



TRANSCRIPTS



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Episode One



- Dr. Zach Bush: We don't need the clamor for a vaccine because by the time we even find an effective vaccine, we will have come into balance with this virus and the next one's not going to look just like this and whatever vaccine we developed isn't going to work this year. Everybody tends to agree now that the mortality of this thing is 99.99% nonfatal, but that 0.002 is enough for us to continue this narrative. That's the amount of fear leverage that we've got on this thing.
- Del Bigtree: We track every Corona virus. We track every flu virus around the world. So every time there's a gain of function in nature. When we see a virus mutate in some way and they're mutating all the time, it's being calculated and recorded all around the world and they've all said the same thing. It didn't take one step as a gain in function that we would have seen, it seemed to have taken on three or four massive changes that we don't see how that happened in nature.
- Robert F. Kennedy, Jr.: Fewer than 1% of vaccine injuries are ever reported. We have no way to make a cause matter analysis about whether these vaccines, what the risk profile is and whether that's vaccine is going to kill or injure or cause more injuries, than it's going to advert. We don't know. You cannot say. Unelected, bureaucratic Tony Fauci, who says in March, "Masks don't work." In April, "They do work." And therefore without citing any science and now everybody's got to wear them.
- Dr. Patrick G: Hello and welcome to episode one of Vaccines Revealed COVID edition. Nothing, and when I say nothing, I mean, nothing could have prepared me for what we were going to get into here. Certainly we knew about COVID. We knew about vaccines that were being prepared. We have a legacy and a history with Vaccines Revealed to keep current with information and bring it to you. But man, when we got into this, nothing could have prepared me for the things that I learned. And I'm really excited to share it with you.
- Dr. Patrick G: COVID is not just the vaccine issue obviously. There are economic issues, there's issues of civil liberties, there's issues of censorship, there's issues of science, and what's being debated there. There are people in the world right now who have extraordinary credentials who are seeing things much differently than the way you're seeing them in the headlines and in the mainstream media.
- Dr. Patrick G: Now, what I have to tell you is censorship abounds here. I don't know how long we'll be able to actually put this in the world before varying platforms, try to take us down, cancel us, et cetera, because what we're covering is controversial, but I will stand behind it. Our experts are very well credentialed. They have

direct experience and understanding with the subject matter. And I literally had to pick my jaw up off the ground several times during the creation of this series, because of what I was hearing.

Dr. Patrick G: We're going to introduce you to some people who are compelling, who are intelligent, who are passionate, who have no profit motive in saying the things that they are saying, but I will dare say that this is one of the most important series that we've ever embarked upon. That the information is relevant and current, and it is need to know stuff in many ways, your future, your livelihood, and maybe even your life depend on it.

Dr. Patrick G: So I'm very excited to bring you this information and we're just getting started right now. I have only one request, share this. Share this now with as many people as you know, we are just going to start our free viewing period. All of this content is available to anybody in the world at no cost right now, I need your help to get this information out because the social media platforms and other platforms are censoring us. They don't want to let us share this. They don't want this to be known out there. So we have to work together you and I. You have friends, you have colleagues, you have family, you have people that you care about that need to hear this information.

Dr. Patrick G: So I'm just going to suggest that you take our link, put it in an email, posted on your social media accounts, disseminate it out there. Let the people that you know, know about this and together we can get this information into the world. And this is important information I guarantee you. So we start off right now with episode one of our nine episode docu-series Vaccines Revealed COVID Edition, enjoy.

Dr. Patrick G: Dr. Zach Bush is a dear personal friend of mine. I also believe him to be one of the most transcendent voices of reason in the world right now, especially when it comes to understanding COVID,, understanding the interaction between human beings and viruses and this whole orientation of what's called terrain theory. We have a two-part interview with Dr. Zach Bush.

Dr. Patrick G: We're going to do part one right now, but when you hear his wisdom, his understanding, and his context, it's going to shift you from the fear-mongering of what's being promulgated through the mainstream media platforms right now, to an understanding that's going to raise your vision and make you feel better about the world today. So this two part interview, I think, is vital for everybody to understand if they care anything about this subject called COVID-19. So here's Dr. Zach Bush part one of my two part interview enjoy

Dr. Zach Bush



Dr. Patrick G: Dr. Zach Bush, very excited to have this conversation. You are always the great voice of wisdom and reason when we're wrestling with circumstances and trying to find our way through the woods. So thank you for taking the time.

Dr. Zach Bush: Pleasure to be with you and the audience here. It's a human moment and glad to be in it.

Dr. Patrick G: Awesome. So COVID is such, it's become this huge vast area of consideration. Obviously you have the vaccine and the warp speed vaccines that are being put out now or a part of what we want to talk about, but I think context is everything. We're hearing so many varied stories around, is this thing a real disease? Is it not a real disease? Is it as deadly as they say, not as deadly? So many people talking about so many varying statistics related to it all. So can you just give us your big picture on COVID before we jump into maybe details?

Dr. Zach Bush: Yeah. I really appreciate the opportunity because we often just dive right into specifics when I'm interviewed on this topic. And it's nice to have the opportunity to back up to the 30,000 foot view. And what we'll do is we'll keep that 30,000 foot view just in the context of Corona virus. And our experience as humans with Corona virus is, we've now been able to map back 780 years of experience with this viral family in our annual experiences. And the current consumer is very familiar with the common cold. There's about 120 common viruses that are related to the syndromes that we think of as described as the common cold. So that'd be upper respiratory congestion, cough, sore throat, these kinds of things. So the Corona viruses play an important part in that 120 families of viruses involved in those upper respiratory cold like syndromes.

Dr. Zach Bush: In the last 20 years, we can point to three very specific events in which we have a Corona virus that shifts its behavior from a specific upper respiratory experience to one that's more involving the deep lungs and vascular systems and those present clinically much different finding. The first one was called SARS that really appeared coming out of China and South Asia in 2001, 2002, and then burned itself out importantly within 18 to 24 months, never to really reappear in its same form because humanity had reached this new homeostasis with it. And not just humanity, but water systems, soil systems, air systems, everything had come into balance with that new species within the Corona family, if you will, or that new element of genomic information. Because we can't really, appreciate a non-living organism like a virus. So instead it's more of a description of a family of genetic codes.

Dr. Zach Bush: And so we had a variant that created SARS, which presented very uniquely in the sense that it didn't present with elevated white blood cell counts. It wasn't an initial presentation of fever, actually presented with blue patients. And so

those on the front lines in China and otherwise described patients showing up hypoxic and blue appearing as if they were at suddenly high altitude. And then they would be hospitalized and no matter how much oxygen they gave them, they couldn't really get their bloodstream to carry the oxygen. So it wasn't a lack of oxygen. It was a lack of oxygen carrying capacity. And then the descriptions from the front lines of SARS said that within two days of presenting blue, they would start to fill their lungs with fluid and then develop secondary pneumonia and vascular complications and then die within a few weeks in the more severe cases.

Dr. Zach Bush: And so of those, we had 9,000 or so very well-documented cases of those blue patients who went hypoxic, had that whole series of events happened and they scattered across the world. What we weren't tracking at the time was all of the people that interacted with that virus and didn't present that way. And so people that presented more like the common cold or the flu didn't get counted in the SARS event, only those that really presented with life-threatening and high mortality events were tracked.

Dr. Zach Bush: Interestingly, as we fast forward then to, nine, 10 years to 2011, 2012, we find the emergence of another Corona virus that was termed MERS, a Middle Eastern respiratory syndrome. And it's important that the SARS, which was a severe acute respiratory syndrome or MERS, Middle Eastern respiratory syndrome, or now SARS-CoV-2, or COVID-19 as it is now, are descriptions of syndromes, not the actual virus. So SARS-CoV-2 is now our description of the virus and COVID-19 is the description of the syndrome, the clinical syndrome.

Dr. Zach Bush: And so when we say there's, some number of COVID-19 cases, that doesn't mean that we even know that the virus is present in that person's bloodstream at that moment, or is having any contribution to that person's syndrome. What we're saying is there's, cases showing up that have syndromes of, loss of smell, loss of taste, some headache, low intermittent fevers that can course through for a week or two. Those are the mild syndromes that would not have been counted in the SARS outbreak and are being counted now because we're using a laboratory science tool called PCR, which has never been designed or implemented as a diagnostic tool because it's terrible as a diagnostic tool because it picks up so much noise within the virome.

Dr. Zach Bush: And so anybody with Corona virus fragments or protein production in their bloodstream from something like the common cold or other viruses that makes them more proteins can have false positives. So we've seen false positive rates with PCR for COVID-19 syndrome, as far as being specific to an actual SARS-CoV-2 protein, the false positives are anywhere between 30 and 80%. And so we've seen true positives being as low as 19% and as high as maybe 70%. And so, in other words, when a test comes back positive, it's almost a flip of the coin really as to whether or not the virus is even present in enough concentrations to be even involved in the syndrome that we're looking at.

Dr. Zach Bush: And so interestingly with SARS, as mentioned in 2002, it burned out in two years, and MERS, same thing, it was gone within the human experience within two years. And so we can predict very well that this is going to also be gone in two years. And so, as I've been talking about since February with the Chinese cases is, we don't need to clamor for a vaccine because by the time we even find an effective vaccine, we will have come into balance with this virus and the next one's not going to look just like this and whatever vaccine we develop this, isn't going to work this year.

Dr. Zach Bush: We know this for flu vaccine, right? Every single year, we have to create a new flu vaccine. And every single year, it never stops flu from occurring. We have never changed the penetration of flu for the vaccines that we put out. The only thing that we've shown that we hope to hang our hat on when we go out and do a universal campaign to do flu vaccines is to decrease the amount of time people are symptomatic with the condition, but we know very well with decades of experience with flu vaccine and innumerable other vaccines for viruses, we don't change the rate of infection. We hope to modify in at least a small portion of the people the duration symptoms.

Dr. Zach Bush: In the Cochran review, for example, in 2010-12 from the NIH doing a Cochran review is the gold standard of literature review on the topic of anything. In this case, they did all of the flu vaccine trials. And what their conclusion was is that we had never prevented anything with a flu vaccine intervention, but the only group we could find consistent in our interruption of the symptoms was males between the ages of 45 and 60. And that very narrow group of consumers had six hours less of symptoms. Instead of having five days of symptoms, they had 4.5 days of symptoms. So that's the only outcome they came up with in something as broadly out applied as a flu vaccine. So, that's the backdrop that we entered into this story of the pandemic in February.

Dr. Patrick G: First of all, great summary and a little bit mind blowing in the sense of the pieces that you're putting together there first of all, the just abject invalidity of the testing. Which we're using, we're screaming about tests, we're using testing as criteria to make very critical decisions. And the testing is completely unreliable. And as you said, even the creator of the test felt that, said that this test was never supposed to be used in such a way yet we're doing that. So just on that one point, why do you think, I mean, there's enough smart scientists out there who are embracing that. Why do you think they're embracing the current testing methodology?

Dr. Zach Bush: It's because of the siloed nature of our education. And so being intelligent doesn't equate to knowing, right? And so unfortunately our education is siloed between clinical management and then another silo, clinical research, and then another silo, basic science research. Very, very few clinicians out there that are practicing medicine have ever spent any significant amount of time in a basic science research lab. That's relegated to the PhDs. And so you got PhDs over here doing this, developing tests like PCR, everything else, learning what that means. You've got a group over here of clinicians that are constantly being told

they have new toolboxes of therapeutics from the pharmaceutical industry, or diagnostics from the radiology industry, or laboratory chemical analysis through Quest laboratories or whatever it is.

Dr. Zach Bush: And so when Quest labs comes along and says, "We have a new PCR test to diagnose Corona virus." There's no question that, we don't have anything in our educational background that would trigger a question of is that valid? If Quest labs, which is our most trusted source of laboratory stuff in my clinic or Lab Corp or any of these big national labs comes along and says, "Hey, we have this new test." The physician automatically assumes, "Well certainly they did their due diligence to show that this test actually is clinically significant or irrelevant to my patient. Who's showing up with a question of whether or not they have this virus in their bloodstream."

Dr. Zach Bush: And so that's the assumption we made not knowing what PCR even means really. So PCR means Polymerase Chain Reaction, is a methodology that was developed in genomics to be able to amplify tiny, tiny little signals or the tiniest presence of genetic information. And so with PCR, it's a very powerful way for us to determine what genetic decisions is a cell making at any given moment. And so in my lab, we can do PCR even for mitochondria that are a little microbes that live inside the human cells, and we can see what genomic decisions and what proteins they're making and all of that based on PCR.

Dr. Zach Bush: And we're talking about tiny micro, micro nano particle strips of nucleotide sequences that you can pick up with PCR. And the way that you do it is you run an assay if it amplifies almost everything in the background there, and then you run it again and amplify everything, you've just amplified. And then you run it again and amplify everything you just amplified twice. And so with PCR, you can run this 150 times, and by the time you've run it a hundred times or whatever, you're finding genetic information that is maybe circulating in your mother's womb. You're down at this trace, trace level of nucleotide sequences, this might've been a bacteria that you breathed in a week ago, that's now filtered out of your system. But in the process, it happened to make some genomic information in the form of RNA that sequenced into your bloodstream for a moment. And you can pick that up by PCR.

Dr. Zach Bush: So when you start to amplify and cycle and cycle PCR, it gives you a completely inaccurate look at what's actually going in your body today. And that's, the danger with starting to say, "This is a diagnostic tool." Is what you can say is, "Yeah, somebody has some symptoms of upper respiratory and stuff," or shows up with chest pain and a heart attack and you run a PCR and it says, "Oh, you have COVID-19." No, all that means is that person may have walked by somebody, their body never expressed the virus in any amount. Their body was in total balance with it, they never got sick from that virus, they're presenting with a true heart attack, but they have enough of that genomic sequence that you're now amplifying that.

Dr. Zach Bush: And it's only in the last week or two that we see some of the States Governors starting to realize that they're being tricked into making emergency decision-making on this fallacy of testing. And they're starting to demand that the labs that are doing these rapid PCR tests publish with the results, how many times did you amplify that before you got a signal of that? And that's what we should have done at the beginning. And we should have set a threshold for relevance. We should have said, "If you need to amplify this more than five times, there's no way this is an active clinical infection." And so we should have set a threshold for tolerance and five edges throughout is a random number.

Dr. Zach Bush: But the fact is it's way less than 25 and 40 times, which is the typical average that you're seeing these labs run when they're doing screening for Corona virus. So the methodology is severely flawed. The reason why doctors are being deployed in masks to do this is because they don't understand the technology. They don't understand because they were never practicing that technology and they were never asked to even understand it. They were just said, "The only thing that doctor needs to know is what is the CPT code? What is the insurance code? So that you can order the test and bill it to insurance." That's as far as we go as clinicians in understanding it, we don't understand how we get a sodium measured in blood, but we order basic chemistry and get sodium, potassium, all the electrolytes. But none of us think about how the hell did that lab figure it out. That sodium is 135 milligrams per deciliter. We don't know, we don't care. We're data and analysis team, we are not the beta production team.

Dr. Zach Bush: And so that's the danger of something like this being rolled out by something like the WHO or the CDC that says, "Oh, we have this test." And your clinician of course is like, "Well, certainly the CDC is only going to recommend a test that's clinically relevant." If it's not, there's no stop gap. There's no checks and balances in our current public health policy to allow us to make intelligent decisions about those testing.

Dr. Patrick G: What gets really interesting here is that, as you said, bunch of policies being made based on this and these policies are certainly directly affecting our civil liberties, people's economic viability and other such things. So it's critical. Also, what's interesting and maybe you can comment on this is that if you look at the all-cause mortality rates year over year here in the United States or other countries, that doesn't seem to change yet, they're talking about all of these people who've died from COVID. Do you suspect that, I think it's maybe not even just a speculation, but it's pretty much could be statistically verified that a lot of people are dying. Their death is being attributed to COVID-19, but that's not really the cause of death?

Dr. Zach Bush: Certainly. So, an example of the heart attack that we just used. Somebody shows up with chest pain and you're concerned that their oxygen maybe registers at that 93% or 94% slightly below the normal bell curve. And so you're like, "Oh, I wonder if they have Corona virus and therefore they're presenting with a heart attack." And you run a COVID-19 PCR screening test that comes

back positive. It totally changes your mindset as a physician. You stop thinking as a clinician, you start reacting to a data set instead of looking at your patient.

Dr. Zach Bush: And so this is a common phenomenon. It's not hard to imagine as a clinician, how we could be so misled to think, "Oh my God, our hospital is full of Corona virus patients." When in fact our hospital's full of some Corona virus patients, some pneumonia patients, some influenza patients, a bunch of heart attack patients, a bunch of cancer patients, but we keep reading it as Corona, Corona, Corona.

Dr. Zach Bush: And it's led to tragic mistakes at the clinical level over and over again. Examples, just in my little sphere, I'm a part-time clinician, now I don't see patients any day, but even in my tiny little patient contact every month, I have examples of tragic mistakes that were made in the hospital systems. For example, a young woman aged 34 or five, she presented with hypoxia, weird changes in her white blood cell count, confusion, neurologic symptoms, was just out of it. And it seemed to come out of the blue. And the labs were bizarre, her white blood cell, red blood cell counts all of this. And so immediately the clinicians were like, "This must be," having never actually seen a case of COVID-19 in their clinic, they said, "This must be COVID-19." Ran a PCR and it was negative and saying, it wasn't even there. And they had heard that maybe there was a 20% false, positive, or false negative rate to the PCRs. They're like, "Well she must still have Corona virus."

Dr. Zach Bush: And so they sent her to the hospital and said, "We suspect clinical, the test is negative, we think this is COVID-19." So the hospital, then it has to go through ridiculous measures. Everybody has to gown up, treat them like a hazmat patient. This woman now nobody can touch her, nobody can go in the room, nobody is now talking to the woman because they're all thinking COVID-19. So nobody's taking a good clinical history, which is only place you ever make an accurate diagnostic decision to treat is talk to the freaking patient, and talk to them about their last three, six months. Maybe this isn't even an acute issue.

Dr. Zach Bush: Well it hadn't been an acute issue. She had been having stuttering neurologic symptoms for months. And they were also there. By the time she died, two weeks later, they had run 12 COVID-19 screening tests. All of them were negative, but they couldn't break themselves out of the mindset of this is a patient dying from Corona virus because she had what they had heard were the symptoms of hypoxia and weird things in the bloodstream, maybe in liver failure, ultimately kidney failure. And she dies of multi organ failure.

Dr. Zach Bush: The physician was so disturbed that was in charge of her hospital case by what was going on because she had come to believe that it wasn't COVID-19. But by the time she had made that decision, the patient was non-verbal in the ICU intubated. She asked the family, in tears, "I think we have horrifically mismanaged this case, I'm asking an unusual request because the death certificate already says, 'Corona virus COVID-19,' on there. But I really believe

you guys would be smart to do an autopsy to see if we've made some grave medical error."

Dr. Zach Bush: So that is a brave physician who in the care team is saying, "I think I made a mistake." When there was this very societally accepted diagnosis and on autopsy, it turned out she had an acute leukemia that should have easily been caught by any hematologist. Had a hematologist been asked to get involved in the case. No hematologist was ever called because they thought it was an infectious disease, Corona virus things. So these are the ways in which the narrative of a public pandemic can really screw up our clinical accuracy and acuity. And these are very smart, caring physicians. These are not people who are lazy. These are not physicians that are careless, but the narrative can be so baked into our experience that we're trying to make the square peg fit in the round hole over and over and over again, because it's the only thing that is top of mind for all of us.

Dr. Zach Bush: And so that's just, I want to paint that public or that human picture of how can we all be complicit in this without being stupid? It's not that, I don't want people to think, "Doctors would have to be stupid to," no. In an intelligent fashion, we can be stuck in this trap. We can be part of the complicit to this narrative that's so inaccurate. So I think your ask was really more around, is the mortality change this year or not? And that is really fascinating because in the end all cause mortality hasn't changed at all for annually across the world, human population is still going like this.

Dr. Zach Bush: So this was not a pandemic that threatened human existence that changed our fertility rate that changed our population growth, anything like this, this is not plague, this is not the Spanish flu, this is nothing like that. What we can say is that there was an interesting pattern of respiratory death in some countries. In most countries, they were very predictable. Anytime you would see flu season happen, that's where you saw the increase in mortality in China to Iran, to Northern Italy, et cetera, all these hotspots around the country followed their typical trends.

Dr. Zach Bush: In the United States and Canada and Australia, where we came under one control narrative. We saw some weird aberrant patterns in there because we were using PCR testing at such a high volume. And with so much trust that we painted an unusual picture of mortality from a virus that was, no viruses ever in the respiratory setting, behaved like the Corona virus did in the United States, by the narrative we're telling.

Dr. Zach Bush: And so I think we mistook the curves. We mistook all kinds of things for this PCR phenomenon happening to misdiagnose, over-diagnose, or misunderstand the real pandemic that was put. Did a pandemic occur?. Yes, 12,800 pandemics have occurred since 1976. So we had a fundamental change in the human immune system in 1976 with the virome. This is when hepatitis C went berserk. This is when we developed a change in relationship with all the herpes viruses, that would bring about the change in the relationship to that HIV virus, that

would then create the syndrome of AIDS by the early '80s. So we had this fundamental shift and the CDC and the WHO tracked some 12,000 respiratory virus pandemics that have happened since then. 12,800 in just that short 40 year period is telling you that you have thousands and thousands of viruses that are traveling globally every year in very predictable patterns, seasonally.

Dr. Zach Bush: And so when we say, when people say, "It's a made up thing." Well, no, we don't have to say that. It's a normal thing. It's so normal that you've got hundreds of these viruses going pandemic every year. If you want to use that term pandemic. And so you have global travel of new viral genomic sequences that will be proliferated by humans, that's what happens in a pandemic. Humans become a vector for information genetically to one another. It's not pigs attacking us. It's not bats attacking us. It's like that whole zoonotic mystification of where do these things come from is overblown.

Dr. Zach Bush: The reality is humans take this information into our cellular matrix and genomic apparatus for protein synthesis and genetic replication. And we've already shown just in recent months in two different studies now that the Corona virus has now been integrated into the human genome. So that RNA strand coming into the virus has been reversed, transcribed into DNA in the human, and then can be replicated from the human cell decision to go and make that RNA and the proteins that are being beat downstream from that, all of that.

Dr. Zach Bush: So we have, like many viruses, integrated this genetic information into us now. That's why these things burn out as a clinical syndrome in 18 months is because many of us have now integrated this information into our cellular matrix, into our genetic matrix. And we now decide when we need proteins from that viral insert or not. Interestingly, what I just described sounds novel. What Corona virus is integrated in human DNA? That's how we occurred. Over 50% of the genes that we've now mapped in the human genome are able to be directly demonstrated, have been inserted by a virus sometime in the last billion years.

Dr. Zach Bush: So mammals became possible only through viral adaptation modifications that allowed for change in function and adaptability and by diversification of our biology. And these are critical genes. The gene that allows us to have a placenta as a mammal came directly from an RNA virus. The gene that allows for the male sperm to dump its mitochondria before injecting its nuclear DNA into the ovum of the woman that it's about to be impregnated is a viral genomic sequence that allows for that to occur. So we couldn't have had the first pregnancy, let alone the first intrauterine pregnancy that would lead to the live birth that's unique to the mammals, without viral updates, without viral gain of function.

Dr. Zach Bush: You hear all of this terror, maybe there's a government lab doing gamma function virus stuff. Well, first of all, that's stupid we shouldn't be doing that. Second of all, though, nature has been doing gamma function virome since its origin-

Dr. Zach Bush: Nature has been doing gain-of-function virome since its origin. And so we shouldn't be afraid of gain-of-function. No, that's what viruses are. They are all there to increase the adaptability and biodiversity on the planet and we happen to be able to be adapted by that. And so what I'm describing here is that we have 12,800 new genetic updates since 1976, in the last 40 years, and some of those we've taken up and others we've rejected from the human DNA.

Dr. Zach Bush: And so when we say yes, there was a pandemic, then we can ask the clinical things around what pattern did it occur? Did we have excess death this year or not? And the short answer to that is if you look over a seven-year trend the year before we had this narrative of a pandemic, we had the lowest respiratory mortality than we had in seven years. And so there was a pent up population that didn't die last year. That's going to die of respiratory causes the following year. The CDC, NIH, WHO knew that data. We didn't because they publish their data two years behind typically. And so we didn't see that until retrospective now, but we know the powers that be, that are watching these numbers must have known that we had a low respiratory death rate that year.

Dr. Zach Bush: And so we could have predicted that we would have an increased respiratory mortality in 2019, 2020 in the northern hemisphere. And then later in 2020 and into 2020 in the southern hemisphere, we would have this increased respiratory mortality. And so it's interesting that, that's all unfolding now and we're blaming coronavirus when, in fact, we could have pegged it on any respiratory virus cause it was going to happen. We were going to have a catch-up year.

Dr. Patrick G: There's so much in what you said that is politicized in all the wrong ways, I guess is the best way I could say it. Is that your context, and I just want to make sure I'm not putting words in your mouth. That your context is that, "Hey, listen, these viruses that come in there are"... This particular coronavirus, the COVID-19 coronavirus, is just one of thousands that come our way through a period of years. And they carry information with them that continue to update our genome so that we can better adapt to the environment. Is that an approximation of what you're, what you're suggesting?

Dr. Zach Bush: Very accurate and I'm glad you took it to that next step is what is the adaptation? Okay, so we have all these viruses and those, those 12,800 that I named, those are just the ones that we were able to identify. That is a fraction of the 10 to the 31, which is one with 31 zeros after it, which happens to be about 10 million times more than our stars in the entire universe. That's how many viruses are actually in the air at any given moment, not seasonally, not sometimes all the time. And so we have 10 of the 31 viruses in the air that we breathe a very small, small percentage of those have we gained insight into and actually taking the time to sequence and name. And so we're really talking about billions and billions of respiratory viruses that we're always in an intimate relationship with and are not causing us any harm.

Dr. Zach Bush: And so when we can start to say that there's a segment of these things that are related to some sort of clinical syndrome, whether it's flu or common cold or

whatever we're calling COVID-19, if there's a syndrome that gets associated with one of these viruses, it means that this particular genetic information is producing proteins that are extremely activating to the human immune system.

Dr. Zach Bush: Why is that important? Because the immune system is not there to fight off the world, which is our old paradigm of belief. And it's the same paradigm that they want you to still believe in if you are going to be told that you're not safe until you have a bunch of vaccines, it's the belief that we're in war with the virome that's allowing this vaccine narrative to happen. A lot of people asking me, are you pro-vaccine or anti-vaccine? And my answer is I'm neither. I'm for the innate immune system that has absolutely nothing to do with the whole premise of vaccines.

Dr. Zach Bush: The innate immune system is that responsible from second to second as to how we relate to all of the microbial data in us, which is a huge sea of information. But then my bloodstream at this moment, as I sit here, 10 to the 15 viral genomic fragments within my bloodstream that I'm responding to at the innate immune system level. Each cell within my body is deciding which of these viral data points do I need to upload, which ones am I going to turn into a DNA strand, I will insert into Zach's genome so that he's got a long-term genetic update and which of these don't need to be integrated into his genome, but need to be short-term in production of proteins that he needs to stimulate his immune system so that he can become adaptive to next year's experience or the next experience that we have coming down the pipe?

Dr. Zach Bush: And what we know is if you look across this is that, if you get influenza, for example, the following year, you're very resistant to adenoviruses echoviruses, corona viruses and the like. In contrast, if we give a vaccine for flu, we increase your risk of morbidity and mortality from coronavirus the following year, because we didn't give you an innate immunity experience. We gave you a single protein that was trying to mimic the threat, and we didn't let the innate immune system learn from that. And instead, we created an antibody to a foreign protein, which could have been an innate protein when my DNA intercalate something and I start to produce that protein, there's no reason for me to make an antibody to it.

Dr. Zach Bush: I test negative all the time coronavirus, cause I'm always out there traveling. And so I have to do these stupid nasal swabs all the time. And I can say that I have no replicable PCR, detectable strand of RNA within my blood stream right now, because don't believe I'm making the RN. I'm making the proteins downstream. It's more likely that I already integrated that genomic sequence into my own DNA. And I make the proteins from that. I don't make the RNA, which is the template for the program. I'm making the proteins that make my immune system stronger and change my relationship to all of the viruses next year. So if we really had a good public health intervention, and we had really believed that we had a virus that was 30 times more deadly than flu in December, which is what we heard immediately like, Oh my God, this is going to

be 30 times more deadly than flu. Get ready. We have a global pandemic coming. People are dying in droves in China.

Dr. Zach Bush: China built six hospitals between December 31st and first week of February. So in five weeks they built like six hospitals. They closed the last of those six hospitals three weeks after they started to open them. Cause there was no patients. And so it never came to fruition that there was all these millions of people dying from this coronavirus at all. But if we had believed, even before that or after that, that we really had something that was 30 times more deadly in December, January, we should have immediately seized all flu vaccines because we already had a military study in 2017 showing if we gave flu vaccines, we would increase risk of coronavirus mortality the following year. But we didn't instead right now on CVS commercials, you're seeing targeted African-American communities. You need to go out and make sure you're there.

Dr. Zach Bush: They're not only targeting people. They're targeting low socioeconomic minorities to make sure you get your flu vaccine. That is a new form of ethnic cleansing. As far as I'm concerned, we have scientific data to suggest that that is an approach to ethnic cleansing, to be targeting the minorities that are most at risk of complications from vaccines, which we can go through later about CDC data on that. But to actually be going after them saying you need flu vaccine in the mix of what we know is a Corona virus mill, you have of genomic and clinical syndromes, it should be absolutely illegal. It is so tragic that we were pushing so hard for this flu vaccine in the midst of a Corona virus. It is criminal behavior as far as I'm concerned, and it can be criminal behavior of minds that don't know.

Dr. Zach Bush: I don't think the people making the commercials know. I don't think the doctors that are giving the shots or the nurses that are giving the shots at CVS know. If they did, I don't think they could be complicit, but I think the science community as a whole is complicit. We cannot pretend we don't know these things. If we do those studies and we prove that there's negative outcomes, we have to publish that data. We need to get that data out by the CDC, NIH, WHO, we need to publish the negative consequences of the actions we do, even if the actions we do are altruistic on some level.

Dr. Patrick G: This really boils back, I think to a... Or maybe reverts back or boils down to a philosophical issue. And you named it, and this is the whole thing. Is it the right stance, the right premise to say that we are at war with the virus? Because based on everything you just said and anybody who understand truly understands virology understands the environment, et cetera, it's sort of a ridiculous notion to say that we need to eliminate eradicate, be at war with destroy... I mean, is that just completely misguided as far as the context for this?

