

Sawbones 416: Is it safe to Eat This Plutonium?

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Intro (Clint McElroy): *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones: A marital tour of misguided medicine*. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy. You always try to add— like, make it a song. I'm not— like, you're doing that a lot lately.

Justin: I had a great temptation. There's a great temptation to make it a song. You're a hundred percent right.

Sydnee: You see, there's already— you're not hearing it because we don't listen to our own theme song before we start recording every time.

Justin: Right. Right.

Sydnee: But that did just play. You didn't just hear it, but it— so, it'd be like a song in a song. You can't do a song in a song.

Justin: There is— you're saying that there is already a theme song, so I don't necessarily need to do another theme song.

Sydnee: Right.

Justin: That makes perfect sense.

Sydnee: Like, why would you follow a theme song with another theme song?

Justin: Makes perfect sense. Honestly, it makes perfect sense to me.

Sydnee: That would be confusing and disorienting for our audience.

Justin: Yeah, if there were two theme songs?

Sydnee: Mm-hmm. Well, 'cause then when you're in the midst of the second theme song, you have to start to dread, like, is there a third theme song?

Justin: Is there a third theme song? A less capable— a third, yet less capable theme song, on the way.

Sydnee: It would feel very like David S. Pumpkins, like, singing where he won't—

Justin: Are you referencing the Davis S. Pumpkins, um, animated special that only you, and I, and our daughters have watched?

Sydnee: [through laughter] Yeah.

Justin: You can't even find it on, like, streaming anymore. It's just we saved it on our Apple TV [chuckles] or something.

Sydnee: But it's become— it's become, like, a Halloween tradition. And by Halloween tradition, I mean, we watch it the entire month of October and, well, every other month of the year, always.

Justin: Constantly. Mm-hmm.

Sydnee: Because our children love it.

Justin: We know it pretty much verbatim. It's funny. It's got some good lines, anyway.

Sydnee: [laughs] And a great song!

Justin: [chuckles] Um, our first question is: Can you guys recommend a great David S. Pumpkins-based Halloween special? That's from Justin. No, this is what— we're gonna do your questions and answers. Everybody loves it when we do these, and we love doing 'em, and it's just fun. It's sum— the, you know, temperature's going up.

You know, everybody's out there living their lives, so we are going to take your questions and turn them, medical-like, into wisdom. Medical wisdom. Still not advice.

Sydnee: No. Not advice. Just like it's, uh, the essence of weird medical questions.

Justin: Mm.

Sydnee: There are just, like, things you wonder about, um, but aren't necessarily the— sometimes they're important for your own personal health, but sometimes it's just, like, a curiosity kind of thing.

Justin: Yeah.

Sydnee: As always, if it's an actual "I'm worried about my body and my health" question, you should ask your personal health care provider, not me, Sydnee, the podcaster.

Justin: Ah, so let's get into it.

Sydnee: Do you want to read the question? Or—

Justin: Yes, I'll read the questions to you, okay?

Sydnee: Okay.

Justin: Okay, I'll inhabit the listener.

Sydnee: [laughs softly] Well, do it.

Justin: “Hi, I’ve been hearing a lot about we missed a few opportunities for Covid to become endemic, or that once it’s endemic, we’re good, but I haven’t actually seen anyone say what that means and what it looks like other than the big idea that endemic equals good. Do you think you guys might be able to talk about this? Thanks, Erica.”

Sydnee: So, we— there has been a lot of talk about whether or not Covid has become endemic. I would say we are not quite there, but that is the direction that we’re heading. As opposed to, I think, early in the pandemic, there was this idea that a lot of people had, that we were going to, like, vaccinate our way out of it.

Justin: Mm.

Sydnee: And it would go away.

Justin: Mm-hmm.

Sydnee: And that’s not— that is not going to happen.

Justin: Right.

Sydnee: Covid is not going to go away. People are going to continue to get Covid. Our hopes, moving forward, is that— and this is when people talk about something becoming endemic, what they’re saying is that it will consistently be present.

Justin: Mm-hmm.

Sydnee: That’s an endemic disease is always there, within a certain region or population or whatever.

Justin: Right.

Sydnee: But, um, it’s more predictable because we know it’s coming. Like, we get the flu every year.

Justin: Right.

Sydnee: You know? In a lot of parts of the world endemicity, we talk about malaria.

Justin: Endemicity? I don't think I've ever heard that word.

Sydnee: The concept of being endemic. [laughs softly]

Justin: Got it.

Sydnee: Like, malaria is endemic to certain parts of the world. So, it's predictable that people are going to get malaria. We know about— we know about how many people on average are getting something.

