

Michael Roesslein:

Okay, we are recording. Hey everyone. Welcome to another wellness optimization series video here at Rebel Health Tribe. Today is going to be fun. I'm talking to my friend, Dr. Jolene Brighten. Dr. Brighten, thank you for doing this.

Jolene Brighten:

Yeah, thanks for having me on. What's funny is that this is like how we met, like phone calls, then video, before we ever hung out in real life, and now being in the middle of the pandemic, it's like a throwback to like, oh yeah, this is how we used to communicate.

Michael Roesslein:

And that's all there is now. But at least we have this. Imagine what this situation would be like before all of this had been... Like this isn't true communication, but we would have nothing, like phone calls, you wouldn't see other people.

Jolene Brighten:

Pigeons?

Michael Roesslein:

Yup, pigeons.

Jolene Brighten:

I was talking about that just yesterday. I was like, we'd have to be sending letters and could you imagine?

Michael Roesslein:

Secret messengers?

Jolene Brighten:

Yeah. We feel so isolated right now and yet when you think about people who lived in villages before and what that was like. Yeah, we'd be building tunnels to each other.

Michael Roesslein:

Yeah. I'm sure people would too, because it's an essential thing. And so I wish we were talking about something more fun today, but we are-

Jolene Brighten:

Pandemics are not fun.

Michael Roesslein:

No, it isn't, and it's funny because I was looking back at some of the recordings. The first one of these that I recorded I think was with Dr. Mia and it was like mid-March. Like it was a few days after shelter in place kicked off where we live, in the Bay. And I think that was like March 8th or 9th or something. So it was right around then. And just like the tone and the conversation and the way that it was was so

different. Four months ago watching it, there was like this strange uncertain fear. There was like this, what even is happening right now? There was a lot of panic type thoughts of like, am I going to be able to get food in two weeks? Like what is going on? And now it's something we talk of that we're just exhausted by.

Jolene Brighten:

It's so true.

Michael Roesslein:

And it's this thing that just has been... And the four months have seemed like, I don't know, six years. It's hard to... I'm in Illinois right now and so some more things are open here than they are in California. I was inside of a restaurant the other day, getting food on the inside of... And there was people sitting in there and it was strange. Do now we're in this post-whatever-that-was, world of what is it now type of strangeness. And it's kind of something we sigh about and kind of laugh at a little bit. Then it was like... So it's interesting, as time has progressed, watching the tone in the videos change, but you have had a much more personal experience with all of this than I think the rest of the guests. I don't think anyone else has been through that, and that's what we're going to talk about today, is your transition from doctor to patient. And for those who don't know, you've gone through a very lengthy ordeal with COVID. And when did that kick off? When did you first notice like, I don't feel good, and what was that like?

Jolene Brighten:

I have to say that it's funny that you talk about the tone and the attitudes that have changed. So there is a video that I recorded in February and I actually say in it... We almost put it live, then we were like, no, we shouldn't, because this changed, that changed and really thinking about how to best put this video out on YouTube. And in February, I would say "I'm not afraid of COVID, we're not worried about getting it at all because we'll probably be in the 80% who's just fine." I was super confident that my diet and lifestyle that I've practiced for like the last 20 years was going to totally protect me. So I've been humbled and I've also been the inconvenient example to the wellness community in which many of our mutual friends don't acknowledge my existence anymore so that they can perpetuate the narrative that it's not real or that it doesn't affect healthy people or that... I've even had people make up stories, stories about my body, stories about my health.

Jolene Brighten:

What people don't know is that in February, we actually kicked off to travel the world and we were going to travel to 20 countries in 2020, and then the universe laughed, that didn't happen.

Michael Roesslein:

So this is all your fault.

Jolene Brighten:

I know, right? And so I had actually done a lot of lab work. Before you sign off to travel the world and essentially be a nomad, at least this is what I would tell my patients, so this is what I did, I did a lot of lab work, I got screenings, I made sure that I was healthy, that it wasn't going to run into trouble being in Thailand or something like that. So I'd actually had lab work and it was optimal.

Jolene Brighten:

A couple of weeks before I had even gotten sick, I had actually done a complete Dutch panel along with their cortisol awakening response, which is important because what happened is at first, when I got sick, people said, "She's lying. She had co-morbidities," and I'm not obese. You can look at me, and I'm not obese. I didn't have high blood pressure. I don't have blood sugar dysregulation. People were like, oh, well, you did all this lab testing, but did you do functional lab testing? I'm like, yeah, of course I did. I'm a data nerd, I do lab testing all the time. Oh, well, did you wear a continuous glucose monitor? Yeah, I've done that before. I don't have blood sugar issues. That's not an issue for me.

Michael Roesslein:

Well, they have to find something that fits the narrative.

Jolene Brighten:

Right. So then it then became, okay, well maybe she's not lying. And maybe... I mean I even had people say, "Oh, it's because you didn't have ample glutathione." I'm like, I was actually taking glutathione before I got sick, and when I got sick, and I've been doing IV glutathione, so I don't understand how I don't have ample glutathione. And then it became, well, you're really stressed out. That's what I think happened to you, you're really stressed. And I bought into that for a bit. This is how gaslighting works, everyone. It's where enough people tell you something that you start to doubt yourself. And I'm like, yeah, that must have been it, except that when I had a moment where I was like, wait a minute, a couple of weeks before you had symptoms, you had this Dutch panel done.

Jolene Brighten:

Your progesterone was optimal. It's not possible if you're banana stressed out. You're not ovulating, you're not producing ample progesterone. Cortisol, DHEA, fine. And I'm like, wait a minute. I actually have evidence right here on a lab test that says it wasn't significant stress. So what else is going on? And why share this is because I think it's really important that that is not the scientific method to try to make an excuse and then to just be like, oh, this is my way of reasoning it, and this is gospel, right? That is not the scientific method. The scientific method is to ask, to test, to get it wrong. You get it wrong, you ask a new question, you asked what you've learned from it. And I think what we're starting to find is that there's likely something genetic and possibly something in my microbiome that would have led to my susceptibility.

Jolene Brighten:

And if I was a pseudo-scientist, I would just chalk it up to stress and to something else. And what's been interesting... I mean these stories have gone so far as there are leaders in the wellness community who have said that I have breast implant illness, and that's really what's going on, is I'm trying to hide breast implant illness. I don't have breast implants and don't judge anyone who does. I actually had a moment... My first reaction was like, I've had a baby, so thank you. I feel a little flattered right now. And I was like, that's not it. And when that started to come in I'm like, you were so tied to this narrative that diet and lifestyle will fix everything, prevent everything, that you will shame people and you will make up stories about their body, and that's concerning.

Jolene Brighten:

And I think it's really important to recognize when people are doing that, they've got this fixed mindset. And what's weird is that these are some of the same people who are like, you can have chronic Epstein-Barr virus, I treat Lyme disease. That's a problem. CBO. You name all of these infectious

conditions and yet they're like, but not COVID. I'm like, what happened? I don't understand this. And so what's really strange about me is that my symptoms did not start with respiratory symptoms.

Jolene Brighten:

And if you guys haven't seen, there is now six different types of COVID. I was considered to have severe COVID, even though I did not stay in the hospital. And that was also me saying I was not going to stay in a hospital, but my doctors here were fantastic about that. And my symptoms actually started with breast tenderness, isolated to my left breast. And this is why this is important to track your cycles, if you are a cyclical creature, is that I was several days into my follicular phase. This is not when you get breast tenderness. And I was like, this is weird, and it's unilateral. And I was doing a breast exam on myself and I actually was freaking out thinking, oh my god, what if I have breast cancer and we're in a pandemic and I can't get screened and I can't get treatment? This is where I was going with that. My lymph nodes were completely swollen in my left armpit. My breast was really tender and painful, and I thought, wow, this is a lot like mastitis, but I'm not breastfeeding.

Jolene Brighten:

And it wasn't until after that, that I started to have... Like I would go up the stairs and feel a little bit breathless. And this is something that we all do, right? I'm out of shape. I need to probably get into shape. And it wasn't until there was finally like, it was just very like... No fever, no cough. One day I got up and I couldn't have a conversation. I couldn't talk. I got on the phone with two ER doctors, who were my friends, that day, and the second one, my husband was also on the phone with him, and he was like, take her to the emergency room. You guys, doctors are the most stubborn. We're the worst patients and we are super stubborn. And I was like, I'm going to be fine. That's how I was breathing.

Jolene Brighten:

And our friend, he was like, look at her neck, what's going on with her neck? My husband's like, her muscles are straining, you're recruiting your-

Michael Roesslein:

Yeah, breast.

Jolene Brighten:

accessory muscles to try to breathe. And even then we got on that call and my husband's like, you're going to the hospital. I was like, I don't want to go to the hospital. And I got up to use the restroom and I blacked out, I couldn't breathe, and I fell down and my husband caught me and it was, okay, I got to go to the hospital. And so that's how it started for me, and here's the thing, I could not breathe, I was gray, we have images.

Jolene Brighten:

I was actually crying in the hospital, taking videos of myself, sending them to my son because they didn't know. We all heard stories about the COVID patients who went in and who never came back out and I didn't want to be one of those and I was thinking of everything I've ever needed to say to my son and recording it and just sending out videos from the hospital. We can talk about what the hospital experience was like. The interesting thing is that my pulse ox, when I got to the hospital, was 98. Okay, so for everybody listening, above 95 is good, but I could not breathe., and they told me they were seeing that with COVID. That your pulse ox looked fine, but people were not getting oxygen.