Dr. Zach Bush: Yeah. And it's a hard one to break out of because we've literally been in that mindset since the origin of human thought. I think if you look at gross human behavior, just like macro experience of humans on her as homo sapiens sapiens, you read the book sapiens, for 200,000 years we've been hunting everything

that we can find into extinction. That's like our mission. And by the time in the late 1800s and mid 1900s, that century between 1850 and 1950 was the whole discovery of the invisible world. So germs and microbes and ultimately viruses. All of this discovery that came out of that century gave us a whole new territory to think were attacking us.

Dr. Zach Bush: So we took the macro experience of, oh, we're at threat with all these other species or whatever and now we're, Oh my gosh, look at how much threat there is. And we have this existential, invisible terrorist among us, which is viruses or bacteria or whatever it is. And it would take ultimately what is a very flawed science around probiotics, but it took the probiotic, era to start to convince doctors and consumers that there was such a thing as a good bacterium.

Dr. Zach Bush: We need, even if it's flawed science, we need an era where we come to realize that the viruses are good for us. And there are good viruses and we need this genetic information. And without them we can't upgrade our genome. We can't upgrade our response to a toxic planet that's getting more poisoned every day. We need a gain-of-function because we are poisoning our planet. So we need better immune adaptation capacity. How would you do that? You would do it through viral communication. Would you with your viral interaction with already an immune system to prepare you for a more toxic world next year.

Dr. Zach Bush: So with this ancestral pattern of fight or flight belief systems and the really entrenched paradigm in our head that we are against nature and nature is against us and if we don't beat nature, it's going to beat us, that kind of mindset then plays into a narrative around a pandemic, very powerfully. So much so that it's even justified the loss of civil liberties, right? And so the amount of fear and guilt that can be leveraged in this narrative of a global pandemic. And even though the CDC is down numbers, NIH numbers, you know, even Dr. Fauci, everybody tends to agree that now that the mortality of this thing is 99.998% safe, or nonfatal in the population.

Dr. Zach Bush: But that 0.002 is enough for us to continue this narrative. And so that's the amount of fear leverage that we've got on this thing, and it's not due to the last nine months it's due to the last nine millennia of human behavior or 200,000 years of human behavior. That's entrenched us in this fear state.

Dr. Zach Bush: And that's interesting, it's interesting from a scientific standpoint, but it's also very interesting from sociologic standpoint of who do we think we are and where do you think we came from? And here's where religion becomes interesting and kind of complicit is we believe that we didn't come from nature. We believe we came from some external God that inserted us somehow on this planet, but science doesn't seem to collaborate that anymore in the sense that, yes, okay, if there's a deity and a deep intelligence in the universe, it's working within the fabric of nature. It's not like we were the thing that showed up in the garden of Eden to dominate the garden. We showed up out of the garden of Eden. We showed up out of this journey of nature's bio diversification and

intelligence and the collapse of five extinction events. And all of this was the result of that.

Dr. Zach Bush: And so everything from religion to socio- science, pseudoscience kind of stuff has gotten us convinced that we are against it all. And that we are only surviving despite the constant attacks of this natural world around us. And we now have 30 years of phenomenal science and genomics. The genomics is the new telescope, right? And so we discover in 1600 that, oh my God, the earth is not at the center of the solar system and we're orbiting the sun. And then, oh my God, we're actually orbiting this galaxy. And then this galaxy is orbiting in some distant far-flung part of the universe that was very destructive to our self-identity as humans. And we're both on the religion side and the scientific side.

Dr. Zach Bush: We had to ask new questions. Once we found out we weren't at the center of everything, the new telescope is definitely the genomic sequencer. To find out that I am the result right now of 10 of the 15 viruses in my bloodstream. And I have 30,000 species of bacteria and maybe three and a half million species of fungi, all in communication in this vast network that grossly outnumbers my human cells. And in fact, any damage to that microbiome is actually the source of human disease, not any damage to the human cell directly, which means astonishingly, that just like the planet not being at the center of the solar system, the human cell is no longer at the center of human health. That is very disruptive paradigm, shifting science that the genomic sequencers have revealed. And it's time for us to start to accelerate the impact of that paradigm shift on our public narrative about public health.

Dr. Zach Bush: We are not against nature. We are the result of nature. We have the opportunity to step in line with mother nature instead of continue to see ourselves against it. It is so ironic that we are repurposing snowblowers for ski resorts, to spray toxic chemicals, to sterilize the air of the Swiss Alps so they're not at risk of a pandemic. It's like, are you kidding me? That's literally like 1820s belief systems. That is so antiquated that... A belief that you have to kill everything in the air to protect.

Dr. Zach Bush: Viruses aren't even living organisms. Their genetic sequences that are smart targeted to the data centers that need them. The receptors on our lung, that pickup coronavirus, are they here to pick up that genetic information because that's where we need the gain-of-function, because we're now breathing cyanide and all kinds of toxic gases and carbon particulate. This thing is there to help increase our intelligence of breathing on a toxic planet that's becoming less and less amenable to life.

Dr. Zach Bush: And so we shouldn't be killing anything. We shouldn't be spraying streets or repurposing dust blowers now to be spraying junk. We're spraying Clorox on every airplane now, before you walk in and it's like ludicrous. And so the setup that we're doing right now is for increased auto-immune disease, increased cancer over the next decade because of the heightened, almost nuclear

approach right now that we're using on this attack on the global genome and the microbiome.

Dr. Patrick G:

That completes episode one of our two part interview with Dr. Zach Bush. And when I say that his message is transcendent. I think you can understand what I mean, now that you've experienced him firsthand. Thanks for being here. I look forward to seeing you in part two of that interview.

Del Bigtree



- Dr. Patrick G: One of the most passionate voices in the world today, especially when it comes to the issue of COVID and the COVID vaccines is Del Bigtree. He has a very interesting, unique background as a TV producer, and now produces a show called the Highwire. And thank God for this show. One of the most significant, if not the most significant issue I believe we're facing right now, relative to the whole COVID-19 scenario is the issue of censorship. I have to tell you, we've had hours of meetings, just figuring out how we're going to position and put this show, this COVID-19 docu-series, out into the world for you having to anticipate all the different areas where we're going to get blocked. Well, Del Bigtree lives at every single day on a very large scale, but the work he is doing, the voice that he has his passion behind these subjects and his willingness to be banned censored, taken down canceled, he's facing all of these things and nothing is stopping him.
- Dr. Patrick G: He has a huge audience now, it's growing every single day and for good reason, because he's committed to bringing the truth out so people can get it. And I have to tell you he's one of the most inspiring people I've ever listened to. When he gives a talk, I want to be there, I want to listen. It inspires me. And now I get to share him with you.
- Dr. Patrick G: You're going to find a very well thoughtful, organized overview of the whole COVID scenario right now. Terrific and important inside information. He really is good at putting the pieces of the puzzle together and explaining it. So enjoy my interview with Del Bigtree.
- Dr. Patrick G: Del, I can't tell you how much I've been looking forward to this conversation, especially on this subject, because I think you've probably have logged more hours than anybody else exploring, researching and reporting on this subject of COVID and COVID vaccines. And I know this is starting out a wide sweeping question, but just taking a step back to the big picture, how are you seeing COVID right now?
- Del Bigtree: Well, I think what's interesting... And you're right. I've been doing a show focused almost strictly on COVID and the COVID vaccine now, since this all really began starting in February of last year. Every week, our show has been about two hours long, some hundreds of hours logged in, and it's been an amazing experience for me. Coming from sort of the vaccine issue, which was the focus of the work I did with Vaxxed, that sort of catapulted me into this place of speaking about vaccine injury and starting a nonprofit where there's two parts to the work that we've been doing. The high wire is the show where people go to thehighwire.com is sort of the news show that we produce every week.

Del Bigtree: But the other half, the work we do is a legal team that has won lawsuits against the National Institute of Health, Health Human Services, CDC, the FDA, we just had a lot of success with a flu shot case. They wanted to mandate flu shots for people going into college and schools in Massachusetts.

Del Bigtree: So, that work sort of lends to a really multifaceted perspective of what's taking place. Not only as a reporter and my talking to international scientists around the world about what's really going on, I'm also challenging our government in the United States of America to give us important information. And frankly, they pushed back a lot. We filed over a thousand FOIA requests, freedom of information act requests, which is really for people that understand that, in the United States of America, our government, are our employees. So when we asked to see their emails and seeing, what discussions they've had on certain topics, they actually have to hand it to us as though we were their boss. They can redact some things if it has national interest involved or private discussions that need to happen for the safety of the government, but from all of that, and that's where our legal team comes in. When they push back, we sue the government to demand that they give us the information that we're looking for.

Del Bigtree: So I have a pretty deep focus on all things COVID-19 or SARS CoV2 and this vaccine. So to begin with what's interesting for me, I think is that I predicted this. You could go back and see some of the speeches I've given over the last several years. And I became really fervent last year, meaning before Coronavirus, we obviously are right now in the brand new 2021. Going to have to get used to how I reference the years we're talking about. But, going back to 2019, in speeches, I was warning the audiences I was speaking to that this whole vaccine program really has nothing to do with our children. That we're seeing the removal of these exemptions from mandates.

Del Bigtree: In New York, they took away the religious exemption in California they took away the personal belief and religious exemption. This was our ability to opt out of the vaccine program if we didn't agree with it. And all the arguments is about, well, we've got to make children safe for children, children, babies, those babies that can't get vaccinated need to be protected. But what I was warning, the audiences I was talking to is this has nothing to do with the children. Pharmaceutical is the number one lobby in America. It's outspending oil and gas two to one. This is what I would say to the audiences, meaning we fight wars in the Middle East for oil and gas. Pharma is spending twice the amount of money to, buy politicians, buy senators, buy congressmen, buy your president of the United States. And so ask yourself, what are they getting in return? And what I said is what I believe they are going to try and do is force an adult vaccine mandate in this country.

Del Bigtree: And as I started to investigate, I would say that that lobby is the most powerful in virtually every nation in the world. And so I said, watch out. I believe we will see a pandemic in the future that will be manufactured in one way or another with the entire goal being to make us fearful enough that we would submit our bodies and give up our own rights to body autonomy and control and allow a

forced vaccination or mandated vaccination program for adults, not just in America, but around the world.

Del Bigtree: So as all of this started in, really around February, when we really started seeing this story turn from, oh, just looks like a problem they're having in China to, now it's a world problem. I already was suspect because I was expecting something like this. Now I'll admit, I didn't think they were going to attempt to take over the world and force a vaccine mandate over what appears to be the common cold. Maybe a bad cold, but I thought it was going to be something more like Ebola, something that we are far more terrified of.

Del Bigtree: So that makes me wonder, was this actually the plan? And I think that, that's one of the big questions, those of us that have been skeptical of this from the beginning. I'm very good friends with Mikki Willis who made the movie *Plandemic* and we talk about this a lot.

Del Bigtree: From my perspective, which I think you're asking about, I still am under the impression that this was not necessarily planned. At least not this way. I am well aware of event 201. I'm been watching Bill Gates prepare us for some sort of virus that would sweep the world. I've been watching the WHO going through test exercises and the CDC and the FDA. So we knew this was coming.

Del Bigtree: What I think happened here is I think that it was an opportunistic moment. And one of the most important things I think we have to look at is what happened right before this pandemic. And I did a show about, the WHO had a meeting last December in 2019. And the entire meeting in Geneva, Switzerland brought in world renowned scientists from around the world. And the focus was on one discussion. How do we stop vaccine hesitancy? Or if they were using the real monitor, how do we stop the anti-vaxers? So they met from around the world to discuss what they would do, or how do we get people to be more passionate about vaccinating? How do we get the adult vaccine uptake? And they referenced things that we've already been talking about for years. I've talked to you about it. We knew that Health and Human Services had a goal called Healthy People 2020. And that goal was to have all adults involved in a mandated vaccine program, complete vaccine uptake by every American citizen is the paraphrase of the language.

Del Bigtree: Europe had the same thing and all of these nations were coming up short on that 2020 goal. And that was really frustrating them at the end of 2019. And so we come out of that meeting where the things they're saying is we have a real problem, the vaccine hesitancy voices, that's one of the things that I'm obviously involved in. I think the Highwire is one of the leading voices, especially when it comes to video representations of this discussion around the world. What they were saying is they're enrolling people that are on the fence. They're enrolling people at 500% increased speed to those on mainstream medicine side and the pro-vaccine side. How do we stop that?

Del Bigtree: And so when you look at all of those things, when you think, if this is not real, what was the motivation? What I think happened was I think they jumped the gun. I think that there was probably plan to maybe release a virus someday or an Ebola, once they had a vaccine. What I think came out of China. I'm not sure I'm going to go ahead. My theory right now is I do believe leave this escaped from a laboratory. I'm not under the impression that it was a bio weapon that was put into the population, but I still would be open to hearing and I'm interviewing people from all sides of that. The reason I believe that this is man-made, or at least I'm leaning in that direction is because I have spoken to world renowned biologists and stem cell scientists and people that do nothing, but look at disease or bacteria and viruses. And they have all said almost the exact same thing and which was news to me.

Del Bigtree: And what they said was that this Corona virus makes too large and evolutionary jump and it's invisible the problem. They said, we track every Coronavirus. We track every flu virus around the world, and it's actually very efficient. So every time there's a gain-of-function in nature, when we see a virus mutate in some way, and they're mutating all the time, it's being calculated and recorded in by NIAID. You know, that's part of what Tony Fauci does. In China, all around the world. And they've all said the same thing that it didn't take one step is a gain-of-function that we would have seen. It seemed to have taken on three or four massive changes that we don't see how that happened in nature. It jumps, there's a gap in what we see in the progression of Corona viruses. Therefore, they believe it happened out of our sight somewhere in a laboratory and either was released on purpose or by mistake.

Del Bigtree: And so I think you're going to see a lot more discussions. In fact, we are seeing... I think the new Yorker put out an article this week, really starting to ask that question. What is the source? Where did this actually come from and questioning this manmade hypothesis? I imagine James Lyons-Weiler, he's played both sides of this. I had him on my show at one point, he said, it's absolutely manmade. Then he said, "No, now I think it's natural." But I think we're going to see more of that conversation going on, but because of the people I'm talking to, I think that makes sense to me. This virus made a jump that can't be explained in nature alone.

Del Bigtree: So now we have to ask ourselves, okay... So I don't know that it was on purpose, but I think once we saw that it had some attributes that were harmful for a very small group of people. I don't think this virus is deadly enough personally, that we should be destroying our economies, destroying our jobs, inflating the crisis around drug abuse and depression and all the things that is going to be the demise of hundreds, of millions of people around the world. This virus was never going to kill anyone where near that. So what I see is an overreach, I think they took an opportunistic moment.

Del Bigtree: I believe my... This my theory... If you watch the Highwire, I don't usually actually talk about my theories because I only talk about what I can prove. But since you've asked personally, my theory is that Bill Gates and these people that

were involved in had a desire to see us all in a vaccine program, because it's the ultimate control of humanity. If you control how their immune systems work, then you have control of the human being. And anything's possible from that moment out. And you've gotten rid of all of the vaccine hesitancy because you have a worldwide enforceable police movement to take away your rights to control your own body.

Del Bigtree: And so I think that they use this moment, they've inflated how dangerous it actually is. The reason I don't think it was planned was I believe if this had really been planned, they would have already had a vaccine ready to go. And that has been really the great gift to the work that I have been doing and those of us that have been calling out the dangers of vaccines and having success and enrolling more and more and more people. That jumping the gun to try and make us afraid of a virus that they did not have a vaccine ready for, allowed us to focus the world on what we've been trying to talk about for the last five years since I've made Vaxxed

Del Bigtree: The only thing I've been trying to do is get people to wake up to a really simple concept. You are being told that vaccines are safe and effective, and I would put it as probably the new first commandment. It is the most powerful statement in the world. It is driving one of the greatest religious beliefs that exists. Most people will override their belief in God to listen to their doctor and inject themselves with chemicals to make them safe, to live on this planet. That means that they no longer believe that they were created an image and likeness of God, which is a shared concept between Christianity, Judaism, Islam, you name it. Certainly though that group of religions. And I would guess those that I don't understand have some sense that we were created perfectly.

Del Bigtree: The new God is that you aren't perfect, that you have got the moment that a child is born under this planet, they must be injected with chemicals in order to survive. So that, to me, says that medicine and this vaccine program it's truly the greatest religion now in the world, but it wasn't happy because there were people that were beginning to defect from that religion. And so I think they've taken this opportunity, they've tried to make us afraid of what appears to be a virus with the death rate at the worst about 0.26%, meaning 99.74% of people handled this virus just fine. They don't die and if you're-

Del Bigtree: ... handled this virus just fine. They don't die. And if you're in age groups under the age of 65, we're seeing numbers like 99.99% of us would survive contact with this virus. And when they sort of created this fear, and they decided to make a vaccine, that hubris is the greatest mistake. That arrogance and that religious belief that they could win us all back through fear, and make a vaccine before our eyes and promise us this golden chalice, or as I call it "the vaccine unicorn," to save us, that was all we could have ever have hoped for.

Del Bigtree: Because what we've managed to do is to say to the world, even though I'm being censored on Facebook and censored... I mean, I lost my Facebook page, I lost my YouTube page... I have enough reporters at mainstream news agencies

that are writing articles to attack me, but they have to listen to what I'm saying, and I tell them all the same thing. I said, "You can say whatever you want about me, but I am promising you that this vaccine will not be tested long enough to establish safety. And they will give it to the public without there being a true safety standard, which is all that I've argued about the childhood vaccine program for the last five years. And you will watch people die, and you will watch people get sick, and you will have to ask yourself as reporters, are you going to avoid that story? Or, are you going to truly look out for humanity and start printing headlines when people start to die?"

Del Bigtree: Well, look where we're at. We have headlines filled with "Doctor Dies Three Days After Vaccination." This morning, a doctor's died two weeks after the vaccinations. People are having palsy and doing videos of their face slumping after receiving the vaccine. Stories of anaphylaxis, a powerful, allergic reaction that can kill you, and epi-pens now being put beside the vaccine for everybody that's getting one. And new mandates on if you have allergies, you may not want and get this vaccine.

Del Bigtree: And now, we have transitioned into a place that I could only have dreamed of five years ago, and that is the recognition across the entire world that vaccines can and do cause harm and death. I was called crazy when I put out Vaxxed, to be standing behind the idea that vaccines do any harm whatsoever. Well now, because they decided to make a vaccine before our eyes, to show the world that they would really only run a phase-three trial for about eight weeks, and then get the emergency use through the FDA and the CDC that are supposed to be looking out for our best interest and making sure that we're safe, that no product is being injected into us until it's been proven to be safe.

Del Bigtree: And the whole world watched them scratch all of those safety standards and actually recommend a product. Now have the CDC putting out tweets recommending this vaccine for pregnant women and admitting in a tweet, "We never tested it on pregnant women, but doctors believe it's safe for them."

Del Bigtree: And so, I no longer, Patrick, have got to do this job. It's being done for me. The world is seeing exactly what I spent five years investigating. All that investigation is being verified by exactly what the New York Times has to watch with their own eyes right now, what Wall Street Journal is having to watch with their own eyes, and Anderson Cooper and Sanjay Gupta. These people that sold us this bill of goods on this immaculate product made by one of the most corrupt industries in the world.

Del Bigtree: It's no longer immaculate. And now they're scrambling, trying to figure out what to do. And the greatest, positive reaction to all this is the headlines we keep reading every day right now, that 50% of doctors across the United States of America are refusing to take this vaccine because it hasn't been properly tested, and they don't believe they should be a part of a medical experiment.

Del Bigtree: Welcome to the game, doctors. We've been asking for you to join us for a long time. And so, when I go back to that World Health meeting in December of 2019, Heidi Larson is sort of the lead psychologist analyzing the vaccine hesitancy movement. She has this line I've played a lot of times on my show where she said, "One of our greatest concerns is actually that our front line, our doctors, are losing faith in the vaccine program. We have a wobbly front line," she described it, "and we've got to rectify that situation."

Del Bigtree: Well, I have news for you. That wobbly front line is no longer wobbling. Half of that front line is now standing in line with us, saying this vaccine is too dangerous to risk taking yourself.

Del Bigtree: I can't say more than we have woken up. Half of doctors now recognize that a vaccine can be dangerous. Now, it's unfortunate that they still willingly gave untested vaccines for years to babies and destroyed their lives, and that the only thing that would actually make them wake up was when they would have to take the product themselves.

Del Bigtree: But whatever it takes, here we are. And so, we have a terrible vaccine. In fact, it's not even a vaccine because it doesn't stop infection. It doesn't stop transmission, which is the definition of a vaccine. All this is is a treatment. It is not doing what vaccines do, which is they're supposed to be injected into you to incite your immune system into creating antibodies. This vaccine doesn't do that, especially not the mRNA vaccines by Moderna and Pfizer.

Del Bigtree: These are messages sent to our cells and telling our cells to create the virus. Not to create the protection, but to make the virus. And specifically, that SARS-CoV-2 to spike protein, that singular protein, our cells after we get the vaccine are producing that protein. And the hope is that, then, your immune system, your natural immune system, says, "Oh my God, what is that?" and comes in to start the fight and create antibodies.

Del Bigtree: So, this isn't a vaccine, it's a total failure. Even Tony Fauci has admitted it won't stop infection, cannot stop transmission. And therefore, they are saying we will still have to wear masks. And so, we have our work cut out for us. We've got to wake up people to recognize what is it you thought you were waiting for? What bill of goods have you been sold? And see how many more people we can enroll into the idea that this is all a bunch of bull crap.

Dr. Patrick G: Thank you. That was a great overview. Let's get a perspective, your perspective, on what is probably the most important issue regarding any of this. I mean, we could talk about the things you spoke about, just recently. We could speculate about is it man made, was it released purposely, how malevolent is the circumstance.

Dr. Patrick G: But now if we say, okay, that's stuff that still needs to be sorted out. And eventually, hopefully the truth will see the light of day. But now it leads to this

crescendo, which is the vaccine program. And you did a really, really good job of saying that the backdrop leading up to this is important as far as what the disposition was of the World Health Organization and other organizations toward vaccine.

Dr. Patrick G: Now this whole thing comes into play. But the one thing, to me, that is maybe the most important consideration in this entire scenario is what you just said, which is will the mainstream media cover this, or are they going to ignore it or try to hide it and censor it, which has been the pattern. We're seeing that.

Dr. Patrick G: I think to your point, there's going to be so many people damaged, so many deaths, that it's going to be hard to keep quiet and hide. But, let me ask you this because this is what you study and look at every single day. Are you seeing that the media is properly covering, in the headlines, the adverse reactions? Or do you think it's giving it kind of scant coverage, but it's not really getting the coverage? And do you think they'll continue to cover it, or that coverage will expand, or do you think they're going to get shut down?

Del Bigtree: I think that... And you have to understand, I come from mainstream media, right? I worked for the CBS talk show The Doctors. I know what it's like. I have sat and directed infomercials for Pfizer and had 10 Pfizer board members behind me weighing in on how the actor just delivered a line. So, I am well aware of what's happening inside of these news organizations and how it works.

Del Bigtree: I tend to be an optimist, and I know for a fact that these news agencies are primarily funded by pharma, and that creates a massive bias and a control over what can and cannot be said. But I also know that there are still journalists, maybe they're the young ones that are inside there, but they went to school and journalism. Though it should probably stop teaching that your job is to be objective and to simply tell the truth as you find it, because you won't get a job barely anywhere if that's your attitude anymore.

Del Bigtree: We now live in an infotainment society where you've got to carry the demands of your advertising bodies, and make sure that they're happy.

Del Bigtree: But, I believe we have good journalists that are still in there. And I think that they are being given an opportunity to simply say, "Hey, I'm not anti-vaccine, but doesn't our newspaper want to cover this important story?" And I think that the networks aren't really covering that much, although you will see on NBC, there are statements about anaphylaxis. There are discussions about some of the injuries that are taking place, and questions.

Del Bigtree: It is not being as covered the way it should. I mean, we will cover a COVID death on someone that was dying of heart disease and already had three heart attacks before they got coronavirus, and call that a coronavirus death, and sit in the news and make that person the martyr, that we can't let another person like

this die, and they have no problem letting people die from the vaccine for the most part.

Del Bigtree: But, they're really between a rock and a hard place because these news agencies can't lose all credibility altogether. And I am sure they are in meetings right now, really discussing how many of these deaths can we cover and still make our pharmaceutical funders happy? Because if we don't cover any of them, we are going to start seeming like we're irrelevant, or that we're wearing blindfolds, because it is obvious, when we have the wife of a doctor in Miami saying, "My husband died right after the vaccine, and they admitted to him that his blood platelets disappeared because of a reaction to the vaccine."

Del Bigtree: You can't not report that. If you do not report that, or recognize that that happened, you are now admitting and showing the public that's seeing that story other places that you have an agenda. The news doesn't want to be outed that way.

Del Bigtree: And so, they're going to find themselves in a more and more precarious position as we move forward, because this vaccine is doing exactly what it did in the trials for those of us that actually read the trials. It is a dangerous vaccine. It does kill, it does maim. It does cause anaphylaxis. It does cause Bell's palsy. And they got away with saying, "Well, we couldn't be sure that the vaccine was causing it. But now that hundreds and thousands of people around the world are having these experiences right after the vaccination, it becomes more and more impossible to say that there is not a connection between the vaccine and that issue."

Del Bigtree: And so, what you will see is the language will change to what we're kind of used to when a doctor's really backed against the wall, to say, "Well, sure, there are a very small group of people, as the CDC is now saying. Yes, we recognize, as they've said, we were having 10 times the amount of adverse reactions as we see in the yearly flu shot. Not what we want to expect, but it's still rare."

Del Bigtree: And we're used to Tony Fauci using that word. "It's rare." But you see, what they've never had to do before is actually publicly admit that there is a small subset of people that are being injured. They never wanted to say, "It's true, some children do get autism from the vaccine." Why did they get autism? Because they experienced encephalitis, the swelling of the brain, that resulted in... It could have been autism. They can also get schizophrenia. After your brain swells and the swelling goes down, it can result in all sorts of different types of what we call behaviors. Whether it's autism, or schizophrenia, or other intellectual diseases that happened after the brain has been damaged.

Del Bigtree: And so, we're going to see all of those things. We're going to have doctors and people that are already talking about encephalitis events after this vaccine. And so, is Tony Fauci and the World Health Organization and the FDA and Pfizer and Moderna and AstraZeneca, do they have enough control over the media to tell

them, "Yes, you're seeing it. Yes. We're admitting it, even though it's rare, but you're not allowed to report on it."

Del Bigtree: We'll have to see. I think you are watching CNN do a pretty good job of avoiding this conversation right now, and MSNBC, but it's going to get harder and harder for them because unlike coronavirus, where most of us don't know anybody that's died of it, as they roll this vaccine out, there are going to be more and more people that will know somebody that was maimed and injured by this vaccine, and that will make the news more and more irrelevant.

Del Bigtree: And that they decide to take that route, Patrick, then that would be the greatest thing that could happen. I hope that NBC and CNN and MSNBC totally avoid this conversation because the greatest disease in our nation right now is mainstream media.

Del Bigtree: Our biggest pandemic is mainstream media. The problem with this election that we just saw, and the civil war that mainstream media is fueling, can only be stopped if mainstream media is stopped in its tracks. And so, maybe this will be the remedy. If they do avoid the most obvious topic known to man, and we start watching people we know die and be maimed, they will make themselves so irrelevant that people will go to videos and documentaries like you put out, to thehighwire.com, and it's why we continue to grow far faster than any mainstream media organization now. And we're enrolling people faster than any pro-vaccine group in the world.

Dr. Patrick G: The hopeful outcome as you just described, and I think it's a legitimate forecasting, this prognostication about, hey, if this could be a seminal moment where if mainstream media doesn't decide to cover this, it's too overwhelming in the populace that they will lose any credibility they might have left, and nobody will trust them.

Dr. Patrick G: They already don't trust them as it is. Here's a couple of things, I think, around what you're saying that is really important to point out. And, maybe I'll actually ask your opinion. Can we give people more credit? If we can give the public in general more credit than the mainstream media gives them for being smart, in the sense of we know that the risk of coronavirus is actually fairly well known now. In other words, we have enough data, as far as what the mortality rate is for it, there's enough data to say, "Okay, this is what it is."

Dr. Patrick G: And especially, there's that old book, *How to Lie With Statistics*. When the CDC says that only maybe, what 6%, are real direct coronavirus deaths, where 94% had comorbid factors. So, what's the real death rate, here? But nonetheless, I think everybody knows it's well under 1%. So, that's your risk.

Dr. Patrick G: If you believe the vaccine works, which I'm very confident that I think it doesn't, but if you believe that the vaccine even works, what's your risk of an adverse reaction, something really bad happening here? And now you're balancing risks.

One versus the other. Do you think that the populous in general thinks in those terms?

Dr. Patrick G: I mean, the doctors are getting it because they've already done that assessment. That's why over half the doctors are saying, "I'm not taking this." These so-called healthcare, frontline workers.

Dr. Patrick G: But now we go down to the lay public, who doesn't have a background in biostatistics or things of this nature. Do you think that they're actually having that conversation going on in their head? What do you think's in their mind?

Del Bigtree: It's a really good question. It's something that my team, we sit around all the time, because we believe our job in The Highwire is not to preach to the choir. I have no desire to do that. It's to enroll as many people into the truth as we can. And so, we try to ask ourselves, who still believes in this vaccine? Who still believes in this virus? Who still believes they're going to die? How many people are wearing masks only because they have to, but resent it, versus those that are wearing masks because they're actually afraid of this virus?

Del Bigtree: And so, those are things it's hard to get good data, and it's hard to understand what's really going on there. But I think that one of the things that I really try to stop from happening is the dismay I hear in those that do know what's going on.

Del Bigtree: So many people, friends and relatives and colleagues, who will say, "They're all so stupid. They've all bought into it." They, they, they. And a lot of times I say, "Well, you live in California, so you don't have a very good perspective. Come out and visit me in Texas, where I'm going to walk into a restaurant without a mask, sit down in that restaurant, enjoy my meal and leave. There are still places in this world where people aren't buying into that. But if you live in Virginia, if you live in New York, if you live in California, and you're awake, it's very, very difficult to be in those places.

Del Bigtree: And I do get depressed, when I went to California a couple of weeks ago, to see people jogging in masks, and riding their bikes in masks, and standing six feet apart on these little stickers on the sidewalk waiting to be allowed into the butcher shop to get some meat so that they're the only ones in there, and plastic covering everything. And to see how California has bought into it, it's sad. It's really sad.

