



## **The Healing Power of Community**

**Guest: James Maskell**

**Alex Howard** Welcome everyone to this session where I'm really happy to be talking with James Maskell. Firstly, James, welcome.

**James Maskell** Hey, thanks for having me, Alex.

**Alex Howard** My pleasure. I think this is a really important topic that we're going to be getting into. We're going to be talking about the importance and the power of community and groups in supporting people's transformational and healing processes.

And just to give people a bit of James's background: on a mission to flatten the curve of health care costs, James Maskell has spent the past decade innovating at the cross section of functional medicine and community. To that end, he created the Functional Forum, the world's largest integrative medicine conference, with record setting participation online and growing physician communities around the world.

His organization and the bestselling book of the same name, *Evolution of Medicine*, prepares health professionals for this new era of personalized participatory medicine. His new project, Find Functional, makes functional medicine affordable and accessible for all.

He is an in-demand speaker and impresario being featured on TED Med, HuffPost Live and Ted X, as well as lecturing internationally. His latest book is *The Community Cure*, and he lives in Sacramento, California, with his wife and daughter. It's also his daughter's birthday today on the time of recording, so thank you James for making time. Appreciate it.

**James Maskell** Great to be here with you, Alex. Thank you.

**Alex Howard** So in your new book, which I was reading through earlier and I think it's a really important contribution to, often a missed piece, in terms of people's healing paths. You talk about this concept of the loneliness epidemic and that can have an enormous impact on people's health and well-being, and indeed on trauma. Can you say a little bit about what you mean by that?

**James Maskell** Yeah, this sort of came to me because I saw two gaping holes all of a sudden, one in the functional medicine world that I've been part of for 10 years. We think of ourselves as the root cause practitioners, if you ask people what is functional medicine? It is the root cause, the root cause doctors, or the root cause concept. And also that functional medicine was sort of elitist, was not really available to everyone because it was paid for in cash and not everyone could afford it.

And I was sitting in a lecture when I started to understand that loneliness was the biggest driver of all-cause mortality, like the biggest root cause. And yet here was functional medicine, doing it one on one and not really doing it the same as conventional medicine, and not really dealing with the root cause of the root cause.

And as I got into that, I started to research it and understand it. And I saw, yeah, loneliness, social isolation that leads to loneliness. You could be isolated and not lonely if you accept your isolation. But ultimately for many reasons to do with popular - the way that culture is today, it's very easy to be lonely, especially in times when everyone's locked down in their homes. Like, loneliness is at an all time high and it leads to all kinds of physiological changes in the body, it affects your immune system, it affects the stress response, all of these things that drive pathology. And so I just became super interested in that, really trying to understand, what is it about community that is super important? How did community disappear over the last 400, but really 100 years, and the acceleration to a point where now we're all helplessly independent. Where we don't know our neighbors, but we're sort of dependent on workers three countries away to send us stuff, and that just got me really interested in this topic.

And at the same time, what I started to see is that those practitioners in functional medicine that started doing functional medicine in groups - to really thinking that if, what if we were to re-establish community? What if we were to bring people together and create a container for people not only to build new friendships with people who had a similar life situation to them but also now create a container for actually doing the healthy behaviors that everyone knows they have to do to maintain good health over a lifetime.

There was sort of like this magic recipe that was making functional medicine affordable, accessible and all these things. And I don't know why it was that much of a surprise, honestly, given that we've known with alcoholics for 80 years, we've known that alcoholics need accountability and support, not drugs and doctors. I guess the moment of clarity that I had was that lifestyle driven chronic disease is a lot more similar to alcoholism than it is to trauma. When I say trauma, I mean like getting hit by a car or, then an infection. And so we should be treating it in a trauma informed way.

**Alex Howard** And I think it's also particularly interesting if you think about the term of loneliness. I think a lot of people would say, I'm not lonely, I'm constantly connected to the whole world the whole time. They feel overstimulated by their connections. But of course, we can be getting endless emails and WhatsApp and all the time on social media or whatever and still feel lonely and not ultimately feel connected.

**James Maskell** A hundred percent, Alex, and I think that's such a good point. And there really is a difference between online connection and real in-person connection. And I think that not only is that documented in the scientific literature, but I think you just feel it. You just know it. There's kind of like a body knowing what connection looks like and I think it's possible to maintain real relationships that have been built on something solid in the real world. But it's very difficult to create new relationships, it's not impossible, but it's definitely harder to create new relationships through the digital media.

