Introduction to Tammy Marshall

Welcome to the Reverse Alzheimer's Summit. I am thrilled to have Tammy Marshall here. I'm your host, doctor, Heather Sanderson, and we're going to dive in to Tammy Marshall.

Her approach not just to dementia, but to seniors and aging and how we can just make that better in general. Tammy loves to break glass ceilings, both in work and in the minds of those with outdated culture scape narratives around aging.

The glass shattered as Marshall became the first woman chief experience officer in the country for aging services. The first woman to sit on Thrive Senior Living's vision team and the first VP of Strategic planning for one of New York's largest long term care systems.

Marshall keynotes around the globe on topics of ageism, women in leadership, integrative health, and civil rights. For those living with changing cognitive abilities, sometimes known as Alzheimer's and dementia, in the aging services space, she is known for and sought after for her work in the area of biophilia, biohacking, and for bringing a holistic approach to both the programmatic and the built design.

She is known for her published work on building culture, leadership, nursing, Alzheimer's and dementia, and Person Directed. You can see why I am thrilled to have Tammy here today.

Welcome. Wow, that was long and rather boring. Not at all. Oh my gosh. I had the exact opposite experience every time I read it in preparation for this calling.

Like I cannot wait to have this conversation. She's one of the most interesting people I think I get to meet. If I could update it, I would just say Tammy Marshall says, just please go outside.

That's great. I love it, and I have to tell everyone that you were trying to take this call outside. And that I was like, no, no, we do need to record.

And so your light needs to be just a little bit better. So if you could please go back inside just for the 45 minutes while we record this. But you back inside.

Shoes are still off, though. Okay, good. So thank you for making, the sacrifice for us so that we can get great video, great audio. Let's dive in. Tell me, what does biophilia mean?

Yeah, so I love the word I think I say it's pretty to say so when when you're watching this or as you're watching this, just try to say it with me like biophilia.

And it kind of covers all of the mouth. And bio means life, right? The doctors know that bio means life and philia means love. So it's kind of love for life.

I just, I mean, as a word, it's beautiful. But the meaning and the the research and the study behind it, is really what brings it to life. And we credit, Edward Wilson for that.

I mean, really, in 1984, he wrote the book, first kind of book around Biophilia. And from there it's just taken a life of its own.

What Biophilia Means

But the premise is that humans, benefit from being in and around nature, and nature benefits from us in that same way. How glorious, how beautiful, and so how does biophilia impact our biometrics?

So we can we can look at the science of this and connect this idea. And I think we all we all feel it intuitively. Right. You go for a walk on the beach or you get outside in nature and you feel better after.

But we can measure this. How do we do that so well, if you personally want to measure it, I can say that you could buy a heart math institute, heart rate variability and stick it on your ear and go outside and just start to walking around in your body will, over time, come to what?

That the was human resonance. The resonance of the Earth. It has its own frequency. That's for you personally. If you look at the research in this area and again, I'm going to credit here a ton of people built, Judith her way and, Sally, there's so many people who studied the biometrics of this in terms of, well, first of all, I'm going to say from the built design standpoint, that's what I'm talking about right now.

And then I can bring in the holistic nature really around. We rewilding one. And, there's another great book, The Nature Fix by Florence Williams. But they, they hold a lot of the body of the research.

But in the design aspect, built design, it's really, really been studied well. And so from things there's 14, 15 patterns, they say, for biophilic design.

It's resurrection, cognitive performance, emotional and mood preference. All of those biometrics, can be impacted meaning. And I like to since this is live, I'll just go to this page.

I love to say to people, if you could take this pill, would you take this pill? And let me just open to the page, because it's almost a no brainer. So here, here's, here's a I don't know if you could.

Yeah. But here I'm going to read this to you and tell me if you'll take this pill, because it is a, by and large, the world, the Western medicine world we operate in is a pill paradigm.

So I'm going to offer you another pill. Here we go. Would you take this pill if you could reduce cortisol levels and stress hormone, elevate white blood cell counts for your immunity.

Improve attention and performance in children and adults. Boost creativity and focus and cognitive function and problem solving. Calm the mind and boost self-esteem.

Improve short term memory. Reduce the risk of nearsightedness, and increase longevity. Would you take that pill? Of course. Ten times a day. Yeah, and it's just I mean, it's the green pill it is being in and around nature and that's both outside and then the way that you bring it indoors.

So talk a little bit about that. How do we bring it indoors. Here's, here's where Bill Browning really shines. And he has just authored a book with, Catherine O'Brien.