Del Bigtree: And I'm not sure that there's a recovery very soon in sight for those in California. And I've been telling friends of mine that live in those places, "I think you'd better leave. I think this is just going to get worse long before it ever gets better."

Del Bigtree: But, the things that I look to is the amount of panic I see in the opposition. The people that do see data, I don't get to see. The CDC, Tony Fauci. When I see them stressed out about saying, "We're really concerned that people aren't

getting this vaccine," which I see in headlines all over the place, they're like, "Real Snags," I think was one of the headlines, or "Real Snag in Vaccine Rollout: Half of People Refusing to Get It."

Del Bigtree: When I see Andrew Cuomo threatening to fine hospitals \$100,000 if they don't use up all their vaccines by the end of this week, that's panic. And a lot of times, we learn the most from our opposition. If you're playing a sport, and many of us played sports, at the moment where you see teammates on the opposition screaming at each other, the coach out of his mind and pushing kids around, you know you're probably going to win that game, right? When you're cool and you're like, "We're kicking their ass that hard that they're fighting each other now," that's what I'm seeing. In the case of Cuomo, he should be aligned with his doctors, and now he's threatening them. He's screaming at them. Newsom's having similar issues in California.

Del Bigtree: So, that says to me, we are far larger than they've ever wanted to let us believe that we are. That there are far more of us. There's more people that are waking up. What we do know is that about 50% of America, not just the doctors, 50% of America are saying that they don't trust the vaccine. And I was just in DC a couple of days ago at the big rally, which is all of its implications and things that went on. But what I saw was a million mothers, fathers, children, grandparents, standing side by side, peacefully sharing water, sharing food, taking care of each other, keeping each other warm, and standing for their desire for more transparency in this vote, more honorability from their government to be recognized. But when you looked at that sea of people, there was almost nobody wearing a mask.

Del Bigtree: I mean, that was incredible. A million people, and I would say 99.9% were not wearing masks. So, that is a representation of at least one political group that have woken up enough to say that I'm not going to die if I don't wear a mask, here. And I think the real concern, Patrick, is why did this get to be so political? Why is it, when I see someone truly terrified of dying...

Del Bigtree: Now, look, if you're over the age of 65 or 70, and you're in the middle of chemotherapy, and you decide to go out to Whole Foods, and I see you in a mask, a double mask, and then the plastic face shield, I get it. But I would say, I don't even think that can really protect you because the particles of this virus are so small. You should probably be wearing some form of a reverse-pressure hazmat suit if you want to go out in public and this virus could be deadly to you.

Del Bigtree: But, for the rest of people, if you're a healthy person, and you're truly afraid of dying from this virus, nine times out of 10 I could say you're a Democrat. I think that's weird. I think that is so incredibly weird.

Del Bigtree: In fact, I talked to a scientist. I don't even know what their political party was, but she said, "I think this virus is going to kill a lot of Democrats." And I said, "What do you mean by that? Politically?" She was like, "No, no, I think they're actually going to die." She was like, "Because the work that we do, we know that

your immune system is incredibly affected by your stress level. And if you believe you're going to die, the stress of that makes you more vulnerable to all of the bacteria and viruses around you."

Del Bigtree: And it is unfortunate that when you look at the policies and the politics around this, those that are watching CNN and MSNBC, and most of that mainstream media, which I think proves to have a liberal bend, they're terrified. And you said you think they know the death rate is under 1%. I'm not sure that they do. I don't think they're getting that. When I see a 20-year-old wearing a mask and looking terrified because I'm walking by without one, I would say that they are unaware of the fact that the death rate for them is so infinitesimal that the fact they're standing out on the street and crossing that street is putting them at more danger than this virus. The fact that they don't know that, I can tell you where they get their news from.

Del Bigtree: That's what's weird about this, is the propagandization of this conversation, and the politicalization of this conversation, is what is so incredibly fascinating. And I say that. I'm mostly politically agnostic. I grew up a progressive liberal. This issue has rocked me and made me jump back from that party that really truly believes in masking and lockdowns. And I think as this transition to power goes into Biden's hands, my inside sources are saying, "Get ready for the lockdowns." That's what that party believes in.

Del Bigtree: And so, what does that mean about how many people are with us? I think that half this country is divided. Half this country voted for Donald Trump, a president that they didn't see wearing a mask through the entire pandemic. He's been attacked by the media, but he's still got at least half the vote.

Del Bigtree: So, that says to me, we have the largest population of people skeptical of the FDA, skeptical of the CDC, definitely skeptical of the WHO, not trusting Bill Gates and these power players that thought we would all go along with it. Those are positive, positive signs. And I think that we should be more focused on that success than we are the fear of the minions that are not waking up and not getting it. Those minions are always there. They always do buy into the propaganda. They follow the shiny object wherever it leads them. And if we end up being the voice and the thought system in power, they will eventually follow us, too.

Dr. Patrick G: So, what's interesting here on the mask issue, I think there's abstract aspects to it, just on power and control, and then there's, I guess, the more scientific implications of do they work and do they really provide protection or not, and that whole debate.

Dr. Patrick G: And starting with the abstract. I mean, in the very beginning, I said, and some people really recoiled when I used to say this, but I said, "To me, the mask is the new swastika. It's a sign of control, a sign of power over, and fascism, basically. Making people put a mask on, hide their face, separate, is a fascism that is

emerging. And so to me, that's what it represented culturally, as compared to saying it's a sign of courtesy for other people, it's a sign of protection.

Dr. Patrick G: I don't think that the frequency of the experience were the things that it was supposedly promulgated as.

Dr. Patrick G: Now what's interesting... And this is a question I have for you. The mandates, I think the lockdowns, this stuff, there's going to be a lot of debate and probably a lot of protests, and an agenda here.

Dr. Patrick G: But, here's the thing that I think can't be escaped. There's too much data now. You just cited, for example, in California, in New York, in areas where they've had these strict mask mandates and they've shut down and destroyed economies, and then they go back to the lockdowns again because they see spikes of positive tests, but these tests are flawed. I mean, you got bad data, and you're making policy decisions on bad data that is decimating people's lives and the economy, and then you have the collateral damage of all the psychiatric cases that are emerging from the lockdowns that are much, much worse than any proposed threat of what the coronavirus is, as you well know.

Dr. Patrick G: What I'm wondering... And then there's this thing called Sweden. And so, we have actual reference points with real data. Because I had an experience like you. So, I'm in Utah, I'm in Park City, so it's kind of a bubble. Yes, in the restaurant, everything's open. But if you're in the store, you've got to put a mask on. If you're in a restaurant. But then, for the holidays, I went to visit my in-laws in Georgia, and they live in North Atlanta. I got picked up at an airport, my wife and I, driven to the northern suburbs of Atlanta, and we're brought to a restaurant.

Dr. Patrick G: This restaurant was packed full. Every table, so it's not like half-capacity, quarter, but every table, packed full with people waiting to be seated, and crowded. Not a single person, even the servers, were not wearing masks. And it was a weird experience, saying, "Wow." And not even going to a table. And going to the stores there. I went to the wine store to buy some wine. The person who checked me out's not wearing a... Nobody's wearing masks.

Dr. Patrick G: So, now, we are going to have hard data of the people who locked down and wore masks versus the people who did. And we already have the data. But do you think that the people who perpetrated these lockdowns and everything else, the Newsoms and the Cuomos of the world, they're so invested that when the data comes back and shows that they're wrong, which it's already showing, are they so invested that there's no way they can back out of it now, or say, "Oh, sorry, we got that wrong"? I mean, what do you think is going to happen when this comes to the light of day?

Del Bigtree: Yeah. I think that's exactly where they're at. And, I think we crossed that line quite some ago. I think when you really had, for instance, discussions about

hydroxychloroquine. When the studies came out and showed that it really was effective, and Fauci doubled down and said, "I don't agree with that science," and Cuomos of the world basically mandated that you can't get that product, and then Fauci recommended remdesivir, which even WHO says is totally ineffective at treating this issue.

Del Bigtree: And when these people all supported vaccines, but now admit that it doesn't stop transmission, all of these things, they're too deep in. They are now in a place where they have overridden the science. And the beauty of this is, for people that look at it, and I recognize that most people are just watching CNN on their television, so they really aren't getting the truth, and where are they really at? And even Fox, I think a lot of people are now disenfranchised with how Fox has handled this election and other things.

Del Bigtree: But when we look at what's taking place, you've got to know now that those people can never admit that they were wrong. They should have done it where there was an easier jump off point. There was real spaces where they should have said, "You know what?" Cuomo should have said, "I have the highest death rate per capita of any city in the world. I made some serious mistakes. I didn't understand this virus, but I would do things differently." Instead, when they tried to blind us all to that tragic accident in New York by giving him an Emmy award and awarding him leader of the year, I don't think people are buying it.

Del Bigtree: I think they know that they have passed the point of no return, and there is the potential in their future to be tried for crimes against humanity. I believe that millions of people will have been murdered across the world. And I believe right now, just interviewing Dr. Vladimir Zelenko when I was in DC... He has now published, reviewed science that shows that his patients that he gave hydroxychloroquine, azithromycin and zinc in a very specific manner, he had an 84% increased success rate amongst those that were in the highest-risk categories. And he said to me, "Had we used hydroxychloroquine, we could have saved a quarter of a million people so far in the United States of America." The fact that they've come out against all of the doctors around the world that have peer-reviewed science that proves that, there's no turning back for them.

Del Bigtree: And they know that. They know that they have got to win the narrative, right? The whole idea that history is written by the winner, that's what they're hoping for. They're hoping that somehow they can push this through. Somehow they'll lock this down. Somehow we'll censor enough voices that they can keep this lie going. Because if this lie falls apart, they will most likely, one day, be arrested and will most certainly go down in history for the incredible disservice to humanity that they have led and propagated. And so, we've got to know that when we deal with them as opponents. My father-

Del Bigtree: We've got to know that when we deal with them as opponents. My father used to always say, "Be careful ever fighting someone that doesn't have anything to lose. That is the most dangerous opponent you have." These people now have nothing to lose. They know that they're dead if they don't win and so they're

going to fight to the death. That's where we're at. We're at that place now in this world that those that are against us have fought so hard and lied so much that they cannot win this case in a courtroom and certainly not in the court of public opinion should it come to that. So no, that the people that you are electing and are putting in charge that are part of this, when we watch Tony Fauci continue on with the Biden presidency should all of that go as it appears it's going then you must know that they're going to take this all the way to the end and that's what we've got to recognize for those that are opposing it.

Dr. Patrick G:

Del, I can say that I shudder to think where we'd be if you weren't doing the work that you're doing in Highwire and with ICAN and I believe truly that as more and more people are abandoning the mainstream media and rightfully so, they need to that it's just going to drive straight to your door so that they can get straight information. I know that you are extraordinarily vigilant on getting your facts straight and number one it's who you are from a values based perspective but number two, you're under such scrutiny that you can't make factual errors and get away with it. You're held to a higher standard than all the other media, the mainstream media, they do sloppy stuff all day long. The politicians, they say sloppy things all day long that are inaccurate but you can't because of the scrutiny you're under and it's amazing how the cultural shifts are occurring right now. I believe it's swirling right around you. This didn't exist when Highwire was started, right? Thank God you were in position when this occurred so that what you disseminate and get out there I just want to encourage people as they're watching this that there's going to be ongoing information and they not only should get to Highwire to get their information but they should bring others with them so that people can really find out what's going on.

Dr. Patrick G:

I thank you for taking the time to share everything you just did with us. I do wish you godspeed in your continued efforts because the level of adversity as you just cited incidentally, these people will stop at nothing to protect their power and positions and it is clear at this point in time. It's clear at this point in time they got it wrong, they doubled down. It cost more lives and now the strength for which they're going to try to protect their power and position is something that I think is almost incomprehensible so we're going to be facing great adversity as we go down this road. I know you're more than up to the task and I appreciate what you're doing and again, I just want to encourage people on an ongoing basis to continue to get their information from you so thanks so much for your time and effort here.

Del Bigtree:

Thank you Patrick and thank you for the work that you guys are doing. It's going to take everybody, it's going to take all of us to get involved. We cannot hide anymore. I think this is a powerful and it's a beautiful moment. I just want to make sure that people recognize that you can't live in fear. That's ridiculous. You've got to recognize that either you chose to be here in this lifetime at this time or maybe even better, you were chosen for this time. I believe we were chosen to be here. I think this is a spectacular moment. I was one of those kids that would read stories about George Washington, how he stood up in

incredible adversity, crossed the Potomac and everyone's freezing and won a battle that shifted this nation in the direction that it did and I look at the heroes that signed the 56 names to the bottom of the Declaration of Independence, these guys that actually said, "Yes, that's my name. You know where to find me. Come and get it."

Del Bigtree: I looked at those stories and thought, "Wow. It's amazing that these people got to be a part of history and I just live in this boring life that doesn't seem to matter much. Well, it's no longer boring folks. We are in one of those moments and who gets the history will be those that write it and those that write it will be those that have won and what I always say is there's not a page in a history book that we have ever read that said, "We outnumbered the other side and the battle last 45 minutes." That's not a good story and it never makes it into a history book. Every single time history is made throughout the world they're against insurmountable odds. Media that was totally owned, governments that were being corrupted and bought by the most powerful agencies and industries the world had ever seen. Simply the people looked like they could not stand up and win, yet they did. That story has been written in our blood throughout history and I really do believe we are blessed to be a part of a generation that is going to write that history once again.

Dr. Patrick G: I couldn't agree with you more. It is that kind of a moment in time in many respects it is a privilege to be in it and to be able to participate and play a role in this whole thing and really thank you for that summary and thank you for that encouragement because I operate from the beauty premise and I always when things are looking really bad and dark I'll ask myself the question, "Where's the beauty in this?" The beauty is the people who are standing up, waking up and doing something, taking an action that is heroic in nature which is the full expression of the human spirit. I'm really glad that you brought that to light as we close here so thank you so much Del.

Del Bigtree: Thank you. Take care.

Dr. Patrick G: That completes my interview with Del Bigtree. Now you can understand why I believe the work he does needs to be supported by all of us and that his voice is a voice of reason and a voice of passion. He cares about this world, he cares about what's going on and probably most importantly he cares about the truth. Thanks for being here to share that experience with me.

Robert F. Kennedy, Jr.



Dr. Patrick G: Next up is my interview with Robert F. Kennedy Jr. One can't help but stand in awe when you're in the presence of someone who's the son of Robert F. Kennedy, the nephew of John F. Kennedy and you look at the work he's doing in the world today. This man is I think the greatest stand taker in the world today. He is standing on issues that are controversial, that have brought a lot of criticism against him but nonetheless, the truth matters, he knows that and he won't back down. I've interviewed him previously for other vaccines revealed projects. The whole glyphosate issue and looking at taking on giants like Monsanto and then winning. Taking on the pharmaceutical industry the way that he does. The work this man does in the world today especially through Children's Health Defense which I personally support with my money and my time. I believe the work he's doing is so important and so critical that we all need to pay attention to him.

Dr. Patrick G: He has an amazing mind. He's able to grasp the science around what's going on right now relative to this COVID vaccine, the whole COVID scenario and integrate the understanding of human rights, science, law and policy and especially understanding democracy and how all these things need to come together and then he can present it in a way that is just really unique. There's nobody else like him. I'm excited to share this interview with you. It's going to be extremely revealing. It's poignant and it's something that I think can change your life and give you a different vision for the future and inform you as to what kind of stand you can take to make the world right. Enjoy my interview with Robert F. Kennedy Jr.

Dr. Patrick G: Bobby, I've been looking forward to this conversation for a long time because when it comes to seeing the big picture on things like this and integrating the various pieces of it and organizing it in a way that's understandable. I don't know anybody better than you at doing that which is I guess why you're such an effective attorney amongst other things. If we could start, can you give us your big picture view of COVID, just how you're seeing it right now?

Robert F. Kennedy, Jr.: I think that is the ultimate question is how do we interpret what we're seeing and what we're hearing. I have asked through a number of different filters but I think the general impression that I get is that we're not being talked to honestly, that democracy and good policy in any system of government really depends on getting good information and that one of the key features of this whole phenomenon of this pandemic has been the lack of good information and apparent effort to deceive the public. There's a lot of bad data points that we know we're getting the PCR test is one. Other is where this pandemic come from. Nobody's even bothering to investigate to formally investigate whether this was a laboratory generated virus. I don't know and I can't tell you. I can tell you that nobody can tell us that it was zootrophic, that was for sure came out of

nature and we can't at this point tell anybody whether it came from a lab but there's a lot of data indicating that it was created and maybe Tony Fauci or Barrick or the Chinese government or NIH or the military may have had it and that's something we need to understand in a democracy particularly if we want to make sure that this doesn't happen again, the use of the PCR test which we know doesn't work.

Robert F. Kennedy, Jr.: The guy who invented it, Kary Mullis who won the Nobel Prize for inventing in 1993 said it cannot be used to detect infection. It can be used to detect this virus anywhere. Little tiny fragments of it that are magnified by billions of times by this machine. It doesn't mean anything. In terms of predicting the behavior or the infection rates and yet we've taken this and we've magnified it and we're basing policy on it as James Wilder said on due mass work. Do we have good data on that? I don't care whether they work or don't work, what I know is that we haven't been given good science on it. We keep on CHD's website, we go out and we look for every mask study that's ever been done whether it supports masking, whether it's against it. We post them and we have not been able to find a single peer reviewed placebo controlled study that indicates that masking works. We should be able to have that debate and yet we're not given and opportunity to do that, we're just told masks work, you must use them.

Robert F. Kennedy, Jr.: Do lockdowns work? We don't know that either. The data again that we've seen on lockdowns indicates that they do not work. It isn't very good data but the data generally speaking did not support them and what you see is that there's all of these... What is the death rate? What is the infection fatality rate from COVID? All of these things are things that we need to know if we're going to make good policy and yet we know that we have deceptive data points are being used by health officials and regulators. All of those deceptions tend to skew towards amplifying fears of the pandemic and amplifying the impression that it's causing terrible havoc that is unprecedented in human history. That is being used to justify policies that literally are unprecedented in human history. The level of totalitarian control where the government is now being allowed to dictate your apparel violate the private property protections of the constitution by shutting down everybody's business.

Robert F. Kennedy, Jr.: To violate the religious protection of the first amendment by shutting churches and telling people that they can't have religious exemptions. The restrictions the censorship which is now universally embraced which is a violation of the first amendment. The abolishment of jury trials when it comes to people who are negligently injured by these companies that are making these vaccines, the seventh amendment. Constitution is being swept under and we know that every large crisis whether it's wars or pandemics or economic crisis or terrorist attacks, whatever. They're always used as opportunities of convenience for totalitarian elements within society to clamp down totalitarian controls or authoritarian controls and to shift wealth from the middle class and the poor to the upper ranges of our society and we're watching that happen. We're watching the participation of the people who most benefit from this pandemic, the Silicon Valley billionaires who are at the front lines of enforcing the

censorship, the questioning of this and they are... There's been a trillion dollars in wealth that has been moved to the people who are controlling our communications, to Michael Bloomberg, to Jeff Bezos, to Mark Zuckerberg, to Bill Gates to Serge Brin at Google and all of these other billionaires who are at the front line of profiting from this are also at the front line of censoring information.

Robert F. Kennedy, Jr.: I think one of the key data points that we need to understand and there's been no effort to talk about it is how does this emergency from COVID... COVID exists. It is a disease that is deadly. There are people dying from it but how do those death rates compare to historical pandemics and how we handled them in 1969 we had 100,000 people die from the swine flu in this country. There were no lockdowns, there was no masking, we all went to Woodstock. Most people didn't even know it was happening. They were unconscious of it. In 1918 we had a swine flu, 500,000 people got it. 500 million people got it, 50 million people died. It dwarfs this. There was no masking. There's no universal or mandatory masking, there was no lockdowns and life went on.

Robert F. Kennedy, Jr.: We have every year a million and a half, about 1.6 million people die a year from tuberculosis. It is a viral, respiratory infection and yet we don't have masking, we don't have lockdowns. We have seasonal flu's that affect us every year that kill a tremendous amount of people that the CDC has been claiming up to 80,000 people in our country a year and again, you don't get those authoritarian controls that are being used in response. Oh is this a proportional response? We're not told that and then nobody is telling us the answer to the biggest question which is the response, are the counter measures killing more people than the disease. I think anybody who looks at the data will have to say that they probably are, that the lockdowns are going to kill many, many more people than COVID is going to kill. Unemployment from disruption of food supplies, from suicides, from depression, the child abuse, the spousal abuse, the disruption of supply chains for foods which is going to get worse and worse and worse for medicines.

Robert F. Kennedy, Jr.: New York Times reported 10,000 excess children dying every month in Africa every month because of the quarantine. That's 120,000 a year. If you measure the deaths in human life years that is a much larger impact than the people who are dying from COVID who are mainly people the average age of death is 82. These are kids who are dying. That's really how we need to measure this. We need to say are more people going to die... Are we going to save more life years by imposing these counter measures than we're going to take and nobody has made that calculation. Nobody's talking about it. You won't see economists on CNN debating that. That debate isn't taking place. You won't see public hearings in which these rules are being debated. The public due process is simply been abolished. It's extraordinary now for 40 years I've been suing government and industry for violating due process in terms of notice and comment rule making. There's a process we have in a democracy for passing rules and particularly rules that have brought public impact so we have a lockdown and masking, et cetera or universal testing.

Robert F. Kennedy, Jr.: How does government go... Government has a right to impose those rules. Society has a right to do that but there's a process for doing it. The process is this that the government needs to publish a notice of the rule making so they'll publish the proposed rule which says we're going to make everybody mask and that could be 24 hours a day or do you just do it when you're in public buildings or in public areas, whatever. Everybody gets to see the rule and to understand all the implications of the rule. Then they have to publish, create and publish an environmental impact statement, regulatory impact statement, an economic impact statement that says here's how many businesses are going to bankrupt, here are the businesses that will probably go bankrupt and here are the other public rights that are going to be restricted. Here are the costs we believe are going to be imposed by the counter measures and compare those to the costs that are being imposed by COVID and then there's a public hearing on that. They have to lay out in that environmental regulatory and economic impact statements all of the science that they relied on so the specific studies, the opinions of the specific scientists.

Robert F. Kennedy, Jr.: Then you have a public hearing, you have a comment time when you usually have 60 days. The public from all different parts of the public to file comments on it which have to be responded to by the proponents of that law. Then you have a public hearing and in that public hearing they bring their experts who testify about the science and we're allowed to bring our experts and we can cross examine their experts, they can cross examine us and you have a debate that is aired publicly, there's a transcript that everybody can read. Then you have a finding by the judge and recommendation for edits or changes or amendments to the law based upon what we are... None of that process took place. We just have one unelected bureaucrat, Tony Fauci who says in March masks don't work, in April they do work. Therefore without citing any science and now everybody's got to wear them. Lockdowns don't work, they're ridiculous. The restrictions on travel don't work he said at one point they're ridiculous. Then he comes back without citing any science and said now everybody do it, fall in line because I said so.

Robert F. Kennedy, Jr.: All of that is pretty disturbing because that is called due process law, it's a constitutional right and it has evaporated.

Dr. Patrick G: Yeah, great overview. A lot of things to be disturbed about there. A couple of things, one of the things that you said is absolutely true and chilling that it's one thing that there's censorship and a violation of first amendment rights that I think is really unprecedented and people are cheering it. It'd be one thing to say, "Okay, it's going on and people are complaining, but it seems like people are actually cheering this on which tells you something is really amiss when it comes to that. The other thing that you brought up I think is really critical is the wealth gap. That's what I don't think enough people are talking about. What's happening economically right now is literally creating a huge gap between the haves and the have nots and it's the middle class that's getting decimated in the process and based on what is the question. I look and I see things like Sweden who... Place like Sweden. This is the thing I think puts a chill down the spine of

every regulator right now because they never shut down, never masked, never did any of the things that we did. Didn't decimate their economy like all the other countries of the world did and it doesn't seem like it worked out too bad for Sweden.

Dr. Patrick G: I guess my question because you understand politics better than anybody I know would be are the people who have taken this path and have now advocated for all the things that you just talked about, are they too invested in this to be able to say, "Sorry, we've made a mistake. We're going to change our policy now."

Robert F. Kennedy, Jr.: I think they're invested in it for a number of reasons. Yeah, I think it was Mark Twain who said that it's easier to fool somebody than to convince that person that they've been fooled. I think that it's not just the regulators who are acting in a self interest way to increase their power. Medical regulators have a long history of aligning themselves with tyranny. In Hitler's Germany there were more doctors who joined the Nazi party than any other profession and the medical experiments that were a key feature of the Third Reich, they were all endorsed by the leading medical associations, many of the leading doctors in Nazi Germany took part in those experiments, endorsed them, endorsed the elimination of people who were they called free eaters or worthless eaters. People who had intellectual disabilities, people who had physical disabilities who virtually all of the doctors in Nazi Germany were writing evaluations that said this person should not be allowed to live. Were participating in that before they started killing gypsies and Jews, they were killing people who had intellectual disabilities and people who had physical disabilities and the doctors were participating in that.

Robert F. Kennedy, Jr.: There wasn't a single medical voice in Germany during that part, that point in history that was complaining about this. None of the prominent doctors, none of the university medical schools et cetera and so the idea and this whole idea that we should trust the experts. You hear Joe Biden who I've known for many years and I like Joe Biden but this idea that democrats have adopted and liberals have adopted that we should trust the experts is absolutely antithetical to democracy. We don't trust experts. You listen to the experts, you weigh their opinions. You weigh their assessments. You don't turn democracy over to them. I've brought hundreds and hundreds of cases and I've been involved with many, many, many trials during my lifetime almost all of them involve some kind of scientific controversy.

Robert F. Kennedy, Jr.: On both sides of a trial you have experts and leading experts. We tried the Monsanto cases the last couple of years, my wife came to sit in on the trial a couple days. The first day that she came Monsanto had its experts on the stand and these were people from the Harvard School of Public Health. They were people of the most highly credentialed people in the country and they were very, very convincing and at the end of the day she turned to me and she said, "Why are you guys even in here? Clearly Round Up is not dangerous to people. It doesn't cause cancer." I said to her, "Wait," and then we got to cross examine

those experts and they fell apart and then we got to bring in our own experts and she heard them. There's was experts on both sides. Both of them could be very convincing in a vacuum. You cannot simply say I'm going to rely on this expert because and turn democracy over to them.

Robert F. Kennedy, Jr.: My uncle during the Cuban missile crisis, my uncle brought the greatest experts and foreign policy and defense and intelligence and in nuclear missiles into a room there were 13 people on what they called the X-com committee and every one of them except for my father but every one of them wanted to invade or bomb, drop a nuclear bomb on Cuba. We now know that there were 63 gun and garb missile emplacements that were fully armed nuclear warheads and the missile crews in Cuba that were Russian crews had independent authority to launch if they felt themselves under threat. If we had invaded it would've been the end of the world. We would have nuclear winter which they didn't even understand back then. We would've had full blown exchange of nuclear weapons between the US so my uncle listened to them because they were the experts. He made up his own mind and he examined them. He cross examined them. He said, "I want to see the aerial photographs. I want you to tell me how you know that these gun emplacements are not armed and how do you know that they're really weapons, et cetera?"

Robert F. Kennedy, Jr.: He ended up negotiating and doing something that all the experts advised him not to do that would be catastrophic for him to do. That's the kind of leadership we... That's why we elect politicians, that's why we pay them to be able to run these agencies, to listen to the agency heads not simply to turn to abdicate their political and democratic power to non-elected apparatchiks who are going to profit. The more catastrophic this disease is the more it amplifies their personal power and their influence and their ability to get on TV every day and have people worshiping them and to have people revering them and listening to them and have everybody paying attention and that is power. Tony Fauci has been in power for... He's the J. Edgar Hoover of public health. He's lasted there for 50 years because he has good political skills, not because he's a great scientist. The great scientists at that agency were Bernice Eddie who got run out, Julie Mikovits who got run out. Sean Anthony Morris who got run out because they were coming up with science that challenged the profit taking agendas of the industry that that agency's supposed to regulate.

Robert F. Kennedy, Jr.: The people who have staying power at that agency are people who figure out ways to get in the tank with the pharmaceutical companies and do their bidding. Tony Fauci's been doing that for 50 years in every instance. If you go through his career, that's what he had been doing. The idea that we should now turn all the power of the federal government over not just public health but over our economy, over our constitutional or our political movements, he's never made an assessment about what quarantines do to an economy and what unemployment does to human life. There are a lot of people who have made those studies. There was a whole industry in those studies back in the 1980's when all of these big industries, these big corporations like General Electric and General Motors were downsizing and there was a cottage industry at that time

where you had a whole school of economists who were looking at the impacts of unemployment and what they found was that there's a very kind of predictable formula that at every one point unemployment at that time was killing 37,000 people. Our population was half of what it is today so that's like 60,000 people who we can expect to die from every point of unemployment.

Robert F. Kennedy, Jr.: Well, guess what? We have the highest unemployment rates in history. It's going up to somewhere around 30%. Unemployment alone is going to kill far more people and how many more people go to prison? How many people go to mental institutions? How many people commit suicide? How many children are abused? When you shut the schools and you-

Robert F. Kennedy, Jr.: How many children are abused when you shut the schools and you lock those kids at home all day? That school is only place for a lot of those kids to get a hot lunch. It's the only meal a lot of those children are ever going to get during the day, and now you're locking them at a home with parents who are broke, who are angry? And what happens to spousal abuse? Did Tony Fauci answer, or even look at, or even consider any of those questions before he shut down the biggest economy in history, and shifted all of our money to Bill Gates and Mark Zuckerberg and Jeffrey Bezos and Michael Bloomberg? Nobody's done that. And then what are the longterm effects? These shutdowns are going to dismantle the New Deal, the entire mechanism that we used to create the American middle class, what we call the Great Prosperity that happened after World War II, where you developed a middle class in this country.

Robert F. Kennedy, Jr.: The middle class is critical for the functioning of a democracy, this is something that everybody understood historically. Thomas Jefferson said that the only way that, and the reason that democracy could function in America, was because you had tens of thousands of independent freeholds owned by family farmers, which 90% of our economy was farming, who each had a stake in the economy and a stake in the stability of government. And I spent a lot of my time growing up in Latin America, where you had no middle class, you had these oligarchies at the top, and then you had no middle-class, and at the bottom you had this vast army of the poor. And what would happen is, it would completely destabilize government, because you'd have one political party that becomes the political party of the rich. And the only way it can stay in power is by cheating, because nobody... That saying, "We're going to make the rich richer," is not a persuasive or potent vessel for populism. Nobody's going to vote for that.

