hearts so that we can do something about it.

Our special guest today is Brigham Buhler, and he's the founder and CEO of Ways to Well, a preventative care and health optimization platform. Brigham began his career in healthcare 25 years ago, supporting the nation's leading surgeons at Eli Lilly and Stryker. Working within the pharmaceutical industry and working alongside insurance companies as well. And really

getting a powerful inside look at how these systems are structured and also what we can do to potentially change them. Let's dive into conversation with the amazing Brigham Buhler.

All right. I'd love to start off by talking about how you got involved in the pharmaceutical industry. You know, the story is incredible. You know, I graduated in three years of high school and I thought that that was crazy. But your experience in college and you kind of being on this fast track in order to get into the industry is amazing. Let's talk about that story.

BRIGHAM BUHLER: Yeah, man. No. You know, what's crazy is I was literally a D student. I barely graduated high school when I met with my guidance counselor and she said what do you want to do? I said, I want to go to college and she goes ha ha ha, Brigham, college isn't for everybody. And I just thought are you f*cking kidding me? Like I was so mad. But I was a working man, we didn't have money. I worked, I worked night shifts. I was like working my ass off. I barely slept. I was falling asleep in classes all this stuff. So jump forward I get into, I go to university of houston in downtown houston. And, I had an opportunity to get a job as a drug rep and for me that was a dream job man. Coming up with not a lot of money and have an opportunity to make a hundred grand right out of college. It was like the opportunity of a lifetime.

So long story short. I petitioned with the Dean. He gives me approval to take 23 hours in summer school. I end up graduating in two and a half years 3.99 GPA, got a job with Lily and I was off to the races. What originally, what I thought was my dream job, but then you get behind the curtain and you go oh shit, this is not what I expected. Just because you know when I was saying selling Cialis right out of school, that was the Viagra 36 hour Viagra. That was fun. But as soon as I had to like, I got, I unfortunately got promoted. And as soon as I got promoted, I had to sell mental health drugs and I just didn't believe in them and I didn't want to push products and things I didn't believe in. So I was constantly getting in trouble for not selling the bag and pushing these other products. I would just go back to the compounds that I believed in and I would sell those and do really well with those and then come up short on the others.

SHAWN STEVENSON: Now, my question is, when did this transition happen with using people who are essentially salesmen for these drugs to go to talk to physicians versus, you know, maybe a pharmacist or something like that, educating doctors?

BRIGHAM BUHLER: I think it's when the whole system shifted. So the system began to shift in the 80s and 90s when the big insurance companies essentially captured medicine. And so what the problem with that is, like in the 80s, a clinician knew your whole family. You know, they would spend 30-40 minutes with you. They knew who you were, your family history how

many kids you had. It was real medicine. But then it got captured by corporate america and big Insurance companies and what happened is today a clinician has six minutes with you on average. They have got to see 40 plus patients a day to make a living because they're in a copay system, where they're literally getting like 40 a visit, and they can't justify their payroll with that. So, the days of them being able to sit down and talk to a pharmacist for 30 minutes about a new compound were over. And Pfizer and all the big pharmaceutical companies were smart and they got ahead of that and they looked at it and go, I think Pfizer was probably the first to do it.

They started hiring candidly hot chicks. And they're like, we're going to hire a beautiful girl. We're going to teach her a talk track. It's a 30 second infomercial. And all of a sudden you've got, you know, these nerdy pharmacists trying to compete against some smoke show, walking into a clinic that's going to give this clinician a quick elevator pitch and get out of his or her way. And the same thing is just became all attractive men and women in that pharmaceutical space. And the same thing in med device, like in the med device space, the surgical market, they did the same thing.

SHAWN STEVENSON: That is bananas man, and I think a lot of people don't realize this. I know a lot of people don't realize this. But our physicians, because of the way that things are structured, they're not sitting here going through the latest peer reviewed evidence and really digging through these clinical trials on these various drugs and they're essentially just getting a marketing pitch. But you know, not to say that these clinical trials aren't ethical or whatever the case might be, but our physicians are not going through this data. They're essentially getting educated by people who are not in the system with them.

BRIGHAM BUHLER: Correct. Like it's a, it's a, it's a brief five to ten minute conversation at the most and that's if you're doing a lunch. Usually it's two minutes. It's a quick elevator pitch. And like an example would be, you know, your job as a drug rep is to grow a market share, right? And so if I come in and I know this clinician's busy, it's hey doc, let me get your signature. Hey, don't forget that patient, that woman over 40 who comes in. She's tired. She's fatigued. That could be the perfect patient for this SSRI. Thank you. Have a good day. And you're out. And it's just repetitions. And you get a call list of that clinician, how many prescriptions they wrote the day before, who they sent those prescriptions to. What drug company got the fulfillment, all of it.

And so you know exactly what they wrote, when they wrote it, how much of it they wrote. And then you would prioritize your day to go out and help that guy to try and shift that guy to write for you instead of the other person.

And they almost gamify it, which when you talk about moving from a pharmacist to a like me somebody who played sports and who's f**king competitive, it became this game and you're like, man, I want to win the game I want to like we were just talking about baseball before we went live. And it's like you want to win and you want to beat the system, right?

And that was the challenge they would have the rankings every day you'd come home and you see the rankings on the computer of how you stack up against the other sales reps in the nation. And it's a lot of incentivization to push and win and conquer. It becomes less about patient care. I hate to say that. But it's not in lieu of patient care because when you're there and you're in the belly of the beast, you're being trained by academic people who are brilliant. And you've got people coming in from Stanford and Harvard telling you why it's crucial to talk these clinicians into getting active and prescribing these medications as a first response.

And it's easy with these incentive systems to become part of that tribe and drink the Kool Aid. And I was young and naive. I was in my 20s, you know. But it didn't take long for me to figure out wait a second like when I got into the mental health space and I started having doctors tell me about side effects and issues or this isn't working. You start questioning a lot.

SHAWN STEVENSON: Now, the question is, and this is crazy, how quickly does an average physician today. Again, we have these top tier, we were just talking about Casey Means, mutual friend, Stanford trained. How quickly does their education become obsolete?

BRIGHAM BUHLER: There's a study actually done from Harvard that shows it's within 18 months of graduating medical school. Most of what these clinicians learn have become obsolete. And the market's moving so fast with large language models and artificial intelligence and biologics and you know all the modern technology that's going into an operating room. Like when you think about a surgeon like that's the cream of the crop. The highest of their school. The most educated. The most rigorous of training. And every six months a new technique's coming out, which is not just mental.

It's physical. You've got to have the hand eye coordination. You've got to be able to utilize these new tools and modalities and so you're learning physical skill sets in addition to mental skill sets, and it's complicated. So, I would say the surgical market, I don't even believe it's 18 months. Harvard was looking at primary cares, you know, which is coughs, colds, sneezes, flus, and prescription drugs. But when you start getting into these more advanced modalities, like there's a lot more that go into it.

SHAWN STEVENSON: Yeah. So in, just staying in that same lane with pharmaceuticals and again, getting high quality education and then you get into practice. And again, insurance has

things structured in such a way you don't get a lot of time with patients. And you've got training as a drug rep from these, you know, very esteemed masterminds in their respective fields telling you about this drug and why these physicians need to use this drug in their practice. And so you are really tasked with furthering their education in a way because they don't have the time or energy to look into this drug. And again, just to stay on top of stuff because it's moving so fast.

