

Sawbones 528: Science Updates

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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: How's it goin' Syd?

Sydnee: Oh, fine.

Justin: Yeah.

Sydnee: I mean I don't know, what do you— [chuckles]

Justin: Punxsutawney Phil was his shadow, and I think that has cast quite a pallor over the McElroy house.

Sydnee: Sure, that's the problem.

Justin: [chuckles]

Sydnee: That's— the groundhog predicted six more weeks of winter.

Justin: And we're all pretty bummed out about it.

Sydnee: I liked— I saw a number of news articles about other groundhogs around the country who have also tried to get into the weather predicting game.

Justin: In the game, yeah.

Sydnee: Show are predicting an early spring, so I might start...

Justin: Worshipping at a different altar, perhaps.

Sydnee: [chuckles]

Justin: At one of his competing gods.

Sydnee: Yes, I do worship groundhogs.

Justin: Right.

Sydnee: And—

Justin: But now a different, now you're maybe gonna switch deities.

Sydnee: Right.

Justin: To one that's a little bit more suited to your lifestyle.

Sydnee: Yeah, I mean that's the thing Justin, you can kind of pick and choose the facts that you like the best.

Justin: Mm, too true.

Sydnee: Right? [chuckles]

Justin: No Sydnee, no, I don't agree with you. Why did you trick me into saying that?

Sydnee: No, sorry, that was a trick.

Justin: Yeah, why did you do that?

Sydnee: Justin, there's a lot happening.

Justin: Yeah. There's a lot happening all the time.

Sydnee: Yes.

Justin: So much at once.

Sydnee: It's— There's a lot in the news, it can be overwhelming, and I certainly am not an expert on the majority of it I will say. But when it comes to areas of science and medicine, maybe there are things that we can talk about.

Justin: Yeah.

Sydnee: Keep us posted.

Justin: Yeah.

Sydnee: To understand what does it mean— What happened? What does it mean? And what are the implications for each and every one of us?

Justin: Yes.

Sydnee: I think maybe that is something we can help untangle.

Justin: Mm-hmm.

Sydnee: There are many areas I can't. I'm not gonna talk to you about anything with money, 'cause I don't understand it.

Justin: [chuckles] Hey, that doesn't stop our leadership from messin' around with it, so I don't see why it has to stop here.

Sydnee: Well here's the thing Justin, I am a woman, so—

Justin: Ah!

Sydnee: I feel like I should only speak on matters of which I have expertise.

Justin: A-ha.

Sydnee: Perhaps you would like to talk about things you don't know about.

Justin: Oh golly, I don't know why I wandered into the— the hot seat here. I don't under— I don't think I'm on trial, ma'am.

Sydnee: You're not, you're not.

Justin: [laughs] [snorts]

Sydnee: You're not. I— Okay. The first thing I do wanna talk about, we had several listeners reach out to ask questions, we have done many episodes of *Sawbones* on tuberculosis, we have mentioned it in different episodes about treatments and stuff that have been tried throughout history, and then we have tuberculosis specific episodes, and we very recently talked to John Green about tuberculosis.

Justin: Yes.

Sydnee: Yes.

Justin: The ongoing tuberculosis crisis, what they're doin' to fight it.

Sydnee: Mm-hmm. So I— we don't need to retread the history of tuberculosis, but there is a— there is something in the news that may have caught your attention, and I think that it is useful to put in a context. So there is a tuberculosis outbreak in two counties in Kansas currently.

Justin: Okay.

Sydnee: And... I've seen several of my personal— I won't say like friends as in like our listeners. We've gotten some emails about it, but I've also seen on my own like social media feeds, people commenting as if this has something to do with any sort of like changes in vaccine laws, or like public health policy changes, and it doesn't.

And so I do think it's useful to like... know the truth about things, how concerned should you be, and who— I don't know that the blame game is always the most—

Justin: No, I think that for the next four years, everybody try to tell the truth.

Sydnee: Mm-hmm.

Justin: Whenever they can, and speak the truth at every opportunity is probably the best plan of attack.

Sydnee: So I think let's talk about what's happening in Kansas. There are 67, as of the— as of me researching for this episode.

Justin: Yes.

Sydnee: I'm— There may be more at the time that you listen to this.

Justin: Now here's what's good, the one upside I can already see is that I know from old timey doctors that Kansas, the American west is a great place to be if you get tuberculosis. You get out there with the dry, western air, and they're already set up for success out there in Kansas, 'cause that's where gunslingers used to go when they had TB.

Sydnee: Kansas?

Justin: It's like the west. Like from here, it's very west. It's extremely west.