Robert F. Kennedy, Jr.: So, that party has to lie, they have to fix elections, they have to deceive, they have to engage in demagoguery. They have to polarized people, divide the Indians, from the whites, from the blacks. And it's called the bourbon strategy, you divide the poor and make them hate each other, in order to preserve the status of the rich. And it ends up de-stabilizing... I remember at one point in I think, 167 year history, Bolivia had 250 governments, more than two a year. And so, you need a middle class to stabilize democracy, and we are now destroying the middle class. We are destroying the New Deal, all these New Deal programs the Democrats have been fighting for ages to pass national

healthcare. Well, 16 million people have lost their healthcare since this thing started. And those people, many of them are going to die because they cannot get treated now.

Robert F. Kennedy, Jr.: And that's just the beginning. I've lived through economic austerity before, and I know what happens and you know what happens. They cut back on special education, they cut back on school lunches, they cut back on school sports, on culture. They get rid of unemployment, they push people off social security, they get rid of higher education and make it paid. All of these things, that is the infrastructure that nurtured and created the middle class in this country, and it is all going to be dismantled. And we are going to be a Latin American Banana Republic, with an oligarchy that is headquartered in Silicon Valley. And a lot of poor people, and the reason they need this surveillance state, Bill Gates spying on us, bragging his company will be able to track every human being on every square foot of earth, 24 hours a day, that they're going to be surveilling us through our cell phones or our telephone television sets. They're going to know our thoughts, they're going to know our conversations, they're going to know our whereabouts 24 hours a day.

Robert F. Kennedy, Jr.: And they need that in order to protect this project of stripping us all of our wealth, and transferring it to the Silicon Valley people, who are part of this enterprise of spying on us, and turning us into a surveillance state. And that is a very dystopian view, I know, and that it sounds very depressing. But people who don't understand, that is where we're headed. And the censorship is critical, because if you... Orwell pointed this out, and Kafka pointed this out and many other people, Aldous Huxley pointed this out, Edward R. Murrow, they all said the same thing. When a totalitarian regime moves to destroy a democracy, the first thing it has to do is to censor dissent. Because once you have gotten rid of that first amendment right to talk about what's happening, then you can get rid of the religious worship, then you can get rid of the jury trials, then you can get rid of the due process, then and you can get rid of the right to petition, the right to assemble.

Robert F. Kennedy, Jr.: And everything else follows that first right, which is free speech. And that's why that was the first thing to go. And it is masking this massive totalitarian takeover of our society. And I think more people are figuring out what's happening, but the question is, how are we going to mobilize to do anything about it?

Dr. Patrick G: And that is I think the question. It's interesting because there's no doubt there's a sense of rebellion starting to go on, that doesn't get covered in the media either. I know that you were in Berlin, I think, when they had the big rally in the streets there. What was that like?

Robert F. Kennedy, Jr.: You know, in Europe, there's a much higher awareness and sensitivity about totalitarianism, and it's much more of a possibility for people that live there. A lot of the people who were at that event came from Eastern Europe. So, in their lifetime, in 1988 the walls came down, these are people who grew up in totalitarian regimes. So they see, they recognize the milestones of tyranny. In

our country, people just consider it impossible, and we have no experience with it. And so they, and people generally trust the government, they trust the system to work, they believe the institutions are still functioning, and they don't see that those institutions have been hollowed out, that they've been corroded, and that they're now under full on assault by these Silicon Valley scoundrels.

Dr. Patrick G: Yeah. And it's interesting also, as you assert, is that how much Silicon Valley, and big tech, and big pharma, that there's this kind of coalescence of these very powerful, very influential entities, that seem to go into some sort of a new gravitational orbit around this. And it feels like COVID itself is of course, the least of our worries right now. I mean, from any rational standpoint, looking at what threat the virus actually poses, that's kind of the least of our worries. We have a lot of these other issues now, that we have to worry about. And I think once people get power in the way that you described, they're very reluctant to let go of control of that power, and will find ways to perpetuate it.

Dr. Patrick G: And it kind of culminates now into, as we're talking about, this whole vaccine agenda and the vaccines that are coming into play, relative to that was sort of the end game. What was sold to us is, "Everybody go hide, stay away from each other, wait until the vaccines are ready. When they're ready, we'll vaccinate everybody, and then you can come back out." And we could spend hours talking about how absurd an that is. But you've done a lot of work on vaccines, you've got Merck in court over vaccines. Looking at the vaccine manufacturers, their history, their malfeasance, they're anything but trustworthy, you've made that point effectively better than anybody. But now we've got these new vaccines, what's your view on the vaccines that they're bringing to market right now? Where do you think this is going to lead?

Robert F. Kennedy, Jr.: Well, we look at all of the vaccines, so I'm not anti-vaccine. If somebody came up with a vaccine that actually did what they say it's going to do, which is you take a shot, your chances of getting a bad side effect are vanishingly rare, meaning what they say, one in a million, and that it prevents transmission, and it makes it so that most people get protection, so they won't get the disease, like 99%, 98%. Then I would say, that's a good bet and people should take it. But the vaccines that they're doing now offer the testing protocols, and the record, actually clinical trial records of those vaccines, the ones that we're looking at now, the Pfizer vaccine, the AstraZeneca vaccine and the Moderna vaccine, none of those live up to that promise, or even close.

Robert F. Kennedy, Jr.: And the injury rates are around one in 40, and are serious injuries of people missing work or requiring medical intervention. And people are dying. We've had a number of people, we've had this Dr. Gregory Michael, who died I think yesterday in Florida. Perfectly healthy, robust, he was the obstetrician for one of my close, close friends who's a surgeon, Dr. George Boris, who's a surgeon in Beverly Hills. His daughter has had four children all delivered by Dr. Michael. And she had an appointment with him actually today, and Dr. Michael was vigorous, robust, strong, really physical, in good health, no problems. And he got the vaccine, two days later, all of his platelets were gone. Your platelet count

should be 150,000, his were zero. And he was well and conscious, but that's a death sentence.

Robert F. Kennedy, Jr.: And they had all of the experts in the country, people who were part of the vaccine industry, and people who were experts in every area, who came to help him. And they couldn't do anything for him, and he died of a stroke. And so, we're getting a lot of other reports of deaths. And some of these reports, we know are not being tallied as vaccine side effects. That's one of the problems, is we do not have a surveillance system that works. My same friend George Boris, had his brother-in-law died last week after receiving the vaccine. There was no autopsy, and the death is dismissed as... Nobody even bothered to record it as a vaccine injury. How many times is that happening?

Robert F. Kennedy, Jr.: Even when the HHS did a study of the vaccine surveillance systems, so the post-licensing surveillance system, so what happens when the vaccine gets onto the market? How do you tally the injury rates? The problem is, it's a voluntary system, so it relies on people who are injured, recognizing that those are injuries, reporting it to the doctor, and then having the doctor acknowledge that it's an injury. Which the doctors don't want to do, they're trained not to do. And then the doctor has to report it to the surveillance system, and that is a really unreliable way of collecting data. So, the HHS in 2010 did a study, this study was called Lazarus, because people from the Harvard Medical School did that study, that was one of the researchers. And they looked at one HMO, and they did a machine counting system on it that is like a cluster analysis.

Robert F. Kennedy, Jr.: They look at all of the... The HMOs have all the vaccine data, they know every vaccine you've ever taken down to what its lot number, and they have every insurance claim you've ever made. So, you can do a cluster analysis and say, are these vaccines associated with certain injuries? And that way you can capture maybe 85 or 90% of vaccine injuries. And this is what they did. They did a three year study, and they looked at one HMO, and they did cluster analysis. And they found a very, very high rate, about one in 37 people were getting injury. And these were not minor injuries, these were significant injuries. And CDC says it's one in a million. Oh, and they actually did the study, they found it's one in 37. And AJ Janus did that, a million dollars on that three-year study, and found out they had fewer, this is the conclusion of it: fewer than 1% of vaccine injuries, ever make it into the variances, are ever reported.

Robert F. Kennedy, Jr.: And so, it's very, very hard to make an assessment based upon the knowledge that we have about whether these vaccines are actually causing more harm than good. One of the worrying things about the MRNA vaccines, is that they, it's genetic engineering. The MRNA's that they inject into you, is covered with a fatty coating of what they call lipids, that allows it to penetrate the cell. Normally the cell, if it came upon that RNA segment, the immune system would fight it off and kill it. That lipid allows it to penetrate the cell, and then to hijack the cell's governing system. So the cell, it persuades the cell to start manufacturing this specific protein, which is the protein that is part of the of the bristles on the corona virus.

Robert F. Kennedy, Jr.: And the theory is, your cell will now begin manufacturing that protein, your body will see that protein floating around in your blood system, and mount an antibody response, so that when it does encounter the real coronavirus, it will fight it off. But nobody knows whether your cells ever turn off that function, and if they don't, that seems to be a formula for autoimmune disease, which is one of the big problems with vaccines. I mean, the vaccine is designed to permanently alter your immune system, and God and nature designed your immune system to fight off all of these trillions of virus, that try to get into you every day. And it is specifically designed for that, and what we're doing is we're telling the immune system, we want you to function a little differently. We want you to anticipate this virus, and we don't know what it does. Nobody knows what it does.

Robert F. Kennedy, Jr.: We know that we've had an explosion in auto-immunity in this country since we changed the vaccine schedule, we're seeing injuries that I never saw as a kid, rheumatoid arthritis, juvenile diabetes, autism, all of these are autoimmune diseases. And food allergies, which is an over-hyped, hyperactive allergic system, and antibody system, asthma, anaphylaxis, et cetera. And with these studies that we're being shown, at most they had eight of data. You will never see those antibody responses in eight weeks. We have no idea, we have no way to make a cost benefit analysis about whether these vaccines, what the risk profile is, and whether that vaccine is going to kill or injure, or cause more injuries than it's going to revert. We don't know, you cannot say. In eight weeks, you can't say.

Dr. Patrick G: Yes. So, we've seen the response, because number one, I think it's impossible for them to take, especially a new technology, apply it, do it in the short timeframe that they did, or warp speed, and then say it safety tested enough to now disseminate on a wide scale basis. I anticipate that there's going to be some really tragic outcomes that are...

Robert F. Kennedy, Jr.: Yeah, and so one of the biggest strategies is Tony Fauci's hostility towards non-patentable medical products. So, he's spending, we've committed now, \$48 billion to his vaccine products, so to develop these new products nobody's ever seen before. He's only spent 1.48 billion on existing therapeutic products. Remdesevir, which is an antiviral, or therapies that actually treat the symptoms of COVID. There was no effort to look at those, the ones he's looked at one, the 1.48 billion, are almost exclusively towards high value patent medicines that are new, where they can exploit the patent for many years to come, and that he has a hand in, like Remdesevir. Which has essentially, World Health Organization, FDA has said it has zero efficacy. And yet, because of Fauci's intervention, is the standard of care, is the approved medication.

Robert F. Kennedy, Jr.: Meanwhile, medications that we know were, hydroxychloroquine, very controversial because Trump endorsed it. And so everybody says, oh, we should throw out that in the same garbage can, as we could throw all of his other anti-science stuff, like global warming and drinking bleach and all this kind of stuff, it's another one of his ravings. But if you actually look at the science on

hydroxychloroquine, there are probably close to a hundred studies that show that it works really well. And that so long as it's given in the first seven days, so long as it's given with zinc and those were ignored. Tony Fauci and Bill Gates helped drum up these studies that show that it kills people, by giving it to people who were in hospitals, and overdosing them. And with the study that they did in JAMA, the scientists who did it in Brazil are now being prosecuted for murder, by the Brazilian government, because they were deliberately killing patients in order to discredit the remedy.

Robert F. Kennedy, Jr.: And the other two, the Lancet and the New England Journal of Medicine, The other two of his studies that were used to create the policy, the FDA policy saying it doesn't work, have already been retracted, in one of the most humiliating retractions in the history of medical journals. So, all of his efforts to discredit it have been discredited. Worse than that, is there are other things we know works, hydro-cortical steroids. We know ivermectin, that Pepcid probably works, these are over the counter medications. In Argentina, they gave ivermectin prophylactically to 8,000 healthcare workers, frontline workers, had a placebo group who didn't get it, of 400 in the same hospitals, and in the placebo group, 58% of the people got COVID. In the study group, the people who got Ivermectin, zero.

Robert F. Kennedy, Jr.: Study after study after study, show that it's 90 to a hundred percent effective. And in India, they have used it to end the pandemic in India. And yet in our country, they're basically making it virtually impossible for doctors to get it. You know, I was in Mexico last week, and Mexico is now kind of wide open. I talked to doctors there in the hospital, multiple doctors. And they said, "Yeah, we seek COVID, we don't even bother testing for it anymore. We know how to treat it," and they're treating it with ivermectin. And nobody's wearing masks, maybe 5% of the people on the street wearing masks. The streets were crowded, the businesses were open and everything, it was thriving in the town where I was. And I talked to many, many of the doctors in that town, and they all said the same thing, "We don't even bother testing for it. We just treat the symptoms, and when we see them, they're generally mild, because we know how to treat it."

Robert F. Kennedy, Jr.: And Tony Fauci does not want those treatments, because he wants to prolong the pandemic and put us in this funnel. What they call it in the slaughterhouse, put them in the chute. Take them from the corral and narrow them into that chute, where we're all going to have to take the vaccine, and that becomes the only option. Tony Fauci has done this before, he did it with AZT in the 1980s, and then he did the same thing with the swine flu shot in '76, in 1969, in 2009, 2005. Both of those were phony pandemics, and forced hundreds of millions of people around the world to take those very, very dangerous, untested zero-liability vaccines, that ultimately had to be withdrawn.

Robert F. Kennedy, Jr.: So in my lifetime, there's been three pandemics where zero-liability vaccines were rushed to market, and then subsequently had to be withdrawn because of the injuries. So, that's what we're doing here once again. And people need to

wake up and see what's happening, and stop looking at Tony Fauci as a saint, and start looking at him for what he is, which is a pharma shill. That's what he is.

Dr. Patrick G: Bobby, that was an extraordinary review. Thank you, it really does put the pieces together. I'm hoping that there's a resistance, less than 50% of the people say that they're going to get the vaccine right now, so that's kind of a good sign, until they try to force people. But boy, things are unfolding at a breakneck pace, and it's very disturbing what we're seeing. So, thank you very much for taking your time to share what you know with us.

Robert F. Kennedy, Jr.: Thank you, Patrick. Good to see you, keep fighting, man.

Dr. Patrick G: Keep committed, thank you.

Outro



- Dr. Patrick G: That completes my interview with Robert F. Kennedy Junior. What an important figure he is in the world today, making extraordinary contributions and fighting on behalf of you and me. I'm really glad he's out there, and I was so, so inspired to be able to share this interview with you.
- Dr. Patrick G: This concludes episode one of our nine part docu-series, Vaccines Revealed: COVID Edition. We are just getting started, now is the time to share it. If people can register to watch, they'll still have time to watch episode one before we start episode two. So, I implore you, please, help us get this information out by sharing it in every way possible. Take our link, post it on social media, send it in an email to some of your friends, let them register for this information. It is life altering, and maybe even life-changing information. And having done this entire series, knowing the interviews, I am not exaggerating when I tell you this: there's a lot at stake. So, thank you for helping us share it with the rest of the world.
- Dr. Andrew K.: There's a lot of frankly, I would say, fraudulent or criminal data reporting, like with death certificates. Then there's financial incentives for all this, so you have to be very careful about what you look at in order to interpret this carefully. There's never been any science to say that healthy people spread an illness, and there have been several datasets, even in COVID, that show that there's really no evidence of asymptomatic spread. So, just based on common sense and the prevailing wisdom, there would be no reason for healthy people to wear a mask.
- Andrew W.: It's terrifying. Once you've put this in, it's never been done before. We have no experience with this. We have no idea what we're doing. It is terrifying. And the problem is, once it's in there, you can't get it out. It's in your cells, and it's doing whatever it's going to do, and there is nothing you can do about it. So, if a year down the line or five years down the line, it's responsible for producing a protein which elicits an auto-immune response, given the right trigger, and that affects five, 10, 20% of the population, we have a catastrophe on our hands.
- John Stockton: This isn't a virus cheating us of these opportunities. It's the guys making decisions saying, "No, no, we're too scared. We're going to shut everything down, sit in your house and be careful." It's the restrictions that are doing this, not COVID. And I hear my kids and my grandkids, hearing these things and accepting them as truth, when I know by my research, and that's a significant amount of research, that it isn't, and it's very frustrating.

Bonus Interview: Andy Wakefield



Dr. Patrick G: When it comes to vaccine safety and awareness, I don't know if there's a more central figure to this than Dr. Andrew Wakefield. He has such great expertise. He is someone that has literally been a spark that has ignited this entire movement and you need to hear from him. His intelligence, his experience, and his passion are really spectacular to behold. You're going to learn a lot here. It's going to be vital and important information. As a matter of fact, I'm hoping you will share this information, let other people know about the free viewing of Vaccines Revealed because this information needs to get out there and it's very difficult to do so because of censorship. But Dr. Andrew Wakefield is someone you need to hear from. We're very happy to bring you part one of my updated interview with Dr. Andrew Wakefield. Enjoy.

Dr. Patrick G: Andy, I've been really looking forward to this interview for many reasons. Number one, I'm a great admirer. I see you as a giant in a cause that's making a difference in the world. You've produced films that are seismic in nature because of the courage that's in them to speak out when the oppressive forces against you in them is fairly extraordinary. I've watched you be maligned by the powers that be and I think they probably thought they could just crush you and stamp you out and marginalize you. But here you are continuing to make films, speak out the truth. And I know that the support now that's underneath you is growing by the day. So I just want to, number one, say thank you for taking the time to sit with us and to have this conversation.

Dr. Andy W.: Patrick, it's my pleasure. It's a great pleasure to be back on.

Dr. Patrick G: Let's maybe for just context in case somebody doesn't know the complete story, just in a thumbnail, start from the beginning, as far as what your career path was, what you were doing, and then what happened to kind of start the ball rolling to what you're doing today?

Dr. Andy W.: Certainly. So I, in a nutshell, I graduated in medicine in London in 1981, I went into surgery, became a fellow of the Royal College of Surgeons and pursued a career in gastrointestinal surgery and got involved into research, medical research, into the origins of Crohn's disease and ulcerative colitis, inflammatory bowel disease. And in 1995, I got a call from a mother who said my child was developing perfectly normally until they received a measles, mumps, rubella vaccine, and then regressed into autism. And I stopped them and said, I know nothing about autism. How can I help? And she said, my child has terrible and unresolved gastrointestinal problems, which the doctors that I go to see, just say, that's autism, put them in a home, forget about it. So that seemed to me to be the antithesis of clinical medicine, listening and acting upon what you're hearing. So I put together a team of people to look at this complex issue on the basis that there may be some link between what was going on in the gut, what

was going on in the brain and behavior and the relationship or possible relationship to the vaccine. Now, these parents weren't anti-vaccine. They took the children to be vaccinated and they paid a very, very high price.

Dr. Andy W.: And so, in a nutshell, we confirm beyond a shadow of a doubt, and this has been replicated worldwide now. The gastrointestinal problem, that is the inflammatory bowel disease that accompanies many children's autism, and that when we treated that, either with dietary intervention or anti-inflammatory medication, there was dramatic improvement in the child's autism. That was fascinating because we were dealing with a, what was historically a dead end disease. That's it. Forget about them, put them in a home, move on. And it wasn't. And the parents were right. This is the key here, Patrick, is, the parents were right. The medical profession was completely wrong. The doctors had been wrong about whether there was a gastrointestinal problem or not and whether this disease was correctable.

Dr. Andy W.: So were they also wrong about the link with the vaccine? And at this stage, I was presented with a crossroads because the dean of the medical school and others said to me, if you continue this vaccine safety work, then it will not be good for your career. And I continued because my duty, my commitment was to the wellbeing of the patients. It was, that was what I signed up to and I went into medicine. He was right, it was not good for my medical career. And when you offend the pharmaceutical company, when you offend government policy, such as vaccination policy, then there is no price they will not make you pay for that. However, I, after many years, I now make films. I just made the third film.

Dr. Andy W.: What happened over the years is that because of the stance I'd taken, people, insiders came to me from industry and from government and said, "We've done something really bad. I can't live with it. And here's the evidence." And so I had some extraordinary stories to tell, and that was the beginning of putting that into movies, a film career, telling the world. It was extraordinary, how much more effective it was. I published 150 scientific papers. Well, who remembers those? No one. But Vaxxed, the movie, that was censored from Tribeca by Robert DeNiro. And then he goes on television and says, "We shouldn't have done that. Everybody should see this film." It went worldwide. People understand, people remember movies. And the movie is a very powerful way of conveying stories, as you yourself know.

Dr. Patrick G: And this is fascinating, because you just kind of offhandedly mentioned, I published 150 scientific papers. I mean, you were a medical researcher and was highly regarded, very well credentialed. And then suddenly, because you start to observe something, as you said, that's against maybe government policy or against pharmaceutical agenda, they try to summarily just discredit you and say that you have no credibility in speaking to this issue. And interestingly, on a personal note, I almost fell off my chair because I remember the whole Tribeca Film Festival thing with the DeNiro. And I was watching him, I think it was on one of the morning shows where they were talking to him. And yeah, I remember the whole scuttlebutt about Vaxxed. They didn't want it there. It got

accepted then they wanted to not allow it. And then he said, yeah, we shouldn't have done that. And I was like, he's actually on TV saying this. Is there a personal side of his story that caused him to change his position or to further think about that?

Dr. Andy W.: He has a son with profound autism. And when I met them for the first time his wife said to me, his ex-wife, the first thing she said before anything else is my son was damaged by the MMR. He was fine until he got the measles, mumps, rubella vaccine. And then this is the consequence. And so yes, he was clearly motivated to consider the film. It was accepted on its merits. And then because of commercial interest of the sponsors of Tribeca, particularly those acquainted with Jane Rosenthal, his partner at Tribeca, she had the film removed. She was really the architect of that censorship. But in the end it had a dramatic effect and the world moves in mysterious ways. It became the film that people had to see because they were told they couldn't see it.

Dr. Patrick G: It's amazing the history of human beings and forbidden fruit, right. And I remember that because I remember people now, it gave it greater awareness in the public eye because it was taken out of Tribeca. Let's just talk about, for a moment, the central theme of Vaxxed. What was it that you wanted people to know from watching that film, that if they watched the film, Vaxxed, that this would be their takeaway, this would be their understanding. What was the core of it?

Dr. Andy W.: It was the first time in, at least in my experience that an insider from the CDC, a senior scientist in the vaccine safety office who had designed a study, collected the data, analyzed the data, written the paper, had come forward and said, 14 years ago, we took your hypothesis, Dr. Wakefield, we tested it and we found that it was true. Children who got the vaccine, the MMR vaccine at a younger age, on the recommended CDC schedule 12 to 15 months were at significantly greater risk of developing autism than those children who got it later in life. And we put forward that hypothesis because that's what we see with natural infection. If you get measles under one, then the risks of a severe reaction are much greater than if you get it when you're a child, when it's a trivial disease. So age of exposure was a major determinant of outcome from infectious disease like measles. So was the same true for the vaccine? And that's exactly what they found.

Dr. Andy W.: They tested one hypothesis and that was that if they were going to see this effect, it would be in children who were developmentally normal for the first year of life and then something happened to them. Something hit them and they went down and that's exactly the group in which they found it. They also found it unexpectedly in black boys. Black boys, for some reason, were at very high risk of autism following early MMR. And they decided that they could not publish this information. So they culled the information, they publish fraudulent data and they got together and destroyed the offending documents.

Dr. Andy W.: Now Dr. William Thompson, the whistleblower, the man in charge of the study in effect realized that was against the law. It was against his conscience. So he kept the documents. So when we made that film, not only did we have Dr. Thompson telling us his story, but we also had the original documents that were the essence of the fraud that had been committed. So we knew going into it, that we were telling the truth, that it was absolutely correct in every detail. And so people, the take-away message is, here, we have their opinion, not our opinion, their opinion. "We did this". Here is our confession. And that's what they found so difficult to deal with, what the CDC and the public health authorities found so difficult to deal with. It was one of their own coming forward and telling the truth.

Dr. Patrick G: I think the significance of Vaxxed was an inflection point in this whole, I'll call it a battle, as far as getting the truth out. And one of the reasons is that the issue of autism and vaccines comes up and then people refer to Dr. Wakefield's work and people say, "Well, no, that's been discredited by the CDC. They found there's no relationship between autism and the MMR vaccine. And what it allowed me to do, and several others, is that whenever the heat of that battle would come up, and many times for me, it was with medical physicians, a good friend of mine, who's a heart surgeon. And the first thing I get to say now is, do you know that there's a whistleblower at the CDC who said that they were fraudulent about their reporting and that stops people dead in their tracks saying, "No, I didn't know that." And now it's demonstrable that this is true.

Dr. Patrick G: So that was, to me, I think that was an inflection point for this whole movement to try to get the truth out there around vaccines. And really an extraordinary film, so thank you for making it. And it's something I think started to build momentum and start opening up more doors at least to get people receptive to listening for a moment because the orthodoxy of vaccines is startling to me, how people just violently react if you even try to question it at all, as compared to saying, can we have a conversation. You know that better than I. So now you more recently made another film, The Act. And talk about why you made this film and what the central theme of that is.

Dr. Andy W.: Thank you, Patrick. We'll after Vaxxed, after the impact of that, I thought, how can I make the biggest contribution to this entire movement? And you're right, what Vaxxed had done is brought a disparate group of activists together. People who'd become somewhat fragmented in the face of apparent failure to make any progress. It brought them together again. It made them realize that their story was entirely justified. Their position was entirely justified. The corruption was on the other side. And so people were ready for another film. Now there was an untold story, and that is the story of how we came to be in this catastrophic state that we currently find ourselves, particularly with the threat of mandatory COVID vaccine. And that is the history of the 1986 act signed into law by Ronald Reagan, which indemnified the pharmaceutical companies, the vaccine makers from damage done by recommended childhood vaccines.

Dr. Andy W.: If the CDC recommended a vaccine, it got onto the schedule, then they had no liability. And it's the story of what happens when you take products and you take an industry, the vaccine manufacturers, out of the constraints of the free market. And you know, Patrick, that the free market operates such that good products rise to the surface and succeed and the companies thrive. Bad products, unsafe products, sink to the bottom, and either the companies improve or they perish. Now, if you remove products from that, then you are in a very dangerous situation. If I can make something and I have no liability for it, then where is the incentive for safety? Why would I do safety studies, because they might identify something that might impact my market. So I'm not even going to do them or do them properly because they may adversely influence my profitability.

Dr. Andy W.: Now, when you add to that removal of financial liability, when you add a mandate, children are compelled by law to have these vaccines or miss public or private school now in California and spreading across the country, then you have a mandatory market and you have no liability. All you can do is make a massive profit and that's exactly what they did. And what we witnessed is the growth, the dramatic growth of an industry that was really a small backwater of the pharmaceutical industries market originally, which has now become the future, the very future of the industry. And bad policy in America, that allowed this to happen, made that industry so wealthy, so wealthy that they were able to buy politicians. They were able to buy policy. They were able to buy the media, they were able to buy doctors and medical training. They were able to buy everything.

Dr. Andy W.: And this wasn't just America, bad policy that started in America spread worldwide so that now the pharmaceutical companies are powerful across the world. They are the pandemic, if you like. Now, when you add to that, that's bad enough, but when you add to that, a conspiracy between the pharmaceutical companies and the regulatory agencies that are really there ostensibly to protect Americans from the ravages of things like pharmaceuticals. So when the CDC and the FDA and the National Institutes of Health conspire with the pharmaceutical companies to remove the constraints, to remove those checks and balances that Congress has put in place to make vaccines safer, to enhance the quality of the products, to keep a check upon the pharmaceutical companies, when you act to diminish the chance of any child ever getting compensated, because every time a child is compensated, it means vaccines can do that. And the CDC don't want anyone to know that vaccines can do that. So you make it as difficult as you possibly can to entitle a child to compensation for vaccine injury. They need to be discarded, put to one side, ignored, and we need to pretend that they never existed, when in fact it is a massive, massive problem.

Dr. Andy W.: And insidiously, this country has got sicker and sicker and sicker so that over 55% of children in this country now have a chronic medical condition. There is something most alarming and what we have is an industry and a government infrastructure, which is acting in concert to promote the industry's policies and

we reach a critical time. So that was why the film needed to be made. It was a story of complex legislation, litigation, injustice, medical science, and corruption that leads us to the catastrophic situation in which we find ourselves now faced with mandatory vaccination from pregnancy to grave worldwide, no exceptions.

Dr. Andy W.: That is the plan of certain politicians and of the pharmaceutical companies. We are their marketplace. Our children are their marketplace and the consequences for people like you and your profession and my profession, people who stand up against this is that they are, their careers are destroyed. So we have a situation where children are forced to get vaccinated, the threats and the actuality of children being removed from their parents if they don't have them vaccinated, doctors who questioned vaccine safety are called anti-vaxxers and chased out of the profession. We have fines being levered against people who don't vaccinate, and we're moving into an Orwellian situation where in the end, the pharmaceutical companies will come to control our lives through their control over the media, the politicians, and the medical profession, and that has to be stopped.

Dr. Andy W.: And so this film, the time for this film was well nigh and it sought to tell the history of that act and how it actually came to being, and the alarming discovery, I thought I knew something about the act, but when we got legal discovery from Mike Hugo about why the act was passed in the first place, the corruption, the lies, the deception by the pharmaceutical companies, of the government that led to that, then that was an extraordinary revolution. The entire act and everything that is happening now in the world was based upon a lie. It was based upon a lie and that needs to be brought to the attention of the world and to the politicians and it needs to change. This absolutely needs to change. And when we finished filming, our actors, that was in the sort of fall of last year, no one had heard of COVID, hadn't come on the scene. And then suddenly it swept across the world.

Dr. Andy W.: Whatever it may turn out to be, it has been used, as they have used time and time again, fear. Fear is their marketing tool. And if they can push a vaccine agenda for 7 billion people in the world, multiple doses, it doesn't matter how good it is or how dangerous it is, we're going to make everybody have it. And we're going to crush every other therapeutic option, like hydroxychloroquine. We're going to crush that in favor of our single vaccine agenda. Then we are in a very, very dark place. And so the timing of this film, our ability to look back into the looking glass of the past and see what has happened, the corruption, the lies, the situation that emerged in, for example, the fake swine flu pandemic of 1976, where there was no swine flu, but they pushed a vaccine onto the market that was unsafe and untested, and it killed and paralyzed a lot of people. And people struggle for years, if ever, to get compensation for that damage. We've been there before, Patrick. We are reliving history. That is exactly what it is, just bigger and bolder and a lot more expensive for the human race.

