Sawbones 517: John Green and Good.Store

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Clint: *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. What's that? No Sydnee? Well, she's just not here for the intro. There's— She's in the actual episode, she just didn't do this part.

We got a really exciting episode for you, we got John Green as our interview guest. He's gonna be talkin' to us about this massive TV initiative he has goin' right now, and how you, by buying products that you love, can help get involved. It's a great conversation, I look forward to sharing it with you… right now.

Our guest today on *Sawbones*, as we probably said is John Green, here to talk about Good.Store. Is that the preferred…? Good.Store, that's what you said—

John: Yeah.

Justin: In a recent video, so I wanted to make sure that's the preferred nomenclature. I love any—

John: Yeah, we go with Good.Store.

Justin: Good.Store, that gets us a URL right in the company name, which I love that.

John: Yeah. Yeah. So Good.Store is our coffee, tea, and sock company, that— where all the money goes to support better tuberculosis care, and we're gonna talk about tuberculosis today, my favorite disease. I mean my least favorite disease.

Sydnee: [chuckles]

Justin: It's a— Sydnee struggles with that too, she's got favorite viruses, favorite really dangerous stuff.

John: Yeah.

Sydnee: I— And it— Yeah, well everybody always asks. A common question when you're a doctor is "What made you wanna be a doctor?" and I always say, "Ooo, hemorrhagic fevers."

John: Mmm.

Sydnee: "I just love 'em."

John: Yeah.

Sydnee: And that's not a good— Most people don't take that well, so.

John: Yeah.

Sydnee: I understand, I empathize. [sniffs]

John: I don't love a hemorrhagic fever myself.

Sydnee: [chuckles]

John: And I don't love tuberculosis either, I really dislike it, and I think it's my unique dislike of it that makes it so interesting to me.

Justin: When did it really tick you off the most, John? When did it— When did TB really get on your bad side?

John: I— So I didn't even know that tuberculosis was still a thing, I thought it was like the thing that killed John Keats, you know, like a past-tense disease, until 2019 when I was at a TB hospital in Sierra Leone. And I met this kid who has the same name as my son, Henry, and he was just one of these kids who just pulls you around the hospital and like tal— chats to you.

And even if you don't mutually understand each other all the time, he's just like there for you, like walkin' you through everything, telling you what the deal is with tuberculosis, showin' you the microscopes that they're lookin' at the slides in and everything.

And at the end of it I was like, "Whose kid is that? Is that like a doctor's kid or something?" and they were like, "No, that's one of the drug-resistant TB patients we're really worried about."

And in the end, Henry would go through like six years of treatment total, he would take over 25,000 pills over the course of his treatment for tuberculosis, but he did get cured, and today's a student at the University of Sierra Leone.

Sydnee: Wow.

Justin: Fantastic.

John: Unfortunately, he's studying human resources management.

Sydnee: [chuckles]

Justin: Awww, that's a bummer, you hate to hear. [wheezes]

John: Yeah.

Justin: [chuckles] You hate to hear it.

John: Yeah. Other than that, he's doing great.

Justin: [laughs]

John: No he's doing awesome.

Justin: So what was it about this disease specifically? You kinda joked about it being your favorite disease, but is there anything else about it that stan— I do, as a layman myself who has talked about TB a good amount on this show, we— There's still like a residual Old West romance. [wheezes]

John: Yeah.

Justin: To TB, if that's fair.

Sydnee: Mm.

Justin: I don't know.

John: Absolutely. It's almost like there's two diseases, and y'all have talked about this to some extent on the show before, but like before the era of tuberculosis, this era of consumption which lasted really until 1882, you had this disease that was really romanticized that was the Old West disease. That was a beautiful disease that kinda made you sexy, and also a little bit of an artistic genius.

Sydnee: [chuckles]

Justin: Right.

John: And like one of my favorite lines about TB is some friends of Victor Hugo telling him that he would've been a great novelist if only he'd contracted consumption.

Sydnee & Justin: [laugh]

John: And that was the disease, you know, that was this inherited condition that came along with other aspects of a personality that made you so— such a genius and so beautiful and everything. And then in 1882, we discovered "Oh actually this is an infectious disease caused by a bacterium."

And it immediately becomes a disease of filth, a disease of poverty, a disease that's associated— that's stigmatized instead of romanticized. And that shift fascinates me. But then also TB remains the deadliest infectious disease in the world, even though it's been curable since the 1950s, which is insane, right?

Justin: Mm-hmm.

Sydnee: Mm.

John: Like it is insane to live in a world where the deadliest disease is curable.

Justin: It's also an interesting example, Syd, of how like… we've talked about a lot how important it is the framing of a disease. Like how we think about it—

Sydnee: Mm-hmm.