Sydnee: It is west of where we are, that is true.

Justin: It's so west from where we're at.

Sydnee: It is— It is definitely to the west of us. I don't know that "the west" is defined as "whatever is west of you, whoever you are listening to this show."

Justin: A lot of people probably stopped at Kansas on the way out there, you know, it's in the middle, I know it's like dead smack in the middle. Yeah.

Sydnee: We're in an unidentifiable part of the country, so I don't think we should throw shade. I— Recently I saw use listed as the south east, sure.

Justin: Mm.

Sydnee: I've seen us listed as the south, we're the mid-Atlantic?

Justin: Mid-Atlantic, that's [chuckles] what it says on my SAG card again.

Sydnee: Yeah, we're all of that.

Justin: Yeah, who knows.

Sydnee: We're West Virginia, we're Appalachia. So in Kansas, there have been 67 active cases of TB, and then multiple other latent cases, some of these are being treated. This has been ongoing since last January.

Justin: Oh whoa.

Sydnee: So like a full year, so this isn't new. Which is interesting because can I tell you why this made headlines right now?

Justin: Yeah.

Sydnee: I wondered that as I was reading about it, like why if this has been going on since January 2024, why are we just now seeing the headlines? A public health official in Kansas stated it was the largest outbreak in American history since the CDC started counting—

Justin: Mm.

Sydnee: Basically since we could start counting it, right.

Justin: Wow.

Sydnee: Like that— certainly there was the time where a lot more people had tuberculosis at once, but we weren't diagnosing TB, we weren't counting cases. Since we've been able to count it, they made the statement that this is the largest, and the reason it made headlines is 'cause it's not. [chuckles]

Justin: Oh.

Sydnee: And— [chuckles]

Justin: It's not the largest?

Sydnee: No, it's not, and man the fastest way to get attention is to make a claim like that, so you can get a bunch of people to be like, "Well actually... Well actually..."

Justin: [in a nerdy voice] "Eh, well, um."

Sydnee: "Well, actually." It's not, and that doesn't mean it's not important and worth us paying attention to and taking measures to halt, but it is not technically the largest.

They don't know the source of the outbreak, I read multiple articles to try to find like where did this start, we don't know. We know that unfortunately two people have passed away as a result. And TB is still around in the US.

In 2023, there were 9606 cases of tuberculosis, there were over 8600 last year, so we know that TB is still a thing in the US. It's not as common certainly as it used to be. A quarter of the global population has been infected with tuberculosis.

Justin: Wow.

Sydnee: I'll say it again, a quarter of the—

Justin: Wow.

Sydnee: That's a lot of people.

Justin: So many.

Sydnee: But only like 5 to 10% have symptoms, so yes. So the largest TB outbreak in US history actually occurred from 2015 through 2017. There were a number of shelters for people experiencing homelessness in Georgia where an outbreak caught hold, and there were like 170 active cases, more than 400 latent cases.

So that was the largest. There was also a larger outbreak. So that was the largest, the next was a 2021 outbreak from patients who got contaminated bone grafts.

Justin: Oh.

Sydnee: So this is actually the third at this point.

Justin: How?

Sydnee: Now I don't know, but anyway, this is why it caught national attention. In case you're curious, if it scared you, if it worried you, technically not the largest. They are public health officials who are doing contact tracing, figuring out who's been exposed, getting people hooked with treatment.

They're doing all the stuff they should do, public health officials are doing what public health officials do, trying to figure out who has it, diagnose as many people as possible, get them into treatment and figure out who they've had contact with.

Justin: Mm.

Sydnee: So things are happening that are supposed to be happening, you shouldn't panic about this. In terms of things you can do... That's tough because I've seen a lot of people say, "See, this is due to our anti-vax culture," it has nothing to do with that. We don't get the TB vaccine in the United States.

There are countries where they standardly give the BCG, the TB vaccine. We're just not one of them because of the low number of cases, and risks of the vaccine, we've just decided that the benefits don't outweigh the risks for people in this country.

Justin: Mm.

Sydnee: And so we don't get it. So this isn't— I mean I haven't been vaccinated against TB and you know I love vaccines, so.

Justin: [laughs]

Sydnee: This is not— This has nothing to do with vaccines, this is just—

Justin: And you've id—

Sydnee: This is just something that can happen.

Justin: You might have had TB before.

Sydnee: Yes, I have cared for many patients with tuberculosis in other countries, I have cared for patients with tuberculosis here.

Justin: Hey, get that— You should get it.

Sydnee: No, I—

Justin: Will you, for me?

