

## Sawbones 519: Project 2025

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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.

**Sydnee:** And I'm Sydnee McElroy.

**Justin:** Syd, I didn't ask if you were ready, I just finished recording the ads and I just launched right into it.

**Sydnee:** I am ready.

**Justin:** Are you ready, buddy? Or you want me to take it back and I'm gonna—

**Sydnee:** No, that's okay, I'm— I was adjusting, I was adjusting.

**Justin:** You're adjusting.

**Sydnee:** I'm ad— No.

**Justin:** I'm a Justin.

**Sydnee:** I'm a Sydnee. I'm adjustin'.

**Justin:** Haaa. And this is *Saw*— That should be— Like, "I'm a Justin, I'm Sydnee, and this is a *Sawbones* episode."

**Sydnee:** I was adjusting my mic.

**Justin:** Yeah, go ahead.

**Sydnee:** It wasn't in my mouth.

**Justin:** Yeah.

**Sydnee:** Well not in my mouth.

**Justin:** Yeah.

**Sydnee:** On my mou— In front of— You know.

**Justin:** 45 degrees.

**Sydnee:** Is that?

**Justin:** Yeah. If you do 45 degrees, it cuts down on some of the plosives and sibilance.

**Sydnee:** Like this?

**Justin:** Perfect.

**Sydnee:** [in a lower tone] Like this?

**Justin:** Yeah.

**Sydnee:** [in a lower tone] Is that better?

**Justin:** Yeah, that's good.

**Sydnee:** I don't know why it changed the way— I don't know why it changed my tone of voice.

**Justin:** Well.

**Sydnee:** I don't know why it made it lower.

**Justin:** It's just it makes you feel like a pro.

**Sydnee:** I do. Is that why? Do people who do radio— You know, 'cause you have a long family history of radio.

**Justin:** I do.

**Sydnee:** Is that—

**Justin:** Third generation radio guy.

**Sydnee:** [chuckles] Is that why, when the mic gets in front of you and you're feeling professional, [in a lower tone] do you lower your voice?

**Justin:** Yeah.

**Sydnee:** [in a lower tone] Is that why that happens?

**Justin:** Yeah, and also you're— usually you're wearing a monitor, and you become more aware of the tone of your voice, you start modulating it more to sound more pleasing to yourself.

**Sydnee:** Mm.

**Justin:** 'Cause you got cans on.

**Sydnee:** Mm.

**Justin:** Yeah.

**Sydnee:** See, as a woman.

**Justin:** Mm.

**Sydnee:** I sometimes will lower the sound of my voice because I think subconsciously men will take me more seriously if I sound more masculine.

**Justin:** And sometimes I raise the pitch of my voice because I'm trying to buy the child tickets at the movie theatre.

**Sydnee:** [chuckles]

**Justin:** It is rarely successful after I grew the beard.

**Sydnee:** I will also say, here's a medical fact, people who have hearing loss, and I've found this a lot with— I did a lot of rotations at the VA, and there were some— a lot of elderly gentlemen. Not all of the patients are elderly gentlemen, but there were quite a few.

And they would have some degree of hearing loss, and they hear better lower tones, they lose those higher frequencies first, so it was also very practical. I would lower the tone of my voice, they can't hear me if I'm louder, [in a lower tone] they can hear me if I'm lower.

**Justin:** And today we're going to be talking about tone of voice.

**Sydnee:** No, that's not what we're talking about.

**Justin:** Oh, we just talked about it for so long, [chuckles] I just assumed that that's what we're doing an episode about.

**Sydnee:** No, I just thought— I mean it's a medical show, I feel like a little—

**Justin:** Hey listen, I'm not complaining.

**Sydnee:** A little fun fact.

**Justin:** I love talking about this stuff.

**Sydnee:** I just think— I think that's a helpful fact, if someone has some hearing loss, and you're trying to have them hear you, instead of shouting you might try lowering your voice a little, and they may be able to hear you more clearly. I think that's a useful tip, there you go.

**Justin:** That's a rock fact.

**Sydnee:** No Justin, we immediately received a flurry of emails following November 5<sup>th</sup>. I wonder if you could guess what they were about.

**Justin:** [while stretching] Oh, 'cause they elected Trump again. Ugh, [chuckles] gross.

**Sydnee:** Well yes, but there wasn't— We're, again, we're a medical history show, so what specifically would people be asking us about? I

don't— Although we did get some, and I appreciate those, it was nice. I think that sharing your fear or sadness is important, with others.