It's called The Nature Inside. And so here's some very, very simple solutions that he talks about, which we kind of know. But, the sound of running water and so on, right.

Even just like saying there's automatically, plants obviously inside having a few and a vista of nature, whether that's looking at a tree on a picture on a wall as a has an effect on your, stress response.

Biophilic Design and Biometrics

It's not as profound as being in nature, but having a green scape on your wall, like behind you, actually has a therapeutic effect on like, I get to see it and I'm, you know, I can sense my you're in tune, you can sense the cascade of your body.

But these subtle things that are that can be built into the environment really, really impact, your biometrics. And I say that because the one there's the evidence for it, but, you know, it's so intuitive.

We make it hard and you can bring wood into your environment through your furniture. As much natural lighting as possible when you can have the, window open so that you can hear the birdsong.

The birdsong has a profound effect on our emotion. There's just I mean, I could go on and on and on, but I will definitely include in this if I can. There's a PDF with the 15 patterns of biophilic design just for people to have.

Simple things you can do absolutely will make sure that's in the show notes. And now I want to tie this back to dementia. But even as you're describing it, it feels almost as important, if not maybe even more important for caregivers to know this piece, because caregiving is so stressful.

It can be really, really, really hard work emotionally, mentally, physically, very taxing and so I immediately am thinking that the caregivers are going to benefit just as much as our dementia patients.

But tell me exactly how it it evokes, cognitive function when we think of this, this concept of biophilia. Right. So prefrontal cortex, turning on the amygdala, if you put me in a high stress, even your environment can be built and decorated so that it agitates you and you don't even know it.

So building in biophilic principles, like we said earlier, reduces cortisol, reduces the stress response. So I'm not turning on all of my, prehistoric feelings and especially behavioral responses with dementia.

You're really turning on the feel good hormones and shutting down to varying degrees based on, you know, the design and the atmosphere and the air quality.

I would even say your you're dialing down all of the stress response hormones just by the environment. Now you go outside with that and it's on steroids, if you will.

I mean, everything is ramped up, although the evidence is clear. You can have the photos and the wood inside and the plants inside and still have a very, very profound impact, on a person's, biometrics.

But I do want to say something about the workforce, if you don't mind. You know what study during Covid at Mount Sinai, and I forget it. I remember the the person who ran the study, but it was a partnership, and they created a biophilic break room for people to go in and do what we call rest and recover for their breaks during Covid response, like the, you know, the ICU docs and nurses, the E. R.

docs and nurse, any, any of them really. But it was completely designed to go in and take down the stress hormone and response. And the research out of that initial study is also profound.

And I will attach that. It's out. But, over and over and over again, the people leaving the break room reported a sense of calm and restoration to go back out onto the floor.

So important works. Yeah. And imagine, I mean, I, I in my mind, I can think of a couple of breadcrumbs. I have been in, in my ICU days as a nurse and well, my gosh, they weren't biophilic and right. You I think that that happens often.

Right. The employees are sort of a there's the second thought, right. Like we think about the patients, the the whoever's right in front of us that needs the services and the, the employee.

They're like, it's like the second class citizens in this whole environment. They don't get taken care of when really what we need to do is be taking really great care of them, making sure they have, of course, enough food, good food, enough water, good water that, like you mentioned, air quality or all of those things that are going to help them perform so that we get the outcomes that we want for our patients.

I mean, just think about when you implement the 15% you have, like to go into, I would say buckets, the stress reduction kind of performance, emotional preference.

We just think about stress reduction. We know when you have a visual connection to nature, you have lower blood pressure. Hands down. The research is there.

When you have rhythmic sensory like water, you have a positive impact on your your heart rate it. There's a resonance that happens, right. Presence of water immediately produces tranquility.

And what does that do? Heart rate, blood pressure I mean, you're talking to doc, so you get this, when you play with light, natural lighting, circadian rhythms, sleep.

What does that do? Right? Positive impact on circadian rhythm function. Better sleep, better health outcomes. I can go on and on and on. And these things are so simple.

So tell me about applying the biophilic design in a long term care setting. Nursing homes, assisted living, memory care, senior living. And of course I want to download everything you have to say because we need to be applying it at Miramar if we aren't already.

We I need all the notes. So what do we do next? The very, very first thing I would say is, and this is, I think a civil rights and a social justice issue, and it's broader than biophilia, but I would say, on the topic of mirror neurons, we we're going to mirror our information.

Applying Biophilia in Senior Care

And so if someone says to me, you know, how do I apply this or how do I look this assisted living already I have like, my hair standing up because I'm not necessarily into cohorting, people together in such a way that, they're all alike each other because I have owned and operated senior living, I have worked in long term care for, almost 25, 30 years now.