Justin: Right.

Sydnee: So, what that allows us to do are several things. One, we can focus on effective treatments, and, like, you know, continuing to evolve vaccines is needed, like we've seen with Influenza. And two, it helps to keep hospitals and health care facilities from being overwhelmed if you know the times of year, and what to predict, and what to expect in those sorts of things.

Um, in a perfect situation, this would also motivate masking at appropriate times, you know? Depending on what the levels are, you know, of Covid in the population at that moment or the situation indoor versus outdoor. And it would also encourage more people to get vaccinated. So, that when inevitably, you do get Covid, hopefully, it's not as bad.

Justin: Okay.

Sydnee: Um, and to protect people who for whatever reason cannot get vaccinated or the vaccines don't work.

Justin: Mm-hmm.

Sydnee: That is, sort of, the direction we're moving. Um, levels are high right now in a lot of places, here in Cabell County. I don't know if *you* know that, Justin.

Justin: Thanks, I didn't before, but it's—

Sydnee: You wouldn't know, um, if you left the house. [chuckles] There is no indicators from anybody's behaviors or anything.

Justin: Yeah.

Sydnee: That the levels are high.

Justin: You don't really see masks ever anymore here.

Sydnee: Here. Well, I mean, I work in health care, so I see masks all the time in the situations I work.

Justin: Okay. Well, no need to brag.

Sydnee: But no, you're right. Outside of my workplaces, there really aren't here. But that would be what we're moving towards. We're not there. I think it's still really important to remember. So, like, using no-risk, you know, preventative measures like masks, which are no risk [laughs softly] whatsoever, is still *really* important, depending on the level in your community. And monitoring yourself—

Justin: There is a risk.

Sydnee: ... using a test, if you think you're sick, like, stay home.

Justin: Been seeing it pop up a lot lately. It's weird.

Sydnee: Mm-hmm.

Justin: Facebook's been— I know this is confirmation bias, but I've been seeing a lot of folks on my feed getting— getting sick. And I wouldn't say it's no risk because when I'm wearing a mask, people miss out on half of... the

goods. You know what I mean? They're just getting the top half. Very good, but it's not the full goods.

Sydnee: We're not there yet. I would say that Covid being with us permanently, a lot of people were, like, "Well, then we should just give up and go about our lives." No. No, we shouldn't do that, but we should— how can we live with Covid while protecting everybody as best we can but also continuing on our existence? I mean, that— there has to be a balance. It can't just be like, "Well, let's just throw our hands up in the air, and y'all go get Covid at once."

Justin: And super reminder, kids under five still can't get vaccinated, so—

Sydnee: [sighs] It should be coming soon. Well, there's not a question about that, but there in—

Justin: Oh, and boosters! By the way, we meant to talk about— we should talk about that last time.

Sydnee: Yeah. Yeah, kids, um, five and up.

Justin: Five to twelve.

Sydnee: Yeah, five to twelve can now get their boosters. And should get their boosters, so do that. And hopefully, by the end of this month, there will be a vaccine for kids under five. Fingers crossed.

Justin: [exhales] Oh. "Recently, while waiting in line at the grocery store, a stranger standing behind me told me that there have been studies done in India that show that humming releases nitrous oxide, which kills Covid, and people have been— people in India have been curing their own Covid via humming."

That is— can I just say? Wild story. Get wilder. Just be like, "Hey! Hey, I'm a stranger. Excuse me. Can I tell you some wild stuff? I, a stranger, would like to tell you some wild thing."

“Obviously, this guy was just spewing nonsense, but I was wondering about any potential theoretical kernels of truth to what he was saying. Does humming really release nitrous oxide, etcetera? Thanks, Natalie”

Sydnee: Okay. Here’s what’s wild. So, anytime I hear something like this, I don’t just dismiss it off hand. Even though I know, okay, obviously, humming doesn’t cure Covid. I know that. We all *know* that. We know that. We don’t have to be medical professionals to know humming doesn’t cure Covid. But—

Justin: Might cure a gloomy day.

Sydnee: [laughs softly] When you hear that, you have to think, “Somebody did a something.”

Justin: Yeah.

Sydnee: This comes from somewhere. Like—

Justin: There’s a sort of salt— yeah, grain of truth there.

Sydnee: Yes. There’s something underneath it.

Justin: A grain of something.

Sydnee: So, okay. I found some studies. Specifically, a Swedish study from 2002 that looked at nitrous oxide levels in the nose [chuckles] before and after humming. Do you— does humming release more nitrous oxide? That’s the first question. Is that true? Yes, it does. That is a fact.

