The Times' Strange Takedown Of Dr. Dale Bredesen

Just looking at Ms. Briggs' before and after photos, one immediately thinks chronic poisoning (aka inhalation toxicity)

June 4, 2025 By Mike Barr

March 2026 Update: I was asked recently whether I stand by what I wrote here last summer, and I think I do — with at least one crucial caveat, which I also noted in the original piece: finding a truly good ReCode practitioner is extremely difficult. The Bredesen ReCode "training" is 100% online, with no internship, no clinical oversight, and no real competency testing. The quizzes can be gamed and repeated until a passing score is achieved. It is, frankly, the Wild West — and getting worse, not better, as fly-by-night credentialing outfits multiply across the functional medicine world.

If you want to educate yourself on the approach directly, I'd suggest tracking down interviews with Sally Weinrich (whose early story appears in Chapter 5 of Dr. Bredesen's The First Alz Survivors), or interviews with naturopathic physician Heather Sandison or SF Bay area's Kat Toups, MD. A chapter or two in Dr. Bredesen's most recent book, The Ageless Brain (pages 307–315), also walks through how two patients — Susan and Carlton — are using newer tau and synuclein blood tests to monitor warning signs and track progress. Health Savings Account funds are increasingly being accepted for much of this testing. Feel free to reach out.

TL;DR: The Wednesday before Memorial Day 2025, a junior New York Times reporter attempted to discredit Dr. Dale Bredesen's life work — using a single couple's experience with a single practitioner as her entire evidentiary basis. It didn't go well. Mike Barr dissects what the Times got wrong, what the Briggs' case actually suggests about toxic dementia (Type 3), what their practitioner likely missed, and why the ReCode program's real weakness is quality control — not the science.

- The Times piece: One couple. One practitioner. Eight months. No consideration of dementia subtype, toxic exposures, or the known timeline for Type 3 cases. Called a takedown — reads more like a freshman assignment.
- Kerry Briggs: Her photos, her age at onset, her symptoms, and her home renovation history all point unmistakably to Type 3 "Toxic" dementia — the subtype least likely to respond before the

one-year mark.

- The detective work: Community board documents suggest the Briggs' ambitious home expansion may have violated lot codes — and potentially poisoned them with their own renovation.
- The real critique of ReCode: The program works. The certification process doesn't. Apollo Health needs to fix this urgently.
- Note: The Evanthea multi-site trial (N=78) was slated for preliminary results in November 2025 — check for updates.

[IMAGE: "Caution: Lead Hazard" or toxic exposure warning tape — as in the original post's iStock image]

The Times Takes a Swing

The Wednesday before Memorial Day, some seven years after The End of Alzheimer's was first published, a junior reporter (Lindsay Gellman) for the New York Times decided, inexplicably, to try to take down Dr. Bredesen's life work. (Link to article.) It didn't go well.

People wrote in about how the program had helped them. Or about how they had done something similar independently. Or simply that it was all just common sense. Many had purchased his 2017 book and followed its precepts, tuning into the Bredesen team's periodic Facebook Live sessions and videos. People noted his distinguished career — and the courage it took to break with his UCSF colleagues of decades. People noted the colossal 50-year, multi-billion dollar failure that is the Alzheimer's establishment's legacy. People noted the expense, the deaths, and the deception of the latest "therapeutics."

(It's also worth noting: there's no reason to think this approach can't help HIV-positive folks too. Optimizing hormone and nutrient levels, identifying toxic exposures, assuring proper digestive function and gut health — these things never seem like a waste of time or attention. We have target ranges for all of it. Just ask.)

Yes, there were the obligatory cranks and trolls. And those who still hold out for a pill or a jab to treat complex chronic disease. But overall, I was genuinely touched by the level of thoughtfulness and gratitude in those comments.

The impulse for Ms. Gellman's hatchet piece appears to have been the release of the HHS secretary's report on how America's ecosystem of ultraprocessed food, industrial farming, over-diagnosing, over-medicating, and over-polluting combines to create a chronically sick populace. And while some of RFK Jr.'s specific complaints invite scrutiny (and yes, he seems like a lunatic), no one with half a brain can argue with the overarching critique. But how did poor, unassuming Dale Bredesen get caught in the crossfire? I'm still scratching my head.