Jolene Brighten:

And I still, when I got to the hospital, I was like, I think I have a pulmonary embolism. So my thought was I have a clot in my lungs. I thought it was more likely I could have a clot in my lungs, I'm not on birth control, I don't have a clotting disorder. I thought it's more likely I could have a clot in my lungs than I could have COVID, even as I got checked into the hospital, that's how convinced I was.

Michael Roesslein:

So everybody knows, they live in Puerto Rico, and you hadn't gone, from what I think Bryce told me, was that he had gone out. [crosstalk 00:12:47]. He had been to this store with the mask, with the... Because Puerto Rico, for those who don't know, had a more strict lockdown than anywhere in the United States, and so you needed like a pass or permission to go to the store, and only one person goes to the store, and it's on certain days and-

Jolene Brighten:

By license plate. I think that's really important for people to understand, Puerto Rico has been praised for having one of the best responses, better than anywhere else in the United States. We went into quarantine. We got a notice saying there was going to be curfew. By the time we got into our house on a curfew, that was a Sunday. They said, when you wake up tomorrow, you will not be leaving your house, you are in quarantine. You may leave for medical necessities and to get food. And even at the point that... Before I got sick, so if you guys don't know, I'm an introvert and a homebody, and I was like, I'll stay home, that's not a problem.

Jolene Brighten:

I hadn't left the house. So I didn't leave the house in the incubation period. My husband would go get food. We'd actually stocked up for two weeks at a time. So he hadn't been out about two weeks before that, before food, but we had a whole protocol. He had to strip down naked in the garage. He couldn't wear shoes in the house. He wore a mask and gloves when he would go out. We sprayed everything down. Before he came into the house, he had to go immediately into a shower. Do my very first job ever in healthcare was as a sterilization tech. So I was like, I'm not messing around. Even though I was still like, we're going to be fine, I'm so healthy, I just eat all these vegetables, I do all these things.

Michael Roesslein:

It's like our protocol, Mira works in the ER and this all kicked off. It was like the same thing: clothes into the wash, into the shower, spray all the things, shoes and bags outside, and then I disinfect the bags for tomorrow for the lunch, and it creates this... I felt like I lived in a lab.

Jolene Brighten:

It's a whole protocol. So I mean, I think that is a really important thing to understand with that as well, is that we went into lockdown super quick and there was a period of time there where you could only leave your house two out of the week, based on your license plate. Everything was closed on Sundays. And they just started to open back up a couple of weeks ago, and the day before they were going to open, try to open back up for the tourist economy, they shut it all back down. They were like, cases are spiking again.

Jolene Brighten:

What was going around was videos of all these people from Florida and Texas in the Puerto Rico airport, nobody with masks on. There have been people from Florida, Texas, some of the other States who, if you actually... You have to get on like Puerto Rican social media, and you will see these people from the States who are spitting on Puerto Ricans when they're asked to wear a mask. It is getting really bad to where Puerto Ricans are like, we do not want anyone from the States here. And I don't blame them, it's really disturbing to me that... I mean, so that's actually considered assault with bodily fluids and it's against the law, there is case law on this, you cannot spit or put your bodily fluid on someone else. So I'm like, do these people even know that?

Michael Roesslein:

What an infringement of freedoms, come on.

Jolene Brighten:

And that's the thing is that they're just... I mean, we had masks, we had to go inside, you have to wear masks to go inside. And to me... My husband and I have done quite a bit of traveling in the world and we have always held that you do not disrespect the culture of what you're going into. You don't come in and say, "Well, I'm from the United States, so I'll do whatever I want." You respect the culture and this is something where it's like, if nothing else, if you think master, whatever you want to think about them, these Puerto Rican shops are telling you you have to wear a mask to come inside. To disrespect people like that, I'm like, it's just straight disrespectful. So that's actually... If people were like, I wanted to travel to Puerto Rico or what's going on, that's why we're all getting put back into lockdown because our cases started to spike. There's been assault by people from the States assaulting Puerto Ricans because they're asked to wear mask. I'm like, I don't understand. But this is not unique to Puerto Rico.

Michael Roesslein:

No, no, it's happening elsewhere, too.

Jolene Brighten:

Yeah.

Michael Roesslein:

Yeah. So you took all the precautions, you didn't go outside, you live a really healthy life. Then you have this episode, you pass out, you go to the hospital. I think I got a message from him that day or the day after on the text or whatever, and you had gone from like... I'd see you talk about this lockdown is hardcore, we have a curfews, and this is intense, and then I'm in the hospital. And I was like, wait a minute. I didn't even know you were sick. And, because that happened pretty quickly, and then you didn't stay in the hospital. You were treated and then you went home, and that was a long time ago, on the timeframe we're talking about, this was months ago.

Jolene Brighten:

Four months ago.

Michael Roesslein:

Yeah, months ago. We're not talking about like a few weeks ago. This was months ago and-

Jolene Brighten:

I wasn't even breathing. I wouldn't even be able to talk this well, two weeks ago.

Michael Roesslein:

Yeah, you were on oxygen on and off. So you get there, they test positive, I'm guessing, and then you were like, oh shit.

Jolene Brighten:

Well, here's the thing I'll say, I actually wanted to take video. I couldn't go through the hospital. They brought me around through a parking lot and I passed through all of these big tents that had ACs running in them, where they were dealing with COVID patients. And they brought me into this modular unit, it doesn't even have hot water in the bathroom, which people will be like, oh, that's gross. I mean, yeah, it's gross, but it's also... You don't want to end up in the hospital with COVID and I knew this because when those... Stuff started popping up on social and people were like, the hospitals aren't full, go check the hospital.

Jolene Brighten:

I mean, we know some of these prominent medical doctors who were calling for their audience to go harass the hospital. I call them up. I called up friends in the ER, called up nurses in hotspots, and I had conversations. And here's the thing for everyone. If the lobby's empty, do you know why? Because COVID patients don't go in the lobby. We go around the back. They take us somewhere else. Some of them are these pods that are outside like-

Michael Roesslein:

Harris Hospital has a COVID tents outside.

Jolene Brighten:

Yeah, they don't bring them into the hospital.

Michael Roesslein:

They circumvent it. They don't go in the lobby.

Jolene Brighten:

They don't sit in the lobby. I mean, when I saw that, I was like, that's ridic, and I called up friends working in ER units and they're like, we're at capacity. In some instances they have these patients sequestered and hidden because they're like... This is the thing, imagine you're on ventilator, and then someone's like, come in and take a video of that person, or why aren't the doctors doing that? One, HIPAA violation. People have a right to privacy. Two, people have a right to dignity and dignity in death and dignity while you're dying, and that is just not okay to be calling for. I get that we're scared. That's why I had conversations with people.

Jolene Brighten:

So they go around the back, they take me in. Before they'll even admit me, they are taking vitals and everything and I'm at the door and it's open. And then they finally bring me in and I will say that

everybody was freaking out because they're like, you're in Puerto Rico and the healthcare is so bad. The healthcare is so good. So good. [inaudible 00:20:28]. And I was treated so well. I actually brought supplements with me and my nurse helped me take my vitamin C and helped me take things. My nurse was like, here, let's help you. Oh, vitamin C, that's very good. Yeah, you should be taking vitamin C. Whoa. I'm like, if I was in the States, they'd be confiscating.

Michael Roesslein:

It's contraband.

Jolene Brighten:

They'd be confiscating this. And yet even the doctors were like, we agree that your supplements, sending you home on oxygen would be better. They did a CT, chest X-ray, I had the works. They were like, we're going to swab you for COVID, mycoplasma, flu, influenza. I was like, okay, yeah, yeah, what I really want to know if I have a PE, which pulmonary embolism for people, because I was like... I have to say that when they knew... So I had to sit there, okay? There's no food, there's no water, and you're on an IV. It's freezing cold, there's no blankets. I'm watching these elderly people around me. I mean, people will ask me why didn't you take photos or videos? And I'm like, these elderly people are sitting there gasping for air, I'm gasping for, they're gasping for air, I'm like-

Michael Roesslein:

I mean, your first inclination is not to take videos for people on the internet.

Jolene Brighten:

Yeah, right? My first inclination is not to expose because there's also this stigmatization with this. I mean, people are afraid of it. So it was something that, in the hospital, I talked them through what I was doing, what I was doing at home. I will say I was treated... There was a part of me that was treated differently because I was a doctor, and because I was a doctor, they knew I would know when to go back in. So that stubbornness I had initially, I was like, okay, we went over it, your pulse ox falls below 95, and there were times where my pulse ox was in the 80s and I had at-home oxygen and I was able to get my oxygen up. And so with that, they sent me home. They were like, what you were doing at home, with how you're eating, how you're sleeping, the supplements you're taking, is better than what we can provide for you here. You're not ready for a ventilator yet, and we can give you home oxygen. We can actually give that to you at home. And so that's how all of that went down.

Jolene Brighten:

And I was treated very, very well. I'm very, very fortunate that... So in Puerto Rico, my insurance is the best insurance I've ever had in my adult life and that's after living in the States. They cover my oxygen, I have a home nurse who came in and she actually,... And listen, guys, this is my personal story. This is not medical advice. I'm not making any claims. Nothing we say here is making claims about how you should or shouldn't treat COVID and you absolutely should consult your doctor. This is my body, and I went all in, and I was like, give me 25 grams of vitamin C in my vein, I'm going to try it. And I had a home nurse who came in and set that because I was a coward. Bryce could actually tell you how many times I stuck myself with a needle and I could not get a vein. I was just like-

Michael Roesslein:

I've seen Mira do it, and I have a needle phobia, so I'd be in the corner crying. If I had to stick myself with it, do that to survive, I would just be like, oh, this is when I die now, because I couldn't do it. But you did it the hardcore C too, right? Didn't you have the unbuffered... For those who don't know, don't do that. There's different forms of vitamin C and-

Jolene Brighten:

You have to buffer it.