Dr. Patrick G: Yeah. It's very chilling. And what I find especially dark and chilling is that it feels, or it seems like, as you examine this, that this is kind of their ultimate vision, if

you will, of this malevolent vaccine industry to say that if we can create a pandemic and instill fear and look at what they're saying, everybody has to lock down and isolate and wait for this vaccine that's coming at "warp speed" to save them so they can come back out again. And then of course, Marshall, the people behind them to say anybody who is a dissenter is going to be crucified. They're just going to barbecue them. You can't have any dissenting voices. It's a patriotic duty in essence, to get this vaccine. So what's interesting to me is that as I've tracked the things that you've spoken about over the years, the movies you've made, it almost anticipates this exact scenario. And as you suggested, your movie was done before this whole thing happened yet the relevance of your movie now is, *The Act*, is much greater than it was when you made the film.

Dr. Andy W.: Yes. Absolute, sorry. Didn't mean to interrupt. Go ahead.

Dr. Patrick G: No, no, please go ahead.

Dr. Andy W.: You're absolutely right. And what it did, and this is the fascinating thing is that before with banks, we had the DeNiro effect. Here, we had the COVID effect because people were not awake to the idea that there will be adult mandates for this vaccine. You will not be able to say no. When it was just childhood vaccines, then many of the population, "Oh yeah, children need their vaccines." But then when it came to, "You're going to force me to have this vaccine. Really? I don't think so." Suddenly it woke up many, many people. And so in subsequent polls that they're doing, what we're seeing is more and more and more until we have more than 50% of people now are saying no to a COVID vaccine. And that's a huge dilemma for those who are pushing a vaccine on the agenda, because they can't win in the face of that attrition of public confidence in their opinion. In their opinion, that it's going to be safe and effective. Well, it may not be as safe and effective as we thought. You may need a dose every three months for the rest of your life. And yeah, we'll make a lot of money on the back end of this, but you've got to have it. You've got to have it, but not a life-saving treatment that we can't patent and isn't going to make us any money at all.

Dr. Andy W.: And people are waking up to this now, and they've seen over the years, the opioid crisis and Merck, and all of the major manufacturers of vaccines in this country for children are convicted felons. And Bobby Kennedy makes this case very, very well, but these are convicted felons with whom our governments are doing business, and we're meant to trust them. Really? How interesting.

Dr. Andy W.: But there's one much more important message in the film, Patrick, that I want to share with you and for people to take away, because this may all sound very, very dark and gloomy. All very, very Orwellian, big brother has taken over. No, there is something they can't buy and they'd never been able to buy. And that is the extraordinary power of maternal intuition. Now, you and I have it, Patrick, but we don't have it to anything like the same extent as mothers. This is not an emotional argument. This is what the film is really about. It's about a woman who gets pregnant and starts to think, there is an issue here I need to

understand. I need to get to the bottom of this. I need to read. I need to research because every decision I make from this point forward is going to impact the life of this precious child. Her husband, of course is, "Oh, come on, darling. What about polio? You're just getting yourself upset about nothing." He is dragged on this journey. Either he comes with her or he disappears out of the movie.

Dr. Andy W.: And I've been through this scenario so many times with so many families. In 95% of those families, it's the mother, that little voice inside her that says there is something wrong. And it's not an emotional issue, it's a survival imperative. That little voice is there and has been there for thousands and thousands of years, has evolved to become the reason we are here on this earth now. Not because of men in white coats or vaccines or antibiotics, or anything medicine has done, but because of that voice, that mother's intuition of when her baby is well and her baby is not well, what is right and what is wrong. And people have said, "Oh, that's just anti-science, you're deferring to maternal intuition. Something amorphous that we can't see and touch and feel." No, this mother's intuition does not tell her to not vaccinate. If it did, there'd be no movie. That would be it. It would be over.

Dr. Andy W.: It tells her to defer to the science. It tells her to read the science, study the science, analyze the science and the law and the litigation and come to her own conclusion of what is right for her child. And when mothers, collectively and individually, worldwide realize that power, then this is going to change. When they defer to that internal authority, not to the external authority of Tony Fauci standing behind the podium telling them what they've got to do and what they haven't got to do, or anyone else, when they defer to that inner authority, then things will change dramatically. And they are changing because people are starting to wake up to that inner voice. So that really is the film is all about, subtext. And that is the subtext of this film. That is the takeaway message. And in the end, she brings her husband on board to the point where he is even more vocal, even more outspoken and they make an informed choice at the end of the day.

Dr. Patrick G: That concludes part one of my interview with Dr. Andrew Wakefield. As you can see, his story is compelling, his grasp and expertise and intelligence surrounding this topic is something that could never, or should never be challenged. The man knows what he's talking about. This information needs to get out into the world. I really, really hope that you'll help share this. Let other people know about this while we're in the free viewing period of Vaccines Revealed. I appreciate you being here with me. I appreciate your support and I look forward to seeing you in part two of this interview.



Episode Two



- Dr. Andrew K: There's a lot of, frankly I would say fraudulent or criminal data reporting, for example, like with death certificates. And there's financial incentives for all this. So, you have to be very careful about what you look at in order to interpret this carefully.
- Dr. Andrew K: There's never been any science to say that healthy people spread an illness. And there have been several datasets even in COVID that show that there's really no evidence of asymptomatic spread. So, just based on common sense and the prevailing wisdom, there would be no reason for healthy people to wear a mask.
- Andy Wakefield: It's terrifying, once you put this in. It's never been done before, we have no experience with this, we have no idea what we're doing. It is terrifying. And the problem is, once it's in there, you can't get it out. It's in your cells and it's doing whatever it's going to do, and there is nothing you can do about it. So, if a year down the line, or five years down the line, it's responsible for producing a protein which elicits an autoimmune response, given the right trigger, and that affects 5%, 10%, 20% of the population, we have a catastrophe on our hands.
- John Stockton: This isn't a virus cheating us of this opportunity; it's the guys making decisions saying, "No, no, we're too scared. We're going to shut everything down. Sit in your house and be careful." It's the restrictions that are doing this, not COVID. And I hear my kids and my grandkids are hearing these things and accepting them as truth when I know by my research, and it's a significant amount of research, that it isn't. And it's very frustrating.
- Dr. Patrick G: Welcome to Episode Two of our nine-part docuseries Vaccines Revealed: COVID Edition. Episode One was riveting, and I think set the stage for what's to come.
- Dr. Patrick G: So many considerations here. And I have to tell you the things that we discovered you are not hearing in the mainstream media. There's an agenda there, there is censorship there, which is why we need your help in disseminating this. It's not too late for people to sign up and join us in this experience. We're in the free viewing period, we're just starting Episode Two. If you know people, please, send our link via email, post it on social media, get it out there, because there's no other way people are going to get this information. It's why we created it.

Dr. Patrick G: And I have to tell you, I went into this thinking that there would be some new things to discover, but I was not ready for how vast it was. So much to know. And it really matters, your future is dependent on it. So, I appreciate you being here with us right now. I appreciate you helping us in our mission to get this information into the world to fight against the censorship that's going on. And I am excited that you're joining me for this series of interviews that we did in this project. So, we are now in Episode Two. Let's jump right in.

Dr. Patrick G: You're in for a real treat. Right now, I have for you part one of my two-part interview with Dr. Andrew Kaufman. This guy has quite a pedigree. He has a degree from MIT in molecular biology. He is also a medical doctor with a board certification in psychiatry. So, he has sort of a unique view on things. As a matter of fact, there was so much to discuss with him, we have two parts of the interview. There's a lot of ground that we covered. He has specialized insight that is so compelling and so validated in the way that he presents it, that I think it will move you.

Dr. Patrick G: Understanding COVID is one thing. Understanding what the psychiatric implications are of quarantines, masks, shutdowns, et cetera, that's another thing. So, with his credentials and background, he can speak to many of the subjects around COVID in a very expert fashion. It's a phenomenal interview, I learned a lot, and I know you're going to learn a lot. So, let's jump into part one of my two-part interview with Dr. Andrew Kaufman.

Dr. Andrew Kaufman



- Dr. Patrick G: Dr. Kaufman, I really appreciate you taking the time to have this conversation. I know you've got some unique and important views on the whole COVID situation, so I'm excited to share them with our audience. Let's just start out with your background. Tell us about your academic background, and then how you got into doing what you're doing today.
- Dr. Andrew K: Sure. Yeah, I'd be happy to. Well, I think really, academically, mostly as a physician, I was on the faculty at Upstate Medical University in Syracuse, New York, as an Assistant Professor of Psychiatry. And I held several leadership positions there, including being the Assistant Fellowship Director and the Medical Director of Faculty Practice for the Psychiatry Department.
- Dr. Andrew K: And then I also was involved in some various organizations and held some leadership positions there. I did research and supervised fellows and residents on their research projects and published my own research while I was in academia. And then I took some time, not really off, I went to part-time so that I could start a company to develop a medical device, which was actually a suicide prevention device that was to be used in jails mostly, but also in hospitals and prisons where there's a higher than you would think suicide rate. And it would be actually a way to have people be monitored without having them be confined to an area or have someone have to watch them and follow them around.
- Dr. Patrick G: Interesting. And what was your undergraduate degree in, and how did you end up going into medicine?
- Dr. Andrew K: Yeah. Well, I went to MIT, I was very interested in engineering and science, always, since I was young. And I ended up majoring in biology there, which really is cell and molecular biology because they don't offer any classes on entomology or zoology or things like that. And I almost got a double major in chemistry when I was there as well because I just always loved chemistry.
- Dr. Andrew K: And I took some time off and worked in biotech industry at two companies, Biogen and Genzyme. And one of the experiences there, actually, is relevant because I did molecular modeling, where I was modeling essentially enzymes or proteins that we find in the body. Thrombin was one, which is involved in the blood clotting, and the purpose of that was to develop drugs that could be therapeutic. So, you'd have a fictional molecule and you would model it using this software. And it was really cool, you put on these 3-D glasses and your head would be in the middle of this big protein. And I learned that if you just change various parameters when you're doing computer modeling that you could essentially make almost any outcome you want. And I think that's really

important because that trick has been put upon society a lot lately with computer models.

Dr. Andrew K: But I had a lot of experiences in industry. I also worked in some academic labs at MIT doing various types of bench research, including in molecular biology and chemistry. So, I performed the PCR procedure in a laboratory, actually, and I've done various types of cell cultures and Western blots and Southern blots and ELISAs. All the kinds of tests that are used diagnostically in medicine, I have some direct experience with, which is unusual for most doctors because of that research background.

Dr. Andrew K: And then first, I went to school to be physician assistant, which is a mid-level provider, and I worked in cancer medicine, actually, as a faculty member in the Medical University of South Carolina. And that exposed me to a lot as well because I took care of the sickest people in the hospital. They were bone marrow transplant patients and people with acute leukemia mostly, as well as rare blood disorders. And so I got to see a lot of people with severe illness and people die and kind of know how to handle, or learned how to handle, emergency situations, which is unusual for a psychiatrist.

Dr. Andrew K: And then ultimately, I specialized in forensic psychiatry, which involves working in the legal system and administrative system, giving opinions about any areas involving mental health. I did a lot of employment work where people may have a mental impairment influencing their ability to do their job. This comes up a lot in law enforcement, specifically, but in other areas as well. And then I've done criminal work, I even testified in a murder trial with the insanity defense and things related to that. And I've been involved in lots of malpractice and other kinds of civil lawsuits related to mental health care, especially in the jail and prison system.

Dr. Andrew K: And that kind of work is also really helpful to the current situation because essentially, what I learned how to do is comb through mountains of records and documents and find bits of information in order to make an opinion about some important question. It's like detective skills. And when you read scientific articles from that viewpoint, it's actually very scientific because the real spirit of scientific inquiry is always to try and disprove the prevailing theory or wisdom. And so, you should have that kind of skepticism and detective status when you read so that you can say, "Oh, well, did they really prove this?" And you should try to say that they didn't, that should be your starting position so that it adds rigor. And then, if you say, "Okay, I still approach this way" and it was still valid. Well, then you have some strong empirical evidence that you can use to support that theory and bring it forward.

Dr. Patrick G: Yeah. That's fascinating. So much of what you described in your background does tie into what's going on today with COVID and has applicability in trying to interpret, really, this whole circumstance sort of in a global way. And what's interesting, too, because obviously getting into MIT, having that very kind of left-brain/engineering/mathematical approach towards life, or that view, that

lens, that you look through, working in biotech and then coming out, and then I guess you went to medical school, and then psychiatry. Why did you pick psychiatry as a specialty?

Dr. Andrew K: Well, I never intended to be interested in psychiatry. Actually, I thought I wanted to do something maybe related to cancer. But what happened was, as I was going through my medical school rotations, and you go and work with psychiatrists for a while, with surgeons for a while, with internists, so that you learn the things and you get a flavor for what their job is like. And I noticed that it was really fascinating seeing people act in such extreme ways, yet they're also our human brothers and sisters. But yet you look at them and you're like, "Wow, that's totally crazy. I would never act that way," but something is driving that.

Dr. Andrew K: So, I just thought that was fascinating. And I noticed that I really just got along with the people working in that field. I felt like I fit in, which is pretty important. But ultimately, what I came to realize is that what was really rewarding in my prior experience working with cancer patients was helping them through the end of their life. Which means reconciling all of the open issues in their life, trying to make amends with their family members, and the regrets, and all that kind of thing.

Dr. Andrew K: And that was really the most rewarding thing, not what seemed to be fun at first, like doing procedures or having an urgent situation where you have to do something and that kind of ER excitement aspect. That got old, because you'd see that people were still dying. But if you could help them through the dying process. So, that really, I think, had an influence on me choosing psychiatry, because that's where you could really kind of exploit that aspect of caring for people. Now, of course, the way psychiatry is practiced isn't really like that, but.

Dr. Patrick G: Interestingly enough, correct. But what's interesting is how you came from sort of the more technological, engineering side of things. And kind of what attracted you was the psycho-spiritual elements of life, the end of life and all those considerations. So, I'd say you covered the full spectrum with that.

Dr. Patrick G: When it comes to COVID and, incidentally, and I want to make sure because there's another relevance as far as a background in psychiatry what's going on today, because one of the things I'm seeing in COVID is that... I know a lot of people at hospitals and saying, "Hey, how are the COVID wards? What's going on?" And most of them are saying, "Yeah, they're not full, they're not near capacity, but we're having huge spikes in psychiatric cases," as a consequence of the way that this is all being treated and how it's been politicized and the type of economic shutdowns that are going on, social distancing, economic stress, and so on, that we have a psychiatric crisis, I think, in the culture.

Dr. Patrick G: We'll get to that in a minute, but I first want to start just on the big picture, what is your view of COVID? Do you think the prevailing model of what they say COVID is and what it does is valid? Or, do you have questions about it?

Dr. Andrew K: No, it's certainly not valid by any means, and I question every aspect of it. I don't think any part of it is what it seems and I'm happy to explain what my opinion is and how I arrived at it.

Dr. Patrick G: Yeah. Can you please just go through that and say what do you think is not valid, and what do you think is really going on?

Dr. Andrew K: Sure. Well, I like to start at the very basic level because I've realized that if you don't drill down to the basic elements, you're going to easily be misled, because then you'll have presumptions. So, when I thought that there was something unusual going on back in January and February, I started looking into the virus papers. Because everything is predicated on the fact that they've discovered a new virus from sick people, and they say that this has caused a new illness which is very dangerous despite the numbers showing that it's not, and so I wanted to first look at, "Well, let's learn about this virus."

Dr. Andrew K: And what I uncovered was really, gosh, a big mess, where they have evolved this field of virology to perform experiments that actually couldn't possibly show a virus. And yet, they're misinterpreting this evidence, whether purposely or unknowingly, as the evidence of a virus in these sick people. But they actually have no idea what it is. All they're doing is looking at little particles under a microscope in a mixture of foreign cells and toxic materials. And they're basing all of the policies downstream on this erroneous finding.

Dr. Andrew K: And then they did this other aspect where they look at little fragments of genetic material. But those come from the lung fluid of just a couple of people who are sick. It doesn't come from a particular source, like it actually comes from a human. So, if you were to say what that RNA that they're testing for was, the first thing you would say is it's probably human, because you're taking it out of a human. But they never separated out all the things, the sources, of RNA in that lung fluid to say, "These sequences we're looking at, we know where they come from because we separated it out and they came from this thing."

Dr. Andrew K: It's like, imagine if you had ants and termites and bees and wasps all mixed up and in a blender, and you pulled some fluid out and looked at little short fragments of genetic material. They say that the full length of a virus genome is about 30,000 bases long, and they're looking at fragments that are just 100 to 200 long. So, a tiny, tiny fraction of the overall. So, you have this mixture of the wasps, bees, and ants, and termites, and you pull out these little fragments of chopped-up RNA, how do you know where they came from? Especially when in this situation we never knew this virus existed; it's brand new. So, you have nothing to identify what it is. And then you're pulling these sequences out of a person and saying they're from a virus, but how can you say that? You don't actually have the thing in your hand to pull the RNA out to say that's where it's from.

Dr. Andrew K: So, it's really some of the worst scientific procedure that I've ever seen. And they don't even perform a control experiment where they take-

Dr. Patrick G: Could you explain what you mean by that, they don't perform a control?

Dr. Andrew K: Yeah, sure. So, even in grade school, when you first learn the experimental method of science, you learn that you always have to do a control experiment because there are many things that can influence your outcome. And so what you have to do is control for those things. In these kinds of experiments, it would be very simple. You just take the lung fluid from a healthy person, or even a person with a different illness, and then you do the same experiments and see, do you see the same particles in the cell culture? Well, you would. If they had done it, then you say, "Okay, then it's not a virus because it came from a healthy person also."

Dr. Andrew K: But for some reason they never do those experiments. And it's amazing that they could actually get published and passed a peer review without a control experiment. I've had things published before and have gone through peer review and they nitpick over things way, way, way beyond that. That's a basic thing. If you just look at what kind of experiment do you have to do to get a drug approved by the FDA? Well, you have to do a randomized controlled trial, which means it has a control group. So, somebody gets the drug and somebody gets a sugar pill. And that sugar pill is the control to make sure it's not just getting attention from the study coordinator that's getting better, or they're not getting better because time has passed. They want to say only they're getting better from the drug.

Dr. Andrew K: Same thing with these experiments. You want to know, "Okay, is that damage in the cell culture from a virus, or from something else?" And they mix in poisonous substances with those cells. So, they would cause damage, even without any lung fluid. So, it's really questionable why wouldn't they do that, because then they wouldn't have a successful experiment.

Dr. Andrew K: So, once I uncovered that this methodology was seriously flawed and couldn't possibly prove anything, then I looked further because people sent me experiments saying that they sequenced the genome. But they didn't, actually. Because if you were to sequence the genome, which is the full genetic code of an organism like from humans, let's say, for example, well, you would take some human cells and then you would pull the DNA out of the human cells, and then you would sequence it. And you could do that in a variety of ways.

Dr. Andrew K: But what they did for the virus is that they didn't have a virus that they pulled RNA out of. They, once again, used the lung fluid, which had mixture of RNA from hundreds of sources at least, all the different bacteria and stuff that live in your lungs, all the different kinds of human cells. And then they sequenced something like 20,000 different fragments. And then they put them into a computer and the computer pieced them together and filled in gaps with sequences from some library from other viruses or some other source. Basically just made it up.

Dr. Andrew K: And it's totally ridiculous because, once again, it's a computer model of a theoretical virus that's never actually been shown. And they're saying this is the evidence that the virus exists. And this is also what they used to design the diagnostic test, the PCR test, which just is not a test at all, really. A PCR, it's not meant to be used that way. But even if it was valid in that respect, it's measuring sequences that we just don't know where they're from. So, the whole thing is really a house of cards, if you look at it. Every single element of scientific information that they say is true about this thing is really not true at all, based on the actual scientific studies done.

Dr. Patrick G: So, I'm trying to pick my jaw up off the ground as I'm listening to this. So, at least what I felt like was presented to the populace from the varying news outlets and maybe even in the scientific literature, is sort of this representation that this virus has been identified. As a matter of fact, I think I remember people touting the fact that the Chinese had sequenced the virus and gave it to us so that we could start working on a vaccine. And you're saying that the validity of those presumptions is wrong, that they basically only in sick people extracted a fragment, and it sounds like speculated that this is the culprit, and then filled in the blanks beyond that to say that now we're all on this path and this crusade and we never even literally rounded first base before we kept running. Is that accurate?

Dr. Andrew K: Yeah, that's absolutely true. And it's so misleading because they do make claims like that. And even you can find articles that say "genome sequence of SARS-CoV-2" and you can find articles that say "isolation of novel coronavirus." But if you don't drill deeper, you could just accept that at face value. But if you do drill deeper, what you find out, for example, the word "isolation," they don't actually mean isolation. They don't mean that they separated out the virus from everything else and had it in their hand and were able to characterize it in every way.

Dr. Andrew K: What they mean is that they put lung fluid in a cell culture and the cell culture became poisoned and made particles, which is a totally different thing. So, what happened was, if you then want to say, "Okay, did they purify the virus?" I'll use a different word because I know virologists, they changed the meaning of "isolation" so we can't use that word anymore. So, a journalist in Europe, Torsten Englebrecht, he wrote emails to the authors of I think four of the papers that claimed to isolate this virus. And he simply asked them, "Did you purify the virus? And did you show any electron micrographs," which is the photo from under the microscope, "of a purified virus?" Because that is a more definitive way of asking it. And they all replied that they had never done that.

Dr. Patrick G: Wow.

Dr. Andrew K: So, this information is out there in the public, but you have to look to piece it together. And when you do, it's astonishing. Because what you see is that there's no basis at all for any new infectious agent at all in this pandemic.

Dr. Patrick G: So then, is it your premise now that this thing that we're calling COVID-19 is a fictitious disease? Or, how do you see it?

Dr. Andrew K: Yeah. I think, essentially, this is akin to some kind of psychological operation or extremely sophisticated public relations campaign in order to justify, across the board, in every sector of our society, major changes, major reforms. And we've seen this. We've seen it in the business sector, in the healthcare sector, in the retail sector, in the service industry. Pretty much it's changed the way people go to work, it changed the way people live their life, it made people, by voluntary means, now limit their freedom substantially in almost every aspect of their lives.

Dr. Andrew K: And if there was really a health situation that required that kind of a policy shift, we would all see people dropping dead in the streets. We would be hiding out in our houses, holding our families tight and praying for it to end. But of course, if you just look around, if you hadn't watched your TV or looked at the news, would you even know there was anything going on, aside from seeing people wearing masks and acting weird? But you're not seeing death and destruction everywhere, other than what comes from government policies.

Dr. Patrick G: So, this is becoming really fascinating because you're right. I've been looking on the CDC's site and other places at death rates year over year, and I'm not really seeing any changes in death rates. I'm not seeing a lot of things that would typically be associated with a pandemic. And it makes you question how is this radical action being taken, lives being completely dislocated and destroyed in many instances, and over what? And I can't make sense of it, quite frankly. But I do know that it's happening.

Dr. Patrick G: So, from what you've seen, in looking at varying key statistics that would indicate, mathematically at least, indicate... Math's not opinion, it's just what's the math say, and then how do we interpret it? Are you looking at certain data points and saying, "Okay, what's being promulgated in the media, in the headlines, and through legislation and everything else, and regulation, doesn't seem to be justified based on these varying data points. What do you think the key data points are that the populace needs to know about?"

Dr. Andrew K: Yeah. There's a lot of erroneous data reporting. There's a lot of, frankly, I would say fraudulent or criminal data reporting like, for example, with death certificates. And there's financial incentives for all this. So, you have to be very careful about what you look at in order to interpret this carefully. I think in terms of looking at what is really the impact on people's health overall is looking at the all-cause mortality, because that doesn't differentiate specific causes, which can be fudged. There's less certainty. But you'd have to admit that if we really had a serious worldwide health crisis, that more people would be dying than normal, overall. Pretty simple metric.

Dr. Andrew K: And now, even looking at this, you have to be very careful because if you go on the CDC website, for example, where they present this data for 2020, they have

an expected deaths statistical model. Now, that's not just taking the prior year's data. What the CDC does with these models is they tweak it until it makes it look the way they want. And what they've done is they've tweaked this model to make it look like they expected much fewer deaths this year. So, it looks like it's inflated numbers. But I would say just ignore that and just compare to prior years, just like you did. And if you go back to 2018, you'll see the numbers are almost identical year to date in terms of the total number of deaths.

Dr. Andrew K:

So, a economics professor at Johns Hopkins named Genevieve Briand did an excellent report on this that was censored a bit, but it's still out there in the form of an article and a PowerPoint presentation. And she looked at this analysis and came to the same conclusion. And she also did another analysis, which was really interesting, where she noticed that there was a week to week drop in the most common causes of death, which normally doesn't happen in the winter. In the winter the cause of death from all causes goes up, not just flus and pneumonia but even heart attacks, more people die of heart attacks in the winter. So, she saw these numbers going down for almost all causes. And she did a little calculation to see if you add up all the ones that went down, and then add up how many were added from COVID, and it was almost exactly the same number.

Dr. Andrew K:

So, you could see, based on the death certificate reporting, they were just rewriting the cause of death. Instead of a heart attack, it was COVID; instead of cancer, it was COVID; instead of everything else, they put the death as COVID. That's why you have to look at the all causes. Now, even though there was no real change overall in the year, there was an abnormal spike in mortality in April after the World Health Organization made the pandemic announcement and after all the lockdown policies were put into place. And there was a campaign of fear put out across the land based on, once again, erroneous-

Dr. Andrew K:

... fear put out across the land based on, once again, erroneous computer models. They estimated over two million deaths in the United States, which would have been significant, but that's not 30% of the population like it may have been in the 1918 Spanish Flu. This fear had a profound effect, because it essentially traumatized people, and all of the adverse mental health outcomes that you mentioned, I believe, are a result of that trauma. I can expand upon that, but what you saw right after the lockdown is that everything just changed with respect to how healthcare was meted out. In some states where you had high numbers of deaths during this spike, like New York where I'm from, they sent hospital patients to nursing homes where they couldn't care for them. They told them they had COVID, so everybody at the nursing homes, where they were already understaffed, was scared, and they neglected those people, so they died.

Dr. Andrew K:

In the hospital, they stopped giving oxygen and they just put paralyzed people and put healthy people and put them on a ventilator, and so those people died. People who had chest pain or diabetes or kidney disease or whatever, when they got sick, they were afraid to go to the hospital and get COVID, so they just

died at home. The ambulance drivers were told not to resuscitate people, to just pronounce them dead. You had all these changes in policies. This happened in several places. I've heard directly that they were told to stop resuscitation in a much shorter period and to pronounce people dead on the spot instead of having the doctor at the hospital do it. All these kinds of policies shifted, so you had in a very short time, a period of six to eight weeks, a sharp spike in the number of deaths, but it wasn't a result of a new illness, it was a result of all these changes in policies. Suicides were part of that too, alluding to what you mentioned about mental health earlier.

Dr. Patrick G: Just interesting, I reviewed an article, I think yesterday, saying that in Japan, they had more suicides in the last month than they've had deaths from COVID in the entire year. There is this sort of impact that is creating collateral damage, unintended consequences, maybe in a world of intended consequences, who knows, but the bottom line is we're seeing all these collateral effects or derivative effects that are pretty disturbing. Also, I think you were talking about attribution insofar as saying they're calling a lot of these deaths COVID when really a person died with COVID as opposed to from COVID. They had these comorbid factors that were really the cause of death. Have you done any analysis on that? Is that real or is that significant?

Dr. Andrew K: Well, first of all they didn't die with COVID based on a test, because as you said, we don't know what the test is measuring. You could say they died with a positive test, but I would say there's no health significance of that. They put out guidances right at the beginning, in April, from the CDC and then several state health authorities followed suit, instructing doctors to change the way they fill out death certificates. They essentially said if it has a whiff of COVID, then just put COVID as the cause of death.

Dr. Andrew K: Hospitals were paid, as we found out later from Senator Scott Jensen, initially, they were paid differently. I think it was something like if they were treating regular pneumonia, this is from Medicare, they would get \$6,000. If it was COVID, they would get \$13,000. Interesting that they chose that number. Then if they were COVID diagnosis and on a ventilator, they would be reimbursed \$39,000, three times 13. So if they had this label and then they died in the hospital, of course they would put that on the death certificate, otherwise it would be suspicious that they were trying to fraudulently obtain those funds. So there was this big financial incentive to label anyone you could as COVID. There were some nurses that did some undercover work that exposed that people, even with a negative test, were being given this label, probably for these purposes. It was just so much mislabeling.

Dr. Andrew K: At one point there was an interesting interview with people that owned funeral homes, because that's where the dead bodies go after people die in the hospital or wherever. They were seeing every single body coming in saying it was COVID, and they were saying they didn't buy it. One told this interesting story that there was a relative of one of the deceased bodies that came, and they didn't want the death recorded as COVID. They wanted an autopsy. It was impossible to get

autopsies because unlike in a normal health crisis where you would autopsy everybody because you want to understand what the health threat is, they changed the policy here. So we have very limited autopsy data, because if we had a lot of it, we'd see there's no new disease. Then the autopsy would overturn COVID as the cause of death because they'd see, oh, they had a heart attack or whatever the case may be.

Dr. Andrew K: In this case, they couldn't get an autopsy, but that person was related to a federal judge who had a lot of clout, and they were able to call in a favor and get the autopsy performed. It basically took almost an act of Congress just to get an autopsy, and of course it came back with a different cause of death. This was going on at many different levels, that the causes of death were simply being recorded incorrectly, and to lead us to believe that so many people died of COVID. Even if that happened, then it was a miracle because suddenly COVID must have cured people from heart disease and pulmonary disease and cancer because those numbers all dropped off substantially this year. Maybe it's a reasonable trade off that that's actually the case.

Dr. Patrick G: This is what gets, I think, really interesting, is that you kind of invert the data saying the death rate's the same, but we have a bunch of people confused. Look at all the people who died from COVID, but look at how many less people died from these other problems and it's just being reported as COVID. Nothing's really changing except for the fact that businesses are being shut down, money is being printed, election, I'm not saying this in any type of a partisan or biased way, but just saying that obviously in the midst of a purported pandemic and with all the regulation, it's going to impact how people are going to behave and their ability to vote... that's going to be impacted. A lot of things culturally are being impacted.

Dr. Patrick G: I'm literally aghast because I'm going back to what you said in the beginning about the fact that they never really truthfully purely identified a virus that has now become the most known thing in the world today. I'm sort of speechless around it. I have to imagine you're not the only one who's observed this. Do you know other colleagues or other people who draw the same conclusion you have?