**Alex Howard** And you mention the healing together in groups and of course, as you mentioned, AA is a really, really good example of that. I was quite struck by, in reading your book earlier, that some of the research around outcomes in pregnancy, and certain areas where one wouldn't necessarily think that there would be a change in terms of actual medical outcome. I thought it was quite striking.

**James Maskell** Yeah. So I mean, as I started getting into the book, the thing that triggered me to write the book was I went to the Cleveland Clinic Center for Functional Medicine. So this is the most exciting functional medicine project on the planet because a big, credible mainstream organization has started to do functional medicine, and it's exciting in and of itself. Last year in October there was a paper in JAMA, the Journal of the American Medical Association validating functional medicine. That data came from the Cleveland Clinic. So this is the moment where functional medicine is being seen to be better than family medicine, than drug based therapy for a range of chronic diseases.

So when I went to the Cleveland Clinic in 2018, I drove there on a bus tour and I showed up with the cameras and I was like, let's see what you guys are doing. So what they do at the Cleveland Clinic, in order to see one of the doctors like Mark Hyman or one of the top functional medicine doctors that work there, you have to go through a 10 week, 2 hour a week group training, run by health coaches, dieticians and physician's assistance. And through that time, through that 10 weeks, you basically learn how to keep yourself healthy. And you don't just learn, you actually do it.

So you learn about meditation, you learn about cooking healthy meals, you learn how to read your own labs, you sort of become self efficacious. And what I heard from interviewing the people who were doing it was that, yes, some people become fast friends with two or three people in the group on the first appointment. Some people it takes till week five and some people by week nine. But by the end of it, this is a really solid community of people who are all interested in reversing their chronic disease together. They have autoimmune disease groups and diabetes groups, all those kind of things. So ultimately, what I started to see was that, okay, this is how they're doing it at the Cleveland Clinic and those results are spectacular. Half the people who go through those groups never need to see the doctor at the end of it because they're just better. And this is not just little things, imagine the kind of people who have been referred to the Cleveland Clinic Center for Functional Medicine. It's basically all people that the rest of the Cleveland Clinic couldn't get better, so these are tough cases.

So that really got me inspired and then I was like, okay, it makes a lot of sense for lifestyle driven chronic disease, right? Because we're all about behavior change, all about understanding the root cause, so that makes sense. And then when I started to look this up and see, okay, what's the biggest group visit happening in medicine today? I came across this thing called centering pregnancy, and that's what you're referring to.

So centering pregnancy, again, like all of all of these groups start as a resource constraint. Someone realizes, hey, I don't have enough time to see 20 pregnant women. All 20 pregnant women, I'm going to see them all for five minutes each this afternoon. Why don't we just put them all in a room together and see what happens for two hours rather than five minutes each 20 times. And guess what? Evolutionarily, pregnant women were never left alone in

their own home, not talking to other elders, other women or otherwise. If you were out of the tribe, that was actually like a death sentence, being in the tribe is where you need to be. And so you have this experience with loneliness today where people are going through pregnancy alone. They don't live in the same house as their parents. They don't have the intergenerational wisdom coming down to them or that's maybe only happening on FaceTime because you don't live where you live, and this is new for society.

And so they started doing centering pregnancy, bringing women who - at the same, they didn't have, pregnancy is not a disease. This is just a stage of life, but by putting these women into a group, they were able to reduce pre-term pregnancy by 35 percent, all across the board, across all the studies, everything, which is a big deal for deaths and outcomes and all those kind of things. And the biggest impacts happen in the states with the worst outcome. In America some states have outcomes similar to the rest of Europe's good maternal outcomes, and some states like Mississippi and South Carolina have atrocious infant mortality rates similar to like sub-Saharan Africa.

And so what this simple thing has done, which is basically to put these women in a group together and have them share, just share with each other their experience, has changed, and has flattened this disparity pretty significantly. And so there's a thing where pregnancy and pre-term birth and those kind things, these are not thought about as chronic diseases, these are acute. But ultimately, you can change the outcome significantly because guess what? People feel a sense of safety in community that reduces the stress response. I think it's to do with the topic of this conference, it's pretty traumatic to be in the birth process alone. And by reducing that trauma, by putting people in a group together and having them to be able to talk through that, choices, talk through what it's like, to hear from other people. Community sends a signal of safety more effectively than any other intervention.

