

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

Welcome to the Huberman Lab Podcast, where we discuss science and science-based tools for everyday life. I'm Andrew Huberman, and I'm a professor of neurobiology and ophthalmology at Stanford School of Medicine. Today, my guest is Dr. Vivek Murthy. Dr. Vivek Murthy is a medical doctor and acting Surgeon General of the United States. As Surgeon General of the United States, Dr. Murthy oversees more than 6,000 dedicated public health officers, whose job is to protect, promote, and advance our nation's public health. Dr. Murthy received his bachelor's degree from Harvard University and his medical degree from the Yale University School of Medicine. Today's discussion covers some of the most important issues in public health, not just within the United States, but worldwide, including nutrition and the obesity crisis, as well as food additives, and why certain food chemicals and additives are allowed in the United States versus in other countries. We also discuss mental health, the youth mental health crisis, the adult mental health crisis, and the global crisis of loneliness and isolation. We also talk about corporate interests, that is, whether or not big food and big pharma industries actually impact the research and or decisions that the US Surgeon General takes in his directives toward public health. And of course, we discuss some of the major public health events that occurred over the last five years, and the current and future landscape of how to restore faith both in public health officials, in public health policy, and science more generally. By the end of today's episode, you not only will have learned a tremendous amount about public health and why you hear the particular public health directives that you do, but also how to better interpret future public health directives.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

You'll also come to learn that as Surgeon General, Dr. Murthy has both an extremely challenging job, but one that he meets with a tremendous amount of both rigor and compassion.

Before we begin, I'd like to emphasize that this podcast is separate from my teaching and research roles at Stanford.

It is, however, part of my desire and effort to bring zero cost to consumer information about science and science-related tools to the general public.

In keeping with that theme, I'd like to thank the sponsors of today's podcast.

Our first sponsor is Maui Nui Venison.

Maui Nui Venison is the most nutrient-dense and delicious red meat available.

I've spoken before on this podcast in solo episodes and with guests about the need to get approximately one gram of high-quality protein per pound of body weight each day for optimal nutrition.

There are many different ways that one can do that, but a key thing is to make sure that you're not doing that by ingesting excessive calories.

Maui Nui Venison has the highest density of quality protein per calorie, and it achieves that in delicious things like ground meats, venison steaks, jerky, and bone broth.

I particularly like the ground venison.

I make those into venison burgers.

Probably five times a week or more.

I also like the jerky for its convenience, especially when I'm traveling or I'm especially busy with work and know that I'm getting an extremely nutrient-dense, high-quality source of protein.

If you'd like to try Maui Nui Venison, you can go to [MauiNuiVenison.com](https://MauiNuiVenison.com) slash Huberman and get 20% off your first order.

Again, that's [MauiNuiVenison.com](https://MauiNuiVenison.com) slash Huberman to get 20% off.

Today's episode is also brought to us by Roka.

Roka makes eyeglasses and sunglasses that are the absolute highest quality.

I've spent a lifetime working on the biology,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

the visual system, and I can tell you that your visual system has to contend with an enormous number of challenges in order for you to be able to see clearly in different environments.

Roka understands the biology, the visual system, and has designed their eyeglasses and sunglasses so that you always see with crystal clarity. Originally, their glasses were designed for performance, that is, for running and cycling and for sport, and indeed, they can still be used for performance. They won't slip off your face if you get sweaty. They're extremely lightweight, but I should mention that Roka eyeglasses and sunglasses come in some of the aesthetics more typically associated with performance glasses, like those cyborg-style glasses, but they also have a number of styles that you would be perfectly comfortable wearing out to dinner or to work.

I wear readers at night or when I drive, and I wear sunglasses during the day if I happen to be driving into bright light or outside and it's just overwhelmingly bright. I do not wear sunglasses when I do my morning sunlight viewing to set my circadian rhythm, and I suggest that you do the same. If you'd like to try Roka eyeglasses or sunglasses, you can go to rokaroka.com and enter the code Huberman to save 20% off your first order.

Again, that's rokaroka.com and enter the code Huberman at checkout. And now for my discussion with Dr. Vivek Murthy. Dr. Vivek Murthy, welcome. Thanks so much, Andrew, and please call me Vivek.

I'm informal. Okay, Vivek.

My understanding based on my internet search is that the role of the US Surgeon General is to provide scientific information on how to improve health and reduce risk of illness and injury. Do I have that correct?

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

That is correct.

What are some other roles that you play that perhaps would not come up in a top hit Google search that I ought to be aware of and that our audience ought to be aware of?

Well, here's how I generally explain to people, there are two primary roles the Surgeon General has.

One is to engage with the public and make sure that people know about critical public health issues.

So they know what they are, how to protect themselves and their families.

The second role of the Surgeon General is lesser known, but it's equally as important, which is to oversee one of the eight uniformed services in the US government.

And that is the United States Public Health Service.

Many people are familiar with the Army, the Navy, the Air Force, we also have the US Public Health Service, which is 6,000 officers.

They include doctors, nurses, physical therapists, pharmacists, public health engineers, a whole range of healthcare folks.

And their job is to protect our nation from public health threats.

So when Ebola came on the scene in 2014 in a major way in West Africa, we sent hundreds of officers to West Africa to set up the Monrovia Medical Unit in Liberia to treat people with Ebola.

Domestically, when there are hurricanes or tornadoes, we dispatch officers and deploy them to go help strengthen the public health infrastructure, but also to provide direct care.

We deployed thousands of officers during COVID.

So these officers, I'm incredibly proud of them.

They could be doing lots of stuff, outside government in the private sector, probably making a whole lot more money and working a lot less hard, but they're really committed to protecting the public health of the nation.

So I have the privilege of overseeing

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

that service to Surgeon General,  
and those are the jobs that I've signed up for in this role.  
Got it, I was not aware of that role.  
And if I understood correctly,  
these people, these public health officers  
that presumably are made up of physicians  
and licensed psychologists and nurses and so forth,  
you said they could be making substantially higher incomes  
in the private sector,  
but the work that they're doing with you  
is their sole career at this point.  
They're completely devoted to that,  
or they're doing this as a side hustle.  
Now, they're full-time governmental employees  
and members of the public health service.  
Their day job is often in public health agencies  
where they're embedding communities,  
helping day-to-day to advance public health.  
And during times of emergency, we deploy them.  
And they're extraordinarily well-trained.  
They're experienced at dealing with adversity,  
but they bring a combination of skill and heart  
to their work, and you really need both  
to be effective at public health.  
I'm glad that you mentioned the word emergency,  
because in preparing for our discussion today,  
it occurred to me that in this list of roles  
that your title assumes,  
that scientific information on how to improve health  
comes first, then you mentioned emergency.  
So what I'd like to talk about first is health,  
not lack of health, but health.  
So often we hear about the mental health crisis,  
but what we're really talking about  
is the lack of mental health crisis,  
aka mental illness.  
And rarely do we hear, for instance,  
what constitutes mental health.  
We hear what constitutes mental illness.  
Whereas in the domain of physical health,  
there's a lot of information out there  
about how to be more physically healthy.  
Cardiovascular exercise, resistance exercise,

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

yoga type exercise, mobility, et cetera.  
And of course, some people have physical health ailments and there's a lot of information in terms of how to deal with that as well.  
But what I would like to know before we get into the long list of issues that our nation confronts, everything from obesity to food additives to mental health issues, what is going well?  
In other words, in the last, let's say, five to 10 years, have there been any areas of physical health and mental health improvement in the US at large that we can attribute to some of the public health initiatives directly?  
So that's a really good question.  
And let me just also say about the very first point you raised that you're absolutely right that we have operated primarily through an illness frame when we look at health. And in my mind, that's only one half of the equation.  
So when we are talking about physical illness, for example, as a doctor, I learned how to diagnose and treat some with diabetes or with high blood pressure or with coronary heart disease.  
But we also know that even if I don't have diabetes or coronary heart disease or high blood pressure, even if I don't have any diagnosable medical condition, I may not be at an optimal level of physical health. I may not be able to, for example, walk around the block without getting short of breath. I may not be able to play with my kids because my physical fitness and stamina is insufficient. I may not be able to lift my luggage when I go to the airport because I don't have enough strength in my body. Yet I wouldn't have a diagnosable mental illness.  
So I think it's easier to understand there with physical health that we're not just aiming for lack of illness, we're aiming to optimize our physical health.  
The same is true with mental health.  
And I think when we talk about mental health, people think we're just, the sole goal here is to prevent diagnosable mental illness.  
That is one goal, to both prevent and to manage mental illness when it arises.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

But we also need to recognize there's a whole other half of the spectrum where there are people who may not have diagnosable mental illness, but are not operating optimally in their lives.

And that's detracting from their fulfillment, from their functionality, like in not just at work, but also in their communities and in their families. And so I think part of the conversation that I want us to have as a country is about how to optimize mental health and wellbeing. And that includes preventing mental illness, but it is much broader and bigger than that alone.

Great.

Yeah, I think it's so important that we recognize that treating disease is critical, obviously, but that there's a lot that can be done to improve one's health, even in the absence of any known disease.

And you've got all these officers, these incredible physicians and nurses and people at your disposal.

My hope is that they would also be accessible for and currently carrying out efforts to transmit information to people about, hey, here are the things that you can do every day, every week, every month in order to make your life as healthy as possible, as well as rushing in under conditions of public health crisis.

Yeah, it's a good point.

And it's certainly, many of our officers do focus on this broader rubric around wellbeing, but it's part of how we need,

I think the broader health system and public health system to operate even outside of government.

And this, I think, will require significant change and shift in how we think about our jobs.

Like when I went to medical school, the vast majority of the focus was on diagnosing and treating illness.

It was much, much less focus on thinking about how to enhance wellbeing.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

And when you talk to people in their lives,  
it becomes clear that they want to do more  
than just prevent diagnosable illness.  
They want to be able to walk their child down the aisle.  
They want to have the endurance to do that.  
They want to be able to be independent often  
and carry their groceries or carry their luggage.  
This is why I think we've got to broaden our focus  
in public health.  
And look, when I came into this role,  
by the way, I was not expecting to serve in government.  
This is not part of some five, 10, 30 year plan.  
When I was a kid, I was interested in medicine,  
but I always thought I was going to practice medicine  
like my dad did and like the clinic my mom ran,  
set up, put up a shingle, see patients  
and be a primary care doctor  
and feel good about the work I was doing.  
But what happened to me along the way is,  
I trained in medicine.  
I got interested in technology.  
Spent seven years building a technology company  
that was focused on health.  
I became increasingly worried  
about the way we were delivering healthcare.  
It felt like our healthcare system was broken.  
People who needed care couldn't get it.  
It was often too expensive to get care.  
We were focusing on treatment solely  
and not enough on prevention.  
So I started getting involved in advocating  
for a better healthcare system  
with doctors around the country.  
When despite all that,  
I still never thought I would work in government.  
But in 2013 is when President Obama's team  
had reached out to me and asked if I'd be interested  
in considering the position of Surgeon General.  
And what was interesting to me about this position  
is it's actually very different from most positions  
that are appointed by president and government  
in that it's supposed to be an independent position.  
So my agenda, the issues I choose to take on



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

are not determined by a president or a party.  
They're determined by science and the public interest.  
And that's what guides me.  
And that's what guided me in that first term when I served  
and when President Biden asked me to come back  
and serve as Surgeon General.  
Second time, that's what's guided me here too.  
So Biden is not sending you notes saying,  
hey, could you put some effort into  
getting messages out about COVID  
or could you put more effort into getting your team over  
to Maui to deal with the tragedy there,  
and which is a long arc tragedy, right?  
We get the news in a blast of this happened  
and then the next blast comes in about something else  
and we forget that there are physical  
and mental health crises that are ongoing.  
And then I have to imagine,  
then start to overlap with one another.  
Or is it, so is it your decision,  
where and how to deploy the financial and human resources?  
Like, okay, we're gonna put 10 people on Maui.  
We're going to put five people in the central states,  
you know, going around talking to major organizations  
about what they need to do to prepare for this winter.  
Is that how it works?  
Or are you getting memos?  
And in other words, who's your boss?  
Everyone has a boss at some level.  
Miners are the listeners of this podcast at some level.  
I work for them.  
It used to be also be my bulldog Costello, but-  
My boss, my wife and my two kids were five and seven.  
They, I do what they tell me to.  
Got it, got it.  
So-  
But how we make our decisions in the office actually,  
it's a bit different with those two roles.  
So on, with the second one,  
with overseeing the commission core, our 6,000 officers,  
they're the decisions about how and when we deploy officers  
or collaborative, right?  
So, you know, we work with other colleagues

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

throughout the department of health and human services.  
We work with people in FEMA across the administration.  
But we also work with states.  
So sometimes states often, often states will put in a request and say, hey, we need support here.  
Can you help?  
So we'll work with colleagues across our department to say, okay, we can mobilize our commission core officers.  
What assets can you mobilize?  
And then collectively, we will send a team out there.  
So for example, we have officers helping in Maui right now, particularly with mental health needs, which are, I worry, only gonna continue to grow over the weeks and months ahead.  
On the other side of the house,  
when it comes to deciding which issues we engage with the public on, like in this case,  
mental health has been a big focus area for me.  
On that front, well, we certainly, you know,  
are open to suggestions from the public,  
members of Congress sometimes say,  
hey, can you help the public understand about this issue?  
You know, a lot of people have ideas and opinions,  
but the decision about which issues to focus on,  
those are our offices.  
And to me, that's important because part of the reason over time, I believe the public came to have some degree of faith and trust in the office is because they hope that the office was functioning the way you hope your doctor is functioning,  
which is being an independent source of information for you and a source that has your best interest at heart that's not being pulled aside by political interests or by other agendas, but the primary agenda is, how can I help your health?  
And so for me, we have to make an independent assessment there and say, okay, where is the need the greatest here?  
Where can we make the biggest difference?  
Sometimes we may not build an initiative on an issue, and that doesn't mean that that issue's not important or that it's not affecting a lot of people,  
but we have to make hard decisions about where to pull limited resources.  
And so when I was a surgeon general,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

the first time one of the big areas I focused on was the opioid crisis that we were dealing with, as well as the e-cigarette use among youth because we were seeing a dramatic increase among kids in e-cigarette use.

Can I just ask you, sorry to interrupt, but I think it's relevant here.

Has that increased continued or e-cigarette use, aka vaping?

Yeah, so we still see, unfortunately, there's been some improvements, but we still see way too many kids who are using vaping devices early on.

And part of what we did from our office is recognizing that we actually issued the first federal report on e-cigarettes and youth.

We call the country's attention to the fact that this is a crisis.

We worked with members of Congress to talk about the kind of action we needed from a legislative and regulatory perspective and worked with colleagues at the FDA and in government as well.

But there are two things that are really most important in guiding our choice about priorities.

One is data.

We look at what the numbers actually tell us about the impact these issues are having on the population, as well as the trajectory of rise.

If something's getting dramatically worse and people don't realize it, might be an area for us to focus.

But the other critical factor is what I hear from people on the road.

And so I try to spend as much time as I can visiting communities across the country, doing town halls, meeting with community members and just trying to, frankly, just listen to what's on their mind.

And that's where I actually get a lot of information as well.

That's actually how I came to focus on the issue of loneliness and isolation.

It wasn't because it popped up in a report

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

as being the leading public health issue in the country.