**Justin:** Mm-hmm.

**Sydnee:** And so if you did write us an email just to say, "Hey, I'm just feeling scared," I appreciate that.

**Justin:** Yeah.

**Sydnee:** And I hope we can provide some commiseration at most, and maybe some comfort.

**Justin:** Yeah.

**Sydnee:** I don't know if I have comfort.

**Justin:** I got—

**Sydnee:** But recognition, validation.

**Justin:** I think we got comfort. I mean I think that it's— You know, folks, it very human to be scared. I think we're all scared, I think it's weird if you're— Well not we're all scared. Everyone who I think pays attention in the same way that we do is— is scared.

And— But the fact that you're scared means that you're alive, and the fact that you're alive means that you've got some fight in you, and there's things you can do, there's steps you can take, there's ways you can be informed, there's wa— stuff you can do, and we're gonna be trying to take a holistic view, right, this week, Syd.

**Sydnee:** And I think that action... will help you, if you are despairing, I think that taking positive actions. And I also think it will be absolutely necessary.

And so getting in that habit now in preparation for the years to come, and these are going to— this is all regarding medical issues that we're gonna talk about today.

**Justin:** Yip.

**Sydnee:** What we can— What I think we know we can expect to see, and then I don't wanna sit here and deal in hypotheticals and guess.

I have had a lot of scared patients ask me a lot of questions that frankly I can't answer right now. I think that no-one knows— Well, the people who know the answers to are not gonna tell us yet. They will tell us come January, I believe, but it— I'm not gonna try to deal in hypotheticals, just what we know.

**Justin:** There's also—

**Sydnee:** And actions we can take.

**Justin:** It is such a wide gap between bluster and what actually happens, what can actually happen, and what the steps that we'll need to take to respond to that when it does happen eventually comes.

**Sydnee:** Now that being said, I think that those, and I don't even know that I was among them, but perhaps you were among the people who thought "Well, he said a lot of things that were fairly inflammatory and scary to get elected, but he doesn't really intend to follow through on all of those things." That his main focus would be, I don't know, whatever you thought it would be. The economy, in a positive way if you thought that.

**Justin:** Immigration. Immigration probably for a lot of people.

**Sydnee:** Sure, but you know, of tariffs seemed to be.

**Justin:** Sure.

**Sydnee:** You know, although I still would— I still would bet a lot of people don't know what those are, but anyway. If you thought that and you thought this other stuff was just rhetoric, I will say that the cabinet appointments we know of so far, the people he's proposing to hold these vital positions in his government, would lead you to believe otherwise. Because they are far to the right of the average American, politically.

**Justin:** Right.

**Sydnee:** Far to the right. And so I think that gives us a window into what the future looks like. So let's talk about I think our best guess in terms of medicine, what impacts could this have on... the way that we engage with healthcare and medicine in this country? I think our best blueprint is Project 2025, or what is now being called I believe "The Presidential Transition Project."

**Justin:** Oh.

**Sydnee:** But it's Project 2025.

**Justin:** Gotchu, okay.

**Sydnee:** I think that is our best window because there was never a healthcare plan.

**Justin:** Right.

**Sydnee:** Proposed. I believe there were concepts of a plan that have been in the works for going on nine years now, but there isn't a written healthcare plan from which I could reference. That was never proposed in the ca— in any campaign, or during the first four years in office. I will say that we could also, I think, glean some knowledge from the proposal of RFK Jr.

**Justin:** Mm.

**Sydnee:** As the Secretary of Health.

**Justin:** Yes.

**Sydnee:** That definitely tells us the direction that we're going, because he's been very vocal about his radical beliefs on medicine and science. So first of all, some things to... I think be— I don't wanna say, "be scared of" or be aware.

**Justin:** Let's not— I really would like to try to be careful, because I don't— I do not want to truck in fear.

**Sydnee:** No.

**Justin:** On— I wanna be careful about our terminology because I really do think that fear is absolutely useless, and I— and the one thing I don't wanna do is like— is foment that, right? Like we can— I think sadness, grief, despair, all makes a lot of sense. Fear I wanna be careful about.

**Sydnee:** I think that it is important to understand that all these changes that we are talking about in terms of the healthcare system and the way that we deliver science and medicine in this country are in an effort to deregulate everything.

**Justin:** Right.

**Sydnee:** That really is the overarching goal.

**Justin:** They want the government to go away so that private corporations can step in and do these things and make them private things.

**Sydnee:** Right, which means your ability to access them is based on the money you have.

**Justin:** Right.

**Sydnee:** And the quality is based on where you put your money. So they will only be as good as they have to be to make profit.

**Justin:** Right.

**Sydnee:** And that— That is not an opinion, this is a free market system. This is what you get, which is why we usually don't leave healthcare entirely up to it.

So first of all, when it comes to those agencies that are in charge of keeping things on the rails, the Project 2025 definitely would like a major overhaul to get them out of decision making for the individual.