And I've seen the impact of, clustering people who are just like each other together and what that does from a mirror neuron standpoint. And then when we integrate, just like classrooms and, schools, when they're integrated, the reciprocity and benefit that happens, they're literally people who couldn't feed themselves, would pick up forks because they're watching the person.

And there's the thing just turns on. Is that everybody? No. But is it some people? Yes. And why would we cluster them together? So I'm going to say for eternity versus anyone who asks me about the built design for, you know, X cohort.

I'm, I'm, I'm pro integration and inclusion versus, segregation. And I think I'm a civil rights, social justice and even biometric standpoint. It it helps everyone to do that.

You know, I have to tell a quick story from Rama. I'm sure you have thousands of them with all of your experience. But we had some concern about bringing in a more advanced patient.

She had a Moca of zero, so it was essentially nonverbal when she moved in, and we had some concern that some of the other residents would feel like, oh, no, is that the direction I'm going is that, you know, is that going to be me soon?

And that there would be an increase in anxiety or concern about their own cognitive function? And the opposite is what happened. What happened was that the people who had mochas, you know, like the 16, 17 kind of in the teens where, you know, totally verbal, but memory lapses, of course, they became almost caregivers to her.

They found a lot of, of purpose and meaning and engaging with her. And she is now doing so well, she, in fact, read the name of a nametag of one of our, staff members the other day.

We were in tears. We just could not believe it. Now, this woman moved in in January 6th months ago. Not even a full six months ago, but essentially nonverbal, like you mentioned.

Unable to use a fork and knife and feed herself. And she has good days and bad days still, but she speaks in incomplete and and very appropriate sentences now and is I mean, I never would have thought that she would be reading again.

Just absolutely astounding what's possible. Vowing to you because obviously because of, the experience that you've created, it's possible you're open enough to to that or I think if there's any message that we're trying to relay, which is to open your mind, yes, you can make money off marketing, memory, parents association, and yes, you know, you're going to hear a just comments about I don't want to mingle with those people.

They're not like me, even though they're both 85 and probably both have a little bit of dementia. All that does happen, but it is a social justice civil rights issue, in my opinion, to cluster especially memory care together.

Without offering them a full sensory experience. I talk quite a bit, and I truly believe we have sensory anesthesia in long term care. We we have deprived people of sensory experiences.

They're afforded to you and me all the time, every day. Whenever we want it. Sensory anesthesia is a real thing. And when you start, darling, people's sensory experiences, you can expect you're not going to have great conversations.

And people picking up forks or reading books, can go on there, but, I mean, it's part of why I want to rewild long term care, get people back out at especially post-Covid, out of the sensory anesthesia.

So what does that look like? What does the rewilding movement look like? I know we could talk all day about how frustrating it always, but what are the solutions?

What can we do to respond to this social justice issue? What can we how can we build things so that this entire generation, the baby boomers, so many of them are aging and they are going to demand that we do it right and that we do it better.

What we're doing right now is just it's not okay. And so how do we I'm looking to you for the answers. How do we rewild? How do we do it better pretend we're just waking up in a, Anne-Marie care or assisted living community, and let's pretend we're going to the dining room right off the bat that first morning hour to reset your circadian rhythm.

Are you going to put me in a closed non window? Floral curtain, 50,000 tables, around me, kind of a dining room or would you be okay with sitting me near a window or even outside in the courtyard, letting my circadian rhythm, be reset by the sun on my forehead and the vitamin D in my body?

That's a simple thing. Do you have a courtyard? How often is it used? Do you have windows? How often are you placing people near the windows so that they are able to have that, sunlight on their body I live in at night, when we can take them outside in the morning and start to reset the rhythms.

I'm not saying it's that simple, but it's not hard either. Whether I really simple things that we can do right there. And I think that this is part of we're holding both because throughout this entire summit, throughout my entire career, right.

It's a lot of both. It's what are the simple things that we can do right now. And then also, if we want to dig deeper, if we want to get into the complexity of this, we can take it further.

There is a bunch of science, there are experts, there are people whose brains we can pick, and we can start to apply those things. And maybe it doesn't happen today or tomorrow, but over the course of time when we have that moment where we're redesigning the kitchen or we're redesigning the dining room, we can take these insights that we're learning from people like you, and we can apply them when we have that opportunity or if you're shopping for a new house or you've got to move mom or dad, and when you go to look, what sort of facility do we want them in?