There are studies that have looked at, like, the contents of your paranasal sinuses. There are just— you have several different— you have a couple of different sinuses, right? You have a few different places which are just, like, empty spots in your skull, which, unfortunately, can get infected sometimes. Um, they measured the level of nitrous oxide and found that if you hum, you will increase those levels.

Justin: Okay.

Sydnee: Okay. What is the utility of that? Well, in that study, what they were saying is, um, so if humming causes this increase in nitrous oxide and also ventilation— like, clearing, you know, ventilating the sinuses.

Justin: Mm-hmm.

Sydnee: Um, can you reduce the risk for sinusitis with this? Because nitrous oxide has been shown to prevent the replication of some viruses like Coronavirus in a lab in a— you know, under those studies.

Justin: Of course. Yeah.

Sydnee: Well, lots of things do that, right? We've talked about this before. We have a great magnet that a listener sent us on our refrigerator that says, "Whenever somebody tells you that something kills cancer cells in a petri dish in a lab, remind them so does a gun." Like, there are lots of things that can kill germs and bad things in laboratory settings that we can't necessarily translate to our human bodies. Right?

Justin: Right.

Sydnee: It's why we don't put bleach in our veins.

Justin: Yes. I remember.

Sydnee: [laughs softly] Um, so, can nitrous oxide be utilized to do this in the human body? There's no evidence right now that, like, there is a clinical effect that we can expect. Yes, nitrous oxide might prevent the replication of Coronavirus in a lab. What does that mean in the human body? We don't know. They've tried— in terms of prevention, I couldn't find anything that really, like, looked into— that's a hard thing to say, right? Like—

Justin: Mm-hmm.

Sydnee: ... hum all day, and we'll see who gets Covid.

Justin: [laughing]

Sydnee: I mean, that's a wild study to do. Um, so, I don't have any evidence that, like, doing that would prevent Covid in real life. Now, as a treatment, they've tried it.

Justin: Hmm.

Sydnee: They have tried during the pandemic in different places to give patients esp— and usually these were, like, very, very sick in the ICU, on the ventilator patients were given nitrous oxide to see if it would improve their rate of survival.

Justin: And?

Sydnee: Um, inconsistent. And a lot of the times it's, like, you're trying— especially during the height of the pandemic, if something was pretty low risk and you were trying it, you weren't just going to try it in one— like, try it in everybody who you thought was going to die anyway was sort of a— I mean, you saw this.

Justin: Are you saying— I was— is it fair to say then that it's not— couldn't hurt?

Sydnee: Uh, humming? No. I don't think humming would hurt. I think that— one author wrote, "In the absence of effective treatments or vaccines, humming could be [through laughter] a reasonable thing to do."

Justin: But—

Sydnee: So, if you've got nothing else, I guess, hum. Which is— I don't know if this is just a philosophy on life.

Justin: Yeah.

Sydnee: Um, but no, humming there— we have no definitive evidence in any way that humming prevents Covid. There is a grain of truth in there about humming and nitrous oxide, and nitrous oxide and what it can do to viruses in labs. So, there is some sort of theoretical basis for it.

Justin: Right.

Sydnee: But to just say that everybody can walk around humming and they won't get Covid, no.

Justin: But!

Sydnee: No. No.

Justin: But—

Sydnee: No.

Justin: ... if you have Covid.

Sydnee: I mean, if you want to hum, hum.

Justin: Couldn't hurt to hum. It might actually be a nice little boost.

Sydnee: [singing] If you want to hum out, hum out.

Justin: Is that it?

Sydnee: I don't think that works as well. Sing.

Justin: [laughs] Uh, I got another question for ya.

Sydnee: Yeah.

Justin: "I heard that the acne medication, Accutane, turns your bones green, and this would only be visible upon autopsy." [wheeze laughs] Obviously. It's from Adam.

Sydnee: So, I, you know, it's funny. I took Accutane as a teenager. I'm familiar with Accutane. It has a— there are a lot of reasons to be careful with Accutane. It has a lot of, um, dangerous side effects in some patients. You absolutely cannot take it if you are pregnant, or could become pregnant,

or, well... you need to take precautions not to get pregnant while you're on it.

Anyway, there are lots of risks with Accutane. I had not heard of this one. Um, and I— so, I looked into it. I couldn't find anything linked to Accutane, the acne medication. This is where I think, though, there was a mix-up. So, there is another medication that we do use for acne sometimes. It's an antibiotic. It's a form of Doxycycline, which is in the class of antibiotics the Tetracyclines. And it's called Minocycline. Minocycline can turn [through laugh] your bones green!