It was because everywhere I was going in 2014, 2015,

when I was talking to college students,

talking to retired Americans,

talking to parents in rural areas and urban areas,

I kept hearing these stories about people

who felt like they were all on their own

or they felt invisible

or they felt if they disappeared tomorrow,

no one would even care

or they felt like they just didn't belong.

And it's heartbreaking to hear that from anyone.

It's particularly heartbreaking to hear it from kids

who you hope are entering life

and looking forward to what comes,

but many kids weren't feeling that way.

That is very useful context.

We will get back to the isolation crisis,

such an important initiative that I just will thank you now

for having put out the message on social media

and elsewhere about that.

Because I think one of the questions I have

in light of what you just said is,

it's clear that you've got your ear to the ground,

you're talking to different people.

It's also critically important that people hear from you

and know not just what's happening,

but that you perhaps want to know where the issues lie

and what the actionable steps are that people can take.

And I think that we now live in a hyper-connected world.

So, in fact, I'll just say that one of the reasons

I launched this podcast is in 2020,

I was going on podcast talking about things

like maintaining sleep and circadian rhythm

and stuff from my lab related to trying to adjust anxiety,

under conditions where I think everyone was anxious

and sleep rhythms were disrupted, et cetera.

And I was somewhat surprised that I didn't get a warning

on my phone, hey, make sure you're getting morning sunlight.

I'll get a flood warning, I'll get a warning

that I might get a warning, but it's only a test warning.

I'll get the three of those yesterday,

living here near the coast.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

But I don't think once during the pandemic, did I get an email or a public service announcement saying, if you are going to be indoors a lot, you're going to have to be mindful of maintaining your circadian rhythm, because if you're not, we know, based on hundreds of studies now, that drifts in circadian rhythmicity are a precursor to mental health issues. I mean, in fact, there's a new idea that many not all suicides are preceded by a period of disrupted sleep, which kind of makes sense, and it's not a causal, of course. But how come during the pandemic, we each and all, as US citizens, did not get an email or a text message saying, hey, these are five things that you need to do every day to try and stay as stable as possible in this very uncertain landscape that we're in? Well, it's a really good question, and I think it's a reasonable and a very good suggestion to say that, hey, look, there should be a clear and comprehensive way that we can get messages out to everyone. Like if we were working in a hospital system, and there was a safety issue that came up, there would be an email sent to all the hospital staff members saying, hey, this is something you need to be aware of. So I think it's a reasonable expectation. Practically, if you go back, hello, over the last 20, 30 years, on health issues, there hasn't been sort of an agency or an entity that has sent emails out to everyone. First of all, how to send an email out to everyone in America is not a simple proposition either. Technically, it's challenging. There's some legal issues you'd have to deal with as well. But you could do a night where you go, CNN, Fox, NBC, ABC, New York Times, Wall Street. Like you could hit the right wing, the left wing, and everything in between. Yeah, that's a really interesting suggestion. But one video, just where they all agree,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

like, hey, this is important information.

So apolitical, like no.

Yeah, so I would say that that kind of messaging,

I would say, through traditional media

certainly has happened, you know,

and it happened during COVID.

It happened, for example, when, you know,

even the first year of COVID, I was a private citizen,

you know, in the private administration,

but I watched both then and at the beginning

of the Biden administration, many officials would go out

in front of cameras and say, here are three things

you need to do to keep yourself safe, you know,

from COVID as, and that was a big question people had.

How do I keep myself safe?

Okay, here are three things you can do.

A couple of challenges I would say here is that,

number one, even if you hit all the major network

and cable news shows, you're still not reaching everyone,

right, because we're living in a society

where increasingly people are not watching TV, right?

They're getting their news from other sources.

The other thing that's important to know

is that attention shifts quickly, you know,

in traditional media also from issue to issue.

And so you might get a clip, you know,

out at a certain day, or you might,

you get on all the Sunday shows, for example,

but the next day, you know,

that message isn't necessarily there, you know,

it's gone and people's attention has also switched off too.

So they were, I mean, I can count,

and we've logged probably thousands of interviews

at this point that we've done with mainstream media

with sort of concise messages about three things

you can do to protect yourself, et cetera.

And, you know, I'm glad we did those, we gotta do them.

But I think one of the things we don't have right now

in the country, and this is, I think,

a bit of a health infrastructure challenge,

is we actually don't have a quick, efficient way

to reach everyone in the country with a health message,

just like what you said, you know,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

whether you wanted to get that message about three things to protect yourself from, let's say COVID, or three things to do to, you know, support your health and wellbeing during a time of crisis. Or during a time of health.

I mean, again, like not just the flood warning, but the daily, because I do think that most of mental and physical health is the result of daily practices that are, you know, the build on themselves, sort of like compounded investments.

And then of course, there are acute challenges and chronic challenges that people face, but things of that sort too.

I think those kinds of messages in time of health that are absolutely important as well.

And, you know, I think in the sort of,

I think fast-paced, crisis-driven environment that we live in, unfortunately, people are often less, are paying less attention to those maintenance or an improvement messages than they are to managing the crisis messages.

But I think that they're equally as important.

But I do think that what you're pointing out is an infrastructure piece that needs to be built, which is a way for, you know, health authorities to reach people, you know, with information quickly and comprehensively.

I'll just tell you that in the 1980s, when C. Everett Coop was the Surgeon General, one thing that he had done, which was interesting, is he had actually sent a letter, a physical letter, to all households in America about HIV.

A physical letter.

A physical letter.

Some of our listeners won't know what that is.

Yeah.

So the thing you read about in the history books, there's something that shows up in your mailbox and you open it and hopefully it's something that you want to read.

But in this case, he was worried about HIV, about the fact that people didn't know about it.

So he worked through and, as I understand it,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

with a member of Congress, found a way to do this from a funding perspective. But it was a very unusual move and one that was never replicated since and there was never infrastructure funding to do that again. When I was Surgeon General some years ago and then this time around, one of the things I did do is I was able to send a physical letter to the medical community. The first time it was about the opioid use crisis and about changing our prescribing practices in medicine so that we expose fewer patients to the harm of opioids while making sure people who needed them actually got them. And the second time it was about COVID therapeutics. It was about making sure that when we had data about medicines that actually work like Paxilvid that we may actually offer them to patients, made them available to patients because we were realizing that many people weren't getting offered lifesaving medications even though they were in high-risk groups. So we were able to find, and we had to, again, there too, had to sort of creatively cobble together resources funding. This is all sort of behind the scenes government stuff. But the bottom line is in what you want in an emergency and what you want, I think, in the long term is a simple, clear, comprehensive way that public health messages can get out to people. And to this day, what we still have to rely on are, one, traditional channels like traditional media to cover the initiatives we put out, whether it's on social media and youth mental health or on loneliness or on youth mental health more broadly. We rely to rely on online channels, which we do as well. Or we have to look to creative partnerships that we build with people who reach different audiences and then together we try to get our messages. Our office does all three of these, but it's a patchwork and it's not always ideal, but it's what we do now. I think part of what this reflects is a broader challenge,



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

like in government, but also in society more broadly, which is that we have valued historically prevention and health communication very little.

We've put the mass majority of our resources into treatment strategies, into getting medications to people, into diagnosis. And that's very important, don't get me wrong.

But we are now seeing with mental health, this is one example,

that if we only focus on expanding treatment and deepening our well of knowledge there, and we don't do anything to help people stay well, that we just can't keep up, right?

Right, because one problem feeds the other. Exactly.

Like the kids that are, listen, if I would grown up in today's era, I'd be on my phone and tablet late at night, because I was up reading magazines and talking to friends on the phone late at night, right?

So it's not a criticism, but disruptions in sleep, disruptions in circadian rhythm, disruptions lack of physical activity, poor nutrition, social isolation.

I mean, these are all piling the sand much higher on this, in this other side of what you do, in terms of, and here I'm obviously stating the obvious.

So it's just gonna create a mountain of issues on the other side, which presumably has a larger budget is what I'm sensing, but there's no way that budget is large enough to deal with that.

I mean, if somebody's kid, for instance, is trying to address the issue of whether or not to go on prescription medications and, or, by the way, folks, and, or change their dietary intake because they feel they might have ADHD, for instance.

I mean, what are they gonna do?

They're gonna Google, they're gonna listen to podcasts. They should be able to write first to your organization and say, you know, what is the highest level stringency data, say, about these issues?

And AI should be able to tell them accurately.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

And maybe you have somebody chime in for them.  
I mean, we all pay taxes.  
I pay federal and state taxes.  
And, and to some extent, happily so, right?  
Because it pays for public works and many, many important things, police officers, firefighters, et cetera.  
But if you don't have a channel to communicate with people about what they and their kids and their relatives can do, then to some extent, it feels like it's, it's a cul-de-sac.  
It's like, how, how in the world can we get healthy again or healthier as a country?  
The part that keeps me up at night is, and one of some of the hardest decisions I have to make in the office are putting aside issues that we no deserve a lot more time and attention, but we just really don't have the resources to deal with.  
You know, the issues that we have dealt with, I'm certainly proud of my team that we've worked hard to try to raise awareness of the issues we have taken on, whether it's around, you know, social media and youth and mental health, or whether it's around isolation or clinical clinician burnout or other issues like that.  
But the truth is that there's more that needs to be done, more issues that need to be tackled.  
And we have to get to a place where we can, you know, talk about what I think of as the core pillars of a healthy life, right?  
Which are sleep, our nutrition, our physical activity, our social relationships, like these are all vital elements to living a healthy life.  
Right now, we're not teaching kids about this in school, right, but if you think about education and school as a place and a force that should prep kids for the rest of their lives, it should lay a foundation for a healthy life going forward.  
These absolutely are important elements for kids to learn about.  
I think it's as important for kids to learn about how to build and maintain healthy relationships in their life as it is, frankly, for them to learn how to read and write.  
And I know that's a strong statement to make, but it is true in terms of its contribution to their happiness or fulfillment,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

their health and their success.

I could not agree more.

We have a series that's out now with a psychiatrist, Paul Conti, about mental health, not mental illness, about self-inquiry and how to use self-inquiry in practices that do not require a therapist in order to bolster mental health.

Of course, therapists can be very useful, but not everyone has access.

And not everyone feels comfortable doing that.

But we are, but one channel, I mean, you are the governing body for this.

You're the army, navy and marine, so to speak, of health.

As many of you know, I've been taking AG1 daily since 2012.

So I'm delighted that they're sponsoring the podcast.

AG1 is a vitamin mineral probiotic drink that's designed to meet all of your foundational nutrition needs.

Now, of course, I try to get enough servings of vitamins and minerals through whole food sources that include vegetables and fruits every day, but oftentimes I simply can't get enough servings.

But with AG1, I'm sure to get enough vitamins and minerals and the probiotics that I need,

and it also contains adaptogens to help buffer stress.

Simply put, I always feel better when I take AG1.

I have more focus and energy and I sleep better, and it also happens to taste great.

For all these reasons, whenever I'm asked, if you could take just one supplement, what would it be?

I answer AG1.

If you'd like to try AG1, go to [drinkag1.com](https://drinkag1.com) slash huberman to claim a special offer.

They'll give you five free travel packs plus a year supply of vitamin D3K2.

Again, that's [drinkag1.com](https://drinkag1.com) slash huberman.

There's lots more to explore there.

We may have to do several of these together but to touch on all of them,

but maybe we could talk about a few of the things that our listeners asked about when I solicited for questions and that I got more than 10,000 responses

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

across social media in a very short amount of time, but there was some redundancy.

One of the things that I'm very curious.

Can I just say on that point though, Andrew?

One, I'm really glad that you asked folks to submit questions and I was really excited to see how many people actually wrote in, but I think it's also just a testament to how you've done such an incredible job of building a channel to the public to let people know about these topics that are so vital to our health and well-being, whether it's sleep or physical activity or mental health. And so I just wanna thank you for all the work you're doing trying to help people understand more about health and clearly the fact that folks are engaging, they're sending questions and they're sending comments to you means that you're building a relationship there with a lot of folks, so just kudos to you for doing that.

Well, thank you.

The audience of the Huberman Lab podcast is the only reason we do it.

I mean, I love learning and teaching, but that's the truth, so they are the podcast.

The podcast is them, so thank you for that.

There were a lot of questions and I also wonder about why is it that many food additives and preservatives and dyes and things of that sort that are not allowed in Europe are allowed in US food products?

So really good question.

And decisions around food and food safety in particular are made by the Food and Drug Administration, so that's the FDA.

It's a separate independent agency, it's not one that our office is involved in sort of directing in any way, and so we're not involved in those decisions and don't have insight into how they're making their drawing their conclusions, but they do it in a process that's guided by science just like they do and with medications,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

with devices, et cetera.

With that said, I am concerned that dietary practices of food that many Americans are consuming are in fact not supporting their health and wellbeing and in many ways are detracting from it.

When we look at highly processed foods, one of the concerns I have there is we often see sodium content is very high, we see the sugar content is very high.

And they are certainly additives in there as well, that I think I would love to have more data on the actual health impacts of those, but the bottom line is that a significant portion of our diet is comprised of highly processed foods in America, and that worries me.

The other piece of this that worries me are just how much refined sugars are being added to so much of our foods, and most people think that sugars are only added to things like desserts, et cetera, but you look at spaghetti sauces.

Salad dressings.

Salad dressings, a lot of these things which we think of as savory products have sugar added to them as well.

And so we are consuming, I think unhealthy levels of sugar in our diet,

we're consuming a fair amount of additives given the processed food composition in our diet.

And I think part of the reason this is happening, and I want to be very clear,

I don't fault individuals out there for the composition of their diet necessarily because we have also made certain decisions in our country about what we subsidize, about what's cheaper and more expensive for people.

And the cheapest foods, unfortunately are often the most unhealthy foods, the most highly processed foods.

If you are somebody who lives in the low income neighborhood, number of these neighborhoods don't even have grocery stores in them, which is a tragedy

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

because you can't get fresh produce, et cetera.  
A lot of times your shopping,  
your grocery shopping may be done  
at a local convenience store at a 7-Eleven  
or somewhere else that may not have the array  
of fresh fruits and vegetables  
that you and your family need for better health.  
I don't even think they have vegetables.  
I think they'll occasionally have some lemons  
or apples or oranges or bananas.  
But when I walk into a convenience store,  
what I see is a pharmacy.  
I really do, I see alcohol, caffeine, energy drinks  
that have a number of different things in them  
designed to stimulate different neuromodulators  
like dopamine and serotonin.  
I see nicotine products.  
I see high sugar, highly processed foods.  
And keep in mind, I was a teenager.  
I mean, I drank my Slurpees.  
I had my Butterfingers, I wasn't Bart Simpson-like  
in my love of Butterfingers, but I liked them.  
But it was a smaller fraction of what we ate.  
And when we were at home,  
those foods were either not available  
or we certainly weren't allowed to eat them at Libdom.  
Okay, so what's clear to me is that the FDA  
makes decisions about what is safe, what's not safe.  
But for instance, okay, this last year,  
there were several papers published  
in high quality journals showing that if people eat  
just high, just sweet and savory foods combined,  
that neural circuits in the brain rewire  
through process of neuroplasticity  
that drives increased appetite  
and changes the response to healthier foods  
so that they don't taste as satiating.  
Okay, that's sort of a duh to a lot of people,  
but I think it was an important set of findings  
because it said the brain actually changes  
in response to the very rich flavorful foods  
that are associated with highly processed  
or even moderately processed foods.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

Okay, I mean, that's just a couple of studies. There was nothing in those studies that said, if you eat these foods, you're going to develop cancer. But at some point, one has to, as a citizen, a tax-paying citizen, speaking on behalf of many other tax-paying citizens, I have to sort of take a step back and say, how long do we wait? Do we have to get a randomized clinical trial about the 500,000 sick kids that grow into sick adults and then run a trial where they go on an elimination diet where they're eating only unprocessed vegan or unprocessed meat and vegetable or unprocessed starch and vegetable, I mean, then we're talking about a 30-year health crisis before we intervene. Why not? I mean, if I were in charge, which I'm not, and clearly I wouldn't survive in a government organization because, well, I've got the uniform down. I always wear the same thing, but a uniform, but I wouldn't because I would want to say, wait, why not err on the side of caution? Why not send out this AI-generated text message that tells everybody in all the languages that Americans speak and can understand? Hey, you get to make choices about what you eat, but you should be aware that making your diet comprised of more than 15 to 20% of these foods is potentially gonna lead to serious issues down the road, and those serious issues are extremely serious. I mean, the obesity crisis is really a crisis of both body and brain metabolic challenge that we can talk about. So, who sets the thresholds? In other words, why is it that in this country, we have to wait until people start to get really sick and dying and really struggling before something is done in the direction of their health? And I'm not blaming you, I just want to understand because the wealthy people I know care a lot about their food sources and they pay a lot of attention to it, and why aren't we allowing everyone the opportunity

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

to make better choices?