There definitely better be a window. They're definitely better be outdoor seating, right? These are all the things that we need to value, that we should value based on what you're sharing.

And then I again, one of the calls to action in this summit is if you are in that position where you're calling a memory care facility or assisted living, ask what kind of food do you serve?

Is there? If you ask these things, they're so important and that facility won't know that you value it unless you start the conversation. Absolutely. You could even say biophilic design and see what they say because the principles, well, certification are very clear.

You're either in a Saluda genic environment or a pathogenic environment. We know that the environment can hurt us or heal us. I mean, it's that's that's true for all of us.

If I had, a parent or a friend or a loved one going into, a phase of dementia that I felt like I couldn't terraform anymore, and I had to make the decision.

The first thing I would ask is, do you lock the doors or not? And if they lock the doors, I wouldn't go, because we know now from research from Jennifer Carson out of Nevada.

And we've seen now two pilots that I know in the United States, one in, North Carolina and the other in Portland, completely unlocked. And the outcomes of, resident experience with dementia.

Profound because all of us know, including the team, the workforce, when we're being locked into something, it just that click happens. And I mean, I won't get into the prison studies, but we become institutionalized along with everyone else.

Rewilding Care and Preserving Agency

And there is a knowing, deep, primal knowing that you're locked inside. So I first question I would ask is, do you lock the doors? And I say that probably 99% of Americans want me to say yes, I lock the doors because you're paying for safety, but there's a lot of dignity.

Yes. So in the state of California, you cannot lock the doors to be outside, right. Because that's a fire hazard. That it's a it's a risk issue. And so, having a place is built in certainly Miramar has built around that ability to just walk right outside.

And it's so important we we watched the residency, you know, they they do they, they take a, take us up on the offer to get out there every day. So, yeah, you know, from a workforce for, workforce perspective and promoting the workforce health also, you know, what are the ways that you help people become more able to get outside?

Because lots of time jobs here, she's just not able to get out or she doesn't walk or the wheelchair this or the jerry chair there, or what kind of environment have you built outside to promote the team's comfort and the residents comfort?

To dwell outside and enjoy all the soft fascination of nature? It's so sad because there is this tension right in a care facility like that where the caregivers, if someone falls, it's a it's a risk.

It's a it's a big problem, right? Someone can go downhill very, very quickly. And like you mentioned about the locked facilities, the families want to know that their their loved one is safe.

They don't want them falling. They don't want them breaking a bone. And so the the care staff is really incentivized to keep people in a wheelchair or in bed not moving around, which is the opposite of what's good for them and when really, what would promote more health.

So how do you, how do you help people, health care facilities, what have you done in the past to kind of address

that tension? So I, created a program called Safety Third.

And, I had to talk to a lot of people lawyers, insurance companies, you name it to, to make sure I could promote it. Because if you've been through any medical school, nursing school, anything in medicine, safety is the first priority.

It's like stamped on your head. If you go to a hospital elevator door open. If something is unsafe, please report. Right. So safety first, I get it, I love it, I am, I practiced it, and I do practice it in certain areas, but I don't do it over a person's choice, especially someone who has the ability to make that choice for themselves, either through their verbal words or their body communicating to me that they don't want it.

So the program is safety. Third, it had three elements. What's the resident asking for? What's in the way of it? Is it is it the daughter doesn't want them to have it?

Is it a state code regulation? Is it a policy we've created? That's stopping it? And so what's in the way and then how do I remove that barrier so that they can reach their choices?

Simple, simple simple. One is ice cream. Diabetic person. There he is. And a C of a dining room. Everyone is eating chocolate ice cream. He's got this rubbery jello staring at at night.

Right? Everyone else I want chocolate ice cream. Can't have chocolate ice cream. You're a diabetic. Your daughter doesn't want you to have it. Your blood sugar will raise what will happen?

You go through all the things, right? So in a safety third model, you're calling the daughter, sharing the experience you just had in the dining room, and your dad wants the ice cream.

And getting people through education to a place to say it's really guilt. The daughter is usually or I say the daughter, because 92% of the decisions are made by the daughter when there's a daughter involved, you know, trying to provide education around it, so that they feel one the guilt burden is off.

We'll take the guilt for you. What could happen? Maybe there's going to be an adjustment in the insulin. Maybe tomorrow there's going to be, a little more protein, different ways that you can work with it in terms of mobility.

If the person is alert and oriented, one wonderful daughter calls. Let me say to son, because I don't want to always go to the doctor, son, cause I want my dad in a wheelchair.