The Times' Well column has been a train wreck since its inception: inventing problems, creating confusion, unilaterally deciding who the authorities are. I'm calling out Well editor Lori Leibovich specifically. All the nonsense and lazy reporting began with her.

The Article's Fatal Flaw: One Couple, One Practitioner

The Times article follows John and Kerry Briggs — Kerry, at 61, diagnosed in 2021 after a spinal tap "showed evidence of Alzheimer's." They enrolled in the ReCode program and stopped at eight months after struggling with it and seeing no progress.

That's the entire evidentiary basis of the piece. One couple. One practitioner. Eight months.

The general rule: if nothing is improving after six months, the question isn't whether the program works — it's "What are we missing?" Ideally asked by a team. Noticeable improvement is not uncommon after just 2–3 months, often from B vitamins, better sleep, digestive or hormone support. But Dr. Bredesen's Type 3 "Toxic" subtypes are the most stubborn, and significant improvement is rare before the one-year mark.

The understandable instinct upon experiencing cognitive decline is to want to start taking something — when more often than not what's needed first is to ask, "What might I need to clear?"

What Kerry Briggs' Photos Actually Suggest

Just looking at the Times' photos of Kerry Briggs, you immediately think chronic, long-term poisoning. And — given the timing — possibly a triple whammy: sick house syndrome, menopause, and an infectious element such as Covid.

Kerry's presentation ticks virtually every box for Type 3 "Toxic" dementia:

- Relatively young onset (65 or younger)
- More common in women

- Frequently coincides with onset of menopause or peri-menopause (estradiol is neuroprotective and anti-inflammatory)
- Generally ApoE4 negative / no family history of AD (no family history mentioned in the Times piece)
- First symptoms: trouble with word-finding, calculating, organizing
- Often co-presents with depression or HPA axis dysfunction
- Precipitated or exacerbated by stress

Rapid cognitive decline at a relatively young age is a red flag for toxic exposures.

The Home Renovation Angle

A comment in the Times piece by Kerry's sister, Jennifer Scheurer — that Kerry had become lost in "the kitchen she herself had designed" — struck me as a breadcrumb. Digging into community board meeting minutes in Barrington Hills, I came across what amounts to a slap on the wrist the Briggs received for apparently violating community property codes. The new footprint of their home appeared to encroach on all established boundaries. (Robert Frost here, anyone?)

The Briggs own a high-end home design company. Had they unwittingly poisoned themselves with their own beautiful renovation?

Code Requirement	Permitted/Required	Briggs Home After Renovation
Minimum front lot width	115'	97'
Minimum average lot width	130'	74'
Distance from east side property line	10'	9½'
Distance from rear property line	40'	35½'
Minimum allowed total (empty) lot space	40,000 ft²	19,642 ft²

They also appear to live sandwiched between two golf courses — the Biltmore and Lake Barrington Shores. That certainly can't help. Sometimes what's sold as the good life circles back to bite you.

[IMAGE: A renovation site or caution tape — evoking the "sick house" hypothesis]

What Was Missed: Five Clinical Observations

1. They waited three years. After being turned down by various research studies, the Briggs decided on a functional medicine approach only as a Plan B. Having this be your Plan B rarely works — in no small part because it betrays the fact that you haven't yet internalized that the Alzheimer's establishment approach lost its way decades ago. Precious time was lost.
2. Amyloid does not equal Alzheimer's. Brains full of amyloid (and even tau tangles) with zero

cognitive decline are well documented — even at 90 and 100. In the latest autopsies from the Nun Study, only mini-strokes correlated strongly with dementia risk; extensive amyloid was present in both cognitively normal and cognitively impaired nuns. Clearing amyloid from humans does not arrest the disease. Blocking its formation has actually made patients sicker. (Turns out amyloid is an antimicrobial peptide.) Read Karl Herrup. Look up the Nun Study. Precious time and money was lost here on costly, arguably pointless diagnostic testing.