Justin: Okay.

Sydnee: So, what I'm thinking is that this was the mix-up. This was the acne medication that, yeah, it can, in fact, do that. Tetracycline can turn them yellow.

Justin: Hmm.

Sydnee: Minocycline can turn them a sort of green shade.

Justin: Okay.

Sydnee: And it had to do with the way it's— it actually is taken up and binds to the bones. This is why, for some— for children, you have to be careful with these kinds of medications because they can have permanent tooth discoloration.

Justin: Oh.

Sydnee: And you'll see some people have that. Like, it took us a while to figure out, so you'll see some adults who have some permanent tooth discoloration or gum discoloration. And it's from being exposed to these Tetracycline class of antibiotics early on.

Justin: That's wild.

Sydnee: Yeah.

Justin: That's wild.

Sydnee: But so, it can— it can turn bones— Minocycline can turn bones green. Tetracycline can turn them yellow. Minocycline is used for acne. I think that's where that came from.

Justin: Okay. All right.

Sydnee: As far as I know, Accutane, with all of its other risks, this is not— this is not one of them.

Justin: "Hello, Dr. Sydnee and Justin." Uh, thank you. "My boyfriend is physically unable to sit cross-legged. Criss-cross applesauce. I think it's because he doesn't stretch enough and that he should be able to if he just stretches once in a while. He will not try it. He thinks it's genetic, and he'll never be able to do it. His brother and father can also not sit this way. Is it actually common to not be able to sit cross-legged even if you stretch?" That's from, "Best Regards, Agnes in Malaysia." Hmm.

Sydnee: I don't know. I thought this was a really interesting question. I don't know of any reason genetically, um, outside of, obviously, there are sort of, like— there are syndromes. Genetic syndromes that can involve lots of different clinical manifestation signs and symptoms. Um, and among them may be certain, like, physical limitations.

Justin: Right.

Sydnee: But it wouldn't be just this. You know what I mean?

Justin: Right.

Sydnee: There's not a genetic syndrome that says you cannot sit cross-legged, but that is the only— you know, that is the only issue related to it. Um, so, outside of those sorts of things, it— this is a common problem. As I started looking into it, I found that a lot of people ask this question, "Why can't I sit cross-legged anymore?" or, "I have so much trouble sitting cross-legged."

Or they're being told to do something, like, um, like yoga or some sort of, like, exercise stretching kind of program, and part of it is sitting cross-legged, and they can't do it. It's because there are multiple parts of the leg and hip that are involved in sitting cross-legged, and if any of those parts are having issues, it can be more difficult. So, it's just— it's, like, a complex thing we do.

Justin: Hmm.

Sydnee: Sitting cross-legged is, like, a complex physical action. So, if you have, like, problems with your hips. Like, weakness in your hips or if you have, like, inflammatory conditions in your hips, it can prevent you from sitting cross-legged. Obviously, if you have knee issues. It can be weak glutes, your butt muscles.

Justin: Not me. Not here.

Sydnee: If you haven't been working your glutes. [chuckles softly]

Justin: I have a powerful butt.

Sydnee: If your thighs are weak. Um, there are lots of different reasons that you might have trouble sitting cross-legged. And it— I mean, I guess it *sort of* comes down to flexibility.

Justin: Yeah.

Sydnee: Um, yes. But it should be something that you can if you— especially if you go to, like, a physical therapist, that they could assess you, and help you work on if [laughs softly] it was a concern.

Justin: Or you just keep living your life.

Sydnee: Or you just don't sit cross-legged. But as far as I know, there isn't a specific genetic condition that *only* causes this issue.

Justin: Okay. There it is. Ah, I tell you what, do you want to take a break?

Sydnee: Yeah! That sounds good. Let's go to the billing department.

Justin: Let's go.

[theme music plays]

[ad break]

Justin: Welcome back. "Hi! Unfortunately, I have a question about poop. Why do some people poop out whole corn kernels after eating corn? People have been eating corn for thousands of years, so shouldn't everyone be able to digest it?"

And they say, "Thanks." Whoever wrote this in.

Sydnee: Um—

Justin: Is it— Can I guess? It's just that you gotta chew it. You gotta chew it.

Sydnee: Yes. You do need to chew it, but that's not—

Justin: The outside protects it from your tummy.

Sydnee: Yeah.

Justin: So, you got to chew it.

Sydnee: Well, you do have to chew it.

Justin: Gotta chew it.

Sydnee: But can your body break it all down?

Justin: Yeah. No problem.

Sydnee: No.

Justin: Oops.

Sydnee: Corn is high in cellulose.