Michael Roesslein:

the ascorbic acid is the one that you would take orally, but it's not the one that goes in your veins, right?

Speaker 1:

Yeah, it does go in the veins, but you need.

PART 1 OF 4 ENDS [00:24:04]

Michael Roesslein:

... That goes in the veins, right?

Jolene Brighten:

It does go in the veins, but you need to have bicarbonate and other [crosstalk 00:24:07] minerals to keep it.

Michael Roesslein:

It's like injecting fire.

Jolene Brighten:

Yeah. I mean, I cried for six hours of this, and then I got phlebitis, which is inflammation in my vein and my vein completely collapsed. And now I have to get IVs and draws in my hand veins only. People are like, why'd you do that? It's crazy. Because I was dying. And that's something that even just last night I was talking with my husband about of ... We were watching some Netflix show. I've watched a lot of TV in these last few months. And we were watching a Netflix show and this person was like about to die, and they're on the edge, and they were saying their last wishes and what they needed to say. And I was like, whoa, I actually know what that's like right now. I have never had an experience that I was certain I was going to die, but there was ... We would get the mantra going, not today. What do we say to the God of death? Not today. My husband was messaging everyone to pray because we both really thought I was going to die. And we were getting things in order, because of just how quickly I had deteriorated.

Jolene Brighten:

I was unable to walk. My neurological symptoms. Losing feeling in my feet, all of the things that were going on. And there was a good three weeks there where we were like, we both didn't know if I was going to make it. And I would have him bring my son in when we got past that incubation period and I would just hold my son and be like, this could be it. This could be it. Will I wake up tomorrow? It was terrifying.

Michael Roesslein:

So what was your strategy? I don't want to jump from that. And that's not a lighthearted thing. And that experience of that, I think, is a powerful one that kind of shifts perspective. It shifts the way you relate to family, to life, to everything, similar to a big loss, or grief, or some big traumatic event. There's a before and after probably. It's kind of how the astronauts always talk about when they would go to space, and they would see the planet, and then they were shifted in some way. I think it's probably ...

Jolene Brighten:

I'm like an astronaut now?

Michael Roesslein:

You're the astronaut that went into the COVID land. But it does, right? It shifts everything because [crosstalk 00:26:33] ... You said you watched, and you watched it before, you watch it in a different way than when you see it afterwards.

Jolene Brighten:

Yeah.

Michael Roesslein:

And that three weeks, you were throwing everything at it ...

Jolene Brighten:

Oh yeah.

Michael Roesslein:

Because everyone was probably messaging you from our world. Like, oh, you should try IV vitamin C or take ... I don't know what you did so I don't want to throw things out there, but NAC, or [inaudible 00:27:00], or like vitamin D, all these things that people are like, do this, do this, do this, do this. And did you tell her to ... I'm like, she knows more than I do. I'm sure she's taking the things that ... I don't need to tell her anything. But I'm sure you were getting a lot of very well intentioned, do this, messages.

Jolene Brighten:

Yeah.

Michael Roesslein:

And that's frightening, because the people who later made all these claims about your ... People who are doing this with this narrative of, we can't get sick or you can't get sick if you listen to me, or I can tell you the way to not get sick, or whatever the version of it is, to be doing those things and to have previously had that mindset and watching it melt right in front of you, while doing the things and being sick, and getting more sick and days up and down, and whatever, that shatters your whole worldview on that also.

Jolene Brighten:

Yeah. Anyone who follows my work knows that I've never been someone to be like, diet and lifestyle will save you from everything. It's important. Diet and lifestyle are a piece, right? You still need community. We need purpose. There's a lot more that we need that goes into health. But I've always felt ... I've always rejected that narrative that plays out in the health and wellness space because it's very shameful, very damning, right? People get cancer and people are like, oh, well, if you only ate differently, maybe, maybe not. The human body is designed to break down, disease ... And is designed to get sick. I did not think that diet and lifestyle would prevent me from contracting this illness, I thought they would help me with the outcome. And I contend, they did. My doctors that I've talked to were like, if you were not as healthy as you were, you would have died. We do believe you would have died.

Jolene Brighten:

It's important to frame it, diet and lifestyle therapies will not prevent you from contracting an infectious disease or the body breaking down, but it will influence outcomes. And that is something that I've ... And here's the thing that's a bit different about a lot of people in this space is that I actually have a degree in nutrition. I have a degree in chemistry. Before I left to get my doctorate, I was doing master's research work in nutrition. That's my background. And I know the power and I know the limitations of diet and lifestyle. And I also know that life is much more complex than we even have the capacity to understand. And I have, for a very long time, had issues in the, what I call toxic positivity, but now I've really come to see that it's spiritual bypassing that happens. Where it's like, we're just going to focus on the positive and look, people sometimes they're like, oh yeah, you're so wise, Dr. Brighten. I'm like, no, see, I'm a little bit further along the road than you and I already fell in that pothole and so I can tell you, there it is, step around it, because I did the same shit when I was in my twenties of like, everything happens for a reason and all this stuff.

Jolene Brighten:

And yet, I've had a traumatic childhood and I've had a lot of things like, as being a woman of color, being a first generation college student, of all these things that when people say that it's like, that's not that ... Really? That's not cool. I think that's another thing that I've always taken issue with and I see a lot still happening in the health and wellness space through all of this, where people have actually said to me, you got sick because you believed you could get sick. And I was like, okay, listen, you're no Obi wan Kenobi, okay? Stop this. You're trying to gaslight me and that's not ... I'm like, I got a video, I was pretty confident that I was going to be okay.

Michael Roesslein:

Why didn't you just want to get better?

Jolene Brighten:

Right, why didn't I just want to get better?

Michael Roesslein:

[crosstalk 00:31:01] ... you just wanted to get better enough.

Jolene Brighten:

I've actually connected with another doctor in Australia who she's going through COVID as well, and we're considered post COVID syndrome patients, and she's made this comment where she's like, they think they're we're malingering. People don't know what that is, it's where people fake health conditions

because they want attention. And I'm like, if anyone knows me and knows the A-type personality I am ... My husband's like, I knew something was wrong because you were like, I don't want coffee. I don't care what gets done. You just stopped caring. You were just like, I don't even care. And he was like, hold up, this A-type personality who's always like, be productive. Do the interviews, get on social media, running a team, does not even care anymore. He's like, I was really scared. And he's like, and when I brought you coffee and you were like, no, I don't feel good, I don't want coffee. He's like, who is this? What are you done with my wife?

Jolene Brighten:

But to your point about what I was taking ... We know we're in a pandemic, we know there's a viral illness. I started to prepare for that. And in that, it's taking vitamin A, taking vitamin C, zinc, selenium.[inaudible 00:08:14] was already on board and all of that antiviral herbs, because I'm trained in herbal medicine and [inaudible 00:32:23] ... In naturopathic medical school one of my herbal medicine teachers was a Native American who trained us in herbs, which is pretty cool to get to learn about all of that. And I was doing all of that. The elderberry cytokine scare was going around. I'm like, dude, I know how elderberry works, I'm going to just take it. I'm on turmeric, fish oil. I also eat six to nine servings of vegetables a day, more, if I can. I sprout my own broccoli. I eat broccoli sprouts, different cruciferous sprouts. I eat animal proteins, healthy fats. I personally don't eat a lot of carbohydrates in terms of grains, just because that's how I function best, but I do live in a cyclical way with all of that.

Jolene Brighten:

My aura ring actually just stopped working a few weeks ago, which is disappointing because I've been tracking data through all of this. I'm someone who slept deep sleep couple hours a night, eight to nine hours of sleep. When it goes through all the stuff that I was doing, I'm like, this just does not make sense. And when I got sick, I increased my vitamin A, I was up to 30 grams of vitamin C. That was the day ... I was talking to my friend and he's like, how much vitamin C are you taking? And I was like ...

Michael Roesslein:

30 grams?

Jolene Brighten:

Yeah. And I was like, 30 grams. And he's like, have you pooped yourself? I'm like, I have a virus, don't I? I know this to be true.

Michael Roesslein:

For those of you who don't know, that's an absolutely absurd amount of vitamin C. And vitamin C dosing, the layman's way to kind of figure it out is to bowel tolerance. And usually someone would hit their bowel tolerance, which means poop yourself, much, much, much, much lower than that.

Jolene Brighten:

[crosstalk 00:34:21].

Michael Roesslein:

Or five. And if there's a need, the demand for the vitamin C is much higher with the viral infection, or I think there's a couple of other things that could probably do it, your tolerance goes up and up, and up and up, because your body's actually using the vitamin C. I've never even heard of 30 grams, honestly.

Jolene Brighten:

It's a lot. People are like, how did you do it? Lyposomal, which is a liquid. I would also have powders that I would mix into water. And then I have capsules as well. I had the mix of those things. I was doing zinc and [inaudible 00:10:53]. If you name it, I was doing it. I even did HCQ, hydroxychloroquine. I wanted to say a blood pressure medication there for a second. And I did the Z pack. I tried it. I actually had ... That was something that was a major symptom for me, is major heart arrhythmias. I was having strings of palpitation and it was so bad I couldn't sleep at night. The HCQ did not help that, but I was like, I might die, I'm going to try it. Right now, I'll just tell you straight up, if you want to judge me, you go ahead and judge me all you want, I'm an integrative practitioner, I like the buffet of medicine and I will take what works for the individual. And that may be anywhere from completely natural, just letting your body do it on your own, to supplements, to pharmaceuticals or surgery.