I've seen other people in the wheelchair. I want my dad in a wheelchair. Your dad doesn't need a wheelchair. Well he fell. I don't want it to happen again.

Put him in a wheelchair or I'm going to ask your father and then I'll call you back. Of course. What is the guy's. No, I don't want to walk down wheelchair.

I want to walk. If you put me in the wheelchair, I'd rather die. So often. The language. Right. It's. It's getting people to a place of choice. Should I hate choice?

Is the goal? Self directness is the goal. These urgency? These are adults. These are not people that you. If we didn't, you know, allow and we show this picture.

I don't have it with me now, but I show a mother and a child crawling on the floor together because it's the same thing that happened to me and the same thing that happened to you.

Our parents let us crawl and walk and fall and walk and fall and walk and fall to walk. And we broke bones. And I have a scar right here. I hit the table corner of a coffee table four times within somebody that I don't know how old I was.

I just know I have the scar and that's the story. But I was allowed to make the choice. And guess what? I'm a

walking adult because I had agency. My parents let me take the risk.

They took the risk with me. They didn't take my choice away. If if that didn't happen with children, we'd all still be crawling around. Why do we insist?

One fall, two falls, even a fracture that they have to go on. And we know what happens. Once they do, they don't get out of the wheelchair. Now they realize they lose their muscle mass.

They lose their ability. Yeah. It's not giving people agency. Soul goes first that others eye. The soul goes first. If you sit down with a person who's been having that.

And here's what they say, I'm doing it for my daughter. I don't want her sitting home worrying about me. If you're happy, you know, I because I've operated these for years, as you are right? That's the stuff you hear.

They're making provision to make everybody else feel better while they. There's very few people who want to troll around in a wheelchair because they want to.

Right. So challenges are positive, but I'm just trying to share that the real experiences. Right. Well, I think you're speaking to an, I mean, you're speaking to our audience, right?

This is exactly the real conversation. This is it's so challenging to have someone you love aging to, for them to be losing their agency. And that's that's why we're having this.

That's exactly why we're having this conversation, right, is to identify what are the barriers, what are the things that come up, how can we have a different response so that people get to maintain not only their life span, right.

Like they're not just living, but they're not just alive, but they're really living. They're really engaging. We've had this conversation over and over while recording the summit is that we, our elders, are at the height of their wisdom and experience.

They have so much to offer, and yet they end up in wheelchairs, eating ice cream, not engaging and not contributing in a way that gives life purpose and meaning.

And that's a choice that we're making as a society. And we can choose something different right now. Yeah, completely age of society, youth addicted. I there's no other way to to say we're youth addicted.

Even, you know, people not wanting to make these is a fear of our own aging process. Well, I'll admit that I'm, I, I live in this world. This is what I work in.

And yet I still hadn't in my mind, when I got to think about my parents and myself, I'm like, oh, that'll never happen to me. Well, they'll never end up in a place like that.

And yet that's the reality. They will. And you have to. I'm so glad that you said, you know, most there's a large portion that will. And then you have to make the decision.

Like, even when I built my house, I don't know, 20 years ago, there's a peace of mind that you give. Not everybody can do this. I'm not saying everybody can, but I happen to be able to do it so far just because of the way of I was in the world of long term care of my parents.

That wasn't the choice that they wanted or I wanted to have to make built, built a home that would accommodate that over time if need be. In fact, I just said out on the porch last week and looked right in her eyes and said, you know that this house was built for the long haul.

But last year, when my dad had a heart attack and a stroke, I looked at him and said, you're not ready to come here. You get yourself to. And he's and I mean, I'm not going to let him in that let him.

It's not my choice. But I didn't want him to give up on himself. Right, right. And I mean, he obviously didn't move in and he's, back to almost full functioning, but it's choices that we need to make.

Even with food around memories way before we ever have to get here. But because we are youth addicted and and scared of our own aging process, we don't sit in those conversations.

DementiaVerse Summit and Prevention

At the root, it's like death, right? The fear of death and the fear of that conversation and not literal death always, but death of dignity, death of independence, death and mobility.

All of that is hard stuff. You need someone to foster that in families. If you're not, if you're not of a family or, you know, as a physician, though, that's the real art of the work, the fostering that conversation.

It's hard stuff, very challenging. And yet, if we don't have it, you're left without choice. Yes. Yeah. Away from no choice and one fall, one accident.

And if you haven't had the conversation, you're probably going to a rehab and possibly not going home. Oh so heartbreaking. So that's why we're here. It's to avoid this heartbreak.

And make sure people know they have options. And to just start exercising them. Start start having these conversations. Start designing that. The first time we chatted, that was one of the things that was so inspiring is just like this idea that we're redesigning.