So, this is the right question, and this is something I think about a lot because I'm conscious about what I eat, but I also talk to folks around the country and realize a lot of people don't have either the information or the resources to actually purchase healthy food, right? And to know what's gonna be good for them and for their families.

This is why I mentioned we have a list of issues that we would work on if we had more resources.

This is actually one of them because to me, one of the most common questions people ask is what should I eat?

That's simple, but it's vexing, it's complicated, and it's incredibly confusing.

If you go online and just try to search for information.

And it's a classic example of where it's important to have an objective, scientific authority that can come and then speak on broad principles around diet that can talk about what we know and don't know.

So, here's an important thing.

I think a lot of times people may see something as on the market, they might read a list of ingredients, they don't recognize half of them because they're additives, but they figure, well, if it's there, then it must have been studied for 30, 40 years and there must be no harmful consequences, right?

But sometimes things are put out there because we have short-term data that says that they're okay and there might be, but there may be a need for more long-term data.

Helping people understand what do we know, what do we not know is important so that people can make decisions for themselves based on how much risk they wanna take.

The other thing that that concerns me here, Andrew, is I, look, I'll tell you, I have a bias here and my bias is that I am worried about the additives and other products we have in food that don't have long-term data that's clear in terms of health risk.



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

And so because of that, like my bias is generally to think, how can we get people minimally or less processed foods and how can we get them more fruits and vegetables?

How can we make sure that they have that more available to them?

But we've got to not only make the information available, but we have to make it accessible from a cost perspective.

If you don't have a grocery store in your community, if vegetables and fruits cost three X what other foods do, that's gonna be a problem to change diet.

The other thing we have to keep in mind is that food companies, a lot of them do a great job of actually trying to get healthy and nutritious food out to people and kudos to them.

But I worry also that there's an incentive also to just try to sell more and more and more of your product.

And one of the ways to do that is to try to hack the body to kind of figure out, okay, well, what kind of synthetic additives could I put together here or what kind of combination of nutrients could I put together that will get people coming back for more and more and more?

And we saw this in the nicotine industry.

You saw the nicotine industry, you also, I would say another parallels, you see it in social media as well, where the business model of the social media platforms is built on volume of use, right?

How much time am I spending on the platforms?

It's not quality of time, it's quantity of time, right?

So if that's the business model, then you're going to design your platform to maximize how much time someone spends on them, regardless of whether it's detracting from sleep, detracting from in-person interaction, detracting from anything else that's healthy, regardless of whether that may be causing certain harms, right?

Like the business model dictates in many ways how these things are designed.

And that applies, I think, to food as well.

So which is why I think it's incumbent upon us to be particularly cautious with highly processed foods, foods that have additives.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

And to understand how is this impacting our brain?  
How is that impacting our satiety?  
How is it leading potentially to greater ingestion  
that is healthy and leading to things like obesity,  
which have a whole host of other medical conditions  
from cancer to arthritis to diabetes  
and heart disease associated with it?  
Those are the questions as a citizen,  
as a father of two young kids who's trying to bring them up  
with a healthy lifestyle.  
Those are the questions that I would  
want to know the answers to.  
And it's one of the reasons I think  
these kind of objective reports are so important  
for the public.  
I was trying to see the scope of the problem  
and the mechanics involved in trying to alleviate  
these issues are complex.  
I see that.  
They aren't also the one other thing  
that's as important to do that though,  
is you need to have authorities that can speak  
to these issues that are insulated  
from political retribution, right?  
And do you explain this?  
I meant to that.  
Yeah, look, I mean, listen to somebody,  
forgive me for interrupting, but somebody who,  
from time to time, will make not recommendations,  
but will offer information about potential actionable items,  
things that people could do or not do  
according to a couple of studies that have come out.  
I mean, I've come under intense scrutiny from my colleagues  
who are like, wait, that's not a randomized controlled trial.  
How can you do that?  
And yet, I know from being in this field for a long time  
that, for instance, the emerging therapies  
for PTSD and depression that are now based  
on federal funding for things like,  
and I'm not recommending this, by the way,  
for children or for everybody, but for instance,  
the MacroDOS psilocybin therapeutically supported  
legal use of psilocybin for major depression,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

the data, they're not perfect, but they're pretty darn good compared to the major SSRIs.

But for years, if an academic said the words I just said, they'd lose their job almost instantaneously because they're controlled substances, that's a to-do, but then there are a number of things that we're talking about here that are just about making better choices about things to avoid.

If people understood, I think, that is sugar poison. Well, some of my audience will say sugar is poison, it's as addictive as cocaine.

Look, it is not as addictive as cocaine or heroin. It is not.

However, if a child or adult is eating very sweet or very savory foods of any kind consistently, if those are not healthy foods or if they contain unhealthy additives, over time the brain will rewire so that healthy foods don't taste as good.

They won't be the choices that people make and you're gonna end up with a sick individual, period.

And I don't think we need one more clinical trial funded by federal tax dollars to support that statement.

What I'm starting to gather is that you're a very rational, grounded, broad-thinking individual.

I'm not just saying that because you're sitting here and you're trained in medicine and you understand the science, but that you don't have the means at your disposal to put out a call that says,

hey folks, having some sugar every once in a while, it's treating the kids to ice cream, great.

But if 80% or more of the diet of our kids isn't made up of minimally or non-processed foods, their brains are gonna be rewired in unhealthy ways and you can almost expect

that they're going to have some health challenge in the future that may not be autism or schizophrenia, but is going to be a major health challenge.

And that is serious and now's the time to intervene by avoiding certain things.

And if you don't wanna do it, look, it's a free country at that level,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

you're welcome to do it,  
but you'd be better off spending X number of dollars  
on these healthier foods,  
because there's also, and we know this  
from my colleague, Ally Crumb's laboratory at Stanford,  
that even the mere knowledge  
that certain foods are nutritious  
can lead to more satiety from eating those foods  
at the level of hormone release,  
not just psychologically, you're telling yourself  
whether the orange is as tasty and filling as a candy bar,  
but the understanding of the fact that it is nutritious  
actually leads to shifts in patterns of,  
ghrelin secretion, et cetera,  
that change, so people can feel better  
on a healthier, slightly lower calorie,  
nutrient-enriched diet of healthy proteins  
and fruits and vegetables.

And it's not a mind trick, it's physiology.

Anyway, I think I feel your pain, frankly.

And I'll tell you, look, sometimes people ask,

hey, why don't you just go and say

a couple of statements that you just said,

would that be fine?

Why is time needed to prep something like that?

Why are resources needed, et cetera?

Here's actually why.

I know in today's day and age,

it's easy to just go and rattle off the statements

or shoot from the head, et cetera.

You're welcome on my social media channels any time.

And really, to get the word out to millions of people.

No, I appreciate that, and that may take you up on that.

But I'll tell you that one of the reasons,

one of the things we always do,

recognizing that when we put out statements,

that people, one, they trust it's coming

from a scientific authority and that it's been vetted.

So we put the effort and time into vetting this thoroughly.

We check sources, we look at the data, we talk to experts,

we think about how to communicate this in the right way.

That's the work, the behind the scenes work,

that we do before we put out reports and initiatives.

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

Because we want people to have confidence in what they're hearing.  
We also know that when we put out initiatives, that other people build on them.  
Philanthropists and foundations will then think about, should I fund work in this area?  
Schools and workplaces will think about shifting some of their practice.  
Policymakers will also think about legislation that they may want to design based on that.  
So we want to make sure it's really solid.  
But the point I was making when I said also that we have to make sure that, not just our office, but folks who are in public health and who are in medicine, who are trying to speak to the public about their health, that they are protected from retribution and taxes.  
This is what I meant, which is that saying things about diet, saying things about tobacco, these can be challenging for some folks because there are industries built around these, right?  
Which may not always like what you have to say if it hurts their business model or their bottom line.  
And they may then lean on political leaders, elected leaders, others to then try to silence you or shut you up.  
And I'll tell you, I've experienced this in the past.  
I was a surgeon general during my first term.  
I had issued two key reports.  
One was on alcohol, drugs, and health about the addiction crisis.  
And the other was about the e-cigarette crisis among youth.  
I will tell you that there were plenty of people who were very unhappy that I was issuing the first federal report on e-cigarettes.  
Folks who felt that, hey, this is gonna make folks unhappy.  
It's gonna create political pressure.  
It's gonna create a lot of problems.  
Similarly with alcohol, drugs, and health, there are many folks who said, hey, if you do this, you're really gonna upset the alcohol industry.  
Do you really need to have alcohol in the report?  
Why don't you just focus on other drugs?  
Why don't you take alcohol out of the title?

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

You know, all of these sort of, you know, concerns were raised.  
Who's telling you this?  
So these are people who get paid by the alcohol industry?  
No, these are people in government who are reading the tea leaves and who are supportive of the work we're doing, but are saying, hey, like you're gonna really upset a lot of people in industry and-  
You're also gonna help a lot of people.  
Yeah, well, this is what it comes down to.  
They say, well, and if you upset folks, then they're gonna try to fire you.  
They're gonna try to do all these things.  
To which honestly, like my response to a lot of these, and the reason we just put them out anyway, was because I said, well, the worst thing that can happen is I get fired and that's okay.  
You know, if I go out and know I did the right thing here, then I'm fine with that.  
I'm not looking to build a lifelong career in government.  
I'm not doing this job to like, you know, get to the next thing on the ladder or like, this is about serving for the time I can.  
I want to be able to go to sleep at night, look myself in the mirror and know I did so with integrity.  
So that was an easy decision for me, but my point is that like, we have to be thoughtful that in these issues that they're gonna be headwinds, right?  
I'm sure in your case, for example, you've probably gotten pushed back from folks about talking about certain things that may have rankled folks who may have had an interest in those issues, and that's okay.  
You keep talking about them as you should, and I'm grateful for that.  
But this is especially important at a time where I think public trust in our institutions more broadly and in science and in medicine have taken a hit over the last few years.  
And I think it's a time where we have to be

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

even more vigilant, those of us in medicine and public health, to make sure that what we do is based on data that we're transparent about why we're saying what we're saying, that we're also clear about what we know and what we don't know, so that if recommendations change over time, people recognize that this isn't necessarily flip-flopping, you should change your recommendations if the data changes, if the circumstances change.

So anyway, this is all part of the work that we've got to do, but to me, this is a really important part of the work.

The integrity behind our work in public health is not just about the issue we're taking on today, it's about the trust that we need to rebuild in the field more broadly.

So if I understand correctly, if you were to, for instance, put out a call that says, look, you know, there are food additives that are allowed in the US that are not allowed in Europe that may be of risk, we don't have enough data at present to say, to avoid these things, but here's a kind of a yellow zone, you know, you're green, known to be safe, red, clearly known to be unsafe, yellow, we just don't know yet, not enough data.

So here's what my recommendation would be for my children.

It's free country, you know, there are people that argue it's not, but at least at the level of which foods you wanna buy with your own budget, it's a free country.

So you're saying that you get messages that warnings about certain things could lead to pushback, but if I have to imagine that there's something, and I'm not a conspiracy theorist, but there has to be either the people that are saying, look, there could be problems, are just friction averse, they just don't like anyone to be angry at anyone, or there must be some incentive for things to remain quiet.

I mean, certainly the government has not had problems

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

saying to do things or to not do things  
that upset companies or shut down companies  
or elevated companies and their success.  
So I'd like to know more about  
the back contour of this.  
Well, look, I think, and this is not too dissimilar  
for I think what happens in other industries,  
but it's, you know, whenever you do something,  
and whether it's in the private sector and government,  
people weigh what are the pros, cons,  
what's the pushback I'm gonna get,  
how do I deal with that pushback, right?  
And pushback isn't always a bad thing, right?  
If you get pushback from the public,  
people say, hey, that doesn't make sense to me, et cetera,  
that's, you should listen to that  
and use it to inform your approach.  
But that's the public whose your job is to serve.  
I'm talking about pushback from companies is different.  
Right, so when pushback comes from people  
who have a financial interest in the product  
that you may be commenting on,  
then you've got to be,  
you need to know about the number one  
so that you know how to mitigate it.  
And while people may take different approaches to this,  
my approach as a public official, a surgeon general,  
has been to say at the end of the day,  
like I'm happy to hear from anyone  
in terms of their concerns or pushback,  
but at the end of the day,  
what's gonna guide my decisions  
about what issues we take on,  
what decisions we make and what we say to the public  
is gonna be what is driven by science  
and the public interest.  
And if that means it's politically inconvenient,  
that's okay.  
If that means that, you know, something happens,  
you know, it's my job, that's okay too.  
You know, like we, look, the bottom line is life is short.  
We don't know how much time we have here.  
We may as well make the time we have count



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

and we also do the things that are right  
and that are gonna serve people.  
That's my simple philosophy  
my parents taught me when I was growing up.  
So that's the approach I bring to this.  
And that's why if we were to do, let's say,  
an initiative on diet,  
I have no doubt that some of the things  
that we would say would be perturbing  
to folks who had a financial interest in industry,  
because I don't think that the current setup  
in the industry is serving the public well.  
I think we have made unhealthy foods cheap.  
That's a problem.  
We've made healthy foods expensive.  
That's a problem.  
We put health from a dietary perspective  
out of reach for millions of Americans.  
That is a fundamental problem.  
And we've also disempowered people with that  
by not giving them the information  
that they need to make decisions.  
So even if you have resources,  
I guarantee there are people listening to this podcast  
and many more people out there  
who go to the grocery store and just feel confused.  
Like what on earth should I buy?  
What's healthy?  
What's okay anymore?  
It's just hard to know.  
And so I think we've done a disservice  
by not doing more to help the public understand  
and access healthy foods.  
And again, it's why it's an issue that,  
you know, that was on our list of issues  
that we would want to work on.  
Cause I think that the public health need here is immense.  
I'd like to just take a brief break  
and thank one of our sponsors, which is Element.  
Element is an electrolyte drink  
that has everything you need and nothing you don't.  
That means plenty of salt, sodium, magnesium and potassium,  
the so-called electrolytes and no sugar.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

Now, salt, magnesium and potassium are critical to the function of all the cells in your body, in particular to the function of your nerve cells, also called neurons.

