

Transcript of Interview with John Christopher Chlebowski by Kit Heintzman

Interviewee: John Christopher Chlebowski

Interviewer: Kit Heintzman

Date: 05/24/2021

Location (Interviewee): Southern Oregon, USA

Location (Interviewer):

Transcribed By: Angelica S Ramos

Some of the things we discussed include:

Working as a naturopathic physician treating multisystem chronic disease. First hearing about COVID-19 in December 2019, taking it very seriously and worrying about the safety of wife and family; flipping perspective and living without fear of COVID-19. Actively treating COVID cases since January 2020 (100s of patients), and following allopathic and naturopathic scientific literature. That the word “pandemic” has become overloaded with political connotations. The inadequacies of for-profit American healthcare, culminating in COVID deaths and the loss of livelihoods. Feeling little change in day-to-day life due to the pandemic except a short period of isolation, enjoying time with family. Mental exhaustion from the focus on the scientific literature. Growing wealth disparities; COVID-relief related national debt. The health of individuals is inseparable from toxic environments with organophosphates, microplastics, BPs; there is no separation between us and the earth. Harmful corporations. Local food production. Media fear mongering. Sick people wearing masks to protect others. Preventative measures of COVID after exposure. Learning that some social bonds were not as tight as first thought. Humans as social beings.

Kit Heintzman 00:01

Hello

John Christopher Chlebowski 00:03

Hi Kit

Kit Heintzman 00:04

Would you please start by telling me your full name, the date, the time and your location?

John Christopher Chlebowski 00:10

My name is Dr. John Christopher Chlebowski. It's May 24 2021. And it's 10am and I'm in Southern Oregon in United States of America.

Kit Heintzman 00:21

And do you consent to having this interview recorded, digitally uploaded and publicly released under a Creative Commons license attribution noncommercial sharealike?

John Christopher Chlebowski 00:31

I do.

Kit Heintzman 00:32

And would you please start by introducing yourself to anyone who might find themselves listening to this? What would you want them to know about you and the place that you're speaking?

John Christopher Chlebowski 00:42

I'm a naturopathic physician who's been in practice for close to 15 years. I focus on the treatment of multi system chronic degenerative disease. I have been actively treating COVID patients since January of 2020. And have been avidly involved in following all of the research from both a biomedical and a alternative and holistic standpoint, as well as very involved with trying to understand the political and economic and social landscape of this pandemic.

Kit Heintzman 01:38

Would you tell me what the word pandemic means to you?

John Christopher Chlebowski 01:45

I think with all the things we're probably going to talk about, there's probably two ways to look at words like that which for better or for worse, in the classic sense, and in the traditional medical sense, a pandemic is typically a transmittable illness that escapes any local or regional boundaries. And so it becomes so widespread, that you can no longer call it a local outbreak or define it by any borders or parameters. In the context of COVID 19, or SARS Cov2, I think pandemic has become almost a social term for not only the virus itself, but everything that has gone along with the virus when people speak about the pandemic, they're infusing their own personal experiences with lockdowns with the change are the departure from normal see of life from times before that. And there, there's so many other implications to that word now that have very much departed from the original intention or use of that word.

Kit Heintzman 03:17

Thank you for that. To the extent that you're comfortable sharing, would you say something about your experiences of health and healthcare infrastructure prior to January 2020?

John Christopher Chlebowski 03:36

I think one of the beautiful things about the pandemic and the evolution of SARS Cov2 is that it has shine a bright light on the inadequacies of both the health care system in the United States and in many other countries around the world. It expose the fact that we are grossly underprepared for anything like this. And that we are really held together with duct tape and baling wire, in a lot of institutions in places where people would have thought that we as one of the leaders of the industrialized world and any of the other countries where we would have felt that they were, you know, first world countries couldn't handle something as simple as a virus. And so that's the good side of it. The bad side of it is that those inadequacies lead to people's deaths. Those inadequacies lead to the dissolution of people's livelihoods and family's, and structures that had we had enough infrastructure in place would not have ever needed to happen from both the medical standpoint and the governmental standpoint, and though I'm not optimistic about it, I always have a little hope that maybe we'll learn from this one. I don't believe we're going to in any deep, fundamental way based on the trajectory that I see going, but if we were to truly stand back after this whole thing settles, I think we could easily say, this should be in place, this should be in place, this should be in place for the next time this happens. Because it's going to happen again.