BRIGHAM BUHLER: You are and there is that competitive opponent component I alluded to. But, you are passionate about what you do. Like if you care about what you do and you take pride in your career, which most people in their field of work that are competitive do. You want to learn and you want to be the best and you want to be on your game and you want to help that clinician provide care to that patient in an optimal manner. And all the data sets you're being fed are biased though, right? And so the data sets, the incentive systems, all of it is biased. And so I'm not here to trash the pharmaceutical industry, but there are major pitfalls and major design flaws in the ecosystem that we have created for the rep, the clinician and the patient.

SHAWN STEVENSON: Yeah. What was it like working in the pharmaceutical industry during the rise of Cialis?

BRIGHAM BUHLER: It was fun.

SHAWN STEVENSON: Pun intended.

BRIGHAM BUHLER: I'm not gonna lie.

SHAWN STEVENSON: Did you catch that?

BRIGHAM BUHLER: I like that. It was fun, man. It was wild! Like, I'm telling you, I said this on Rogan. It was like, it could be a perfect 10 girl who's selling toe fungus and I come walking in and they're like, come on, bring them. Come on back. Like everyone. You were Elvis Presley, man. Like you were a rock star because it was the new blockbuster drug. It was fun. Doctors were taking it themselves. They were giving it to their buddies. They were giving it to their hunting and fishing buddies and their, you know, softball team buddies. And so everyone wanted this compound. And then in addition to that, when you launch a new drug, you have a huge budget. So when I started, I was in a small country town of Waco, Texas, and I had a $17,000 a month expense account at 22 or 23 years old. I mean, I was a kid and I'm like taking doctors. I remember one dinner.

We had a $13,000 dinner, one dinner. It was wild. These guys were ordering crazy bottles of wine and it was a different world. And it did change. I've heard it's changed. I've been out of it for so long. This was, I mean, at this point, 20 years ago. I do know, what is it, the pharma guidelines shifted, but it's pharma self regulating. It's not the government. A lot of people think the government came in and regulated the pharmaceutical companies. What the government said is, you guys gotta clean this up or we're going to come in and clean this up. And the pharmaceutical company said, okay, let us clean it up ourselves. And so they put in place these rules where it's like you can't spend more than 150 a person for dinner. You know all that some checks and balances to try tamping down this insane rodeo that was going on the wild west.

SHAWN STEVENSON: Yeah, and it's still, it still kind of is, you know, but just in a different way. So with that being said cialis again, that was an epic moment. But what happened, you know in that transition again, you were kind of instructed to focus on some other drugs.

BRIGHAM BUHLER: Yeah, I actually got relocated back to my hometown of Houston, Texas. I got a promotion because I was doing really well and when I got promoted they moved me to the psychiatric drugs. And so I had schizophrenia drugs, antidepressants, SSRIs, anti anxieties. And it was just a different world, you know, then I'm calling on, you know, primary cares and trying to, cause again, jump back to the timeframe. Prozac was the first antidepressant that a primary care ever wrote. You got to think primary care at the time would refer those out to psychologists or psychiatrists. And those were the prescribers of antidepressants. It was a mental health drug. Big pharma taught primary cares how to diagnose, treat and prescribe that medicine to the growing market right and they took a market that was niche and very small and they made it gigantic.

SHAWN STEVENSON: Right.

BRIGHAM BUHLER: And that's my qualm now, having come out the other end of the belly of the beast and being away from that and watching what big pharma has done. Whether it's antidepressants, you see the same thing with the cholesterol drugs. They grew the cholesterol market by petitioning, lobbying, and funding academia research and studies to drive down the number on what is appropriate cholesterol levels. What's appropriate blood pressure levels? If you look at what all those were in the eighties, they were way higher. And now we've driven down that number artificially in order to write more drugs.

To encourage clinicians to prescribe first and ask questions later. And this is what all is getting exposed with this maha movement, and make america healthy again and a lot of what RFK is out there preaching and beating the drum on. So if we look at all the chronic diseases that

we're supposedly treating, they're through the roof. We spend more as a nation than any other country on health care. It's the number one budgetary concern to the federal government. It's the number one budgetary concern to each state. It's the number one reason for bankruptcy in america. And we look at that and go something is not working man, like, because all of our chronic diseases are at an all time high. We're going to have the highest rates of cancer this year. The highest new cancer rate ever in the history of the United States.

Deaths of despair, we go back to like me talking about SSRIs and growing this market and more people than ever are on antidepressants, antipsychotics, and anti anxiety meds. But a dirty secret is more people this year will kill themselves and die of deaths of despair than ever in the history of the United States, more than during the Great Depression. And so these numbers sound like wild. One of the other things I talked about is we talk a lot about war because it's an election year and everyone's like, oh my god, if we go this way or that way, it's gonna lead to war, you know. And, the fact is over the history of the United States, around 1.3 million Americans have died in war.

And I don't ever want to trivialize that because those are human lives. And I appreciate everyone's efforts to fight and defend our freedoms, but in reality, 1.9 million people a year are dying in the United States of chronic disease. More than all the wars we've ever fought combined are dying in one year. And you go to like opioids, we had, Jelly Rolls become a friend. He talked about in front of the Senate. We have the equivalent to a 747 jet. Worth of f*cking people dying a day of opioids. Right now. Like this is insane. We are sick as a society and it's scary, man. It's scary.

SHAWN STEVENSON: The question should be, okay. So they got those markers lowered to get on a statin. What were the results? Did heart disease go down, you know. And we actually put up a study for everybody to see who's watching the video of this. There was a huge analysis done and it essentially found that people being on a statin, their all cause mortality did not change. All right. Sometimes people died sooner. Right. And some, there are some instances, some studies where they lived a little longer, but we're talking literally. And this is not an exaggeration, days. It's either basically from negative 100 days to positive 100 days. And it's not talking about all the residual issues, right? So about a 30 percent increased incidence of developing diabetes being on a statin, the muscle loss, the memory issues and all these other things.

And so it's just like, are you living longer or are you dying longer? Are you living longer and losing quality of life? Because you're kind of scammed into taking this drug because these markers are changing. Again, if they lowered that number and more people were not having

heart attacks and strokes and dying from heart disease. Success. Yeah, but that's not what happened.

BRIGHAM BUHLER: And then what's also crazy is of the people who have a heart attack more of them don't have high cholesterol than the amount that do. Disproportionate amount of people who have heart attacks have normal, normal cholesterol levels.

SHAWN STEVENSON: Yeah, but this was because he's never the causative agent behind heart attacks, but it was targeted and a drug, it's a multi multi multi multi billion dollar drug class. And again, it's just like did it. I'm a big fan of results. Just looking at did it work and so you said something so powerful and I want everybody to really understand this. What the strategy was, was to expand the market for a drug, right? So, we have a class of drugs. Well, let's stay on opioids, right? So, this was geared for very, very specific. We'll say somebody's going through chemotherapy.