Dr. Andrew K: Yeah, absolutely. Well, my conclusion about there not really being a serious illness, many, many people agree with that. But it is a big risk to look at the virus science and understand that they really haven't shown the existence of a virus, because it threatens the whole foundation of medicine. There aren't too many physicians who are really willing to put that aside. Even for me, it was a process of years that I went through just learning that allopathic medicine is not helpful, and actually most likely responsible for more deaths than any illness. To decouple myself from that, to try to see if I could do some good still within that system, and then ultimately my refusal to wear a mask, that pushed me out the door when I got fired from my last medical job.

Dr. Andrew K: Most people, they're not willing to go that route, or they'd be suddenly thrust into bankruptcy and debt and darkness and their life would be turned upside down. If you look carefully you'll see that that's happening to everyone anyway, and that if we keep progressing along this pathway, people are not going to have the same kind of professions and opportunities in the future, even doctors. They're totally changing the health care system now. This has been in process already. You can look at articles in Wired magazine even to see about that. Basically I think we're moving towards a system where doctors are not really necessary, that AI is going to be making the health decisions. That's the way electronic medical records are telling us things are going, because they've really taken the decision making away from the doctors. Now the doctors just kind of stamp their signature on whatever the hospital deems as the appropriate treatment pathway. That's usually based on optimizing their revenue.

Dr. Andrew K: Doctors get in the way more often than not, and they're going to be phased out. Now is a unique opportunity, really, to stand up and see the truth of it. If you look outside the system and look to the ways that nature has helped people heal throughout our existence, in there you can see that people can recover from almost all of these illnesses that we think of as being incurable or something you're going to battle the rest of your life. You can also learn about that and you can have the opportunity to make that a business. Actually, once I start hearing about people interested in doing this, I plan to develop a curriculum to help provide resources for education. It took me a long time to do this on my own, navigating out there. Nobody's put this together in a neat way like they do in medical school.

Dr. Andrew K: It's really difficult to get people to risk this. Even people who are completely in the know, and there are a few that I have contact with regularly, there's just so much uncertainty. How am I going to keep a roof over my head and clothes on my kids?

Dr. Patrick G: Well, that completes part one of my two part interview with Dr. Andrew Kaufman. As you can see, this man is brilliant. He's got great insight. What I love about him is his ability to take somewhat complex things and translate them in an understandable way, so I am sure you're going to want to see part two. I look forward to seeing you there.

Andrew Wakefield



Dr. Patrick G: There is no way to have a complete conversation around vaccines, vaccine efficacy, vaccine safety, vaccine controversy without Dr. Andrew Wakefield. Dr. Wakefield is a pioneer in this area. He was one of the first people to really question the entire vaccine paradigm, and boy, did he receive a lot of heat. He is, to this day, attacked viciously by people who have the agenda to get vaccines into the world on ever escalating bases. Dr. Wakefield, if you listen to him, is a very smart, very well-educated, very well-spoken person on this issue. When people attack him, they usually try to attack him in what would be referred to as an ad hominem way, personally. I suggest listen to what the man has to say. Listen to his logic, his reasoning, his use of data and science to come to his conclusions. I shudder to think where the world would be today if it weren't for his voice, a dissenting voice around this whole vaccine agenda, to point out some of the glaring inadequacies in the entire vaccine program. Dr. Wakefield has made it his passionate mission to get this information out to the world, and my interview with him about what's going on relative to the COVID vaccine and other matters COVID, I found to be extraordinarily revealing. Enjoy my interview with Dr. Andrew Wakefield.

Dr. Patrick G: Dr. Andrew Wakefield, thank you so much for taking the time to share your thoughts on this. You're a pre-eminent figure that basically defines the movement that wants to question what's going on in the world with vaccines, so thank you for taking the time to participate.

Andy Wakefield: Patrick, it's a pleasure.

Dr. Patrick G: If we can maybe just start with your big picture view of COVID in general before we get into the vaccine aspect of it. How are you seeing the whole COVID scenario, how our governments are reacting to it, et cetera? What's your view on it?

Andy Wakefield: Well, I guess my view of COVID is shaped by an experience of SARS. This was one of the prototypic outbreaks, pandemics, or alleged pandemics of a coronavirus vaccine emerging from the far east. At the time, and this was some years ago, a decade ago, that I was dealing with an ex-member of MI-5, British secret service, and his role was as an expert hacker. He was an extraordinary hacker, could get into anything at any time and any place. He came to us one day and he said this outbreak of a new viral infection or a spiritual infection coming out of the far east, he said, I just discovered, doing what I do on computers, that it was the result of an earthquake which damaged a bioweapons facility in China.

Andy Wakefield: He immediately got a call from his minder. All of these hackers, whether they're in the service or have left, apparently have a minder, and how you hack is a sort

of signature and they know what you're up to. This guy, his minder, called him and said, you will forget what you just read and you will not repeat it anywhere. He had no reason to tell me this. It was just an incidental thing, and he had discovered it in his hacking exercise. That was fascinating because there we have a man-made potential bioweapon responsible for what appears to be the outbreak of SARS, which disappeared really quite rapidly, and as you know, just incidentally, and we can come onto this, led to a very, very unsuccessful and hazardous vaccination program, or an attempt to produce a vaccine in the lab.

Dr. Patrick G: Andy, can you talk a little bit about the SARS vaccine attempt? What happened there?

Andy Wakefield: Certainly. There was an effort, and there have been many efforts to produce vaccines against coronaviruses, which are the cause of the common cold, and as you know, those have failed. A SARS vaccine failed for a different reason, and that is they administered an experimental vaccine to ferrets in the laboratory. Ferrets have an immune system which, strangely, is not dissimilar to that of humans, so they're often used in experiments of, say, vaccines intended for human use. In these circumstances, they gave the experimental vaccines to the ferrets, and the ferrets seemed to do well. They didn't have any problems, and they developed an immune response, so it looked like the vaccine was working, until the animals were re-exposed to natural coronavirus infection, to the SARS virus, when they became extremely unwell and many died. That was an immune priming, a pathogenic priming. The immune system of the ferrets had been primed by the vaccine to over-react when it encountered the natural virus, and that was catastrophic. That led to their abandoning any efforts to produce a SARS vaccine. Fortunately the disease burned itself out very quickly and so it did not become a major issue, but there was a salutatory lesson about the potential hazards of producing coronavirus vaccine.

Dr. Patrick G: Wow. In this pathogenic priming, do you think that they've done enough safety testing and experimentation to be able to see if that response might be at play here with the vaccines that are being released right now for COVID-19, or do you think that they kind of skipped a step there?

Andy Wakefield: They definitely skipped a step. They have done no animal testing at all, and this is even more extraordinary given the experience with SARS, that they should be allowed to produce potential coronavirus vaccine candidates and give them to humans without ever having gone through the appropriate safety testing in animal models. That is most alarming. We're now in a situation where people have been given one, coming up to two doses, of the Pfizer vaccine, and they will, in due course, be exposed to coronavirus, many of them, and we will have to wait and see what happens. Yes, it's deeply worrying, and the potential for pathogenic priming and severe adverse reactions and death is very real.

Dr. Patrick G: It's sort of ironic, not humorous, but ironic that the vaccine actually enhances the response to the pathogen, as far as the body over-reacts and it creates a dismal outcome, as compared to helping to defend, which is what it's supposed

to do. We look at these varying coronavirus vaccines that are being put into the market now, and there's different types. Can you maybe talk about the varying types of vaccines and what their theory is behind them?

Andy Wakefield: There are many that are in experimentation at the moment, but there are two that have really come to the forefront. The first is the Pfizer vaccine, which is an RNA-based product. Now what does that mean? Here we have a problem because they are essentially not vaccines. The vaccine administers an element of a bacteria, part of its cell wall, a killed bacteria, or, for example, a live virus, and that in itself is antigenic. That induces an immune response in the host that is intended to be protective. The RNA virus vaccines, misnamed, do not do that. The RNA encodes for a protein. It has a genetic imprint for a protein. It is really the basis for getting into the cell, the human cell, and then encoding for the production by that cell of a protein. So it's indirect.

Andy Wakefield: What we're really doing is giving essentially genetic engineering. We're giving a viral gene that instructs the cell, the human cell, to generate proteins of the virus to which the immune system then hopefully mounts an immune response. I think it's mis-named. It is not a vaccine, it is genetic engineering, and that has important implications because we've moved beyond. We offer liability protection to the pharmaceutical industry for childhood vaccines that are approved on the CDC schedule, and now under the PREP Act to all those in the supply chain of coronavirus vaccines that are approved or at least temporarily approved by the FDA. What we're essentially therefore giving is liability protection for genetic engineering experiments. We've moved beyond vaccines. We're not giving liability protection for genetic engineering, and that has alarming connotations for the future.

Dr. Patrick G: You just said something that I hadn't heard before, which really got my attention, on the liability side. You have produced films around the act, if you will, where the U.S. government has decided to act as the insurance company or to indemnify for-profit pharmaceutical companies to make vaccines because no private insurer would insure them, and that was, I think, a tipping point in the whole vaccine agenda, and leads to a very predictable, undesirable outcome, which is where we are right now. Incidentally, I just want to congratulate you. Brilliant film, and people who haven't seen it should go see it and support what you're doing. Secondly, I didn't realize that now with the coronavirus vaccines, if I heard you correctly, you just said that they expanded the liability down the supply chain. Is that accurate?

Andy Wakefield: That's right. Everybody in the supply chain. Under the PREP Act, P-R-E-P, which is an emergency preparedness act, which is essentially just giving liability protection as its fundamental role, it's to all those in the supply chain of the vaccine, whether it's in the production, the delivery, the maintenance of the cold chain, which as you know, these vaccines, many of them have to be maintained at a very, very low temperature, or administration, the administration of it. All these people are protected from liability.

Dr. Patrick G: Wow. They took a bad thing and made it worse, basically, under duress. What we have is expanded indemnification, we have untested vaccines that is mind-boggling, and then we have a new type of vaccine that's a misnomer, it's not even a vaccine, really, as you say. It's an RNA or it's genetic engineering. People already embrace vaccines, they don't embrace genetic engineering, so that's probably why they're not using the proper language around it. You cited basically that, hey, this is kind of an unproven thing. Are there risks or potential risks that you see that people should understand regarding those RNA vaccines?

Andy Wakefield: Oh, absolutely. It's terrifying to me. It's terrifying. Once you put this in... it's never been done before. We have no experience of this. We have no idea what we're doing. To me, this is Jurassic Park that is about to escape the island. It is terrifying. The problem is once it's in there, you can't get it out. It's in. It's in your cells and it's doing whatever it's going to do, and there is nothing you can do about it. If a year down the line, or five years down the line, it's responsible for producing a protein which elicits an autoimmune response given the right trigger, and that affects 5, 10, 20% of the population, we have a catastrophe on our hands. Of course, given the brevity of the vaccine safety studies, those adverse reactions will very unlikely be ascribed to the vaccine itself. So it's a major, major problem.

Andy Wakefield: The other approach to vaccines that has found favor in the marketplace is the Frankenstein-style viral vaccines. What they've done here is to take a common virus that affects humans, adenovirus, a DNA virus, and they have taken a segment of the genetic profile of that and they have inserted into it the gene that encodes for the key proteins of the coronavirus. So they produced a hybrid of an adenovirus and a coronavirus, and what they do is delete from the adenovirus gene, a gene that makes it able to reproduce. They'll say, oh, it's safe because this virus can't reproduce. It can't multiply in the body. But what it can do because it's got the coronavirus genes in there, it can produce coronavirus proteins to which you'll produce an immune response.

Andy Wakefield: Now, that's all very well, but we know from studies of adenovirus, which is, as I say, a common human virus, is if people catch it, the unrelated adenovirus can potentially rescue the adenovirus that's in that gene construct. It can render it able to reproduce once more. So there is a viral interaction about which we understand very little. So the assurances that we're given about the ability or lack of the ability of this virus to reproduce, really unsubstantiated by the science. So I have grave concerns about both approaches.

Andy Wakefield: Again, these have not been used in humans before, albeit that these Frankenstein constructs have been used. They were used in the far east in dengue fever vaccine, where they took, I think it was a yellow fever backbone, like the adenovirus, and they inserted into it genes of the dengue fever virus, and it produced that same pathogenic priming. It was given to thousands and thousands of children. It was then discovered after the fact, although I believe the company were aware of it before it was licensed, when they encountered natural dengue fever virus infection, they had very severe reactions,

hospitalizations and death, and that vaccine was removed from the market. It should never have got to the market in the first place. Again, we have clear evidence for the potential dangers of these, the real dangers of these Frankenstein-style vaccines.

Dr. Patrick G: This is beyond chilling. We're playing God, and then in a hubris or an arrogance, saying we don't need any testing. We're smart enough to know how this is going to come out. As you've cited, you can't put the genie back in the bottle. It's not like if they made a mistake, oh, here's the antidote if we're wrong. There is none. It's something that can't be reversed. Is there any danger that if one person gets one of these types of these vaccines that you've just described, can they shed or can they spread it to other people, or is the danger and the risk just within themselves?

Andy Wakefield: The first type, the RNA type of vaccine, no, I don't think so. It's not a live virus, therefore it doesn't reproduce and get passed out in saliva or respiratory secretions, for example. But if the adenovirus construct vaccine encountered another adenovirus naturally that then enabled it to reproduce, then the answer is yes. If it then restored its ability to reproduce in the human host, then you have a situation where, yes, it may well be shed and spread horizontally to other people in the community.

Dr. Patrick G: What's enormously disturbing about that is I'm choosing not to get a coronavirus vaccine, yet somebody else who chooses to get it, there is the potential of a risk that I'm still going to get exposed to what I'm trying to avoid by not getting the vaccine. Quite frankly, I try to pretend that people can't be that evil, but I've seen too much now. That might be an intention behind it, saying, okay, because they have the survey saying half, plus, over 50% of the people said they wouldn't take the vaccine, so maybe their devious plan is to say, that's okay. For the half that do get it, if they can shed it to the rest and then everybody's got it.

Andy Wakefield: Yes. I mean, like you, I've become very concerned. I've seen just about every perverse, every pathological behavior on behalf of these people. The other thing I wanted to talk about was the emergence of new strains of the coronavirus that are dissimilar in their behavior and their characteristics to the parent strain that really dominated the first 12 months of this epidemic, because I think this is an extremely important thing that we've overlooked. It really comes down to evolutionary biology. What we're seeing in the news now is new coronavirus in the UK, more contagious, more infectious.

Andy Wakefield: UK, more contagious, more infectious than the original strain. Then it emerges in South Africa and emerges in Colorado in California, and suddenly it's everywhere. This new strain that appears have a greater propensity to spread, it's more contagious, it's more transmissible, has emerged as a new strain. And why would that happen? In terms of evolutionary biology, RNA viruses mutate all the time. They're much more labeled than DNA viruses like herpesviruses, for example, because they don't have what's called a proofreading function or an

effective proofreading function of the gene when it's replicating. And so we see mutations emerge with RNA viruses all the time, but for the vast majority, they confer no advantage and therefore they die out. And the parent strain, the dominant strain remains just that dominant.

Andy Wakefield: Now this infection has not behaved like a typical respiratory infection. What will usually happen with a respiratory infection like this, as we see it's margin, it's a rapid increase, a peak, and a decline and it disappears. But that hasn't happened, and what we've seen instead is a flattening of the curve, a protracted infection, and now the emergence of new strains. And now was this the hand of man? And the answer is largely yes, even though masking and social distancing and lockdown are totally imperfect in terms of controlling the infection and it's spread, they nonetheless will have modified it. And in modifying it, in making it more difficult for the virus to spread, what that does is put a genetic selection pressure on the virus. In other words, amongst those mutations, if there are mutations that are more easily spread, then they will have a survival advantage in circumstances where man is trying to prevent the spread.

Andy Wakefield: So what you'll do is encourage by virtue of lockdown, masking and social distancing, you will encourage the emergence of new strains with the survival advantage of being more transmissible. They will survive, and so what we've done through our imperfect interventions have created, I believe these new strains which are highly transmissible. Now that doesn't necessarily make them more dangerous, but they are more easily spread. And I believe that we've done that. And I think the case for allowing this virus just to emerge, go up, pick, go down and disappear while protecting those at highest risk was obvious from the very beginning. And we've said this from the very beginning, let it happen and get rid of it. But we haven't done that. We interfered, we put a genetic selection pressure on the virus, and now we have strains which are more transmissible.

Andy Wakefield: Now there's a lesson in this, and that is that vaccines are not perfect. They don't get rid of all of the virus. They don't enable everybody to be protected from an infection. And so their imperfect nature will put another genetic selection pressure on the virus to allow for the emergence of strains that are resistant to the immunity induced by the vaccine, just like antibiotic resistant bacteria. When the antibiotic was imperfect and 5% of the bacteria 1% survived, then they became the dominant strain and they were resistant to the antibiotic. And that is a very dangerous situation.

Andy Wakefield: So what we're doing by giving imperfect vaccines is to encourage the emergence of vaccine resistant viruses. What will the response be? We need another vaccine, let's make another vaccine, let's make another vaccine, let's make another vaccine. And we saw this with flu, so now people are being given four different flu vaccines every year, because every time they were seeing the emergence of vaccine elusive or resistant strains. And that is in the case of coronavirus a real issue, because I can see as it, it's like cat and mouse. It's a game of cat and mouse, and the question Patrick is who is the cat and who the mouse in that situation?

Dr. Patrick G: I totally get this two questions based on that, and you're right. I think, you take a step back and look at the big picture basically like maybe a more elegant from the ontological view of things and saying that, it's one thing to get down into the weeds a little bit and say, if we do this, and then that will happen, if we do this and... But looking at the big picture with reference as you said to antibiotics and how we thought that we conquered the micro-world, and instead we created superstrains now that are much more very linked and threatening than anything that existed before. And that the same principles apply when you're looking at vaccines and viruses, it has to, it's just the natural order of things and it's a perfectly predictable outcome. As a chiropractor, back in the '60s and early '70s chiropractors were talking about the innate intelligence of the body, because there's the other fact it's you're growing stronger and stronger microbes through your manipulation and intervention into this.

Dr. Patrick G: And at the same time we're getting weaker and weaker immune systems as a by-product. And that is a recipe for disaster. We were called quacks and charlatans for questioning it back then and now we see what the truth is. The two questions I have, one is, with the new strains that are now, and you cited are in the news, more contagious, et cetera. Even by the conventional thinking of the people who are creating the vaccines and are of that particular paradigm, will the current vaccines, even in that model work against the new strains or do they have to get the work now on vaccines for these new stains, as you said, in a game of cat and mouse?

Andy Wakefield: Well, interestingly the data coming from South Africa and these emerging strains in South Africa suggest that there are mutations in the spike protein gene, which will likely lead to different antigenic characteristics, different ability to induce a reaction and a resistance to the immunity that may be generated to the original vaccine strains. So they're aware of it. I have no doubt that they're aware of it, not least of which as we've seen this with other vaccines like measles. We've seen the emergence of vaccine resistant strains of measles virus in the face of intensive vaccination. As you also pointed out, this is entirely predictable based upon our knowledge of evolutionary biology, it's all entirely predictable. And therefore I suspect they have predicted it and they're response will be winning a new vaccine. I think we'll see that headline very soon. If these new strains like the emergent strains from South Africa do allude the immunity induced by the vaccine, then we need to modify the vaccine to catch up. So we're playing that game of catch up.

Andy Wakefield: And then that will put a further genetic selection pressure, a further mutation, and it will require another vaccine and so on. It is a disastrous situation and we should have allowed the virus from the outset to emerge, to peak, to decline, and to go away without any genetic selection pressure on it at all, just let it spread amongst the population. Someone said... Someone I gather who was Brad Thomas an advisor to Trump is, "The greatest weapon we have in this disease, this infection is young people. They're at zero risk effectively from mortality, get them to have the infection, develop natural herd immunity, protect those at high risk while that is happening, and then what we will have is

a situation where the virus decays and disappears and we can get back to normal." But we've not done that, we had to interfere.

Andy Wakefield: We've interfered on various levels and each of them has defied nature, and you can't do that. Nature will win, nature will prevail, nature will not ultimately be deceived, you may think in a short-term during that honeymoon period that you've got it beaten, but you haven't. And we see now the emergence of poliomyelitis, severe poliomyelitis in the developing world as a consequence of the oral polio vaccine. We see the emergence of measles strains that are resistant to the immunity produced by the vaccine, but the danger is the characteristics of those emergent measles strains, are those associated with very severe fatal encephalitis. That's not good news. And I think that I'm much in favor of the chiropractic view of this is that we need to trust nature, a great deal more. We need to not only trust it and respect it, we need to get over this belief, this need to have dominion over the microbe and see it an entirely different way.

Dr. Patrick G: And to your measles point, we took something that was not a life-threatening disease, if you process it as a child you develop better and greater immunity as a result, et cetera, and now turned it into something that is a potentially lethal disease like it never was before, the philosopher Ayn Rand said a quote that always stuck with me, "In order for nature to be commanded, it must be obeyed." You can't just decide that I'm going to decide nature's rules, and then I'm going to manipulate them to view of the world that I want, we can't have that arrogance. Do you think what you just said, what you understood is what Sweden understood and why they took the position they did?

Andy Wakefield: So I think they were very much more considered in their approach. They weren't driven by this vaccine and vaccine only agenda that clearly had a commercial underpinning. They decided that based upon their understanding of the behavior of these respiratory viruses, that that is what they would do and that is what they have done. And I think it was the right approach. I'm quite sure it was the right approach-

Dr. Patrick G: It's proving out to be.

Andy Wakefield: ... what we are in now is an interminable lockdown. Where do we go from here? Where do we go from this situation that is leading to lockdown, and destruction of the economy, and of small businesses, and masking of children in schools and it just is a disaster, and we have done this. We have done this, a combination of a belief system and the drive to maximize the profit from vaccine and vaccine only approach has really predominated and that really needs to change.

Dr. Patrick G: Circumstances as you're citing, I think are such that the political environment around this now is that the policy makers are so invested in the lockdown quarantine vaccine save us agenda. And there's frank evidence, Sweden just being one data point that they got it completely wrong. But how do they show up now after destroying, how many lives, businesses, destroying economies,

creating a bigger wealth gap? I mean, how do they show up now and say, "Oh sorry, we got that wrong and we're going to correct it now." I just feel like they're so invested in the agenda now that they can't retreat on it, and it's a death spiral that I don't know how we pull out a bit, unless there's maybe rebellion of the masses such that we can turn it around, but how are you seeing it now from the big picture?

Andy Wakefield: I think the big picture here, and look at this and sometimes I go up to the moon and look down at the earth and think, well, what does this really mean? What is this? What is this? What is going on here? To what extent was this predictable, understandable? It could be argued that vaccines as a principle and a practical approach is a bust. As I mentioned earlier, we're seeing outbreaks of polio, the majority of outbreaks of polio worldwide caused by the oral polio vaccine. We were told it was eradicated, no it's coming back in a big way for third world countries. We have Merck in court for faking data on the mumps vaccine efficacy, because it was a bust. We have multi-resistant strains of vaccine resistant measles emerging worldwide in the face of intensive vaccination.

Andy Wakefield: We have the failure of the pertussis, the whooping cough vaccine. We have Peter Obi publishing data from West Africa showing that the DPT vaccine has killed more children than it's saved from the target diseases, diphtheria, tetanus, pertussis, I could go on and on, and on. Vaccines are failing across the board and my belief is that confidence in public health policymakers is at an all time low. And so what we've got now is COVID, and this was in many ways a Hail Mary path. We're going to win back the hearts and minds of the public by, one, making them frightened, two, giving them a vaccine that's going to save them. And that was a terrible mistake because what we've seen is complete distrust in the policymakers now, complete distrust and as the truth emerges, the decision-making process behind it, the political imperative to get this vaccine to market for whatever reason it's going to be a terrible failure. And the policy makers and the industry only have themselves to blame.

Andy Wakefield: I just saw a headline the other day, they were hoping to give by now 20 million doses or more or more or more, and they've given thirty one and a half, 500 people in France have had the vaccine, that's it. They can't give it away, they can't get rid of it, its shelf life is expiring because people don't want it. And their biggest problem is that the healthcare workers who were in the front line of getting the vaccine first, along with the elderly are the ones who are saying, "no". These people who have knowledge of the adverse reactions of the risks are saying no. And so the rest of the public are going to say, "Well, if it's not good enough for them, it's certainly not good enough for me." And it's not, and we're seeing all kinds of serious adverse reactions emerging. And all of this was predictable.

Dr. Patrick G: I find it really fascinating because we're looking at all the negative side, but what the positive side is, I find it fascinating that frontline workers are saying no, I'm finding it fascinating that that people over half the populace in these surveys are saying no. And you think about how does that happen? Call it, the forces

empowered dark forces, whatever characteristics you want to try to give them, they are controlling media, controlling headlines, they have a propaganda machine that's unprecedented, and they're pumping this like nothing I've ever seen in my entire life as far as this agenda, why you have to do it? It's a patriotic duty to get this vaccine.

Dr. Patrick G: We're locking everything down and if you don't get the vaccine, you're the reason we open back up. I've seen it on a level that I've never seen it before, yet people are saying no. So somehow there's a grassroots communication that's not a part of the Twittersphere or what have you that is basically getting this scene through it and resisting it, and to me that is giving me some hope or a brighter outlook that maybe this agenda is not going to see it's the conclusion that the people are putting the agenda forth want it to have, or want to see the outcome that they're looking for.

Andy Wakefield: I agree with you. I'm actually optimistic. I'm a pathological optimist, and I think it's occurred for several reasons and it hasn't happened overnight. Why are 60% of healthcare workers in Ohio, are they saying no to this vaccine? How did that come about? It's come about for several reasons and largely the seeds of this was sown in many, many years ago by people like Barbara Loe Fisher and others coming forward and highlighting adverse reactions, gaining traction progressively through rigorous science and logical argument pointing out the truth to people. People starting to witness it with their own eyes within their own communities, their own schools, their own families, people saying, "No, this is real." And it was a progressive education of the public. I hesitate to use winning and losing in a terminology to describe this, but this is what winning looks like, the education of people to make rational choices.

Andy Wakefield: The other thing is that... And people say, "It's not because I this or that I didn't get the COVID vaccine." But at a subliminal level or subconscious level, the stories that have come out, the films. And film is so powerful. In all my experience a film has been the single most powerful device for persuading people. And Vaxxed was one such film, because for the first time it was one of their people, an insider from the safety office of vaccines at the CDC, who came forward and said, "We've committed fraud." It wasn't my opinion, it wasn't Del's opinion, it wasn't Polly Tommy's opinion, it was from the CDC itself backed up with documents. And that was very, very persuasive to people that had a huge impact, because it made people realize for the first time what was really going on.

Andy Wakefield: And so this seed was sown and it's grown, and it's grown, and it's grown. And on the back of that, or in addition to that, people have witnessed so much vaccine injury that it becomes almost self-fulfilling. And so the mistake of the government or the public health authorities of the drug companies was to underestimate the intelligence of the American people. People globally, particularly the innate intelligence, particularly that maternal instinct that says, "No, there's something wrong here. There's something that's not right for my child. I can't pin down precisely what it is, but there's a little voice inside me

saying that this is wrong." And so this has happened over a protracted period, and it has led to complete disarray in the vaccine advocacy community.

Andy Wakefield: And people who have spent many years, frustrating years trying to get the message across that there are problems, not anti-vaccine messages, but messages of the safety studies are inadequate, they have identified problems, they've not been properly represented in the media. Then that message I think has got through, and it's a very important message. And once again, the public health authorities, the hubris of those in authority of the Tony Fauci, the drug companies, they only have themselves to blame for this situation because they have not been honest with the consumer. They've not been honest with the public and have underestimated the intelligence of the public.

Dr. Patrick G: I think you're right and that's what people with hubris do, they underestimate. They think that they're so smart and everybody else is so dumb. And I said, to me for people who are Marvel's, the Marvel fans for the movies, is this Infinity Wars and that whole series, I think they're like, Thaos they all just think that they need to master of the universe, they know better and they believe that their purpose is virtuous, I think in making.. I think in the pharmaceutical industry, a lot of those people are just about profits and they'll sell out bodies for profits, but many of these people who are pulling the strings are doing so thinking they're doing the right thing, but it's really quite evil and quite an affront to what humanity is, and it underestimates the people.

Dr. Patrick G: And I think you said something that for me is very poignant experientially because when I was in practice and I used to have the conversations with the moms or the expecting moms about vaccines, and I could give them the data, the information, the whole context, but what really was almost the most compelling thing every conversation I had with these young moms, I'd say, let me just ask a question. What does your intuition tell you as a mother about this? Does it feel like, yes, this is like I'm so excited to do this with my newborn child, or is your intuition making you hesitate and want to question this and not feel good about it. If it's not 100%, it's close to 100% when they check their own mother's instinct, intuition, innate intelligence, as you've characterized it, almost every time would say, just doesn't seem right. Doesn't feel right to go inject this stuff into my newborn little baby.

Dr. Patrick G: And I literally pray that you are right in your position. And I also being an optimist want to say, yes I agree with you that the intuition or the innate intelligence of people is going to see through this, no matter how many headlines, no matter how many people who are experts in authority, that they're going to say, "This doesn't seem right. I vote, no, not for me, not for my family." And that is the only thing necessary to undo this whole agenda in my mind. Do you agree with that?

Andy Wakefield: Yeah, and we're seeing that. That's exactly what we're seeing in the numbers. So it's not just idle speculation or a hope, a vain hope that this is going to happen, the numbers are alarming. Of course, they're blaming everybody else. The

rollout of the vaccine, they're blaming Trump, they're blaming anyone, but at the bottom of the list, the blast bullet point is, "Oh, and by the way, healthcare workers are saying no by the bucket load." And the reason is very simple. The reason is very straightforward is that people are now hesitant because they are educated. Because they are informed whatever level that operates, they are questioning. So yes, we will see this through, I think we need to be positive, we need to keep our immune systems balanced in a tip top condition. We need to take charge, responsibility for our own wellness, we must do that because we cannot rely on others to do the same for us. And we will come through this, we will.

Dr. Patrick G: Well, Dr. Andrew Wakefield is a... The old saying goes, maybe we live in interesting times, I guess we do. I appreciate not only you coming here today to share your experience and wisdom around this, which I know right now is going to fill in a lot of blanks for people with the questions they have. But I will say, and I think this is in absolute that the work that you've done for the past years, several years leading up to this moment is why I believe there's a population of people that can seed the resistance to this. If not, for what you've been doing all these years of your life and career here in this realm. I don't know that we would have the people saying no to this and having them being informed, et cetera.