So for instance, the CDC specifically will be— One of their goals would be to prohibit them from issuing any sort of vaccine recommendations. They specifically mention masking, so this feels like a... like a vendetta.

**Justin:** Right.



**Sydnee:** Like a retaliatory—

**Justin:** Right.

**Sydnee:** — you know, making a point kind of thing.

**Justin:** Obviously.

**Sydnee:** But the idea would be...

**Justin:** Imagine.

**Sydnee:** That the CDC is only going to talk about the health-related costs and benefits of different interventions. There will be no social impact side to recommendations from the CDC, which kind of eliminates the public health part.

**Justin:** Right, because it is supposed to be a public-facing entity.

**Sydnee:** Exactly. But the idea would be “You don’t get to tell us what’s best for us as a public. You tell us as an individual, what are the— what’s the cost benefit of this intervention, and then you move on.”

And so, you know, I use the CDC vaccination recommendations every time I’m talking to patients about what are they due for? What vaccines would, you know, would we as a medical body think you should probably get and why and why not? None of that can be issued by the CDC anymore.

And obviously this impacts us immediately in terms of vaccine recommendations for children and adults, and then it also impacts us in the... hopefully this is a remote possibility, but we don’t know, of another pandemic.

**Justin:** Mm.

**Sydnee:** Because we would not have a body like the CDC guiding us in terms of how to respond.

**Justin:** Right.

**Sydnee:** It would be up to each individual to make their own decision as to how to respond to a threat that our human brains can't even comprehend. I think on the issue of vaccines, it's important to go ahead and say vaccines would— vaccine mandates are seen as un-American, and a violation of our liberties and freedoms, by Project 2025.

**Justin:** Right.

**Sydnee:** So they do not get into specifics as to like what vaccine mandates would you repeal? Would it be all vaccine mandates would go away? No-one has to get like— But childhood vaccines would be where the focus is, so I do— I'm not saying they're going to repeal every childhood vaccine mandate... but they could, that could be a reality.

**Justin:** Right.

**Sydnee:** That no-one has to get any vaccines to do anything. So your public school could not require that your child be vaccinated to attend.

**Justin:** Right.

**Sydnee:** Which would, obviously, give rise to vaccine-preventable diseases returning. En masse. To the United States of America.

**Justin:** Right.

**Sydnee:** I think that we are going to see some change in vaccine mandates if RFK is indeed confirmed as head of Department of Health and Human Services, because he does not... He is— He has been anti-vax, vocally anti-vax, he does not believe that a safe and effective vaccine exists.

**Justin:** And anti-fluoride too, isn't he?

**Sydnee:** He is anti-fluoride, yes, I think we will see— We're not talking about fluoride, but I do, oh man. Every time I say, "fluoride" on this show, we get even more emails than Project 2025 generated.

Yah, I think that it is very realistic that we could see fluoride removed from our drinking water. Which obviously will lead to an epidemic of dental decay. [chuckles]

**Justin:** Right.

**Sydnee:** So I think that those changes will probably happen. I also, on that side note, he's a huge proponent of raw milk.

**Justin:** Oh yeah.

**Sydnee:** So.

**Justin:** Be careful about that.

**Sydnee:** I don't know that this is the most pressing concern, but I do think that we will see raw milk legalized.

**Justin:** Mm.

**Sydnee:** It is already legal in the state of West Virginia, so this isn't a huge change for us here. [chuckles]

**Justin:** Yeah, we're good on raw milk, actually.

**Sydnee:** Yeah, please don't drink raw milk would be my advice to you.

**Justin:** And hey, in the—

**Sydnee:** Do not drink raw milk.

**Justin:** In the... In the spirit of not trying to foment fear, I will say that I have lived in this state where raw milk is legal for a while and have been able to successfully avoid it. So I will say that, if you end up with raw milk everywhere, let's all work together, maybe we can get— steer clear of it.

**Sydnee:** Well, and I think Justin what you're pointing to is where a lot of these recommendations are stemming from is this idea that you should get to make that decision for yourself, Justin. You don't need big government [chuckles] telling you whether or not you should pasteurize

your milk, you can decide whether or not you take your life in your own hands and drink unpasteurized, bacteria-laden milk.

**Justin:** Yeah, but this is the problem, Syd. Now that these people are gonna be runnin' it, now maybe I don't want the government to— when to drink my milk and when not to. You know what I mean? [chuckles]

Like if big government is the one— If big government is the one saying like, you know, "Raw milk's groovy," maybe I am gonna be more libertarian [chuckles] in my views.

