

[How “crunchy” got crushed: An interview with naturopathic doctor Matt Brignall](#)

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Transcribed by Julie Ann Lee

(Theme song - soft piano music)

ABK: Welcome to Noncompliant: The Podcast. I’m your host **Anne Borden King**.

Matt Brignall is a Naturopathic Doctor in Tacoma, Washington. He currently works in a community-based, primary care practice. For nearly 20 years he was a professor in the Naturopathic training program at Bastyr University. He left because he felt that the alternative medicine community was losing its ethical bearings, and becoming a threat to individual and public health. In addition to his practice, he’s currently working as part of the Medical Reserve Corps COVID-19 response team. Matt is the parent of a 20-year-old daughter with Rett Syndrome, and is active in disability advocacy.

Matt’s website [NDs For Vaccines](#) offers a wealth of information for Naturopaths as well as consumers about the safety and the need for vaccines. It’s an amazing resource. One thing I really love about Matt’s work is that he always avoids the divisive approach, like I’m thinking of SciBabe or some of these annoying ‘I love GMOs’ people, where it seems more about winning an argument than what Matt is doing.

And what Matt is doing is very radical and important, influencing people to think differently – to open their minds and find common ground and languages and solutions that might not always be the solutions we want in a perfect world, but which are realistic and bring us closer to public health goals.

I’m really excited to talk to Matt. We’re going to spend most of the show talking about COVID pseudoscience and anti-vax as well as some of the mainstreaming of MMS, but I wanted to first introduce the broader topic and the thing that Matt and I have in common-- which is trying to wrap ourselves around how natural health has become commodified in this really specific way and mainstreamed over the past few decades because, you know basically ‘**crunchy**’ – the concept of ‘crunchy’ has kind of gotten crushed and really morphed from being this community where we help the planet and almost like an anti-capitalistic approach to living. Now it’s kind of morphed into this marketing machine that’s really all about capitalism and marketing and really **exploits** people’s personal anxieties for billions in wealth.

And, for me as a consumer I really notice that first, because I grew up in counter-culture, shopping in food co-ops and things like that, and really very much in this world of [understanding] the decisions that you make about how you live and how you eat impact the rest of the planet. And then I watched as a lot of the food co-op movement kind of got just gentrified right out of business and replaced by more of like sort of a big box, very personalized approach where suddenly the aisles were full of bottles of pills and supplements (where there used to be *food*) and suddenly it was really about the commodification of this idea of what’s ‘natural’ and what’s healthy and buying things as kind of a path to personal growth and wellness.

And this has all kind of just happened in the past, I don’t know, 20 years, and then what’s happening

now, of course, is kind of another stage which is the normalization of this really narcissistic approach to food and health with the celebrity wellness and gurus like Paltrow and Mercola telling us what we should do and what we should buy, and what natural *is*. You have people like Mercola and the Autism One pseudoscience movement and Jenny McCarthy's Generation Rescue Project. They've all kind of glommed onto this idea of natural health, and some have even politicized it. So, we're going to talk a bit about that today, and I'm really looking forward, Matt, to your perspective as someone who's been practicing in Natural Health.

Matt, what's your take on all of these changes? Why has this changed so much, so quickly?

MB: Well, I think that's a very difficult question. I've been working in my spare time on a book, trying to address some of those changes, and to work through my sadness around it. But, I think probably the most obvious change that's occurred in the last 20 years has been the way that people can immediately disperse information across the planet and this has led to this race to the bottom where people try to increasingly gain market share and gain fame through making more and more outlandish statements.

And I don't really know that there's a way [or] there's an *obvious* way to stop that process, but I do feel like I've watched this movement really move away from me, and I really don't see myself in it anymore.

ABK: Wow, but you're a practicing Naturopath, so how do you end up practicing...where do you find your place?

MB: (laughter) Well, that's a good question too. So, I've really tapped my practice more toward mainstream standard of care medicine as I've seen many of my colleagues go the opposite direction.

ABK: Hmm. What elements of Naturopathy can you bring into the mainstream practice that might make it unique from another mainstream practice, or make it more strong?

MB: When I talk to students about practice models, I think it's really useful to separate the **visit model** from the **therapeutics** that are used, and I think historically in alternative medicine, we've made the conversation about the therapeutics, whether they be use of herbal medicines, vitamins and what not.

