

## EP 49: Dr. Kipper welcomes Steve Martin and Martin Short

Comedy Legends Steve Martin and Martin Short have medical questions and Dr. Kipper has the answers. Join us as they talk about their decade's long friendship, whether or not there's a comedy gene, what's really going on with the covid vaccines, and what they do to unwind and stay healthy.

**Peter:** [00:00:31] Welcome to Bedside Matters. We've got a mind-blower of a show today. Should we introduce our guests?

**Dr. Kipper:** [00:00:36] Oh, I think we should.

**Anna:** [00:00:37] We are speaking with Steve Martin and Martin Short. They're pretty cool. We love them. And we're glad they're here. So, hi, guys.

**Steve Martin:** [00:00:44] I'll introduce my friend, Martin Short. We work together and play together.

**Martin Short:** [00:00:48] I'll introduce my partner, one of the great, legendary comedians of our time.

**Steve Martin:** [00:00:53] Oh, why just our time?

**Martin Short:** [00:00:56] Well, I'm being real. I don't think it's going to play in other times. I just...

**Steve Martin:** Okay.

**Martin Short:** ...I think it's too broad. And I think it's too heady. It's too something.

**Steve Martin:** [00:01:06] Ten years from now, they're going to say, "Oh, those two morons."

**Martin Short:** No, I don't...

**Peter:** [00:01:08] Your body of work is amazing. By the way, the awards between the two of you, you can't even count. There's Grammys. There's Emmys. There's all kinds of awards in every category, correct?

**Steve Martin:** [00:01:19] We have all the awards money can buy.

**Martin Short:** [00:01:22] You've heard of an EGOT?

**Anna:** [00:01:24] Yes.

**Martin Short:** [00:01:25] Steve has an EGO.

**Anna:** Oh!

**Steve Martin:** I'm missing the Tony.

**Anna:** [00:01:27] Just one Tony shy.

**Peter:** [00:01:31] But you did Broadway, came close, right?

**Steve Martin:** [00:01:33] Well, I was nominated.

**Peter:** Well, there you go. That's pretty amazing.

**Steve Martin:** It's like an EGOT-eh

**Anna:** EGOTten.

**Peter:** [00:01:42] Is it driving you? Is that the goal now to get the Tony, the bastards who denied it?

**Steve Martin:** [00:01:47] No, I like doing exactly what I'm doing.

**Peter:** [00:01:50] I guess we could just start with some context and say you guys know each other for a long time since Three Amigos and, obviously, best friends. You tour together, etc. But is there a tension that comes from working with a good friend? Because there's a different level when you're on stage and you're performing and there can be disagreements about how you work.

**Steve Martin:** [00:02:10] Honestly, unless Marty is harboring a dark secret, I don't think there's any tension at all ever between us.

**Martin Short:** [00:02:17] No, there isn't. I think there isn't, because there is a belief in our hearts that, even if we did overstep a line, it wasn't intentional.

**Peter:** [00:02:28] So, there's a pureness to it. But do you work the same, Steve? I heard that you work out, it's funny you said that you work out of fear. You were joking, I think on Conan's podcast that you did Saturday Night Live with Marty and you worked on the opening for forever.

**Steve Martin:** [00:02:41] Well, it was something we did in our show. So, when I said we worked on it for three years, we had it in our show, honing it and honing it and honing it. And when it first started, we're talking about a bit where we give each other our eulogies, You know, you try something and then it doesn't work and you try something else and that works, and then you get on the right track. We had the idea for a while before that, didn't know how to get into it. Anyway, it's a slow process.

**Peter:** [00:03:07] But it's also a performance. I mean, before you went on Carson, you talk about how you agonize about that stuff. There's a lot of stress to your business people don't see as far as delivering the goods and making sure it works and the audience accepts it.

**Steve Martin:** [00:03:20] I think it's in any profession, anybody who wants to do well has a lot of work in front of them, and it just doesn't come easy. You have to work at it, you know. Doctor profession. Audio profession. Podcast. You have to work at it.

**Martin Short:** [00:03:37] I work hard, let's say, on a talk show appearance based on the idea that if it doesn't go well, I can still toast myself and say, "Good for me. I did the best I could."

**Peter:** [00:03:48] The output from both of you is amazing. Do you sleep well? Do you sleep? Do you get 8 hours sleep? Do you have anxiety when you wake up, you have to overcome? Do you guzzle coffee? What's the day like?