Sydnee: I use proper precautions, and for a lot of people with an intact— like with an immune system that is functioning to its most... I don't know, top capability. [chuckles] For an immune system that is functioning the way we expect it to, you're not... likely to get TB.

Justin: Yeah.

Sydnee: That doesn't mean that you shouldn't take proper precautions and wear a mask when you're supposed to.

Justin: Can I be clear with the listeners? Sydnee brags about her immune system constantly, what she is saying to you is, "I do not get sick. TB gets me, I don't get TB." [chuckles]

Sydnee: I'm just saying. No, I won't make that case. But what I'm saying is that, you know, obviously it's the same— when you're sick, if you think you've been exposed to TB, please go get checked out. Please don't go cough in people's faces, and if you're concerned for yourself.

It's the same thing as always, and obviously there are always people who are more vulnerable, but this is not— And if you went to the— I saw this whole article, there was a whole article about like, "If you went to the Kansas City Chiefs game, should you [chuckles] be scared you got TB?" No, but what I loved is all the doctors who commented on this article like, "No, but you should be worried about the flu." There you go.

Justin: [laughs]

Sydnee: You should. There is flu, I have diagnosed many cases of flu recently, there's a ton of norovirus around here right now. There's lots of other respiratory viruses, there's lots of things you—

If you wanna me worried about catching something at a large public event like a football game, there are lots of things you should be more worried about than tuberculosis.

Justin: Aw, Sydnee McElroy.

Sydnee: So—

Justin: Always such a comfort in these times.

Sydnee: [laughs] Get your flu vaccine.

Justin: Always ready to—

Sydnee: Get your— If you haven't, just get it. Why not?

Justin: Always ready to take down one worry and put 10 others in its place.

Sydnee: Let's talk about how we left the— we're leaving the Paris Climate Agreement.

Justin: Yeah. Oh okay, yeah. What?

Sydnee: This is something you may have noticed in the news.

Justin: Oh yeah.

Sydnee: A lot of these things have to do with— In case you don't live in the US and... I don't know how you would not know.

Justin: Yeah.

Sydnee: I don't know how you listen to our podcast and you wouldn't know that we've had a change in presidential administration.

Justin: No, yeah.

Sydnee: You prob—

Justin: It's— Everybody gets it at this point.

Sydnee: Right.

Justin: Yeah, we don't need to.

Sydnee: So like some executive orders have been issued that are... going to change science and medicine in this country. And let's be clear, it's not like the healthcare system in the United States was just going great already.

Justin: No, yeah.

Sydnee: But this definitely is going to have a net negative impact—

Justin: Yeah.

Sydnee: — on things in this country. So first of all, it is a health concern that we are leaving the Paris Climate Agreement. It will take a year, I guess, because of the way it's written for us to actually leave.

So an executive order has been issued that says we're gonna leave, it's gonna be a year before we actually do, so we're still technically agreeing to holding our country to the standards of—

Justin: Right.

Sydnee: — you know, greenhouse gas emissions that we said we would previously. But obviously, we are the second largest producer of greenhouse gases in the world, so once we do pull out, that will— there will be consequences. It also weakens the pressure on other countries.

Justin: Sure.

Sydnee: You know, who may say like, "Well if they took their ball and went home."

Justin: Yeah.

Sydnee: "Why do we have to do this?"

Justin: Yeah.

Sydnee: And we know the consequences of global warming, there's a lot we could say about, and we have on this show, about the spread of infectious diseases as the temperature changes, mosquitoes and then— I mean there's lots in terms of our health that is impacted—

Justin: Yeah.

Sydnee: — by a changing climate. However that doesn't take place for a year, so it's not immediate. I don't know if that's any... But it does— Now it does look like that is something you could do by executive order. However, you may have also seen that the United States is planning on leaving the World Health Organization. There may be a glimmer of hope here.

Justin: Okay.

Sydnee: So an executive order was issued, and we— These were all things that were said ahead of time, by the way.

Justin: Yeah, this is not—

Sydnee: None of this is shocking.

Justin: No, this was— We said— I mean we.

Sydnee: Yeah.

Justin: Maybe not these specific things, but this—

Sydnee: The President, when he was running for president, said, "This is what I'm going to do," and now...

Justin: He's doing it.

Sydnee: He's doing it.

Justin: So it's not— Yeah.

Sydnee: Yeah. So basically Trump thinks that the World Health Organization kinda fumbled the COVID-19 pandemic response, and that also that the US disproportionately puts in more money than other countries. We— Actually, we make up a tenth of the budget of the World Health Organization. There's a good reason for that.