**Sydnee:** [chuckles] I— Just please don't drink raw milk. Okay.

**Justin:** Just don't drink raw milk.

**Sydnee:** And I don't— I mean, public health recommendations are there. I think that when you start saying like, "Well why should government tell me not to drink raw milk?" I think that if you take a step back from that. Like I refuse to accept the premise of that argument.

Why do you wanna do things that might kill you? Wouldn't you like if there are scientists who are researching things and say, "Hey, we just figured out that doing this thing might kill you, and we would like to issue a statement that you shouldn't do this thing 'cause it would kill you," isn't that nice? Isn't that good?

**Justin:** I think it's good.

**Sydnee:** That's like a very humane thing that we have come up with as a society, and the idea that it's intrinsically bad... is wrong. [chuckles] A lot of people have asked me questions about reproductive health. What is this going to mean for the future of reproductive health nationally?

Now I know... Trump has said that he is not in favor of a national abortion ban. He has said that. I... Personally, he has lied many times about many things, and so I don't... You do with that information what you will.

**Justin:** Yeah.

**Sydnee:** But he has said that. What Project 2025 does specifically is more like making abortion really difficult to access, as opposed to outright

banning it. So what they would do is... mandate reporting from states, and even localler, local you know entities, as to— More local entities, as to how many abortions are performed, and give them data on those procedures.

**Justin:** Mm-hmm.

**Sydnee:** So it would— What they're trying to do is reduce the possibility that if you live in a state like West Virginia, where abortion is essentially illegal, you can't go to another state to access abortion services without that being reported back to the government entity, with a thought that that threat would discourage you.

**Justin:** Discourage you from— Right.

**Sydnee:** They also wanna— I mean and this is a common thing, if you don't want people to access a practice, reduce coverage for it. So they wanna make sure that there are no government insurances paying for any abortion procedures.

So Medic-Aid would no longer cover any of these procedures. Institutions like Planned Parenthood, if they were to provide them, would no longer receive any Medic-Aid dollars, so not just for abortions but you can't get any money if you provide abortion. So we would see that.

And then specifically because 63% of abortions are actually pills at this point, it's a, you know, we take a medication, it's not a surgical procedure, they wanna limit our access to mifepristone, which is commonly known by many as the abortion pill. By one—

**Justin:** Is that different from plan B?

**Sydnee:** Yes. Plan B you can take— This is import—

**Justin:** I know the answer, but.

**Sydnee:** No, this is an important distinction to make. So plan B is something that you can purchase to take if you have had an unprotected sexual encounter, and you are concerned that you may have become pregnant very recently. I mean within the first 24 to 48 hours, you can access plan B and take that immediately.

The— It is a basically a high dose birth control pill is a good way to think about it. It's a high dose of a hormone. When we're talking about mifepristone, we are specifically trying to induce an abortion. Plan B is preventing you from getting pregnant.

**Justin:** Okay.

**Sydnee:** Mifepristone, you've already become pregnant and you would like to no longer be.

**Justin:** Okay.

**Sydnee:** So the ways we could reduce access to mifepristone is make sure insurance doesn't cover it, no insurance will be allowed to cover it. You can... challenge the FDA to revoke their approval of it, I know that that's something that has already been—

That was a case the Supreme Court was going to take up, and then they decided there wasn't enough evidence to take it up, but they didn't say they— There is a future where they could take that up, so that will be one effort, I believe, will be to reverse the approval of mifepristone, so basically it's no longer a drug that's available.

And then three, they're gonna rely on the Comstock Act of 1873, which you may have heard of the Comstock Act, it basically was a way of preventing you from mailing obscene material.

**Justin:** Okay.

**Sydnee:** And this was basically a way to prevent you from mailing things with like birth control... sort of information in it, but also pornography, and—

**Justin:** Right.

**Sydnee:** — and anything like that. So they may invoke the Comstock Act as a way to prevent you from mailing mifepristone. So— And you would have to— And then also you would have to be seen in person.

So these are all just ways of limiting access, and making it harder for those of us who live in states like West Virginia, where you do not have access to abortion care, from going to a state where you would have access.

The other area would be protection specifically for LGBTQ+ Americans. So. [sighs] The Project 2025 view is that collecting any data on gender identity is unscientific, because it sort of reflects a general... false belief that gender is a binary and that transgender individuals do not actually scientifically exist.

**Justin:** They can't even engage with the dia— the scientific dialogue because it already assumes more than they are willing to cede.

**Sydnee:** Yes. And so they would want to limit gender-affirming care. I know that a lot of these, and this isn't something that is ridiculous to talk about because I know in the UK, restrictions on gender-affirming care are much stronger. By stronger I mean worse, I don't mean stronger in a positive way.