BRIGHAM BUHLER: Chronically ill, cancer, terminal cancer patients. Was originally what OxyContin was meant for. Oxy was meant for terminally ill cancer patients that were in severe pain and were headed or on the precipice of passing anyway and they grew that market. And what's wild is that same family, the sackler family, Purdue pharma that created the opioid crisis that we're going through still to this day. In the 60s and 70s created the volume crisis and made billions of dollars off Valium. They took out ads in the New York Times saying, if your wife has an attitude or a stress, give her a Valium, like forget the martini pop a Valium.

And instead women and men drank the martini and took the Valium and they created the Valium crisis. And then they made all this money. They almost got federally indicted. They managed to skirt past it. Then they launch a drug with hydrocodone, their patents expiring. They go, Oh man, our patents can expire. There goes our cash cow. We've got to come up with a new compound. So they look and find a new opioid, oxy, and they add it to the cotton system. Boom. They drop it into the marketplace. They call it OxyContin, but it's eight to 10 times more addictive than the hydrocodone system they had before. And not only did they get it into the system, they got the FDA to give them a label that said it's non abusive, non addictive.

So all these people thought they were taking a safe drug. They were told by their doctor, you're in pain. This is breakthrough pain. I'm going to up your dosage. And now when patients are coming back requesting more drugs. The reps were trained to explain to the doctor, this person's not an addict. They're not showing addictive behaviors. They're experiencing breakthrough pain. We gotta write them more of these opioids. The problem is the pain. The way to fix it is more drugs.

SHAWN STEVENSON: Wow.

BRIGHAM BUHLER: So here's some of the most sinister drug dealers out there.

SHAWN STEVENSON: This went from, again, very specific, hardcore issues with pain to prescribing it for somebody having, you know, arthritis pain or migraines, or again, it's expanding the market. But this drug is notably dangerous. And this was the craziest part is they knew this. This was in their trial data. And there were so many early indications. But this gets into this issue with clinical trials and like observational data. Observational data, you can manipulate it any kind of way you want to the degree they're like, okay, this is happening. Actually, they just need a higher dose.

BRIGHAM BUHLER: Yeah.

SHAWN STEVENSON: Right. That's what it is.

BRIGHAM BUHLER: Yeah.

SHAWN STEVENSON: They're having breakthrough pain, right? And that sounds very similar to breakthrough infections and these new things like, this thing didn't work because we need more of it.

BRIGHAM BUHLER: Yes.

SHAWN STEVENSON: That's why it didn't work. And it's just like framing and that's really what they're mastering.

BRIGHAM BUHLER: And I even saw it with the mental health drugs. This is when I said I can't do this and I'm out when I was a rep. You know, they brought speakers in and we'd sign these contracts. Do online tutorials about how to never off label promote. I agree, I'm not going to off-label promote. You're right. It's all just automated into the computer. You got to do it after hours. You're in a rush. It's nine o'clock at night. You've been working all day. You gotta take this stupid online test and answer these questions and agree on an online e signature that I'm not going to off label promote. Then the next night I'm forced to go to a dinner. We're some PhD from Harvard is telling me all the ways they're off label using this drug. Then I'm put under a tremendous amount of pressure to hit a number and be successful and be able to pay my rent and pay my mortgage and pay my car payment, all these things.

And they're like, you're sitting there having, you know, beers with one of your doctors. And you're like, do I tell him what that doctor was telling me? Cause your doctor's like, I want to use this medicine, but I'm not sure where to put it in my practice. I used it on the patient that's in your. You know, data, but where else can I use this?

And it puts you in this moral conundrum because you're not intentionally doing something wrong, right? Because a clinician, an expert, a thought leader is telling these reps, here's where I'm using this and I'm having tremendous success. And so reps will go out and begin to off-label promote. And it happens all the time on all different array of drugs. One example I can give you is like a site, antipsychotic, anti schizophrenia drug. I distinctly remember the speaker teaching the reps to go in. And this was like, think of somebody who's suffering from a manic episode. They don't sleep for some days or weeks. They're on the verge of a psychotic break.

They have increased sexual activity, increased risk taking behaviors, very wild and erratic behavior. That's a clear patient population, right? That's what that drug was indicated for. Somebody on the precipice of something disastrous. What the speaker does is come in from Harvard and go, I want you to think about that woman who comes into your practice and says, doc, I've struggled to sleep the last few weeks. I find myself waking up in the middle of the night, my thoughts racing, worried, stressed, thinking about all the things I've got to get done. And so I woke up and I started cleaning the house. That's the patient you need to prescribe this. What? That's a totally different, this is every mom, that's everybody who has a mom who's stressed and under pressure. Especially single moms and people working long hours and that's, stress and anxiety is part of the human experience.

Like there's other coping tools and mechanisms and that's just not what that system was built to do. And that's not what the reps are taught to do. And that's not what the clinicians are taught to do. So it's not that everyone's being a bad guy or it's that everyone's being sinister. Everyone or throughout that ecosystem almost has plausible deniability, right? You got the rep going. I'm just doing my job. I got to hit a number. This doctor told me this is the way to do it and that this works. Then you got the doctor going, well, this guy from Harvard came in and said this and the reps telling me this. And I saw a woman who said she's not sleeping and I want to help the woman. And I've got this drug. It's a tool in my tool belt. Here you go. And it happens a thousand times a day. And then all of a sudden we wake up 20 years later and we go, what the f*ck happened? Like everyone's on prescription drugs. We're chronically ill and none of this is working.

SHAWN STEVENSON: Right. That's the thing at the end of the day, clearly it's not working. But the way that this system is constructed, it is so difficult to change, right?

There's so many pockets getting filled and there's a masterful thing. And you mentioned this a little bit, this is so exciting to talk to you about this because a lot of people don't know about this. There's a masterful way that apparent innovation takes place. You mentioned purdue Pharma knowing that their patent was going to expire and just finding a clever way to be able to continue to distribute the drug without their patent expiring. And so actually, and I pull this up because I know I was gonna talk to you.

There's this incredible meta analysis this was published in the peer reviewed Journal of Law medicine and ethics and this is supported by the EJS Center for ethics at Harvard. And what they found was that approximately 90 percent of all new drugs approved by the FDA in a recent 30 year period were little to no more effective than previous drugs that already existed for patients. All right. 90 percent Are little to no more effective.

BRIGHAM BUHLER: You gotta send me this. I haven't seen it, but I believe it.

SHAWN STEVENSON: Yeah.

BRIGHAM BUHLER: Because I talked about this too on joe. It's the same thing with surgical equipment, right? This is the problem with the incentive system, and this is what I've tried to explain. And I'm banging the drum going guys, if we make everything about quarterly earnings and quarterly profits and corporate capture, and I'm an executive at Pfizer, Lilly, any of the drug companies. But I, or an executive at Stryker, Smith and Nephew, Donjoy, any of the orthopedic joint companies. I have got to hit a quarterly number and a quarterly earning time and time again.

When I was at Striker, we said, we are a growth company. They told us we are a 20 percent growth company. Same thing every day. You got the rankings. You knew where you stood against the other reps. All this pressure is put on you to go out and hit a number. It's about a number. It's about dollars. It's about cents. It's about. Profits. That's what the hospital system set up for. To every surgeon at that hospital is being told, did you hit your surgical volumes? We need you to get more surgeries in here. So throughout this ecosystem, everyone's pushing, pushing, pushing, and the problem is once you set the threshold, you can't go back.