Justin: What's that, Syd?

Sydnee: Well we have a lot more money.

Justin: Sure.

Sydnee: And when you hoard a lot of wealth, that happens.

Justin: You should— Yeah.

Sydnee: Yeah, so that— it makes sense. Can he? Can he do this? This isn't clear. So here's a little bit of hope for you. When we joined the World Health Organization in 1948— '48, it was through an act of Congress, so it is not immediately clear that the President can pull up out of the World Health Organization through an executive order.

Justin: Mm.

Sydnee: It may indeed take an act of Congress—

Justin: Mm.

Sydnee: — to remove us.

Justin: Mm-hmm.

Sydnee: So this could easily be challenged in a court of law, and probably will. So it would take at least a year again for us to pull out, and that's a whole year for different organizations to take action and try to stop this, using the judicial process. And that is possible, and does happen, as we've seen with some other executive orders that have been rescinded.

Justin: Right.

Sydnee: Because they were challenged in court and immediately stayed. If we do what does it mean, well do you know what the World Health Organization does, Justin?

Justin: I know some of it Sydnee, but obviously not all.

Sydnee: It monitors and manages disease across the globe. So... obviously if we don't have money and participation from the US, that hampers that effort. In addition, there are a lot of projects that the CDC in the United States partners with organizations across the globe, through the World Health Organization.

Justin: Mm-hmm.

Sydnee: Things like monitoring flu strains that are circulating in other parts of the world, in order for us to, I don't know, make a useful flu vaccine. It also monitors things like bacterial resistance to different antibiotics.

Justin: Mm-hmm.

Sydnee: So how do we know that "Ooo, I think this antibiotic that we have reliably used for this kind of infection isn't going to maybe work as well." But we're monitoring that all over the world, and we're looking for rises in those resistant bacteria.

So all of these projects are in danger if we're no longer collaborating with other countries through the World Health Organization. Obviously this hurts other countries.

Justin: Mm-hmm.

Sydnee: Right? The loss of funding is going to have implications for places that are not as well resourced as the US. But it comes back on us in a couple of ways. One, without all of this monitoring, we have less info.

Justin: Right.

Sydnee: About how to keep people in the US safe. Two, the United States has been one of the most vocal opponents of bioterrorism research. Without our strong voice... that's concerning. And then also... we made up borders. We made up states and countries, and so germs don't really care.

Justin: Right.

Sydnee: And I feel like that is a ridiculous statement to have to make post- COVID, right? So it is concerning, however it can be challenged, and I think that it's important for us to know that there are mechanisms that are still in place that enable our judicial system and our... legislative branch to challenge these executive orders.

Justin: Yes.

Sydnee: And executive order sets the tone and the priorities for an administration, but it doesn't necessarily— It doesn't in fact— I shouldn't say just necessarily, it doesn't change the law.

Justin: Right.

Sydnee: It could, but it doesn't inherently.

Justin: Right.

Sydnee: So there's room.

Justin: There's room.

Sydnee: There's room. And I think that hope is important, you know, for us to hang onto when we think what is actionable.

Justin: Yes, I 100% agree Sydnee. It's good to keep hope where you can.

Sydnee: Yes.

Justin: Because hope leaves room for working. And I think that that's valuable.

Sydnee: Right, and I think that working and moving and doing things is the best we can do right now.

Justin: Mm-hmm.

Sydnee: Which is why I want— I think it's important to share this information.

Justin: Yeah.

Sydnee: So I want to talk a little bit about what this means for scientists, especially those who maybe rely on federal funding.

Justin: Mm-hmm.

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

Justin: Let's go.

[transition theme music plays]

[ad break]

Justin: Alright Sydnee, what— Let's look ahead.

Sydnee: So a couple more things that I think are gonna impact scientists. And there are lots of articles out there, by the way, that are being written by other concerned scientists. This is not just me saying this.

Obviously there are people who are hired by the federal government who are civil servants. Their position is not an inherently political position, and so they are not usually accountable directly to the President of the United States. Does that make sense?

Justin: Mm-hmm.

Sydnee: There are people who are hired by the President to enact his, or her, fingers crossed someday, policies, but there are also people who work for the federal government who are like engineers and scientists who do research.

Justin: Mm-hmm.

Sydnee: And they're not accountable directly to the President.

Justin: Right.

Sydnee: The President would like that to change, and that is a policy formerly known as Schedule F. Which Trump tried to do the first time around, and basically if you've seen all these like, "I wanna buy you all out, every— all these federal employees, please quit."

Justin: Right.