Justin: — how we talk about it. I know you were doing an awareness campaign recently about this, John, about TB, and I feel like the way we think about a disease is really important.

Sydnee: And I think that's true. It's something I encounter a lot in medical education.

John: Mm.

Sydnee: The way I was taught about diseases and the way we continue to talk about them, at least in the US, I went to a US medical school, TB was— I'm sure we did a chapter on it, and then we skated past it because, for the most part, we weren't expected to encounter it, or I guess to think about it or worry about it very much.

John: Yeah.

Sydnee: The first case of tuberculosis that I— And since then I've seen more in the US, but the first case that I actually helped manage, I was working overseas at a village Ekwendeni in Malawi.

And they put a chest x-ray up and said, "Alright doctor, what's that?" and it was— They knew what they were doing to me. And I said, "Oh. Oh, It looks like cancer," I thought it was a malignancy.

John: Mm.

Sydnee: And they all said, "Yeah, that's what all the Americans say. No, this is tuberculosis."

John: Mm.

Sydnee: And that was the first time I'd ever really seen a chest x-ray to even know what I was looking at.

John: Right.

Sydnee: But I do, I think that there are certain diseases that even in medical school they're like, "But you don't need to think about this."

John: Sure.

Sydnee: Which is kind of our privilege showing through our education.

John: Yeah, and to some extent, you know, the TB person in Indiana sends out pens to all the doctors that say, "Think of TB."

Sydnee: Mm-hmm.

John: Because it, you know, there are 10,000 cases in the US every year. And like you said, you've seen some of it, but that's nothing compared to what it is in a place like Malawi, which is one of the epicenters of the global TB crisis. Where you see chest x-rays that are terrifying on a pretty regular basis.

It's funny you should mention that you thought it was a malignancy because one of my TB friends, Dr. Jen Furin, described for me once that she, you know, from a chest x-ray was having trouble telling if it was TB or cancer.

And that it proved to be TB, and when she told the patient, the patient started crying. And Dr. Furin said, "Why are you upset? We can cure this," and the patient said, "It's so much more humiliating than having cancer." Like that's how stigmatized TB is in many poor countries.

Justin: [sighs]

Sydnee: And I think we underestimate the degree to which stigma—

John: Mm.

Sydnee: — can be its own— I encounter this, not so much with my current patient population with tuberculosis, although I do see that, because most of my patients now have HIV or at risk for HIV.

John: Mm.

Sydnee: So that's a lot of the care that I do now.

John: Mm-hmm.

Sydnee: And it's the same thing, transportation and costs of medications, there's so many things that we are overcoming because of where I live and where I practice, but that last barrier of stigma is still— I don't have the tools or all of the ways to overcome just that—

John: Yeah.

Sydnee: — to get people the medicine that they need.

John: Well and HIV… The kind of twin pandemics of HIV and TB, for those who don't know, people with HIV have— untreated HIV at least have vastly reduced immune systems, their immune systems aren't as effective and the tuberculosis can kind of much easier take hold.

Like a lot of people have been infected with TB, like between a quarter and a third of all humans right now have been infected with TB, but like the vast majority of us will never get sick because we have an effective immune system to kind of control that infection. But it— with people with HIV, that can change really quickly and really catastrophically.

And so we often talk about like the twin pandemics because the HIV pandemic really reignited the tuberculosis, the ongoing— the old, ancient tuberculosis pandemic. And yeah, that's really— that's— Stigma is the hardest thing to— I don't know how to manage it either. I don't know how to get past a social order that just rejects people.

Sydnee: Mm-hmm.

John: You know? There's… At the TB hospital in Sierra Leone, one of the nurses told me that the hardest part of the job is burying the patients for

the families who won't come get their loved ones because they're scared— they're that scared of TB.

Justin: I really feel bad about complaining about Best Buy now. In hindsight, that was not a bad place to work at all. I don't know why I even had any complaints.

Sydnee: [chuckles]

John: I feel the same way about Steak and Shake, man.

Justin: I mean, right? [chuckles]

John: You know.

Justin: Like that's—

John: I had a—

Justin: Like a hard day in the office for me is like nobody bought Netflix, you know?

Sydnee: [chuckles]

John: I had a brutal— I had a brutal graveyard shift at Steak and Shake.

Justin: [chuckles]

John: But I don't get to complain to nurses and doctors.

Sydnee: [chuckles] It doesn't stop Justin.

Justin: Oh no no no, I still—

Sydnee: As the— As a—

Justin: It's important, 'cause that— my—

Sydnee: As a doctor, he complains to me all the time. [laughs]

Justin: I know, I—

John: I'm relieved to hear that.

Sydnee: Yeah.

John: I'm really relieved to hear that, 'cause I don't think I could. Like my wife is an art curator, so I feel like I can complain to her, but I don't feel like I could complain to you. I feel like I'd be like, "How— What was rough about the office today?"
"Oh man, it was so [chuckles] hard comin' up with jokes with my brothers."