But I think the visit model with Naturopathic medicine is a really powerful one. It's a longer visit model, it's a more equal visit model and it's one that incorporates aspects of counselling and routine visits, and I've retained that. I really enjoy practicing that model even as I rejected some of the more alternative therapeutic options.

ABK: That's so interesting. That's something that I would imagine you can educate physicians about if they were not taught about that model when they were in medical school.

MB: Well, that's a difficult model, and it's a model that's certainly not an income-driven model. I think most doctors probably see three patients for every one that I push through my practice- 'push through my practice' - that sounds terrible. But they make three times as much money because they see three times as many patients. So, I don't know how sustainable my model would be across the system.

ABK: Right. But, I suppose even a modified version of it would be helpful in terms of checking in with people- I'm thinking especially during the times of COVID, like I had to see my doctor recently and the

appointment was very quick because now it has to be, right?- but she followed up with an email, which is great- email is so great, and she uses it – and she asked about the emotional and mental health of my family, my whole family who see her- during these COVID times, so that there was an opportunity for her and she really recognized that- that that's a huge part of health right now.

MB: Yeah, well one thing that I see in my colleague's visits is a strange sort of siege mentality, where they feel like medical doctors are, I don't know, are *taking* parts of what we've been working on in the alternative medicine movement. I'd like to reframe that.

I think in a lot of ways our movement won – the 80s and 90s movement of **more humility** in the medical profession- I see evidence for that all over the place. I don't take that as a bad thing in any way.

ABK: Well, most of the challenge might be from the institution itself. I mean I live in Canada, and there's a certain number of people that they just have to see, and so it's really difficult to fit it in to, I guess their time slots, and to kind of push back and try to get more time with patients, it's something that they have to wrangle with the actual institution – in our case it would be our provincial health managed system and in your case it would be insurance companies, I guess.

MB: Yeah. And that's always a difficult balance, and probably not a...the balance of my practice model. My income's probably not as interesting to your listeners but it occupies a lot of my headspace.

ABK: Right, so you're working with MDs and then, since you've practiced- since you started practicing Naturopathy, within Naturopathy it seems like you've seen this big shift. Do you know why things have changed so much? Or, can you talk a little bit more about that shift that you're uncomfortable with that's making you move in a different direction?

MB: Yeah. One of the things that happens and I think that's particularly true up in your province is that the scopes of practice almost require my colleagues to do things that are unethical to make ends meet. So, imagine being a doctor that can't bill insurance and can't be part of a system but has access to intravenous medications and ordering laboratory tests and doing these esoteric stem cell, hyperbaric oxygen sorts of treatments, and what would you do? I think the choice, when the choice is feeding your family doing unethical practice or changing careers, I understand why we see the models we do. In my state, I have the luxury of adopting a very conventional practice model, and working within the insurance system. And, in places where that's possible, I think I see much better behaviour from my colleagues.

[10:01]

ABK: That's so interesting, yeah, so again there needs to be systemic change, and part of that is creating more openness and flexibility within that, but then there's also the regulatory side of it because we have people- anyone I know who's been to a Naturopath, they left the Naturopath's office with supplements that they bought from the Naturopath because that's a revenue stream, and there are even MDs that do that, and they're kind of selling these things out of the office.

That does seem like a really big conflict of interest to me, where of course, the more they sell, the more money they're gonna make. It's going to be very tempting to be prescribing things to people they don't need.

MB: Oh, no question. I used to work at a national chain of cancer hospitals. That was where I did my initial training. It was medical doctors doing chemotherapy and they brought Naturopaths in, and at that job, it was- I had *incentive* to sell more product, and I was judged on how much product I sold, and ultimately left that job, because I couldn't feel good about doing that. And since that time, I've been very careful to make sure that any clinic I've worked in, I did not have incentive to sell things as part of my bottom line. I don't think that that's an ethical model.

ABK: Right, right. What about when people come into your practice, and say it's a family coming in and they want to be using products that not only have no use, but might actually be damaging or dangerous to use on a child, like phony "medicine" for autism that's not really medicine? How do you communicate around that with patients?

MB: Well, to stay with the example of autism, there's such a wide range of things that people are using in the alternative medicine world. If we're talking about say, fatty acids at high doses, I think the risk of harm is very low there, so I'm probably going to talk about that much differently than I'd talk about something like MMS or chelation therapy where there is some risk. I really like- there's a model from an ethics text book, I think **Michael Cohen** is the name of the author and he talks about first assessing for safety and then assessing for efficacy, and then assessing for relative efficacy compared to other treatment options. I tend to use that model as I think about different treatment options.