Sydnee: "Let me give you a severance package, and then I'll hire people who are politically aligned with me," that's where that comes from.

Justin: Right.

Sydnee: And obviously the concern would be that there are 280,000 scientists and engineers roughly that work for the United States government, who we want to be unbiased, apolitical sources of data and research.

Justin: Right, yes. Ideally.

Sydnee: This is obviously being challenged by union representatives, this is not something that has happened yet, but if you're seeing this concern about like the government trying to purge all of these scientists from it's employ, this is where this is coming from. Again, this has not happened, this is an attempt, this is an executive order, nothing has changed. Right now.

Justin: Right.

Sydnee: Okay. There are a lot of things we could talk about when it comes to environmental justice, and I think that this is an important concept to understand, because maybe it's not immediately— What does protecting the environment have to do with like social justice?

Justin: Well people who— I'll gi— To give you one example, and there's a lot of different ways that I'm probably not smart enough, but I do know that when climate crisis happens, it... disproportionately affects people in a lower income status.

Sydnee: That is exactly true Justin, and I think that it's important to put it in those terms. Whenever we can talk about how science impacts people, it is easier to get other people to understand what we're saying and why it matters, right?

Justin: Mm-hmm, yes.

Sydnee: I think taking it out of the lab and putting it into the world helps people like connect to what we're doing.

Justin: Mm-hmm.

Sydnee: And when it comes to environmental justice, that is exactly what we're talking about. The, you know, when we talk about protecting the planet from greenhouse gas emissions.

Justin: Mm-hmm.

Sydnee: Disproportionately poor and marginalized communities are impacted by the fallout of the climate crisis.

Justin: Mm-hmm.

Sydnee: Now I will say, I thought this was kind of... I don't know, I find this hopeful because it connects to a lot of the work I do. Not so much in environmental justice, but in—

Justin: Mm-hmm.

Sydnee: You know, just the same sort of idea. When the co-founder and executive director of We Act for Environmental Justice, Peggy Sheppard, when she was asked about this, she basically said like, "We've operated without federal support for most of the time." Basically like, "The federal government hasn't done much to help us anyway."

Justin: Yeah.

Sydnee: "So we'll keep doing the work we're doing."

Justin: Sure.

Sydnee: And I think it's important to know that as we get through some of these other things I'm gonna talk about. While the federal government can be a really powerful tool for positive action and change by us, on our behalf. And by "us" I mean the people.

Justin: Mm-hmm.

Sydnee: All the people. It can be. It isn't always, hasn't always been historically, and in place like where we live... state and local action has [sighs] hampered the federal government's ability to make maybe life better here, right?

Justin: Yeah, yeah, yeah right.

Sydnee: Like we are not— we're not always touched by those things. And so acting individually, mutual aid and organizations and nonprofits that help communities, have been doing hard work to combat these sorts of things in some parts of this country for... many, many, many years. This is not unknown, this is not unprecedented in terms of "They're not looking out for me, so we have to look out for each other."

Justin: Yeah, I would say if you are somebody who is looking around and paying attention, and if you are like freaking out, which you have every right to be, I would remind you that like whatever you're worried about, there have— it has already been happening. And there are people in your community that have been working to ameliorate it.

Like the actual fallout of this, like the are groups that have been thinking about it and preparing, and coming up with best practices. And they're people that need your help now, that could use that aid, rather than focusing on like what future ramifications.

Like thinking locally, acting locally, and trying to focus on that where your impact is like really needed and can be felt, I think is really important right now.

Sydnee: I think that's absolutely true, and if you want— an example of something you can do, so outside of executive orders, you may— I'm certain you've seen some of the testimony and the hearings of Robert F Kennedy Jr, who is Trump's pick to lead the Department of Health and Human Services

Justin: Will not do, if you'll excuse me, a good job.

Sydnee: No.

Justin: In my opinion.

Sydnee: And it's his— It is still not a done deal.

Justin: [snorts] There is a— Yes, you're right.

Sydnee: You can call— You— I mean and I encourage you to do so. There is still reason to call your representatives and say, "I don't want an anti-vaxxer who has—" I couldn't even tell you all of the conspiracy theories that the really dangerous, harmful— And if you've watched the Congressional hearings you've already seen it.

Robert F Kennedy Jr. believes that there need to be different vaccine recommendations and schedules for white people and Black people, based on the idea that, and this is his theory, that Black people have a better immune system, and so therefore need fewer vaccines. That's an incredibly dangerous... idea, that is untrue, unscientific, has not been evaluated.

Justin: Old time racism, like really old school racism that has been around a long, long, long time.

Sydnee: Yes.