Now, people of course have varying levels of requirements for sodium.

So people with hypertension or pre-hypertension probably shouldn't increase their sodium.

However, many people are surprised to find that by increasing their sodium intake, they are able to function better cognitively and physically.

And that's because a lot of people, especially people who are following low carbohydrate or even moderate carbohydrate and really clean diets, oftentimes they're excreting a lot of water and electrolytes along with it.

And simply by increasing their electrolyte intake using Element, they just feel better and function better.

I typically drink Element first thing in the morning when I wake up in order to hydrate my body and make sure I have enough electrolytes.

And while I do any kind of physical training and certainly I drink Element in my water when I'm in the sauna and after going in the sauna because that causes quite a lot of sweating.

If you'd like to try Element, you can go to drink Element.

That's [lmnt.com](https://lmnt.com) slash Huberman

to claim a free Element sample pack with your purchase.

Again, that's [drink element lmnt.com](https://lmnt.com) slash Huberman.

I have a question about trust in big institutions and public health initiatives in general.

The question is about masks.

Early in the pandemic, as I recall, we were told that masks were not necessary.

Then we were told they are necessary.

And I think for a lot of people that flip in messaging landed like a parent telling their teenage kid to always wear a seatbelt,

but then you look into the front seat and Tom and Dad aren't wearing seatbelts.

And as anyone who's been around teenagers or who's been one, you make that mistake once, you're not making it again.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

And you may never recover from that particular example.  
In other words, the public felt like  
there was a switch of messaging.  
But what I don't recall happening was a,  
like a, hey, we got that one wrong.  
So sorry on us.  
You know what?  
The new data say blank.  
What I recall was a message of don't and then do.  
But there wasn't a lot of kind of acknowledgement  
of how challenging the situation was.  
It was just a lot of top down mandates.  
And in my opinion, and this is just my opinion,  
I think that led to a pretty rapid distrust  
of subsequent messages from which  
we still haven't really recovered.  
And so why do you think it's so challenging  
for public facing officials to just say,  
look, doing the best we can at the moment,  
screwed up before changing the message  
and now may change again.  
We're navigating this in real time.  
It's dynamic.  
Please stay with us because, you know,  
goes without saying there's been a huge chasm  
around this and related issues.  
Yeah. And look this, it's an important question.  
Look, I want to be thoughtful about how I comment  
on what was done in the first year of the pandemic.  
I was a citizen as outside government,  
and I don't know what was happening inside government  
in terms of the decisions that were made there.  
But I do know sometimes from my experience in Ebola  
and in Zika, during those experiences we had as a country,  
that in the fog of war, when everything's coming at you,  
sometimes it's hard to make the right decision  
all the time, right?  
So I want to give some of those folks who were there,  
you know, in the first year of the pandemic,  
you know, some benefit of the doubt.  
But I do think that the important thing,  
the principle I certainly try to follow,  
but when I think that, and you know, we can all do better,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

I can do better certainly too.

But I think an important principle for us in public health communication has to be that we're clear, that we're transparent about what we know and what we don't know, and that we explain the why to people.

So if we're telling someone to do something, why?

Is it because there's a lot of data behind it?

Is it because it's a sort of expert agreement, best practice?

Because sometimes as you know, in medicine, sometimes when we don't have enough data to guide us on a therapeutic approach, but when the problem is imminent, then sometimes experts will get together and put together expert-informed guidelines to say, okay, look, based on our best judgment and the limited data we have, here's what we recommend.

And as the data evolves, we will change, and modify those recommendations.

We do that with hypertension, right?

We evolve and update recommendations.

We do that with lipids.

Here too, I think that has to be like a key part of the approach.

I think one of the challenges that I saw many public health officials encounter was even when they went out with comprehensive messages like that, which are hard to fit into a soundbite or into simple posts on social media, often a lot of that wasn't covered.

Look, it's covered as the top line.

This is what's being recommended.

That's what's being required, et cetera.

All the explanation is lost, it's missing, right?

And I think we also are living in a time where people are reading headlines, like they're living busy lives, right?

They're not necessarily always hearing all of the nuance that's being explained.

But I think that that's a challenge, right?

It's like, I know many public officials struggled with

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

how do you deliver nuanced information  
at a time when there isn't a clear  
black and white answer to things.  
But I think the last piece around this is,  
I think something I was taught early in medical school  
is to approach your patients with humility,  
recognizing that even though you have more training  
than they do, you don't aren't living their life.  
You don't necessarily know what they're going through.  
And you shouldn't assume things about them, right?  
And so approaching with humility means that  
you've got to recognize that not everyone's  
gonna be able to follow your guidance.  
And if they aren't able to,  
that doesn't mean you criticize them.  
It also means recognizing that people may have ideas  
or suggestions for you that may actually improve  
your recommendations or how you communicate.  
And so these are the principles I think  
that are important in public communication.  
But I think that both the challenge of translating  
nuanced arguments into what's actually covered,  
that was tough for many public health officials.  
I think the other thing, honestly, just on a human level  
that became hard for many of them.  
And I am thinking particularly about local and state  
public health officials who were on the front lines  
that I talked to a lot, was they ended up getting  
attacked a lot and abused a lot during the pandemic.  
And I don't just mean like attacked online.  
I mean, people showing up at their houses,  
people harassing their children,  
people threatening their safety.  
And this was often people who were upset  
about some of the requirements that were being put down  
from local departments of health.  
And you can understand, COVID was as stressful a time  
as we've seen recently, people lost their jobs,  
people were losing loved ones.  
I mean, talk about a stressful time.  
But I think at a human level, public health officials  
who were exposed to that kind of abuse  
and who started to worry about their children's safety,

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

many of them stepped out of the arena and said, is this really worth it to put my family at risk? And that was hard because we lost a lot of good public health people in that respect. So I think in addition to having sort of these core principles of public health communication in place, then what we also need to restore is an environment where we have frankly, a humility and civility where we don't attack people who maybe have different views or are coming out with recommendations that are not palatable to us. And I think it's also incumbent upon our leaders in society to not stoke that kind of resentment and violence as well. Because that happened during the pandemic as COVID got increasingly politicized. While that may have been at times done for political reasons here or there, the people who suffered were both the public health leaders who were trying to do the right thing for their communities and the public themselves who weren't able to have a clear direct channel and a dialogue with their public health officials because a lot of that ended up getting closed off. Yeah, I feel like there was a lot of talking down to the dissenters in the general public. And I totally agree that getting violent or harassing people with whom you disagree is totally inappropriate. Andrew, the one thing just to say about the humility piece, and I'll give you an example here of where I think this could have and should have been done better, is in an effort, for example, around masks to recommend that people wear masks. And one important thing just to know is that when it comes to schools requiring masks, those are decisions that are made on local levels. The federal government doesn't mandate masks in schools. It doesn't have the authority to do that. So those are local decisions. But at the end of the day, they were people who did not want their children to wear masks, right? For a variety of reasons.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

Some worried about their social development,  
some worried that it was adding stress to their kids.  
People had met in different reasons  
why they may or may not have wanted  
their children to wear masks.  
And one of the things I think that was not helpful  
was that when parents who made the decision,  
they didn't want their kids to wear masks,  
I think some of them received a lot of criticism  
without people necessarily stopping to understand why  
they may have been making that decision.  
Because I'll say as a parent whose children were in school,  
and my kids are five and seven,  
and in the first year of the pandemic,  
they were doing preschool virtually,  
which was a nightmare.  
It was incredibly hard for us.  
Even when they got back to school  
and the fall of 2021,  
it was a really tough adjustment for them.  
And I could understand some of the concerns  
that parents were having, wondering about,  
hey, how are these precautions affecting my child's experience  
and social development?  
So on the whole, this recommendation may still be,  
hey, improve ventilation in your classrooms,  
recommend masking, recommend testing, et cetera.  
But those recommendations I think have to be made  
in a way that acknowledges the humanity of people  
who may have a different point of view  
or may make a different decision for their child.  
And I know that when localities made the decision,  
in many cases, to require schools and their kids  
in their district to wear a mask,  
that puts some parents who didn't want that,  
they put them in a hard place, right?  
But I think that our failure to actually have  
an open, honest, respectful conversation about this,  
where we didn't feel like we were each being attacked  
as parents for our decisions  
or as community members for the decisions we were making,  
I think that not only hindered,  
I think the response,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

but I think it actually contributed to this division, the sense of black and whiteness that, hey, it's us against them.

And then suddenly, if I was against one measure, then I was against all of them,

or if I was for one measure, I was for all of them,

because we just started segregating into sites

and this became a polarized experience

at a time where really it should have been a crisis

that brought us together as messy as it was.

And that honestly, Andrew,

is what I worry about most for the next pandemic, right?

Like, I think we've learned a lot from this pandemic

about how to manufacture vaccines

and how to develop them quickly,

how to distribute them efficiently.

And we had one, it was one of the,

I think most historic and effective vaccine distribution

efforts in this country,

even though it certainly could have been better,

but it was historic by all measures.

We've learned a lot about how to do vaccines, therapeutics,

a lot of the nuts and bolts of a pandemic response well.

But I worry what we are still struggling with

is how we build trust, how we communicate with the public,

and how we stay together as a country

in the face of adversity.

Because if we're divided the way we were during COVID

during the next pandemic or the next threat

that may come from a foreign adversary,

that's a huge national security issue for us.

And so that's what keeps me up at night

when I think about the next pandemic that may come.

Two questions relate to what you just said.

First of all, as it relates to vaccines, in my opinion,

and I think the opinion of many people out there,

that the response to the next pandemic

will be heavily contingent

on at least some sort of acknowledgement

that there are people who at least feel

that there have been vaccine injuries.

To simply say, okay, the previous round with COVID

went this way and now there's now virus X, right?

Let's hope not, God forbid,



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

but sounds like it's coming at some point.  
And people are going to think to the last time  
and they're going to immediately say,  
well, the last time we were told to take a vaccine,  
some people had a good experience with that,  
other people didn't.  
And in this empathy model of acknowledging  
and letting your moral compass guide  
and understanding the why behind what people are doing  
and how they're reacting,  
it seems to me that now would be the time  
to at least try and understand where they're coming from,  
even if one disagrees,  
maybe even especially if one disagrees.  
And try and get people aligned now  
before the next pandemic.  
And so what efforts are being made, if any,  
to try and acknowledge that some people really do feel  
as if they were harmed?  
I'm not saying if they were or not,  
but clearly there are people who feel that they,  
or people they know were harmed.  
Is there an effort to present them with data,  
to have discussions with them,  
to try and get people aligned  
so that the next time around,  
we can be more of a unified front?  
Whatever the necessary response happens to be.  
Yeah, no, it's a really important question.  
And to me, I always go back to sort of first principles  
from practicing medicine, right?  
Which is if there is a medicine, you give a patient,  
and even if it helps 99.99% of patients,  
but this one particular patient  
that happened to be harmed by it,  
you go in, you acknowledge it, you talk about it,  
and you've together tried out a path  
for how you wanna move forward.  
And the path forward might be,  
yes, let's get rid of that medication,  
but let's use an alternative, let's try it.  
Or we can't use that medication anymore,  
hear the risks, you may sustain,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

but we'll find other ways to protect you, right?  
So that's what we would do in medicine, right?  
That's what I've done with patients over the years.  
I think here too, similarly,  
when it comes to tracking adverse events from vaccines,  
this is an area where the CDC and the FDA track  
and collaborate.  
And tracking means not just not only collecting reports  
from the public and from clinicians,  
when they see an effect that may be related to a vaccine,  
but it also involves analyzing those to see  
were they correlated  
or were there's actual causation there, right?  
Because if today, for example, I felt unwell  
and I traced back what happened yesterday  
and it turns out, hey, I ate this burrito  
that was out in the sun for way too long.  
The question is, am I feeling sick because the burrito  
or did the burrito just happen to be something that happened  
that is independent of how I'm feeling?  
Maybe it turns out somebody was actually sick  
with a GI bug around me and that's the reason  
that I'm feeling the way I am today.  
So the analysis that needs to be done  
on cases that are reported is important  
and it's something that the CDC and the FDA do together.  
Now that analysis I think is essential  
to communicate clearly to the public.  
And whenever I engage with folks in the public  
which we do often and people will talk to me  
about their experiences with vaccines,  
I do think it's important to acknowledge  
what people have gone through.  
Like some people, for example,  
like when I got vaccinated for COVID, for example,  
I felt like I had mild flu symptoms for a couple of days.  
It wasn't great, I would have preferred I didn't  
have those feelings and then I felt better  
a couple of days later and then I moved on  
but I acknowledged it didn't feel good to feel that way.  
There are other people who may have had experiences  
where they felt that they had more serious side effects  
and there may be a question,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

was that related to the vaccine or not?  
So I think we have to both hear and acknowledge those.  
I certainly try to do that.  
I know I think it's important to keep doing that  
across all of government.  
But I also think it's important for us  
to help people understand the process  
that we have to go through to understand  
whether those are related or not.  
If you go online and the CDC's site  
where they collect a lot of this information  
and you just purely look at reports that are given  
of potential adverse effects,  
that you can't sort of take that and say,  
those are all related to the vaccine.  
Look at this rate of harm.  
It's extraordinarily high  
because we don't actually do that with any other  
vaccine or medicine.  
We start there, we do the analysis  
and we try to understand what's actually related or not.  
So I think that's what we've got to do here too.  
One last thing I'll say is that it's important,  
I think also for us to help put this in context  
of other vaccines and medicines and interventions  
that we use.  
So for example, just take Tylenol for example,  
like most people think, oh well Tylenol,  
it's safe, there's nothing bad happens  
if you take Tylenol, et cetera.  
But people who track the data know that Tylenol by and large  
is generally speaking a safe medication,  
but there are people who experience  
adverse effects from Tylenol, liver damage  
and other adverse effects.  
And that data is available,  
but what has happened in the case of that medication  
is that the risks and benefits are both analyzed  
and then a recommendation is put forward  
about a generally safe way to use it.  
And then there's data put out about the side effects  
common or rare, right?  
But I think sometimes we also forget

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

that a lot of the medicines that we have come to take  
and just see as a normal part of our life,  
just like any other vaccine,  
like there's some rate of rare side effects that will happen.  
I say that because what I worry about  
in the black and white environment that we're living in  
is sometimes people will take an anecdote  
about a potential adverse effect  
and we'll portray that as the rule, right?  
And we'll say, well, look, I know somebody  
who had this side effect.  
So nobody should take this  
because this is what's going to happen to you.  
If we did that, nobody would ever take Tylenol.  
No one would ever take ibuprofen.  
No one would take Nyquil.  
Like no one would take any of the common medications  
that we pick up at the drugstore and that we commonly use.  
So that's how I think we have to approach this  
with a combination of clear communication,  
empathic listening and data and context.  
Again, that doesn't fit neatly  
in a social media post per se,  
but I think part of what we need to do as a country  
is rebuild the relationship, honestly,  
between the medical and public health establishment  
and the public.  
And I think it starts with this kind of communication.  
The other question I had about the next pandemic  
and the one we just had is,  
why not have committees of people of diverse backgrounds,  
socioeconomic diversity, racial diversity,  
every aspect of diversity,  
rather than individuals standing there  
telling us what to do for several reasons.  
One is we are a country of many different people.  
I think there are dozens, if not hundreds  
of scientific papers showing that patients follow  
the advice of doctors that look like them  
and sound like them or to whom they would aspire  
to be like, we know this.  
And yet, public health officials typically are unitary.  
One person telling us, do this, don't do that.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