**Martin Short:** [00:03:59] Well, I definitely get 7 hours sleep at least. I wake up, I have coffee. I'll listen to Morning Joe and get into the politics of... Steve's a big Trumper, and I'm not, so then sometimes we have problems there, and then I will have a lovely bowl of bran.

**Steve Martin:** [00:04:21] I, you know, like today is a very slow day for me. I'm really looking forward to this, to doing this podcast, because I've effectively done nothing this morning and usually I'll exercise. But if I didn't, I didn't. I woke up really early this morning, so I didn't, I was really sleepy, so I didn't exercise.

**Anna:** [00:04:41] I want to know what your workout routine is.

**Steve Martin:** [00:04:44] My exercise is pretty simple. I have a treadmill and I have a weight machine and I turn on the TV and I watch a show and sort of idly workout while I'm watching the show.

**Anna:** [00:04:56] I'm just saying stars, they're just like us. It sounds like Steve Martin sits around and lackadaisically exercises like the rest of us. So, thank you.

**Steve Martin:** [00:05:05] Well, also, you know, I do have an electric bicycle, which offers absolutely no exercise. I love riding it around. I love it. I go up hills, I go down. I always have a podcast or a book, audio book, in my ears. Like I just read Nora Ephron's biography by audio book, and I figure I lost a half a pound. I go by how much weight did I lose..

**Martin Short:** [00:05:28] Steve, why is it safe to be on a bike and then have AirPods in your ears so you can't hear traffic in New York?

**Steve Martin:** [00:05:36] Ah, I don't have AirPods in my ears. I have open bone conducting headphones, so my ears are wide open and the sound goes is conducted through, it's fantastic. You can hear traffic and you can hear your audio.

**Peter:** [00:05:49] Since you're talking about hearing, I know you wanted to talk about hearing, hearing aids, etc. It's close to my heart. My wife had hearing aids forever and then had to have a cochlear implant because her hearing had degenerated. So I'm curious to hear what your situation is.

**Steve Martin:** [00:06:04] My hearing is damaged from years of being on stage and playing music in a band, which is loud. I don't know how people tolerate it. I don't know that I can understand why it's not even illegal. Why is that even illegal to play music at such high volume, damaging hearing for people?

But anyway, that's not the point. I had this idea for a very, very inexpensive hearing aid. Maybe \$0.50. And I tested it, not scientifically, a little bit scientifically, and it raised my hearing by 5 to 10%. And I'll tell you what it is. We all know that, if you cup your ears, you

can hear way better, but also, even if you just tip the end of your ear a little bit forward, your hearing gets a little bit sharper. And so I thought, hey, I have an idea. It's like, I'll make something that goes behind the ear and just pushes it out a little bit. And I worked on it, and I hired a guy to fabricate it. And I'm working at different blues, you know, to go behind your ear. And, finally, I just gave up because it was too complicated. And I think the fabricator lost interest. And so I just gave up.

And then one night, yeah, I stopped for a year. Then one night I'm lying in bed and I went, Breathe Right strips. And Breathe Right strips are perfect to go behind your ear and just push it out. It pulls your nose out, but it'll also push your ear out so you get the clear ones, so there is no, well, you can't see them and you put it behind your ear and it pokes your ear out just a little. I think it'd be great for people to, you know, for television, watching television, just sit there. But you do look a little funny. You have your ears out, you know, just a little bit. It's great for women if your hair covers their ears. But...

**Martin Short:** [00:08:06] Stephen, wouldn't you rather read lips than look like Alfred E. Neuman?

**Steve Martin:** [00:08:13] By the way, I can hear fine. But I, you know...

**Peter:** [00:08:16] It's amazing you determined that it increased it by a 5% increase.

**Steve Martin:** [00:08:20] Well, I went into a hearing specialist. I said, "Test my hearing, now test it again while I have these things on." And she said, "Well, it went up at least 5% and it would have been 10%, but you missed a couple of S's on the end of sentences."

**Peter:** [00:08:35] Well, isn't that, David, isn't that a vestigial thing? Didn't humans used to be able to move their ears like a wolf and listen?

**Dr. Kipper:** [00:08:42] Some people still can. By the way, Steve, when she gave you that metric, is that why the price went down to \$0.50? Was it originally a dollar, or how did that work?

**Steve Martin:** [00:08:56] Well, you know, listen, Breathe Right is going to make millions off this idea. I'm going to get nothing from it.

**Peter:** [00:09:02] So, Marty, any inventions that you're currently working on or have done that's been semi-successful?