**Alex Howard** And that's a really, really powerful point. I really liked the way you're tying it with a mechanism or part of the mechanism of how it's impacting people. And it's interesting, the organization that I founded, the Opium Health Clinic, which does a lot of work with fatigue related conditions. It's interesting what you were saying around, it's often driven by a constraint. For example, a financial constraint or a time constraint, because about 15 years ago, we started running group workshops, partly because we just couldn't see all the people that wanted to come in in-person. And I remember thinking at the time, my God, no one's going to want to talk about their experience. I remember when I'd had chronic fatigue, I hated the idea of being in a group. And I was really nervous about whether this was going to work. And it was phenomenally effective that people made much more progress, it seemed, in group programs than they would sometimes do one or one. Because of that support and that sense as you said, I'm not going through this alone.

**James Maskell** Well, I want to talk to that specifically, Alex, because I think a lot of people have, this reality is true for almost across the board is that. Most people think they don't want to be in a group until they try it and then they realize it's awesome. So why is that? Where does that come from? And ultimately, what I started to realize is that our early experience of being in community can often be traumatic. Some people don't get on well with their family, a lot of people.

**Alex Howard** Most people.

**James Maskell** Yeah, it's like you think you're all zen-ed out, go and spend a week with your family and see what happens. So that's kind of like a semi traumatic experience from the beginning. Then think about high school and being in the high school locker room, everyone has a traumatic experience, age 13 to 16. I mean, if you coast through those years, you're in a vast minority. And so that's traumatic and then imagine your first job, where you show up and you're the lowest on the totem pole, whatever job you have, that could be traumatic. So no wonder people are like, I don't want to be in any group, I don't need to be in a group. I'm certainly not going to be vulnerable. I'm certainly not going to do that because every time I'd be vulnerable in any of those situations, I get smacked down by whoever is there, the school bully, the abusive father, or my boss.

And so people don't want that and ultimately, what happens is these groups that we're talking about, your group at the Optimum Clinic, the group at the Cleveland Clinic, centering pregnancy, all of these group models. This is not that, this is groups of people with similar, going through similar life experiences who are looking to find a community of people to support them in hitting whatever their goals are. And ultimately, what we found is that.

I'll tell you an amazing story. So in the book, one of the stories I shared is a nurse practitioner that we worked with and a woman came in wanting to get anxiety medications refilled. So, like, okay, here's my script, I need a new script. And they said, hey, we can't fill your script right now. But if you go through this group visit, which is available on insurance, you can come to the stress group visit. Then afterwards we can refill your meds if you still want to do it. And she went ballistic, screaming at everyone, how dare you hold back my meds from me. Screaming at the people on the front desk, screaming at the nurse, screaming at the whole clinic. And then anyway, she goes to the group, cause she's like, okay, whatever, I'll go to the group. Within five minutes, she's bawling her eyes out because guess what, everyone in the group is just like her, she never met anyone like her. No one in her immediate family or in her circle that she'd opened up with is having the same issues. She hears everyone go around the circle and share what they're dealing with, she's bawling, comes out, apologizes to everyone, I'm so sorry. Next time, brings her sister along to the group, and is now a huge advocate for the group.

But it was just one example of where people think they want the meds, but people really want community and want to be heard and they want to feel that they're not - in many of these issues and probably a lot of people listening to this, when you had your issues, you probably felt like no one else had this. I'm having a unique life experience, everyone else is at the pub eating pizza and drinking beer. And if I do that, my life collapses and I can't do it and no one really understands what it's like to be like me. Well, guess what? In these chronic disease reversal clinics, whatever you want to call them, functional medicine, integrative medicine, naturopathy medicine, there are people who are like that and if you can create these groups and start to facilitate these kind of groups, and facilitate them in a way that it's mutually empowering.

We don't wanna sit around and say how much our life sucks. We want to really think about what are our goals here? What do we think we're capable of? And there's one piece in this group thing, Alex, that is absolutely critical for anyone who is dealing with a chronic disease. And it speaks to exactly this point, is that the most important - like, a lot of times the doctor is someone who doesn't resonate with the patient. Because the doctor doesn't know what

it's like to have this thing and the doctor looks fit and healthy, right? And telling you... And you're like, but do you really know what it's like to have ME or MS? You don't know.