Now you did a hundred joints. You got a 20 percent growth number. You got to do 120 joints. And so everything goes that direction and they often put growth ahead of innovation, right? So even a lesser product will get launched into the marketplace. So for instance, when I was at a med device company, they launched a camera prematurely into the operating room because sales were tanking. They had reached a saturation point. You're running out of bandwidth. You got to hit a boom to hit your yearly number. You got to get this camera on

the market. You push it through the 510k approval process. Next thing I know I'm standing in surgeries with doctors. We're in the middle of heart surgeries and they hit an ablation device and the camera turns off.

We're doing heart surgery and the camera turns off. Their way to optically see what they're doing on a valve is gone. In the middle of a heart surgery because that company needed to hit quarterly earnings, right? That company refiles drugs and drug patents and extends patents. So like Prozac, they bolted on another molecule to Prozac and called it Symbiax. And they just said, okay, now this drug has an indication for schizophrenia. But what's wild about it is, we're talking about a drug versus a drug. When you look at the studies when I was being trained as a rep, I remember. I was, again, I was a 23 year old kid and I'm like, hold on a second. The drug works.. I think it was like 48 percent and placebo works at 39 percent. But the side effects are suicidal ideation, violent tendencies, in the first two like what? Why would anyone take this? We could just give them a sugar pill and literally only a handful of people are going to know the difference. That's just mind boggling to me and I'm not a statistician, you know, I don't know. I don't I don't write the rules. But it's crazy to me the FDA would go. Okay, let's put this on the marketplace and see what happens.

SHAWN STEVENSON: They're framing because it's using statistics. Because they can frame it with relative risk reduction versus absolute risk reduction. It looks like well, this was actually four times more effective than the placebo. And the reality is it was a minor benefit, but also what comes on the back end, right? So are we looking at fixing one thing, potentially treating one thing, but causing a series of other things? And that's where the whole real potential should be.

BRIGHAM BUHLER: I remember relative risk reduction. You just spurred this thought in my head. I also remember Lily launched an osteoporosis drug on the market. And under a bone mineral density scan, candidly, it didn't do sh*t. People didn't get A slow, a meg, a big slow in reduction of loss of bone mineral density with the competitor they did. It stopped the loss of bone mineral density in elderly women, which means it reduced the risk of fracture. But what they saw in the study is even though women were losing bone mineral density, they didn't fracture at the same rate as the control group, the placebo group versus the control group. So our message was Doc, I know we're not seeing the scientific evidence under the bone mineral density scan and it appears these women are still losing bone mineral density. But there's something about the quality of the bone because what we're seeing is a reduction. But it could have been an anomaly in the data that just happened to be a lucky anomaly. And at that point you're this drug company that's put hundreds of millions of dollars into this drug come hell or high water, you're getting it on the market, and that happens time and time and time again.

And it's so sinister. I hate to be doom and gloom, and there's a lot of positive drugs out there. And obviously there's great medicine and great innovation that has happened, but the system is rapidly being captured and becoming more about money over the last 20 years, for sure, than it ever was before.

SHAWN STEVENSON: Yeah, yeah. A big term for everybody to walk away with today is polypharmacy, right? So it's not that, you know, somebody's getting on one medication. It's usually two, three, four, five, six plus medications and just getting stacked on top of one another. And a glaring issue is that you mentioned a placebo control study, so they're testing this drug against a placebo. We're generally not looking at any of these drug trials.

What if somebody's on all these other medications? And then left up to the doctor who's not educated on the depths of all these different drugs and drug trials. And it's basically, you're just an experiment. We're just going to throw this in here, see what happens and you come back. But actually testing that can be done to find out how you react to certain drugs in advance of being put on certain drugs. Let's talk about that.

BRIGHAM BUHLER: Well, there's, yeah, you're talking about the pharmacogenetic test. Yeah, we had that as part of our practice and I owned a lab and I would go out and educate clinicians. This is after I left being a drug rep. Then I went and became a med device rep. Then I got out of that after my brother passed away from opioids. And the irony of it was I was out with a toxicology lab, educating clinicians on the importance of testing and screening patients for diversion. And also before ever prescribing an opioid, let's take a look under the hood, and let's look at this person's cytochrome P450 marker, which is just a fancy genetic term to tell us how you metabolize medications.

Because we all have genetic anomalies and we've now mapped out those genomes, and we know how before we ever prescribe a drug, you are going to metabolize it. Are you a slow metabolizer, a fast metabolizer, a moderate metabolizer, or are you an outlier that can't metabolize this medicine at all? And it gives us a tool to be able to properly assess which product is which medication or treatment modality is going to best be suited for your unique genetic makeup. And the insurance companies took that away from patients within eight nine months. They said no, we don't want to cover that. And then beyond add insult to injury, they even took the safety net of toxicology screening away from the pain doctors that were writing the opioids. So essentially the insurance companies also had a huge role to play in the opioid crisis because they took two of the big tools in the tool belt that a doctor had in this country to prevent abuse and subversion, and they were gone.

And so now the doctor's taking a shot in the dark. All right, well, let's write an opioid and if somebody is an ultra slow metabolizer, they could OD. If somebody's an ultra fast metabolizer, they're gonna burn through that opioid and they'll be calling you again a few hours later and saying, I'm in pain again. And then you're going to be going, okay, are they addicted? Or are they really, are they one of the people experiencing breakthrough pain? You know, cause there is a certain percentage of society that will experience that. And then the craziest part is like 20 something percent of society can't absorb an opioid.

People with Samoan genetics, people who are like Hawaiians, a lot of that patient population has no ability to absorb opioids. But what's crazy is these opioid companies still lobbied the government and pushed it into the Medicare and Medicaid systems knowing that the folks in Hawaii weren't ever going to be able to metabolize it but could still become addicted. And it's just this crazy environment and ecosystem that's been created.

SHAWN STEVENSON: Got a quick break coming up. We'll be right back.

There are several types of protein supplements available on the market today from plant source to animal source, but the vast majority of clinical evidence supporting the benefits of using a protein supplement are from studies done on whey protein. A randomized, double blind study published in the Journal of Nutrition found that overweight test subjects, who were instructed to consume whey protein daily for 23 weeks lost more body fat mass, had a greater loss in waist circumference, and a greater reduction of circulating ghrelin levels, which is our major hunger hormone compared to test subjects taking daily soy protein or an isogenic carbohydrate drink.

Now what's really interesting about this study is that the test subjects were not instructed to make any other dietary or lifestyle changes, just adding in more whey protein led to these results. Now, whey protein has actually been utilized for centuries, dating back to Hippocrates, the father of modern medicine. He utilized whey protein in his practice and referred to it as quote serum. Now, today folks are utilizing whey protein, mainly in the domain of supporting muscle gain and really leaning into the metabolic benefits. But the key here is making sure that you're getting it from a great source. Ideally, you're going to be looking for grass fed whey that's easily digestible and highly absorbable and a whey protein that doesn't come along with unnecessary high glycemic sweeteners.

And the whey protein that I've been utilizing for years is from the incredible folks at Onnit. Go to Onnit.com/model. And you're going to get 10 percent off their incredible grass fed way. That's O N N I T.com/model for 10 percent off. They also have an incredible plant protein as well. Now, again, the data affirms that certain types of plant protein can be effective for

supporting metabolic health. It's just that way tends to outperform everything else. But if you're looking for a plant based protein, they've got one for you as well. So head over there, check them out. That's onnit.com/model for 10 percent off store wide, including their amazing grass fed whey protein in two incredible flavors. Pop over there and check them out. And now back to the show.