**Martin Short:** [00:09:07] Zero. I mean...

**Steve Martin:** [00:09:09] That's not true. You have a highly successful birthday card.

**Anna:** [00:09:13] That's awesome.

**Martin Short:** [00:09:14] American Greetings.

**Peter:** [00:09:16] I always wondered with those, do you have to go, "Hi, Allen. Hi, A...?"

**Martin Short:** [00:09:20] At one point, you think the only thing you can do now is enter Bellevue, because you do have to do every name. It's like. It's like, you know, 1400 names.

**Steve Martin:** [00:09:34] Marty sent me, sent me his greeting on my birthday. He had the wrong name, like Charles.

**Martin Short:** [00:09:41] Well, because it wasn't finished.

**Steve Martin:** [00:09:42] Well, I know, I'm kidding.

**Peter:** [00:09:44] But it was the thought that counts. I mean, who cares?

**Dr. Kipper:** [00:09:47] But, speaking of creating, you guys each have amazing characters that you've created that are now iconic. And so how does that happen? How do you evolve into creating one these characters?

**Steve Martin:** [00:10:03] Well, Marty does that. I don't really do that. I've performed, you know, I'm a little bit. But Marty has actual, weird, bizarre, fleshed-out characters. Like when you even think of who Ed Grimley is. I was thinking there's not one thing in the character of Ed Grimley that is normal or makes sense.

**Martin Short:** [00:10:25] I think that Ed Grimley represented a great innocence. I remember my former sister-in-law, Liz, was married to my brother Michael. They're not married now, but they had two children. And I remember she came down to visit Nancy and me in California, and she was about 25, 26. And, by that time I'd flown in a million planes. She hadn't. And she said, "I was so excited to fly today. In fact, I changed my outfit three times trying to think about what I'd wear on the plane." And I thought, Oh, that innocence on an adult is so appealing. And so that was the gimmick of Ed Grimley.

**Peter:** [00:11:02] I'm curious, you guys both came up in the '60s, '70s during the drug era. How did that, guys, how did that impact you with that going around and was there, I mean, you were in Second City TV, you were in Godspell, it had to be everywhere, correct?

**Steve Martin:** [00:11:21] I was very lucky. Because in the '60s I tried marijuana and had a horrible reaction. And from then on, I was afraid of any drugs. I've never had cocaine, you know. What other drugs are there? I've never had them either. So I was very lucky to escape the pressure of that, you know.

**Martin Short:** [00:11:48] Same with me. I was always terrified of the idea of losing control. So there weren't drugs; SCTV, there were no drugs. And by the time I got to Saturday Night Live, there, the infamous cocaine years of SNL were done because I didn't join that cast until the '80s. And, no, the idea of suddenly that rock coming toward you, that was terrifying to me. When I think of friends of mine, close friends that I've had for 30 years, all many successful people, I don't think of one of them who ever did a lot of drugs.

**Steve Martin:** [00:12:26] Yeah, it was not a part of my world. It really wasn't.

**Anna:** [00:12:29] Interesting. I want to ask you, do you guys have any medical questions for Dr. Kipper?

**Steve Martin:** [00:12:35] Oh, I have a medical question.

**Anna:** [00:12:37] Yes.

**Steve Martin:** [00:12:38] The new IP you were talking about earlier, the new Covid vaccine, which addresses the new variant. I had another medical professional say, when was the last time you had Covid? And I said, well, I had once, said it was a year ago. It was in June of 2022. And this medical professional said, then you don't need the new vaccine because you've had that strain.

**Dr. Kipper:** [00:13:02] If this is formed as a question, my answer would be that the new strain has really only been here for a few months, and it started in Denmark and it ended up going to, I think, Israel and now it's here. But we've only had this one for a couple of months. But the new vaccine, which has been in evolution now for several months, does cover these new strains. The old one did not. So, for those listening that are concerned about getting the vaccine, based on what you said, Steve, get the new vaccine, because it is now programmed to last us, hopefully for a year.

And if you've had other vaccines in the past, as you mentioned a year ago, you're going to have some immunity to the basic virus. What we're trying to keep up with are these nuances and these mutations that are now the last mutation itself had 30 mutations of its own. So it's now the cat is out of the bag. And so keeping up with this is difficult. But the spike protein, which is really the problem here, is that these viruses now, these variants are learning how to get around the spike protein. So these new vaccines have to incorporate those changes and the new one does. And so I strongly recommend that you get that.