Kit Heintzman 05:51

And staying in the pre pandemic moment, would you talk a little bit about how what you've seen with healthcare infrastructure, before COVID-19 hit our radar, how that foreshadows some of the things that you said about the inadequacies of structure.

John Christopher Chlebowski 06:10

I think a, you know, a monopolistic profit driven medical system. And I'm not advocating for socialized medicine, but I'm just saying the way we do it, where money rules the day and medicine is never going to work in a situation like this. Because you're always going to have people taking advantage of and/or cutting corners, in order to drive the bottom line, whether that's a for pay hospital, that is getting reimbursed more money for a COVID patient versus a flu patient, whether that's a drug company who's going to get reimbursed more from a government for a vaccine, versus a 50 cent anti parasitic drug that's been around for decades, versus a private clinic, who's going to get reimbursed \$40 for delivering every vaccine verse, another private clinic who's chosen to treat based on herbal therapies, or even drug therapies that have been a long time, you're gonna have this great disparity in care. And it's impossible that you'll manage it appropriately. It's impossible with those discrepancies there. And so, if we look at the way perhaps medicine should be provided. Number one, the absolute removal and abolishment of insurance companies who provide zero service, but instead only act as middlemen, and therefore drive the prices up, that you know, that it should immediately be able be illegal to provide anything like medical insurance. Because if you did that, you would instantly level the playing field, in medicine to a degree, which perhaps we had a couple 100 years ago, where a good doctor had a lot of patients, and a bad doctor changed professions. But that's not the way it currently exists, or a good hospital stayed in business, and a bad hospital closed its doors. Some of them made good medicine was valued. Some of them made bad medicine couldn't sell this stuff. And that is not at all what we have. And so I think that has become even more apparent through the pandemic, but pre pandemic also. And yeah, I don't think any of that system is gonna go away. I don't think any of that architecture is gonna go away because of this. But I think in the long run, hopefully, several 100 years from now, when people look back, and maybe someone's listening to this interview, they'll go Oh, wow, yeah, we did abolish those systems at some point because it wasn't serving human health.

Kit Heintzman 09:11

Staying in the pre pandemic timeframe, would you say something about what your day to day life was looking like before COVID-19 hit the US

John Christopher Chlebowski 09:21

Directly before or the years before?

Kit Heintzman 09:24

In sort of scope of before what was what was your normal looking like before entering the plague?

John Christopher Chlebowski 09:33

Interesting choice of words. Not very different from what it looks like now. Seeing patients all week long. In a busy private practice, spending time with my children and my wife in the outdoors, meeting with friends socially for dinners and gatherings, working politically in our state. to continue to try and maintain medical freedom, and teaching, those are pretty much my boring life. Yeah.

Kit Heintzman 10:14

And you had said not much had changed, has there been any like ways in which you've had to adapt, or is it's really quite consistent with before?