**Justin:** Restrictive, yeah right.

**Sydnee:** Much more restrictive than they are in the US already, and so I think that trying to restrict access to gender-affirming care for specifically minors first. And then eventually perhaps those over 18. So those are both things.

And generally, I mean Project 2025 says the census shouldn't be collecting this kind of data, we don't need any sort of diversity data, we don't need to know about gender identity, we don't need to know about sexual orientation. If we can't count you, we don't have to acknowledge you exist.

**Justin:** Right.

**Sydnee:** And then we don't have to provide any special protections for you. So there's this general kind of push to stop collecting data, and then we don't have to think about those peo— Does that make sense?

**Justin:** Yes.

**Sydnee:** Okay. So I wanna talk about— that's sort of like the overall what... with a couple exceptions, but I wanna talk about what we could do about it.

**Justin:** Okay.

**Sydnee:** What we could— What actions could you take right now?

**Justin:** Yeah.

**Sydnee:** But first we gotta go to the Billing Department.

**Justin:** Let's go.

[transition theme music plays]

[ad break]

**Justin:** Well.

**Sydnee:** Okay. [chuckles] I thought I—

**Justin:** What now?

**Sydnee:** You looked like you were gonna ask me a question. Well—

**Justin:** Well I mean, listen, I got nothin' but questions, lady.

**Sydnee:** Outside of Project 2025, Trump has said multiple times that he would like to repeal the Affordable Care Act.

**Justin:** Right.

**Sydnee:** Roll back what—

**Justin:** Hates Obamacare, hates Obama.

**Sydnee:** Which by the way, in case there has been— 'Cause I've seen some confusion on this point. When people say the colloquial "Obamacare," that is the Affordable Care Act.



**Justin:** Right. That's what— I try to bring up Obamacare, because once it goes away and people start really missing it, I wanna remind them that they mean Obamacare. [wheezes]

**Sydnee:** Right. Well and—

**Justin:** That was providing there.

**Sydnee:** I do think some people wanted to get rid of Obamacare without understanding that they were getting rid of the Affordable Care Act. It seems that that may have happened.

**Justin:** Yeah.

**Sydnee:** But that's—

**Justin:** Maybe!

**Sydnee:** Yeah. But that's the same thing, and for a state like mine, what that meant was Medic-Aid expansion. So a lot more people were eligible for Medic-Aid, and that was... I cannot tell you how life-changing that was for people in the state of West Virginia, and probably a lot of other... poor, rural states like ours.

So if that is repealed, we would see some people lose their Medic-Aid access, we would see capping of Medic-Aid benefits, that is definitely something that has been proposed, and then adding work requirements. So you cannot access Medic-Aid unless you are also employed.

So I think some things you can do right now if you are afraid of losing your health insurance, and especially if you are someone on Medic-Aid and you think any of this stuff might apply to you.

I now work for what is called a federally qualified health center. There are federally qualified health centers and community health centers all over this country, they're fairly similar, but same umbrella.

The idea is that they are programs that were started back in the '70s to provide... healthcare access to people who are otherwise uninsured. Now obviously we also see people with insurance, but if you do not have

insurance, there is a sliding scale fee available for you, and there are lots of these health centers all over the country.

So do a little digging into your community, you can look for F-Q-H-Cs, federally qualified health centers, in your area, or community health centers in your area. That would be a great place to start, because those are places where you can go and access care on a sliding scale basis, even if you are uninsured.

**Justin:** It looks like you can go to F-Q-H-C.org? To find that.

**Sydnee:** So this would be a great place to start, to look for places that might continue to be able to provide you healthcare should you lose your health insurance. Or if you don't have health insurance and you're not seeing any provider as a result, this would be a good thing to check out.

The other thing you can do, look for— there are also free clinics in many areas that are unique to that area. I, in my residency, trained at a free clinic in our community. You can look for free clinics in your area, I know there are quite a few, some of them are specific in their goals, they just do primary care, they just do preventive care, they might just do reproductive healthcare or...

There are some that are specific to LGBTQ needs. So I would look for those sort of free clinic resources in your area. Be proactive, start looking for those resources now. Don't wait until you're sick and your insurance is gone.

**Justin:** Yes.

**Sydnee:** Obviously Planned Parenthood would fall into this category, or any sort of, you know, reproductive rights healthcare center, like in you know West Virginia we have the Women's Health Center in Charleston.

**Justin:** Right.

**Sydnee:** Some sort of thing.

**Justin:** I would say that if this is some place you might need their services, or is you're someone looking for— like going to be looking for

opportunities to help, getting involved with these organizations and finding out more about `em is also a great first step.

Like community health organizations like this are gonna be really, really important. And if you start finding out about what they need, some of their needs, I think it could be a positive set to do.