Jolene Brighten:

I'm just putting it out there because people judge me for taking aspirin and I'm like ... Some said, oh, well, there's other ways to help a headache. And I'm like, isn't that cute that you thought it was a headache? No, COVID headaches are wicked bad. I will tell you that, nothing touches them. But people were dying of clots my age so I'm on [inaudible 00:12:08], 8 grams of Omegas, turmeric, that also helps [inaudible 00:36:13] iron so you don't get a Fenton reaction. You don't end up with more oxidative stress, because my blood cells did show that I was spilling some stuff.

Jolene Brighten:

And in that, I had the aspirin on board with that as well. I also had magnesium, all of these things and it was to keep my blood thin. I wasn't going to go in for bleeding tasks, but I would prick my finger and I'd have some paper and see doing my own bleeding time. And I was clotting, I would prick my finger and clot immediately. I'm like, we've got a problem here. I've got to keep my blood thin and monitor it for me bleeding out.

Jolene Brighten:

I also monitored my kidneys, every single day. I have urinalysis sticks and every single day I did a UA dip and checked because I could catch kidney dysfunction before I had kidney failure. Now, mind you, every lab that was done ... COVID's positive, red blood cells look weird, white blood cells are up, liver, kidney, every other lab from the hospital is totally normal, optimal even. Six weeks later, optimal. My vitamin D is 80. 80, you guys, is optimal for vitamin D. I'm like, what is happening here? In that, I did all the acute immune stuff ... And again, you guys, you want to talk to your doctor. This is me telling a story ...

Michael Roesslein:

Yeah, this is not us giving you recommendations at all, in any way. And you can repeat that as many times as you want to. And some of the other videos, I probably interrupted the guests five times just to make sure that ...

Jolene Brighten:

It's important, we want to share. We're sharing this story. We're sharing what happened so people can get insight into this, but you should never take what happened in knee and say, oh, well, that happened to Dr. Brighton, it's true for me. Because your labs may look different. You may have something different going on. And I would say I focus really on respiratory support. I was also nebulize acetol cystine. I use

NAC and glutathione. Now the reason is, is that, yes, NAC will turn into glutathione, but NAC does a hell of a lot more than just glutathione production. And that's important because there's a lot of people out there saying, just take glutathione, you don't need to take NAC.

Jolene Brighten:

NAC has been shown to help with generating glutathione within the lung tissue. It's also a biofilm disruptor. There was a point in the research where it was looking like COVID might be a bacteria [inaudible 00:14:44], it might be infecting bacteria, which then form force fields, biofilms, and that it could actually hide out in there. That was part of it. Supporting my liver health was a part of NAC. I had tons of eye pain.

Jolene Brighten:

With the symptoms, a lot of neurological symptoms, but eye pain and really, really dry and bright red eyes. I never lost my sense of smell. Go figures. And what I know about NAC is it also helps the [inaudible 00:39:13] in your tears, which is antimicrobial. Eyes are immune privileged, it means your immune cells are not going to hang out in there, but I'm having symptoms in my eyes, well, NAC can help with that as well. And there's a lot of reasons for me to be using that. Nebulizing it as well helps in terms of like, if you have mucus that you need to get out, it can help. It's called [inaudible 00:39:36] and it's used in COPD patients. I nebulized that, I nebulized straight up glutathione, I nebulized melatonin, taking 20 milligrams of melatonin to help with my neurological health. It's an antioxidant. Most people think melatonin, sleep, yes, and it's going to protect your brain health.

Jolene Brighten:

And at one point I'm like, things are not getting ... I'm like, okay, I'm out of this phase of I'm not really like battling the virus as much, but there is this fallout that I'm recognizing. I'm incredibly fatigued. I am having shooting pains in my legs and feet, which is a sign to me of nerve root irritation, my spinal cord, something going on there.

Jolene Brighten:

It wasn't until a couple months in that I started to have lung symptoms. My lungs were completely clear at the hospital. And even last night, a friend of mine who has COVID, she describes it as this cloud feeling. It's this weird feeling and it happens in the right lobe of my lung, and last night it was happening again, and it's not even this crackly, it's almost like if you're pulling apart insulation, the stuff you put in your house, that insulation, that feeling, it's bizarre.

Jolene Brighten:

One thing I'll say is I came across research about Prevotella and I was like, Prevotella is an organism, it's lower in children, higher in adults. It's part of your normal flora. It is shared between the gut and the lungs. It can overgrow when you have viral infections, and it can become problematic, and it can cause issues with your blood cells and hemoglobin. It was something that I'm like, I'm going to start treating my gut. And that's where your immune system lives. I actually did a whole anti-microbial gut protocol. But the other thing I really focused on is that a lot of my symptoms felt like post concussion syndrome.

Jolene Brighten:

I was like, man, this reminds me of when I had a head injury. I started to switch over to like, what did I do when I had a head injury? And when you have a head injury, or any kind of neurological trauma like

that, you can have issues with your digestive tract. You start not absorbing things. You can shed the lining of your intestine. With a traumatic brain injury, within 72 hours, you can shed the entire lining of your intestines. Your brain can lose track of where your stomach is, neurologically speaking, your brain's like, where is your gut again? I don't even know. I was like, I'm going to do a whole gut repair protocol on myself, which when you start to heal up the gut, you start to heal up the brain as well. And I started to focus a lot on gut health and that really started to improve things.

Jolene Brighten:

I've had a lot of colleagues contact me because they're like, dude, no one knows what they're doing in treating this. You're actually a doctor who's lived through it, what do you wish you would have known to do differently? And I'm like, I would have supported my mitochondria a whole lot sooner. And that has been the biggest turning point for me is really ramping up CoQ10. I was on L-carnitine, that was the thing that actually made my palpitations go away. And I stopped it for a bit and they came back and I was like, all right, now we know. My heart, my cardiovascular system, needs support. Mind you I've never had a cardiovascular issue before. And I'm still in it now, CoQ10, carnitine, getting alpha lipoic acid in, B vitamins, really ramping those up.

Jolene Brighten:

And all the while I've been doing this, I've also been ... I have this product called Paleo Detox. And why it's good for detox is because it actually is a food based, really easy to absorb, powder. It has a ton of antioxidants, a ton of nutrients, and a high quality protein in it that's all broken down. Listen, I am not saying that paleo detox is a treatment, or cure, or anything for COVID. It is not. The reason why I leveraged it is because I knew if my brain is compromised, my gut may be compromised, and I need something I can absorb really, really easily to get my nutrients up.

Jolene Brighten:

And so in all of that, though, I've really looked back and seeing that it's been the mitochondria support that has been the biggest game changer for me, because mitochondria are very, very rich in your brain. I was bedridden for like a good two months. In month three, I could barely walk. I'm in month four and I still ... Part of my respiratory therapy, I was sharing with you, I actually will lay in a body of water. Sometimes it's out in the ocean snorkeling, if it's calm, or in a pool, and I will breathe through a snorkel tube or one of the full snorkel masks ... Those are really hard to breathe through by the way.

Michael Roesslein:

Yeah.

Jolene Brighten:

As part of rehabbing my lungs, which is also something as I nebulized, I laid on my stomach, I laid on my side, I've done a lot of stretching and breathing exercises as well. Just because my lungs looked fine didn't mean that ... You know how it goes, let's keep them optimal.

Michael Roesslein:

Yeah.

Jolene Brighten:

Because by the time imaging catches something, it's pretty far gone. Is that helpful? [crosstalk 00:45:15].

Michael Roesslein:

Yeah, no, it's great. Yeah.

Jolene Brighten:

Yeah. But the mitochondria thing is ... With the not walking, I have lost a lot of muscle in my legs. It's insane to lose so much muscle. And it's like, okay, well, you haven't been moving for like four months, you have to be gentle with yourself.

Jolene Brighten:

Your mitochondria, there has been a study, we definitely need more, showing that big meaty thighs, muscular thighs are associated with better brain health and it's about mitochondria concentration. [crosstalk 00:45:57].

Michael Roesslein:

... that's the relevance there, muscle has of mitochondria, fat cells and other types of tissue don't. Because everybody's probably seen the studies, muscle mass in older age equals lower chronic disease and longevity type things. And I think the main line of thought there, now, is probably because of the abundance of mitochondria in the muscle tissue.

Jolene Brighten:

Yeah. That was my master's research work, was sarcopenic obesity, which is as you age deleting muscle cells and gaining fat cells. And I'm coming up on the age where that starts happening. I'm like freaking out right now. I'm like, I've got like six months, I got to build muscle.

Michael Roesslein:

Me too. It's weird though, it does happen. I have a muscular body type, and I can get strong and put on muscle, my whole life, really easily. And I actually hate the gym so people always get frustrated with me. My friends who like to lift are the more taller, leaner, body type who will lift and be like, I can squat 10 more pounds now. And I could double my squat in three months if I go in the gym. I noticed that I could go months without training, without lifting and I'd lose very little muscle mass.

Michael Roesslein:

And people have always thought that I lift way more weights than I do. Secret out there. I just turned 40. And at about 36, 37, 38, definitely now, if I go through an extended period where I do not do something that is actively creating muscle in some way, it goes away. I get thinner, everything kind of ... I'm just like, wait a minute, I thought you guys were going to hang out. [crosstalk 00:23:43]. I thought we had a deal here.

Jolene Brighten:

You were like, it's so weird. We're old. I'm like, I know. When did this happen?

Michael Roesslein:

It's so weird. It's so weird.

Jolene Brighten:

So weird. Yeah. I'm going to say this, people I'm going to be really honest here, the other day I was in a bathing suit and it was standing at the ocean ...

PART 2 OF 4 ENDS [00:48:04]

Jolene Brighten:

The other day I was in a bathing suit and I was standing at the ocean. So I go and try to walk if I can on the beach and basically uneven ground and on rocks and things because it's really good for your neurological health. And my husband had taken a photo of me from behind and I had felt like there was cellulite on the back of my legs and I'm not talking about ... So people are like, "Oh, some dimples." I'm talking about these fat ropes across the back of my thighs.