ABK: Right, because it can be very **alienating**...I mean, you can't just say, you can't just laugh in their face, then you look very egotistical and they're just going to walk away from that. Like, it must be very tricky to be able to communicate around that in a way that is persuasive.

MB: Well, I mean, I'm a special needs parent myself, and I get why some of these things are very compelling to people and I try to think about when somebody asked me that question not just the question itself, 'would B6 help my kid focus or achieve more?' and think about what's the question behind it? The question behind it is, yeah, I want to do the best for my family- the best for my son or daughter. And, if you answer the question and speak to both of these motivations you're probably going to do better than speaking to just one of the two.

ABK: That's interesting. You really have to speak to the motivation behind it.

MB: Yeah.

ABK: What do you do when you have a family in your clinic who's resisting something that they- that would really be best, for example vaccinations when someone is **vaccine hesitant**. How do you communicate about that?

MB: Well, I live in the epicentre, here in the Pacific North West, of vaccine hesitancy and I run a niche practice and I see a fair amount of kids, so I would bet that I see more unvaccinated kids in my practice than 95% of practices in the country, and my policy is generally to give informed consent about vaccinations, talk very openly about the fact that I am very pro-vaccination and give a **safe space** for folks to change their mind.

I think one thing that I see practices do, that seems like a big mistake from my reading of the behavioural medicine research, is to create this line in the sand where you're either pro- or anti-, and I try to find common ground. Yeah, I can applaud a parent who wants to keep their kids safe. I think that's

a value we all can and should respect, but I think once you take that antagonism out of the room, it becomes a lot easier to have a **conversation** that's open and honest about the risks and benefits of vaccination.

ABK: Right.

MB: And I find, I find very frequently that the first visit is just establishing the groundwork for the conversation and then maybe 3 months or 6 months down the road, the conversation starts to shift, and sometimes it's because of a headline, and sometimes it's because of something that the school... sometimes it's a law change. But, if I am there waiting for someone to change their mind and live in an open space for them to do so, it's much more likely to happen.

ABK: Right. That's that sort of bedside manner piece that you were talking about earlier, I think.

MB: Yeah.

ABK: That's interesting. I mean, I have the vaccine conversation sometimes myself because I'm a homeschooler and we go to meetups, and what I find is that, you know, like, I'm not gonna get what *I want*, that I had to make peace with that, right? I mean there are some people that I've tried to talk to about it, and there are some people who, you know I'm not going to try to talk to about it because they're big activists and things like that, but... people that I have talked to about it, the result might end up being--and the best result I've seen really--is that they'll vaccinate their kids when they're older.

There's something about, like 'a little baby' factor that it's a difficult hurdle, and so when you have people doing things like spacing out the vaccinations or, waiting an extra year before they get that extra MMR booster, or things like that. That's not perfect what we want, but if we push too hard against that, we might not even get that. We might drive them over to the anti-vax world, so with vaccine hesitant people, I find like it is really good to be able to talk about it in a way that's non-judgemental, and you get a better result.

MB: Yeah, I also think it's a very useful thing to remember to separate out the vaccine hesitant folks with the hard core anti-vaxxers. And I have no problem with being very aggressive with the way I talk about folks like **Del Bigtree**, or **Andrew Wakefield**, because I feel like those folks are openly lying about the data that exist, and you know stretching the truth to build followers and market-share. And that's a very different person than the person who comes to my office and is afraid that the MMR is going to harm their infant.

ABK: Very, very different. And they may have been hearing that from the people that are watching Del Bigtree's channel, which streams on Facebook. We were watching a rally of these 'Re-open' people on [a television station's website] down here in Ontario and we saw people that we know from like the home-ed community. They were basically told by Del Bigtree to go to these rallies. So, they're really- they're not necessarily thinking independently they're just following what they're being told.

I mean the perfect example of that I think is what's happened with Mercola, who of course is this multi-million dollar enterprise and he just tells people what to buy and what to do, and people feel secure or whatever, I don't know when they use his products and think about him. But, he's actually taken it so far that he can actually tell people to ingest bleach. Like he's been endorsing this bleach COVID 'cure', and

the same people who are really into natural immunity and the hygiene hypothesis and 'let's get germs and let's be dirty,' just flipping like a dime and taking bleach. It's mind-blowing to me.