Sydnee: [chuckles]

Justin: That's— It's a— You know what? John, you're right. And the perseverance it takes for me to feel bad for myself, day in and day out, [chuckles] is—

John: It's impressive.

Justin: That's not gone unnoticed, thank you.

John: It's beautiful man, it's beautiful.

Justin: Thank you, man. Thank you.

John: This is beautiful.

Justin: Game recognize game.

John: [laughs]

Justin: When it— When your— You know, you talk about that starting point of saying like, "This is a problem," and I think that especially in the US, in our medical system which is so fundamentally broken, I think it's really hard to look at this giant system and say, "Okay, there is a massive problem. What size bite of this elephant—"

John: Mm. Mm-hmm.

Justin: "— am I gonna—" Right? So I'm really interested in that, and I'm sure that is an absolute moving target, and probably one of the biggest questions for— for Good.Store is what— like what problems? What are we attacking?

John: Yeah.

Justin: So how did you sort of like land on Lesotho for this like… specific initiative, and?

John: Yeah. Yeah, so we started out tackling maternal health, trying to tackle maternal health in Sierra Leone, and you know that was actually real— Or that has been, in an ongoing way, really encouraging.

Justin: Mm.

John: Because Sierra Leone in 2017, one out of every 17 women were dying in pregnancy or childbirth. Was an astonishing, astonishing number, and that's been reduced by like 65% just in the last seven years.

Justin: Wow.

John: Now obviously, it has tremendously far to go, right? Like that's still hundreds of times too high. But we're seeing, you know, this Maternal Centre of Excellence open up, partly funded by Good.Store, that's gonna really transform.

It's the first NICU that's gonna be for most Sierra Leonians the first really good maternal care center where you can expect a safe, clean OR, where there's a good blood bank, all that stuff that you really need to save people's lives when they're giving birth. That's opening up next year, we're really excited about that.

And that— But then Good.Store kept growing, especially the coffee and tea kept growing, and we reached— So we reached out to friends in global health and we said, "What would you do? You know, if you had a couple million dollars a year?" and they said, "We would invest in comprehensive tuberculosis care."

Because this— Because it is curable, right? So you can end a chain of transmission by curing the person who's sick and offering preventative

therapy to their close contacts, like that ends that line of infection, and you can—

That's how we basically reduced TB to almost zero in the United States. Now there is still quite a lot of TB in the US, but like compared to what it was 50 years ago, it's been reduced by over 99%. So I— Or at least 75 years ago, from before the antibiotic era.

So I— I really think like we know how to do this, we've just assumed that we can't do it in poor countries, and it's time and a place like Lesotho, which is a relatively small country, you know it has a population of about two million, it also has the highest TB rate in the world.

It's time to say that in a place like Lesotho, like this is not acceptable, we don't have to accept this world. And so that's what we're kind of trying to do with our silly coffee.

Sydnee: [chuckles]

Justin: Is there a temptation to just like crush one that's very local to you? Just like, "I'm gonna make a museum for me?" or you know.

John: Yeah.

Justin: Like something that's a little more local, I guess would be the question.

John: There is a temptation sometimes, because I think the advantage of local work, and y'all know this from your work, is that you're in the community every day.

Justin: Right.

Sydnee: Right.

John: Right? And so you know the needs of the community in a way you don't know the needs of a community in Lesotho or Sierra Leone. The advantage to working in a country, if you trust experts, the advantage to working in a country like Lesotho or Sierra Leone is that you can make a huge difference.

Justin: Mm, mm-hmm.

John: And you can make a huge difference with like what is a ton of money. You know, I think Good Store has given away $8 million in the last three years, that's a lot of money, but like it's also not a lot of money, right?

Sydnee: Mm-hmm.

John: Like it's not a lot of money compared to like—

Justin: Sure, right.

John: — building a Elon Musk trying to… go to Mars or whatever.

Justin: [mutters] Yeah, he should fix this stuff.

Sydnee: [laughs]

John: [wheezes]

Justin: Sorry. [chuckles] Sorry.

John: [laughs]

Sydnee: Well he—

Justin: You just mentioned— I mean.

Sydnee: He's gotta go to Mars.

John: He's so busy though.

Sydnee: Yeah.

John: He's so busy fixing other things.

Justin: It'd be cool if— It'd be cool if—

John: And by "fixing" I mean "breaking."

Justin: Yeah.

Sydnee: Yeah, well he's gotta pay people to vote.

[transition music plays]

[ad break]

Justin: So, when you're looking at like different products and what that line up is gonna be, I know that Awesome Coffee Club, which I was a mem— a proud member, card-carrying member, is now Keats and Co. Is that correct?