This is a good idea, that's a bad idea.  
I'm but one citizen, but I'm putting up both hands,  
both feet and all toes and saying that committees,  
small but diverse committees that people can relate to  
and feel as if the messages that they're getting  
are vetted through a common understanding.  
Yeah, so it's a really good suggestion.  
And then I couldn't agree with you more  
that a diversity of voices is really important  
to get a message out.  
And during COVID, actually, that's one of the things  
that our office actually was helping to build  
was something called the community core, right?  
Where we actually, we recognize this very clearly,  
and this is something I came to see as a doctor.  
Sometimes I was the right person to message to a patient.  
Sometimes I wasn't, right?  
Sometimes it was the nurse.  
Sometimes it was the medical student.  
Sometimes it was an administrator or the social worker  
with different background, different life experiences.  
So part of this work is when to step up  
and when to step back, right?  
But the community core that we were building  
was a really diverse group of people.  
And a lot of them had public health backgrounds,  
but a lot of more community leaders who understood health,  
even though they didn't have formal training,  
but they're people who knew their communities, right?  
And they had the trust of their communities  
and they understood what was going on  
and they wanted to be helpful.  
So we brought them together to say, okay,  
look, here's what the science is telling us.  
Here are the general recommendations.  
Here's what we would provide.  
You ask us any questions you have,  
like if there's something we don't know,  
we'll go back and look it up.  
But you're the leaders in your community.  
They should be hearing from you, you know,  
about these messages.  
And then those folks went out and actually,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

we worked closely with them, collaborated with them.  
They would design the messages for their community  
based on what they thought made sense.  
They weren't taking what we said word for word  
and we didn't want them to.  
But to me, like that kind of diverse approach  
is what we need more.  
Now, I'll tell you what I would have liked.  
I would have liked if more media networks  
put those folks on TV and got them on the radio, right?  
Because it's important that many of them  
were showing up in their communities.  
We're knocking on doors, we're doing local podcasts,  
et cetera, and that was great.  
But I would have liked more of their faces  
I carried on TV, right?  
So that's a place where when we talk to media  
and when I talk to folks in media,  
one of the things I encourage them  
and push them to do also is to say,  
look, if you can take more of these diverse faces  
and voices and put them out there,  
that's actually good for the community.  
And it also helps people see that  
it's not like one or two people  
who are sort of pushing an agenda here.  
This is like the public health community is big.  
It's broad, it's diverse, it has a lot of voices.  
And the more voices we can hear from as public,  
I think the better off we are.  
Yeah, here, here, again, I genuinely hope and pray  
that we don't have another pandemic,  
but if and when we do,  
I hope there will be committees rather than individuals.  
I know this is a thing in this country,  
we like the idea that one person's gonna save the climate,  
one person's gonna save transportation, one person,  
the other covers the person of the year type approach.  
But then we get frustrated when that person does things  
or makes decisions that we don't like  
in their public or personal life.  
And then it all seems to fall into division.  
And I just feel like,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

we're not talking about groups of hundreds of people with small groups.

So I think we're aligned in that way.

Yeah, and look, there's, I think, a notion that I think sometimes we do want, like the one person who can not only necessarily have all our trust and we can look to, but also who we can hold accountable, if something doesn't quite work out or we don't like something.

And while I get that sort of mentality, I think that in this moment, especially when we're trying to rebuild trust, I think it's important for people to know what they may be hearing in terms of medical or public health recommendations.

It's important for them to know how broad an audience that's coming from or brought a group of experts, right?

And there was a lot more broad agreement.

For example, during COVID and during Ebola, during Zika on public health recommendations, but you wouldn't always know it if you turn on the TV because you were seeing the same couple of faces.

So I think we have to certainly diversify that.

One other thing I think I'll tell you that's important here is I think we have to also think about how we fund groups on the ground that are doing the hard work of getting public health messages out.

Because one of the things that those groups often would tell me, and these are, I might say the groups, I'm talking about the community organization that spent years in a neighborhood getting to know families, where folks who recognize them when they're walking down the street, they're like, oh yeah, that's the person from organization X. They understand as they get us, they're looking out for us.

A lot of those organizations had spent their resources helping the community getting to know the community, but they didn't have sophisticated mechanisms to apply for grants, for example.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

They didn't have grant writers who had done this a thousand times. So historically, those groups have a hard time getting support and funding. So I'll tell you one interesting thing my wife did, which I certainly was very proud of, is she was helping to build an effort and to build a nonprofit organization with a couple of colleagues, that a big organization of people who knew how to get money, how to apply for grants, how to get foundation support, but who also had the wisdom to know that the most important they could do was to give portions of that money to groups on the ground. So they saw themselves as an organization that channeled money to groups that had trust and they executed their mission that way. And that was very effective. And I think we need more of that when it comes to disseminating funding. One thing I think many people may or may not appreciate is that it's actually hard from government to put out a lot of money at once and to do so quickly, right? Like when you've got a lot of funds that you need to get into communities, what happens is the federal government often will give it to states. States will then give it to local communities, to like the local department of public health or potentially, and then they will look to distribute it to others. That takes time, but it also means if you're not connected to that network, if you don't know your local department of health or you're not connected to the state department of health, sometimes it can be challenging to figure out how to get the money. And so I think we need more operations like what my wife and others have been building to try to get those funds directly to the folks who not,



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

you don't necessarily have the most fancy grant writing operation, but they have the relationships. Because at the end of the day, it's those relationships that create the trust. It's a trust that allows life-saving information to get to people. And that's the link that's missing. Very interesting. Pharma, big pharma. I got a lot of questions about whether or not big pharma is on the take for every public health initiative. Now, as somebody who understands a bit about and certainly believes in the use of certain prescription medications, I find most questions about quote unquote, big pharma to overlook the fact that there are thousands, if not hundreds of thousands of medications that save lives and enrich people's lives that are prescription drugs. I also believe, my audience knows, I say it over and over again, that better living through chemistry still requires better living. We still have to get our sunlight, get our sleep, social connection, good nutrition, exercise, and all those things. There's just no pill that's going to replace those. Okay. But I think it's a valid question that people are asking. Is there a direct relationship between big pharma and public health initiatives in a way that should have us concerned about the messaging that we're getting at times and the fact that the United States consumes the vast majority of drugs for mental health, for instance, as compared to other countries? So that's one question. And then I want to dovetail into that question. What are your thoughts on the fact that, there's a history of the tobacco industry being very interdigitated, shall we say,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

with government policies in ways that had us basically injure, if not kill, millions of Americans, and then eventually say, you can't smoke on near a hospital. You can't smoke anywhere. There's very few places where you can consume tobacco products. That kind of relationship and financial incentives and then a lot of backpedaling later, I think war on people's trust. So how should we frame the relationship between the pharmaceutical industry, government, and public health initiatives in a way that is at least halfway functional? Hey, look, I understand where the concern and the suspicion comes from, right? And look, I think it's important that public health initiatives and medical advice is independent of the influence of industries that may seek to profit from what's being recommended or from medications that are being prescribed. We have a history in medicine of doctors who were given gifts and vacations and all kinds of fancy things by pharma companies in an effort to influence what they prescribed. That was really problematic. And now we're seeing a lot less of that, which is good. A lot of rules that are being put in place by medical societies and professional societies and by academic institutions to say, this is an unacceptable way to practice. And that's really important because I do think that human psychology is that sometimes we underestimate how much we're influenced by incentives. We think, yeah, I'm getting that, but I know how to make independent decisions, but at the end of the day, we're human and we're influenced. Or it's a great drug. It could be, wow, this is a drug that's really helping my patients. I'm happy to recommend it to them. Yeah, so when it's every one thing though,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

like taking money from a pharma company as a physician, I think is highly problematic, right?

I think it's hard to say that it doesn't influence practice, maybe it doesn't for some people, but it's really hard to know who those people are.

I do think that separate from that, you can be a physician who prescribes medications because you believe they work.

Look, as a doctor, I have prescribed many antibiotics during cases of infection that have helped my patients.

And I would prescribe those again.

I'm glad that those exist.

In many cases, they've saved the lives of patients

I was caring for in the hospital.

So that's what should drive us,

does the data show that they work

and does our patient need them, right?

That's what should drive our decisions.

When it comes to public health recommendations,

here too, I think a similar principle holds,

which is that I don't think that pharma money

should be influencing our public health decisions,

which means that it shouldn't be funding

our public health organizations

that are making recommendations.

Certainly, I know this is obvious to you,

but I'll say just to be clear for everyone who's listening.

Like our office doesn't take any money from industry,

not just pharma industry, from any industry.

Like the money that we get is allocated by Congress

at the end of the day, it's taxpayer money,

and that's all we get.

And that's important.

We don't want money from pharmaceutical companies.

But that's important because people need to know

that these decisions are not being made

for financial gain.

That being said, there's a broader concern I have, Andrew,

which is I think that we have become

a pill for every problem society,

where we look for a quick fix of a medicine

for every challenge that we may incur.

And sometimes, yes, I'm a believer that if science

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

helps us create medications that can help solve disease, we should use them appropriately.

But I think we discount heavily the behavioral changes that we need to make, the more broader societal and environmental changes that we need to make that influence our health.

Like our food environment matters for our health, our decisions about how physically active we are matter for our health, whether or not we sleep matters for our health, and all of these impact our mental health and well-being as well.

And so when I think about that bias, that to me is not always stemming from money that came from a pharmaceutical company, although I think the ads that we see all the time from pharma companies, I think try to convince us that, hey, just take this pill once a day and all your problems will go away.

But I think it's more complex than that.

And I think that even for, you know, in the healthcare setting, like if you're seeing a patient who has pain, who's having intense pain, it feels easier sometimes to prescribe a medication for that pain rather than trying to deal with non-medication based, you know, approaches or try to get the deeper origins of the pain. I'm not saying that's what doctors do all the time, but I'm saying that we're living in an environment and a broader culture where we, I think, increasingly reach for something that we see as a quick, immediate fix.

And again, don't blame people for that.

We'd rather take a quick fix over something that's gonna take a long time.

But I think it is selling us, I think, sometimes a false hope, which is that that's all we need to solve our problems.

And I think a lot of times you need more, you need the behavioral changes, you need the environmental changes.

That's one of my big concerns

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

in terms of how we communicate about health.  
Would a potential solution be this idea of small committees?  
So let's say somebody is experiencing chronic pain,  
localized or general,  
that they would go to their general practitioner,  
but in the room would also be somebody  
who understands somatic medicine,  
trained clinical psychologists who understand somatics,  
that the body and the brain are linked  
through the nervous system  
and could also assess possible psychological roots  
of the issue.  
And then somebody in the room  
who can make behavioral, nutritional,  
maybe even supplementation-based,  
safe supplementation-based recommendations,  
and then the physician who can say,  
and in addition to that,  
I think the person should have on hand  
a five milligram dosage of a prescription drug  
that if they need it, they could take.  
I think it would provide a lot of protections  
against potential adverse effects  
of any one of those things in isolation.  
There are great protections  
in having people meet in groups for lots of reasons,  
and the person would feel very well cared for.  
So again, small committees of people with diverse expertise  
pooling together to treat people  
from, for lack of a better word,  
a more holistic perspective.  
Why not?  
I mean, you're just driving the dream.  
I think that's exactly what we need.  
Interdisciplinary teams that can provide integrative care,  
recognizing that in this day and age,  
there's not one person who has all the expertise  
to help us figure out  
how to best manage our health challenges.  
I think what we have not figured out  
are a couple of things.  
Number one, who are all the right people  
who need to be in the room,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

or the sort of virtual room, if you will.  
The second is how do we create a structure,  
a healthcare system  
where that can actually happen with efficiency,  
where it can be reimbursed appropriately?  
But that's what we should be doing.  
And then the third leg of that  
is the group experience for patients, right?  
And there's increasingly more clinics  
and healthcare systems around the country  
that are working on creating group experiences  
where patients who all, let's say,  
are working on their diabetes come together,  
let's say once a week,  
and they meet with the healthcare practitioner.  
That might be in addition to their individual appointments,  
but there is so much power in groups coming together,  
groups of patients who can find community,  
who can help each other,  
learn from each other's experiences.  
That's highly underutilized right now in medicine.  
But to really do this well, Andrew,  
I think means that we have to pull back  
from the model we have had for years in medicine,  
which has been a very highly individual-type model,  
which says, okay, you go to your doctor,  
you see your doctor one-on-one,  
you get everything you need.  
Maybe you need to go see a specialist.  
Okay, then you wait a few weeks,  
get another appointment, drive 30 miles,  
go see somebody else.  
Maybe they're connected to the electronic health system.  
Maybe they're not.  
Maybe they know what was discussed.  
Maybe they don't.  
Maybe they'll call and talk to their primary care doctor,  
but maybe they won't because they're too busy.  
And then you, as a patient,  
are stuck trying to piece all this together.  
What, while often in pain.  
Well, yeah.  
In physical and emotional anguish.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

Yeah.

I'm not referring to my own experience, although I've had mild examples compared to what other people have dealt with, but people with chronic pain are irritable for understandable reasons.

I mean, it's,

or maybe somebody is close to veering towards suicidal depression, then there's the interpersonal effects.

I mean, I feel like the crisis is one of a lack of efficiency and thoroughness.

And again, I'm not throwing stones at the medical profession.

I, like you, believe that it's a collection of mostly well-meaning people trying to do their best, but the specialist model and the referral model is incredibly cumbersome.

It really is cumbersome.

And, and like you, look, I, having worked with many medical professions over the years, like these are colleagues who I deeply admire.

I mean, like they're there for the right reasons.

They want to help people alleviate suffering, but they too are feeling burned out and frustrated by the inefficiencies of the system.

Cause I'll tell you,

one of the greatest contributors to burnout for doctors and nurses is a lack of self-efficacy.

It's seeing a patient who has a problem in front of you and feeling like you can't get them the help that they need.

That is like the greatest paper cut, if you will, to the sort of spirit of clinicians.

And many find themselves in that circumstance where they either find that they know what's needed, but the system is throwing up prior authorizations or other insurance hurdles and preventing their patient from getting that care.

Or they are kind of at the edge of their expertise, right?

This happens to pediatricians and primary care doctors more broadly all the time with mental health, right?