**Steve Martin:** [00:14:28] A lot of people I know have Covid, a lot of people right now.

**Anna:** [00:14:32] It's going around right now.

**Steve Martin:** [00:14:33] Children and adults we've worked with. We're lucky we didn't get sick. Haven't yet.

**Dr. Kipper:** [00:14:38] So, here's something on the testing that I think is really interesting now. I have seen as a clinician that these tests are not always valid because someone will test negative for a couple of days. You know they have the virus based on their symptoms and then three days, four days later, they start testing positive. The reason that's important is that if you are early on in your illness and you take this antiviral Paxlovid, it stops it. And if you wait until you test positive, which is what the CDC originally said, by then, it's too late. You have enough of a viral load that you're not going to do yourself any good. Also, if you start early, you prevent long Covid.

But what's interesting now about these vaccines, do you remember when this thing first came out? It was like five days, we thought from exposure to illness, and then that turned into four days and then three days and now it's two days. And the reason for that is that you get exposed to this virus, the new virus, and the new virus comes in, but the immune system recognizes it enough to send out its own response, which is where you get your symptoms after a couple days. If you haven't built up enough of a viral load, but the immune system sees a portion of this virus as familiar, sends out its inflammatory cytokines and you start to feel sick. And so people are checking in now on day two, not day five, with their illness, but you're not going to get enough of a viral load still for about 3 to 5 days. So the longer you wait to take your medicine, the worse your illness is going to be.

**Steve Martin:** [00:16:25] Aren't you in a quandary that you may not have symptoms, you may be testing negative, but have it? How do you know when to start Paxlovid?

**Dr. Kipper:** [00:16:33] So the good news in that, Steve, is that if you're not symptomatic and you've been exposed and you know you're going to get it, but you're testing negative, you just don't have enough of a viral load to get you sick yet. So you keep testing, or you wait until, and this is my recommendation, until you get your first symptom. And the first symptom is usually one that everybody poo poos because it's fatigue. People start getting tired initially, but it's a different tired. It's a, yes, it's a debilitating fatigue. So that's your first symptom. And then within a short period of time, you're going to get an upper respiratory symptom within a day. So to answer your question, you start the antiviral the minute you get your symptoms.

And here's where this gets more confusing, because now this time of year, we're going to see not just Covid, we're going to see flu and we're going to see RSV, the respiratory syncytial virus. And those viruses are respiratory viruses, so you're going to get a lot of similarities. The differentiating symptom is the fatigue.

So if you're tired and you're starting to feel viral, it can't hurt you to start the Paxlovid. Nothing bad is going to come of that. And these other viruses do different things. So the flu is going to give you higher fevers. It's going to give you body aches. It's going to give you some GI symptoms. And the RSV is going to make you wheeze because it affects the small airways lower down and you're going to get wheezing. You're not really getting wheezing so much with Covid or with the flu. So the symptoms are nuanced. But to answer, again, that question, the minute you start to get a symptom, you should start the Paxlovid. .

**Steve Martin:** [00:18:23] Early on, I heard that you really need two courses of Paxlovid to knock out that virus. Is that the case anymore?

**Dr. Kipper:** [00:18:35] No. Because what we were seeing was we were seeing people that took their Paxlovid and then four days later they were fine. Five days after they completed the Paxlovid, they started symptoms all over again. And people originally thought that was a Paxlovid rebound. What it really is, is that you start your Paxlovid after you've had a viral load that's built up enough so that you're symptomatic. Right now, you start the Paxlovid and Paxlovid stops anymore virus from forming. But that virus that was going on for those first few days, it didn't kill that virus. That virus is still there. So what you're seeing after you stop your Paxlovid, is the remnants of the original viral load that are now peeking through. That's the rebound.

**Steve Martin:** [00:19:25] Does Paxlovid also counter flu or does it specifically Covid?

**Dr. Kipper:** [00:19:31] Great question. No, it doesn't. It's a different antiviral that goes after the flu and that's Xofluza or Tamiflu. And that's where this is going to get tricky this season because, if you start the Paxlovid, but you really have the flu, you're not helping your flu, you're helping the Covid, if it was Covid. But there are different medicines for different viruses. HIV is another example. You start that medicine, those antivirals quickly. Herpes, a lot of people have herpes. They start that medicine the minute they feel a herpes coming on and the herpes stops, goes away. So there are different antivirals.

**Peter:** [00:20:16] David, does Paxlovid diminish like an antibiotic? Like if you have to take it again and again and again, is the third time you take it just as potent?

**Dr. Kipper:** [00:20:23] No, because its job is to go after that specific virus. And so you don't you don't get a tolerance to Paxlovid. You get a horrible taste in your mouth, but you don't get a tolerance.