John: Yeah, we've rebranded.

Justin: Yeah.

John: We've rebranded from the Awesome Coffee Club to Keats and Co, because—

Justin: Is it—

John: — we wanted to get a little more TB focused, a little fancier. So Keats—

Justin: This is a fancy. Okay, so this is fancy—

John: Keats and Co sounds fancy.

Justin: This is the thing, John. You— As fellow brothers in entertainment, you and I both come from a long, proud heritage of being uncomfortable giving anything a cool name.

John: Yes. Yes.

Justin: I think that we are [chuckles] by definition, we're pretty hard-wired to not try to sound like we're every being cool.

John: Don't wanna try hard.

Justin: So it's like, "Yeah, it's a good sock comp— You get it! They're good so— Just get 'em, or don't."

John: Yeah.

Justin: "They do good."

John: Yeah, 'cause— "Just get 'em, or don't." I think that's a key part of our marketing plan as well.

Justin: "It's like awesome coffee, like you get it." [chuckles]

John: Yeah, yeah. But we rebranded to Keats and Co in an attempt to be a little more mature, but it's still the same coffee, still the same price, and the… the thing that— The major thing that changed is that our packaging got fancy, but I'm so uncomfortable being fancy, just like you.

Justin: Right.

John: Like there's that aging, I don't know, some people say, "He's such an annoying cringe millennial," and I'm like, "Oh my god, thank you so much."

Sydnee: [chuckles]

Justin: "I'm a millennial."

John: 'Cause I'm pretty sure I'm a cringe Gen Xer.

Justin: Love that. Yeah. I'm riding the line there.

Sydnee: Yeah, I'm right in the middle.

John: Yeah, I'm riding the line. Y'all are a little younger than me, so I think you're safe.

Justin: I'm 43, I'm a old, old, old man.

John: I'm 47, buddy.

Justin: That's impossible, John.

John: It— I know.

Justin: You look 42.

John: But thank you. Thank you.

Sydnee: [laughs]

Justin: [wheezes] When— [chuckles] I noticed when you're— the growth, you talked about the growth of Good.Store, and the numbers that are continuing to build. [sighs] It's such an anti— Like the model of the company is so different, and it's so like—

John: Oh yeah. I should've mentioned that.

Justin: Yeah.

John: That we give all of our profit to charity.

Justin: Right.

John: So it's like Newman's Own.

Justin: Right.

Sydnee: Mm-hmm.

John: Like we don't keep any of the money.

Justin: Right. Now I am astounded that you just did a Newman's Own pull and you're worried about being mistaken for a millennial. There's just no planet.

John: [wheezes]

Sydnee: [laughs]

Justin: There's no reality in which this salad dressing referencing man is—

John: "We're like Newman—"

Justin: — is a millennial.

John: You know Newman's Own.

Justin: You know. You know.

John: Yeah, the young people's salad dressing.

Justin: You know.

John: But they've given away hundreds of millions of dollars, they've done a ton of great work, Newman's Own.

Justin: This is not to detract from Newman's Own.

John: You— I—

Justin: A lot of great products, check my fridge.

John: I'm hearing you diss Newman's Own's delicious Oreo knock offs.

Justin: [chuckles] I think—

John: Which are called Newman's Os.

Justin: I like Fig Newmans. [wheezes]

John: Fig Newmans?

Justin: Fig Newmans, they didn't even wanna make 'em.

John: No. [chuckles] They just had to.

Justin: They just came up with the name and they're like, "Got to."

John: "We've got to."

Sydnee: "We have to do it."

John: [laughs]

Sydnee: I like the salsa, that's my favorite.

John: Yeah, the salsa's good too.

Sydnee: If we're plugging Newman's Own products.

John: Okay great, now who— who are we here for, exactly?

Sydnee: [laughs]

Justin: Right, exactly. So the question— my question is how do you balance a grow— Like… This is a question non-profits have to deal with constantly, but this is not that exact model, right? How do you grow a business?

John: Yeah.

Justin: Or balance growing a business with like doing the mission?

John: It's hard too, because— Well part of the reason it's hard is because we have to invest in advertising and marketing, and every dollar you invest into advertising—

Justin: Right.

John: — feels like a dollar that's not going to somebody in Lesotho.

Justin: Right.

John: And that— So like our advertising has to really be efficient because otherwise I feel sick to my stomach that I'm giving Instagram money and not getting enough money in return. So that's part of what's difficult about it.

But I also think, you know, we try to treat it as a regular business, as it's just a regular business that's trying to do something different in the world than accumulate wealth into two hands that already have plenty of it.

Justin: Right.

John: Yeah, that's the other thing is that like this is pretty easy for us to do 'cause Hank and I already got paid.

Justin: Right.