We're we're thinking about the social constructs and the structure that we have in place and that it's optional. We can think about it in a really different way.

So you're hosting, an event. Would you just share what that's all about and what conversation you're hoping to have there? Yeah. So one of, things that I'm really, really passionate about and I try to, promote it in every kind of setting and medicine that I can is like, we learned a great body of knowledge from the genome project, a great body of knowledge, like, what are we doing with that?

What are we doing on the topic of epigenetics and how that could be, used to cause health, not wait until there's a health episode. But how can we learn from the genome Project how to cause health so genic approaches.

So that was the dream. And then I we overlaid is there's a group of us working on this overlaid the topic of dementia on that because it is, you know, the numbers where that is going.

If we don't do something drastic and I think of Doctor Bredesen, you know, and his whole mission to stop the exponential spread of Alzheimer's and dementia.

So put a group together, to, we're having a summit. It's called dementia Verse. And it's in Atlanta at a ceremony where it happens to be the biophilic institute is there, and we're taking it under, and putting a, program together under three lenses.

The genome project, epigenetics prevention. So that's, Dale, doctor Dale Bredesen and yourself that you're in that first morning program so that that's the whole biology and a new or the actual experiential.

You've done it. You're like, everyone's going to want to hear from you because, people say you're a talking head until someone says, who's done it, show me.

Well, you can do that. You know, you you can do that, which is, huge to have at this conference. Next section of the conference is the built environment and and the environment in general.

So we're going to have Bill brownies, hands down, the world's, expert on biophilic design right now. And the built

design we are having, Emma Kyoto, she runs a bar show cafe and her whole lenses environment to support the social network.

We know from the social determinants of health, you're going to become, like the top five people you hang around. And if you don't have that one good buddy, one good buddy, your health outcomes change drastically.

So she's going to talk about, from a global perspective, how around the world Peru, Philippines, Japan. She's started these older adult she calls them impartial cafes.

And what have what's happening to health outcomes as a result of that. So that's environment al power, Doctor Al Power and Jennifer Carson are going to really go on a home run.

They they got a book coming out about, the civil rights social justice issue around locking people up and in all long term care environments. So, you know, we talk about memory care as a lock up, but there's almost all of them have some form of quote security or push button.

And what that does to the person who lives there and the workforce. And, you know, Jennifer's studied this for years, and, she's out of the university about ending the program with the real life, strategies you can do.

So we've got Lisa Feiner from Sharpe again. Naturally, if you go on her website, it's just fun to go there. It's like brain games and and diet, and she's so awesome.

I just have to plug her talk on this summit. So go listen to that one as well, because she dives deep and goes into a lot of these things that you can do.

If I'm her kind of health coach perspective and why it's so important to work with one and she walks the talk often. I, I've known her for a quite a long time, and she's she's amazing, actually, I adore her.

So articulate. Super brilliant. Yeah, I can see why you guys get along really well. Yeah, she's kind of. Yeah, she's got good fashion. She's impressive in all ways.

Yes, she is. And she walks the talk. That's what I love most about her. Let's see. So that's the last section is really tying all of what we learned together so that people can walk away and, you know, not feel like, oh, this is this is so much we just learn, like, how do I pick 1 or 2 things that I can take back, even if it's I move the dining room table in my own home toward a window, even if it's I serve, that's the one thing I forgot to say.

We're having a connection. We're having this, provider. His name is every day. Are his, companies called Every Day. And what he does is take information from you.

Creates a, prescriptive diet that is either, you know, typically it's anti-inflammatory diet and so forth, and I won't get into his thing, but we're tying the diet to it.

So it's a full circle environment, lifestyle, biometrics, all in one, program. And the real focus is on dementia because, by and large, people feel like once you have it, it is the sentence, right, people?

And that's that's a common myth, I think, out in the public mind. And that's part of why we want to be having these conversations earlier, is because it's so much easier to prevent than it is to treat food.

So if we can start having the conversations about what it takes to treat it, and we can do those things earlier, not only is it less expensive, it's just so much less work.

And you don't have to go through the suffering and the struggle. But certainly encouraging people. Go ahead. Sorry. Encouraging people. Oh, just to talk, have the conversations.

I think that's just such a big part of the message here, to have the conversation, because we've been told for so

long. I mean, I heard it when I was in training from very, very well-meaning professors.

Don't give people for false hope. There's nothing you can do about dementia. But what that signals is, don't talk about it. There's nothing you can do.