And ultimately in this group, if you compare people who are just getting started with people who have made some progress, the value transfer there is sensational. And this has to be a part of the future of medicine, we have to, if you're starting right at the beginning, you have to see someone who's making progress using empowered solutions. Stress reduction, sleep improvements, diet changes, exercise, community, detoxification. If you see people going through that process and they can say, look, I was just like you and I started to do this thing and now look here, these are the symptoms that have cleared up for me. That is missing in medicine and that has to be there, the only way that I've seen to do that is in a group structure.

**Alex Howard** One of things that's come into my mind as you're speaking, I'm thinking of an old friend of mine who I spent many years, funnily enough going on retreats with, being in groups with. But he had been clean 25 years of drugs and alcohol. He used to, I don't if he still does, but for many years he used to still go to AA or NA on a weekly or bi-weekly basis. Not because he was living in any real fear of relapsing after this many years, but he needed that community. There was something about that group of people, there were particular groups that he chose to go to because that certain kind of supportive, positive vibes. Perhaps people that have been on the recovery journey for many more years. But there was something about that plugging in and that community that was just a necessary part of keeping his life steady and stable. And it strikes me that it's not just that we need community in our moments of great crisis. There's also something about community of preventing and maintaining and supporting.

**James Maskell** Absolutely. And I'll just share my own experience here, to be vulnerable with your people to share. I don't consider myself really addicted to anything or I don't really have any health issues. But I what I started to find, like I'm surrounded by women, I have a wife, I have a daughter, I have my two mother in laws, my wife's sister. All of these people.

**Alex Howard** That sounds like my life.

**James Maskell** And so when I moved to Sacramento because the whole family was here, two years ago I needed to find a group of emotionally mature men to process things with which I had. I had friends who I could do that, but I wanted to be in person with people. And so I joined a group called the ManKind Project, locally here and we meet every week, we have our men's group. And that men's group has been the most transformative thing in my life. In the last six months, it's been a change. And it's the biggest thing for me and I would say, this is just huge, is that it's accountability, it's accountability to one's word.

And I just feel like that piece, when I started to see and with all the things that I'm creating in the world. And ultimately what I've started to see is that, do people need a doctor or do they just need accountability? Everyone has this huge list of stuff that is bad for them that they do, that they know they do. And oftentimes when you go to a functional medicine doctor or some new doctor, they'll tell you like, oh, yeah, all that stuff's bad. And by the way, here's 10 other things that are bad that you didn't know about. And so I think that puts

people into this inaction where they just like, oh, my God, I've been a bad boy, I'm doing all of this stuff wrong. There's no way I'm going to get better. I'm just going to throw it all away.

And ultimately my business partner, Gabe Hoffman, this was 10 years of us working together and seeing that, because he was a coach and he was like, look, the first thing we have to do with patients before any new protocol is deal with this list. And get people into some sort of accountability to the person that they want to be. And that can happen through a professional relationship, one on one. It can happen through a group. And for me, I found it through a group.

So this group is free, I pay \$2 a week as a gift because we sit in this church and we give money to the church, but basically it's free, it doesn't cost me anything to do it. I'm with this group of men who, I would say very emotionally mature, have dealt with a lot of stuff in their life and dealing with it. Through the ManKind Project, a lot of times what comes up is adverse childhood events and a whole range of events. It's not just things that are obviously traumatic, like child abuse. I've seen so many men go through processes to discover that something quite simple and quite meaningless, happened to them when they were 5, and it's driven all sorts of behavior over the last few years.

And I could see it for myself, my destructive behaviors were coming as a result of little things that had happened in my childhood that were causing me to do certain things. Through that process I've had an opportunity to think about emotional maturity, to think about what is my shadow, what is my brain going towards? That I'm not conscious of it and really unpack and get into that stuff. And I would say as far as my resilience now as a human, I wasn't ill before, but I would say that my resilience, my ability to withstand threats and pressures and things that come on has transformed dramatically in six months and it was free.

And ultimately, that process, I only started being in that process after I'd already written the book. Because I was like, oh, my God, if I've written this book and I don't have this experience, I'd better go and do it and it just reinforced everything that I thought. And so that was really a moment for me where I was like, okay, this is where we need to be as an organization, as a collective and as humanity, is building this internal resilience. And I would recommend that anyone who's listening needs to find some sort of community to be able to really be honest about their life experience, and to be able to get support from people. Not just any people, but people who have been through what they've been through and come out the other side.