John: Yeah, it's a— it— Like it's a luxury to be able to do this.

Justin: I think that that's— You know that's so interesting to hear you say that, John, because I feel like when we do charitable stuff, I really don't find— ever find it laudable. [chuckles] Like I really don't think of it—

John: Right, right.

Justin: I don't. I don't.

John: Yeah.

Sydnee: Mm-hmm.

Justin: I legitimate— I— And it sounds like a fake thing.

Sydnee: I—

Justin: But I don't, especially when I feel like I'm just redirecting an overabundance of generosity, like I—

Sydnee: I have said that for a long time because the majority of work that I do, well up until soon, but up until now the majority of work I do medically has been volunteer, so I don't get paid for any of the work.

And I— any time I'm applauded for that, I always feel like there are a lot of people, there are a lot of physicians I know who would also— It is a privilege to an extent, it does feel like a luxury.

John: Right.

Sydnee: To get to just practice this thing I love in its kind of purest form, just do it for the sake of—

John: Right.

Sydnee: — wanting to do it. It does— It is kind of a luxury, I understand that.

John: Yeah, and a lot of people would do that if they could, you know?

Sydnee: Right.

Justin: Right.

John: And the other thing is that there's a different kind of generosity involved. Like I remember my first trip to Sierra Leone, there was this community health worker, like community health workers are really the backbone of a rural healthcare system in a lot of ways.

Sydnee: Yes.

John: And these are the people who go out in their neighborhoods, visit their patients, those living with HIV, those living with tuberculosis, living, you know, people who are pregnant so that they can, you know, check in on them and get the maternal care as they need it.

Like that's the backbone of how a healthcare system like Sierra Leone's can— can get healthier and stronger. And I was visiting with this comm— But they don't get paid well. I mean a lot of them don't get paid well, but they don't get paid well even if they get paid.

But I was walking around with this healthcare worker Ruth, and she was visiting with a patient who was— hadn't taken her TB meds that day because she said she tried to take the first one, and you have to take like 10 pills a day or 15 pills a day a lot of times.

She tried to take the first one and she just threw it up immediately 'cause she hadn't had any food that day and she didn't have any money for food. And Ruth gave her like the equivalent of like $2, just like gave it to her.

And that is so much more generous than any amount of money that I will ever give because it materially affects Ruth's life. And I think that's really worth remembering, like I'm a little over celebrating rich people and naming buildings after them for their generosity, when like they are not any less rich functionally.

Justin: Right. Yes.

Sydnee: And I think, you know, what you just talked about with community health workers, that kind of work that, again, I think we— Even the way that I was trained in a US medical school, we don't think about that as being applicable to our healthcare system.

John: Mmm, that's so true.

Sydnee: But that exact work is what we are trying to build in my community right here, where I practice.

John: Mm.

Sydnee: Because we— You know, I live in a part of the country that is rural, where a lot of people are living in poverty, where a lot of people have no transportation, reduced access to everything including education on these issues, there's a huge amount of stigma. And this is exactly the— I am sitting in rooms with people saying "Maybe we need something like a community health worker."

John: Yeah.

Sydnee: "Maybe we need something like that to go door to door and figure out what people's needs are, and help them meet them." We're trying to retrofit that back here because it is applicable here.

John: Well Sydnee, I think that's so important. And I think it's really important to understand that we tend to think of philanthropy as a one-way street, as like a one-way exchange of resources and information. That like this— we are trying to make the Sierra Leonian or the Lesothoan healthcare system stronger.

But in fact we have so much to learn from the Sierra Leonian healthcare system, from how nurses and doctors and community health workers work with extremely limited resources to get different kinds of care to their patients.

Sydnee: Yes.

John: Than we're getting to ours in the United States. And especially in a healthcare system that, as you said, is so fundamentally broken, those kind of interventions can make a huge, huge difference.

So that's cool to hear, and it's really cool to think of this as an exchange of expertises and knowledges and learning, rather than like a one-way street of resource distribution.

Justin: Yeah, it's wild to hear you talk about the things that you used in— Like techniques that you learned in Malawi.

Sydnee: Mm.

John: Mm.

Justin: That you have had to like adapt for street medicine like at Harmony House.

Sydnee: Mm-hmm. I also— I want to talk about how you helped take on Big Pharma.

John: [chuckles] Yeah.

Sydnee: Which is—

John: In a small way.

Sydnee: Well still, that's—

Justin: That's the only way to do it!

Sydnee: That's very exciting.

John: [chuckles]

Sydnee: And tackled the problem of evergreening, which I don't know if we've ever talked about on our show, or that our listeners are very familiar with.

John: Yeah, patent evergreening is an incredible strategy that pharmaceutical companies use to extend their patents basically forever.

So they'll say, "Well this patent is expiring, but there's this aspect of the— the drug delivery that we actually patented later."

