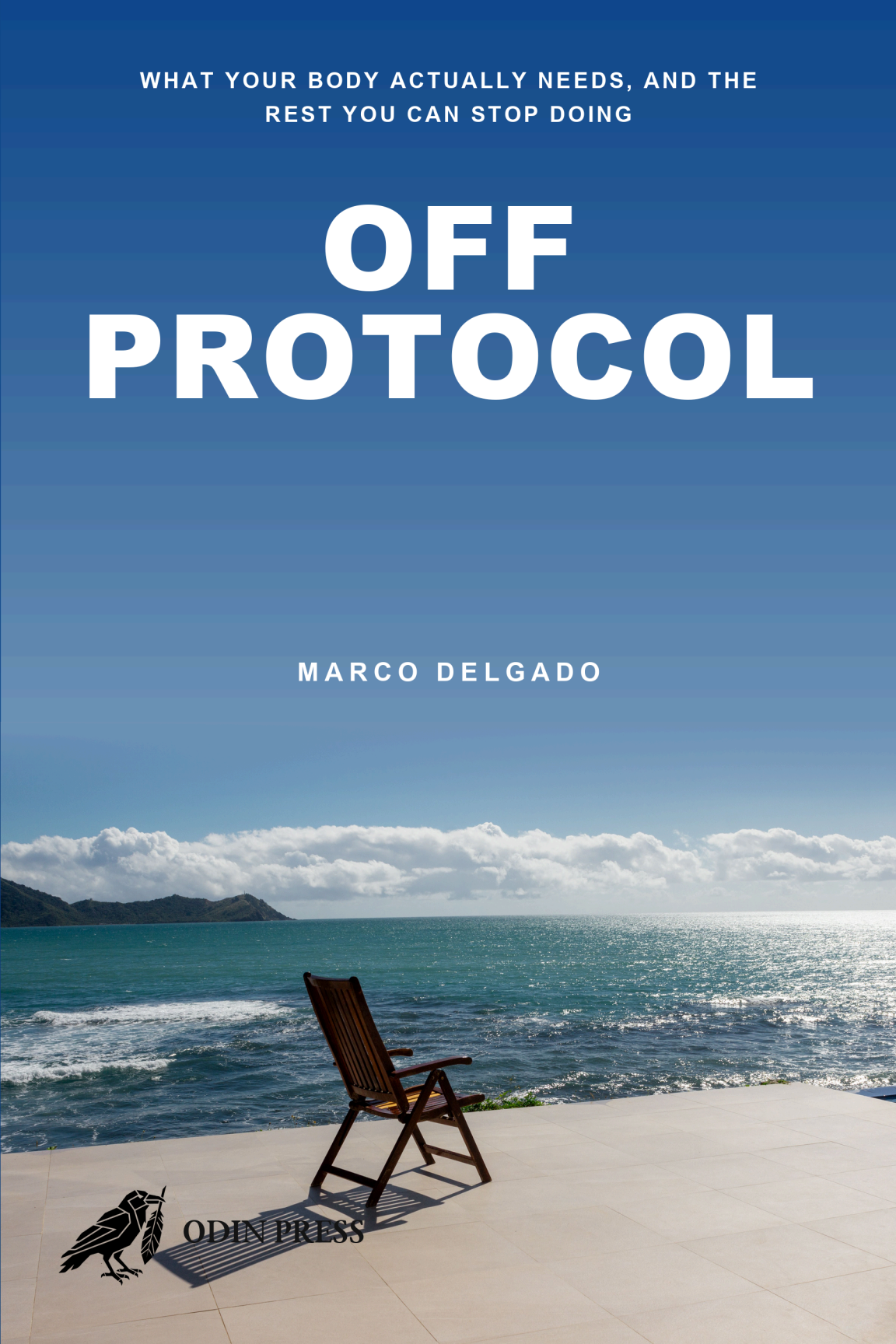
WHAT YOUR BODY ACTUALLY NEEDS, AND THE REST YOU CAN STOP DOING

OFF PROTOCOL

MARCO DELGADO



ODIN PRESS

Off Protocol

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Paperback version, First edition: 2026.
ISBN: forthcoming (Bowker allocation pending)
Trim Size: 6 × 9 inch. Paper color: Cream.

Published by Odin Press.
https://odinpress.org
This book was typeset in LaTeX by Odin Press from a manuscript submitted by the author.

9 8 7 6 5 4 3 2 1 0

Preface

I spent fifteen years in a trauma bay watching bodies at the exact moment their alarms went off. Most of what I learned there fits on the back of a discharge sheet: the body is a better manager than the person living in it, and most of the time the best thing a doctor can do is get the danger out of the room and then get out of the way.

I wrote my last book about an alarm that would not shut off. This one is about a different kind of noise: the protocols, the trackers, the stacks of capsules, the morning routines that take longer than the morning. In September 2026 a 688-page operating manual for the human body went to the top of the bestseller lists, and a generation decided that sleep, food and even a face were scores to be pushed upward. I understand the pull. I lived inside a version of it, and it nearly put me on my own stretcher.