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

Most of the mental health care that's delivered in this country is delivered in primary care offices, right? Now, primary care doctors didn't necessarily train specifically and only in mental health, yet they find themselves having to manage a lot of that, including increasingly complex substance use disorders and treatment resistant depression. And they need help figuring that out. But if you don't have a lot of resources to get that referral to collaborate with the mental health professionals, then you're stuck on your own figuring that out. And so, I think the pain is being experienced mostly by patients, but also very much so by clinicians. And that's why that overhaul is needed. And I think, look, a lot of this is, I'm not a healthcare economist per se, but I will say that a lot of this, I think, is tied into the business model that we built around medicine. The notion that we're paying individual people for individual services and individual procedures that are done, while that has some merit in some cases, what we really care about is that the person is getting efficient, integrated, multidisciplinary care overall. And so when health systems, for example, come together and say, okay, rather than sort of focusing on the amount I'm getting reimbursed for every procedure, we're gonna take more of a value-based approach here, where we say, okay, we've got a certain amount of money to care for certain people. What's the most efficient way for us to provide them care? Recognizing if we don't do that. It's not only bad for them, but our costs in the long term will go up, because we're not getting reimbursed for every procedure, we're getting reimbursed for the care, overall care that we're taking for a patient. So there are more of these value-based models that are being adopted, certainly in 2010, when the Affordable Care Act was passed



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

and when other measures were taken  
and the Obama administration in Medicare,  
like that really pushed value-based payment models forward.  
And again, they're not perfect,  
they need their own tweaks,  
but I don't think that the existing financial structure  
that we had in medicine was serving us  
in terms of delivering the kind of multidisciplinary,  
integrated, efficient care that we increasingly need.  
Tough problem, but through recognition of tough problems  
comes good solutions, that's my belief.  
I'm an optimist at the end of the day.  
You mentioned mental health.  
Lately, you've been increasingly vocal  
about the crisis of isolation.  
Just one second, Andrew, before we go there,  
one thing about the tough problems,  
you're exactly right, and the problem is a longer,  
we take to acknowledge and address these tough problems,  
the more entrenched the interests become  
that profit from the status quo, right?  
So if you look at the private insurance industry right now,  
there are so many challenges we have right now  
with patients and clinicians saying  
that they know what care is needed, but it gets denied.  
They know what care is needed, but prior authorizations  
get thrown up there and required.  
Even for a medicine that clearly your patient needs  
urgently, you know, I've had the experience myself  
of having a family member who is needed a medication  
for an urgent situation, and then being told  
that the pharmacy will not fill it  
because it requires a prior authorization,  
but that can't be processed until the weekend is over  
because no one's in the office  
to approve the prior authorization.  
And you're thinking to yourself, does this make any sense?  
Like this is an urgent situation.  
My family member needs his medication.  
I've also had the experience as a doctor of fighting  
for my patients who have been denied care  
by an insurance company and being on the phone saying,  
I'm sitting here in front of my patient.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

I know that they are sick.  
I know they can't go home.  
I know they need to be in rehab.  
There's nobody literally to help them at home,  
but then not having like the rehab bed approved  
by somebody who's not even there, right?  
And there's also just a practice  
that we've seen time and time again  
where insurance companies will also just burden clinicians  
with more and more requests for information  
before they will agree to reimburse for services  
that have already been delivered  
for a patient who needs them,  
which is just creating more and more barriers,  
hoping that if you're a small-time doc out there  
who's got a shingle that you put up,  
you don't have a lot of resources,  
how are you gonna keep fighting all of this  
and sending more and more paperwork  
and eventually you'll just give up?  
We have a lot of problems right there.  
In an industry that should be delivering care,  
often is doing good things,  
but too often I think is allowing barriers  
to be put up to the care that's needed.  
And this is particularly true with mental health.  
I know we're gonna talk about that,  
but mental health care has just been such a difficult thing  
for people to get in our country.  
And part of the reason, there are many reasons,  
but one of them is that insurance companies historically  
did not reimburse adequately or in the same level  
for mental health care as they did for physical health care.  
Or if they did, they would only reimburse  
for a limited number of sessions that you could have.  
If you're a mom out there who sees her child struggling  
with depression, you're really worried,  
you don't wanna be told, you know what?  
You can only get three sessions.  
That's it.  
What are you supposed to do after three sessions?  
And so what has happened is that even though in 2008,  
there was a law passed called the Addiction Equity

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

and Mental Health Parity Law,  
even though that was passed to try to close that gap,  
there were many ways that insurance companies  
were skirting it, right?  
So one, the law wasn't even being adequately reinforced  
for many years, but two, insurance companies sometimes  
would say, okay, you know, we're reimbursing adequately,  
but when you look in the network,  
they had very few providers,  
so you really couldn't access somebody, right?  
So that was a problem for patients.  
And then the other challenge is that they would say,  
okay, you can see somebody,  
but you've gotta complete this prior authorization,  
have that completed by your primary care doctor, et cetera.  
Again, throwing up more and more barriers.  
So very recently, in fact, just a few weeks ago,  
President Biden just announced that we are,  
from as an administration putting out a proposed rule  
to actually strengthen the mental health parity law  
to prevent some of these,  
what I think of as abusive practices,  
because they're preventing people  
who need care from getting it.  
And if you've ever been,  
as I know many people have been,  
who are listening to this,  
if you've ever been in a situation  
where you or somebody you love  
has struggled with a mental health concern,  
what you need in that circumstance is help.  
You don't need to be filling out paperwork.  
You don't need to be waiting three months  
to actually get care.  
You don't need to show up and be told,  
only you only have two more appointments.  
You need to know that help is there when you need it.  
And a lot of these denials are being issued  
to people who have done their part of the bargain.  
They've paid their premiums.  
They've held up their end of the bargain  
and care should be there for them when they need it.  
So anyway, this is something that upsets me a lot

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

because I have seen too many patients over the years  
struggle without the care that they deserve and should get  
because the barriers are being thrown up by industry.  
But I say all that just to say that  
when you take on big problems,  
you will run up against entrenched interests.  
And that's a fight we have to take on.  
We can't shy away from it.  
We can't say, you know, this is politically too difficult.  
Like one of the things I'm very proud of  
is that we're finally negotiating on drug prices  
through the Medicare program,  
something that should have been done decades ago.  
But it's finally happening now.  
You know, the administration just decided  
this has got to happen.  
It was passed by Congress.  
This is good.  
And it just, it makes no sense that we would pay more  
than we need to and pass the cost onto taxpayers  
when we can negotiate.  
And we got to get, look, you got to,  
if you're collecting taxes as government,  
you should be doing your best to make sure  
every one of those dollars is being spent well, right?  
Cause somebody took money out of their paycheck,  
didn't use it for their family,  
didn't use it for their kids.  
And they gave it to the government for good reason  
because that supports first responders,  
police officers, a whole bunch of services that we need.  
But the responsibility in government  
is to make sure that money is being used well.  
And to pay more for medications than we should,  
makes no sense at all,  
especially for our patients and taxpayers.  
So clearly some steps in the right direction are occurring.  
While on the topic of mental health,  
let's talk about the isolation crisis.  
What is the isolation crisis?  
What aspects of mental and physical health is it impacting?  
And then, perhaps most importantly,  
what can we each and all do about it?

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

Well, this is one of those issues that I, if you had told me, Andrew, 10 years ago, hey, you and I are gonna be sitting here talking about loneliness and isolation. I would have said, I don't think so. But I was really educated by people I met across the country about the fact that this is a real problem. And the truth is, it was familiar to me because of my own personal experiences. As a child, I struggled a lot with a sense of loneliness and isolation. I was really shy as a kid. I was pretty introverted. And I wanted to make friends and hang out with other kids, but it took me a while to actually build those relationships. So I spent a lot of time feeling left out. There were times when I would like in elementary schools, and there were days where I pretended I had a stomach ache and so my mom wouldn't make me go to school. And it wasn't because I was scared of a test or a teacher because I didn't want to like walk into the cafeteria one more time and be scared that there was nobody to sit next to or that no one would want me to be at their bench. As I know what it feels like, and I also know what the shame is like, because I never told my parents about this. I never told anyone about that. Because even though I knew my parents loved me, I just felt like, hey, if I'm feeling this lonely, it means that something's wrong with me. I'm not likable. I'm not lovable. I'm, something's gotta be, it's gotta be my fault in some way. It was only years later, Andrew, when I talked to friends from grade school, that I realized that a lot of them were feeling the same thing. We were all struggling by ourselves. No one really knew it. And I came to see a lot of this as a doctor when I was taking care of patients. And I never took a class on loneliness in medical school, wasn't part of our residency curriculum.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

Yet, when I showed up in the hospital,  
I found that the patient who had come in  
with a diabetic wound infection,  
or who had come in because they had had a heart attack,  
when I sat down and talked to them,  
often in the background,  
they would talk about how lonely they were.  
Sometimes I would ask them,  
hey, I need to have a difficult conversation  
about your diagnosis,  
is there somebody you'd want me to call  
to be with you during this time?  
And too often the answer was,  
I wish there was, but there's nobody.  
I'll just have the conversation by myself.  
So, but it was when I was Surgeon General,  
I realized that those experiences weren't limited  
to me and my patients,  
but they were incredibly common.  
And two things I learned when I dug into the data,  
Andrew, was, number one,  
that loneliness is exceedingly common  
with one in two adults in America  
reporting measurable levels of loneliness,  
but the numbers are actually even higher  
among young adults and adolescents.  
The numbers among youth actually,  
depending on the surveys you look at,  
are between 70 to 80%  
who say that they are struggling with loneliness.  
So that's the first thing that I learned,  
but the second thing was how consequential loneliness was.  
I used to think loneliness was just a bad feeling.  
What I came to see in digging into the scientific literature  
was that feeling socially disconnected,  
being lonely and isolated was actually associated  
with increased risk of depression, anxiety, suicide,  
but also an increased risk of cardiovascular disease,  
of dementia, and these are not small risks.  
We're talking about 29% increase  
in the risk of coronary heart disease,  
31% risk in the increased risk of stroke,  
50% increased risk of dementia among older people,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

increased risk of premature death,  
and the mortality impact of loneliness, by the way,  
and loneliness and isolation is comparable  
to the mortality impact of many other illnesses.  
In fact, it's even greater than the mortality impact  
we see associated with obesity,  
which is something we clearly recognize  
as a public health issue.  
So you put all this together,  
and for me, one of the key takeaways  
is that loneliness and isolation  
are critical public health challenges  
that are hiding behind the curtain,  
behind this wall of stigma and shame.  
And unless we talk about it and address it,  
unless we reconcile what's been happening to us  
over the last 50 years,  
where fewer and fewer people are participating  
in community organizations,  
where more and more people are feeling isolated,  
then we're not gonna be able to repair  
the fraying foundations of society  
which are grounded fundamentally  
in our connection to one another.  
You mentioned community organizations.  
Could you elaborate on those growing up  
in the 70s and 80s?  
I was exposed to community soccer teams,  
swim team, there was a community pool.  
These were all public things.  
There were churches, synagogues, and mosques.  
Are we not seeing as much participation  
in those types of organizations anymore?  
And what other types of organizations  
are out there that come to mind  
when you think about the isolation crisis?  
Yeah, so there are several factors  
that have led to us being as isolated as we are.  
One of them, as you mentioned,  
is the decline in participation in community organizations.  
This isn't a recent phenomenon.  
This has been happening over the last half century in America.  
We've seen lower participation in faith organizations,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

in recreational leagues, in service organizations,  
and other community groups that used to bring us together.  
And I think we can talk about the reasons  
why that has been the case.

But one of the key consequences of that  
is that people don't have places  
where they can come together and get to know one another,  
especially across differences.

So we actually associate more and more  
with people who are like us.

But this has also been fueled by a few other factors  
that are going on at the same time.

One is that just from a cultural perspective,  
as modernity has arrived,  
not just in the US, but in other countries,  
we've seen that people are more mobile, right?

They move around more.

We don't always stay in the community that we grew up in.  
Even if we move somewhere else for school,  
we may go somewhere else for a job.

We may change jobs and move somewhere else.

We are leaving behind communities that we grew up with,  
that we went to school with, that we worked with.

And I'm not saying that's all a bad thing, right?

We have more opportunities, and that's a really good thing.  
But I think one thing that we have not accounted for  
is the cost of these changes, right?

If we know what the costs are of certain actions,  
we may still take those actions,  
but we may find ways to mitigate the costs.

We may, in this case, invest more in our relationships  
and be more conscious about reaching out  
to other people going to visit them.

But that has been a quiet but devastating consequence.

The other piece with modernity  
is that we have more convenience in our life,  
which means that we also don't need to see other people  
to get certain things done,  
like buying groceries or mailing an item out  
or getting something from the store.

I can sit in the comfort of my home  
and have everything just come to me.

Now, on the one hand, that's incredibly efficient, right?



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

But I think efficiency is an interesting thing because it's only one factor we should be considering in our lives. There, too, we have to ask the cost. And one interesting thing about COVID, as many people in the first year of COVID when we were all separated from one another, you know, when we finally came back together, and I had so many people who said to me, you know what, I expected to miss my parents and my siblings and my friends, not being able to see them. What I didn't expect was missing the strangers that I saw at the coffee shop or the folks who I ran into at the grocery store or seeing neighbors as I walked down the street. Like, I actually missed that more than I thought I would. So we have lost out on some of those interactions and those loose ties. But the final thing to keep in mind also is about what is happening with how we're using social media technology, which I think is fundamentally transformed how we interact with one another and how we see ourselves and each other. And this is particularly true for young people who are growing up as digital natives. But what has happened there, I worry, is that, and it's not that social media is all bad, just to be clear, you know, technology, look, I'm a believer that in technology broadly speaking, you know, I'm a user of technology, I spent seven years building a tech company, I'm a believer in tech, but I think whether technology helps or hurts us is about how it's designed and ultimately about how it ends up being used. And what we've seen with social media as well is that for many people, it ended up leading to in-person connections being replaced with online connections. We came to somehow value and almost seek out more and more followers and friends on social media,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

feeling like somehow that made us more connected.  
But the nature of dialogue also changed.  
Like as human beings, we evolved over thousands of years  
to not just understand the words someone is saying,  
but to hear the tone of their voice  
to see their facial expression.  
You and I are sitting across  
and we're both processing our body language, right?  
And I'm seeing you nod your head  
and I'm seeing your eyes focused,  
like all of that matters to how we communicate.  
But also like you and I are less likely  
to say something hurtful right now to one another  
because we can see each other.  
If I said something hurtful to you,  
like I probably see the pain or consternation on your face  
and that might give me pause, right?  
When you're communicating online with other people,  
without any of that information  
or without any of the sort of barriers, if you will,  
that make you pause before you hurt someone,  
it leads to a very different kind of communication.  
One that can be quite hurtful at times.  
And I also think that one of the people,  
many people don't recognize is that  
to communicate with somebody else  
and reach out and build a relationship with someone,  
it actually takes a certain amount of self-esteem to do that.  
You have to believe the other person's  
gonna wanna hang out with you.  
They're gonna see something valuable in you.  
And for many young people, what has happened,  
and I think, frankly, for many older people too,  
is their experience on social media  
has shredded their self-esteem  
as they're constantly comparing themselves to other people.  
Like you and I were growing up in the 80s,  
we compared ourselves to other people too, right?  
People have for millennia.  
But what's fundamentally different now  
is that in a given day,  
you can compare yourself to thousands of images  
that you see online.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

That's actually literally what young people tell me. They do roundtables with college students and high school students all the time around the country. And the three things they tell me most consistently about their experience in social media is it makes them feel worse about themselves, worse about their friendships, but they can't get off it. Because the platforms are designed to maximize the amount of time they spend on them. So you put all of this together, and I think what has happened is that we're talking more, but we understand each other less. We have a lot of information, but we're lacking in the wisdom that comes from human relationships. And I think that that's really hurt us. We see it certainly in the data that tells us about mental and physical health outcomes, but there's also the human suffering component, Andrew. It's really heartbreaking for me to travel around the country to hear from people of all ages, often in quiet whispers about their struggles with isolation, about how they feel like they just don't matter at all, about how they feel like they just don't have a place where they belong. And it's, these are people on the outside look perfectly fine, right? They're posting happy things online to the folks at work. They're seeming like everything's going great. This is why I always tell people, like loneliness is a great masquerader. It can look like withdrawal and sadness. It can look like anger and irritability. It can look like aloofness as well. And so it's only when we stop to ask someone how they're doing, when we take pause for a moment and maybe reflect on what's happening in their life that we realize that, wow, the majority of people in our country are actually struggling with loneliness. Yeah, I'm a firm believer that our nervous system evolved under conditions of close interpersonal and direct connection and to suddenly throw a technology in front of ourselves that deprives our nervous system

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

of its normal development,  
is it's clearly going to lead bad places.  
It's also clear to me as,  
based on what you just described,  
that when we go on social media, we see something,  
but they don't really see us.  
Hence, perhaps why people get aggressive  
in the comment section, they want to be heard.  
We want to be seen.  
I think all of us want to be seen and see other people.  
And social media doesn't allow for it so easily.  
I also know that a lot of young people  
will congregate with their friends  
to play video games online, but that's different.  
You're essentially showing up as an avatar.  
And when we were kids, we also played different characters  
in our games, but oh, so different now.  
Do you think that there will be a youth rebellion  
movement against these kinds of technologies?  
I mean, there's a long history of young people  
rebellious against the stuff that's been put in front of them  
and they're like, nope, no more, we're gonna rebel.  
In fact, that was the way that youth overcame  
the nicotine epidemic, if you recall.  
It was the advertising pitching them against,  
or pitting them, excuse me,  
against wealthy, cackling older men  
in rooms counting their money.  
That was what actually was successful  
in getting kids to not smoke  
because kids have a rebellious streak.  
As opposed to when they were told,  
hey, smoking's terrible for you.  
Your lungs are gonna fill with cancer.  
Kids didn't stop smoking.  
Teens didn't stop smoking.  
Rebellion has been baked into our nervous system  
in the adolescent and teen years.  
So do you see a rebellion against this social isolation?  
Are kids gonna start putting away their phones  
and hanging out together again,  
and that's gonna rescue us?  
And that's a way of saying, what can we do for them?