Dr. Patrick G: So I just want to thank you for all the movies you've made, bringing this to light, the work you've done, I've seen you lecture many, many times publicly and virtually. You're tireless in going out there and speaking the truth and disseminating it so that people have access to it and with a positive outcome here in the end. I know you're not the type of guy to stand up and take credit, but I will say that I will be acknowledging and giving you credit for the fact that this ended positively rather than negatively, because of all the years of work you put in. So thank you.

Andy Wakefield: Patrick, it's a pleasure. Thank you so much for having me on the show.

Dr. Patrick G: Well, that's it for my interview with Dr. Andrew Wakefield. I have to say every time I sit and listen to this man I learn more. I find his conversations, his reasoning, and his arguments to be extraordinarily compelling and I was very heartened by the fact that he took the time to sit with us and share what it is that he knows, because I believe it could have a massive impact on your life and your decision-making. So thanks for being here with me.

John Stockton



Dr. Patrick G: I'm a big basketball fan. So John Stockton was always a hero of mine and what a pleasure it was for me to be able to interview him for this series. Now you should be thinking right now, what the heck does an NBA Hall of Famer have to do with COVID? It's a good question. John Stockton has certain views here around COVID. Maybe he's not a scientist, maybe he's not an academic, but he's someone who has a certain perspective around the impact of COVID, the lockdowns, the policies, et cetera, in an area that you're probably not even thinking about right now, but it's impacting people's lives, especially young people's lives and careers in a profound way. And I have to say he's a bit outraged about it and wants to share his views. It's exactly what we do with this interview. So enjoy my interview here with John Stockton, NBA Hall of Fame, basketball player. John Stockton, thanks so much for taking the time to have this conversation.

John Stockton: My pleasure.

Dr. Patrick G: Now I'm sure everybody knows who you are already, but maybe let's talk a little bit about your background and your career as a MBA... Well, I guess first a collegiate basketball player then an NBA basketball player. Just tell us a little bit about your background, because I think it's going to weigh into our conversation.

John Stockton: And might, if I even go back a little bit further, by the way, it's not the first time we've had masks in my life. We had a real disaster here in 1980, when Mount St. Helens blew. And we had four to five inches of ash blowing around on our grass all day long and as a young kid just graduated from high school I had to deal with that. So it's not my first experience with that, and they weren't mandated then, but anyway, here we are in. So as a late bloomer, and that goes back to high school days, I wasn't heavily recruited by anybody and all the way up, even till midway through my senior year, I doubt that anybody had any interest and finally, it was very few at the end. But I had opportunities, there wasn't a lot of AAU at the time, there was just high school basketball games. Occasionally, we were lucky enough to be on two AAU teams, but they didn't exist like they exist today.

John Stockton: So the opportunities were slammed at best, and very little interest and yet I was able to find a home. Kids today, right now I'm watching them, all these kids are trying to find a place to play, and we're on lockdown in the state of Washington. The governor has taken it out of our hands. Reason's gone by the wayside, we have facilities all over the place where they've been documented everything, and they've had no outbreaks of COVID. They've done all the rules, and yet now they're punishing them and they're shut down completely. The people that are

paying the price in addition to the guys that own these places that are trying to make a living for their families, are these kids.

John Stockton: I'm watching kids struggle because they have no opportunities to work on their craft, whether it's basketball or anything else, but we were talking basketball here, so they have no ability to show their improvement, to actually experience their own improvement. They're stuck in their houses and it's again without reason that I can tell and it's very, very frustrating. So when I look back on my younger days, had somebody not let me into gyms and said, had I not been able to sneak into gyms? Had I not had older guys that were willing to let me play in their games? Basketball for me would have just been a nice little hobby that I enjoyed as a youngster. And instead it's been a huge part of my life. Fast forward through college, the same scenario, I guess you could say I was a late bloomer there as well, certainly I had no interest by the NBA or anybody else through most of my senior year and.

John Stockton: Through most of my senior year. And look, one of the things that kind of sticks in my head, get off the subject a little bit, is Steph Curry. I mean, losing Steph Curry to humanity in terms of basketball, would kind of be a crime. And I thought about his senior year, he was on nobody's radar, none. He had done nothing to set himself apart from anybody else in the entire college basketball, and all of a sudden the NCAA tournament hits and he gets a role, and of the teams unfortunately he beat, was Gonzaga. But suddenly, a nobody became Steph Curry. And I just think what a disappointment it would be to this world, that that guy didn't become who he is, and we would all be missing it. And we would, and I wonder who we're missing right now.

Dr. Patrick G: Yeah. That is kind of one of the considerations, right? Is that here we have this scenario, where there's a bunch of talented kids, and you kept using the term late bloomers. Some people, they really kind of hit their zone, maybe it's just that one year, their senior year, maybe junior, senior year, what have you. And if you're shut down, nobody can look at them, it completely destroys a trajectory that they could, and should be on. Because I guess going back to your own career, you said you were a senior and there wasn't a lot of interest. So, how did that shift or when did that shift?

John Stockton: Well, and maybe there shouldn't have been any interest. I probably averaged 10 points a game or something, but I was an adequate basketball player, but nothing that would make anybody else say, "I need to have him on my team moving forward." Things happened with our team, some of our best players, in fact, got hurt, left a little bit of scoring load on me. And we were down to six guys, and so I played every minute of every game. I mean, it took me playing almost every minute of every game throughout college, that didn't really matter that much, and then trying to get myself into every postseason tournament. Not even tournament, what would they call it, combine type things, I guess they would call them today. To get in there and play, and try to show that I could play at a level that they had never seen me play at before.

John Stockton: And those things kind of hit for me. One was an NCAA Final Four basketball game, they called it an all star game. The only reason I was able to attend that is because it was in Seattle. A guy by the name of Ricky Ross out of Tulsa, backed out of it at the last moment, and they needed a guy lickety split just to get there. So, they kind of looked around and said, "You." So, I hustled over there, I played well in the game. Bobby Knight was there, he happened to be the coach of the Olympic team that year, that was trying on the 1980 Olympics. And I got an invitation when I got home, to go try out for that. So, did that lead to that? I think possibly.

John Stockton: Played well in that, in the Olympic tryouts. Didn't make it, but made it to the final cut. Played well in Chicago, played well in Portsmouth. These were all, I had to pay my own way to Portsmouth, where all the guys that were supposed to be pretty good, were all getting their way paid for them, because people wanted to see more. And mine was kind of fight, claw and scratch. And none of that, none of it would be available today to any of these kids. And so, I think these scouts, they're picking and saying, "That kid was pretty good as a sophomore, we'll take our best crack at it." So it's really unfortunate, it's sad for the opportunity's lost, not just in basketball, and I think they're a needless loss of opportunity as well. Because these kids aren't at risk.

John Stockton: And if we can't take it, I'm an old guy now. I'm more in the risk area than I am the safe area, according to the stats. And if we can't handle that, if we can't accept that risk, if for no other reason, but for their opportunities, the opportunity of youngsters, shame on us.

Dr. Patrick G: Yeah. It's interesting, and then of course, how many years did you end up playing in the NBA?

John Stockton: Ended up playing 19.

Dr. Patrick G: Wow. And at that point you have a very storied career, so it's interesting how... Man, do the thought experiment, what would happen in your life? And maybe you could talk about some of your achievements in the NBA, but you would never have gotten there, had COVID been around when you were in college.

John Stockton: Would have had literally no chance. Would have had literally no chance to go to college, and have somebody want me to play college basketball for them, had COVID been around when I was in high school. Again, I don't think it's COVID. It's the restrictions that are doing this, not COVID. And that's what I keep trying to reiterate to friends, is listen, this isn't a virus cheating us of these opportunities. It's the guys making decisions saying, "No, no, we're too scared. We're going to shut everything down, sit in your house and be careful," well, I don't see it that way.

Dr. Patrick G: Yes, this is what's interesting. Because you're not a scientist, you're not a public health official. So it's interesting though, when I've had conversations with you,

because you certainly have educated yourself. You're aware of the facts, the data, the statistics, you're somehow spending a lot of time reading. But everybody has a different lens to look through. And when you started to talk to me about the lens that you look through, as a high school, then collegiate, then pro athlete, and start to recognize, wow, there's a group that I have a connection, affinity for, and knowledge about that's adversely affected by this. And it seems very irrational that this group doesn't have much, has almost zero risk of anything really bad happening if they happened to get COVID, and it's an over reaction to basically just start to shut down play, shut down practice, shut down games and the whole thing. How do you think this could be done better?

John Stockton: Information is a big key. As you mentioned, I've been reading a lot. That's I guess one of the benefits of being in this older category is, I'm not working all day as a surgeon, seven in the morning until seven at night, grinding it out, and then getting my job done, taking care of people. I have some time to look, to read, to talk to people, to call people, to try to understand all these things, and there's some depth to it. And so, I've had time to try to learn not just what I hear on TV, or not just what I hear... I mean, advertisements right now are well, scary. They are leading. And I hear my kids and my grandkids hearing these things, and accepting them as truth, when I know by my research, and that's a significant amount of research that it isn't. And it's very frustrating.

Dr. Patrick G: Yeah. So, I know you've been in touch with college presidents, or university presidents, and I'm sure some athletes that are there at that level who maybe are frustrated, what are those conversations like?

John Stockton: I'm finding the most of the people I talk to don't feel dissimilarly to me. I think that they see COVID as a real thing. They don't see it as the threat that is portrayed. Almost everybody's hands are tied by liability issues. If you try to bypass the health district, if you try to bypass the CDC, if you try to bypass the governor, there are significant ramifications from a legal standpoint, from an institutional standpoint, that become overwhelming, especially when you have to get it passed a board of directors or some sort of committee or panel. Because people are scared, and to me, I think what we all need is leadership, is we need somebody somewhere that that is kind of above that fear, and above the institutional paranoia to say, "No, listen, we understand the risks. We can handle the risks. Individual businesses can handle the risk."

John Stockton: The health district is a small group of people. How can they possibly tell a store owner, or a gym owner, or a bar owner, restaurant owner, how to be safe in his business? They don't walk in their shoes. How can you tell a teacher or a president of a school to keep their people safe? They don't walk in those shoes. So they have to bring up these rules, and try to hammer down the rules. And they use labor and industry, they use liquor boards, they use sometimes police in some areas to say, "Listen, we've got to crack down on this," where all the data that I believe they're seeing says, no, we should be able to go and provide these opportunities for people, to keep our businesses open and keep our

schools open. There's a lot of other bad things going on there, as a result of being shut down.

Dr. Patrick G: Yeah. And I think this is kind of the broadened awareness that we're looking for. I agree, I think fear has gripped people, and it's creating conflict between people on the street. My wife, who was just recently in line at, I think a food place, and had her mask on, required to wear a mask inside, what have you. And a woman in the light jumps away from her, because she wasn't six feet away. And all this shaming and disdain, it's like, people I think are really starting to get a little bit over-reactive. And I think it's in the headlines very much, about restaurants and the restaurant industry, I'm constantly reading about it, how many million jobs are lost, what percentage of restaurants aren't coming back, they're threatening the shutdown and how that might equate.

Dr. Patrick G: And I think, okay, so people are starting to see that maybe we got to rethink this thing, that maybe the cure is worse than the disease. But what I don't think people are really paying attention to, is exactly what you brought to my attention, which is looking at... There could be a kid that's a college senior, that spent the last 12 years of his life or her life, or even a college sophomore senior, who spent years and years of their life dedicating themselves to perfect their abilities in a particular sport. And that is their career path, and they've invested everything into it. And then to have it all just shut down, what are they supposed to do? And shut down over what? I mean, is there really a threat? Do you have a fit, high school or college age individual, who is uncommon in their level of health and fitness and vitality, what is the real risk to them, should they go and play these sports together? And I think that's a big part of the irrationality around this.

John Stockton: Yeah. Patrick, I just don't get it, frankly. I mean, you watch games, the ones that are kind of stepping forward to play games, they're pushing the envelope a little bit, and it's absurd to watch some of the steps they go through. You watch a basketball game or a football game, and these guys are body to body, sweat to sweat, face, head, they're touching everywhere. And suddenly the horn blows in basketball, and the substitute comes in and they go and they sit down, and they put their mask on and they sit six feet apart. How absurd is that? How absurd is it that you have a post-game announcer with a mask on, standing on the field of play, or standing up in the stands with a mask on, talking to a player 20 feet away with a mask?

John Stockton: I mean, really, to what level are we willing to go to pass the criteria that people, that don't live in these shoes are making for us? I just don't get it, I don't get why stadiums are empty. It seems pretty simple, if you are concerned, hey, I understand your concern, there are some risks to this. But if you are a concerned, don't come to the game. So, the 60,000 person stadium becomes 50. Wow, 50,000 people feel good about, what would be wrong with that? I don't know, I can't follow the reasoning.

Dr. Patrick G: It doesn't seem to be consistent as far as the reasoning and the rationale. And of course, there's certainly I think, a responsible, or should be a responsible debate around this. We could look at Sweden, which never shut down, and what was that like versus where they've had strict shutdowns. And I think there's got to be some sort of a logic and rationale, and common sense side of it. But some of the things you're pointing out, there's no common sense around it and it. It just seems kind of irrational. But my concern is that when you start to get people to accept their rational edicts, that's the first step to really controlling them. And I think, when we allow that kind of control into our lives, it can't lead to a good place.

John Stockton: I couldn't agree more. What really struck me, Patrick, was let's call it March I think? First of all, all these places, first the NCAA shut down because a couple of schools shut down. And then a particular conference shut down, and you just heard the dominoes go that day, and nobody added extra reasoning. There was no, "Hey, there was a hundred thousand outbreaks here, and 50,000 deaths," there was nothing. It was just, "These guys did it," so one decision justified the next, and so on and so forth. And I thought, well, there's something odd about that. Where is the reasoning beside why one conference did it? It can't be just because the others did, but I think pretty much it was. They had foundation now to say, "Look, we're out also."

John Stockton: And then we found out our churches got closed down, and what went immediately to my head, is church? Now, whether you're a church goer or not, it's not the important thing as far as the argument is, but we can't go to church, in our own church? Wow, that's a little scary. Then you start looking communication, well, we're not allowed to gather. You know that first amendment right? The right, the right to assemble? We're not allowed to assemble? Those things started scaring me, and they piqued my interest a little bit. And here we are now nine months later, and that really hasn't changed. We shut down for ventilators and hospital beds, none of them proved to be true. Ventilators proved to be more dangerous, hospital beds, they were sending people home from our hometown, they were laying off people all over the place. And I know that carried on throughout the country. And yet, when that truth didn't persist, nothing turned back on, and I still will never understand that.

Dr. Patrick G: What's interesting, and you mentioned this, I just want to maybe expand on it a little bit, is that a lot of people who are making these decisions, they're making it based on fear and liability. Basically, it's like we're going to overreact just because if we get it a little bit wrong, it's going to come back on us. So, when you've had, and I don't want to mention who they might be personally, because I don't want to out anybody's comments, but let's just generically say you've spoken to a president or some presidents of universities. Was your interaction with them... Because you wanted a champion, getting the athletes back on the court, getting them back on the field, "Hey, let's let these kids go play," and you really cared about that. You had a passion about this. So, when you would speak

to them, did they agree with you, but say, "Our hands are tied because of liability"? Or did they think they were doing the right thing?

John Stockton: Well, again, that might depend on the individual. Not everybody had the exact same answers. I'm not sure I can answer it. Well, you have the conversations and you get the gist of them, so I think probably got to go on a different direction on that one anyway.

Dr. Patrick G: Yeah. So, but the idea of liability seemed to be a central focus of the concern?

John Stockton: Yeah, even at a high school level. I've talked to high school athletic directors, presidents, et cetera, et cetera. And they said, "We just can't get over the liability issue." Because if you don't follow the letter of the law from the health district, then your insurance no longer works. And if you were to have something happen, God forbid in your school, and you haven't followed the designation by the health district, which again, has no idea how to run a school. They have no idea how to run a business. They have their own job, and this doesn't include it. And so, you have people making these broad stroke rules, when they don't really understand, their feet aren't on the ground there. And the schools have to abide, because they can't get insurance to cover them. That's where the liability eats at them. So, as soon as you disobey the health district, then all of a sudden, wham, there you are.

Dr. Patrick G: Yeah, it's interesting because now we start to see the lineage of it, right? Basically at the college or the school level, the institutional level, they have insurance. And that insurance requires them to practice for lack of a better term, in a healthcare practice we call it a standard of care, but certainly a standard of practice, that standard comes from the local health board, those individuals. And those individuals are getting it maybe from the federal guidance, from the CDC or something. So, there's no local on the ground thinking, that allows discretion, based on some logic and some common sense. It's basically, because now I'm putting myself in that position saying, hey, if I'm the head of the school and I have to face my board and I'm like, "You know what? I'm putting these kids back in their athletic programs, we're going to go full swing, classes, everything, let's tear the bandaid off here. The threat is really very low. This is what I've concluded."

Dr. Patrick G: But then they say, "But if anything happens, we get sued and we have no liability coverage." And then I say, "Well, why don't you have liability coverage? Because you're not complying with the health district. And why is local health official saying this? Because they're getting it from the CDC." So, we start to see the dominoes that have to fall to get it to that level. So in a sense, it seems like hands are tied. And until, I guess we can get back to the source, to maybe modify their position, we're going to be in this problem for awhile.

John Stockton: Well, here in the state of Washington, and I don't understand this fully either. So, we are under effectively an emergency situation, which gives the governor broad control over everything. I don't know whether guys are just, I'm not a

lawyer, I don't know if guys dispute that in court or have tried, that this is even an emergency. I think certainly, whether you agree that it is, or you agree that it isn't, there's a heck of a debate somewhere in there that would be fun to listen in on. But it doesn't matter, all that matters is that the governor thinks there's an emergency, and therefore he can kind of dictate terms. And everybody else that's left, even if your business, your state, your county, your city, if all of those things don't match the emergency, that's too bad. It's a perceived emergency, and he or she would have the executive privilege, so to speak, to make the rules.

Dr. Patrick G: Based on what you're seeing, do you see this ending anytime soon, do you think this is going to perpetuate for a while?

John Stockton: I'm a little bit of an optimist by nature. It's being tested, it's really being tested right now. I think it could end in a day. It's as simple as that, I think that there's at this point, I think people are going to have to... It's going to be difficult to save face and have it end in a day. In other words, if you have been following the data and you had the purest of motives, and you've shut things down for this, for you to completely change course and say, "Look, I've been wrong here, here, here, here, here, and here," even if that were to happen, I think it would be very difficult for a guy or a gal to change it.

John Stockton: It's just not human nature to say, "I'm wrong on everything. Let's go." I don't know what's causing the holdup, if it's a vaccine, I think that would be a very scary nature to continue on. Just because you've got a vaccine, I don't know how you can test a vaccine in this short amount of time. I think vaccines, maybe more than anything should be tested over 10, 20 years. But then again, they wouldn't be that effective then, at least they wouldn't challenge the fear, because you couldn't be done in a timely fashion, but there we go.

Dr. Patrick G: Yeah, so this all gets kind of interesting. I'm glad you're optimistic. I think we could all use a little optimism right now. I just actually ran a survey of a large group of people, about if they're more or less optimistic about 2021. And it was only about 50, 50, about half more, half less. And as a mentor of mine once told me, there's no future being a pessimist.

John Stockton: I like that.

Dr. Patrick G: So, hopefully some people can start to obtain some optimism. But of course you don't want it to be blind optimism. Hopefully it's based on a trend that says this can get better, and hopefully sometime soon.

John Stockton: Yeah, whatever structures are in place that put us into this, it isn't COVID. And whatever will get us out of it is just that realization. And if it's, I probably wouldn't be here talking to you if I felt otherwise. I think it's as simple as that, it's recognizing that it's a virus, and frankly not, if we trust the CDC own numbers, it's not a very dangerous one by comparison to other viruses. And I

think the sooner people start realizing that, and they take off the masks, and start hugging again and start smiling at each other again... I mean, that's the most disappointing for me throughout this, is just that good people are turning away from each other.

John Stockton: Instead of... I mean, I've always enjoyed greeting people. I like to smile, I like to get smiles back. This is not something that I think we could all take for very long, and yet here we are nine months into it. We always think there's another light at the end of the rainbow, but we have to start making steps now, or it will just be back up another two weeks, another four weeks, another six weeks. None of us could imagine it would be nine months so far.

Dr. Patrick G: Yeah, I didn't for sure. I thought it was going to pass a lot quicker, and it seems like they're now ramping it up again, as compared to it fading down. So, any final thoughts that you'd like to share before we tie up?

John Stockton: Well, yeah, I like to go on and on, but I don't know if it's healthy. You got to temper it a little bit. But I do believe that the harm of COVID is long over with, in terms of the masses. And I think the stats, the graphs, they all bear it out. And I think when, if we're only going to look at cases and we're not going to look at deaths, if we're only going to look at that side of it, not the damage done by lost opportunity, by people losing their life's earning, savings, jobs, businesses. If we're going to be just so near-sighted, and so narrow with that as a public, I think we're going to be in this for a long time. I think we all have to reach outside ourselves a little bit and say, "No, enough's enough. We need to be able to speak to each other, smile at each other, hug each other, go to business, go to work, pursue something important to us."

John Stockton: To have people to have as a people to shoot for. I mentioned Steph Curry early in this, to have young kids be able to watch him play in person, and then also on TV. And to be able to say, "Wow, wouldn't that be something?" To be able to aspire to be something like that. Same thing's true in other professions, again, we're narrowing at the basketball in this conversation. But as a kid, the people that I watched, what if I didn't have those opportunities to watch them, and aspire to that? That's really what we want to be shooting for, and I think that's one of the things we're drastically missing right now.

Dr. Patrick G: Well, I really appreciate you bringing here, I think a somewhat absent understanding of the impact of COVID in this area, that a lot of people, this is a blind spot for some people. I think there's things in the headlines that people talk about or are worried about, and maybe a lot of macro factors, what's unemployment, what's happening in the restaurant industry, et cetera. But to me, there's a youth element to this, and these missed opportunities are all of the seeds of potential brightness in our future. Nurturing these athletes at the varying stages they are right now, who are looking to aspire to something and saying, hey, there's no doubt we already lost some Steph Curry's, just as an example. It's already cost us some of the heroes, if you will, that we need in our culture. And has completely adversely affected a large population of student

athletes, who have dedicated enormous amount of effort and energy into developing themselves, only to have it sidelined.

Dr. Patrick G: So like I said, it kind of startled as you started to bring this up, saying, "wow, that didn't even come to my mind," but now that you've talked about it, I see it. So, thank you for sharing that with this audience, so people can see the wider implications of what the reaction to COVID is.

John Stockton: Well, it's my pleasure. We're all in this, and I don't know. I hope we get out of it soon, Patrick. This is... And I have grandkids now too, and I'm watching them wear a mask to school, and you just kind of go, wow, to miss a first grader's smiling face when he walks into the classroom? If I'm a teacher, I'm not giving that up for anything in the world. If I'm an 80 year old grandparent, I'm not giving up seeing those grandkids for anything in the world. And I don't know, I think that's just what I'm going to stick with.

Dr. Patrick G: Well, I'm right there with you, John. And again, thanks so very much. I appreciate you sharing your time and insights with us.

John Stockton: Thanks, Patrick.

Dr. Patrick G: Well, I bet you didn't see that one coming. Really interesting things that John Stockton had to say. It was a thrill just to be able to sit and speak with him. But then when we got to tap into what he is perceiving in the world right now, relative to this whole COVID issue, it's something that we have to factor in to this entire equation. Because this is some of the collateral damage and impact that these policies are having in the world right now. And I'm glad there are people like him, that are willing to speak out about it. So, thanks for sharing this time with me.

Outro



- Dr. Patrick G: This concludes episode two for Vaccines Revealed: COVID Edition. Thank you so much for being here. It's really an honor to be here with you. As you can see, we have a sense of urgency in getting this information out and disseminated, so people have access to it. The censorship that's surrounding this, is something that is unprecedented in our culture. It's really disturbing, we need your help. So, if you can take our link, email it to friends, share it and post it on social media, let's get this information out there. And I know there's a lot of content here, and you may want to revisit it. If you do, we certainly have the availability for you to invest and support our mission through some of the packages we have, you can check that out too. We have a lot more coming up. We just finished episode two of the nine part docu-series. Much more to come, I'll see you in episode three.
- Dr. Christiane N.: Depending on how much of a case-demic you want to do, how much fear you want to create, you can just go up and down on your CT, your threshold that you've cut it off at. And then tell everybody, "The cases are up, the cases are up." If this isn't the Wizard of Oz, I don't know what is. "Pay no attention to the man behind the screen." You do a deep dive on this, every time you find an in the medical literature, the next day it's been censored. You will never find any of this in the mainstream media.
- Tammy Clark: COVID has over a 99% survival rate, if you do get it. So first of all, it's not a death sentence. How do you get a whole entire population to do what you want them to do? You scare them to death, and you tell them, "This is for your health and safety."
- Kristen Meghan: What we do know, from multiple studies and neurological studies, is that these masks and some respirators can lower your oxygen content by up to 20%. they're not designed to be worn longer than two to three hours, without changing them out or getting a break, because you soil the mask. If your employer is requiring you to wear a mask, and you develop that mask-ne, which is perioral dermatitis, anything above first aid, which would even be a prescribed steroid pill or cream, anything above first aid is an OSHA reportable.
- Tammy Clark: It doesn't stop virus transmission, the seasonal flu outbreaks spread like wildfire through hospital settings.

Bonus Interview: Dell Bigtree



- Dr. Patrick G: When it comes to the vaccine issue, one of the biggest, most passionate clarion voices out there is Del Bigtree. His personal story, I find to be riveting. Today, in his quest to get information and truth out to the world relative to this subject, he has been censored. He faces great adversity, but nothing seems to slow him down. His thinking is very well organized, his facts are all there and verifiable. And what he sees and what he presents is going to sometimes shock you. We talk about a lot of things, including censorship. We talk about vaccines in general, leading up to this COVID age. And then we talk about the prospects of a COVID vaccine and the chilling implications of that.
- Dr. Patrick G: There are two parts to this interview and right now, I'm excited to bring you into part one of my interview with Del Bigtree.
- Dr. Patrick G: Del, I was literally giddy with excitement for the past several days, once I knew that we had an interview scheduled with you. Because I find you to be the most passionate voice in taking a stand on this vaccine issue and the collateral issues that are related to it. I can't thank you enough for taking the time to sit down and have this conversation.
- Del Bigtree: Well, I'm honored to be here, Patrick. So thank you for having me.
- Dr. Patrick G: And thanks for having us in your house. I know there might be some things going on around us. We're not going to worry about any extraneous noises because we'll stay focused here. But thanks for inviting us into your home. It's a nice thing for you to do.
- Del Bigtree: Absolutely.
- Dr. Patrick G: Let's just start with your background. I mean, where you came from as far as your career and how you got into this is a weird story. Can we just start with that?
- Del Bigtree: Well, to put it as quickly as possible, my life guided me into being a producer on CBS for the daytime talk show, *The Doctors*. I had started out with Dr. Phil for several years, he created this new show; a panel of doctors. I spent six years making television out of cutting edge science, great new technologies, surgeries. I've scrubbed into ORs where I put on all of the protective gear with my camera

and go in and shoot the surgeries, 100s of them. I've watched miracles take place at the hands of doctors in hospitals.

Del Bigtree: I'm a fan of science and medicine and all of those things. But while doing that show, I stumbled upon a story of a whistleblower. One of my inside sources contacted me and said, "Del, there's going to be a whistleblower at the Centers for Disease Control and Prevention, named Dr. William Thompson, that will be coming forward in about two weeks to say that they've committed scientific fraud on the vaccine safety studies." Specifically, the MMR autism study, the measles, mumps, rubella vaccine, it's relationship to autism. That took place between 2000 and 2004.

Del Bigtree: That, for a medical journalist, which is what I guess I call myself now, was perhaps the biggest story of my life as far as medicine was concerned. Was it true that our own government agency was lying about the safety of vaccines? So I pitched it to the show, they wouldn't go near it. They said, "No way. We are not messing with the CDC. They've been really good to us. They invite us behind the scenes when there's a flu outbreak. We don't want to lose that relationship. We're certainly not going to piss off our pharmaceutical sponsors; Pfizer, Merck, [inaudible 00:04:00], all those that make the show possible."

Del Bigtree: Long story short, I still watched to see what happened with the story. Thought it would just explode all over the world. Then when I saw the statements coming online from Dr. William Thompson, these reported statements saying things like, "Every time I see a child with autism I feel guilty. I can't believe we did what we did. We hid statistically significant information from this study," I mean all of those things. Then no one covered it. No one. Not CNN, not MSNBC, Fox, nobody. That's when I think I started really recognizing that this was bigger than I realized.

Del Bigtree: I thought at that point, "Sure, my show won't do it because it's a medical talk show and we're sponsored by pharma. But certainly New York Times or CNN, they're just money based. They just want to make money." We lost free news a long time ago, but a good story makes money and I thought they would care about that. This was obviously a huge story. When they didn't take that story on, I recognized this is bigger than just money. There's something else going on here.

Del Bigtree: That led to a series of incredible coincidences or miracles or however you want to describe it, that led me to finishing up. I met Dr. Andy Wakefield, who's arguably one of the most controversial doctors in the world. He's the one we hear, that doctor in the UK that put together this idea that MMR causes autism. Well, he was already making a film about the whistleblower. I was introduced to him and I spent a year finishing that film. Came out as Vaxxed, we got kicked out of Tribeca Film Festival, which would be the first beginning of my journey into censorship around this issue.

Del Bigtree: All of the press that happened because of that put me out in front of the camera, where I'd been behind the camera producing and doing my work for over a decade. Now I find myself as a voice in this movement. I'd like to think there's lots of great doctors out there that are speaking out. We've got Robert Kennedy, Jr., who brings in the legal perspective, is great. But I try to look at this from a journalist's perspective. The idea of free speech, freedom of the press, all of those are being crushed.

Del Bigtree: I approach my outlook towards dealing with this subject as just what I learned in working for television. Which is, I'm not your usual blogger, I have my own internet talk show. But I don't just say whatever I think. I make sure I have two sources for every story I'm doing. I make sure I can prove scientifically with peer reviewed science. I really approach it carefully. There's a lot of people that will say that I'm not anti-vaccine enough or I'm not standing up for the vaccine abolitionists. I try to tell people I'm really just sticking right with what I can prove. Am I investigating beyond that? Sure, it's all on the table. But for people that watch my show, I want them to be able to repeat what I've said and know that there are studies and I will provide them to you, that back up what we're talking about.

Del Bigtree: That's where I come from on this issue.