3. Their choice of practitioner seems unfortunate. All five-star reviews, all around the same time, plus an unusually long list of conditions treated — these things prick up one's ears. Julie Gregory, one of Dr. Bredesen's first star successes, lives up the road from the Briggs on the shores of Lake Michigan. It's unfortunate the two didn't connect. There was also a resident ReCode facility, Rolling Hills in Wichita, KS — about a 10-hour drive — overseen by Dr. Heather Sandison, actively seeking new clients at the time.
4. Initiating a ketogenic diet in someone already thin is questionable. If insulin resistance was a concern, a better starting point might have been ketone salts or esters, or MCT oil first thing in the morning. The ketogenic eating plan could come later, once she had put on a few pounds. Dr. Ann Hathaway, one of Dr. B's top performing clinicians, uses exogenous ketones twice daily to support brain energy demands — especially in the first few months, or when a patient is underweight.
5. Rapid decline is a red flag that demands a toxicity workup first. Rather than trying to "put out the fire" with fistfuls of curcumin and fish oil, the key is to figure out where the inflammation is coming from. Many successful clinicians in Dr. Bredesen's network report that SPMs (1g daily for the first two months) are among the most effective ways to resolve chronic inflammation while buying the clinical team time to identify and address the source.

The Bredesen Dementia Subtypes

Type	Typical Age of Onset	ApoE4 Risk?	Typical Presentation	Key Co-Factors	Shown to Help
Inflammatory (Type 1)	70s, 80s	Yes	Amnestic	Leaky gut, sleep apnea, oral health issues, pathogens, food choices	High-dose SPMs, intermittent fasting, clean eating, pregnenolone (if sub-optimal), HIIT, meditation, HBOT
Insulin Resistant (Type 1.5) — easiest to help	70s, 80s	Yes	Amnestic	Obesity, diabetes, metabolic syndrome, leaky gut, SIBO	Restoration of insulin sensitivity, addressing inflammation, trophic support
Atrophic (Type 2)	70s, 80s	Yes	Amnestic; difficulty retaining new information	Oophorectomy, discontinuing HRT, acute stress/elevated cortisol	Hormone optimization, insulin sensitivity restoration, citicoline, DHA

Type	Typical Age of Onset	ApoE4 Risk?	Typical Presentation	Key Co-Factors	Shown to Help
Toxic (Type 3) — most difficult; longest time to respond	Younger (<65), typically 47–55	No (if ApoE4 present, more typical “forgetting” aspects)	Word-finding problems, facial recognition issues, trouble calculating/organizing; depression common	Menopause/andropause, new-onset acute stress, low triglycerides, low zinc	Hormone optimization; if Cu:Zn >1.3, Brewer protocol; if mycotoxins, Shoemaker protocol; if heavy metals, consider chelation
Vascular (Type 4) — treated as Inflammatory	70s, 80s	—	Amnestic	—	DESS (Diet, Exercise, Sleep, Stress); daily nitric oxide foods: beets, arugula, kale, organic spinach, walnuts, pomegranate, pumpkin seeds, garlic, watermelon
Traumatic/TBI (Type 5) — treated as Atrophic	—	—	Amnestic	—	—

Important evolution in Dr. Bredesen’s thinking: Virtually all dementia/AD patients show some sign of insulin resistance in the brain, placing them in Type 1.5. Up to 80% have a vascular component, placing them in Type 4 as well. And since Type 4 is treated like Type 1, this means nearly all patients qualify for the Inflammatory, Insulin Resistant, and Vascular groups simultaneously. Add to this that roughly 50% will also have a Toxic (Type 3) component. (I know, I know-- trust me! “Then why bother sub-typing or stratifying anyway? Honest answer? That has been my beef for years now, but in the rare 100% insulin-resistant cases (or the predominantly ”Toxic“ or predominantly ”Atophic," it can, in theory, help to focus & guide interventions-- or at least the order of interventions.)

My ReCode Bottom Lines

1. Dr. Bredesen’s approach is grounded in the most current research and thinking, and is continually updated by new information and experience.
2. People have unquestionably been helped by this program.
3. No one has been harmed by it.
4. Yes, it can be challenging, especially if this way of thinking deviates dramatically from what you’re used to.
5. Yes, there are unscrupulous practitioners who may charge you for things you don’t need. This is endemic in the functional medicine world generally, and it embarrasses, saddens, and angers me.