Jolene Brighten:

And I was like, you're doing that girl thing where you're like, "Oh, I've every imperfection." And he took a photo and I was like, "Oh my God, that is what my legs look like." And he's so sweet. He's like, "Well, I love you and dah, dah, dah." I'm like, "I need you to be honest. Did my legs look like that in February?" Because it was the beginning of April that I went, "Did they look like that?" And he's like, "No, they didn't. But I don't want you to feel bad because you've had COVID." I'm like, "No, I've been having this feeling like something is wrong with my fascia, the way my feet will hurt the way things hurt." And laying there for so long and so I had totally forgotten I had this thing called a FasciaBlaster and [crosstalk 00:49:14].

Michael Roesslein:

Sucks, no, it's great. But it sucks.

Jolene Brighten:

But I bought it's so good for back massage and stuff. So I bought it [crosstalk 00:49:21]. It does. This was just last week, no, this was just a couple of days ago because I had to take last night off because I was bruised. So the first night that I got in there and I just really worked my cats, I worked everything, I found so many trigger points but I slept after that for like 13 hours and I slept so hard that my husband he had to put his finger under my nose because he was like, "You didn't look like you were breathing. And it was like at hour 11 and I was like, "Oh my God, did she die?" He's like, "I was panicked that you were dead because you were so under."

Jolene Brighten:

And then I did the same thing the second night, slept really, really deep again. I wish my Oura ring was working because I really want to see this. But it's been very interesting to me that I'm like, "I'm just trying this out, this is like twice, so can I make a claim?" I can't make any kind of claim, but to think about moving your lymph. So yes, dry skin brushing, but there might be something too that I'm like, there's something too, the way my body has changed. Yes. I'm I'm just laying there, but the fascia, so you guys there's like, you can gain weight and you can lose muscle and stuff, but to have these like pockets of the way that the fascia is stretched, I just found to be so bizarre because I had been laying in bed and stretching and trying to do stuff.

Jolene Brighten:

The fascia blasters do suck you guys, there is not a plug for fascia blasters. You can get a cheap one for like \$20. I've actually told my other friends. I'm like, just try it. Just go try it. Because with COVID, so there's like COVID toe. I didn't have that issue but lots and lots of pain to where ... I think some of us can remember back to having groin pains as a kid and you kick around, even though you know that's not going to help and you're kicking and you're crying. I have a seven year old, so I go, I definitely have seen this. And that's what it was like. It was like, my legs hurt so bad. The shooting pains, that feeling like somebody just grabbed my thigh and was twisting it, these sensations that were just so bizarre. And so that's just a new thing. I stumbled upon that. I'm like, "Huh, I wonder if there's something to that."

Michael Roesslein:

Like bodywork, fascial work, massage lift-

Jolene Brighten:

But we're not getting touched, right?

Michael Roesslein:

Yeah, yeah.

Jolene Brighten:

Nobody wants to touch a COVID patient.

Michael Roesslein:

Yeah. No, nobody wants to touch anyone. Let alone a COVID patient. Like it's, yeah. That's interesting. So you're making it, it sounds like a book. It needs to be written.

Jolene Brighten:

Everyone keeps saying that. And that's like, when my kid went through pandas and it was like, "Can I just stop the hormones guys?" I don't know. Maybe I'm-

Michael Roesslein:

Maybe you're getting other things shoved in front of you.

Jolene Brighten:

Yeah. Something. I will say though so I homeschool, my son and we were watching, I think it's like on Disney Plus we find educational stuff to integrate in. And just last night we were watching or yesterday we were watching something and it was like, they presented this study about oxytocin levels. I'm actually wearing oxytocin right here guys because I'm a nerd. An oxytocin helps combat stress hormones, it's about human connection. A lot of us are missing out on it. They presented this study where they measured dogs and they measured humans and gazing into each other's eyes. So hugs for 20 seconds can do this orgasm, yes, having a baby breastfeeding. But looking into your dog's eyes and staring in their eyes and I think it was 20 seconds with that actually elevated and it elevated the dogs oxytocin. They were like, "Whoa, that really went up." Then for humans, it was like 300 times the amount went up and that's just gazing in your dog's eyes.

Michael Roesslein:

So dogs are medicine, medical [crosstalk 00:53:15].

Jolene Brighten:

Dogs are medicine. But it's something ... So we have a six pound Chihuahua and I've always had pit bulls so this has been an adjustment to me, but he is actually an emotional support dog for our son who was having terrible anxiety because of his condition. And the dog when I was sick, would not leave. The dog stopped eating, stopped drinking, would not go out to the bathroom and my husband was also scared. He's like, "What's wrong with the dog?" The dog would not leave my side. The dog, it's only been in the last couple of weeks that the dog will not follow me everywhere. And when in the last or in the initial first couple of months, the dog would actually follow me to the bathroom, watch me. And I was like, "Dude, give me some privacy here."

Jolene Brighten:

And then if I got up and I was like, washing my hands, doing anything else, he would nip at my feet and push me back to the bed. And we just looked at this of like, "Wow." This dog is trained to be emotional support and to help with anxiety and yet here he is my little six pound shepherd pushing me around, just wouldn't leave me, would be like, yeah, I'd be sleeping. Because I would sleep like 18 hours some nights and there's pictures of the dog just right there, next to me. So yes, dogs are medicine and they'll also have your back. I don't know if this happens with cats. If you're a cat person, good luck [inaudible 00:54:55].

Michael Roesslein:

In my experience. No, but I'm very biased.

Jolene Brighten:

I just know some people are like, "Oh yeah, my cat is like more like a dog." And some people are like, "If I stare at my cat, my cat will jump at me." So that's why I'm like good luck, if you-

Michael Roesslein:

I don't stare at cats, cats are frightening to me. I don't stare at cats. We have one, we have an acceptance of each other at this point. It was Mira's cat when we moved in.

Jolene Brighten:

Yeah.

Michael Roesslein:

So there was an adjustment where I got his step for six months and I don't stare at the cat. The dogs are great for that medicine thing. So how long has it been since you ... Because I talked to you like a month ago and you were still occasionally on, off oxygen. Now you're having days where you're doing stuff and days where you still need to rest, but how long has it been since you've used oxygen?

Jolene Brighten:

Yesterday?

Michael Roesslein:

Oh really?

Jolene Brighten:

Yeah.

Michael Roesslein:

So on the crap days, you're still on the oxygen.

Jolene Brighten:

So I still like I'll notice. So I start to get brain fog. The other thing is we've identified, this is why your partners are so helpful. I get really irritable, really, really irritable and really, really short. And we're like I'm like, "Is it my hormones? Am I just sick of people? I'm I having a bad day?" We finally have identified, that's actually the first sign of air hunger that my body is wanting oxygen. And if I get on oxygen, I calm down. So I go into this fight or flight and I am like, "Oh," but I haven't identified yet until like, I will start trying to talk. And then I'm like, "Why can't I talk?" And then I'm like, "Oh, that's what's going on."

Jolene Brighten:

The other thing too is that I am trying to lift weights, like as heavy as I can lift with low repetition. And then I will immediately get on oxygen and be taking my antioxidants and all the mitochondria support to try to stimulate my body, plus branched-chain amino acids. So leucine, isoleucine, and valine will actually help. They will be stored as energy within your muscles and they can help stimulate muscle growth. So I am doing that, but yeah, it is something that I don't have to sleep with it anymore. So I did have to sleep with it for about two and a half months. That gets [crosstalk 00:57:18].

Michael Roesslein:

Yeah, I would get sick of it after like two days, probably

Jolene Brighten:

The chafing behind your ears is just the worst. And then it is something though that if we know, so we ... On Sunday, I was just like, "please, please, please just take me to the beach, please take me." And my husband's like, "I don't know, you haven't seemed like you're doing well." And I'm like, "I just don't care."

Jolene Brighten:

I keep coming back to this place of like, "If I'm going to die or if this is as good as it gets, I want to live. Like I want to live." And so he took me to the beach. It's really great because he can drive up and I barely have to walk and I snorkeled, which we're like, you're snorkeling. It's so good. I'm like, I'm laying there on my belly guys. I saw three octopi though so that was very-

Michael Roesslein:

Yeah I saw that, [crosstalk 00:10:07]. Awesome.

Jolene Brighten:

I feel like nature. One of them came out and totally fanned and I was just watching it and I was like, okay, I feel like nature is being like "Girl, you're going to be okay." Maybe, maybe not. I got to believe what I got to believe right now.

Michael Roesslein:

It's rare to see them too. The first time I ever went scuba diving, the first thing I saw was an octopus that was like camouflaged into a coral and the guy was like pointing at this coral and I'm like, "Okay, it's coral, whatever dude." And he kept pointing and kept pointing and I'm like, "All right man, I'm going to go over there now, whatever" And he pointed one more time and then the octopus shot up off the coral, changed colors, blended in with the water blended in with the next thing it went to like real time. And I didn't know they did that. So I'm like, "This is an alien, this thing's an alien." And then we got out. My friend who had brought me goes scuba diving a lot and he said he never sees them and probably because they're magic and invisible. So, that's really cool, to see three is nuts.

Jolene Brighten:

That's what happens when you're just still, and all you can do is lay there, right?

Michael Roesslein:

That's true. They were probably not threatened by you.

Jolene Brighten:

Yeah. They were just like, "Oh, her, she can't catch us. What is she going to do?" Yeah. We did go [inaudible 00:59:17] and we laid there and but yeah, when I came home, I needed to be back on oxygen and I also, I call it my pre-gaming. Hey, remember when we were twenties in college, when you pre-game you'd like drink before you go out. Now I like, have oxygen. [crosstalk 00:59:30].