You know, at Doctors Without Borders, they compare it to you patent the pen, and then eight years later, you patent the pen cap, and you say like, "Oh, pen doesn't work as well without a cap, so we're gonna have another— we're gonna have it for another eight years." And then turns out eight years after that, you patented a slightly better pen cap, and now that's the pen cap—

Justin: It's exactly what they've been doing with Mickey. Now that got the lines on the glove.

John: Exactly. They got Mickey. They got Mickey.

Justin: They got ears that are now a little tilted, yeah.

John: Yeah, yeah, it's exactly what they're doing with Mickey.

Justin: [chuckles]

John: And so Johnson & Johnson—

Justin: Thank you for saying that John. It is exactly!

John: It is.

Sydnee: [laughs]

John: It is, no.

Justin: It is exactly! [chuckles]

John: They do it with novels too. They want me to recopyright my novels so that like 74 years from now, they— they can still make money from them, and I'm like, "Oh y'all, they will be so out of print," but anyway.

Justin: Ey, by the way John, eight years til we get James Bond, by the way, if you wanna collab with me—

John: Ohhh.

Justin: — on a James Bond novel. And it can't have anything but the name James Bond.

John: I'm interested.

Justin: And I think he can be a spy. [wheezes]

John: [chuckles] I'm interested.

Justin: 2034, baby. Look for it.

John: No— No shaken not stirred martinis, but he can be—

Justin: No guns.

John & Justin: [simultaneously] No guns.

Justin: [laughs] No guns.

Sydnee: [laughs]

John: No Q. No Q.

Justin: No, he's—

John: He can't be British.

Sydnee: [laughs]

Justin: He's a low-level insurance salesman in one scene. [chuckles] "Bond! James Bond! Pleasure."

John: [chuckles] Yeah. Yeah, and he can only drink gin.

Sydnee & Justin: [chuckle]

John: I love it. I'm in, I'm in, let's do it.

But yeah, so this is a big strategy that pharmaceutical companies use, and Johnson & Johnson was trying to use it for their TB drug bedaquiline

which is this incredible drug that has revolutionized our ability to cure multi-drug resistant tuberculosis, and taken the amount of time that it takes to cure it, the amount of money that it takes to cure it, and brought it way down.

But unfortunately bedaquiline was still really expensive because it was under patent, and there were all these Indian… drug manufacturers ready to go to make versions of it that were 60 or 70% cheaper, would expand access to millions more people over the next decade, and Johnson & Johnson was really reluctant to release their patents.

But then under significant pressure from us, and a lot of other people. I mean I think this had been in the works for a long time, and to credit Johnson & Johnson, I think that they were really serious about this.

They pretty much fully released the patent, and these days you can buy bedaquiline for 70% less than you could even two years ago. And then the other company that we've taken on, which is a more challenging relationship, I would say.

Sydnee: Mm.

John: A more fraught, complex relationship is with the company Dannaher, that makes the best tuberculosis test in the world. So they make this incredible test where after two hours, you can know not just if somebody has tuberculosis, but also whether or not their tuberculosis is resistant to common antibiotics that we use, the first line antibiotics we use.

And that's a game changer, to be able to know that from the outset. That would save somebody like Henry years and years of bad treatment. But the tests are so expensive that it's been really difficult. So we got those tests reduced in price by about 21%, which is a significant step, but we feel like there's some more work to do on that front.

Sydnee: That is an— I mean that's an incredible triumph though, with Johnson & Johnson to do that. And then I think that point of care tests like that, those sort of rapid tests, I don't think that's well understood how critical those are.

John: Yeah.

Sydnee: Not just diagnostically, but to the access of care.

John: Totally.

Sydnee: That follows up. We use a ton of rapid HIV tests, and—

John: Do you use like G— Do you use GN Expert? That's the company that Dannaher runs.

Sydnee: Ours are Insti.

John: Oh yeah, yeah yeah.

Sydnee: Yeah.

John: Yeah.

Sydnee: That's— But I think there's another group in town that uses those. But yes, we use the Insti, and having that and knowing that I can— I have the patient right there. Five minutes later, I have a pretty confirmed diagnosis.

John: Right.

Sydnee: We'll send 'em off for bloodwork if we need to. And I can offer them care instantly, I usually have the meds, I can do it right there. They're so much more likely to access that care if I can do it in one place.

John: They can get started right away.

Sydnee: Mm-hmm.

John: And also like there's not that… the— the delay— I mean the delays doesn't just delay care in ways that can be catastrophic, 'cause you can lose people, you know, it's so easy to lose people to follow up, or that's— Even that phrase kinda bothers me.

But also… also just psychologically. It's really hard to go three, five day, whatever worrying about whether or not you're gonna get diagnosed with something. And to be able to be with a doctor, to be able to like, you

know, have your questions answered immediately, like that makes a big difference.