Justin: Oh.

Sydnee: Cellulose is a form of insoluble fiber.

Justin: Mm.

Sydnee: And your body can not break that down. Cannot digest that. But it breaks down all the other stuff in corn. So, that's why, like, we still get stuff from corn. There are still [through soft laugh] things in corn that are—

Justin: You get something outta corn.

Sydnee: Yeah. You can still get something out of corn. Um, even though we don't actually digest the cellulose. And like you said, cellulose is an important part of plant, you know, structure and protection, and all that kind of stuff, which is why plants continue to have cellulose [soft chuckle] despite our inability to digest them.

Justin: Yeah.

Sydnee: If you chew it longer, you can access more nutrients. So, there is some truth there.

Justin: Thank you.

Sydnee: Like, if you break down more of the cell walls.

Justin: Chew, chew, chew, 'til you get to 22. That's my thing.

Sydnee: Um, there is a way of preparing corn. I found this, um, [stutters] nix-tam-alization. Nixtamalization.

Justin: Hm. Wow.

Sydnee: And you soak the corn in lime.

Justin: Oh, it breaks it down. The acidity breaks it down?

Sydnee: Mm-hmm.

Justin: Huh!

Sydnee: And then, um, you can actually enhance how much it is digestible.

Justin: Huh.

Sydnee: If you go through that process. And that is used, like, specifically, for like cornmeal, tortillas, tamales. Those sorts of products made out of corn.

Justin: All to make it a little easier on the tummy. Huh, that's interesting.

Sydnee: And you've— I have— I— when we were trying to figure out how to make arepas.

Justin: Mm-hmm.

Sydnee: I— I've stumbled across, like, looking for the right product that had been through this processing, or hadn't, or whatever. Like, the differences and all this kind of stuff. But that is why that's part of it. Um, but it does make it more digestible. So, but yeah, that's why so, no, you can't break down the cellulose. That's why you're going to see something... in your poop. But if you chew it more, you won't see so much. [laughs]

Justin: There it is.

Sydnee: [through laughter] If it bothers you.

Justin: "Hi, Sydnee and Justin. I was wondering if there was any correlation between height and catching airborne illnesses?"

[chuckles]

"I'm six-five, so my head is well above the zone where most folks cough and sneeze. I know it wouldn't matter if I'm in a room or an enclosed space for a while. Am I less likely to catch a cold when someone doesn't cover their sneeze on the street? Love the show, Chris, they/them."

Sydnee: Um, you know, I had never considered if height would have a dif— would make an impact, and so— but I assumed *someone* would have done this study. I couldn't find a study. It's so rare that when someone asks a question or if I think of a question that somebody out there hasn't already said, "Huh. I'm gonna get some money and do that study." Now—

Justin: It has to be— logically speaking, it has to be better.

Sydnee: Well.

Justin: It has to be at least *some* modicum better.

Sydnee: This is— No. This is really conflicting. Through Covid, there were articles published where they didn't— and okay, nobody, obviously, is going to— in order to do this properly, what you'd *have* to do is have a population of people above a certain height and below a certain height—

Justin: Mm-hmm.

Sydnee: [softly laughs] ... and expose them via sneezing or something in a room and see how many people get an illness. Right?

Justin: It'd be quite a production just so at the end of it, you could be, like, "Well, there you have it." [wheeze-laughs]

Sydnee: [laughs softly]

Justin: "I guess tall people don't get germs as bad."

Sydnee: Right. Nobody's going to do that. So, like, you'd *have* to do them retrospectively and look at, like, the heights of people who got different illnesses. It's hard to do. It's a tough study, right?

Justin: Right.

Sydnee: This is tough. Um, but what they— there was a suggestion during the pandemic, at one point, that tall people were actually *more* likely to get Covid.

Justin: Why?

Sydnee: Nobody knew.

Justin: Okay.

Sydnee: But then I saw some articles that suggested that, "No, actually tall people are *less* likely to get Covid." I don't think anybody knows is the point.

Justin: Okay.

Sydnee: Right now, I don't think we have any definitive correlation between your likelihood of getting some sort of respiratory illness and... your height. Right now, I have no—

Justin: That was a *long* walk around for you to say, "I don't know."
[chuckles] "And nobody has."

Sydnee: Well, it's interesting 'cause there are people who've written about this. So, I can see where, like, you might— like, if you google it and start reading, you'll find articles where people are, like, "Oh my gosh, tall people got Covid so much more."

Justin: [bursts out wheeze-laughing]

Sydnee: And other people are like, "No. No. No. It was short people who got Covid more."