**Alex Howard** I really appreciate you sharing that, I think it's a very powerful example of the power of group. And it also makes me think though, and it relates back to something you said earlier, that not all groups are equal. That many people have had negative or destructive experiences in groups.

And I think about back in the early days of the Optimum Health Clinic, I used to go and talk to a lot of ME, chronic fatigue groups and some of those groups. The glue of the group was complaining about how bad the situation was and how no one was supporting them. And other groups, the glue was, we want to find the most inspirational people to come and talk to us and talk about what we can do proactively to change. There was a great divide and difference between some of those groups. There's something about what brings that group

of people out, the shared intention that brings that group of people together is also very important.

**James Maskell** Absolutely. I think you've hit the nail on the head there. Is the group mutually disempowering or is the group mutually empowering? I mean, I think that's basically the difference, right there. And ultimately whatever issue you have, this couldn't be more clear during Covid, is that there's a lot of people who are sitting around and waiting for a vaccine and ultimately, you can see that if you look at the mortality data and you see who dies and who gets infected, there's such a range of experience of the same microbe. And ultimately, you can change the way that you would experience that microbe when it comes into contact by how proactive you are with healthy behaviors.

And ultimately, you see that more than 80 percent of people, they can produce antibodies and they had the virus, they didn't even know they had it. They had no symptoms at all, or symptoms that were so mild they never knew, and obviously, some people die, and some people have a major infection or otherwise. This is basically, what is your immune resilience? And so I think one of the things that we're all understanding is this idea of resilience. And it's funny, we come up with a word of the year for every year, we said it in the last quarter of the year before. 2020 our year before any of this went down, it was the year of resilience, because we realized this has to be a concept that we're going to have to understand. Which is how do we measure health independent from disease? Like I shared with you earlier, my resilience has gone up, but I don't have, my disease markers probably haven't changed that much, they were in good line before and now better, but my resilience is way higher.

And so what I think we're going to start to see over this decade is really a shift towards resilience. Because in the aftermath of Covid, we're going to see, okay, what populations were resilient, what weren't, and I think that's just a super interesting conversation. And ultimately, to go back to your group point, you want to find yourself in a mutually empowering group, and how would you know whether your group is empowering or disempowering? One, the first thing every, what I've heard from all walks of life, what are the most successful groups? In the first meeting when the group connects, everyone has to share why they're there. What is that purpose for being there and what are their goals? What are the health goals? And ultimately hearing 10 other people share with them that they've got this crazy life situation and they want to overcome it, and they're going to get themselves better. That is the context for everything that happens moving forward.

And ultimately, you know, I'm in the business now, like after, obviously - I expected at this moment in my life right now, Alex, if you'd asked me at the beginning of the year when the book had just come out, we had half a dozen big hospital systems in America and also in the NHS in the UK. Groups that were going to start doing functional medicine group visits at reasonable scales. I was like, okay, I'll just be selling to hospitals and organizations and I'm doing this and obviously Covid hit. So now, we've seen a lot of people, now we're in the business of, okay, let's see what we can do online? How can we facilitate virtual group visits?

And we're already starting to see, not just uptake of the idea, but actually almost like a sort of, a level of beyond resilience, anti-fragility. Where people are coming up with innovations that you never would have thought of before this moment, to be able to bring groups

together and to be able to do things that have been frustrating about the functional medicine experience. And making it more accessible, more affordable and more available to more people, because ultimately what we need is more resilient individuals, more resilient families, more resilient communities, more resilient nations, and a more resourceful humanity for whatever threats come our way in the future.

**Alex Howard** And I think that's a good point to explore as well around the power of online communities. Because one of the challenges is for groups to really work, people need to feel that they're with people that are like them. And if people are going through, either if they live in not particularly densely populated areas, there's not so much likelihood in near geographical location of finding people with the same experience. Or indeed, if someone's going through, for example, a particular type of trauma or they've come from a particular type of background, the online communities can mean that we can really find that tribe sometimes, in a way that we wouldn't be able to in our geographical location. And also when people are chronically ill, they're not always as mobile as they would otherwise have been.

So maybe say a little bit about what you've discovered. I know you've been doing things online for many years, but particularly in some of the recent months as well, the potential of connecting people that way.