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

What can they do for themselves?  
And what can we do as adults?  
Cause there are a lot of the silent suffering  
is the thing I also really worry about.  
So it's a good question.  
And I think there is already a movement  
that's building among young people  
to create distance between them themselves  
and their devices and particularly social media.  
And it's cropping up in different ways.  
I'm meeting more and more,  
some of these are organized efforts,  
but I'm also meeting more families  
where the parents that gets together have decided  
that they're gonna delay using social media  
and they'll pass middle school  
or in some cases even later,  
or where they're deciding  
that they're gonna draw boundaries  
around social media use  
or they're gonna replace their smartphone with a dumb phone  
that allows them to do things like text  
and make phone calls and use maps and all that stuff,  
but doesn't necessarily have social media apps on it.  
That this is still a small minority  
and we're dealing with a bit of a network effect here, right?  
Because if you're the only one who's not on social media  
in your middle school class,  
then you might feel left out,  
which is why it's so important for parents  
and kids to actually do this together.  
But I do think that to use your analogy with smoking,  
that one thing that I think many young people bristle against  
is this notion of being manipulated  
and used for the profit of a social media platform.  
And the reality is that, again,  
we've talked about how the fundamental business model  
is where most social media platforms  
is built on how much time you spend on those platforms.  
That translates to ad revenue  
and that translates to the bottom line.  
Whereas what I care about as a parent,  
as a search and general,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

is about how well that time is being spent.  
Is it actually contributing to the health and wellbeing  
of a young person or is it not?  
Is it actually harming them?  
And this is where I think,  
when I go out and talk to young people about this,  
number one, I'm so impressed by a lot of young people  
because they already have a lot of these insights.  
They're the ones living it, right?  
They're not thinking that this is all perfect  
and it's all a pure benefit here.  
They're the ones telling me  
that it makes them feel worse about themselves  
and their friendships.  
But they're also having a hard time getting off of it  
because, again, of how these platforms are designed.  
So about a third of adolescents are saying  
that they're staying up till midnight or later on weeknights  
using their devices and a lot of that is social media use.  
And this takes away from sleep, which we know,  
and you know better than anyone,  
is so critical to the mental health and wellbeing  
of all of us, but of young people in particular  
who are at a critical phase of development.  
The other thing that is very concerning to me  
is nearly half of adolescents say that using social media  
has made them feel worse about their body image  
as they're constantly comparing themselves to others online.  
And we used to think that this is just girls  
who are experiencing this.  
And yes, it is a lot of young girls  
who are experiencing these body image issues,  
but now it's increasingly boys as well.  
So this is happening across the board.  
But the other piece, I think that concerns me thinking  
about mental health symptoms is that we look  
at how much time kids are using social media  
and average adolescents are using it  
for three and a half hours a day on average.  
So many social media and that means many are using it  
for far more than that.  
And what you're finding though is that  
for adolescents who use it three hours or more

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

in a given day, their risk of anxiety or depression symptoms double, right? So, and if the average use is three and a half days, that means that millions of kids all across our country, the majority of our kids are at risk here. And so, you know, you put all this together and it paints a very concerning picture. Whatever benefits there may be for some kids of using social media and there's some and we lay out some of this in our advisory on social media. Some kids find social media is a great way to express themselves, to reach other people, to find support, especially if they're from a community that doesn't have a lot of folks who are like them around. It can be really reassuring to connect with others. But we can't say that just, you know, that to get those benefits, we have to subject our children to all of these other harms, right? Kids are experiencing exposure to harmful content, to harassment and bullying online, six out of 10. Adolescent girls are saying they've been approached by strangers on social media in ways that made them feel very uncomfortable. Our kids are also finding that health, promoting activities in their lives are being cannibalized by their use of social media, that it's detracting from time for sleep, in-person interaction, physical activity. And the erosion of self-esteem really concerns me as well because, you know, you need that not just for social interaction, but like, look, as a father, I want my children to grow up being confident about who they are, being confident enough to be authentic as they show up in the world, to not feel like they need to create some brand that's different from who they fundamentally are just to sell that to the world. I want them to know who they are and to be comfortable being who they are and to encourage other people to do the same, to support them in their efforts to be authentic.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

That's what I want my kids to do.  
That's not what's happening to a lot of kids on social media.  
So I think we not only need more kids to understand this  
and to support them in their efforts to create space  
and sacred spaces away from social media,  
but we need to support parents here too.  
Because Andrew, my big concern with parents is,  
look, we've taken this technology,  
which is rapidly evolving,  
which we didn't grow up with as kids.  
And we've told parents, you manage it all on your own.  
We put the entire burden on parents and kids  
to manage this.  
You know, when we were growing up,  
you remember that motor vehicle fatalities  
were really high in America.  
And we didn't say, okay, you know what?  
That's just the price of modern life,  
which is have to accept it  
and keep moving on with our lives.  
We said, hold on.  
We don't have to go back to horses and buggies,  
but we also don't need to accept this death rate.  
We need to make this experience safer.  
And so we put in place with the advocacy  
and support of incredible groups  
like Matt and others across the country,  
admin mothers against drunk driving.  
Ultimately, the government put in place safety standards  
that got us seat belts, airbags, crash testing  
to make sure the frame of cars were robust  
in the setting of an accident.  
And that helped us reduce motor vehicle accidents and deaths.  
And that's what we need here too.  
Like we need to have the backs of parents and kids.  
And that means from a policy perspective,  
putting in place safety standards to protect kids  
from exposure to harmful content,  
from the experience of bullying and harassment,  
and that also protect them from features  
that would seek to manipulate them into excessive use,  
which is happening far too often right now.  
We also need a policy that requires data transparency



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

from the companies.

Researchers tell us all the time

that they are independent researchers.

They tell us they are having a hard time getting full access

to the data from the social media platforms

about the full impact of the platforms

on the mental health of kids.

As a parent, look, I don't,

when we bought car seats for my children,

when they were born, we looked up the safety data,

like many parents, we wanted to make sure

the car seats were safe.

But if you had told me that, hey, you know,

the manufacturers of these car seats

are actually not disclosing some of the data

on the impact on children, but go ahead and buy it anyway.

You know, I'm sure other people

are buying these car seats, you should be fine.

I would have been very disturbed by that, right?

No parent wants to feel that information

is being hidden from them about the health impact

of products on their kids.

That's what we have right now.

So this is a place where I think, well, yes,

and we'll talk about some steps parents can take,

because I wanna get to practical steps

of people who are here as parents

or people of kids in their lives can take.

But we need policy makers to step up

and step into the void here and to fill the gap

because this is too much again

to just ask parents to manage entirely on their own.

And this isn't again about telling parents what to do

and restricting them.

This is about giving them the support they need

so they have confidence when they see, you know,

a technology out there, a device out there,

a product out there for kids that they know

it's been tested, that it's been studied,

and that it's actually safe for their children.

My understanding is that in countries like China,

there are limits as to how many hours kids

can be on screens, period.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

And when I was a kid, we were allowed to watch TV for a certain number of, I think it was a half an hour or an hour, my mom was constantly kicking us out of the house.

Literally, you gotta leave the house.

You gotta go down the street and play.

Unfortunately, I liked outdoor activities.

Nowadays, we also have the issue that a lot of parents are on their phones at soccer games and at kids events.

And so the kids are modeling their parents.

Parents are distracted as well.

So there's a lack of social connection.

People even in immediate family.

People are screened in, you know, the TV, there's laptops, there's multiple phones, iPads.

People are more engaged in the screen portals than often, than their own portals.

You go to a concert and people are watching the concert through their screen so that they can send the same image that everyone around them is sending out to the world.

If you think about it, it's kind of crazy.

But I guess they wanna capture that unique experience. But it's not unique at all.

That's the myth, that's the illusion.

There's nothing unique about your post of something that you went to go see.

What would be truly unique is to just experience that in real time, right?

It's so wild to think about like what we think of as our unique portal is actually not unique at all.

It's what we do with it.

Learn, my stance is glean and learn information online and go use it in real life.

Come back from time to time, you know, maybe an hour a day maximum or so.

Can I just underscore the two words you said, real life?

Because that I think is a really important key here, which is that all of real life isn't happening on social media.

There's a whole world out there, which I think is real life, which is happening offline.

And what's happening online too often is distorted, right?

It's giving us like, even just take the images

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

that we see of people, their summer beach images,  
their like great vacation images,  
that's not representative of their entire life,  
of how they're living their life.  
But we see that and we see people's anger and their vitriol  
and we come to believe over time  
that that's how people feel.  
That's what people are dealing with  
and experiencing in their life.  
And we've just got to get, you know, your mom,  
I love what your mom did of getting you guys outside.  
My parents did the same thing too.  
Like I was very blessed to have two parents who didn't come,  
you know, they didn't have a lot of resources growing up.  
They didn't come to this country with a lot of resources.  
But one of the greatest gifts they gave us  
is that they loved us unconditionally.  
The other great gift that they gave us  
is they pushed us to just explore,  
to meet people, to learn about the world.  
They wanted us outside, playing, you know,  
experimenting, just discovering the world, you know,  
riding our bike around the neighborhood.  
And that's what we did.  
But right now, two critical things that kids need  
for their mental health and development  
are two important forces, I should say,  
that are impacting their mental health and development.  
One is social media, but the second also  
is the lack of unstructured play time that kids have.  
Like unstructured play time is time when we as kids  
learn how to negotiate situations with other kids,  
how to resolve conflict, how to recognize what's going on  
in someone else's eyes before they say something.  
We learn how to collaborate and play with other kids.  
There's a lot you learn on the playground as it turns out.  
But I worry that right now that we've almost somehow  
made that kind of unstructured time seem inefficient.  
You know, we've set these standards for our kids  
that they need to be, you know, getting fancy jobs  
and into fancy colleges and making an X amount of money.  
And the path to doing that is, you know,  
to be enrolled in X number of activities after school

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

and to do all this stuff in school.  
And their lives are so hyper structured  
that I worry that the time to just play, to be creative,  
to reflect and think, to just have unstructured time  
with other kids has evaporated.  
And I think that that also is hurting the mental health  
and wellbeing of our children.  
I love the idea that unstructured play time  
could be framed in the accurate context  
of the nervous system developing  
the way it was supposed to develop.  
I mean, I would argue that success is going to be easiest  
for children that engage in the real world more.  
In fact, there's great risk  
to posting everything that you do online.  
We've seen some examples of that preventing people  
from getting into or staying in college  
based on things they said or did previously  
that they shouldn't have said or done.  
Those are kind of, you know, negative highlighted cases.  
But in general, we know that the nervous system  
thrives on diversity of types of interactions  
and social interactions in particular.  
I'm just restating what you just said.  
So if ever there was a call for kids to get out  
into non-screen life, let's call it,  
and engage their nervous system that way,  
without question is going to benefit them  
in terms of their ability to learn and retain information,  
perform well in school, which is not everything life's about.  
But let's face it, we still live in a society  
where hitting those milestones on a consistent basis  
is the best predictor of people being able to, you know,  
live self-sustained lives, build families,  
and that sort of thing.  
So you mentioned a few actionable items  
for parents as it relates to kids,  
and maybe, well, not maybe, limits their screen time,  
force them outside in the safe weather  
and safe conditions, of course.  
But what about adults as well?  
I mean, what can we all do?  
Should we be restricting our screen time

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

to X number of hours per day?

I mean, you're the surgeon general.

If you had a magic wand, which I realize you don't, and you could make a highly informed recommendation about what the thresholds for too much time on social media are, what would it be?

Two hours, three hours?

Yeah, so it's a good question.

And let me actually go through some of these things that parents can do for kids and that we can all do for ourselves.

With kids in particular,

what I would do specifically with social media is, and this is frankly what I'm planning to do with my wife or our kids as they grow up.

Number one, I would seek to delay the use of social media past middle school at minimum.

And I know that that is hard to do at a time where all kids are on social media and you don't want your child to be the only one left out and to be lonely as a result.

So that means no account of their own?

It means no account of their own.

Okay.

And I would make, to the best of your ability, see if there are other parents that you can partner with to do this.

Because it's hard to do alone as a parent, but it's also if there are other parents you're partnering with, that means there are other kids who are also delaying use.

That means your child is not alone.

And I think if you start the conversation with other parents, you'll realize, a lot of them are worried about the same things you are.

They may have thought about delaying use, but they also don't want their kid to be the only one.

So this becomes a numbers challenge, but partnership can help us.

If your child's already on social media, what I'd recommend is to create sacred spaces in their lives that are technology free.

And specifically I would think about the hour before bedtime

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

and throughout the night as time that you want to protect because kids are losing, not just sleep because they're going to sleep later because they're on their devices, but they're also waking up in the middle of the night, maybe to use a bathroom, maybe to get some water and then they get back on their devices again. So the quality of their sleep is being significantly impacted by access to those devices during the night. So I would protect that time, hour before bed throughout the night. I would also create, make sure meal times were tech-free zones so that people actually, that you talk to one another, you see one another, and time with friends and family members when you're out at a birthday party, et cetera, make that tech-free time, let them focus on their time with other people. Those three tech-free zones can do a world of good to help your child. And then the last thing I'd recommend here, the many things I think parents could do, is to start a dialogue with your child about their use of social media. We don't always know how social media is making our kids feel. From the end, and we may realize when we talk to them that they actually have their own concerns. They might say, yeah, it's not making me feel really good, but it's just like hard not to be on it. Everyone's like texting on this or everyone's sharing information and posting pictures on it. I feel like I need to be on it. You can only help them start to manage that if you know that that's a challenge that they're having. So opening up a conversation so your child knows that you're not judging them, but you're trying to understand their experience is important. Also so that you can help them understand what is not acceptable for them to experience on social media. If they're being harassed or bullied by strangers, that is a problem.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

You want your child to tell you about that, to report that.