MB: Yeah. So, I've had the experience in the last couple months of having a number of my colleagues, former students and just folks I know socially come up to me and tell me, 'you know, you've been kind of a jerk for the last 5 years telling us that the alternative medicine movement is losing its way' and now I think people see what I'm talking about!

This movement has been **radicalizing** over the last 3 to 5 years, and it's morphed from a movement that rejects some aspects of consumer culture to a movement that really rejects objective reality, and I think that the only way to understand folks like Mercola is to understand them as a reaction **against science**. There is no mindset where there is no other way to understand a person who would push hydroxychloroquine for a viral illness but would reject it for folks with Lupus where the safety and efficacy is well established.

ABK: Yeah, it's really 'through the looking glass'.

MB: Yeah.

ABK: ...unbelievable and yeah, so it's really a different, I don't know, a different plane of thinking or I don't know if we would call it, I don't know what we would call a belief system like that where people are willing to take these leaps, just based on a few people, a few people on social media telling them to do this.

[20:02]

MB: Well, it's a nihilist movement and a self-indulgent movement. It's a movement that really makes what you feel more important than what is true.

ABK: Um-hmm. Can you say more about how you see that?

MB: I think one of the things that's most important to understand about science and it's something that I try to model when I'm wearing my teaching hat, you start with a hypothesis and then you look for information to overturn that hypothesis. But, what I see folks doing now, and I see it in the conventional world as well as the alternative world, is you can build an information bubble wherein you start with a hypothesis and you only accept information that supports that hypothesis into your bubble. And I find that that's a very dangerous game and it's a habit of mind that builds a very fixed belief system set.

ABK: Right, it's actually very sheeple in a way – the thing that I get called.

MB: I also think parallel to that, we've lost the ability to agree with most things and disagree about some things. I have a very close friend I've known for 25 years who voted for the other guy for President, and we agree about a lot of things but, that's an area where we've chosen to remain friends even though we disagree about it. I think that's unusual now in younger people.

ABK: Right, right. There does seem to be kind of a divisiveness and that's really the work of someone particularly in a position like yours where you're a **bridge** really, and you can work on that divisiveness.

MB: Well, I don't know that I'm necessarily in a personality sense the best person to break up a divisive situation. I think I can be kind of a hothead. I like to stir the pot a bit, but I do think that it's an important

thing for us to do, and now is the time. I think the COVID crisis has really shined a light on something that's been festering for too long.

ABK: It's really clear that people become more and more retrenched the more they get called *covidiots* and the more that people just are trying to poke holes. It's very hard to understand how to communicate and be persuasive at this point...but it's definitely not a good way to go by calling people *covidiots*.

MB: Yeah. I agree with that. I sometimes fall into the trap on my social media, but I do see a lot of the prominent voices, again especially folks coming from this sort of quack-buster conventional medicine world. They tend to create these persona that are very bullying...and this sort of echo chamber of mocking people who maybe are not the most educated or had the most nuanced understanding of science, and I think that that's- it's not a helpful dynamic in any way.

ABK: Yeah and then, you know, we have to realize that there are a lot of interests that have agendas behind- especially I want to talk about social media right now. I remember in social media the moment when it flipped over from kind of pro-vax discussion groups where we were talking about how to talk to people about vaccines to all of a sudden like, 'if you believe in vaccines, you have to believe in *everything about GMO*' and 'To hell with the 100-mile diet, GMOs are awesome'. Do you remember when it kind of moved into that kind of 'vaccines + GMOs always'?

And then I was reading this article by this woman who had worked on the social media campaign for Monsanto, and that actually Monsanto had done that. Monsanto wanted to infiltrate the pro-science communities to advance their own corporate agenda. Monsanto had really wanted to infiltrate those spaces – the pro-vax spaces to- for their own kind of communication agenda around GMOs and that really bothered me because I felt like 'oh now we have to have kind of an orthodoxy as well' and our orthodoxy has to go along with some social media people that have come into our groups telling us that if we like vaccines, we have to love GMOs, and I can see how really problematic that would be for a lot of people. So, it's interesting to see that happening as well. It's not very...it's not very nice.

MB: You're right. I think- I think the impulse to think about it in terms of emotion, rather than factual content is a smart one.