**Steve Martin:** [00:20:38] I know. I remember that.

**Peter:** [00:20:39] Marty, did you get Covid?

**Martin Short:** [00:20:40] I got Coivid, that I know of, in December of '21 with no symptoms.

**Steve Martin:** [00:20:49] It was so sad, because we were working and Marty had this Christmas opportunity to fly home and see his grandkids and his family and his children. And he gets off the plane and has Covid.

**Martin Short:** [00:21:00] I was planning a dinner party for 12 for Christmas night, and I thought, gee, I've never done a home test. I wonder how they work. Do I have enough for all the guests? And I tried it and I got it.

**Anna:** [00:21:12] Oh, no.

**Martin Short:** [00:21:13] So, it turned out to be Home Alone sequel, except for a 70-year-old with Covid.

**Anna:** [00:21:22] My question is, is the Covid shot now available in all the places, like in Los Olivos, California, not Los Angeles? Like, you know what I mean? Has it gotten to the country outposts?

**Dr. Kipper:** [00:21:33] It's not everywhere, but it's in most places. So, Steve, you had the Covid and the RSV, did you get them at the same time?

**Steve Martin:** [00:21:42] No, I had the flu shot and the RSV, and I did not get them at the same time.

**Dr. Kipper:** [00:21:46] Because you can get all three at once. I don't think anyone is going to do that, but they're safe. If you are short on time and you're in the drugstore, you can get them all.

**Steve Martin:** [00:21:57] Is Paxlovid still mainly for us older folks?

**Dr. Kipper:** [00:22:01] No, it's for pretty much everyone. It doesn't care how old you are. It just cares about stopping the virus. And I think this brings up another interesting question. Can you use it as a preventative, which I think you can, because we use all these other antivirals as preventatives. Why would this be any different? And again, I probably have 50 experiences with patients that took the antiviral and they were definitely exposed. None of them got Covid.

**Martin Short:** [00:22:34] David, how much can you take? I mean, I have packages here. Do you just take one, do you take two?

**Steve Martin:** [00:22:39] You could take it for, what, three days? Four days? Right?



**Dr. Kipper:** [00:22:42] Each little sheet has morning and night dosing and there are different colors to indicate AM and PM. But what's in each one of those is exactly the same.

**Steve Martin:** [00:22:53] I've heard a rumor that people are having some reactions to the new Covid shot of, you know, feverish or something. Is that anything you've heard?

**Dr. Kipper:** [00:23:01] It is going to happen and it's going to happen for the same reason we got the original reactions, because it is the immune system recognizing the virus and puts out all these inflammatory proteins. And that's what gives you that reaction. And so you get this new shot and it's going to, again, recognize the virus and it's going to give you, it's going to send out these inflammatory proteins. But if you've had enough vaccines going forward, you're going to have much less of a reaction to this new shot.

**Steve Martin:** [00:23:38] How about a nice round of applause for the human body. It's really unbelievable.

[music]

**Anna:** This is why I love Dr. Kipper. There's so much information and misinformation out there about Covid, but we have legends sitting here with us, Steve Martin and Martin Short, and yet we're all like glued to wanting to know, like the vaccines, the shots, the Paxlovid because we don't know.

**Martin Short:** [00:25:14] Here's my question about certain political leaders. I'll use Ron DeSantis as an example. When he goes up spouts anti, anti, anti, does he, is he saying this because he thinks that's what his political party wants to hear? Or does he really believe it?

**Dr. Kipper:** [00:25:35] I think what's interesting, Marty, to that point is that when another political figure that is now fighting with DeSantis did get Covid, you remember it was within a couple of days he got into a limousine to travel around to show people that it wasn't so bad. And I think that's another dangerous sort of way to look at it. Again, this is not a political statement, but it's another influencer out there that's, and we know there are a lot of doctors. I mean, it's the doctor in Florida is also spouting out against these vaccines, which I think is criminal.

**Peter:** [00:26:24] But, David, there's science, so to the bottom of Marty's question, the more serious issue is when you ask if a guy believes it or not, is the science out there where somebody who's intelligent and well-read and informed can read it and also make a decision intellectually to go, you know what, I'm going to go the other way because there is enough here that provides me with that decision, supports my decision.

**Dr. Kipper:** [00:26:50] There's a lot of misinformation, not just about Covid, but about things in general. So there are people that are disbelievers, and because it's been politicized, it is somewhat popular to take a stand on whether you're going to do this or not do this. But when you look at the hospitalization rates and you look at the death rates that are ongoing with Covid, these are almost always in people that haven't been vaccinated. Those are the people that are now ending up sick and dead. So the science is there and it's criminal that people are not paying attention to this. Look, when we were kids, all of us,

we got polio shots, right? And we didn't get polio. And we got shots for mumps and measles and we didn't have chickenpox vaccines. Anna, you might have had them.