Justin: Like very dogged ideology.

Sydnee: This traces back to the days, and I will tell you that in my medical school training, in my time in medical school, I found a book that still had this claim in it. So this is not that long ago, that Black people have a higher tolerance for pain than white people.

This idea is so dangerous and wrong, I can't say wrong and untrue enough times, but these ideas that there are inherent differences in the way we medically manage different races. And I'm not saying there aren't certain genetic predispositions. Obviously this is a nuanced conversation.

But the general concept that we should give Black people fewer vaccines is wrong and dangerous, and someone who believes that or has ever stated that cannot be in charge of the Department of Health and Human Services, in charge of the National Institute of Health budget of \$50 billion a year, directing what that money is used to research and further in terms of scientific enquiry.

Justin: [chuckles] My man also popped a nicotine pouch. [chuckles] Mid Congressional hearing.

Sydnee: I mean—

Justin: [through laughter] He pops a Zen pouch in these meetings, and he's going to lead the HHS. I mean like— [laughs]

Sydnee: He killed— Or he— What did— He killed a bear, or he found a dead bear and put it in Central Park? Is that what it is?

Justin: I think, I don't know.

Sydnee: He found a dead bear and put it in Central Park.

Justin: I don't know, we don't have to—

Sydnee: And he has— he said that he couldn't pay child support because he had a parasitic worm that crawled into his brain and died.

Justin: I mean, I don't know.

Sydnee: So.

Justin: Doesn't sound right to me, but.

Sydnee: There's action you can take.

Justin: Wonders never cease.

Sydnee: There's action you can take. And here's the thing, those of us who know the vaccines are safe and effective and necessary will continue to spread that message, and encourage patients and families to get vaccines.

So even if that kind of thing happens, it doesn't change the work that doctors like me are doing every day to sit down with scared people who have heard misinformation and say, "I know there's a lot of noise out there about vaccines, ask me your questions. Let's talk it through. I can help you." That won't change.

Justin: Yeah.

Sydnee: So don't forget that, and it doesn't change your ability to reassure and calm the fears of people you know and love about vaccines.

Justin: I would also say that if there's ever been a time, if you're someone who prides themselves on being open-minded and open-hearted, I think there has never been a better time to close your mind and heart to junk science than right now.

I think that it is a really good time to not leave space for people to lie, and bring their emotions into scientific discussion. I think it's a really good time to remind people that there are concrete facts, and that we— that's kind of immutable.

Sydnee: There's also— I think the last thing before we talk about what— what other actions we can take, the— You may have heard— And this is one of the most concerning things I think like for those of us in the scientific community.

In some of the groups I'm in and the conversations that I'm taking part in, this was an extremely comm— I don't wanna say scary. This was a concerning action. The... The Centers for Disease Control issues a morbidity and mortality weekly report, obviously weekly, and for the first time in 60 years it didn't come out.

It is because the White House has asked that no external communications from whether it's the CDC, the NIH, the FDA, the HHS, that none of those be released until what they are saying is that they want time to catch up

with the flow of information. I think the inherent idea is that they want to vet them.

Justin: Mm-hmm.

Sydney: To see if they coincide with the political opinions of the Trump administration.

Justin: Right.

Sydney: Which it— I mean it all of course is extremely concerning because, you know, we need to know about things like food recalls. I mean that's the kind of information we're talking about. When we talk about the MMWR, the Morbidity and Mortality Weekly Report, it helps us know like flu cases in different parts of the country, it helps doctors chart like RSV is big here.

Like I mentioned, there's a norovirus outbreak. I— We know these things because we follow reports like the MMWR that helps us keep track of where things are spreading, and what we need to be on the lookout for, and what we need to warn our patients about. So there is no benefit to us by restricting this information. And unless you believe that it is somehow false... Which we have to reason to believe.

And so I think that's important, if people are talking about "Well no, they just wanna catch up with it and make sure that it's accurate," that's not truly a concern. This scientific information has been issued for a long time, and is scientific information and have been accurate, so that's not a real concern.

The idea is that they will again start releasing these reports, we don't really know when, that hasn't been clear. And then the other part is that there was a very brief freeze on federal funding, and that would include a lot of scientific grants.

And then I cannot even begin to tell you how much of the work that I do with people experiencing homelessness would've been absolutely devastated by that federal funding freeze. That was rescinded because I think someone realized. I don't know, I—

Justin: Who knows.

Sydnee & Justin: [simultaneously] Who knows why.

Sydnee: But that has caused a lot of concern. There seem to be specific types of research and areas of scientific enquiry that are going to be targeted, and so I think—

Justin: How unbelievably shocking.