One thing I've been really concerned about and is sort of 'my tribe' if you will, is this idea that *Go Science* or sometimes I see this really sort of crass science memes going around that science is the sole property of one *political* faction, and the effect is I can talk to really any individual and poke around and figure pretty quickly that there's something that they believe that's not in line with the evidence, myself included, and to make it like a badge of integrity to be aligned with science is just not...it's not accurate in any way, and it's really unconvincing to the folks who are shut out of that conversation.

ABK: Yeah, especially since they- especially since a lot of people have been taught to be skeptical of science and maybe their whole lives, maybe raised that way, and then they may not identify with that term. Like, they might identify more with the term like health, right or public health, or something more collective, rather than science vs anti-science.

MB: Yeah. So on the question of collective I've been down the rabbit hole this morning, one of my old students has emerged as a leader in this white supremacist separatist movement in eastern Washington

and Idaho, so I've been reading about them, and I think that one of the central questions that's coming out of the COVID crisis is **collectivism** vs **individualism** which is a really dangerous question too, and I think the alternative medicine movement has really cast its lot with individualism in a way that I don't support, but I'm starting to see that as an important value as people protest against COVID or as people look to protect things like autism quackery.

ABK: Right, right. I mean that individual thing too is really being leveraged right now by the radical right. They're the ones in the US who- and sometimes there's money behind it, **Betsy DeVos'** money, other things that have been documented really well by journalists to try to encourage people using social media [by] getting into these groups, getting into anti-vax groups, and exhorting everyone to show up at the state capitol and so it's like this- I'm very freaked out that there's this new merger between the radical right groups in Canada like the Yellow Vests and things like that.

They are merging with anti-vax people in a way that's very different around COVID and it's really like, not good.

MB: That's right. And, I'm starting to see, the folks from those movements learn how to use the levers of power in way that I'm finding alarming, getting seats on local boards of health, running for political office, using fundraising as a tool to push activism. I'm very, very worried that we're really only in Chapter 2 or 3 of a book that's- it's a long one.

ABK: It's like a tea-party-ization of counterculture- a certain element of counterculture that didn't use to be part of that at all, and then really you have the Commander-in-Chief down there who is pushing and promoting some of these ideas- these same ideas [that] Mercola is promoting and that Del Bigtree is promoting. So, he legitimizes it in a new way as well. He- this is the first time that many people have felt like there was a leader that they can identify with, sharing those beliefs with them. |

MB: Yeah. I agree with that, and I think that... ah... I see people in my community thinking that if we can defeat Trump then this movement ends, but I don't think that there's any likelihood that that's true. I think that we're probably in one of the early chapters of a book that's got a long ways to go, and I think folks see Trump as the disease. I see him much more as a symptom.

ABK: Right. I mean, how do we treat these symptoms?

MB: Well, I think at some point in time we need to start having the value of **community** again, and one thing I think that would be effective for folks coming from my point of view, especially around COVID, would be to talk about some of the loss, and to **make the tragedy feel personal** to people. I think that especially if you're in a community that's not been touched much by this, it's really easy to see it as a hoax or somebody else's problem. But if you're like a person I know in New York that lost his brother and his Dad on consecutive days, the feeling is very visceral.

[30:00]

ABK: Right. There's so much power to personal stories, and like **Steve Silberman** talks about this too, in

[\[the TED Talk\] that he gave](#) about how, like with Wakefield, all that Wakefield needed was a few stories and to be able to tell a story.

[Wakefield was]... an expert witness, so he knew how to tell a story, and the stories are what get to people. Giving people a bullet list of facts of like 'this safe and efficacious because X, Y, and Z' is somehow alienating to a lot of people. So, yeah, we need to come up with the kind of news stories about it and I think the *New York Times* has certainly been trying to do that and some other publications by personalizing it – seems like a really good approach.

MB: Yeah. It's a difficult approach. I use my daughter sometimes in conversations about vaccination. She has neurodevelopmental disease ...and the sorts of infections that would be pretty benign for the big parts of the population would be really threatening to her, and I find that when I do it, it's a heavy thing to use in conversation, and from time to time the pushback I get can be almost shocking. For instance, I've been told, "I won't light my child on fire to keep yours warm." By using story, I think that there's a risk of pushing people away, but I also think it's a more effective science communication model. And I think Steve Silberman's book is a very good example of that, when he humanized Autism in **NeuroTribes**. I think that that- it's a very powerful way to understand the community.