Justin: Do you remember that that first few months of Covid whereas, like, every week you'd hear a different, like, here's the new thing? Anyway—

Sydnee: I think the thing is it depends on the size of the droplet, would be my other thing. You don't need large respiratory droplets to transmit Covid 'cause it's airborne.

Justin: Mm.

Sydnee: And so, height would play less of a factor. Whereas if you're talking about something that is only transmitted through large respiratory droplets, which won't go very far before they drop, right?

Justin: Mm-hmm.

Sydnee: Like, if they're expelled from your nose because they're heavier, they're going to drop faster.

Justin: Mm-hmm.

Sydnee: Then it wouldn't— and some illnesses are transmitted that way.

Justin: Okay.

Sydnee: So— but, I mean again, I don't—

Justin: It's just you don't know.

Sydnee: We don't know.

Justin: Um, "My boogers and snot have recently turned fluorescent greenish-yellow, like bright lime green with a tinge of yellow, and are opaque. I'm not—"

This is grossing me out. Okay, c'mon, Justin. Get it together. This is for the Sawboners. "I'm not sick, and nothing else about them is different. Am I dying?" And they attached [yells] a photo?

Sydnee: Of a color.

Justin: Oh.

Sydnee: It was a color square.

Justin: Okay.

Sydnee: Yes. And then they did not— this, uh, email writer did not want their name mentioned because then everybody would know about their boogers.

Justin: It's fair. Fair. Everyone would know their terrible secret.

Sydnee: I understand. I understand. No, and they did not send me a picture of a booger. They sent me a picture of a color.

Justin: [speaks softly] I don't want to hear the word booger anymore.

Sydnee: Okay. Uh, [chuckles softly] I just wanted— this is always an important thing to return to because a lot of people will associate the color of their snot or boogers with, like, an infection. Um, and certainly, if you do have some sort of infection, you can see a change in the color of your mucus because there's white blood cells that are, you know, there to attack things, and that changes the consistency and color of your mucus.

Justin: Okay.

Sydnee: So, yes, that can happen. However, it can also happen if it's more concentrated.

Justin: Uh-huh.

Sydnee: So, sometimes it's clearing out invaders, and that's why blood cells doing that. Sometimes it has to do with, um, concentration because you're dehydrated.

Justin: Okay.

Sydnee: So, your mucus will get thicker and darker if you're not drinking enough fluids.

Justin: Okay. So, increase the hydration.

Sydnee: Increasing hydration sometimes can change that. Um, so, yeah.

Justin: "My wife was recently gifted a small, about the size of a fly—"

I can't think of anything other than bugs. I don't know why.

"... piece of plutonium that their father got from a nuclear testing site. Knowing me well, they both stressed that I *cannot* eat this piece of plutonium. I know I probably shouldn't eat it, but can I? Would I survive? Would it have lasting effects? Or can I eat this tiny radiation rock?"

Friend, can I just say real quick? I don't know how long you've been listening to our show, but in what reality did you expect my wife Sydnee Smirl McElroy to be like, "Yeah, go ahead and pop that bad boy in?" You know you're not going to get permission here. Why would you come here for permission?

Sydnee: Yeah, let me preface whatever else I say with, "Do not eat the plutonium."

Justin: I'm going to go hog wild and say most *rocks* she would say, "Don't eat it."

Sydnee: [laughs softly] There— yeah. Yeah, I mean, generally. But don't eat the plutonium. Um, if what we're talking about is, "Will this kill you?" I mean, it really depends on how much plutonium it is. [chuckles]

Justin: Mm-hmm.

Sydnee: Um, what happens is when plutonium gets in your body, it can get into your bones. It can become part of your liver. Like— and it stays there for decades. It doesn't go away.

Justin: Mm-hmm.

Sydnee: Like, it's *there*. Part of you. For... maybe, your entire life. Right? And because it's there emitting radiation for decades, it can cause cancer, and sometimes immune system problems. And just, generally, it's not good to be exposed to radiation. Exactly, like, would *that* much do that to you? It's hard to say. It has to do with how much radiation it's emitting, which you can measure, and there are acceptable levels.

You can look up all this. There are acceptable levels of radiation that you can be exposed to through your life, and it's— and they have— it's really important for people who, like, work in radiology, right? You need to know how much radiation you can be exposed to safely. Um, so I don't know that this fly-sized piece of plutonium would do this to you, but I don't know that it won't.

Justin: So, don't eat the plutonium.

Sydnee: Don't eat plutonium.

Justin: Don't eat plutonium.

Sydnee: We're all going to get exposed to radiation in our lives.