If they see something posted online that's really concerning to them, let's say, they see a friend post that they're thinking of taking their own life or harming themselves in another way.

You want them to know that that's important to flag and to get help that they shouldn't just scroll past that. So that conversation is really important.

And finally, as parents, we can lead by example, right? And this is hard, because the truth is, we've been talking about social media and youth and that's what the subject

of my Surgeon General's advisory was on.

But I have concerns about adults too.

I said, as somebody who's had challenges in my own use of social media, finding sometimes it bleeds past my bedtime and I'm realized,

I think M&A checks something for five minutes an hour later, I'm still there, scrolling through something.

And sometimes I find myself, over the years,

I find myself comparing myself also to posts I see online in unhealthy ways.

Sometimes I find myself sort of pulled into content that ends up being angry and vitriolic and leaves me feeling worse at the end.

So I've experienced this as well.

And I think as parents, one of the hardest things to do is to follow this advice we're giving our kids to draw those boundaries as well.

And to put our devices away when we're around our kids.

One experience I had, which sort of,

I still feel bad about,

but which really helped kind of knock some sense into me was after my son was born, my older child,

I was actually, I was Surgeon General at that time.

You know, I had, you know,

it was a lot going on, it was a busy job, et cetera.

But I wanted to make sure that I protected bedtimes and mealtimes for us to be together as a family.

Yet one day when I came home, you know, after dinner, when we were doing the bath time and bedtime routine and getting my son ready for the night,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

my wife was changing his diaper.  
And instead of helping,  
I was just standing at the side scrolling through my inbox.  
And my wife, who has infinite patience  
and is like one of the most well-adjusted people  
that I know, just paused and she turned to me.  
And Alice said, do you really need to be doing that right now?  
And she said just very quietly,  
but I felt just like such a sense of shame when she did that  
because I was like, what am I doing?  
Like, this is my infant child, you know,  
and the rare few hours I have with him during the day.  
And I'm just scrolling through my inbox and my phone,  
like, this is terrible.  
And look, I know that all of us do this,  
it may be in different contexts,  
but it was a wake-up moment for me  
because I realized like one, like as you know well,  
as a neuroscientist, we can't really multitask, right?  
We're rapidly task switching, right?  
And that was time in my, when I had was in my inbox  
and my head wasn't with him, you know,  
and my heart wasn't with him, right?  
I was just distracted.  
And so as parents, if we can honor those sacred times,  
you know, when we're with our children  
to keep our devices away,  
meal times, sleep time as well,  
it's not easy to do, but it really sets  
a good example for our kids.  
All behavior change that we're talking about here,  
the kind of behavior change I've worked with the patients  
over the years are in physical activity and diet.  
All of this is harder to do when we're doing it by ourself.  
It's a lot easier to do when we're,  
we have a couple of friends or family members  
who we agree to do this with.  
We hold each other accountable,  
we encourage and support each other.  
It's how I've been able to make  
the most successful behavior changes  
I've made in my life have come about  
because I have two good buddies, Dave and Sonny,



## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

who are part of my brotherhood,  
and the three of us as brothers talk about health,  
we talk about our finances,  
we talk about our family and our friendships and our failings,  
and we help keep each other accountable.  
And so I would just encourage parents,  
like is this, say it sounds daunting or overwhelming,  
you don't have to do this alone.  
Think about one or two people, other parents,  
who you might want to do this with.  
And I can't guarantee you,  
a lot of us are struggling with the same stuff,  
and they would probably welcome an opportunity  
to do this in collaboration with another parent.  
Such spectacular advice that I hope everyone will follow,  
not just for their kids, but for themselves.  
I think that whether or not social media is addictive  
in the true sense of the word  
is kind of a meaningless debate at this point.  
It's at the very least a compulsive behavior  
for many of us.  
And as you described it in the example you gave,  
it becomes reflexive.  
We're not necessarily seeking pleasure  
or looking to engage in online battles.  
It's just, it's become reflexive.  
Sort of like finding yourself with your hand  
in the refrigerator, just you can't even think about it.  
You're just doing it.  
So becoming more conscious of the use  
and thereby more conscious of the value  
of putting away the screens and social media  
for extended periods of time each day.  
And certainly in the middle of the night,  
folks, neuroplasticity, brain rewiring happens  
in the middle of the night while you're asleep.  
When you mentioned kids,  
awake in the middle of the night looking at their phone,  
I just, oh my goodness, it pains me.  
I've looked at my phone in the middle of the night,  
I try not to, but I'm certainly not in the window  
of maximum plasticity either.  
It's terrible for everybody,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

but especially terrible for kids.  
What you just provided is an incredible,  
let's just call it a, I'll call it a mandate.  
You didn't say it, but a suggestion of teaming up with people  
to become more like-minded around these issues  
and to really promote health.  
Along those lines, I really wanna thank you.  
First of all, for the conversation today,  
you're incredibly busy, you're responsible  
for an entire country is worth of people.  
So to take time to sit down with me  
and to discuss these topics for our audiences,  
it incredibly appreciated by me and by them.  
I feel comfortable extending their gratitude here.  
And it's also clear based on today's conversation  
that you face an enormous number of challenges  
at the level of budgetary challenges.  
By the way, I'm gonna work on that.  
It's hard to shut me up,  
as well as the huge array of issues that you confront.  
And it's clear that it's a challenge  
that you've embraced for many years now,  
a hundred difficult conditions,  
and that you're clearly willing to get out  
and talk to people and hear their criticism,  
hear their concerns, hear and learn from them.  
And so it's been a great benefit to us  
to hear and learn from you.  
And I hope this won't be the last of our conversations.  
There's many more topics to cover,  
but I just really wanna thank you.  
Thanks ever so much for the intellectual power  
and the emotional power that you put into what you do,  
because that is very clear.  
You're a physician first and you care about your patients  
and your patients are all of us.  
So thank you so much.  
Andrew, that's for something just incredibly kind of you.  
Thank you, I appreciate that.  
And I've loved our conversation.  
And for me, what I hope most of all  
for my kids, for our country more broadly,  
is that we can go deeper,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

like beneath these surface issues,  
I worry that we find ourselves disagreeing about  
and fighting about online  
and recognize that there is a deeper challenge  
that we are facing that I think underlies  
a lot of the anger and the vitriol.  
And this issue around how disconnected  
we've become from one another,  
I think is at the heart of that.  
I don't think that there's any policy  
or program we can implement.  
That's gonna ultimately fix what AIL society  
without fundamentally realizing that  
a lot of this is a manifestation of a society  
that has become more disconnected  
and more disinvested in one another like over time.  
And that's just not who we are.  
It's not how we evolved over thousands of years.  
It's not how we're gonna thrive in the future.  
So I know that sometimes when you look at these  
big intractable problems,  
like widespread loneliness in the United States,  
that it can seem like hard to address these.  
But I do want to encourage everyone to recognize  
that when it comes to human connection,  
that it is small steps that can make a big difference  
because we are hardwired to connect as human beings.  
And if you just pause for a moment,  
and if you just think for a moment in your own life  
about someone who has been there for you  
during a time of great need,  
somebody who has stood up for you  
and you couldn't stand up for yourself,  
someone who's helped to remind you  
of why you're still a good person,  
why you still have worth and value to add to the world,  
even when you had lost faith in yourself.  
When you think about their faith in you,  
about their support for you, about their love for you,  
think about how healing that was.  
That's the power that we have to help each other heal.  
We are going through an identity crisis  
in many ways as a country,

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

where I think we need to ask ourselves,  
who are we?  
What defines who we are?  
What are the set of values that we want to guide us  
in our life and to guide our country?  
And I know that it feels like we're a nation of people  
who are mean, who only care about ourselves,  
who are throwing blame and anger at each other all the time,  
who are pessimistic about the future.  
But I actually don't think that's really who we are.  
I think at our heart,  
we are hopeful and optimistic people.  
I think in our true nature,  
we are kind and generous to one another.  
In our hearts, we're interdependent creatures  
who recognize that if someone else is suffering,  
we want to be out there to support them.  
And who want people to be there to support us as well.  
That's who we really are.  
But we have to make a clear choice here  
about our identity as individuals and as a country  
and recognize that that choice  
has real implications for everything else  
that we're talking about here.  
That's the foundation.  
And when I think about my own kids growing up,  
like many parents, I worry about the world  
that they're coming into.  
I worry that they're gonna use the wrong word  
even though their intentions are right  
and people are gonna blame them or cast them out.  
No, I worry that they're gonna stumble and fall down  
and they just keep walking by, not caring,  
because everyone's living their own life.  
I worried that they might become someone  
who does the same thing to other people, right?  
None of which I want.  
What I want for all of our kids is for them to grow up  
in a society where we care about one another.  
We have each other's backs.  
We recognize as that old African proverb goes  
that we can go fast if we go alone,  
but if we really want to go far, we go together.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

And that's what I want for my kids in our country,  
but that's what we each have the power to create  
in our own lives.  
It starts with the decisions we make,  
but how we treat one another.  
Do we, for example, reach out for five minutes a day  
to someone that we care about?  
Do we pick up the phone and call them to say,  
hey, I'm thinking about you.  
We can all do that today.  
Do we give people the benefit of our full attention?  
Recognizing that while time is scarce,  
our attention has the ability to stretch time.  
It can make five minutes feel like half an hour,  
but it's a hard thing for people to get  
because they're distracted by their devices.  
But do we give people the benefit of our full attention?  
And do we look for ways to serve one another?  
Recognizing that it's through our acts of service  
that we actually forge powerful connections,  
but we also remind ourselves  
how much value we have to bring to the world.  
And this is important at a time when the self-esteem  
of so many of us and our young people in particular  
is being eroded, particularly by their use of social media.  
So these are the steps that we can take  
to build connection in our life.  
But the core values, I believe,  
that have to be at the heart of our identity,  
these values around kindness and generosity,  
around courage and service.  
These also have to animate the decisions  
that we make in our life  
about programs we advocate for,  
the policies we support, the leaders we choose.  
These should all be reflections of the values  
that we wanna see in our children and in society more broadly.  
Because I'll tell you that 90% of the plus  
of the decisions leaders make,  
they make behind closed doors.  
And what's guiding them in those moments are their values.  
That's true whether you're the leader of a company  
or a nonprofit organization or a leader in government.

## [Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health

So those values matter.  
And I want us as a country to speak more  
about the values that we choose,  
about the identity that we want to anchor ourselves to.  
That's the way in which I feel like America  
can be an even greater beacon of hope for the world.  
Because the world is struggling with this too.  
We're not the only ones who are dealing  
with loneliness and isolation,  
who are seeing anger and resentment and vitriol bubble up  
at extraordinary levels,  
who are seeing mistrust in institutions soar.  
Many countries are experiencing this.  
I would love America to lead the way in some ways  
and showing what it's like to embrace  
a more human identity that's centered around kindness  
and service and friendship and generosity.  
Like to me, all of these values,  
ultimately Andrew stem from love, right?  
Love is our greatest source of power.  
It's our greatest source of healing.  
I say that as a doctor who's prescribed  
many medicines over the years,  
but a few things more powerful than love  
and its ability to help us through difficult times  
and help mend the wounds seen and unseen  
that we all carry with us.  
And I think if we recognize that,  
we recognize that we don't have to have an MD  
after our name or have gone to nursing school to be healers.  
We all have the power to help each other heal.  
Like Andrew, we are not fundamentally  
a nation of bystanders who just stand by  
while other people suffer.  
Like we're a nation of healers and hope makers  
who can restore hope that the future can be better,  
who can create a better life for ourselves  
and the people around us right now.  
It's what we're capable of.  
It's what we're built for.  
That same identity that I think we now more than ever  
need to embrace.  
Amen.

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

Thank you for that.  
I agree, love is definitely the verb  
that can get us where we need to go.  
Thank you so much for your words,  
for your incredible efforts to support public health  
and hopefully to continue to support public health.  
I know you've been at this a long time  
and we have all benefited.  
And thanks for your open-mindedness,  
especially around some of the questions  
that invoke some challenge.  
And again, for your taking the time  
to come talk with us today.  
And I really also enjoyed it.  
It's been a real pleasure.  
And there was a lot of learning for me.  
And like I said before,  
I hope it won't be the last time.  
I hope not either.  
Now, I look forward to the next time to stay in touch  
and just love this conversation.  
Thank you for what you've done  
for being this beautiful channel  
of information for the public.  
But it's most importantly, thank you for who you are.  
You know, like who you are, Andrew,  
like comes across very clearly.  
And when I meet you,  
you have a good heart and you have good intentions.  
You're a good man.  
And we need more people like you in the world.  
Thank you, right back at you.  
Thank you for joining me for today's discussion  
with Dr. Vivek Murthy,  
the Surgeon General of the United States.  
I hope you found it to be as informative as I did.  
If you're learning from and or enjoying this podcast,  
please subscribe to our YouTube channel.  
That's a terrific zero-cost way to support us.  
In addition, please subscribe to the podcast  
on both Spotify and Apple.  
And on both Spotify and Apple,  
you can leave us up to a five-star review.

## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

If you have questions for me or comments about the podcast or topics or guests that you'd like me to cover on the Huberman Lab podcast, please put those in the comment section on YouTube.

I do read all the comments.

In addition, please check out the sponsors mentioned at the beginning and throughout today's episode.

That's the best way to support this podcast.

Not on today's episode,

but on many previous episodes of the Huberman Lab podcast, we discuss supplements.

While supplements aren't necessary for everybody, many people derive tremendous benefit from them for things like improving sleep, for hormone support, and for focus.

The Huberman Lab podcast has partnered with Momentus supplements, and we did that for several reasons.

First of all, their ingredients are of the very highest quality.

Second of all, they tend to focus on single ingredient formulations, which make it easy to develop the most cost-effective and biologically effective supplement regimen for you.

And third, Momentus supplements ship internationally, which we realize is important because many of you reside outside of the United States.

To see the supplements discussed on the Huberman Lab podcast, go to livemomentus spelled O-U-S, so it's livemomentus.com slash Huberman.

If you're not already following me on social media, you can do so by going to Huberman Lab on all social media platforms.

So that's Instagram, Twitter, now called X, LinkedIn, Facebook, and Threads.

On all of those platforms,

I cover science and science related tools, some of which overlaps with the content of the Huberman Lab podcast, but much of which is distinct from the content covered on the Huberman Lab podcast.

Again, that's Huberman Lab on all social media platforms.



## **[Transcript] Huberman Lab / U.S. Surgeon General Dr. Vivek Murthy: Efforts & Challenges in Promoting Public Health**

If you haven't already subscribed to our neural network newsletter, the neural network newsletter is a zero-cost monthly newsletter that includes podcast summaries, as well as toolkits. So toolkits for sleep, toolkits for learning and plasticity, toolkits related to dopamine regulation, and much more. Again, it's all zero cost. You simply go to HubermanLab.com, go to the menu tab, scroll down to newsletter, and simply enter your email, and we do not share your email with anybody. Thank you once again for joining me for today's discussion with the U.S. Surgeon General, Dr. Vivek Murthy. And last, but certainly not least, thank you for your interest in science.