**Anna:** [00:27:44] I didn't. My daughter did. But I was still of the school a little bit with chickenpox, like, well, we got it and I'm fine when really I wasn't fine. I remember I was hospitalized for it, so I don't know why I thought that.

**Dr. Kipper:** [00:27:56] There have been two outbreaks, one measles, one polio in communities where people were not vaccinated for these. And then polio became a thing again a year ago, if you remember what was in the news. And that happened because unvaccinated people got this virus. The virus isn't gone. The virus was just wiped out of our contagious pool here. But it came back. Measles came back. You're supposed to get updated measles vaccines, Nobody does. But there was a group in the Midwest that got measles a year ago and that hit a lot of people, adults included, because it reactivated.

And your immune response to these viruses does fade over time. So that's why we're getting revaccinated for measles. And if you're an adult and you get measles and you're an adult male, you're – this is terrible. I mean, this, you know, this one goes south of the boulevard and is painful and dangerous. And so I think you have to follow the science and you have to ask a lot of questions and then you do what you think is best.

**Peter:** [00:29:04] You guys, when you're on the road, how do you stay healthy? Do you meditate, do special diets, special food, any sort of precautions just so you don't get sick on the road?

**Martin Short:** [00:29:13] Well, not really.

**Steve Martin:** [00:29:15] You know, we don't, you know, I meditate a little bit. I, you know, sometimes, but I don't think it's keeping me healthy.

**Martin Short:** [00:29:20] You drink white wine after the show.

**Steve Martin:** [00:29:23] Drink white wine after the show. A lot of organic green tea. It's part of my diet. But I do try when I go to a city, I do try to do something during the day because otherwise you're sitting in a hotel room for 12 hours.

**Dr. Kipper:** [00:29:38] But, Peter, that brings me to a question for both Marty and Steve, because I think they're geared this way. I know they are about preventative care, independent of getting a virus, but just taking care of yourself in a preventative way. We have all these diagnostics, we have all these therapeutics that match the diagnostics. And it's a shame that more people don't have the luxury of getting preventative health care. You catch people early with these life-threatening diseases and they're cured. They go away.

**Martin Short:** [00:30:11] Totally, I mean, David knows this, I have been a big believer in preventative medicine. You know, as Lorne Michaels always says, you never want to be in a doctor's office and hear him say, if you'd only come here a month ago. And that's a big advancement in medicine, it seems, is preventative. You know, if you're diagnosed with ovarian cancer, you still have about from 20 years ago to now about the same length of survival time. But with CEA 125 and bracket tests, there's so much information to give you in advance of getting a disease.

**Dr. Kipper:** [00:30:49] And, Marty, you were sharing with me, you were on a cruise with a friend of yours who suggested that you get your blood tested on a general way every four months. Remember this story? So, you know, you can also go the other way on this, but I don't think there's anything wrong with that if you're able to do that. Not everybody has good health care and good health care insurance. And that's really very sad that there's such a differential in the way people are treated.

**Peter:** [00:31:21] I'm curious, before we wrap up, if there are, you know, Norman Cousins way back touted comedy, as far as health. As the story goes, he was in the hospital. He was diagnosed with a lot of stuff and he ended up saying, "Screw it, I'm going to watch all these comedies, Laurel and Hardy. I'm going to laugh and bring joy." And, you guys, bring a lot of joy to people. But I'm curious, David, does a lot with genetics. Is there a comedy gene? Is there something genetic or is it your childhood and you're craving attention from your parents to be funny? Because some people just don't have it. I'm sure you've sat in a room with people who just you go, "Oh my gosh, there's zero here. There's nothing I can do to make this person funny." So, is it potentially genetic?

**Steve Martin:** [00:32:00] I think it's upbringing. I can't imagine a comedy gene, although, you know, I did that, you know, 24, what's it called? 23andMe or You? The genetic test that every once in a while peek at it because they're always like updating the fact that I'm going to get Alzheimer's. I don't. I never looked at that. But it will say something like. "You, your ability to discern musical notes is slightly diminished." And I thought, what a genetic find. And, you know, it's kind of true. I mean, when I first started playing the banjo, I couldn't tell I'd play a C chord and I'd make a G chord, and I couldn't tell the difference.