**James Maskell** Well, let me give you one example of where I've seen, maybe the online groups could be more effective. So I can see into your house right now and you can see into a bit of mine. And ultimately, when we go to the doctor's office, the doctor has no insight into what's going on in your house. They don't know, you could be lying to them. And a lot of patients do lie to their doctors. Do you smoke? No, I don't smoke. How much do you drink? One or two. That is happening in doctors' offices, let's just say that. So that is happening in doctors' offices and it has forever and it's not helping doctors do good work, because they don't get it. So now you can imagine a group visit in a doctor's office, too, that can still be happening. But then we've we started running this group called the Immune Collaborative at Find Functional, which is basically a 12 week training in how to make yourself hard to kill.

**Alex Howard** It's a great strap line.

**James Maskell** Yeah. How do you put yourself to a point where you maximize your resilience? You have to do fundamentals right. You have to learn to do the fundamentals of health and the group is an amazing container for that, the group is just a really great container for that. But the interesting piece is, why don't we just have everyone take their phone or their laptop that they're doing their thing with and let's go to the fridge. Let's see what's in there, let's go to the kitchen and see. And if you're telling me that you don't drink and I see all the booze lined up. And if you're telling me that you're eating lots of vegetables and there's no vegetables in your freezer in your fridge. We're getting real, let's get real about what is your environment, it's the environment, we have to change the environment.

One of the things I'm on a bit of a mission on right now, Alex, is that people refer to these diseases like type 2 diabetes, and autoimmune disease as lifestyle diseases. I don't think that lifestyle diseases. My interpretation is these are environmental diseases that some

people can't afford to escape. If you live in a food desert, it's not a lifestyle choice, that's the fact that your environment has been created to create disease. You just can't afford to escape it, you have to eat at McDonald's because it would be very difficult for you, by yourself to escape that thing.

And so ultimately, there are things that all of us can do individually and especially in community, to be able to transform it. But having a view into your house and seeing what is the actual environment that you live in, has been so valuable to be able to see. And people realize it, they start to realize, okay, look, I can see that I'm not setting myself up for success in the way that I'm eating and doing these kind of things. And we've had so many breakthrough moments, Alex, where people have realized, the reason why it's hard for them to be healthy is because they are living in an unhealthy environment.

And ultimately, when that is rephrased and when we do things in a trauma informed way and poverty informed way. We can now see, okay, what are the things that you can do to actually change it? And actually getting into people's homes has been an amazing thing. So in that way, we actually have some super innovation and we have some anti fragility and maybe a virtual group as it is more valuable than an in-person group visit.

**Alex Howard** One of things I've also observed doing a lot of work for many years with people in online groups is that, somehow, when people travel somewhere and they have to leave their home and go on public transport or drive on a motorway, they armour up and layer up their defenses in that process of coming out into the world. And when people can stay in that safety and comfort of their home environment. In a strange way, although there's less physical holding in the room of being in a room, there's also tends to be less layers of defense. That kind of speaks to what you were saying about that kind of environment that somehow people are able to relax and be more vulnerable sometimes in the safety of being in that space.

**James Maskell** Yeah, absolutely. To be in your own environment, if we look at look at psychiatry and how psychiatry has changed. At the beginning psychiatry is like a mental hospital that you get sent to. And then psychiatry gets done in regular hospitals, and then psychiatry gets done in comfortable rooms outside of hospitals that you go to. And now psychiatry is happening in your home, on your phone.

So that journey of how mental health can be dealt with, even psychology to a certain degree. So we're in a situation here as a world, I think this growth of telemedicine as an example to me, I think is a very great trend. Because I think most people's experience with going to the doctor is super annoying, where they don't feel like their time is being valued because they have to take a whole morning off for a seven minute appointment with their paediatrician. The kids are going haywire and think about your normal experience of going to a doctor. Now it's like, okay, it's my time for my telemedicine appointment. Here I am and we're talking, and I'm getting value straight away, and I didn't have to travel anywhere or drive anywhere.

And so there are elements of what's happening now that I think will not go away. And ultimately, I've been on a mission for 15 years to try and work out how to flatten the healthcare costs. We're all talking about flattening the curve. What about the curve of health

care costs? When I was at university in England, the costs in the NHS were going like this. And the costs in America was going like this and no one had a plan. It was like, what's the plan here? We need more budget. And ultimately, what we need, Alex, is we need many, many more people to just be well and healthy and to do that, and the biggest asset that we have, the biggest resource, the only inexhaustible resource that we have is peer to peer. And we're using that as a tiny fraction of its potential.