ABK: Right, right. I like what you're saying about how you have to get back to **community**, because it really is getting back to the roots of what the *natural* kind of natural health or counter-cultural movement was about early on, which was about how your individual acts impact everyone else around you and that should matter, and moving away from the sorts of solipsistic approach to personal health and personal care and kind of 'what's in it for me,' to more of a communitarian idea ...and I do see that among young people, there is quite a communitarian ideal a lot of the time, so I feel hopeful that that's gonna pick up more.

MB: Well, me too. And I think that in the young population we often see a more idealistic point of view. The question will be: can we help them retain that as they get into my age and beyond?

Can we talk about this question of **herd immunity**?

ABK: So yes, I was going to ask you about that because there's definitely a talk about how natural herd immunity is what we can do. Are you talking about in terms of COVID?

MB: Yeah.

ABK: So the idea that we won't need vaccines if we just let everyone get sick and develop herd immunity. Do you have thoughts about that?

MB: I do. I have talked to a few of my colleagues who have this idea and it's a simplistic idea that you could purposefully expose enough low risk people to the virus to achieve a herd immunity across a population, and this is just not a very good understanding of how herd immunity works. For instance with measles outbreaks in my state in the last year, we saw that a couple of specific religious

communities with very low vaccination rates got hit really hard, and then as it started to get out of those communities those outbreaks fizzled down. And similarly, with COVID what we would see if we tried that approach would be almost exactly what we're seeing now. That the vulnerable people in long-term care facilities would get the virus from maybe a step or two away – a care worker who's exposed to somebody who's intentionally infected and then all of a sudden it's wild-fire because the herd immunity wouldn't exist in those settings.

You can't do controlled burns of herd immunity. It doesn't work that way and I think that to propose that it does really shows us the arrogance of people who think they understand public health and don't.

ABK: To me sometimes herd immunity is really just a euphemism for 'survival of the fittest,' and it's really based on not just **ageism**, but also **ableism**.

MB: That's right.

ABK: Yeah.

MB: Yeah.

ABK: It's very chilling to actually hear people taking that way because we know then *who* they might think are just expendable and they see themselves as not really impacted by it.

MB: Yeah. I think that's a very cogent takeaway. I used to teach ethics and we got off onto a tangent in one of my classes the last year I taught about ableism and **Social Darwinism**, 'survival of the fittest' stuff around vaccination and around other public health measures. And I was shocked by the number of my students who found those points of view compelling.

I think that was one of the key moments in me deciding that I just couldn't be part of this group anymore.

ABK: Wow. That's intense!

MB: And to see the evidence of that when you don't realize it's there. It's a really big slap in the face.

ABK: Yeah. I mean, if people- in a way science is very vulnerable to things like 'survival of the fittest' and **eugenics**, because if they're looking at these big maps and models – I mean not all science, but some people in science right – they start looking these epidemiology models and they start going like, 'oh, well Sweden's okay,' or you know things like the people are just rambling about on Twitter. And, you know they are not seeing that: people. What's the limit that we're deciding in terms of who...that there are people that we think are expendable over other people?

MB: Yeah. Well, you know, I think there are a lot of folks with better public health chops than I have, and I want to acknowledge that, but I think to talk about whether Sweden has done a better job than the UK has done a better job than Washington State, would be sort of like deciding who won a basketball game in the first 3 minutes. It's going to be five years before we understand which approach was the effective approach. And I think that the folks I see that have the most hard and fast of the opinions are probably the least informed right now.

ABK: Yeah. That's interesting. How do people start to morph and change, because the information about COVID itself is also changing- how we can catch it, what we need to do, what is the right amount of social distancing.

People have to be really **flexible** thinkers right now and change their minds. So, this is really a challenge, especially in a society like we've been talking about where people are kind of more used to jumping into camps and being more divisive.

MB: Yeah. And I think also we have this volatile situation where folks get more attention and more followers in social media. They sometimes can raise money off of having these contrarian opinions. Crisis communication when it's at its best comes from a point of view that's divorced from politics and has a clear, consistent, simple message and we're just not doing that right now.

ABK: Is that because there so many different messages coming at people from social media, or do you feel like it's a lack of leadership? Like, could it be easily fixed from the top-down.