Sydnee: It does. It does, and we're— I mean we're trained that that's what we're supposed to do, but they're always— especially with tuberculosis, I mean there's this lag where a lot of times we're doing the collect three morning sputums—

John: Oh god.

Sydnee: — to do AFB smears.

John: Yup.

Sydnee: And so it's at least three days, if you can get them at the right time.

John: Right.

Sydnee: And then you've gotta get a pathologist to read them. I mean it was a very arduous process.

John: Yeah.

Sydnee: I mean, even in the US.

John: Yeah, still diagnosing tuberculosis is waaaay too hard, and harder than it should be.

Sydnee: Yeah.

John: And a big part of that is because Dannaher won't make their prices more reasonable.

Justin: Is it— [sighs] Man, I think at this point in history, and you can say this at any time, but I think we're definitely seeing a lot of the evils of capitalism laid really, really bare. I mean to like—

John: Yeah.

Justin: — an obvious extent, where like even a layman can look and be like, "That doesn't seem right." How do you— I think of you as a pretty inspirational, humane thinker, John. How do you square, for yourself, as someone who wants to stay like… I don't know, engaged with the human race.

How do you square this systemic evil with that individual, just like human-to-human thing? 'Cause I still have the belief, deep down, that if you get individual people one on one, you can usually talk to them, at least begin to talk some sense. But I feel like they're working against a pretty equal system.

John: Yeah, and— and a lot of individuals are left out my those systems, and those systems oppress a lot of individuals, and then they lift other up. And the ones that are lifted up may not even sense that they're part of the system, you know?

Sydnee: Mm.

John: They may not even be aware of the system, they just— They don't— You don't know that you have a tailwind until you turn around, right?

Justin: Mm-hmm.

John: Like— And… But I think the place where I find hope, to be honest with you, is that… Human built systems have— have human-built solutions.

Justin: Mm.

John: And they aren't easy, they aren't uncomplicated, it's— it's extremely— I mean… Sydnee knows this better than either of us, but like it's extremely slow, it's human to human work, it happens at the scale of one individual speaking to one individual, but we can over time build systems that include more people.

Justin: Mm-hmm.

John: And we can find ways to reform our systems, to make them better. You know, and they will still be wildly inadequate, right? Like I think that

the ACA made healthcare more accessible to people, and yet still it was wildly inadequate.

Sydnee: Right.

John: And we still live in a wi— in a healthcare system that is hugely, hugely inequitable. And so I find hope in the idea that human built systems have human-built solutions, human built problems have human-built solutions.

And ultimately in 2024, like tuberculosis isn't really cause by a bacteria anymore, because we know how to kill the bacteria, we know how to deal with the bacteria. Tuberculosis is caused by us, like we're the cause of it, and that's very discouraging and very worrying. But that also means that we can be the cure.

And that wasn't the case for people 200 years ago, they weren't in this situation where they could be the cure by changing their— the way that they distribute resources and changing the way that they allocate different cures to different people.

And now we are in that world, and I think that that's— It's bad news, in the sense [chuckles] that it's frustrating to live in a world where we are the problem, but it's also good news because it means that we know what the cure is.

Justin: And that's why Good.Store preaches the tagline, "If you shop anywhere else, you're the problem."

Sydnee: [chuckles]

John: [wheezes]

Justin: And I'm— And I just wanna say that if I see you drinking any coffee that didn't come from Keats and Co, you are basically on the side of tuberculosis. Like I don't—

John: You're—

Justin: I hope I'm not like overstating the point, but that is—

John: You're— You're selling our coffee so much harder than I would.

Justin: That's the—

John: I really just saw this as an opportunity to talk— to come on my favourite podcast.

Sydnee: [chuckles]

John: You're really out there promoting me.

Justin: Well John—

John: I appreciate it.

Justin: — I'm just so happy to have you and it is one of those rare times where I can promote a brand that actually does good. I've done so much free work for brands that haven't given [chuckles] me a dime, and are honestly actively evil. [laughs]

John: Me too.

Justin: Like I—

John: Me too.

Justin: Not even like—

John: Me too.

Justin: Not even like sort of evil.

Sydnee: I mean.

John: Yeah.

Justin: But just like It's fun, like that's part of— [wheezes] Like—

John: That's part of their thing.

Sydnee: Yeah, you can't.

Justin: It’s part of my thing!

John: Yeah, that’s part of the pack.

Sydnee: You can’t feel good about anyone who’s eatin’ pizza rolls because of you, honestly. [chuckles]

John: Yeah.

Justin: I probably wearing Arby’s underwear like right now.

John: Yeah. I might add a pizza roll because of you, actually.