And so the healthcare system that I envision for the transformation and bringing down costs is really taking advantage of peer to peer. And at the moment that has to be virtual groups, but in the future... You know, you don't have to look far from where you live in Frome, to see the transformational potential of community. Where in Frome they literally went through a process of finding every group that existed in the community, putting them all on a website and setting up structures where every single person who was lonely was put into one of these groups. And use of emergency room went down 20 percent, they saved 2 million pounds in the first year.

This is an incredible model for what's available when we just take advantage of this peer to peer community. And so that's why I'm super excited for it, I'm not going to stop talking about it, I'm not going to start doing experiments to see what we can do. And I'm very excited by the future of medicine, because I feel like this is a jolt. It jolted everyone to think, could we all work together to do something differently? And we did, everyone stayed at home pretty much for months. And so now the new jolt is, if we know that mortality is 10 times higher with metabolic disturbance from Covid, and we know that it's these chronic disease costs that are driving everything up and down. What can we do about it? And the biggest thing that we can do is start to get people in groups and support each other to get and keep themselves well.

**Alex Howard** And I think that's a very inspiring and powerful call to action in terms of the value of this. And I thinking about individuals watching this that can feel they need that group support. They can feel like that's a missing piece, they you feel alone, they don't feel they're held and supported in their trauma recovery journey, their health recovery journey, but what comes up for them is a sense of fear.

You mentioned earlier about people that had often negative and difficult experiences in groups. And there are different paths and ways people can find those groups, maybe we'll touch on that in a moment. But how do people get past that fear? How do they get themselves to take that step, to reach out and to see, they may have to try a few things, but to take that initial step, to start moving towards having support and having community?

**James Maskell** So look, this has been a question that I've been thinking about for a long time, Alex. Because you've said that inner feeling is like, I can't do it, then it's like, oh, well, if I just do it, it's better. And so ultimately, what it would it be like if everyone in the world could have a best friend that had already reversed a chronic disease? That it made that first step and ultimately, that's what led to Find Functional. Where I just realized that we needed, everyone needed a health coach, but everyone needed a kind of an advocate for them, someone who would like advocate for them to get the most out of the system, and have the best things in mind.

And ultimately, what I started to realize was that, what if we could just give everyone an opportunity to have a real conversation with someone who wants to see them get better, and has already gone through that process themselves. And to introduce that sort of peer to peer value and that's at Find Functional what we created is a way that everyone, for the less than the cost of a co-pay. So for 49 dollars anyone can come in and to have a conversation with someone who is trained as a health coach.

Some of them are nurses, some of them have other certifications, but ultimately they can have a conversation with them. They can get into some of this stuff like how are you doing with actually executing everything that's on your plate? How you doing with the fundamentals of health creation? And then guide people towards what is the lowest cost, most impact things that I can do to start on that journey. And a lot of it is really helping people to feel comfortable to take that first step. Because ultimately, if we can get everyone into one of these self-supporting groups. I know just from the data that we see in this sort of minutia, I know that at a population level this can have a tremendous impact and that's what I'm committed to.

**Alex Howard** That's very cool. James, people that want to find out more about what you just mentioned and you and your work. What's the best way to do that?

**James Maskell** So for anyone who's watching this, if you use the code "trauma" at checkout, you'll get 50 dollars off your entry to Find Functional. And ultimately for 49 dollars, you can take that first step on the journey. It's [FindFunctional.com](https://www.findfunctional.com) that's something that we put together to make it super easy for people.

And through that portal, we can introduce you to a virtual group visit. We'll introduce you to a local functional medicine doctor, if that makes sense. Our goal is to try and get everyone as well as possible for the minimum possible cost, that's our Northstar.

And what we've seen in a lot of cases, it's not going to the doctor first because the doctor is way more expensive than other providers. But for most people, you can read my book. *The Community Cure* is available anywhere books are sold and watch this space.

I started a podcast called The Rogue Health Economist where I'm talking into a lot of these ideas. You'll see if you watch the show, you'll see a very familiar background.

We're just getting started, like for me, Alex, the last 10 years, the last decade was really about trying to get more doctors to do functional medicine. And now this decade is really about mainstream adoption of these ideas and trying to get as many people engage with them as possible, and so I'm keeping myself busy.

**Alex Howard** That's awesome. James, thank you so much. I really appreciate your time. Thank you.

**James Maskell** Thanks, Alex.