So I went to the evidence, the big trials and the long studies, the ones that followed hundreds of thousands of people for decades. What they say is plainer and kinder than the manuals. A short list of ordinary habits carries most of the benefit anyone has been able to measure. Past that list the returns shrink fast, and some of the extras quietly cost you: in money, in hours, in sleep lost to the sleep score, and in the nerves of a person who is never off duty. Where the evidence pushes back on me, I have said so, chapter by chapter.

One thing this book is not: it is not your doctor. Nothing in it tells you to stop a treatment you have been prescribed, ignore a symptom, or skip care for a condition you actually have. The line

I draw runs between treating an illness and managing a healthy body to death, and only your own clinician can tell you which side of it you are standing on. If something hurts, bleeds, or frightens you, go and be seen. A symptom always outranks a score.

Everything else, I suspect, you can put down.

Marco Delgado, MD

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1

The Operating Manual

If you've ever lain awake at 3 a.m. doing math on your own body, you already know what this book is about. Hours slept against hours required. Grams of protein against the target. Steps against the ring on your wrist that would not close. You did what the experts said, all of it, and you are awake anyway, and now you are awake and behind.

I know that math. I did it for 15 years in the trauma bay of a big-city Level I center, where my job was to stand inside the body's alarm and keep it from killing people: gunshot wounds, cardiac arrests, the car that lost its argument with a bridge abutment. I was good at it. I also ran my own body like the patient in the next bed, all monitor and no rest, until at 41 it put me down on the concrete of a hospital parking garage. I'll tell you about that. For now, just know I'm not writing to you from a porch with a clipboard. I was on the same table.

It's the fall of 2026. I live in a smaller town now, I run a smaller practice, and I sleep. On my kitchen table sits a 688-page book that calls itself an operating manual for the human body, and on your phone sits a feed that will sell you a protocol for every minute between your alarm and your pillow. Somewhere between the two, a plain question has gone missing. Not *what else could I be doing?* There will always be something else. The question is the one a good emergency doctor asks before ordering a single test: *how much does this body actually need from me?*

My answer is less than you've been sold, and I'll spend the book earning it. A short list of plain things carries most of what the evidence can find. Inside each of those things, the benefit comes early and then flattens out. And most of what is sold past that list, the tracking, the stacks, the gadgets, the full-time job of managing yourself, buys very little and sometimes costs you. Not everything. A real deficiency deserves fixing. A symptom deserves a doctor. But a healthy body is not a patient, and you are allowed to stop treating it like one.

Fifteen New Habits

At 3 a.m., on one of her bad nights, Rebecca Onion tried the eye trick.

Onion writes for *Slate*, and she has a sleep problem of the ordinary, wearing kind. By her own count she sleeps restfully about one night in three. The other two she spends the way you've probably spent a few of yours, lying in the dark, awake, negotiating with the ceiling. That night she came to the negotiation better armed than most people ever will. She had just read Andrew Huberman's new book, *Protocols: An Operating Manual for the Human Body*, every page of the main text, and somewhere in it was a routine of eye movements meant to carry you over the edge into sleep. So there in the dark she did what the book said. She moved her eyes the way it told her to move them.

It worked. She slept.

And then, in the review *Slate* published on September 18, 2026, she did the thing I wish more people in the health business would do. She said she had no idea why it worked. Her best guess, offered with a shrug you can almost hear through the screen, was that she might simply have been exhausted.

• • •

Hold on to that moment, because this whole book lives inside it. A woman who sleeps badly reads a manual for the human body, tries one of its tools in the middle of the night, and sleep comes, and the most honest explanation on the table is that sleep was coming anyway. Sleep is like that. It is the one thing in your life you can't get more of by trying harder at it. I learned that across years of night shifts, lying in the call room with the pager on my chest, ordering my body to rest the way I'd order a unit of blood, and getting exactly what you'd expect: a body that heard the order as one more emergency.

So let's look at the manual.

Protocols came out on September 15, 2026, from Simon Element, an imprint of Simon & Schuster. It is a hardcover of 688 pages and it costs $35. Onion, who read the whole thing so you wouldn't have to, put the main text at about 540 pages; the publisher's count is the bigger one. It was a long time coming. *Publishers Weekly* announced the deal on June 24, 2024, with publication set for April 22, 2025, and by then the rights had already sold in 29 other territories. The book landed about 17 months later than that first date. When it finally arrived, it went to the top: number 1 on the *Publishers Weekly* hardcover nonfiction list, built on Circana BookScan sales data, in the list syndicated on September 26, 2026. By October 1, 2026, it sat on 4 of the 5 bestseller lists that Book Riot tracks: *Publishers Weekly*, *USA Today*, Amazon Charts and the independent booksellers. The fifth, the *New York Times* list, was the one it had already dropped off. Huberman's own site says it hit number 1 there and on Amazon.

None of that is a knock. A book that big, selling that fast, tells you how hungry people are for someone to hand them the instructions. I understand the hunger. I've seen it on face after face in an exam room at 4 a.m., people who wanted nothing more than to be told what to do so they could go home and do it.