So don't admit to it. Don't talk about it. And I want to flip the script completely. Talk about it immediately. The second you start to notice, I should have remembered that I would have ten years ago. I would have five years ago.

That's the time to act 100%. And the fear that you have of even as a son, daughter, friend, when you notice things, that are just not quite right earlier, earlier, the better.

We know once we see things that are suspect, things have been going on 15, 20 years prior. So people talk about, you know, prevention. And I think that's great.

Obviously we're all about prevention, but I'm really trying to promote ahead of prevention, which is causing health, causing health. I think I see a very distinct difference that prevention feels like I'm trying to catch up, but causing health for ourselves, our children, our families. Now.

Yeah. Choosing choosing health. Yeah. I love that idea. Love, love, love. And you also have a pharmacy. So tell me it's Biophilia pharmacy, right? Biophilia pharma are my words to say that, non-pharmacological approaches to well-being.

So if you're on a website, nature is one of those non-pharmacological approaches. I, I think medicine is important. I don't have a thyroid. I have to take supplement, and I have none.

So and I've tried other ways, even through energetics, to try to function. I happen to have to take a synthetic. So I'm not anti pill. I know we're in a pill paradigm in this country, but I am for natural non-pharmacological approaches like nature, like food, like movement, like sleep, like and you're not.

And I mean the science is here as well. Like you're, you're like me you're in to, to biohacking. Right. And so this is really using the, the best technology and the latest and greatest and merging that with the ancient wisdom.

Right. Putting in the best of both of those worlds and getting the benefits of them. So tell me a little bit about your favorite biohacking, approaches.

Oh gosh. Well, I think the morning is important. Morning is very important, especially if the the grass still has a little bit of water on it. To what what happens if you go outside in the morning and you put your feet bare?

Biohacking, Nature, and Daily Practices

Feet? You know, rubber soles. Was the start up an end of chronic disease if you go back in time? Post-Industrial rubber shoes, chronic disease, blah, blah, blah.

So, going out early in the morning with my shoes off when the grass is a little bit wet still, because then the ionization and the conduction is happening and I can, I don't know, I have a relationship with the grass.

So I've just taken that. I hear the birdsong. So I know, but one of the most beautiful things that I think about when I'm outside in nature is that, and I don't know if you're familiar with this, but when we breathe this, even right now, it's so bizarre to think about.

But it's been studied and I love to read and research on it. But even right now, when we're breathing, we're sharing our unique essence. Right? I'm I'm not in your space right now, but whatever is around me when I'm breathing in and out like it's sharing a unique essence, out into the atmosphere.

And we know from the research that my breath and even your breath, 4 to 5 days from now, will be part of the air

particles in, you know, what's in France and Italy and Rome?

It it is within 4 or 5 up to seven days. Our essence is on the other side of the world. So just going out in the morning and thinking, it's like I breathe in Africa and I breathe in Malaysia, and I breathe and.

And I just feel better doing that. That being near trees, my next second biotech is trees. And then, I mean, if you went to my center downstairs, I've got every piece of equipment imaginable to, do bioethics.

I mean, I can go on and on a little junky in that way, I love it. That is something that I'm, I'm very hopeful that other facilities will start picking up.

You know, I, I've told a few people this, but my goal with Study Marama was not that. Marama becomes the end all be all for every senior. I mean, we just couldn't.

I don't think anyone could, but that the other facilities start to behave more like us. That they come in our direction, that we can be a kind of a thought leader and an example in the field.

And one of the things that we're doing is we do we call it the casita or the or the circuit where we take our residents through some of the, the biohacking equipment.

And certainly from a cost perspective, if you're in a facility and you can take 15, 20 people through it in a day versus just having one 2000 or $20,000 a piece of equipment at home, it gets so much more, you know, mileage out of it when it's in a facility in a group setting.

And so it's really fun that the residents love it, and you can watch them kind of brighten up afterwards. After some red light therapy, the biomed we've got there, we've got we're doing brain tap now, we have a liver to a contrast oxygen machine.

We've got saunas and rebounders. And so everyone gets to to do this each day and we have the best staff. I'm so proud of them and so inspired by them because they're fired up and they're excited and that it's infectious.

You know, their enthusiasm for these things and they even on their break they go do the circuit. So it's it's really great and fun and fun to watch everyone engaging.

So now I've given you our list. So you got to give me a few of yours. What have you got down there if you went downstairs. Did you said a lot of mine.

So sauna, rebounder, biomass, lance mover. I don't know if you've seen those. I like the, the vibe plate, kind of of that sauna, I think. Not everybody would do this, but I think clinics are very good for you.