**Sydnee:** You could also check out your local health department. Depending on, and every local health department is different in terms of what services they provide, but many of them provide vaccines. At a cheaper cost than you can get at other places, so you can check out for vaccines.

Some provide reproductive healthcare services, family planning clinics, STI treatment services, sexually transmitted infections, other infectious disease services. You can look in your area if you are somebody who is living with HIV, look for a Ryan White program in your area. That is a great— Those can help navigate— Those people who work in Ryan White programs can help navigate you into care that you need.

So there are a lot of other programs, and it— By the way, in terms of your local health department, if there is a levy that you can vote for and [chuckles] advocate for for your local health department, that happens in every community periodically.

There's still things you can do on a political level, voting for obviously not just local officials but things like levies to support your local health department. Because they might be providing healthcare services that are the only way some people can access them.

**Justin:** Right.

**Sydnee:** So those are some things that you can do right away to think about your general healthcare. I would also recommend if you think you are in danger of losing access because of these insurance changes... if you haven't gone for a checkup, gotten your regular lab work, gotten refills on your medications. If there is a screening.

**Justin:** Glasses maybe, stuff like that.

**Sydnee:** Glasses, a dental checkup, if you have that sort of coverage. If you haven't gotten your mammogram that you're due for, your colonoscopy that you're due for. If there are things like that, or if you don't know, you can go ask your healthcare provider and they can tell you what you're due for.

You may wanna be proactive if you've been putting those things off, and I don't mean go get them early, there is no evidence that says— If you're not due for a mammogram for 10 years, I'm not advocating you go get it now. I'm saying that if you've been delaying things and procrastinating, I think this would be a good moment to try to get some of those things done.

I know a lot of people are doing that, a lot of people are talking to their doctors about stockpiling medications. There are gonna be limitations on this. One you know, it's very obvious, it's the insurance limitation. They're only gonna pay for so much, and then it's expensive if you're paying out of pocket.

The other thing I will say is, as a healthcare professional, I cannot prescribe... doses that are not— I mean that are beyond any sort of max dose therapeutic benefit, you know what I'm—

**Justin:** Yeah.

**Sydnee:** Does that make sense? I can't ethically do that. I can certainly do 90-day prescriptions, I can cert— You know, there are lots of other ways, put lots of refills, there are lots of other ways that I can assist patients, but I can't— I mean, it would be amazing if I could just be like, "Here's, you know, a thousand—"

**Justin:** Right.

**Sydnee:** "— libenzaprils for you." [chuckles] But I can't really do that, that's not ethical or— I don't even know that it would be legal. [chuckles] And certainly your insurance wouldn't cover it. So I—

There are some limitations, but I think talking to your provider about, you know, "Can I get 90-day scripts instead? Can I get—" You know, what can we do to insure that I have, sort of— As I'm sorting out my healthcare

needs in the uncertain future, that I have the medicines I need while I'm piecing that together.

**Justin:** Yeah.

**Sydnee:** I think if there are vaccines that you are due for, this would be the time to get them. And again, if you're not sure, you can talk to your healthcare provider. The CDC publishes I think pretty easy to follow vaccine charts that you can look up for free on their website, [cdc.gov](https://www.cdc.gov), that shows you what age and, you know—

**Justin:** You can download those, maybe. Just go ahead and save those onto a hard drive real quick.

**Sydnee:** Sure. Sure.

**Justin:** So you have them just in case.

**Sydnee:** You know, that's a really good piece of advice. It might be a nice thing to know for yourself, because I don't know if that data would be scrubbed in the future. So having that chart, and I mean obviously vaccine recommendations are gonna change moving forward, but your provider will know.

And so I am not... I mean I will be a healthcare provider working in this uncertain world, and I will continue to educate my patients based on the best scientific research available. So your healthcare provider is still a safe source of information for you, generally speaking. I cannot speak for every one of my colleagues in healthcare.

**Justin:** No.

**Sydnee:** But generally speaking.

**Justin:** But I think that it's worth noting that there's a lot of people in a lot of different fields like that. There's a lot of people that are going to continue to do their best for people, no matter what changes may occur.

**Sydnee:** I would look into, if you're a state that you feel like, one, you know, there are those of us that are already living in states that have the functional abortion bans. I say, "functional" because a lot of times they

try to— There are a lot of states that will try to carve out these sort of narrow pathways.

**Justin:** Weird, archaic, yeah.

**Sydnee:** To say that “Well it’s not a complete ban,” but it is, it is a ban.

**Justin:** Right.

**Sydnee:** It is. So if you are living in a state that has that or might have that in the future, look for organizations that help continue to transport and help people access safe, legal reproductive healthcare services in other states. There are funds, I guarantee you, there are organizations that help people do that.