SHAWN STEVENSON: My question would be why wouldn't insurance companies want a test like that to be available? Because it just makes sense if it's about patient care and success with the medication that we'd, in advance, find out whether or not this medication is appropriate for this person. Because the truth is regardless of the data from a clinical trial, even if you are a unique individual and there are always outliers and there are always people on various ends of the spectrum with effectiveness and with side effects. And so. Why wouldn't an insurance company want this to be available to patients and doctors?

BRIGHAM BUHLER: No, that's a great question. It's a little convoluted and complicated of an answer, and it's so nuanced it'll take a second to explain. But there are certain modalities that the insurance company has not monetized, and they don't really make money on. So they're loss leaders. Lab testing. The insurance companies don't own labs. They don't have kickbacks on labs. They don't have reimbursements or rebates on labs. So it's just money out the door, right. So they like labs, surgeries, a lot of those things. It's an obstructionist mindset as an insurance company. And so if I deny a pharmacogenetic test, if I deny a cancer screening, if I lobby my women's health initiative to push back the the women's health clinicians to push back the timeline and the dates at which we test and screen a woman genetically for the potential of having a child with an abnormality because of their age, right?

The gold standard was 30. If I can push this number back with clinicians to 35, I save billions or millions or hundreds of millions of dollars to my bottom line. And we go back to that quarterly earnings, quarterly revenue. And then you think, well, wait a second. Like an example I usually give is what if somebody's pre diabetic and we know if we let them transition to diabetes. There's a seven fold increase in the cost of care till that person dies. As an insurance company, wouldn't you want to practice preventative medicine and stop the transition? But the dirty secret is, the average person switches employers every two to three years in America, and they become another insurance company's problem. So with a lot of these big ticket item tests, if I can delay the screening, and I can make it a pain in the ass for this patient to get accessibility to it, they eventually give up, and then a few years later, they're somebody else's problem. So that's one component.

The other big dirty, dirty secret that I've been ringing the bell on is that the insurance companies are literally making money off of the drugs and medications you take.

So when we say the average American now over the age of 40 is on three or more prescription drugs or something, it's an insane number. Why would you as an insurance company want that to happen or allow that to happen? The answer is the insurance companies have colluded with the pharmaceutical companies, and this is factual. There's a middleman called a pharmacy benefit manager. Has anyone ever talked to you about that?

SHAWN STEVENSON: Please do.

BRIGHAM BUHLER: Yeah. So these PBMs, a lot of people have never even heard of it. A PBM covers almost 90 percent of the prescription care that comes through this country. So if you're filling a drug at a pharmacy, it funnels through your pharmacy benefit manager. And so many people go, well, I don't have one. You do. It's owned by your insurance company, United, Cigna, Aetna, Blue Cross Blue Shield, went out and bought these middlemen that were established again in the 70s and 80s. These middlemen were established to drive down the cost of prescription care drugs. They were put forth to go negotiate with the big pharmaceutical companies and say, no, we're not paying you a thousand dollars for that drug. For this to get on Medicare and Medicaid and for this to be approved to this nation.

You need to give us better pricing. Within a decade, the insurance company said, wait a second, we could buy those guys, and they did. And so the big five insurance companies went out and bought the big three pharmacy benefit managers and the three pharmacy benefit, just three of them cover almost 90 percent of the prescription care coverage in America. That's an important thing to know because that explains why the cost of prescription drugs have gone up over the last 20 years. That explains why the insulin price is at an all time high because what they did rather than negotiating down the rate. They went to the pharmaceutical companies and said, Why don't you charge me a hundred dollars more for the insulin?

And then give me a rebate of a hundred dollars to my pharmacy benefit company. And then you go well, hold on because they're still paying the bill, why would they want to run up the cost? And I'm showing you the magic trick because once you see it You know it and you'll know when it's happening. So the magic trick is like somebody like me. I employ 350 people. The employee is not paying for that. I'm paying for that. At the end of the year the insurance company comes back to me and says brigham Joe, bob cost us a thousand dollars a month in prescription drugs. That's twelve thousand dollars a year. We have to make that money back and we have to charge you a premium. We have to up your copay, your deductible, your out of pocket expenses all of that, but they never paid the $12,000. They paid half of that.

They paid six thousand because six thousand dollars went in a rebate to their holding company, the pharmacy benefit manager. And then it gets even dirtier. I owned a pharmacy. This is the only reason I know this. Your doctors usually don't know this. Most clinicians I talked to were like what I didn't know. The only reason I know this is I owned retail pharmacies that build insurance. You come in you want to fill a drug like metformin. I try and use simple math. Let's just say, this is close numbers, but metformin is like two dollars cost a pill, I mean a month. And I would sell it to you for four dollars a month. I make two dollars. You get a great quality product for four dollars. You come in, I swipe your card, it's Blue Cross Blue Shield. I have a gag clause.

It's illegal for me to tell you that I can sell you that drug for 4. The computer tells me I have to charge you 10. I'm not allowed to tell you the cash price, because Blue Cross has me under a gag clause. I have to charge you the 10. Blue Cross claws the 6 back, puts it in their Pharmacy Benefit Manager bucket. The pharmacy benefit managers, which are supposed to be driving down the cost of prescription drugs, are literally making billions of dollars a year in profit. While the big insurance companies that own them at a separate cost center are also making billions of dollars, like over 300 billion is what United made last year.

They're not doing that by providing you with great care and covering lab tests. They're doing that by depriving people of quality care. By creating obstructions to lab tests, to diagnostic tools, to surgical procedures. But then they're monetizing, it goes even worse, insult to injury. Not only are they not giving you accessibility to the ability to prevent the chronic disease, they're monetizing your chronic disease. And they're making billions of dollars off you being on these drugs. And so then you go, wait a second, what about when somebody has a heart attack or a stroke? Think about this, most of the cost of care happens after you've transitioned out of the private payer system into the Medicare Medicaid system where you're not their problem, you're our problem.

You're now this chronically ill person who's been on these medicines for years. And the heart attack that began to manifest in your 20s is now happening in your 60s. And you're having a heart attack and you're having open heart surgery and we're paying for that. The taxpayer's paying for that. The insurance companies have already rode you all the way to the bank and kicked you off to us. And that's what's happening in this system. And that's why it's this colossal failure.

SHAWN STEVENSON: I'm just... I've never said this word out loud before I'm flabbergasted. I'm flabbergasted, man. And it's, I mean, to be honest, it's brilliant. It really is. If profit is the goal, it's brilliant. You know, it's really constructed in a way that, and now, okay. So the PBMs were essentially kind of like a union for the people in a sense.

But insurance companies gobbled them up and use them as another feeder into their system. And so if, again, like, it's crazy that in that moment when the patient is trying to get that metformin and they could potentially pay two dollars paying "cash." But they're like, oh I got to actually pay my copay which is ten dollars.

BRIGHAM BUHLER: Yeah.

SHAWN STEVENSON: They just don't even know that that exists and the pharmacist cannot tell them.

BRIGHAM BUHLER: Correct.

SHAWN STEVENSON: That's crazy.