Justin: Okay.

Sydnee: Let's not seek out extra.

Justin: I'm cutting you off.

Sydnee: [laughs]

Justin: "Hey, I was wondering how medical, especially hospital staff, strike? For retail, it seems relatively simple to organize a mass walkout for everyone to quit because someone is unjustly fired. But in a hospital, you can't just do that, can you?"

Do you guys even have the option to strike? Is there something you need to make sure your patients are cared for, etcetera? So, this is the question: Striking in the medical field. Hope you guys are staying healthy and safe, Gail.”

Sydnee: I thought it was interesting because we’ve had strikes here recently.

Justin: Yes, we have.

Sydnee: At our hospital. Um—

Justin: Recently.

Sydnee: It was not the, um— so, first of all, I’ve— I don’t know in this country. I— there are a few unionized residency programs, I think, in New York. But, for the most part, doctors are not part of any sort of organized anything.

Justin: Yeah. Yeah.

Sydnee: The AMA does not count. We would not— we have no way to strike.

Justin: It’s more of a lobbying organization, right?

Sydnee: Exactly. And they do not speak for all of us. [soft laugh]

Justin: Very important.

Sydnee: There would be no organizational structure for doctors to strike. So, I’ve certainly never seen that happen. I’m not saying it hasn’t, but, like, that is not going to be common. Um, certainly, like, other health care workers, like nurses and other staff within the hospital, definitely have unions and can go on strike and do.

And this happened recently at our local hospital, um, and it was extremely difficult. I mean, it was basically the impetus was on the administration to figure something out.

Justin: Mm-hmm.

Sydnee: Um, because they didn't figure it out first by negotiating fair contracts. So, they had to hire a ton of, like, temporary travel positions and that kind of thing to fill a lot of vacancies.

Justin: They *know* that the strike will come. Right?

Sydnee: Yeah. Part of it is that they are given warning for weeks and weeks and weeks.

Justin: Yeah. So, you know you have to have a plan in place.

Sydnee: Yes. And so, there— so, that a plan gets in place to bring on temporary staff and then, honestly, like, administrators were going around emptying trash and stuff and carrying laundry around.

Justin: Inspiring! Gosh.

Sydnee: No. No.

Justin: [giggles]

Sydnee: And then a lot of stuff slows down. A lot of stuff slows down a lot is the truth. It was interesting, I went, um, when I was working at a hospital in Malawi, I saw a strike happen. And, um, the— it was like a soft strike. It's like a— basically, they didn't want to— the nursing staff didn't want to leave the patients uncared for, but they also did want to get the message across.

So, it was, like, they would come in— like, just a lot of people would call in. So, there would still be people there, and you could still take care of the patients, but it would move a lot slower. And it would be very frustrating for administration.

Justin: Mm-hmm.

Sydnee: So, I thought that was kind of a cool message to send. We're going to take care of the patients, but we're going to make your life hard until, you know, pay us fair wages and all the different things that they were asking for. But, anyway, yeah, that is how strikes happen and it usually is because there is a lot of forewarning given.

Um, and then you can, like, transfer patients to other hospitals or bring in travel nurses or whatever you need to do to try and fill those vacancies. What'd be better is if we just paid everybody a fair wage and gave them good benefits and, you know, made their job enjoyable to have because it provides for their family and their life, that they don't strike.

Justin: That would be great.

Sydnee: What about that?

Justin: It's a better plan.

Sydnee: That applies to all industries, I think.

Justin: "My sister recently had some stomach ulcers that sent me down a rabbit hole googling acidity and water enhancers and energy drinks. I came across some information, who can say if it's reliable, that listed the pH levels of different soft drinks, energy drinks, and water enhancers."

You ever find those websites? It's like, who is doing this? Who made this big list of caffeine-content diet sodas?

Sydnee: [laughs]

Justin: Anyway, "The information I got listed some drinks at a pH of 3.5. This is the same pH range as stomach acid. I've always been dubious of the way information is presented. What I want to know is, does the pH level necessarily represent the acid power of something? Can I drink a soda and be fine? But I have vomited before and the stomach acid burned my throat, so what exactly is going on here?"

Sydnee: And so, I did find— you can find, like, studies where they list the pH of different beverages that are legit. Like, these are real. Um, and this was— the specific study that I found was done to, uh, look at damaging dentition. Like, how— what acid level will damage teeth?

Justin: Okay.

Sydnee: And can we connect, like, drinking sodas and stuff like that with tooth damage. So, it was done on behalf of the dental profession. Um, but either way, it is true, there are a lot of beverages we drink that have extremely low pHs. Um, not just sodas, which do.