They're not necessarily on the, biohacking spectrum, but they're moving your your stuff is good for you. So whether that's lymph circulation and especially digestion, we know from the microbiome, the very, very, very important to get that stuff moving.

Let's see what else a lot of light therapy. Spectrum therapy hurts. Grounding machines I don't know. You know, the Earth has its own at 7.83, but getting on a higher hurts.

So you're you feel that grounded experience if you can't get outside. So it resets your body. Anything in your environment where you have EMF exposure, just simply put it inside of a, a tin, any kind of a tin.

So it breaks up this the EMF, there's no need. I mean, that that oftentimes we see and I hope people are going to do some more research on this, especially people living with dementia.

The sensitivity around that that we don't think about, especially when we're building environments, that it does impact patients. So anywhere in which you can, disperse the Wi-Fi and all of that, it's good for the team to it's good

for hardwire or turn it off.

Or if you can't do any of that, you put your cell phone inside of a, a tin, you know, the, the brownies in or something. The, the metal tins or even just on airplane mode.

Yes. Yeah. Mean so and these are, you know, when I start talking about these things, these are not conspiracy theories. They're not you know, this is science folks even going outside and the do in the morning is science.

My breath with the Malaysian African. That's science. I love it like talking about it is it's a past the woo woo people. You know, it's like, no, this is science.

And how can I help you learn that? Well, I would so I think important to take that back to is the science of our own experience. Right. Like you and I, we can walk outside and we can put our feet in the grass and feel the dew and watch how different your day is.

You can feel the change. And that personal experience is more valuable than what's written in a paper by some nerd or PhD, right? Like that. Of course it informs us, but that personal experience is more valuable than anything that you're going to learn on the internet or any paper anybody's ever written.

And listening to that. Where how do you feel when you kind of create these patterns or these habits in your life? If you're choosing kind of healthier things or less healthy things, then what are those?

And and get that feedback. Listen to your own body. And you know, for people who resist that too, I think about it. At some point you give up trying to convince, like I can hug a tree and literally have cried.

I don't know why. It's not every tree, but there are trees. I found in certain places. And and I've had a real response with this tree. No idea. What if you say that to the average person, you know, it's like, okay, but at that point, and I'm at probably that point in my life now that I, I'm just going to role model, I'm not in to convincing anyone because to your point, Doctor Sanderson, the lived experience is the teacher.

And I know that these folks who laugh at me for going out, you know, barefooted are the same folks that say, oh, I feel so good walking barefoot on the beach.

And I just turn my head and say, okay, but you don't think it's true for the grass? Okay. No, I my whole family is going to the beach. We love the beach.

We love walking on the beach. Yes, because it's good for you. You're having a biometric response to that beach. Same as I do. Going out in the grass in the morning.

But it's no sense if they're not there, they're not there. But role modeling, it's a duty to role model. Right. And and for the workforce because I think of opportunity plus just education on the topic.

You know, it's not always out there in the way that it could be. It's also very intuitive. Hey. Yeah. It it's intuitive. And coming back to that intuition, reminding yourself how valuable that is and and also getting the permission right. Like that.

That is important how your lived experience is important, what your body is telling you is important. Listen, thank you, Harry, for educating us on all of these super important things to be considering in terms of how we create our environments, what a healthy environment looks like, what to think about for our loved ones and for ourselves.

It's been absolutely wonderful to chat with you and I'm so excited that we're going to get to work together moving forward. And, and I can't wait to just download more of your wisdom from your decades of experience.

And, and so excited, thrilled to be sharing it with our summit attendees. Thank you. I can't wait to see you and hear from you. And I definitely want to get out to Marion.

And we can't wait to host you at Miramar. It will be so fun or heavy for a meal. A super yummy ketogenic organic keto meal. Yeah, outside, of course. That's.

Yeah. If you can't be outside. I even have these little bio hacks next to me. Do you know the rose has the most heard of any flower? I didn't, but I'm not going to take them out now.

We have them. We have a bunch growing up, Marama and I. That's so funny. I'm so glad we're having this conversation, because I think we should have something edible, or we should have something native, but we're going to keep the roses.

So tell me exactly the hurts. But it has the most energetics of any flower. You can, but, obviously you're going to ask the plant for permission to cut it, because I'm doing it for total vanity.

So I every morning I have ever asked permission, I cut it, I it, I bring it in and we're just friends all day long and I and it makes me smile. And I know it has the most energetic vibration of any plant.

So we're just hanging out. I love it. Thank you, thank you, thank you. For for.