



FINANCIAL PREPAREDNESS

"One of life's most painful moments comes when we must admit that we didn't do our homework, that we are not prepared." ~ Merlin Olsen

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Sugar Nation

In recent years, a massive, slow-moving, growing epidemic has been killing many millions of people and making far more of them sick and unproductive. No, I'm not talking about COVID-19, though this disease does make people far more susceptible to COVID. I'm talking about type 2 diabetes, a ubiquitous yet totally preventable and usually reversible malady that is increasingly wrecking the health and lives of people, especially Americans.

I wanted to better understand this quiet killer that has laid waste to much of my own family of origin, so I just finished reading [Sugar Nation: The Hidden Truth Behind America's Deadliest Habit and the Simple Way to Beat It](#) by Jeff O'Connell, which was published in 2011. Alas, I didn't decide to write about this book until I was on page 130, so this review will focus primarily on the second half of the book.

Type 2 diabetes (or insulin resistance) is a lifestyle disease, though if one or both of your parents had it, you are more at risk of getting it. Roughly a third of people who have it don't know it, including some people who are thin and appear to be healthy. Americans tend to view diabetes as less serious and urgent than health threats such as heart disease, cancer, kidney failure, strokes and dementia, even though they are all part of the same constellation of maladies. Usually someone dies from one of the latter disorders before diabetes has time to take its full toll, so it is often at least a comorbidity if not the primary

underlying cause of death.

Other common consequences of diabetes include neuropathy, gangrene and amputation of a foot or leg, and blindness. Prosthetics (and probably mobility scooters and lift chairs as well) is a multi-billion dollar industry in America. I think these people (and thus this problem) are largely hidden because they're not in the workforce or out in public.

Invariably, doctors tell patients that they will have diabetes for the rest of their life, which actually turns out to be true, but only because (1) the doctor doesn't inform the patient that it's reversible with lifestyle changes and/or (2) the patient is too lazy and unmotivated to change their lifestyle, and prefers to “manage” the disease with drugs (which the doctor is happy to prescribe). The author writes, “The biggest problem with the drug culture surrounding type 2 diabetes is the mindset of passive acceptance that develops among patients....”

Medical schools usually devote very little time to nutrition/diet and exercise, and unlike pharmaceutical companies, “a healthy lifestyle” doesn't send attractive, young sales reps to doctors' offices each day pulling a wagon of free lunches for the staff, or basically bribe (some) doctors with tens of thousands of dollars per year.

Even groups such as the American Diabetes Association (ADA) have been captured by Big Pharma and thus provide recommendations about diet and exercise that are either completely, maliciously wrong or at least a decade behind the known, proven science. This actually turns out to be very good for the job security of those who work for the ADA. And of course our sick care system is focused almost exclusively on paying for drugs, procedures and surgeries instead of on education, prevention and wellness.

When you add in food-like products that taste great, are cheap and at least somewhat addicting (and often paid for by an EBT card), and the woeful lack of knowledge about nutrition and human biology, the average person simply doesn't stand a chance against this juggernaut. Everything from the AMA to the ADA, from public schools to the federal government, from Big Food to Big Pharma, is aligned against the little guy. At every step of the way—from food to drugs to amputations to reduced Social Security payouts, there is money to be made off of the dumb sheeple. Good old Warren Buffett has figured this out, which is why he invests in sugary food companies (Coca-Cola, Dairy Queen, See's Candies) and dialysis centers (DaVita).

Eric Campbell, an associate professor of medicine at Harvard Medical School, says “Drug companies want a market in which a lot of customers need the drug or potentially could take it. Ideally, from the company's perspective, the people will take the drug continuously for a long period of time, so they're looking for a chronic condition. The company is also looking for a disease diagnosed and treated primarily by specialists. If a specialist starts a patient on a drug, the primary care doctor will tend to leave them on it. So depression, type 2 diabetes, hypertension, and cardiovascular disease are highly desirable drug markets.”

The author writes, “The influence of drug makers on doctors has become pervasive....94%

of all U.S. physicians enjoy some form of relationship with the pharmaceutical industry.” Campbell says “Many of the relationships revolve around the giving and receiving of industry-paid-for meals, trips to sporting events, recreational activities, having their continuing medical education paid for, payments for enrolling subjects in clinical trials, large research grants, and so on. I don't think the American public has any idea that it's as deep and rich as it is. Drug companies own medicine, medical education, and medical research in America.”

The author recounts this amusing (or disturbing?) tale: “Campbell was sitting at an airport bar one day...when he made small talk with an attractive, extraordinarily tanned young blonde woman seated next to him.” “What do you do for a living that allows you to get so much sun?” he asked. “I play a lot of golf with doctors....I'm paid by a large drug company, and I travel around the country playing golf with physicians four days a week. I talk to them about the drugs, joke around with them, offer them golf tips, and then we have cocktails afterward. It's a great time!” “What qualifications do you need to get that job?” he asked. “I was on the golf team at Arizona State,” she said.