3

Haunted by Dial-Plates

If you've ever woken up, reached for your phone and checked how you slept before you asked your own body, you and I need to talk. I know that reach. I lived by monitors for 15 years. In the trauma bay of a big-city Level I center, everything that mattered hung on a screen above the bed: the heart rate, the pressure, the oxygen, the green line of the rhythm walking left to right. I trusted those numbers with people's lives, and I was right to, because the bodies under them were in trouble. A monitor is a tool for a body in trouble. In all those years of alarms I never once asked what the same machine does when you strap it to a body that isn't.

I'm asking now. It's the fall of 2026, and I'm at a kitchen table in a small town, with a small practice down the road and no watch on my wrist. I spent 15 years with a pager on my hip like a second heartbeat and a monitor in my eyeline, and I have had my fill of being graded by machines. This chapter is the long version of why.

The stakes are not abstract. A number about a healthy body does not sit still and describe it. It changes how you sleep, what you eat, how often you sit in a waiting room, how scared you are at three in the morning, and sometimes what the body itself does, down at the level of the lungs and the gut. Some numbers are worth having. A few will save your life. Many of the ones you can buy are worth deleting, and you deserve to know which is which before you pay for another month.

My Fitbit Tells Me

Last chapter we ran the curves, and every one of them had the same shape. A short list of plain basics carries most of what the evidence can find, and inside each basic the line climbs fast and then goes flat. The first walk of the week buys more than the tenth. The early hours of the night buy more than the last one. You don't need a laboratory to get the steep part of any of those curves. You need shoes, a plate and a bedtime.

That leaves a question nobody selling you a sensor wants you to ask out loud. If the payoff lives in the steep part, and the steep part is so easy to find that you'd notice if you missed it, what is all the measuring for? You don't need a wristband to know whether you went outside today. You don't need a ring to tell you that you went to bed at two in the morning. The measuring business does not live on the steep part of the curve. It lives on the flat part, where the differences are too small to feel. That is exactly why you need a machine to see them, and exactly why they matter so little.

So this chapter is about what happens when you put a healthy body on a monitor. Not a body in the trauma bay. Yours. Mine. The one that was getting along fine until somebody gave it a score.

The first thing a critical-care unit teaches you, whether anybody says it out loud or not, is this: treat the patient, not the monitor. The screen over the bed is a servant. It tells you where to look. The minute you start treating the number instead of the human being under it, you are going to hurt somebody. I learned that about other people's bodies years before I learned it about my own.

Robert Louis Stevenson saw a piece of this coming. In "Walking Tours," an essay he collected in 1881 in *Virginibus Puerisque*, the same small volume that holds "An Apology for Idlers," he pictures a walker shut in by bad weather at the end of a long day on foot, sitting by the fire with nothing to do. He thinks about how his own century has lost the knack of an evening like that,

and then he writes a sentence I can't read without glancing at my nightstand:

> *"It is a phrase that may well perplex a poor modern, girt about on every side by clocks and chimes, and haunted, even at night, by flaming dial-plates."*

He meant clocks. The poor modern of 1881 was hemmed in by bells and chimes and lit clock faces that would not let him forget the hour, even after dark. He could at least take his watch off at night and leave it on the dresser. We sleep in ours. The dial-plate has climbed onto the wrist, slid onto a finger, crept under the mattress and settled on the nightstand, and in the morning it no longer tells you only what time it is. It tells you how you did. It hands you a grade for the one thing in life you can only get by not trying.

Stevenson's word for the condition was haunted. A team of sleep doctors found a clinical one.

• • •

Sometime in the years before 2017, a 27-year-old woman walked into a sleep clinic in Chicago carrying homework she had done with scissors. The clinicians who later wrote her up call her Ms. B. She had kept a sleep diary for 2 weeks, the kind of thing sleep clinics ask for. Most people keep a sleep diary with a pen. Ms. B built hers with scissors. She printed what her tracker said about each night, cut the printouts apart, and pasted them in by hand, one night after another, a scrapbook of her own bad sleep as the device saw it. The published paper reproduces a page of it, and if you have ever kept a log of something you were scared of, you will recognize the care that went into it.

The tracker said her sleep efficiency was 60%. Sleep efficiency is the share of your time in bed that you spend asleep, so if you believe the number, she was lying awake for 4 out of every 10 minutes she spent under the covers. She felt bad, too. Her sleep

YOUR BODY WAS RUNNING BEFORE THE MANUAL ARRIVED.

The manuals keep getting longer. The evidence keeps getting shorter.

In 2026 a 688-page operating manual for the human body topped the bestseller lists, and a generation learned to score its sleep, chart its glucose and swallow a shelf of capsules before breakfast. *Off Protocol* goes back to the largest trials and the longest studies and finds a plainer, kinder answer: a short list of ordinary habits carries most of the benefit anyone has measured. Past it, the returns flatten fast, and many of the extras quietly cost you, in money, in hours, and in nerves that are never off duty.

From the 1965 pedometer that gave us ten thousand steps to the vitamin trial stopped early because the vitamin group was dying faster, Marco Delgado separates the few things your body needs from the many you can stop doing, and shows where the evidence pushes back on him too.

ISBN 13 978-184-14-0198-0
Paperback
9 781841 401980