I am going to strongly urge you to continue to access, in the future, safe and legal healthcare procedures whenever possible, over a DIY [chuckles] approach to medicine. I know that— I mean I’m on— I look at TikTok too, and I know that there are a lot of well-meaning people out there trying to educate about possible herbal... alternatives, should you need that sort of care.

That’s a really, and we talk about this [sighs] extensively on this show. That’s a really dangerous road to start to go down. If there are other options, and there are lots of organizations out there who are always trying to provide those safe, legal options to make sure that you can see a licensed healthcare provider to give you evidence-based, safe, effective, you know, reproductive healthcare services.

That is always the way to go. For your own safety. I wish it were as easy as, “Grow these plants,” but healthcare’s a lot more complicated than that.

**Justin:** Anything else? Any other big things that we need to be aware of right now, Sydnee?

**Sydnee:** I think those are the biggest things that you can start to do. I— One other thing, let me give you one other piece of advice.

I don’t know what percentage of our listening audience has Medicare, or— but if you do or if you have a loved one or a friend or someone you know

who has Medicare, or who may be eligible for Medicare soon, this is a big change that has been proposed by Project 2025, and I— and the Trump Administration will, I think, almost certainly oppose, which is...

Right now, when you turn 65 and can be enrolled in Medicare, you are default enrolled in traditional Medicare. This is what you think Medicare is, where the government is paying for your healthcare, right?

**Justin:** Mm-hmm.

**Sydnee:** It is the—

**Justin:** Yeah.

**Sydnee:** It is the healthcare program the government provides for seniors so that they continue to access healthcare even after retirement, right? That's the origins of Medicare. You shouldn't— Being old in this country shouldn't mean you are poor in this country or sick in this country. That's where this all came from.

The Trump Administration will likely change that default to something called "Medicare Advantage." Now this is tricky, and I will be honest, I didn't know this until recently. Medicare Advantage is a private insurance. It is not the same. It has way more restrictions on your network of providers, it often requires private authorizations, meaning that you may not be able to access the healthcare services that you think you need, or that your doctor thinks you need.

And in general, your care will be worse in a Medicare Advantage program than in a traditional Medicare program. There are a few metrics that they've gone head-to-head and said like, "Well, in Medicare Advantage programs, their pneumococcal vaccine rates were higher," so I mean they can tout a few small things they've found in studies. But generally speaking, your overall healthcare will be better covered in a traditional Medicare program.

I think what they will be preying on with this default enrolment into a private insurance program is that a lot of people don't understand these programs. Your doctor likely does not. Most of us don't, we aren't taught about these things.

So whoever you think might be an expert probably isn't, and a lot of the times it is the person who's turned 65 who's being given this choice, without any sort of outside, you know, information or input or coaching.

**Justin:** So action item, what should people do now?

**Sydnee:** Go read about [chuckles] traditional Medicare.

**Justin:** And Medicare Ultra.

**Sydnee:** And Medicare Advantage.

**Justin:** Medicare Advan—

**Sydnee:** And educate yourself.

**Justin:** Not Ultra. Medicare Ultra, no.

**Sydnee:** And then if you have people in your life who either are already on Medicare, or who are about to be on Medicare, help them out. Talk to them about it. They may already understand.

I'm not gonna sit here and say that— I mean, I do not want to fall into that stereotype that everybody over 65 doesn't understand health insurance. I am 41, I did not understand this until recently, so anybody can fall into that trap.

But this is an action item you can take, because this will definitely be a way to take advantage of the fact that not everybody'll pay attention, or will understand the intricacies of the difference, and they both are called Medicare.

**Justin:** Yeah.

**Sydnee:** So it's intentionally tricky.

**Justin:** Yeah.

**Sydnee:** So that is something you can do for people who are older in your life who may need that sort of assistance, and some, you know, "Hey, let's sit down at the computer, let's look this up together, let's talk



about what your health needs are and which one of these best continues to meet them for you.”

So that’s another action item you can take. Mutual aid. That is our order for the next four years. We can work together to take care of each other, and I know this... because we’ve been living in West Virginia.

**Justin:** Like yeah.

**Sydnee:** Which is like the Project 2025 test run. For a long time now, our reproductive rights have been greatly restricted in this state for a while, they have been trying to restrict access to gender-affirming care in this state for various ages groups in various ways for quite a while.

They are accessing— or they are restricting access to harm reduction services in this state in every way they can. They have been trying to make it harder to access social, you know, welfare programs. I— All of these things, undercutting public education.