They're down in the 2 point— I have this big list in front of me, hold on... Oh, there's my diet Dr. Pepper. It's 3.2. Coke Cherry Zero is 2.93. Caffeine-free Coke is 2.34. These are very low pHs, by the way. That means more acidic. The lower the number the more acidic. The higher the number the more alkaline. But so, by the way, is lemon juice, as you may imagine. Incredibly acidic, and we can drink that.

Justin: Yeah.

Sydnee: Stomach acid—

Justin: We don't really.

Sydnee: Well, but if you did, it wouldn't kill you.

Justin: That's true.

Sydnee: [soft laugh]

Justin: Yeah.

Sydnee: Um—

Justin: You ever do that "The miracle berries" folks? Get some miracle berries and try it. It's wild.

Sydnee: Uh, stomach acid is actually a little lower than what you mentioned. That 3.5 is on the *high* end of the pH of stomach acid. It can be as low as 1.5. So— which can account for differences. And, like, if you vomit and it hurts. The other thing I will say is, like, when you vomit, lots of stuff is coming up your esophagus in the wrong direction.

There are lots of reasons it burns, other than just the stomach acid. Whereas when you're sipping small amounts of a beverage, you're— you know, it's not going to hurt. Um, but the point is, yes, the pH does mean the acid power of something. I think, what you got to take into context is, like, our bodies handle acid pretty well. We have a lot of mechanisms to balance out acidic things and balance out alkaline things

So, you *can* drink these beverages and they won't necessarily do harm. Now, obviously, if you do have something like ulcers where your stomach lining is more, you know, sensitive, you want to be more careful with acidic beverages. And they *do* impact dentition. They can damage your teeth, so—

Justin: Mm. Um, you bet. You're just guessing there, 'cause you don't know anything about teeth.

Sydnee: I read the study by dentists who told me.

Justin: Okay.

Sydnee: I wouldn't have known anything about teeth, except the dentist told me.

Justin: "What's up with the goop in your eyes? My eyes created goop. It seems to grab on to hair and other particulates in my eye and tracks on the inner corner. What is that stuff?" That's from Mackenzie.

Sydnee: Do you know what the eye goop, sleep—

Justin: I mean, we call it sleep.

Sydnee: Yeah.

Justin: In West Virginia. I don't know if that's what everybody calls it.

Sydnee: Well, I've heard people call it eye boogers. I ha— I can't—

Justin: I don't like that.

Sydnee: I know, I don't like that, so I call it sleep. "You got some sleep in your eye" or crusties.

Justin: Crusties.

Sydnee: Crusties. Um, it's mucus, dead skin cells—

Justin: [laughing quietly]

Sydnee: ... and oil, and then tears that you cried overnight that sort of crusted in there too.

Justin: So, it's the Sandman's sand.

Sydnee: [bursts out laughing]

Justin: Okay. Got it. I heard it. Hey, folks! Thank you so much for listening to our podcast. We hope you've enjoyed yourself. Um, hey, if you find yourself in need of some new, uh, call it, maybe clothing, you need clothing. You need pins, stickers, dice, mugs, notebooks, temporary tattoos, tie-breaker coins, whatever you need, head on over to Mcelroymerch.com.

'Cause this is very exciting, all purchases this month, 10% of all our proceeds are going to Fairness West Virginia, which is a statewide civil rights advocacy organization dedicated to fair treatment and civil rights for lesbian, gay, bisexual, and transgender West Virginians. Which is a great group. We've worked with them many times.

Sydnee: Mm-hmm. We have and I'm excited that, um, you all can help us support them.

Justin: So, head on over to Mcelroymerch.com and get some of that, uh, great stuff. Thank you. Thanks to the Taxpayers for the use of their song, “Medicines” as the intro and outro of our program. Um, if you’re going to be in the Boston area, we are going to be doing some *My Brother, My Brother, and Me* and TAZ, *Adventure Zone* shows up there in that region.

Here, in just— oh, gosh now, I guess it’s just a co— about a week and a half away. So, if you want to come see us, we would sure love to see you, June 17th. TAZ is in Boston, June 18th. We got *MBMBaM* in Boston, June 19th. We’re going to be at Foxwoods in Mashantucket, Connecticut with *MBMBaM*. You can go to Mcelroy.family and click on tours and get tickets to that, and we would love to see you there. So, thanks so much.

[theme music plays]

Justin: That is going to do it for us. Until next time, my name is Justin McElroy.

Sydnee: I’m Sydnee McElroy.

Justin: And as always, don’t drill a hole in your head.

[theme music ends]

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