**Martin Short:** [00:32:48] And the irony, as to the audience, they didn't care.

**Anna:** [laughing]

**Steve Martin:** [00:32:53] But, anyway, so who knows what genetic is. You know, if you have what do they call it, where you look at the sun and you sneeze? That's an inherited trait.

**Anna:** [00:33:07] Yeah. Well, no, they say if you have to sneeze, look towards the sun because it'll get it done for you.

**Steve Martin:** [00:33:12] Oh, yeah. I mean some people are prone to if they look at the sun, they will sneeze and some people aren't, according to the genetic analysis that I read.

**Peter:** [00:33:24] We should caution people don't look too long, because, besides the sneezing part, you want to keep your eyesight. Marty, genetic, or is it all upbringing?

**Martin Short:** [00:33:41] I don't know. I don't think it can just be upbringing because certain people are brilliant comedic minds growing up in a very, you know, humorless home. In my case, I grew up in a very, very funny home.

**Steve Martin:** [00:33:59] I grew up in a humorless home. I had friends who were humorful.

**Dr. Kipper:** [00:34:04] Also, if humor is perceptual, right, we all see the same thing. Marty and Steve make it funny. The rest of us are looking at that thing. And there is, it is perceptual. It is the way people perceive the reality.

When you look at these drugs now that are being used, psilocybin and MDMA are now being used for different illnesses. But when you look at how they work, they alter the perception of someone's reality. So perception comes from a part of the brain that's intellectual functioning, executive functioning. Part of it is in the emotional amygdala area, and another part of it is in the memory area.

So those things in the brain have to have some, I think, have to have some genetic basis that we may never figure out. But I think funny comes from that. And not everybody, and Marty and Steve in particular, are on psilocybin, at least as far as I know. But, so I think there probably is something to that, Peter. I think there probably is something.

**Anna:** [00:35:17] Raise your hand if you're currently on psilocybin right now. Okay. Just David – and Lorre. Okay.

**Peter:** [00:35:25] Is this Steve and Marty or not?

**Dr. Kipper:** [00:35:26] Although this isn't my hand.

**Anna:** Well, that's true.

**Steve Martin:** [00:35:32] I think humor is actually learned, that you learn about irony from listening to other people where they say, "Oh, I'm so excited to go." And, you understand, oh, they're not excited. And that's like a first step to being funny. Just hearing how other people twist things. I've learned so much from people, comedy, attitudes.

**Peter:** [00:35:58] So, it's like rhythm, like music. Same thing with music. You hear it and you kind of you learn those rhythms? I got to tell you. I couldn't catch my breath when I watched your comedy show. The two of you guys working together, the magic of having been best friends and then being able to make somebody laugh like that.

Marty, I worked with Jason Alexander a lot, and Jason said every night you made it a joy when you were doing The Producers, because there was always something you would do to bring that magic to the thing to make it special. And I can see that with you guys that you so enjoyed. We're laughing with you. We're laughing at you, and we're enjoying that you're enjoying each other. So, thank you for that. Thank you. If laughter is important, man, and it's magic. And also and the other thing which you do.

**Dr. Kipper:** [00:36:39] By the way, it's the best medicine is being able to laugh. And, you know, without that, without being able to see something perceptually in what I do every day, giving sometimes very bad news without being able to see some lighthearted part of that in those conversations, it would make it much more difficult. So, you guys, in my opinion, are the best two doctors I know.

**Steve Martin:** [00:37:07] Well, there are, you know, years ago, there is always this theory that laughter was actually curing people and helping people. And so there's a lot of movement about laughter, therapy and everything. And then study came out, said, no, it's not true at all.

**Peter:** [00:37:23] All right. Good night, everybody. Thank you. And, by the way, Steve, the first time I met Steve, I was introduced and you handed me a card. It's a business card that said this verifies that you had a run-in with Steve Martin.

**Steve Martin:** [00:37:41] Well, that was 100 years ago.

**Peter:** [00:37:43] But I thought it was really funny. You were so eager to hand me the card and to say, "Here, take one of these."

**Steve Martin:** [00:37:51] Well, I figured, I said people when they come up to you, maybe ask for an autograph. That's not what they really want. What they really want is to say. What was he like? And, you know, you can't possibly be like anything in the 30 seconds that you encounter somebody. So I just gave a card that said I met you and you found me to be funny.

[laughter]

**Peter:** [00:38:16] Marty, you just say hello to people?

**Martin Short:** [00:38:17] I do, and I say I'm not signing and they're not even asking me to sign.

[laughter]

**Anna:** [00:38:23] I'm not doing it!

**Peter:** [00:38:26] So, one last question before we go. I got to ask, as we all get older, do you also find your own memory issues?