**Justin:** The raw milk thing.

**Sydnee:** The raw milk thing. [chuckles] They still haven’t undone vaccine mandates, but they try every session. We’ve been living in it. And I’m not saying “So it’s fine,” that would be a lie.

**Justin:** But we are living.

**Sydnee:** But we are living in it, and you can carve out pockets where you protect and take care of and support people in your community.

**Justin:** Yes.

**Sydnee:** If you’re willing to do the work, and if you’re willing to make yourself uncomfortable sometimes. And those of us with privilege, and right now I’m gonna say this as a white woman. [chuckles] Talking to other white women.

Those of us with privilege can use that privilege to put ourselves between... our oppressors and those who are most marginalized, and we can use our voice in a way that not everyone else has the ability or access or privilege to do.

If you can get in a room where you can talk for people who aren't allowed access to that room, you've gotta talk. These are all things we can do, and—

**Justin:** Yeah, and— and I would just say... mentally, as somebody who— I don't have any qualifications in this other than I'm somebody who has managed an anxiety disorder for... a very long time.

And I needed to hear some of these same things right after the election, but that's how I know they work. It's not how I know that they're false, it's how I know that they're real.

Because I needed them too, and so I'm saying them to you now, that you... are allowed to feel however you want. And it is very natural that after a long period of feeling very low, you might feel a temptation to feel light, to feel good for a moment, and then tamp that temptation down because you think that you're not allowed to feel that right now.

And I just wanna remind you that these are all your minutes, they're all your minutes, and the way that these things work are they break you down, they make you low, they make you lose hope, they grind you down. That's exactly what they want, they want us to stop laughing, they want us to stop having hope for a better future, they want that so you're easy to push around.

**Sydnee:** That's what— I've said it before, and I will say it again, the thing I think if you noticed, if you watched the campaigns as closely as we did, you probably noticed that the thing that they hated about Kamala Harris the most, that they criticized her for the most, was her laughter. And her joy.

And I think that us maintaining our joy is really important, not just for ourselves, but in the face of oppression. To, as much as we can, when you get those moments of joy, experience them, and you don't have to hide that. It's an act of rebellion.

**Justin:** That's what Sydnee told me, joy is an act of rebellion, and that's something that I'm holding real close to my heart lately. And I hope it's something that you hold close to yours.

And I will say one other thing, and this is a call to a lot of people, I know a lot of people who listen to our show are gonna be directly impacted by some of these things, and I— We will get through this, we will do everything we can, and there are people around us, around you, we will work to do our best.

And there are some people who are listening to this that will not be directly impacted and it just makes them sad and scared to think about. And to those people, I would say that... look real deep in your heart and think about how much of your anxiety and your fear is not fear for yourself but fear that you're gonna have to get busy, and you're gonna have to work.

And there's work you can do right now. So if you have that space to do that work, that is where your head can be at. It— You don't have time to despair, if you are not— if you are somebody that has something to give, be prepared and we'll give it, and we'll do it together, but we can't quit.

**Sydnee:** No.

**Justin:** It's— You can't, like. [wheezes]

**Sydnee:** And especially—

**Justin:** I'm not, and it's not even a joke. You're— We're doing it.

**Sydnee:** Let me call out another group that I belong to. Fellow healthcare providers, we have ceded the practice of medicine to people who don't understand science. We have done that in this country. And our ability to practice what we were trained to do, under the ethical code that we were taught to follow.

**Justin:** Yeah.

**Sydnee:** Is being restricted piece by piece. And if we do not stand up and demand through our lobbies that our representatives stop it and allow us to practice medicine in the way we know is ethical and scientifically sound, then we are part of the problem.

We have a lot of power, healthcare providers, and we often are too busy and jaded and honestly a lot of us too privileged to bother to use it to

benefit our patients in that way. And it is our job, just as it is our job to walk in that exam room and provide care for every single person who walks in, it is our job to advocate for them on a larger level.

**Justin:** Folks, thank you so much for listening to the podcast. We hope you have learned something, got something out of it. We have gotten through this before, we will get through this again. Period.

**Sydnee:** I agree.

**Justin:** Thanks to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thanks to you, Sydnee McElroy, for being such a great wife.

**Sydnee:** Aww.

**Justin:** I don't say it enough and I wanted to say it on a podcast.

**Sydnee:** Thank you.

**Justin:** So it really means something.

**Sydnee:** You're a great husband.

**Justin:** And you said that on a podcast.

**Sydnee:** Yeah.

**Justin:** And that's how I know it's true.

[theme music fades in]

**Justin:** That's gonna do it for us for this week. Until next time, I'm Justin McElroy.

**Sydnee:** I'm Sydnee McElroy.

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

[outro theme music plays]

[ukulele chord]

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