Jolene Brighten:

But now I'll put myself on oxygen therapy for like a good hour and then I can get out of house for a couple of hours. And so people know I'm still not going to stores, and still not ... I did try to go to a store. Well, I did actually make it in with my husband and I ended up sitting on the floor crying because I was wearing a mask and I just could not breathe. And that was one, it's humid, we're talking 80, 90% humidity. Two, I have COVID, post COVID syndrome now as it's being called and three, I'm wearing a mask in a store and I'm trying to seem normal and not cough because I didn't develop a cough until a couple months in and-

Michael Roesslein:

Coughing in public now people give you the stink eye.

Jolene Brighten:

Yeah. Well, you can be escorted out, I don't blame them. Like don't blame them. But like-

Michael Roesslein:

I sneezed at the airport the other day and everyone's sitting by the terminal was like staring at me [crosstalk 01:00:35].

Jolene Brighten:

But it just became it is something that I talk about that cautiously because there's a lot of people using a lot of excuses to not wear masks right now. Like being like, "Oh I have asthma." I'm like, then you should definitely be wearing a mask. And in fact we actually give you mask to wear like these N995s when there is a forest fire there's air pollution, we actually [crosstalk 01:00:58].

Michael Roesslein:

Yeah. For sure in the Bay, everyone has them.

Jolene Brighten:

Yeah. We'll we will give an asthmatic these masks and so it's like the excuses that people are coming with now, I'm like, "No, but see like you're actually the person like OFC OPD." I'm like, "Then yeah, you actually, something gets in your lungs, you can't clear that." And so people know COPD is a condition like emphysema. Yes, it can be associate smoking, it can be that you worked in a coal mine. Like there's a lot of things that it could be from, but your lungs are ineffective at doing their job. And if you cannot expire and push things out, then things settle in and that's why those people get lots of infections.

Jolene Brighten:

I have my friend in Canada, we were talking before I got sick and her son has cerebral palsy and they already said, "Your son won't be on it, his is a do not resuscitate." Because he is so severe. So you guys, this may seem like really, to me and her, this is horrible. From a medical perspective, we're both doctors, we understand because he gets severe chronic infections every season, they have to be aspirated. There's all of these things. And why his do not resuscitate is that they're like, if he gets that bad as a child, that he dies, bringing him back for what, like what can we actually do for him? So there are people who do have really serious ... There are medical conditions where people can't wear masks and that's more of the reality, they just get really cautious.

Jolene Brighten:

I actually put up on my personal Facebook posts about my experience with wearing a mask. I actually showed my pole socks and this was six weeks from having been in the hospital and showed that if you see me take it off and I'm gasping and then I put it back on, this is what's going on. People immediately grabbed that and were like, "See, master Baton did it." I was like, "I have to just take this down because you're missing the point. That's not what I'm saying here. I'm just saying that some people can't wear masks and function in the same way." And I'm like, "Okay, that's the medical minority and people are just, they're abusing it. They're abusing it like it's a handicap or one of the blue placards." I don't think we're supposed to say handicap anymore, that came out of my mouth. I'm sorry guys.

Michael Roesslein:

They still say the word on it, but it's-

Jolene Brighten:

Yeah. Okay. I'm like, it's one of those things that I try to check myself on because we grew up in the 80s and 90s and there's all kinds of things that were-

Michael Roesslein:

All kinds of, yeah ... Totally unrelated, ten second plug there. You watch a lot of TV. There's documentary on Netflix right now. You mentioned you've been Netflixing pretty hard. It's called Crip Camp and it's a documentary about the disabled rights movement in the 60s and 70s and where it spawned out of this summer camp for people with disabilities in upstate New York and [Mira's 01:03:57] in the 60s or 70s was the primary caretaker for one of the people that was like one of the leading activists of it. So she's like, "Oh, my old friend made this movie and now they're all like pretty old and it's like a retrospective." Super cool, it's like two hours long. You would love it.

Michael Roesslein:

And anybody watching this would love it. And it teaches you a ton about what we take for granted and we're not disabled, but people who are now, we don't know what it was 40 years ago, what they take for granted of like having access to and being able to do. And it shows you the people who were responsible for that and what they went through to do it. It's super cool. Anyways, totally unrelated-

Jolene Brighten:

Oh, no, but I think that's an important conversation in terms of privilege and recognizing what a privilege it is for me to have an able body, to not been able to actually function and to have that perspective. I was like, I couldn't breathe, I couldn't walk, I couldn't function, I couldn't do anything on my own. Like I was talking to a friend about it last night and his mom has just got diagnosed and he's like, "What's this going to look like?" I mean, she may not be able to do anything on her own. Like I could not have survived if I had to cook myself food, it just wouldn't have happened. But that's something going through this experience of how much gratitude you have for a body that functions as it was designed to function-

Michael Roesslein:

Yeah, it's really perspective inducing [crosstalk 01:05:20]. There's been times where Mira is incapable of taking care of anything or doing anything or getting out of bed and she's in tons of pain and it really puts a lot of things. It turns up the compassion meter for what you see in others and you'll see ... I worked in the service industry for a long time, so there were times where disabled people would come in and they weren't the most pleasant people sometimes to deal with. They'd be more ornery, more grouchy, more cabby, shorter to snap at you. And things like this and I was always like, "Oh man, those disabled people are mean." Or like, "Why are they so grouchy or whatever?" And like, shit, now I get it. Now I get it every time now I get it.

Michael Roesslein:

And they don't have to be disabled just when someone's having like a grouchy, crappy day and you run into them somewhere, I know what it feels like to be in that state and then say something to someone and walk away and be like, "Man, that wasn't me, I shouldn't have said that." Or whatever, but because it keeps you in this perpetual state of like frustration and fear, I guess too, but fear can express as rage or whatever, but it's a powerful experience. It wasn't me that went through it, it's her but as the caretaker, I'm sure me and Bryce could have conversations about this. And it's a humbling and that's a whole nother role too because now a lot of people are learning about what it's like to be a caretaker.

Michael Roesslein:

And when I worked with clients, I got a lot of clients who were caretakers of some sort and they were all sick. And I was like, "Why are these people all sick?" And it's exhausting and you're worried about your

own stuff. You're worried about them. You're trying to keep track of like 27 million things at one time. I manage all of this stuff you labeled that you were doing and taking and getting and whatever. Like I'm kind of in charge of that to make sure those things are all there when they need to be and, yeah but it teaches a lot.

Jolene Brighten:

No, it was a full time job there for a while for my husband to take care of me. Plus we have a child plus we're in a pandemic. It's not like we could get childcare or a house cleaner or anyone else to come help out. There was a time where he was like, "I'm so glad you can't see the kitchen." And I'm like, "Why?" And he's like, "There's a reason why we're eating out of Tupperware right now." And I was like, "I don't even care."

Michael Roesslein:

Yeah, as a type A that's that's the last thing you want to know about your kitchen.

Jolene Brighten:

Yeah. But it sounds like, you know what, I just don't even care right now. This is about survival and that's a lot of, "I wish that as humans and as myself, firstly, that it didn't take tragedy to learn what to be grateful for, to learn what to prioritize. We went through this with my son. We did priorities. I'm going through this now with myself. And my assistant actually said to me, this was about a month ago and she actually had COVID before I did. It started with the same thing. She had my mastitis and she was treated for mastitis. That's what they thought it was. And then it became the lung issues and we were like, well, this is so bizarre how it progressed for both of us. And we're like on opposite sides of the country, just so people know, people were like, "Oh, you got it from your assistant."

Jolene Brighten:

I was like, "No, she's virtual." But she said to me "We're going to get you back to normal soon. We'll get you back to normal with your schedule, just say when, and I'll get it." And I was like, "We're not going back to that." That actually wasn't compatible. I was working and homeschooling and doing all these things and it was and at the time, it didn't feel like a huge amount of stress, but now as I look back I'm like, it wasn't necessary, that's for sure I could have spent more quality time doing other things. And so having gone through this experience, I told her that we'll never be normal again. I'm not going back to that. I will not be doing four to 10 sometimes interviews a week.

Jolene Brighten:

We're not doing that. There's actually been quite a few of reporters and magazines and whatnot that have reached out to me when I was sick and they wanted to cover my story and my assistant's like, "This is a really big publication and this would be really awesome." And I was like, "I don't care. I just don't care." I'm like, I had never gotten into educating the public because I ever wanted to be famous and yes, it's always a great opportunity to get in a publication for you to reach more people and to be able to educate but it was just something that like-

Michael Roesslein:

You were just waiting for this blockbuster interview, really. I mean, who's NBC, you were waiting for this one [crosstalk 00:22:03]. Yeah, whatever.

Jolene Brighten:

Yeah. But it was just one of those things where I was like, I mean, she said, she's like, "I'm so proud of you because it doesn't matter. You're right." I'm like, it doesn't matter. And when my son had gotten sick and came up with what I call my litmus test for things that I do and don't do, and it's like on my death bed, on my death bed while I look back and be so glad that I did this thing and when I could have been with my son on my death bed, will he be proud of this? And if the answer is not what I want to be thinking about on my death bed, nope.

Jolene Brighten:

And so having been on my death bed has made it to where I'm like, yeah, no don't care. And there are things that I've turned down where people ... I just had this thing recently where people were like, "Don't, you know who this person is and they're so famous and all this stuff." And I'm like, "It won't matter on my death bed, it won't matter." And if it doesn't serve and it doesn't help change women's medicine and if it doesn't enrich my life and the life of other people, it's just energy expenditure at this point.