John Christopher Chlebowski 10:24

I think the biggest thing is intellectually, it's eaten up a huge bandwidth over the last 18 months, because I haven't been able to really think about much else, just because there's a constant stream of information. And there's a need, I have to clinically understand it all of the time, not because the disease is all that complex, it really isn't all that complex, it's really easy to treat. But because the landscape of it all is so complex, and that people are constant, there's new new stories coming out new information and good information and bad information. And I have to be wise counsel for many people, both in my practice, but in my family group and my friends, and socially, that they come to me for answers. So I have to spend a lot of time thinking about it. So I'll be glad when that piece goes away. I'd say the only other thing is, of course, that early pandemic days of really closing off from other people and sort of being just with my family in my office, which in and of itself was beautiful also, and I think I think a lot of people I've heard will continue to adopt strategies that they did because of that. And I think that will make the world a healthier place. Because I think a lot of us realized we were too external. We were too overextended. We spent too much time in the macrocosm and not enough in the microcosm. And I do think some of that is going to hold. Even if you just take the people who used to drive to the city and work or live in the city, who now say no, I live on the farm with my family and I telecommute. Now I spend more time with my kids, I have a better exercise regime. I'm eating healthier, those things I think, have changed and changed a little bit for me also, I started walking to work during the pandemic and haven't stopped. Granted. It's only a mile but that was a thing that changed in my world. So.

Kit Heintzman 12:22

Could you tell me a little bit about when COVID-19 first hit your radar?

John Christopher Chlebowski 12:28

Yeah, I was one of the earliest adopters. I was paying attention to it in mid December. And long before most long before the average person had ever heard of a Coronavirus. And long before many doctors were aware of it too. I got a blip on my radar because I've always had an interest in pandemics. As one of my specialties is homeopathy and homeopaths have always been forerunners in the treatment of pandemics. And so it's always been sort of this special subset of my understanding and attention. And so when I first heard about this novel virus out of Wuhan, China, I was paying attention and it was in the days leading up to Christmas. And I didn't have anybody to talk to about it. And I was holding on to my hat. Because I was surely convinced that this would be the virus that came to take us all. So I spent six lonely weeks staring at my telephone every day watching the John Hopkins Coronavirus, Tracker, looking at the little red dots building across the world and the country. And inventory what we had in the clinic to treat it and reading the Chinese medical accounts and talking to anyone that would listen, accepting all of that keeping it a secret from my wife, and my children because I was genuinely terrified that it was going to be - sorry, it's the first time that that emotion has come out around that. There's been a lot of other emotions, but that's the first time that one's come out.

Kit Heintzman 14:16

Would you like to take a minute, take a break?

John Christopher Chlebowski 14:19

I'm okay. So yeah, it was it was it was terrifying in the beginning. And then you stand where I stand today and flipped of almost 12 months ago to 180 degree perspective on that, which I don't know if anybody else does, but I find it fascinating.

Kit Heintzman 14:48

Would you tell me about that flip where you've ended up?

John Christopher Chlebowski 14:53

Yeah. I have zero fear of this virus having treated 100 plus cases where I stop keeping count after a while. And understanding the pathophysiology of it, understanding the populations, it affects understanding the many different ways we can treat it. Understanding why I think it's here and what it's doing that the fear of the virus itself evaporated a long time ago. And that's not to say that there aren't people who are dying of COVID. I'm not a COVID denier. But it's a very manageable virus. And what scares me is the way that this situation has turned into a format for the governments of the world to create more top down control, and really remove civil liberties and medical freedom from people. That's what is terrifying to me.

Kit Heintzman 16:14

May I ask what the term COVID denier means to you? What does it conjure when you hear it, and what do you think others mean when they deploy it?

John Christopher Chlebowski 16:26

Well, there's certainly a subset of people that don't believe it exists at all. And they range from people who don't believe in the existence of viruses, to people that don't believe that, that believe that actually, everyone that died from this really just died from either the flu, or that these were all people that died with COVID, but not of COVID. And so there's a lot of different colorations of people that I would put in that sort of COVID denier, and I don't put myself there, I do believe this is a real virus. And I do believe it has killed people. I don't believe the rest of the common mainstream narrative that we hear every day, because I've been privy to the information that proves it. Otherwise, because I've treated the patients I've sat across to them, I understand it. I've studied it ad nauseam. And so I think that answers the question, yeah.

Kit Heintzman 17:43

So switching gears to sort of the larger political context that has evolved over the last two years, I'm wondering sort of just more broadly, what have been some of the bigger issues on your mind across 2020 and 2021, not specifically about COVID, or the virus.