**Martin Short:** [00:38:32] I've laid on a massage table and tried to remember, you know, some actor's name and I'll go A, B, C. And then I'll realize it doesn't matter if I know, you know.

**Steve Martin:** [00:38:45] There's a certain acceptance of memory loss. Like, if you said to me, "What did you eat for dinner last night?" I go, "Oh, I don't even remember where I was." But, you know, my memory's not bad. I can, I know faces, you know. I know my dog.

**Peter:** [00:39:04] That's all you need.

**Steve Martin:** [00:39:05] So I just accept a certain amount of diminished memory. But I think it's because of lack of interest. I don't remark, "Oh, this is what I had and I'll always remember this."

**Anna:** [00:39:18] Do you ever forget lines onstage or jokes on stage or anything? Or to have to vamp?

**Steve Martin:** Never.

**Anna:** There you go.

**Martin Short:** [00:39:25] No, I'm just saying that many of these names are unimportant names. It's just you want to retain everything. And that's why your computer brain kind of says it's not important.

**Steve Martin:** [00:39:34] But you should know that Marty also has Rain Man memory. He can remember dates, times, places from 35 years ago. It was rainy that day, he'll say.

**Martin Short:** [00:39:44] Yeah, well I used to say I had. HSAM. HSAM is that ability to remember everything you ate, wore, did throughout your entire life. And I used to think I had it, but Marilu Henner has it.

**Anna:** [00:40:02] I was just gonna say that.

**Martin Short:** [00:40:03] I was telling someone once that I thought I had HSAM, I said just like Marilu. And I couldn't remember "Henner."

[laughter]

**Dr. Kipper:** [00:40:13] But I have a different take on Marilu and I've known Marilu. I think she makes all this up because who's going to possibly challenge her on what she ate 40 years ago? So I'm not convinced.

**Steve Martin:** [00:40:26] Well, wait a minute. I worked with Marilu Henner and she has this ability. You can say December 2, 1444. She goes, "Tuesday." And also she said she, you know, she did like 140 episodes of Taxi, and she can remember every one of her lines and every guest star.

**Peter:** [00:40:50] No.

**Steve Martin:** [00:40:51] I believe her.

**Peter:** [00:40:52] That's. Wow.

**Martin Short:** [00:40:53] It is called HSAM. And there have been studies. There's not many. Some are 10 year olds. Some are 80 year olds who have this ability.

**Peter:** [00:41:00] Wow. David, would that, how would that affect your brain? Wouldn't that take up so much space in your brain that you couldn't remember to do other things, like walk or eat? I mean, that's a lot of memory.

**Dr. Kipper:** [00:41:12] Where I have a problem with this is memory in general, as we get older, we have arteriosclerosis. Our blood vessels get older with us and the blood supply to these areas and the hippocampus and the temporal lobe and these places in our brain that store memory, they're not getting the same perfusion. So that's why we forget these little things. Marty, by the way, you said that you go through this exercise with a name and you got to A, B, C. Do you know the rest of the alphabet or do you just stop at C?

**Martin Short:** [00:41:46] No, that's my biggest problem.

**Steve Martin:** [00:41:49] So, if the person's name started with a D, you're in trouble.

**Anna:** [00:41:52] He never learned.

**Dr. Kipper:** [00:41:54] Thank you, guys, very much. This was really, really sweet. Thank you.

**Martin Short:** Absolutely.

**Steve Martin:** [00:41:58] Thank you. It was really fun to do this. Nice to see you all.

**Dr. Kipper:** [00:42:03] Bye, guys.

**Peter:** [00:42:04] And there you have it. Two comedy legends, Steve Martin and Martin Short, on this special edition of Bedside Matters. Check out their upcoming tour dates at [SteveMartin.com](http://SteveMartin.com). And be sure to follow us on Instagram [@BedsideMattersPodcast](https://www.instagram.com/BedsideMattersPodcast) and on Twitter on [@BedsideMattersPod](https://twitter.com/BedsideMattersPod). And, if you have a question for Dr. Kipper, go to [BedsideMatters.org](http://BedsideMatters.org) and leave him a message. For Dr. Kipper, Anna Vocino and me, Peter Tilden, have a happy and healthy week.

**Announcer:** [00:42:33] The information on Bedside Matters should not be understood or construed as medical or health advice. The information on Bedside Matters is not a substitute for medical or health advice from a professional who is aware of the facts and circumstances of your individual situation. Thank you for listening. If you enjoyed the show, please share it with your friends. We'll see you next time.