Michael Roesslein:

Yeah. And then having that experience helps your barometer of that too or your, I don't know the right word, but your ability to discern what is important and what isn't, that kind of sticks because you can remember how you thought then and what things would seem important then and which wouldn't. And what's shocking when you go through something like that is how little things actually matched the criteria. And then you're just like, wow, I do so much shit that doesn't matter. I worry about it so much and I stress about it so much and I bust my ass to do it and I missed doing these other things that I wish I was doing. And it's like, how do we rearrange this to have more of that and less of this and still function? Like still be able to ... Because I mean, we're trivializing something like, you have to pay bills, you have to do stuff. We can't just go sit in the beach and be like this all day unfortunately.

Jolene Brighten:

I wish.

Michael Roesslein:

But...

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Michael Roesslein:

Sit in the beach and be like this all day, unfortunately. But there's unnecessary things that a lot of people could look at and be like, "I don't need to do that for 90 minutes a day. I don't need to do this or whatever." So, it's a good perspective, so.

Jolene Brighten:

Yeah. There's people right now being like, "Why does she watch so much Netflix?" That's literally all I could do and I was so bored. I was like, I was reading research studies in between that.

Michael Roesslein:

Yeah. But there's only so much of that you can do. And plus, reading research studies with neurological symptoms and trying to go through brain fog. I hate reading. I have a master's in exercise physiology and that type of stuff. I had to read enough of that, that when I got out of that, I was like, "I don't ever want to see anything written in this format ever again." Even now when I open a journal article and it has the abstract and all this stuff, there's this sinking feeling in my body. Like, "Don't read this, read somebody else's summary of it. Just run away." There's a thing of it. And to do that on, I can't focus right now, I'm going to read this thing. So, I definitely have no judgment. Doing that on full brain capacity for me is challenging. So, if I had neurological symptoms, I would be staring at shows and movies and brainless things.

Jolene Brighten:

Yeah. It is also like I have to... I mean, that was the other thing, is that people who know me and my husband knows me as I have a whole lot... So, I just now have a TV as an adult. I still don't have cable. I've never had... Cable's not a thing. I'm not a TV watcher. I'm usually watching something educational, reading stuff. And I also have a rule that like, "You can't be watching stuff. If the sun's up, you're working, you're doing stuff." And so, not always like, I'm working in my work of like... You're outside playing, you're gardening, you do these things. And I've always had this rule. And he's like, "You are flipping on the TV." It was 11 o'clock in the morning and you're like, "I don't even care. I'm going to watch some Marvel superhero stuff."

Jolene Brighten:

And I'm like, I just really needed to watch these fantasy inspirational... People were sending me TV recommendations. And they were like, "Oh, you need to watch masterpiece theater and all this stuff." And I was like, "Stop trying to be all intellectual with me. I'm going to watch some junk TV, okay?" I didn't watch Tiger King, no, I did not watch that. It's just a little bit too far for me.

Michael Roesslein:

I didn't go there either.

Jolene Brighten:

Yeah. No, I watched one episode and I was like, this is just... I actually grew up in a very, very small town that I'm like, I know these people actually, I grew up with them, I don't like...

Michael Roesslein:

Don't need to watch this. Been there, kept the receipts.

Jolene Brighten:

Totally.

Michael Roesslein:

Well, I know that we've been talking a long time and that this is a lot of energy expenditure, speaking of things that are energy expenditures. So, I'm going to... I think we'll revisit some of this later, but I think I'm going to kind of put a bow on it right now. I don't want to keep you longer. And that was a lot of a lot. And I look forward to re-listening to it and kind of having some pearls. I wasn't taking notes or trying to write down every single thing you did. But you mentioned post-COVID syndrome as a term that now

exists. And I honestly believe that that's going to kind of become its own specialty of medicine, because there's going to be... People are like, "Oh, the death rates are down." One, the death rate, there was over a thousand people that died yesterday.

Jolene Brighten:

It's also not the only metric.

Michael Roesslein:

No, that's... For every person that dies, there's 20 that are hospitalized or whatever. And if somebody is hospitalized, most of those people, they're finding have reoccurring symptoms or have some sort of damage to the lungs or some sort of damage to the brain or some sort of something, the clotting, we don't know, there's so much we don't know. And it presents so differently and so randomly, and we don't know how long, because it's only been a few months. So, we don't know... In nine months, will all that stuff be gone for everyone? Will it not? In three years, will all that stuff be gone for everyone, or will it not? Or cumulatively, by that point, how many people will have the same thing? So, the infection rate and the hospitalization rate, less people are dying. And it's like, yeah, less people are dying. And a thousand people a day are dying, which is a significant amount of people. But for every thousand person that dies, there's 20,000 that have this and 20,000 plus 20,000 plus 20,000 plus 20,000 for a ton of days is a lot. That's a lot of people and...

Jolene Brighten:

We're not set up in the United States for this. We are not set up to take care of our citizens.

Michael Roesslein:

We fail miserably at chronic disease management, autism.

Jolene Brighten:

It's also what happens to a workforce, right? Here I am, and I want everyone to know that I recognize very much the privilege I have to actually recover. Okay, this is something that being at home and being able to recover and having a team in place who can carry the torch for me. And part of that is because I have produced so much content for so many years, that my team is like, "We can just repurpose, recycle, we can keep things going." Not everybody has that. And I think about the single parents, how do they do this? How do they do this? You can't even, I can't... If I was a single parent, I can't even go to the store with my son, it's not legal, let alone, I wouldn't be able to manage it. I wouldn't be able to do it.

Jolene Brighten:

But in its entirety, the United States is not set up to take care of its citizens. If we lose our workforce, if people are no longer... This is a disability, okay? Right now, it's a disability. Is it a temporary disability? It's looking that way for me. However, look at how I'm eating. I have access to food. I know how to grow my own food. Not everybody has that. I have access to supplements. Not everybody can afford that. I want people to really understand this. That so much of what I shared, my knowledge as a provider is not privilege. I paid for that, okay? I paid for that as a doctor, but my access to everything that I have in healing is a privilege.

Jolene Brighten:

And yes, you can argue I earned that privilege by going to school and studying hard and all that. Yes, and there are countries where this is not a privilege. It is universal for everyone. And that is just really, really important, because as I say here, and I have been the... I've been the exception to the rule that health and wellness has tried to put out there, of like, "Healthy people don't get sick."

Jolene Brighten:

But as much as I've been that, I've also been the exception in the post-COVID healing. And I got into this COVID survivors Facebook group. I was really resistant to it, because I find in groups like that, they tend to harp on negative and it can be bad.

Michael Roesslein:

It can be a train wreck of a place.

Jolene Brighten:

It was so helpful for me to know I'm not crazy. Everybody is having these similar symptoms, and to see that we're all in a similar trajectory. I mean, there's people that I'm a little bit, I'm like, "I'm doing better than you." And we're at the same place. And I recognize the privilege that I have the access to things that I have. And this is so important for me to frame that to you, because don't walk away from this being like, "At month four, she was fine." If I couldn't afford the CoQ10 that I can afford, would that be a possibility? I will also say too, because I'm a provider, I get wholesale access to things. So, let me say that. If I didn't have a license and I couldn't buy it at wholesale, I actually couldn't afford some of this.

Michael Roesslein:

We're in the same boat with what we've done with Mira. My access to it has enabled us to do it.

Jolene Brighten:

And so, I just really think it's important for people to understand that. Don't walk away from this thinking, "Well, she was fine at four months." Not everybody could rest like I've rested. Not everybody has a spouse that can take care of them. Not everyone has access to food, to supplements, can afford these things. Not everyone still has health insurance right now.

Michael Roesslein:

A lot of people.

Jolene Brighten:

You know, I got tested. So, I had... A couple of weeks ago, I actually had a fever of 101 to 102. It lasted three days. I talked to my doctor. They said, "You have to get retested." My blood shows signs of infection, but it does not show signs of COVID. So, I came back negative for COVID. So, I mean, that's... I didn't want to get tested, but good data to have.

Jolene Brighten:

Within two hours, I'm like, "I'm going to check in with my doctor. I have results." That is me in Puerto Rico. My friend in Philadelphia, 48 hours still can't get a COVID test. Finally, three days, 72 hours, finally finds one, because she's having all these symptoms. Finally finds one and they tell her it's going to be 12 plus days before she has results. That's another privilege, is that I had, I could access the test and I could

know what was going on. And actually, did it change so much in terms of treatment? Well, you know, because there's people arguing it. Well, in some ways, it didn't, but we had to rule out. So, it is dangerous to make assumptions in medicine. We had to rule out a clot in my lungs. We had to rule out that I didn't have pneumonia or the flu or something else going on. We had to rule out these other things so that I wasn't treating a guess, and missing something big and scary that I could have died from.

Jolene Brighten:

So, I think it's just really important for people to reflect that there are things very unique about my story that will not apply to everyone. Do all these people have a nutrition degree and understand that eating bell peppers, give me all the bell peppers. Those are higher in vitamin C than drinking orange juice, and that's going to be more beneficial. Oh, make sure you vary my fibers that you're giving me. Yay for Puerto Rico, they got all these weird root vegetables.

Michael Roesslein:

Yeah, all kinds of them, yeah.