18:11

I think I think there's a lot geez, the world political scene, the world political stage. There's just a lot of things going on. There's a lot of things that happened. And I think you can look at the pandemic, you can't look at those issues without through the view of not looking through the pandemic. And it's probably impossible for me as a physician to do that without coloring it in some way. Because that's really where I come from. I'm not a politician, I don't actually have that great deep care or desire to understand politics. But I think we're forced to in a way. And so I think geopolitically, what concerns me is the continued transport of wealth that happened through that has

happened through the centuries. But it's clearly happened through the pandemic, that you have the rich people just got way rich.

John Christopher Chlebowski 19:08

In addition to that wealth disparity that has just been, you know, exacerbated. I think you see these. I think you see these GOP governments around the world jockeying for power, as they always do, but it looks to me like the playing field is changing in some ways. I think we were in a very interesting position in the United States with our former president in the time period of which this arose. And was that coincidental? I don't know. But it sure also brought to light a lot of the strange and unusual things about the current context of politics in the United States and where the United States fits in the whole world, I think the way currency is changing, I think the massive, unimaginable debt we have accrued through this. And when that bill comes, what's going to happen? I mean, just the way we have just thrown money at people throughout this, you cannot do that without massively destabilizing the economics of a country. And we will pay for that. And it's coming. So those that those sorts of things are what worry me a lot.

Kit Heintzman 20:48

May I ask what health means to you?

John Christopher Chlebowski 20:56

Health to me, is freedom, flexibility, and adaptability. Health is not the absence of symptoms. Health is not the absence of disease. Health is not being free of bacteria, and fungus and parasites and viruses. Were full of all those, you and I wouldn't be sitting here talking, if we weren't full of all those. We are, in many ways more than us. So to me, health is the ability to do what one desires to do to do what one was put here or chose to do on the planet in this blink of an eye. Health is the ability to adapt to circumstances, whether that's a cold wintry day without a scarf, or that's having to hold your bladder during a Zoom meeting, or being able to tolerate a Thanksgiving dinner with an uncle you don't like. It's that adaptability that comes from us when we are in balance. And we are able to be flexible around a situation. If death is sort of the opposite of health, well, death is rigidity. In a simplest sense, it's rigor mortis. It's the lack of adenosine triphosphate, to unhook those bonds in our muscles that then make us rigid and rigor mortis sets in. Health is the opposite of that. That's lots of energy. And it's freedom to move freely about the planet in the world, doing what we need and want to do.

Kit Heintzman 23:12

What are some of the things that you would like for your own health and the health of people around you, bearing that definition in mind, and how do you, what do you think would need to change for us to make that attainable?

John Christopher Chlebowski 23:26

I think at the, at the core, we need to stop looking so much in here and start looking out there. That our health flexibility, adaptability is inextricably wound up with the health of our world. And that if we look at the macrocosm and the microcosm, there is no way you can be a healthy being on this planet, with the world going through what it's going through. In the simplest sense, because the oceans are full of microplastics, the rivers are full of PCBs. The food is full of organophosphates, that in just the simplest sense, we live in a toxic world, and therefore we become toxic. But in another sense that we are the world and the world is us, and we cannot even as much as you try, you cannot shut down in your mind and your heart. What we all feel is happening in the world. We know there are elephants dying right now. We know there are tsunamis hitting beaches. We know that