BRIGHAM BUHLER: And then I could even not do. I own blood labs. I own the toxicology labs. I own pharmacogenetics. Same thing, different game, right? I would try to negotiate a pre-determination. People go, well, why don't I know what my lab test is going to cost? It's crazy. I don't know what my surgery is going to cost. That's not the hospital. That's not the lab. That's your insurance company. Because I would go negotiate with insurance companies and go, can we set a rate on this blood work? And they go, no, you're not going to be in our network. We don't want another company in our network. Okay, so this gets complicated too. I'm then forced to bill you a number, and if you're not in network, the insurance company pays you 30 percent of bill charges. So imagine this if I bill you the 300 i'm trying to get paid you're going to pay me 100 bucks. I lose money on your lab test.

So in order for me to be profitable, I have to inflate my bill master to three times to get the insurance to pay me what they should have paid me, the fair reimbursement for the test. So now I have to bill you 900. Then the insurance company screws the patient because they put in the contracts with the labs and the pharmacies and the hospital systems that you are required by law to go after the patient for any short payment. I didn't want to bill you the 900. I had to because the insurance company is going to play a game and pay me one third. So I have to build 900 to get paid 300. But the way that works is now I got to go after you for the 600. Even though I didn't need the 600. I never asked for the 600. I know you're not gonna pay me the 600.

Because patients never end up paying the bill. They refuse to do it. But then I have to harass the patient to get them. Because I have to show a reasonable effort to collect or I can get literally federally indicted. I can go to jail for violating laws in this country. Because that's how much power these lobbyists have and these insurance companies have. So they force these

labs, pharmacies, and hospitals to basically pressure and chase down patients for the difference. if they would just agree to pay a fair rate, we could all ride off into the sunset and sing Kumbaya. You pay me a 10 percent return on everything I do and the patient gets a good treatment.

I get my money in a timely manner, but it takes 90 days to get reimbursed from the insurance company. You have to fight these people tooth and nail. They typically give you 30 percent of the charges and then I have to go after you, the patient, by law. And then you the patient go, call your doctor and go what the hell man you ran a test that cost me 900 and my insurance company's not covering it. Why didn't you ask my insurance company? And it's like because it's your insurance company playing games because once they've pissed you off, you're not going to call them. You're going to call the doctor and you're going to yell at your doctor and go, why did you run this test? And now when that happens two or three times your doctor throws up their hand and goes i'm not running that test anymore. Right, and now they've shut down effectively your accessibility to care as a patient.

And that's why we started ways to well, and that's why I got into cash pay. And that's why I got into compounding pharmacies. And our model now is like, we're out of that ecosystem. Because that ecosystem, whether you have United, Cigna, Aetna, congratulations, you have a first class seat on the Titanic. It doesn't matter which seat you're in, because they're all going the same place. Towards the iceberg.

SHAWN STEVENSON: Man. This also, with all of that getting put on the patient, speaks to the bankruptcy issue in the United States that most people have no idea about. Can you talk a little bit about that?

BRIGHAM BUHLER: Yeah, it's the number one reason for bankruptcy in America is healthcare costs. I mean, it's terrible because there's, and then as you get older, what we were talking about with the prescription drug coverage. You know, a lot of programs have what's called a donut, right? So the insurance company will say, Hey, we'll cover grandma, me, ma, whatever your elderly person's first $10,000 in medicine. Okay, but the average elderly person's on four or more prescription drugs and the PBMs have inflated artificially the price of those prescription drugs. So a drug that was a hundred dollars is getting rung up at $200.

If you got four of those, that's $800 bucks. You're out of your prescription plan in a matter of months. And now your grandma has to come out of pocket for the next $5,000 to $10,000, depending on the plan. And so a lot of these elderly people say, I'm on, you know, I'm on government assist. I don't have the money. Like I'm on social security. I can't afford 800 a month in prescription drugs. Because remember what I told you earlier, once you've given the

insurance card, they now have to charge you the insurance price. So on every drug, there's a multiplier effect, and the snowball gets bigger and bigger, and the debt gets bigger and bigger, and the liability gets bigger and bigger, and patients are drowning. Whether it's their hospital charges, their prescription drug charges, their lab testing. Imagine a poor person who's elderly, you know, with a terminal illness that's just trying to stay alive, and they're getting hit from every direction. With this bullsh*t that is killing them literally and figuratively. Financially crushing these people. But these insurance companies are laughing all the way to the bank.

SHAWN STEVENSON: Yeah All right, I gotta ask you some clarity on this because this is an interaction that millions of people have every single day. It's the interaction with their health care provider, their physician. And that relationship has dramatically changed in the last few decades. And it's largely because of insurance companies, and we think it's something else. We even think it's the doctor, you know, is trying to make more money, just, you know, but it's really the insurance company. So, we'll just use for example, we have the capacity now for some incredibly comprehensive blood work to get done, right? Our blood work can tell a story, really. It's not just these kind of rudimentary points that, you know, a standard blood panel recently is like, triglycerides, HDL, LDL, you know, and this.

But we can find out so much more. Particle size of the part, you know, the LEL particles. We can look at hormones and relationships to these things. And all this is available, but because of insurance companies, and this is the thing. And this has been an argument people have even shared over the years, like, Okay, we found out about getting this test done. How do I get it done? My doctor won't do this for me.

BRIGHAM BUHLER: You got it.

SHAWN STEVENSON: Right. So what's going on there? How have insurance companies impacted the relationship between doctors and patients?

BRIGHAM BUHLER: Drastically. Drastically. And it's not the clinician's fault. I can tell you, it's not, clinicians are not bad people. They want to help you. They came into this to be a steward to society. Most of them were the same as me. You come out, you're bright eye, you're bushy tail. You think you're going to make a difference in the system, choose you up and spits you out. And after they've done it for a decade and they've been yelled at by their patients, yelled at by the insurance companies, threatened by the insurance companies, they get scared and they get gun shy and they quit trying to practice.

Predictive proactive personalized medicine because the system's not built to do that. And so I can tell you firsthand because I also owned a blood lab believe it or not. That was one of the things I did. And we build the insurance companies and I would go out and I would educate clinicians in the state of texas about the importance of getting proactive and predictive. And I would say hey why are we waiting for these people to get chronically ill to act? We can use blood work as a leading indicator to get ahead of chronic disease. And if we want to stop the five chronic diseases that are killing mankind. The best way to do it is to stop them from ever evolving in the first place. And that was my pitch, and I got thousands of clinicians in the state of Texas to begin to get proactive and predictive and to test blood work.

Within three months, I'm not kidding you, clinicians were calling me, Hey man, I got a letter from United saying if I keep pulling blood work, they're going to terminate my contract. Hey, I got a letter from blue cross blue shield Brigham saying if I keep pulling this comprehensive blood work, they don't think there's medical necessity. They're telling me I should only be doing a basic lipid panel. What do I do? And my answer is you're the doctor. You tell them to F off. They didn't go to med school. And then they put you under clinical review. And now your doctor's getting stuck on the phone for an hour with another doctor that's on their payroll that is pushing back on, oh this kid's 25 years old or 30 years old.