Jolene Brighten:

And I'm like, give me different fibers so I can feed my microbiota, so I can keep them happy. Not everybody knows to do that, or even has access to those things. So, you know, if you guys leave this interview and you set off to like, "Well, it's only four months." Maybe, maybe not. I'm in my thirties. I know what I know. I've lived the life that I have. I have access to things other people don't. I mean, I even have access to oxygen my insurance company will cover. And I thought about giving up my oxygen machine and my doctor was like, "If you need it, you need to use it until you don't." And there's no shortage of this right now. Because I was like, "Maybe I'm holding this out." And they're like, "There's no shortage of this. That's not an issue. Just keep it and you need to use it." So, I hope that's helpful too, because I don't want people-

Michael Roesslein:

Yeah, yeah, no, that's huge. I try to preface that when I think of it too. Because I've done a lot of videos where I talk about what we've done with Mira. And it's this treatment, this therapy, this thing, this vitamins, this supplement, this protocol, this thing, this doctor, this whatever. And then one day in my head, I was like, "Man, it's a lot of stuff." And I do get wholesale pricing. I do get practitioner pricing. I do have friends who are do this thing or do that thing or do this thing. And so, the overall financial cost of everything that we do is probably about half.

Jolene Brighten:

Yeah.

Michael Roesslein:

And it's expensive at half and time consuming and all these things. And we have the ability to be like, "Oh well, neither of us are going to work for the next three days. We're going to go do this thing." And that too. And we work from home and I don't have to go away and I can take... Yeah, that aspect of it can leave people, I think, if that's not prefaced or talked about, it can leave people walking away from something like this being like, "Well, man, those people are lucky. I suck." You know?

Jolene Brighten:

Yeah. Well, and I think-

Michael Roesslein:

Or resentful or...

Jolene Brighten:

Yeah. And another thing, I mean, we are really fortunate to have access to what we do have access to. Eight grams of fish oil a day is expensive.

Michael Roesslein:

So is the vitamin C dose you were talking about, and vitamin C is super cheap, but that's a bottle of vitamin C.

Jolene Brighten:

Well, until the FDA did a little raid and jacked up the prices.

Michael Roesslein:

Well, yeah, yeah. The IV stuff costs a lot, but the vitamin C relative to a high quality fish oil grant program is going to cost a fraction. But 30 grams of it in a day, that's literally a month's worth of vitamin C for someone who just takes vitamin C.

Jolene Brighten:

Yeah. The other thing I'll say too about this genetic susceptibility and it's a question I've had for a bit, because my family, we all have the same blood type. I'm the only one that got sick. I don't have tonsils. They do. I lost my tonsils in my early twenties. So perhaps that has something to do with it. But the thing is, is that I love my husband, but his genetics all are concentrated in Europe. And he is about as white as they come. And I love him. I am not. And that's the other thing that we've looked at, is in talking with my friends in Texas, California, Oklahoma, we are seeing, and nobody wants to talk about this, because the fear is that if you talk about how black, Hispanic, and native Americans are being disproportionately impacted by this virus-

Michael Roesslein:

Five to one.

Jolene Brighten:

And it's going to become something where other people just don't care, it's not us, or they're going to be shamed for these things. So, I actually messaged a friend of mine. I was like, I want to... Her husband is an ER doctor in Texas. I'm like, you're seeing this more in Mexicans. You're seeing this more in blacks. So tell me, with Mexicans, so generations, there's multi-generation households. So, if you guys don't know, I grew up in a Mexican food restaurant, in the back of my grandma's restaurant. We eat some good food. We also have all these sweet breads. They're not the best thing sometimes. And yet, I'm like, is it the food? Is it diet? Is it lifestyle? Is it the multi-generational? And they're saying yes, and there's something more to it. Well, I'm looking at this of like, well, what's different between me and my husband? So, yeah, we've got the tonsils, possibly different microbiota. Although, we are all up in each other's space.

Jolene Brighten:

But with that, I'm like, I am Mexican. I am native American. That is... So, my white side of the family is native American. There's a whole tribe in Oklahoma. And then there's my mom's side of the family, which comes from Mexico and I'm like, hold up. Is that my susceptibility? Is it maybe genetic? And there were people that I reached out to who are known for like, they're working with genetics, who had said to me, "No, it's unlikely it's genetic. And at this point it doesn't even matter." And now I'm like, as we see more and more, I'm like, I do not think it's just diet and lifestyle. I do not think we can just blame the individual and shame them for this. There's something else going on. And I think there may be some genetic predisposition to this, and it's just, it's a question.

Jolene Brighten:

Maybe I'll be wrong. How will we know? We ask the question, we do the research and we understand. And so, maybe I'll end up being wrong with it. But we look at how Mexico has responded and locked things down pretty quickly. We've looked what's happened in Brazil, when they didn't lock things down quickly. And so, it just starts to become a question of, okay, what else is going on here? And it'll probably be researched in the next five to 10 years that we look back retrospectively and we're like, wow, look at what happened like in these populations versus these populations, because we know that genetics do matter and environment does play a role with epigenetics, but what else plays a role with epigenetics are infections. So, what genes is it turning on and off?

Michael Roessler:

And there's so much more encoded in genetics than most people think of when they hear genetics too. It's not like I have this gene, so I have this thing. If you have a gene mutation, why do you have it? And now I'm doing a lot of study around intergenerational trauma and epigenetics and genes, and the impact of cultural, societal, systemic racism, and it changes biomarkers of people. Why do they all have high blood pressure? Why do have this? Well, because they live under a constant, terrible threat that someone's going to kill them or that it's unsafe or that everyone hates them or whatever the thing is. To live in that changes your physiology at a really deep level. And it passes it to your children and your children's children. And it's been generations and generations and generations.

Michael Roessler:

And they're starting to find where some of this is actually encoded in the genetic material in mice. They could do it for 12 generations. They traumatized and 12 generations later, the mice are still scared of the thing that they've never seen before. And that's in the genes, that's in the genetics. So, we don't know shit necessarily about how all of that works, but we're starting to put together that it does happen. That it is a thing. We don't understand how that works or the mechanisms, but that is also a major player there, I think too. Is stuff that is, on that level that's subconscious to a lot of people and a lot of people don't even look at it. And that's a conversation that the people really don't want to have that are turning away from, "Oh, it's not white people dying. Okay. Let's look over here." Those people really don't want to talk about that, because that brings on much heavier conversations then. And it's strange that those are the same people, but anyways.

Jolene Brighten:

It is.

Michael Roesslein:

It is really weird that the COVID is fake people is the same people that don't want to have those conversations or don't want to acknowledge any of those things going on. And it's a weird overlap of a Venn diagram where it's just a circle. It's not even an overlap. It's two circles that are on top of each other. Anyways, that's another show.

Jolene Brighten:

Yeah, right?

Michael Roesslein:

We'll have another talk about that one. But...

Jolene Brighten:

People are going to be Googling.

Michael Roesslein:

I'm going to rudely cut you off here now. And I really appreciate it, for being so open and sharing so much and it's really useful. And I hope that if there's people out there that are going through a similar trajectory, that the more they hear this and see these stories and can connect with someone on a level of I'm not crazy. And this is really a thing and she's a doctor and she did all these things and it's still... Because there's a guilt shame sickness, a sick shame that we do in this culture too. And you're not doing anything wrong, you didn't do anything wrong. You didn't deserve this thing.

Michael Roesslein:

And it's not something that you did. And you took all the precautions. You didn't go to the places, you wore the things, somebody else did it, you were locked in a house, take all the things. And so, it is an inconvenient story for some people. And I've watched it too. I've seen reactions and comments and things where I'm just like, "Man, you are making us all look really crazy and bad right now. So please stop it." And so, it needs to be shared.

Jolene Brighten:

I wouldn't say... For people who are wanting to kind of see, I haven't been so good about... I haven't documented everything every single day. And so, you're not going to see this perfect timeline, but on my Instagram highlights, I have health update number one, that's when I go to the hospital, to health update number two, which is where I'm at now. And you know, I wish... In retrospect, I wish I had been doing a vlog every single day of where I was at. I told my husband, "We missed an opportunity." He's like, "You were dying. You can forgive yourself for not like realizing that that was going on." And I will say, it was a joke in my company, because everybody was like, "Oh my God, are you dying?" And when I had an ovulatory cycle and that was, that was about, that week three of this whole ordeal that I realized, I honestly, I had ovulated. If you're going to die, you don't ovulate. And that was the thing where I was like, "Yay!"

Jolene Brighten:

And what's really interesting is not... For people who are cycling, I noticed that when I feel the best and when things are the best or actually around ovulation, which is when testosterone rises and estrogen and estrogen can be an inflammatory, it's a key player in the immune system. What is very interesting is that testosterone is often overlooked in women. It is a huge modulator of inflammation. It's why it can be problematic when you're on birth control or why telling women, "you don't need testosterone" is wrong. It interacts with the interleukins, which are the cytokines, the chemical messengers of the immune system, with inflammation and immune system function, which is something that... Also, what's different between me and my husband. He definitely has more testosterone normally. I mean, at least he should, right? So, that's been something too. So, if you do have COVID or you know someone who does, track your symptoms with your menstrual cycle to see what is going on with her. I would just be curious what other people have to say about it.

Michael Roesslein:

Cool. Well, do that, comment below. Yeah. We're going to talk for four hours. So, I'll let you know when we get this up and posted. If anybody has similar stories or things they want to share, just comment below. I'll talk to your team too and find out any links that you want me to throw below, anything we might've talked about or anything we want to point people towards that would be easy for them to find. We're going to get a transcribed. We'll throw that below and then I'll let you know when it's rolling and thank you so much. And it's... Hoping that the days with the oxygen become less and less and you need to pregame not as much going forward. And we'll come visit.

Jolene Brighten:

I'll get there. I'll get there.

Michael Roesslein:

Puerto Rico once you're better and things get less weird.

Jolene Brighten:

That might be never.

Michael Roesslein:

It might be never, but that's fine. So, cool. Thank you so much.

Jolene Brighten:

Thank you so much. Bye.

PART 4 OF 4 ENDS [01:34:26]