Sydnee: [chuckles]

John: I might add a pizza bagel here and there.

Justin: You’re welcome.

John: I— Mine is Diet Dr. Pepper, like I’m a very public fan of Diet Dr. Pepper, and like I think—

Justin: That’s Sydnee’s too.

John: I love Diet Dr. Pepper.

Sydnee: Me too.

Justin: Can you— Okay.

John: But it definitely makes the world worse. [chuckles]

Sydnee: Oh yeah.

John: Like.

Justin: Will you talk about— Have you tried Diet Dr. Pepper Zero Sugar?

John: Yeah. Yeah.

Justin: It's better, right?

John: No.

Sydnee: No.

John: It's worse.

Justin: Okay, both of you two now.

Sydnee: No.

John: [chuckles] It's worse.

Justin: I'm— It's not worse!

Sydnee: It's worse. Justin made me do a— like a blind taste test.

John: No.

Justin: [wheezes]

Sydnee: To see if I would admit if I drank 'em both.

John: Yeah.

Sydnee: And then he said, "Now don't tell me what's what, tell me what's better."

John: Yeah.

Sydnee: And I know one, like I'm not gonna know Diet Dr. Pepper.

John: [chuckles] Right.

Justin: It was a thought— It wasn't a good scientific text, I agree.

Sydnee: It was better. I mean it's— Diet Dr. Pepper is better.

John: It's better.

Sydnee: Yeah.

John: It just tastes better. And the other thing about Diet Dr. Pepper—

Sydnee: [chuckles]

John: — and people think I'm crazy [chuckles] when I say this, but it tastes differently depending on where you drink it. So sometimes I'll go outside to have a crisp Diet Dr. Pepper, because the outside air brings out the cherry flavour a little bit more. But sometimes I want the inside—

Justin: You aerate it. [imitates aeration noises]

John: — and— [chuckles] Exactly.

Justin: [wheezes]

John: Sometimes I wanna be inside—

Sydnee: Decant it.

John: — and taste more of the plum.

Justin: [wheezes]

John: [chuckles]

Sydnee: [chuckles] Well, let's not—

Justin: "Oh, don't drink the Diet Dr. Pepper yet! I just opened that a few hours ago."

John: [laughs]

Justin: "You have to let it breathe."

Sydnee: "Let it breathe."

John: [through laugher] "You have to let it breathe."

Justin: [laughs]

Sydnee: And don't— We can't even get into the can versus the plastic bottle, I can't even.

Justin: The can versus the decanter, it's the only—

John: Yeah, yeah.

Justin: The bae.

Sydnee: Pour into the decanter.

Justin: Yeah, one is the better.

John: Yeah, yeah.

Sydnee: [laughs]

Justin: John, is there anything else you'd like to say about tuberculosis? [chuckles]

Sydnee: [laughs]

John: [chuckles] Uh yeah, well I appreciate y'all's coverage of TB so much over the course of this podcast, it's like the least grizzly thing you talk about.

Sydnee: That's fair.

John: So I appreciate you guys occasionally going into non-grizzly spaces. [chuckles] But I also appreciate the grizzle man. My son and I loved your amputation episode, Henry was just like, "This is great!"

Sydnee & Justin: [chuckle]

Justin: Excellent.

Sydnee: It's—

John: I was like, "Yeah buddy," and he was like, "They pull the meat over the bone," and I was like, "That's right."

Justin: [cackles]

John: "That's right, buddy."

Sydnee: [laughs]

Justin: Right, man.

Sydnee: I'm so glad he enjoyed it.

Justin: Metal.

Sydnee: I— See I— Justin always, as we're recording, he plays the role of the audience for me sometimes, in that I'm watching his face and as I'm talking, I'm thinking "Too far, pull it back, pull it back, pull it back." 'Cause I never— I don't have that line.

Justin: Mm.

John: You don't have that line. No, they beat it out of you in medical school.

Sydnee: No.

Justin: John, thanks for joining us.

Sydnee: [chuckles]

Justin: Good.Store, get your coffee, get your socks, get your soap.

John: Get your tea.

Justin: Get your tea. I mean, get your coffee.

Sydnee: [laughs]

Justin: Get your soap.

John: [wheezes]

Justin: Get your— [chuckles] Come on. Come on, John. Hey, let me know if you wanna do a line of energy drinks, 'cause I feel like that's the partnership.

John: That's where we're missing out.

Justin: Let me know about a smaller— much smaller, less important problem that I can fix with Justin's Raw Energy. [wheezes]

John: Justin's 6 Hour Energy?

[theme music fades in]

Sydnee: [laughs]

John: Beat 'em at their own game.

Sydnee: There you go.

Justin: [chuckles]

John: I love it. Thanks for having me.

Sydnee: Thank you.

[outro music plays]

[ukulele chord]

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