populations are being decimated in the Amazon as we speak, in our heart center. And so if we want to fix our health, we need to fix the health of the world and not buy some green washed idea about climate change, change that in some way by turning in our gasoline car for a battery powered Tesla is going to fix our problems as we sip from our wooden straw out of our Starbucks container. But instead, if we really take a holistic view at all of the systems and structures that add to a diseased world, and I very much get that those are giant ideas and would leave the average person's head just spinning of like, what is that mean? And how can I do anything about it. And I thought, by giving up plastic straws, I actually was helping the world, I get that, what I think we need to do in a simplest sense is we need to remove the corporation from being the thought leader, and really the ruler, as we have done so far, we need to unplug ourselves from Amazon, never buy a single more package from them ever, done completely, as one example. And then two, we have to take back food production into our individual communities, every town, city, small area has to grow their own food. If we don't, we're still destroying the oceans with seafood production. We're still encouraging large companies like Monsanto to spray pesticides, you're telling them you want it and you're buying it. So why would they stop doing it. And so I think if we do those two things, and then, you know, in the third sense, we all really figure out how to, I'm not sure how you do this, but we teach people that they are of the earth and the earth is of them. Therefore, it's impossible for you just as you would not stab yourself in the heart, you would just not as likely go out and throw a plastic bag into the ocean. If you get that we are, you know, the organisms that live on her surface, just the bacteria in our gut serve us. We serve her and she serves us. So I really think those are the three things that have to be done. And I have great faith in the adaptability and the flexibility of the human race. I've seen people do things and change on a dime. I've seen people with 30 year addictions to sugar or pornography or self talk changed like that when the moment was right. And I believe we are on the cusp as a global evolution as humans, I really do. So I know we can do it. But I think that's how we have to do it as a race.

Kit Heintzman 28:01

I think I heard something really elegant in our framing about individual responsibility and the relationship to structure both in the context of COVID-19, specifically, but also in our sort of wider view of a total Universal Health. I'm wondering if there's sort of anything that you would say go just kind of concretely on how you think of the relationship between personal responsibility as consumers and actors and the structures that we're engaging with?

John Christopher Chlebowski 28:42

Yeah, in the context of COVID?

Kit Heintzman 28:45

In the context of COVID, but also sort of a holistic view of health more broadly.

John Christopher Chlebowski 28:50

Yeah. Well, yeah, let's start with COVID. So I mean, I think COVID is the disease of our time, because it has, it kills people that are unhealthy. That's what it does. And we are unhealthy because our world is unhealthy. We are unhealthy because we are toxic. We are full of chemicals, every single person. Babies born on the planet today have 200 chemicals in their bloodstream. Every patient I check has some degree of metals and mold and plastics in their body, which then allows exogenous pathogens to get a foothold. And if you want to put a virus in the category of a pathogen, which I don't necessarily because viruses aren't alive, they don't eat, they don't drink, they don't breathe, they don't sleep, they don't really die. But just for the sake of argument, let's put viruses in there.

Bacteria, parasites, protozoa and viruses can only get a foothold in a human when they are toxic. And so if we are toxic, our world is toxic. So COVID is the disease that illuminates that. Will we learn from that? Probably not. But some of us will, that this would not have happened, had we not allowed ourselves to get so comfortable in our structures. And I think that's that last year kind of showed us that too, of like, Wow, maybe this was all a little too easy, you know, maybe clicking that button and having those things delivered on that truck with the blue, swish on it by tomorrow, maybe that isn't the right thing to do. And so I think that disease can do that for people. It's a really fantastic window, and probably one of our most elegant and well designed ones to show us not only what is wrong with us, but in our family structure, and in the greater architecture of society. That that being a human by its very nature comes with pain and suffering. It's part of the experience. And it's part of the beauty of it. And that disease does that so well. So, disease in humans illuminates disease in the grander picture.

Kit Heintzman 31:22

Thank you for that. Would you tell me what safety means to you?