MB: Both. Both. I think my state has been one of the most effective states in the United States because the governor has allowed a lot of the communication to come from public health rather than from him. And we've seen other states, and of course the national government really fail on that level.

ABK: Right. Yeah, and Ontario too, it's been great. Our Premier just totally goes with public health generally speaking. *[Ed: statement was true at the time of the recording]*

MB: Yeah.

ABK: And they are all kind of on the same page. Every government in the country is kind of on the same page, but we're still up against the challenge of social media. The information that's coming out through there and the **fake news**, it's something that's like really, really hard to manage right now. It's almost overwhelming.

MB: I know. And one of the problems we see in the social media is this **victimhood** that people play when their posts get **censored**, and I think that- I don't know, I can't speak for Canada but in the United States, I see folks talk about Constitutional rights, when their voice is silenced for being inappropriate or saying things that would be dangerous. And I think that we risk sometimes looking like we've got something to hide when we silence particular voices. I don't know really a good answer to that problem,

but what we're doing right now is clearly ineffective.

ABK: Right, right. There clearly needs to be more of an open dialogue, in my opinion. Definitely cutting people off is just driving people further into the wilderness together. And, I agree with you, it's really hard to know what to do. I like what- some of what Facebook is doing and some of the other platforms ...when you search certain terms and they pull up the correct public health information. It seems like a better way of doing it than just simply slamming everything down, because you can't stop it. Then they go to other platforms- there are so many other platforms now that don't do that. So, while they still have the audience it might be better for them to just be countering it. Countering speech with speech.

[40:00]

MB: Yeah. That's right, I think a lot of us see Facebook and Twitter because those are mass market platforms, but I think some of the most dangerous information is going on in places like 8Chan and subreddits.

ABK: Right. Telegram is another one.

MB: Yeah. Yeah.

ABK: So, there are polls out there that many Americans would say they would say "no" to a COVID vaccine. What do you think? Do you think that's true like when the vaccine comes out based on what you're seeing and hearing out there... How much do- will people be complying or taking a vaccine?

MB: I don't think there's any question that at least 20 per cent of Americans will reject any new vaccine. And unlike ...school mandates, there really wouldn't be any mechanism legally to ensure good coverage across a population. Yeah, I don't really see that being terribly successful, unfortunately.

ABK: And the school mandates that drive people to the homeschool community and the home-ed community as well. They're driving them again, like further out to the edges.

MB: True. Yeah.

ABK: What about in your practice? What do you see now that we're looking at five years or however long we have of COVID and the impact of COVID. What do you see as the biggest challenges for the next coming years?

MB: Well, I think one challenge for me--it's very personal--is staying alive. I've been doing a lot of testing. I've probably done at least 200 positive COVID tests and I've been... I don't know if *terrified* is the right word, but I am afraid that I'm going to contract that virus. I think from my practice standpoint I'm afraid that I might be a silent carrier at some point and not realize it and contribute to somebody

else's harm.

I think that the polarization of the population is probably not going to make it easier for me to market a practice that is a very conventionally minded alternative medicine model practice. And I just, I see my area- Tacoma as a place where the social fabric is starting to fray.

ABK: Hmm.

MB: I think that, very likely in the next few years, I'll try to move my practice more toward a career in public health just because I don't know that I'm going to be able to be effective.

ABK: Oh wow, that's really interesting. I'm looking forward to see how- where you go and how that turns out.

MB: Thanks.

ABK: I also want to say thank you to you, and because you're a front-line worker, and to everyone in your practice who are doing this front-line work, just thank you. Thank you for everything that you're doing.

MB: Yeah. You're welcome.

One thing that I think is really important for those of us that are trying to model good behaviour and ensure that folks are doing the right things for public health is to keep receipts. Let's **remember** who are the people who in this time of crisis were working for the good of the group, and the people who are fighting against it. And my hope is that 2 years from now, people like Del Bigtree and Joe Mercola, that their names will- that we see them as the charlatans that they are, because in this time of need they were working against the greater good.

ABK: That's right. That's right. If we start to look ahead, and I can see how that would happen. If we really start to look ahead a few years, there really might be a better picture than this moment which is a really tough moment in so many ways.

MB: Yeah, it is. It's a hard time for a lot of people. Definitely.

ABK: Well, I really appreciate everything that you're doing Matt. We need your voice right now, so much! Thanks for this interview, and good talking to you.

MB: Thank you, Anne.

(Theme song - soft piano music)