I don't think we should have been doing this. I fundamentally disagree with your clinical decision. I'm gonna put that in this chart. If you violate this again, we're gonna cut your contract. And if you lose that contract you're out of business as a doctor. You've got medical school loans. You've got a mortgage payment. You got that Porsche payment. You know these guys and girls are just trying to make livings and their livelihoods on the line. And then if they do do the test and the insurance denies it we go back to the conundrum of now you're gonna get a bill, because they're making me bill you. The insurance companies have captured all of it from the doctor to the hospital, to the patient, to the labs, the pharmacies. All of it has been captured.

Nobody can fight these guys. They're the biggest gangsters out there. They are the mob. They're the modern day mob and they control all of health care right now. Hand in hand with big pharma. And so it is drastically impacted the patient relationship. It makes it really hard for those clinicians to provide true care. They've taken all the tools out of their tool belt.

SHAWN STEVENSON: Yeah, they have to operate in a very very vanilla space and standard of care. And you have to stay within those barriers or you can get wiped out very quickly.

BRIGHAM BUHLER: And we could go back to the opioids and this is a prime example. Think of this. I'm a clinician in the 2000s, early 2000s. I got a rep coming into my practice talking

about breakthrough pain. I've got professors from Harvard and Stanford that are now exposed today that we know we're on the payroll for the sackler family. Coming into my practice hosting dinners explaining how i'm being a shitty clinician if I don't get serious about breakthrough pain and helping treat chronic pain. Okay, I have an alternative to this if I believe that these drugs are addictive which by the end of it people did. You had an alternative which is a for especially for orthopedic procedures or joint pain you had topical pain creams. Well insurance companies quit covering those so it's the same thing patients would have had to pay cash out of pocket. If you give the patient a choice between paying 180 for a pain cream out of their pocket.

That's non addictive non abusive or write them a prescription opioid that's going to make them high, and fix their pain and it's covered by the insurance. They're going to go that path. Okay, then you look at the tools in your tool belt to prevent abuse Toxicology, pharmacogenetic testing. Those are gone. Those are taken out of your tool belt by the insurance companies. So every check and balance and safety net was ripped away from those clinicians. They were forced to write these opioids because they didn't really have another option. They're trying to treat pain and help patients to the best of their ability. They're being pressured, peer pressured and influenced by their peers who are on the take getting paid at academia. And now all of us are like, I don't, I don't think I trust these guys anymore.

SHAWN STEVENSON: Essentially from top to bottom, you know, this system is constructed in a way where these very, very powerful entities are profiting from our collective sickness, our collective ignorance. And you also mentioned in that story with the Sackler family and the FDA being involved in helping to get it approved, right? They had somebody in the FDA who also later went to work for them as well.

BRIGHAM BUHLER: Three years later, he left to go work there with a big, huge salary.

SHAWN STEVENSON: People don't realize recently the last like 10 FDA commissioners went to work with the pharmaceutical industry or came from the pharmaceutical industry. And so it's all this obvious insider information and just this kind of collective coercion of this system. And you know, we transitioned into the funding, the medical funding from pharmaceutical companies being the really major part of the FDA's budget. But it started off the scientific review budget because we need more people and better approval process so we can get drugs to people who need it, right? So that's why we're going to start taking money from the pharmaceutical industry. And we're talking to the tune of billions of dollars annually. But as soon as you open that door, now again it gets very sketchy because, the pharmaceutical industry is funding the entity that's supposed to be the watchdog and looking out for patient wellbeing, us, right?

And so this situation is dire, to put it bluntly. With that said, and this is my question for you, because you've seen this from top to bottom, this system is not broken. That's a misnomer, it's not broken. It is set up like this for this to be the way that it runs. How on earth can we find real health care? How can we find success with our health? How do we go from this design to sick care system to a real health care system for ourselves and our families? Is there a way forward?

BRIGHAM BUHLER: Yeah, I think there is and I always like to end on a positive note, too. So I'm glad you asked that and it's, I love what you just said because when I testified in front of the senate, and I know you had mentioned you were going to be there too, but you had a conflict. I literally said that exact thing. I said so often. I hear the healthcare system's broken. The healthcare system's broken. It's not broken. It's rigged. And we're the ones fitting the bill. And the price is more than money, dollars and cents. It's being paid in Americans lives, loved ones, friends, families, brothers and sisters. I know. I lost my brother to the opioid crisis. Like, I know what these people are doing. And it's dark and it's sinister. And when they control 50 percent of the FDA's budget, and most of the heads of the FDA are swapping spit with big pharma and big industry and they're moving back and forth. You're just moving chess pieces on a board. And so what I implore people to do is to begin to think of the existing healthcare establishment and the insurance establishment like car insurance.

It's there if you wreck the car. It's there for something catastrophic. But if you are going to put you and your loved ones health and longevity and future livelihood and lives in the hands of these people, you are going to be sorely disappointed. And we as people have to take sovereignty and accountability over our health. And the blessing is 80 something percent of this is preventable through lifestyle, diet, nutrition, and exercise. And if we can take a little bit of sovereignty, a little bit of accountability, and by ourselves time we have to hope knowledge is power. And through media platforms like this. Through your podcast and the rogans of the world. We are now waking up and we are discussing this as free thinking free people and that's the beauty of this country. Like this where else could we go take a sh*t on the senate floor and drop these bombs on our, you know, elected officials and basically read them the riot act about what we're seeing and make it public.

This was broadcasted to the public. I don't know if you know, but over 2000 people made the trip. They had to have an overflow room. Americans are pissed. They aren't buying it anymore. They now know the magic trick. We're asking the questions and just like in medicine, we can't cure what we don't diagnose. And we can't diagnose if we don't take a look and so we are getting to the root cause of the disease. And now I feel like we've diagnosed the root cause as a society as a public as free thinking individuals. The question becomes what's the treatment and how do we get us back to being healthy?

And it wouldn't take that much, Calley Means talks about this. If we just pivoted healthcare to focus on metabolic disease and we took all of these extreme expenditures that are outlying out there and we focused on just addressing metabolic health.

Overnight we could change the trajectory of chronic disease. And if we just changed the incentive systems to where the FDA was not allowed to move back and forth between the private industry and back to the government service, because when you're in that cross pollination ecosystem. I have to question if you're serving the people or you're serving the pharmaceutical company that's going to give you a job in six months, right? And we know that now as a society. It's being exposed. It's being talked about and we the people can make change through our pocketbooks through our decisions, through our discussions, through educating our friends our loved ones through podcasts like this. Like that's the first step and we're there we're in it.

The next step is going to be people drive policy and policy drives politics. So, if we can drive policy through the people, through our voices, we can fix these things. But short term, I tell people, Man, you can sh*t in one hand and wish in the other and see what fills up first. Man, because 400 trillion to 1, those are the chances you're alive right now today. Are you gonna put it in these people's hands? Are you gonna let these people make these choices for you? Because we know where they're gonna take you. If you go and you eat the average american diet live the average american lifestyle and you see the average american doctor. You will die of the average American chronic disease.

We are a chronically ill society. We have got to take accountability and sovereignty. And quit worrying about when somebody else is going to fix our problems. Roll your f*cking sleeves up and go fix your own problems. And there are outliers like cancer and these things that could blindside us. But you know what the number one risk factor to cancer is other than smoking is obesity and metabolic disease. Everything goes back to our metabolic health making better choices, getting outdoors, spending time with loved ones. Trying to really address it from the root cause up and we can make change with time. I mean, maybe I'm overly optimistic, but I really believe for the first time ever Americans are awake. Like, we're not blind anymore. We're awake. People are pissed. I mean, I saw it. And they're excited. They're excited for change. They're excited to make change and improve this. And I hope we can. I really am. I'm optimistic that we will.