John Christopher Chlebowski 31:44

I think of two things when you ask that one that humans feel as probably their primary wound, I believe, alone, that I think that the archetypal human emotion is to feel alone and afraid. Because we remember, whether we have it as a Gnosis or a heart Gnosis or even an intellectual Gnosis, we remember being whole, we remember being with God, or source, or whatever that is in some place in our being. And we're not there now. And that is absolutely terrifying. So to me, safety, is an illusion. Because we we genuinely as we are in this plane of existence are never safe. So to me, safety is the freedom from the minds per separation on that issue. That perhaps, if we fall back and open up and just allow that knowledge that I am in the eye of the hurricane, and this will all come to a resolution at some point where I return to that place of safety. That that is all safety can be. Because at any moment, you are literally being rained down by viruses, there are vir when you walk outside, there are viruses raining from the sky. There are pathogens on every surface you touch, the foods you eat are full of bacteria. It's impossible that we would be safe. And it's impossible to think that in any way we would eradicate those things or remove them. That's not the way the world operates. In fact, it can operate that way. If there weren't molds everywhere, the body would never degenerate in return back into the earth to feed the cycle. So I think safety is a grand illusion. And I think the people that hold the tightest onto it likely suffer the most. And the ones we know, the 75 year old woman who's dancing freely on the street, in an outfit that only a two year old would pick out with socks that don't match. Who doesn't care what anyone thinks is probably the freest and the safest of all of us.

Kit Heintzman 34:49

There's been a very narrow conversation about safety under COVID-19. I'm wondering what your thoughts and feelings are about what those recommendations around safety have been are and how you've been determining, again in this sort of narrow framework of COVID-19. What feels safe for you to do?

John Christopher Chlebowski 35:13

Yeah, that's a great question. I was most shocked to realize that prior to COVID, no one was washing their hands apparently. I take it for granted as a physician after every single patient, I go to the bathroom, and I wash my hands, because the most likely thing at some point, I put my hands on it. And if nothing else I do it is sort of a cleanse of their energy because I was in their space. And I was thinking about them. And I was deeply trying to understand them as a person. And so I do it ritualistically also, but it's also just a measure of safety for me. So, yes, in some sense, there are things that we can do to buffer ourselves against illness. I don't know that I go so far

as some of the early thought leaders in terrain, their theory to think like, well, I'll just take this beaker of cholera, and I'll drink it because my terrain is so strong, that it likely won't harm me. I don't think any of us are that strong. Now, as I alluded to, you know, spoke of earlier because of our toxic burden. So are there things we should do to be safe around these things? Yes. When the next virus comes, are there things we should do to be safe? Yes. Has it gone to an extreme and part of a fear campaign? Absolutely. When I walk past someone on the street, and they rapidly pull up their mask, and they turn their head, and they go to the side. And I think my goodness, that poor person is terrified, oh, my goodness, that poor person does not understand human physiology, or the actions of viruses, they are watching the nightly news. And if I watched the nightly news, and I didn't know what I know, I would probably be terrified to so God bless them. And I'm sorry that they're so scared. And then anyone that's been willing to have a conversation with me over the course of the last 18 months, I think is probably left a little less fearful. I've always advocated, I've always thought it was a lovely thing that people in in Asia, when they were sick, they wore a mask. And I thought, God, no one in the United States is ever going to do that. And I still don't think they're really going to do it. But wouldn't that be a beautiful thing, that if you did have a cold or a flu, that before you touched anything, you washed your hands? And if you had to go out in public, which you shouldn't, you put a mask on just in case you did breathe or cough or sneeze on anyone? Absolutely. What intelligent smart things to do. We've seen that bear out, there's been a lot less upper respiratory infections this year, I've seen a lot less colds in my patient population a lot less. And I'm not a believer that we shouldn't get colds or we shouldn't get illness, I actually think it's a sign of vitality, that your body is able to express a discharge in the presence of a viral signal. But I do think that there are things that we could do to be safe. Just as through this whole thing, when I see a patient who was exposed to someone who had COVID, we're doing preventative things, we're doing things to help them. So they continue to be part of the wonderful statistics of my practice, and the practice of all my colleagues, where we've seen that people have done really, really well through this. So I don't think any of that is fear based. I think that's science based. I think that's making good scientific decisions, which have been sorely absent from the conversation throughout this whole thing.

Kit Heintzman 39:24

May I ask how COVID-19 has changed or impacted any of your social relations?