What caused the radical change in diet that resulted in this Modern Man disease? “...per capita sugar consumption in the U.S. has risen from 5 pounds in the latter part of the 19th Century to 25 pounds in the latter part of the 20th Century to 160 pounds today.” The author then explains how government policy steered Americans towards an unhealthy diet:

- “The U.S. government's dietary recommendations, which promoted carbohydrates as the foundation of a healthy diet, AKA the food pyramid, throughout the 20th Century.
- The U.S. government's farm policy, which over the same span promoted the provision of inexpensive calories, namely carbohydrates.
- A misguided belief [based on the investigation of the cause of President Eisenhower's heart attack] that saturated fat is the main culprit in heart disease.”

“It was no accident that carbs were so inexpensive.” With the passage of the Agricultural Adjustment Act in 1933, the federal government began to support the production of wheat, corn and rice; fruits and vegetables received no such support. The net result of this long term reorientation of U.S. agricultural production towards providing cheap calories “was Americans fattening up like so much livestock.” Consequently, “Dunkin' Donuts appeared in 1950, Taco Bell and Jack in the Box in 1951, Denny's in 1953, Burger King in 1954, and McDonald's and Kentucky Fried Chicken in 1955.”

Next, “The Select Committee on Nutrition and Human Needs was formed in 1968 and overseen by Senator George McGovern.” During its nine years of hearings, many scientists and medical experts “fingered dietary fat as the main cause of heart disease. Evidence to the contrary was invisible during the deliberations....Back then the idea that fat could cause heart disease resonated with people. [Fat causes you to be fat.] It resonates with people today.”

As a result, consumers began demanding low-fat food products, which replaced fat with sugar. In 1986, the ADA increased its recommendation for carbs to up to 60% of calories,

with only 10 to 20% from protein. “Obesity and type 2 diabetes rates continued to skyrocket. Alarmed, nutritionists at the Harvard School of Public Health realized that the government's carb-based food pyramid was making the situation worse; it was, in fact, upside down.” One of the experts wrote, “At best, the USDA's Pyramid offers wishy-washy, scientifically unfounded advice on...what to eat. At worst, the misinformation contributes to overweight, poor health, and unnecessary early deaths.” Another doctor wrote, “The Food Guide Pyramid pointed the American people in exactly the wrong direction. It made people fat and caused type 2 diabetes.” The author writes, “Carbs are the perpetrator of our obesity and diabetes epidemics....this low-fat fixation may well have been the most expensive public-health blunder in U.S. history.” *Little did he know that its COVID-19 blunder would dwarf that.*

You've probably heard of the glycemic index, which “offers an educated estimate of how a given carb will interact with your blood sugar relative to other carbs....Studies have linked a low-glycemic index diet to a reduced risk for type 2 diabetes, cardiovascular disease, and cancer....The glycemic index is helpful, but it doesn't account for the quantity of carbs contained in foods....So another measure, glycemic load, divides the GI by 100 and then multiplies that sum by the number of carbs (excluding fiber, sugar alcohols, and other carbs that can't be readily digested) contained in a food.”

The primary thesis of the book is that exercise and a healthy diet can cure diabetes: “Along with a low-carb eating plan, a gym membership is the most potent antidote to type 2 diabetes....The research is unequivocal....diabetics shouldn't need a note from their doctor *to* exercise, as the disclaimers usually suggest. They should need a note *not* to.... The liver reacts to exercise by breaking down glycogen, those stored carbs....cells become more proficient at absorbing glucose from the bloodstream....[so] blood sugar levels drop....simply by contracting vigorously, muscles are primed to absorb blood glucose with or without insulin's help.”

“Looking for the cure for type 2 diabetes? This is it. While exercise revs up the body's metabolic machinery it also elevates mood, which makes dietary compliance that much easier....it also encourages an aggressive mindset. Instead of letting the disease run its course, exercisers are taking preemptive action. Rather than sitting on their backside, they're kicking ass.”

“The salutary effects of exercise on insulin sensitivity end 24 to 48 hours after a workout. So you want a measured dose of this medicine--exercise--hitting your system nearly every day.” One expert recommends alternating days of weight supersets and cardio intervals, but I say be sure to dedicate a couple of days a week to stretching, long walks and active rest.

The author explains how diabetes damages the cardiovascular system, and how exercise can protect it: “...too much insulin can damage arteries and perhaps stimulate cancer cell growth....larger skeletal muscles have the capacity to keep excess glucose out of the bloodstream, taking pressure off the heart....One way diabetes damages the heart is through a condition called LVDD. It's the most common feature of the diabetic heart....It markedly increases the risk of heart failure....three other diabetic-heart killers include

damage to the inner lining of arteries; a stiffening of those arteries; and chronic, systemic inflammation....Studies...suggest that exercise is a formidable defense against all three of these threats.”

“...weight training offers a bonus to the glucose-impaired: It burns fat and builds muscle....Exercise creates more muscle tissue and insulin receptors, improving the absorption of glucose into muscles....And muscle tissue is where glucose should be, not floating in your blood or being converted into fat for lack of glycogen storage space. The loss of muscle that comes with aging [may explain why] insulin resistance seems to worsen over time. As muscle absorbs all that glucose, the pancreas can breathe a giant sigh of relief.”