Sydnee: Yes, and that falls into like the last area of medicine that I am particularly concerned with. The Trump administration is... attacking the transgender community, and will I believe continue to and to attack the LGBTQ community as a whole in its actions. The executive order declaring that there are two genders is already, well first of all, a lie, it's false.

Justin: False. Never been true.

Sydnee: It's unscientific and wrong.

Justin: Never been true.

Sydnee: And harmful.

Justin: Yeah.

Sydnee: And dangerous. And the idea that we need to stop gender-affirming care for everyone under 19, so... children and adults, restricting their access to life-saving care. Again, it's an executive order, which is not a change in the law, but we expect that that will lead to policy changes by Congress.

I think we see that those are the priorities of the Trump administration right now, which is harming some of the most vulnerable and marginalized people in our country. And so any research attached to that, any information, and indeed if you go to the CDC website. So I had heard that there were things being scrubbed from the CDC website, so I started doing my own searches.

You can find vaccine information statements. I had read that they were gone, they're not gone. I will say as someone who uses the CDC website frequently, it's a little harder to find some information. You have to know

exactly what you're looking for, but I already downloaded, I went ahead and did that. [chuckles] I have a PDF of every vaccine information statement on my computer now.

So you can do that— those still available. You can still find sexually transmitted infection treatment guidelines. I had heard those were scrubbed, I still found them. Again, I think everything is maybe a couple more clicks, but it's still there.

The things that are missing however, if you search the term "transgender" on the CDC website, every link that pops up is gone. You click on the link and it says, "This page is gone."

There's a header on the website that say, "CDC's website is being modified to comply with President Trump's executive orders," that's in a yellow banner at the top of the CDC website. So I think specifically it's this idea of quote unquote "woke" ideology.

Justin: Right.

Sydnee: Is what they're gonna be scrubbing from these websites. So I think we know who their target is.

Justin: Yeah, what the problem is.

Sydnee: Yes.

Justin: What they're focused on, yeah.

Sydnee: What can you do about all this?

Justin: Screeeeeam.

Sydnee: I mean if you need to, do that, that's fine.

Justin: Well.

Sydnee: I would encourage you to feel the way you're feeling.

Justin: Mm-hmm.

Sydnee: I think that's fine. I think if you're not— First of all, this was intended to shock us and scare us and freeze us into inaction.

Justin: Mm.

Sydnee: It was in— That's intentional.

Justin: Right, that's the goal.

Sydnee: Be shocked.

Justin: Right.

Sydnee: And then we must move on.

Justin: Right.

Sydnee: And for those of you who are the target of these actions, I am not going to give you those instructions 'cause I can't tell you— I'm not going to police the way you feel, but for someone like myself who is not the target of that, I am going to move past shock to action.

Justin: Mm-hmm.

Sydnee: Because I have the privilege of doing so, right? I joined— There is the Union of Concerned Scientists, which takes action and speaks out against actions like these, unscientific. I joined that, if you're a scientist, you can do that.

If you are a member of a group like I am, like AAFP, the American Academy of Family Practice, or the American Medical Association, or the American Academy of Pediatrics, or any other sort of science group, medical group, anything related to these areas of policy, we should be speaking out.

The AAFP issued a statement two days ago that I personally was very disappointed with, as a member of the AAFP. It was weak, it stated that these are not that concerning, these are not unprecedented actions, these are nothing to be alarmed about, that every administration does these sorts of things, and that is untrue.

And we need to be outraged and angry and fighting back vocally and in every statement that our organization issues. And if your organization that you may belong to have similarly either not responded or responded in a way that doesn't reflect how seriously dangerous these actions are, speak out.

You're a member, you paid dues, you have every right to make sure that the organization reflects the way you feel. That doesn't mean we all need to leave these groups. Acting in groups is how we change things.

Justin: Don't— Yeah.

Sydnee: But you should speak out if they're not reflecting the truth and the way we should be moving forward. There are local mutual aid groups and volunteer groups that have been doing good work for a long time, I promise you. Now is the time to get involved in your own communities, now is the time to find people in need in your own communities—

Justin: Yeah.

Sydnee: — and start getting involved with mutual aid.

Justin: You hear that but I'm serious folks, do it. Make the call, send an email, whatever. Like last weekend, I— or on Friday, I spent most of the day feeding people at Harmony House, and it was really good. And it was like hard and it's what my brain needed, and I felt like I had done something.