John Christopher Chlebowski 39:36

I think like it's done the world round. It's cut out the chaff. It's really made myself and my wife see who and what is really important to us. And I think that's the beauty of it. I think that's one of the most gorgeous things about this that we may not have gotten to that, that we realized that there were people in our lives that even if we thought we were in our mesh like this, that maybe it wasn't as tight as we really believed it to be. And that maybe there were people out here, who we've now come together like this, and realize that our roots are much deeper. And so it helped us sort of weed through or to now, or tune into the people and the social structures that are genuinely important to us that I think will remain with us for many decades to come.

Kit Heintzman 40:45

What's partnership and like for you throughout the pandemic?

John Christopher Chlebowski 40:54

I've known so many patients, and so many couples and so many people that are diametrically opposed through this whole thing, they have two very different viewpoints through this. And it's broken, some relationships, it's splintered, some partnerships, it's broken up some marriages, it's damaged a lot of friendships. And my

partnership has been so wonderfully matched in our vision and the way we see things unfolding. It's been a blessing. It's been a blessing, I feel a lot of empathy for those people who are in partnerships, where they have very different belief structures about what transpired over the last 18 months. Because there really are two stories.

Kit Heintzman 41:50

How are you feeling about the immediate future?

John Christopher Chlebowski 42:00

I am putting my head down and ducking for cover. Because you know, when a Tornado rips through, it's time to get under the desk, get in the doorway, and stay safe. I know after the tornado passes, things are gonna be good. This thing is kicking up so much dust and dirt that needs to be uncovered. And so many lies and illusions that have been hidden from our eyes for so long. And I think we're just beginning to see that. But I think it's going to be rocky for a little while. I really do.

Kit Heintzman 42:47

And thinking about the other end of the tornado, what are some of your hopes for a longer term future?

John Christopher Chlebowski 42:53

I believe we are going to see in the long run a complete reorganization of government. I think in the long run, we're going to see a complete departure from the current monetary system. I believe that in the future, the current medical paradigm will be talked about much in the same way we talk about what people did several 100 years ago for medicine. And so I think inside of all of that, too, we will have a deep return and reverence and respect for the Earth, our home. And these changes will not come easy. I foresee the next 50 years of being tumultuous and full of turmoil as old structures die and new ones come to place. And I think you're going to see a schism in the human race too. Because not everyone is going to want to go this direction. And that's fine if we can part ways amicably, and say, you go over here and you do this thing. And we go over here, we do this thing. But that is going to have a lot of tension. But I truly believe those things are coming. We're at the end of a great cycle. There's only way one way to go when you've been going down and you've gone all the way to the bottom. There's only one direction to go. And so it is inevitable that the human race is going to move to a higher state of evolution throughout this. And this thing, whatever it is this signal that happened this last year, it's a catalyst and it can't be stopped. There's so much momentum, the bar the door came off Pandora's Box. Nobody can stop it now.

Kit Heintzman 44:59

Self Care has been a really prominent part of the COVID-19 narrative. I'm wondering if you'd be willing to share some of the ways that you've been trying to take care of yourself throughout this experience?

John Christopher Chlebowski 45:16

Walking to work has been a good one. It's seventeen minutes each way of self reflection and thought or maybe listening to some music, more time at home with family, more real, intentional time of making moments and minutes of dropping in, and really paying attention. My diet gets better and better every year. It always does. It always does. It just keeps in it's, you know, I'm a big advocate for see changes, that it's really hard for people to change things instantly unless they're ready to, but that if we always take the long road, and so that nutrition has just improved and improved and improved. And I'm also a believer that it's our job to cyclically go through the systems of our body and continue to work on them. And so a continued effort on other systems that perhaps I

wasn't paying attention to, from both a physical, spiritual and energetic perspective and all of them. And then I think the deep connections with people that have come out of this are incredibly healing and incredibly nurturing. I mean, we are, we are social beings, we are meant to interact energetically at a distance less than six feet. And so to be in proximity with people and to have our energies in train with one another, and to, you know, let the Taurus fields of the energetic magnetic fields of our hearts come into connection with one another is incredibly healing. And that's, that's, you know, that's all science there. It sounds like spiritual gobbly gook. But it's all based on recognized PubMed quotable, searchable science. So, all those things to me have been my regime of self care.