The author's Rx for diabetes? “Diabetics should exercise frequently, consistently, and intensely, but not endlessly. Get in, hit it hard, and get out. Avoid skipping even two days in a row. Treat exercise like you would a prescription drug; your life is at stake.”

This paragraph explains why I used to find carby snacks in my diabetic mother's bedroom: “As blood sugar drops during the night, the brain detects the change and dials its own 911. It's a classic diabetes dilemma: You need sleep, but hypoglycemia wakes you up in the middle of the night, interrupting this essential health tonic....Poor sleep is a nightmare for your glucose metabolism, helping to sow the seeds for diabetes. Even one night of partial sleep reduces insulin sensitivity in a healthy person.” Researchers wrote, “Diabetes and chronic loss of sleep share the fact that both affect millions and one is detrimental to the other. Indeed, sleep deficits...foster metabolic syndrome that culminates in sleep disorders like Restless Legs Syndrome and sleep apnea, which in turn lead to poor sleep quality.”

The author continues, “The relationship between sleep apnea...and diabetes is particularly incestuous. Sleep apnea increases the risk of metabolic syndrome and diabetes, but these two conditions are often associated with obesity, which in turn raises the risk of sleep apnea. Talk about a vicious circle.”

The author explains how a diabetic's glucose can crash after eating a lot of sugar and carbs: “The pancreas contains two pools of insulin. A smaller pool allows for a nearly instantaneous secretion. A bigger storage pool then replenishes it. In diabetes, the fast-acting pool seems to dry up....So when a glucose load arrives, no insulin is forthcoming, and blood sugar skyrockets. Only then does the storage pool refill the smaller pool, leading to a delayed insulin secretion. By now, the situation seems out of control, and the pancreas overdoes the insulin. Blood sugar drops, sometimes dramatically.”

And then guess what? You're hungry for sugar and carbs again, even though your body has plenty of fat on it. “If you're eating a lot of simple sugars and other carbs and not exercising—the one thing that could move the glucose into cells without insulin's help—then you're on the fast track to type 2 diabetes without that first pool. And no one, from your doctor to the ADA, is going to give you a simple heads-up to the peril you're in. Our instinctive response to low blood glucose is to consume sugar. But it's a false remedy, as that short-term boost also triggers another crash.”

Some people have a prediabetic condition called reactive hypoglycemia, in which their blood sugar is always low: “Someone [Dr. Seale Harris of Georgia] actually figured out reactive hypoglycemia at the turn of the century—the 20th Century, that is—only to be treated like a pariah....He...realized that at the start of type 2 diabetes, the body produces too much insulin, not too little. Only later in the disease does production of the hormone plummet, as the beta cells of the pancreas burn out.”

“To Dr. Harris, the solution for hyperinsulinism and the low blood sugar that it produced was eating a low-sugar diet and small, frequent meals....Predictably, the medical profession landed on Dr. Harris like a ton of bricks. When his findings were not attacked, they were ignored. His discoveries, if allowed to leak out, might make trouble for surgeons, psychoanalysts, and other medical specialists. No one stood to become rich from such a commonsense, do-it-yourself solution, whereas a drug-taking diabetic becomes an annuity of sorts.”

“What's scary is that our high-sugar meals and *increasingly stressful lives* are exactly the one-two punch needed for reactive hypoglycemia to skyrocket....this trend has the potential to create a whole new class of diabetics, the outwardly fit-looking, inwardly ill.”

The author describes the dialysis center where his father was treated: “Then I see that the frail, sickly bodies of patients, most of them elderly and swaddled in blankets, are hooked up to artificial kidneys. When the goal of diabetes care is simply to manage complications over time, rather than going to the source and addressing insulin resistance, this is where you wind up.” The balance comes due someday.

The author concludes, “Once you decide that your heart, kidneys, and limbs are worth more than hamburger buns, french fries, and glazed doughnuts, you'll do more than avoid complications.” Alas, for some reason, the vast majority of people value junk food over healthy body parts, which seems like an addiction to me.

I give this book four stars, with one taken off because the author recommends drinking diet soda, which is one of the worst things you could drink.

Preparedness News

“Biden also proposed new minimum corporate tax rates that would affect a large swath of the Fortune 500.” Hmm, what do you think that would do to the price of stocks? As interest rates spike and the federal government becomes increasingly desperate, it will move into confiscation mode. Remember, the value of your retirement accounts gets reported to the federal government every year.

[Georgia Passes Constitutional Carry](#)

Question For You

Did you reverse diabetes or prediabetes through lifestyle changes? [Let me know!](#)

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I would love to hear from you! I thrive on feedback from readers. If you have any comments, suggestions, insight/wisdom, or you'd like to share a link to a great article, please [email me](#).

Generally, I don't have time to answer questions about your specific situation, but if you have a general question that I think other readers also have, [let me know](#) and I will provide an answer in a future issue.

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Before starting a new diet or exercise regimen, you should consult with a doctor, nutritionist, dietician, or personal trainer.

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