SHAWN STEVENSON: Yeah. And oftentimes, unfortunately, it takes something catastrophic. For us to change and to wake up in the last few years and all the chaos. It really was a catalyst for a lot of people, like you said, waking up and you've got some resources for people as well. You mentioned ways to well. A couple of times. Can you talk a little bit about some of the resources and access?

BRIGHAM BUHLER: Yeah, yeah Ways2Well. A lot of and we've done an in depth job of explaining the why. So now when I explain what we're doing at Ways.

Well, it'll probably make more sense to your listeners. My thing all along was we've got to get proactive, we've got to get predictive and we've got to get personalized. We know what chronic diseases are killing americans. We know the root causes of those chronic diseases and we know how to prevent those chronic diseases. And it is not something that just the Joe Rogans and the Aaron Rodgers of the world can afford.

You are talking about less than a hundred bucks a month on average. To drive your healthspan. And I know that's a lot and I'm not trivializing that, but with a lot of my friends who go, wow, I don't, I can't afford that. I go, I know how much beer you drink. I know what car you drive. How many those? I know all the tennis shoes you buy.

SHAWN STEVENSON: TV apps.

BRIGHAM BUHLER: Yeah. . It's like this is your one shot at this. You won the lottery, you're alive. We're here. Are we gonna let them destroy our body? This like think what people spend on cars, mattresses, and houses. Those are temporary things. This is the one body you get for the whole time you're here on earth and you spend a hundred percent of your time in it. Like let's honor that let's take accountability and sovereignty and take back our health from these people and how you do it, and it doesn't have to be waste.

Well, there's hundreds if not thousands of companies out there. I would tell people go out and try a cash pay clinic, do your research, don't just blindly walk into a clinic and go to the first one that's right down the street from you. How much time do you spend finding what restaurant you go to dinner with your wife on a Friday night? Or I have friends that will interview 20 people to do a project on their house, but sign up with the first doctor their insurance company sends them to. We should be interviewing doctors like how important they are because they're probably the most important ally in your healthcare journey and you need that resource.

You need that tool in the tool belt and you need an ally that's open minded, progressive and in the know about what's going on with the various treatment modalities. And so at ways to well because we're not in the insurance ecosystem, we can make decisions side by side with the patient, for what's best for the patient. Not what's best for the insurance's pocketbook or big pharma. And so ours is very conversational. It's a dialogue. And part of me is because I'm not an, I don't like authority. I'm not an authoritarian guy. And so I wanted to provide an empower and embolden patients. And so the ways to well approaches our clinicians are

trained to be your friend, your ally, and a resource to knowledge, not a dictator telling you, take this, take that, take this.

No, no, we're not doing that. It is, here are the pros and cons, here are where you are metabolically, here is where you are on visceral fat, subcutaneous fat, here is where you are on your biomarkers, here are some recommendations of diet, lifestyle, nutrition, here are some tweaks we can make. Here are some pharmaceutical intervention options. Here are some peptides and things that other people aren't talking about in traditional medicine because insurance doesn't cover those things. But there are literally hundreds, if not thousands of tools in the tool belt that open themselves up to patients when they're not in that insurance model.

Whether it's cancer screenings that look at over 200 types of cancer and can identify it at stage zero, which has a 99% success rate. Whether it's blood work that does a true deep dive into you at the biological level. Whether it's the genetic test that you and I were talking about earlier. Whether it's, you know, like finding if you have metal allergies or any sort of metal toxicology in your blood work, microplastics. All of these are screening tools that we can identify. Stem cell treatments. There's so many tools that you will never hear about if you're in the insurance model. Not because your doctor, he or she is a bad person. It's just not an option for them because they're working within an ecosystem that tells them what they're allowed to do. And so that's the gist of it. If we can, if we can allow patients to have line of sight, then again, we can fix what we can see.

SHAWN STEVENSON: Yeah.

BRIGHAM BUHLER: But if we're not looking, we can't improve what we don't measure. And we can't measure what we never f*cking look at in the first place. And that's what the system's built to do. So that's the gist of it. That would be my elevator pitch on why people should go find a cash pay clinic and I'm a big believer. That's how I started this. I found a cash pay clinic. I myself was in that system on the cusp of diabetes obesity. My dad's diabetic. My brother's diabetic. My sister's diabetic. My stepmom's obese, diabetic had a bariatric procedure like that was where I was headed. And thank God I went out and found a cash pay clinic and got proactive and took Control over my health and took myself out of that sick care system and it changed my life.

SHAWN STEVENSON: Yeah. Yeah, man This has been awesome. This has really been awesome. We'll put the links for everything in the show notes everything we talked about. And man, I didn't even know that this was going to impact me this much today. And man, I just appreciate you so much truly. I know... you, your story is incredible. Just all, sometimes if

we just sit and think back on all the things that we've been through and accomplished, the risk that you've taken, you know, the investments that you've made to create this life, and now you're impacting all of these people and really helping us to think differently about this.

And even just doing the numbers. I love it when somebody can do the numbers. You could potentially save money just because of the whole copay phenomenon. You could potentially save money. Save money doing a cash pay system.

BRIGHAM BUHLER: A lot of times it is cheaper for patients. And I really appreciate you having me on man, because you drop knowledge bombs on me. I like it. I've done a lot of podcasts over the last year because of Joe and people see me on Joe. But man, I learned a lot just talking to you. You are a plethora of knowledge and you were dropping some knowledge, truth bombs on me today. So I learned a lot. So thank you for having me.

SHAWN STEVENSON: For sure, man. We're going to do this again. Let's do it. And I appreciate you so much for coming to hang out with us.

BRIGHAM BUHLER: All right. Thanks, man.

SHAWN STEVENSON: Brigham Buhler, everybody. Thank you so much for tuning into this episode today. I hope that you truly, truly got a lot of value out of this. This situation does not change unless we change. We're the ones who have to push this ball down the field. And I'm telling you right now, it's going to be a lot of work. There's a lot of work ahead of us, but we have to take a stand at some point and say, enough is enough. Again, we have the most money of any wealthy country in the world funneled into healthcare every single year. Trillions and trillions of dollars. And as I mentioned in the beginning, we're talking about hitting about 8 trillion getting funneled into our healthcare industry. And yet having by far the worst health outcomes of any wealthy nation. Something is not adding up. If your math isn't mathing, you've got to step back and say, there's something going on here.

And we now have a system where we've allowed multiple industries to profit mightily from our collective sickness, from our collective ignorance. We don't know how these systems work. We're just trying to get by and people are trying to find a way to wellness, but they're led into. It's not about. healthcare access. People are getting access to really subpar care and a system that is simply built to treat symptoms and not to fix underlying causes of these conditions. So again, it's up to us. We have to share this information, share this with your friends and family, share it on our social media.

We've got to be the ones to keep pushing this conversation forward. I'm so grateful for you being on this mission with me. We've got some epic 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 themodelhealthshow.com. That's where you can find all of the show notes. You can find transcriptions, videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that 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.