And I had to remember that like, freaking out is a luxury, there's people that need help right now. Like right this second, there's people that need you. And I will also say that just as a— someone who's a layman, who's not part of the scientific community, no-one's goin' to the CDC to find information about transgender people existing or not existing.

You continue to exist no matter what the CDC website says. You will continue to exist after President Trump is gone. You existed long before him, I know you exist, trans people exist, and their lives are important, and I will say it every day until this is over. Because these webpages do not shape who exists, and who we love, and who we care about. It's a webpage. So is... woot.com.

Sydnee: [chuckle] You're exactly right Justin, and I think that it is more important than ever that those of us who are not part of the trans community are using our privilege as cis people to speak up and say that loudly.

And even when it makes you uncomfortable, and even when you put yourself at risk in terms of how others might react, I think it's important to say that. Continue vocal opposition through your elected officials. I truly believe that that federal funding freeze, which would have been, I cannot overstate, devastating. Medicaid and snap benefits and HUD funding, I just— it goes on and on, grant funding on every level, universities.

Anyway, it— I truly believe that it was the public outcry that echoed in the halls of Congress, that echoed in the halls of the White House, that rescinded that order, I believe that and I believe that we have to keep that pressure up. Even if it feels hopeless, even if you have representatives like I do. Jim Justice represents Justin and I in the Senate, and—

Justin: Think about that!

Sydnee: So you—

Justin: I try not to.

Sydnee: You cannot feel— You can feel as hopeless [chuckles] as we do about our representation.

Justin: Yeah.

Sydnee: But I promise you, you cannot feel more. You still need to speak out.

Justin: Listen! They have to take your calls.

Sydnee: Yes.

Justin: Just call, you'll feel better, even if it doesn't do anything, call and yell at 'em. [chuckles]

Sydnee: Well—

Justin: Call and tell 'em you're mad.

Sydnee: And lobby on local levels!

Justin: Yeah.

Sydnee: Your city government, your county government.

Justin: Yes.

Sydnee: Your state government. There are other ways to impact the lives of yourself and your neighbors, and the people around you. Get info from public health officials on local levels. Just because the CDC can't publish things doesn't mean your county health department can't keep you informed.

Justin: Mm-hmm.

Sydnee: Doesn't mean you don't have a public health official in your city and in your state. Get to know them. I know them personally because I worked with most of them. If you don't, you can look it up, it's on your state and county and city websites.

Find out who these representatives are, find out who these people are, follow them, follow these organizations, they can still keep you informed. Get vaccinated, encourage others to get vaccinated. Just because there's a guy in charge who doesn't believe in vaccines doesn't mean that we can't all still know that vaccines are safe.

Justin: He does by the way, he's just a feckless idiot that'll do anything for power.

Sydnee: Educate others. Even your imperfect allies. It can help. There may be people whose every belief you don't share, but if they're aligned with you in this, then they're aligned with you, and that work is important. Donate to legal groups that are fighting these policies.

Justin: Yeah.

Sydnee: The ACLU has been ready and willing to sue [chuckles] since before this administration took office. There are other groups that are going to doing this work. Follow those groups, donate to those groups, those legal battles. Something that is evil but is done incompetently can be stopped.

Justin: Yes.

Sydnee: Through the judicial system, which still exists.

Justin: They will— No matter what is going to happen, it will be done incompetently.

Sydnee: Yes. And—

Justin: By definition.

Sydnee: And I know there's nothing probably to vote for at this exact moment, but depending on where you live, there are local elections that happen constantly in spring and fall. And... you have to continue to participate in the democratic process.

Justin: Yeah.

Sydnee: You have to vote and run! I did it.

Justin: Run.

Sydnee: I lost. [chuckles]

Justin: Run for your lives! [chuckles]

Sydnee: But I'm still— [chuckles] No, run for office.

Justin: Oh, okay sorry. Sorry, Syd.

Sydnee: No! [chuckles]

Justin: I was misinterpreted, I was with you like, "Let's go!"

Sydnee: No, and run for office, there are still— there is still value in the democratic process.

Justin: Absolutely, and there— and keep listenin' to podcasts, I really can't emphasize that enough. Maybe if we were all listening to podcasts more, none of this would've happened.

Sydnee: Well Justin, I think that's part of finding joy.

Justin: Yeah. Yes.

Sydnee: Which is again, we've said it on the show and I'll say it again, joy is an act of rebellion. We will not let them take that from us.

Justin: Yes.

Sydnee: Or our neighbors.

Justin: Thank you so much for listening. Thanks to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program.

[theme music fades in]

Justin: Thank you to you for listening. That's gonna 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.

[outro theme music plays]

[ukulele chord]

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