6. Yes, there is an enormous range of clinical skill and competency among certified ReCode practitioners.
7. Yes, there is a natural incentive to not turn away patients who may not be able to follow the program strictly enough — so some people end up enrolled who probably should have been told "no" up front.
8. Yes, the "75% stabilized or improved at 6 months" metric may be difficult to achieve in the general population. Preliminary results from the multi-site Evanthea trial (N=78), slated for November 2025, should provide new data — check for updates.
9. In my view, Dr. Bredesen's original Ayurveda-inspired classification of dementia into Hot, Cold, Sweet, and Toxic types is both unhelpful and unnecessary. With very few exceptions, everyone ends up needing to address insulin sensitivity, toxic exposures, hormone balance, and microflora balance. A ReCode 3.0 should streamline this.
10. Finally, I believe Dr. Bredesen has not fully appreciated the primacy of gut health and the gut-brain axis. One of Dr. Heather Sandison's star patients at Marama came in with a MoCA of 19 — and her only real dementia contributor turned out to be fungal overgrowth in her intestines. Dr. William Davis estimates that up to 50% of the U.S. population may be suffering, to varying degrees, from SIBO, SIFO, or a combination of the two. It can be extremely stubborn to treat — and may require dramatic lifestyle and stress management changes to resolve fully.

What This Is Really About

Gellman wraps up her piece with the Briggs relishing a French fry feast on a road trip home, celebrating their newfound freedom. Here she unwittingly revealed her baseline bias all along: Free at last from all those rules! That nutrient-dense, herbicide-free, fiber-rich, low-GI menu malarkey. Dig in before they get cold. Life is good again.

Dr. Bredesen asks these things of participants because, when followed conscientiously, they produce results. As does Dr. Terry Wahls' self-healing program for MS — TEDx link here.

I can't get out of my mind the image of Genevieve Lane — a 79-year-old woman from The Villages, Florida, in otherwise good health — who collapsed on August 26, 2023, in thrashing fits so violent the nurses had to restrain her, after signing up on August 8 for Leqembi (lecanemab). She had been growing increasingly forgetful and wanted to be proactive. The drug cost her not only the life she was trying to protect — but the lives of at least twenty-two others. Where the Times does genuinely Pulitzer-grade reporting is in Walt Bogdanich and Carson Kessler's investigation: "What Drugmakers Did Not Tell Volunteers In Alzheimer's Trials."

My father lived for a time in The Villages — until the original developer's son took over and massively expanded it until it was virtually uninhabitable. In 2015, my father was diagnosed with Alzheimer's after failing only a MoCA. He very likely had instead SIFO, or a combination of SIFO and SIBO, and what in-the-know physicians call "metabolic endotoxemia." (He also had clear signs of "the 3 W's": wet, wobbly, 'whacko' (aka urinary incontinence, gait disturbance, memory issues or personality changes) that to a discerning physician even neurologist would have called for a workup to rule out Normal Pressure Hydrocephus-- just to again make the point that ALMOST NEVER is the cognitive deterioration SINGLE CAUSE in etiology! And are you ready? What does the absolute latest research now suggest as the "root cause" of NPH? You guessed it: intestinal dysbiosis.) They put him in the Memory Ward all the same, where he died emaciated — cause of death on the certificate: malnutrition — naked but for a plastic diaper. Not a day went by that he

didn’t ask of the predictably dwindling stream of visitors: ”When can I come home?"

Alois Alzheimer’s most famous patient, Auguste Deter, 51, died of septicemia from untreated bed sores. His second patient, Johann F., 56, from pneumonia. This is the condition that still bears his name.

Still today, were you to bring your partner or family member to your family physician or neurologist, they would more than likely send you home with a prescription for Aricept — a cholinesterase inhibitor developed in Japan in 1983 that increases acetylcholine levels, which can also be raised with egg yolks, organ meat, beans, mushrooms, and coffee — and tell you to come back in six months to see how far you’ve advanced. Then you’d likely be offered one of the monoclonals. Which, by the way, have recently been shown to be ineffective in people with one or two copies of the ApoE4 allele — the very genetic variant that increases Alzheimer’s risk most significantly.

Dr. Bredesen walked away from all this madness because he saw it for what it was. That is one brave, good, and selfless man.

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