Kit Heintzman 47:27

I'm at my penultimate question. So we've spoken a lot about the sort of flurry of biomedical research that's been happening in this particular moment. I'm wondering what you think scholars in the humanities and the social sciences could be contributing to this conversation?

John Christopher Chlebowski 47:51

To THIS conversation, or to this conversation?

Kit Heintzman 47:54

To a conversation of the impact of 2020, 2021, and COVID-19?

John Christopher Chlebowski 48:00

Oh, well, infinitely more than the biomedical piece. The Biomedical piece is actually quite boring. I mean, it's it is, it's boring. It's not that interesting. This virus is not that interesting. What it does to humans is not that interesting. Where it came from might be the most interesting thing of all of it, it should be the question that people are asking. But I think all of the other studies around what it's done to humankind and the way we're acting and the way the decisions we're making is infinitely more interesting than the science of it. I mean, I'm bored out of my mind to this thing, like, tell me anything else. That's really just, it's it's not a it's not that interesting.

Kit Heintzman 48:53

And this is my last question. It's a kind of extension. So this is an oral history interview. And I enter that with some of the premises and assumptions of my training as a historian. And while I can't imagine what a historian 100 years from now will really want out of this. I can direct questions in from my own place of knowing what historians are taught to value now. And one of the things that we're taught to take very seriously are the priorities of our historical actors, which is anyone living in the moment. So if you could speak to a historian in the future, one who never lived through this moment, so at least a generation out and has no experience of it? What kinds of stories would you tell them are really important and should not be forgotten?

John Christopher Chlebowski 49:47

My gosh. I don't know, it's one of the things I've said over and over again, is that this thing touched everybody. And so everybody had to take a stance, they were forced to, there isn't anybody who's going to come through this and be like, Ah, I don't know, didn't really notice what it didn't really affect me in any way. Like, it affected everyone, whether they're conscious of it or not. And so they had to formulate opinions. So I guess I would just hope that a historian, the future would take a very wide swath of people, because any one subset are one demographic, or one population is going to be one 7.6 billionth of the story. And so I think it's just going to have to be a really, really broad picture. And I would also encourage them to try and do that from his many individual

accounts like this, as opposed to from the media, or the news or whatever left of that, because that has been so unfortunately, disappointing, as one of the structures that I have found has been so biased, that really isn't presenting things in the way that is useful, or helpful. And so maybe, people like you, Kit who took the time and care to do something like this with me, maybe someone would sit down and watch 1000 of these, and then write a paper.

Kit Heintzman 52:03

I want to thank you so very much for everything that you shared with me today. And at this point, I just want to create some space, if there's something you'd like to say that I haven't given you the space for, and the questions as asked, please take that now.

John Christopher Chlebowski 52:18

I think the last question in a lot of ways answered that for me that my hope moving forward is that people in the future do dive in and really trying to understand this from as many different perspectives as possible, because it is hardly the one stream of data that the media presents it to be. And because I think there's so much we can learn from this. I think there's so much we can learn from this time period in history, it. I imagine that everyone that lives through a period of time feels it's important. And I feel no differently right now. I think we are standing in a very unique place in history. And I feel blessed to be who I am. And what I'm doing right here right now. It feels very, very poignant. And so I just hope that they take the time, to allow their minds to be open enough to understand that perhaps everything is not as it appears on the surface, but that maybe there are undercurrents of truth, and varying storylines that can help us move forward can help us as a race, reorganize and decide what we want to be in our place in the stars.

Kit Heintzman 54:07

Thank you so much.

John Christopher Chlebowski 54:09

You're welcome. Thank you