Dr. Patrick G: Del, there's a few areas I want to cover, but first is just prior to COVID, the circumstances around vaccine safety and efficacy and what you think people need to know. What's the most outrageous things that you observed in your journey? Because once you went through Vaxxed, found this whole thing, there's a lot of things that you speak out about now. What did you find out? First you found out there's a whistleblower. Subsequent to that, what else have you learned about vaccine safety and efficacy?

Del Bigtree: Well, what was interesting about that journey is I traveled the country for about a year. We got a bus that said Vaxxed on the side of it. We had parents signing the names of their children that were injured or killed by a vaccine, or a family member. It became this traveling memorial to vaccine injury.

Del Bigtree: I think that a big moment was the third screening we had. We'd been kicked out of Tribeca Film Festival, we were up and running at a small theater, The Angelica Theater in New York and we were doing Q&As after every single screening. I just decided I wanted to know what our audience was. So before the Q&A started, I said, "I want to ask something of the audience. Would everybody with a vaccine injured child or family member please stand up." Three-quarters of the audience stood up in a theater of about 120; 80, 90 people stood up. It was like the oxygen got sucked out of the room.

Del Bigtree: I had made a documentary, and you know this process. I'd interviewed six or seven different families that shared their stories, scientists, doctors. But the ocean of vaccine injury that was out there, I was totally unaware of until that moment. I also think that that was a big changing moment for those that had

injured children. You saw them look at each other and realize for the first time ever, that they thought they were all alone. They'd been living this private hell inside of their house. Autism, especially, unable to go into grocery stores, unable to go out in public. So for the first time, this movie brought them all together. A movement started right there, or it certainly fueled a movement that was there, that nobody knew what to do with.

Del Bigtree: From that, as I started traveling, we started interviewing all of those parents after the screenings. You have to understand, Vaxxed was only about the MMR vaccine. I was hearing all these other vaccines. My child got autism after the DTaP vaccine, they never got to the MMR vaccine, which is at two years old. We lost our kid at 12 months. I heard that story over and over again. My child died from a flu shot, my daughter's paralyzed because of the Gardasil HPV vaccine.

Del Bigtree: For a journalist, I really thought this was just the MMR vaccine. At least that's where my investigation had been. So I started a non-profit and I wanted to investigate deeper. There was two parts of it. I really had partnered with a brilliant legal team because we knew we would have to sue to get some of the information that the government is not being forthcoming about. We needed an approach to try and get this in the court systems. I had a media perspective and a legal perspective, but we began an investigation into really one word: safety. About one product: vaccines.

Del Bigtree: For four years, I think I'm the only journalist, maybe the only human being or non-profit that has ever been this focused on one product and one word. We hear that vaccines are safe and effective. We focused on how were they proving they're safe? What I would say to people, we've won now four lawsuits against government health agencies; the National Institute of Health, the CDC, FDA, Health and Human Services. We just presented basically a requirement or an affidavit against the trials of the Moderna vaccine to the FDA, demanding that a saline placebo group be added to the phase three trials and they are listening to us. I think we now have power because of the lawsuits we've won against this. They've just added a saline placebo group as a demand to the phase three trials.

Del Bigtree: Those are the types of things I've been involved with. What I would say to people very generally, because I could go into details that are unending about this, what we have proven is that not a single childhood vaccine... We can now give 16 different vaccines in about 72 doses. For instances, the DTaP vaccine we give four, five, six of those by the time you're 18 years old so it multiplies how many times we get it. But there's 16 total vaccines. Not one of those vaccines ever went through the gold standard of safety testing to be approved for the market. That means they were never tested against a saline placebo. So there's actually no scientific way to say that they're safe. That's one of the things that we've proved.

Del Bigtree: We've also just won a lawsuit against the CDC because we were demanding... Well, let me back up. They will say that they can't do a placebo based study because it's unethical. It would be unethical to not give a vaccine to a group of

children and follow them over time. That's how they get around it. They say, "We can't deny them this lifesaving product." But think about the morality of that. For instance, Gardasil HPV vaccine, there had never been a vaccine attempted to get rid of cervical cancer, so it wasn't like you were taking away a lifesaving measure. You were going to try essentially, a drug to change young women's bodies so that they wouldn't get cancer. To not have a placebo group in that seems insane, but they really didn't. That's just how they make vaccines.

Del Bigtree: But Robert Kennedy, Jr. and I had the opportunity to go to the National Institute of Health in a meeting set up by Donald Trump right at the beginning of 2017, Donald Trump was president. He wanted answers to this and so did we. We went as a commission and Tony Fauci was sitting right across the table from me. Francis Collins, head of the NIH and other luminaries of our vaccine departments. What was amazing was they told us they hadn't done no placebo studies on any of the childhood vaccines, as we had thought, and they said it was unethical. But then we said, "Well, hold on a second. It's not unethical to do a retrospective study." Meaning, people that are already alive, that have already made their decisions.

Del Bigtree: The CDC sits on a database called the VSD; Vaccine Safety Datalink. It has over 10 million people in that database and all of their medical records are there. The Institute of Medicine investigated this database and discovered that there was tens of thousands of unvaccinated individuals in there and all of their medical records. We said to them, "Why don't you do a retrospective study? If vaccines truly make us healthier and safer, then why don't we just compare two groups? We are the home in America of Apple, of Microsoft, we have computer learning now. Why aren't you using that database? Just do a comparative study. Take the vaccinated individuals against the completely unvaccinated individuals and compare them. Ask the computer to ask, 'Who has more cancer? Who has more ADD/ADHD? Who has more autism? Who has more lupus? Who has more asthma?' All of the things that are on an incredible rise in our children, just find out who is actually sicker or not."

Del Bigtree: And you know what they said to us, "We will never do that study." That to me, says one thing as a journalist. I mean, first of all, I'm going to jump out and speculate here. But this civil war that's now happening around the world based on vaccine safety would be ended with one single study. If the CDC came forward and said, "We just took a database of 10 million people. Switzerland just did the same thing, Japan just did the same thing. We all went to our databases and compared the health outcomes of vaccinated individuals against completely unvaccinated individuals and we can now prove that the vaccinated are healthier, have less autoimmune disease, less neurological disorders. So this argument is over."

Del Bigtree: Patrick, the argument would be over. Which says to me there is no way that is lost on these scientists. You have to know they have done this study every way sideways, because it would end this conversation. You wouldn't have to force the product any more, you wouldn't have to take away people's rights. You

could prove to them that it worked. They are not putting forward that study, I believe, of course it's a speculation, but it comes after a lifetime of interviewing people and trying to get how people work. You know for a fact, if they could end this conversation with a study they would have done it. That study will always prove what we know to be true. Unvaccinated children and people are simply healthier.

Dr. Patrick G: But it's interesting, it was occurring to me as you were saying that, they probably did the study and buried it.

Del Bigtree: That's it. Had to.

Dr. Patrick G: I mean, it only makes sense and quite frankly, they've already demonstrated that they're not above even trying to manipulate the data to get it to look like they way they want it to look. There have been some studies done, some retrospective studies of looking at vaccinated versus unvaccinated kids, and yeah, the unvaccinated population looked a lot healthier in a lot of categories. But we need bigger, large scale studies as you describe, done by I guess I call them now somewhat pseudo credible agencies. You can't trust them completely.

Dr. Patrick G: But it's not getting done, I believe, for all the reasons is yes, we have to say it's speculative. No, we don't have any absolute evidence right now that they've done this study and buried it. But we do know that they've tried to do that stuff before. That they have done studies, they have manipulated the data, have lied to us about what the outcomes are. The thing which occurs to me as you're telling this story, especially the firsthand experience, which to me literally it's unnerving. When you're presenting your film in front of these audiences and you say, "How many people here have a vaccine injured child," that many people stand up. Because we're led to believe this is very remote, very few people have injuries, almost never happens. But at that point, you're literally in front of groups of people who are marginalized, told they're crazy. Oh, no, the vaccines had nothing to do with this. The parents know.

Dr. Patrick G: I guess in this phase of your understanding and in the work that you're doing, you now recognize we're being lied to, parents are being lied to. They think they're doing the right thing because of the people that they're putting their trust in, and they're not. At the same time, and this is what amazes me about you and what you've been able to do, you're taking on literally the most powerful forces in the world who have an agenda with so much money behind the agenda, that why aren't you squashed like a bug? How are you able to proceed in this?

Del Bigtree: Well, it's a good question. I guess the answer for me would be by the grace of God that I'm here, I'm protected. I think that they made a tragic error in not slowing me down or somehow figuring out how to deal with me much earlier on. Now I have millions of people around the world that are watching my show on a weekly basis. Cat's out of the bag, as they say. That was always my thinking

and approach. Was the bigger and louder I am, the harder and harder it gets to be to try and stop me.

Del Bigtree: Censorship has really only been my friend. I think that's maybe the one thing that made me different than a lot of other great luminaries in this discussion. Is that instead of running or shying away from censorship, my plan from the beginning with Vaxxed was to be censored and to force mainstream media to attack our film and to attack us. I remember there was a screening, one of our last screenings to a group before we were going to go out in public. It was several actors and directors in Hollywood. Esai Morales said to me, "Del, the film's brilliant, but there's been other great films like this. Trace Amounts, Greater Good, but they get buried. How are we going to keep this from getting buried?"

Del Bigtree: I said, "Well, we have a secret weapon, actually. All of those films interviewed Andy Wakefield at one point. Then they took him out of the film because they said he's too controversial. I come from the school that believes there's no such thing as bad press. Not only is Andy in our film, he is my co-producer and the director of the film. We are celebrating this guy's knowledge. I believe that the mainstream media and the pharmaceutical world will be so infuriated, they will go against their own best interest and attack us in mainstream newspapers and news agencies around the world. Thereby, giving us the visibility that we've never had before." I didn't know it was going to happen at Tribeca, but that played out perfectly, making Vaxxed one of the largest cult hits in its time. That's what got us there.

Del Bigtree: I want to jump back though very quickly, because facts are really important to me. Though we can speculate as to whether or not a vaccinated versus unvaccinated study has been done, I would say it defies all reason to think that the leading scientists of the world have not done that study if they knew it would end this conversation.

Del Bigtree: But here's what we do know. When you talk about those people standing up in the room, it's still anecdotal. Well, yeah, you're drawing people in an audience. I want to talk about what we know to be the actual real numbers. Very quickly, and this is one of the shocking things I discovered, one of our only capture systems for vaccine injury in this country is VAERS; Vaccine Adverse Events Reporting System. This was put in place by the same law that took all liability away from the industry. I'm not going to get buried in that, but you cannot sue a doctor, you can't sue the vaccine maker, you can't sue the hospital or the Walgreens that you got your vaccine in. But at the same time, they created a system to capture injuries for vaccines.

Del Bigtree: 2018 is the last data dump we saw from VAERS; Vaccine Adverse Events Reporting System. We hear that vaccine injury is one in a million. But these numbers fly in the face of that. In 2018 in the United States of America, there was over 60,000 reported vaccine injuries in this country. There was roughly 500 reported deaths from vaccines in this country in one year. Something like

10,000 emergency room visits, I think it's 1,500 permanent disabilities from vaccines. Those numbers already, I know there's not 60,000 million people living in America, so we know it's not one in a million. Well, those numbers get even more troubling because the CDC took taxpayer money and gave it to Harvard Medical School. A million dollars for a study to see how efficient is VAERS, how much can we trust the capture system? Harvard Medical School studied VAERS and discovered that it was capturing less than 1% of the total amount of vaccine injuries that are occurring.

Del Bigtree: This is Harvard Medical School. They've got nothing to gain from this. They said less than 1%. If we are going to take their word for it, that means there weren't 60,000 vaccine injuries in 2018, there was six million. It means that 500 deaths turns into 50,000 deaths overnight. This is catastrophic, these are outrageous numbers. Look, I'm not saying that we can do science based on extrapolating from 1%, but what it's showing you is that a system that has been in place since the 1980's, that is only capturing 1%, has never been fixed. The biggest problem and the biggest change I want see in this country is to not destroy the vaccine program. We are supposed to be good at science. We are supposed to be good at math, we are supposed to be leading the world. That can only happen through data collection, proper data collection.

Del Bigtree: All of these systems need to be upgraded, all of these comparative studies need to be done. We can no longer allow the CDC and the FDA to get away with, "Well, we've never looked at it. Oh, we've never done that study. Oh, it's unethical for us to look at it." That's ridiculous. We could potentially be looking at six million injuries a year and the deaths of tens of thousands of people. This has now turned on a war on humanity. That's at the base of why I do what I do.

Dr. Patrick G: Yeah, and taking that line of thinking a little bit further, when they're reporting injuries, you're looking at immediate effects that they're observing that seem to be temporarily related to the actual receiving of the vaccine. There's no way they can start to account for the lesser effects that are maybe more downstream. All the asthma, allergies, other such things. Maybe they're not autistic, maybe they didn't die, maybe there's not severe consequences, but I believe that chronically down the road, because you're injecting young children when they're in their development stages. As different stages of development occur, there could be things that crop up and it would be very difficult to try to track that unless you have a really strong intention to want to do so.

Dr. Patrick G: Then of course, cancers that are downstream, et cetera. There's all these other potential consequences that based on everything that I've been observing for over 20 years looking at this issue, I think there are cause and effect relationships there. That again, I can only speculate about that I don't have the hard data.

Del Bigtree: Well, let me jump in here because again, I know in this series you're talking to doctors and scientists that cover it. What I really want to talk about is as a journalist, what I do is look at what makes people tick. Follow the money, what

is the motivation? There's people in the audience right now that will be saying, "Why would they do that, Del? Why would they purposely poison children? Why would they not do the science? They're good people." Well, you have to look at motive. Here is the motive and it's really simple and in some ways you can have empathy towards it. You have a vaccine program that's been place for 100 years, it's gotten really robust since the 1960s, when we introduced the MMR vaccine. Now, if you didn't do the studies and didn't recognize that you were really injuring children, now people have been using it for a long time. Now if there really are six million injuries, who's going to be liable? You took all liability away from the industry and you put it on the government of the United States.

Del Bigtree: Do you realize if they admit or do a study that says, "Oh, my God! We are causing this," that they're liable for trillions of dollars? This could literally bankrupt at least our health departments, if not the government of the United States and create complete distrust. Let's just take that gigantic thing down in scope to the goal. The goal of the vaccine program is to make sure that everybody is vaccinated. The CDC, it's really a military agency. That's why you see the epaulets, they're there to protect us from biological weapons in warfare. It's a lot of discussions going right now with COVID-19. Perfectly noble, I'm not against any of those issues. But their idea of how you make a society safer is through an incredible amount of vaccinations. That's their belief system.

Del Bigtree: Fine. Let's look at their belief system. But here's their problem, and they've admitted this, you can see Dr. William Thompson says this, the whistleblower at the CDC. Look up the videos by Dr. Bernadine Healy, who headed the National Institute of Health, she'll tell you the same thing. We don't do the studies to look and see if there is even a small subset of children that are injured by vaccines. We don't do those studies because we are so paranoid that should it reveal that the vaccines do actually cause autism for a very small group of children, or asthma for a very small group of children, that that would create such concern and the way human beings are wired, they will just say, "I'm going to be that .1%, so I'm not vaccinating."

Del Bigtree: That's what they're afraid of. That if they really did the studies that people would just reject the vaccine program for fear that they're going to be that small percentage group. That's why they don't do it. I think that you can see the reasoning there, but you have got to also recognize the danger then. What if vaccines aren't injuring 1%? What if they're injuring 10% or 20% or 30%? We will never know because all of the people we trust, all of the institutions we trust are paralyzed by the idea that any injury will destroy the program, so they're literally sticking their heads in the sand.

Del Bigtree: Now COVID-19 vaccine is revealing to the world the danger of this thinking. They're about to rush a vaccine with such little science and a hope and a dream and an assumption that it could not injure as much as the disease itself. We won't know that. These are all assumptions, these are pipe dreams and that is what the foundation of our science around the world on vaccines is. It is based on hopes, wishful thinking and assumptions. Then when you know that and you

look at the coterminous event that's been happening in America, we went from 12.8% chronic illness when our kids were getting 11 vaccines in the 1980s; 12.8% either had an autoimmune or neurological disorder. Now that we've expanded to 54 vaccines, our children have a 54% recurrence of autoimmune, neurological disorders, lifelong permanent injury.

Del Bigtree: You can't discount that knowing that they will do no science to disprove the idea that it's the vaccines that are causing it.

Dr. Patrick G: What's chilling, of course, is that they're afraid of revealing the truth because they have an agenda. Then you start to look at these unholy alliances with our government, with dollars spent, indemnification, big pharma, all these things. When you look at the total picture, there's an agenda here and the agenda's more important than the truth, is what it amounts to.

Del Bigtree: Yes.

Dr. Patrick G: Which implies then quite directly, that the agenda's more important than your children. If we have to sacrifice some kids to get this agenda done, we're virtuous in doing so. Now you get to answer the fundamental philosophy of our government. What takes precedence? The right of the individual or the so-called greater good? And incidentally, if you really look at the greater good argument, it's not a really a greater good anyway. But that's a whole other conversation.

Dr. Patrick G: You started down this road. Let's talk about COVID then. Let's talk about COVID vaccine and what you've seen so far in your investigations and what your greatest concerns are.

Del Bigtree: I think this is perhaps one of the most dangerous vaccines ever attempted in the history of the world. We know this because I've investigated the previous attempts at it over the last 20 years. People should know that we've been attempting a coronavirus vaccine since the early 2000s, probably before. But it really came online after the SARS coronavirus. Multiple drug companies said, "There's a future in a vaccine for a coronavirus should there be another SARS event or a MERS event." And multiple drug companies went into development of this vaccine. Every single attempt so far that went through animal trials had the same catastrophic result. It saw something called immune enhancement, there's different versions and different theories about it, which is even scarier. The scientists don't actually know what causes it. It can be antibody dependent enhancement, you have an immune enhancement, a cellular immune enhancement, you have a compliment enhancement, all these things.

Del Bigtree: It doesn't matter if people understand it, here's what the result is. When they gave the animals in the animal trial the coronavirus vaccine, it looked like it was safe. They took the vaccine on just fine and then they tested their blood and said, "Look, they're creating a lot of antibodies. It looks like it's a really solid

vaccine." Then they took the trial a step further than they usually take human trials because of ethics issues. It's called a challenge trial, where they actually put them in contact with the coronavirus. When they did that they saw something they didn't expect. Instead of the antibodies protecting the animal, it drew the virus deeper into the body, almost as though it wasn't recognized, caused cytokine storms. Upper respiratory conditions, organ failure, brain swelling, massive, massive problems.

Del Bigtree: I pointed out on my show, that at the end of some of these trials they had a caution. It said, "Caution, we should be very careful moving forward with human trials." Meaning, we have a serious problem. One of the trials compared the events to an RSV vaccine that had been attempted decades ago, where they gave it to a bunch of children. Again, it looked like it was safe, they had never challenged it. The kids had antibodies, but then when they actually came in contact with RSV, hundreds, thousands of the kids, they all got really sick. Upper respiratory conditions far worse than the RSV would have created on its own. Two of the children died and that RSV program was discontinued.

Del Bigtree: We saw the same event just over a year ago in the Philippines when they released a dengue vaccine. Dengue Vax was put out. Same exact problem. Everyone believed it was safe, they vaccinated a huge community. But then when dengue came through the community and they came in contact with it, those that had been vaccinated, over 100 died, massively sick. The vaccine made them more sick when they came in contact with dengue. This is a known problem called immune enhancement and it's happened every attempt at a coronavirus vaccine so far.

Del Bigtree: Now skip to the two most dangerous words being put into a sentence in history. You want to make the most dangerous sentence in the world, you just put the word rush and science together in one sentence. That's what every headline around the world is reporting when we talk about this vaccine. We are rushing the science, we are skipping animal trials, we are doing tiny phase trials that are showing us for instance the Moderna vaccine, every single person in it got sick. The larger the dose, the more severe the illness was. Compare that to this virus, coronavirus, COVID-19, that has a death rate of .26%. Meaning 99.74% of us have an immune system that is effective against this illness; 99.74%.

Del Bigtree: You will never find a vaccine that has that efficacy rating. In fact, the FDA is already telegraphing and saying, "We will accept a COVID-19 vaccine that has a 50% success or efficacy rating." They're going to take half the level of efficacy your body already has. Then when you think about everyone in the Moderna trial getting sick and we're talking about immediately sick, we have no idea what's going to happen if they come in contact with coronavirus. They could die. If they haven't gotten around this immune enhancement problem, their bodies might seize up and kill them. I don't know if they've been told when they were in this trial that you have the potential of dying like the animals did in our animal trials, I don't know what these people think they're part of, but we're

talking about forcing this vaccine onto everybody. Everybody at Moderna got sick.

Del Bigtree: Now, if you have the illness, look at what's happening in this country and around the world, this has so few symptoms for 90-something percent of us, that you have to get a test to even know you have it. Meanwhile, everyone at Moderna knows they got a vaccine because they are sick. Why are you going to take a product that makes you more sick than the illness does itself and has a 50% efficacy rating and the potential to kill our species? I'm not overstating this. This vaccine has a known potential to be able to kill us upon contact with the virus. And even if these trials, the phase three trials are going to have about 30,000 individuals, I'm already looking at these trials. You can see that the pharmaceutical companies are cherry picking the moments they test the antibodies, how they're looking at it, to avoid showing us whether or not they have figured out this immune enhancement.

Del Bigtree: But let's just say they did. Let's just say they have a specific COVID-19 virus they're using to test this product. This virus has already mutated over 300 times, if not more, depending on what scientist you're talking to. What happens if Bill Gates gets his way, 7.5 billion people are forced to get this vaccine, you got the governor of Virginia saying, "I'm going force this vaccine." We have states, Australia, countries saying, "You will not be allowed back to your job, your life until we get to force this product on you." There'll be no coming back from this decision. Seven point five billion people forced to get a vaccine that we know could potentially lead to their death.

Del Bigtree: Now what happens if they think they had it right, they got it around it in the trials, they actually did good trials, but the virus mutates slightly enough that now the vaccine misses and is causing this immune enhancement? Now you don't have a quarter of 1% dying, Patrick, what if it's 5%? Millions and millions of people. What if it's 10%? What if it's 50% of people drop dead in the streets upon coming in contact with what was a bad cold virus? This is my issue. I am not against vaccines, I think it's noble to attempt to protect people from a virus. But you better take your time and when you know that the potential for this vaccine is to kill people, a six month safety trial, there's no way that is going to be long enough. There is no way without challenge trials, we are going to know how dangerous this is, which makes Bill Gates and Tony Fauci, these people, the most dangerous scientists. I shouldn't even call Bill Gates a scientist, how he's even in that group, I don't know. But it's incredibly reckless and extremely dangerous.

Del Bigtree: So much so, Patrick, that we now have people that usually speak out against me, call me an anti-vaxxer, now on my side following me. They'll never say, "Well, Del Bigtree said it first," but 400 doctors in America, including Paul Offit, who created the rotavirus vaccine, Peter Hotez, who's been trying to design a coronavirus vaccine, and 400 other doctors all signed a letter demanding that Donald Trump and the United States of America slow down these safety trials and make sure they have been done correctly because they know exactly what

I'm saying. We could wipe out our species if we rush this vaccine. Remember, since the dawn of man, no bacteria and no virus has ever wiped us out. But you rush science and give an injection to every human being that you can't take away, and you mess that up, we could do incredible, potentially world ending or least species ending damage. That's what's at stake here.

Del Bigtree: Maybe am I looking at the extreme worst case scenario? Sure I am, but that's what every scientist is supposed to do. You are supposed to challenge your product so hard to make sure that the worst case scenario is in no way possible. And none of these trials are doing that.

Dr. Patrick G: That completes part one of my interview with Del Bigtree. As you can see, this information has to get out into the world. And with the oppressive censorship that's going on, we need your help. So I'm going to ask you please, share Vaccines Revealed. Get people to look at this free viewing of this entire series. We need your help and after watching Del's interview, I think you understand why we need your help. I'll look forward to seeing you in part two.



Episode Three



- Dr. Christiane N.: Depending on how much of a case epidemic you want to do, how much fear you want to create, you can just go up and down on your CT, your threshold that you've cut it off at and then tell everybody, "The cases are up, the cases are up." If this isn't the Wizard of Oz, I don't know what is. Pay no attention to the man behind the screen. You do a deep dive on this, every time you find an article in the medical literature, the next day it's been censored. You will never find any of this in the mainstream media.
- Tammy Clark: COVID has over a 99% survival rate if you do get it. First of all, it's not a death sentence. How do you get a whole entire population to do what you want them to do? You scare them to death and you tell them this is for your health and safety.
- Kristen Meghan: What we do know multiple studies and neurological studies is that these masks and some respirators can lower your oxygen content by up to 20%. They're not designed to be worn longer than two to three hours without changing them out or getting a break because you soil the mask. If your employer is requiring you to wear a mask and you develop that maskne, which is perioral dermatitis, anything above first aid, which would even be a prescribed steroid pill or cream, anything above first aid is an OSHA recordable.
- Tammy Clark: It doesn't stop virus transmission. The seasonal flu outbreaks spread like wildfire through hospital settings.
- Dr. Patrick G: Welcome to episode three of Vaccines Revealed COVID edition. This is just number three of our nine part series. As you can see, there's a lot of ground to cover here and what you're getting here in this series, you're not seeing anywhere else. Unfortunately, mainstream media platforms don't even allow this type of reporting. Doesn't even allow these conversations to be made public, which is why we are doing this. We're on a very sincere mission here to get this information out. I was startled with what I learned during the course of this series and I'm excited to share it with you and I know that the information is pretty vast. We have varying packages available. If you want to own the series, support our mission, help us get this out into the world, just take a look at what we have. There's a package there that's right for you. But in the meantime, let's enjoy our free viewing period here. We have a great episode set up for you to dig into right now. Enjoy episode three of Vaccines Revealed COVID edition.

Dr. Christiane Northrup



Dr. Patrick G: Dr. Christiane Northrup is a legend as an author, a speaker, a medical doctor who has championed many avenues of alternative thinking when it comes to health, especially in women's health and wellbeing. She is sage like in her wisdom and she certainly has some extraordinary views on COVID and COVID-19 that I think will be very instructive for you. Something that will maybe change how you think about COVID and maybe how you're going to respond to the environment that we're in right now. This is a very in depth interview with some significant orientation, really some philosophy, some spirituality, some understanding of health and wellbeing. She certainly has a pretty impressive academic pedigree, but she also is an extraordinary thinker with a big heart. Rare combination. This is a special interview. I hope you'll enjoy it.

Dr. Patrick G: Dr. Northrup, I've been very much looking forward to this conversation because you've been out there for quite a period of time talking about things that are very relevant to today's COVID world and what's going on in it. Just speaking personally, I'm a long time admirer of your work, read your books and really you've been a champion. I think has taken stands in areas that a lot of people were afraid to really roam into those areas, speak publicly about it. Especially, people who have degrees and credentials in academia and can practice medicine and have adverse board regulatory action taken against them for speaking out publicly in unpopular ways. You somehow had the courage to do this all these years. If we could get started, just maybe talk about your career, your career path and what got you into doing what you're doing today.

Dr. Christiane N.: Right. Well, in medical school, I started to cry when I saw a baby born. It was the most holy thing I'd ever seen. I never intended to even practice medicine. I had an aunt and an uncle who were medical doctors and their lifestyle sucked as far as I could tell. And my dad was a dentist. We would call him holistic. We were into healthy food. And Adelle Davis and vitamins and organic gardening. We were called health nuts by the brother and sister who were the medical doctors. And I had two very key experiences as a kid.

Dr. Christiane N.: One, my sister was born and wouldn't eat. I was five years old and she died in the hospital in a pool of her own vomit at a time when you could not hold your baby. And so my mother was given high dose antibiotics, the entire pregnancy for viral pneumonia, because back then, the antibiotic was the new thing. And when the family doctor came to the house, every one of us was lined up for a shot of penicillin, no matter what the others had. That was sort of the beginning of this is the miracle drug and it's going to cure everything. This was also right after it, when they began to fertilize the soil, taking all of the nitrates that they used for making bombs to grow food and it killed the microbiome, but it made the plants grow very, very tall.

Dr. Christiane N.: It was sort of in that timeframe. I'm in the baby boom generation. Then my brother was born and he wouldn't eat. And no one knew why. And my parents signed him out of the hospital against medical advice. My dad had worked in a MASH unit. He knew how to put down a nasogastric tube so they fed him every hour on the hour at the age of one, he weighed 10 pounds and they finally found a doctor who was a pioneer in pediatric endoscopy, putting down a light. And she said, "His esophagus is so eroded from that tube, you've got to take it out and we just have to watch and wait." Which she did. And two days later, he started to eat at a year old. We don't know why. To this day we don't know why. He's got some sequelae, we would call it a little rheumatoid factor, some pulmonary fibrosis, but he's very healthy.

Dr. Christiane N.: Then when I was interviewing at med schools, my dad was admitted to the intensive care unit with chest pain. They thought he had a heart attack. Two days later, he calls my mother, "Come on and get me. They don't know what's going on." And they didn't. I come home, he's sitting up in a chair, fluid two-thirds of the way up in his lung fields, reading the Godfather by Mario Puzo. Not able to lie down flat because of the fluid in the lungs. And he healed well at home and he had infectious pericarditis. He did not have a heart attack so indeed they were treating him exactly wrong. Those two experiences radicalized me, that plus all of the organic gardening and the vitamins and the yoga. We were doing yoga and my parents were jogging. This is so far ahead of the curve.

Dr. Christiane N.: Then I went in radicalized. I remember. I have this frame in my head. I'm ironing. My mother says, "We're very worried about you going to medical school." Most parents aren't saying that. "We're very worried about this. We're afraid you're going to get brainwashed just like everyone else and come out with a medical deity degree." "No," I said to my mother, "no, no, I'm just going to go find out why doctors don't talk to you about what's really going on." And then when I got there, I saw the good stuff. Nothing's better than orthopedic surgery or plastic surgery if you have a mangled hand. There's wonderful things about modern medicine.

Dr. Christiane N.: However, I began to see things immediately in my field of OB/GYN. I saw a baby born. It was holy. This is holy. And the nurse was yelling at the medical student who had let go of the cord and it was flipping blood out on the walls. It's like a mini firehose and she's yelling and I'm thinking, this is a holy place. There is no place here for yelling at anybody. And then I of course, went into that field and began to push the envelope within the field. I think it was very important for my soul growth, for my soul mission to get all the credentials. Dartmouth Medical School, Tufts New England Medical Center, board certified in OB/GYN, all of the credentials that make people believe you know what you are talking about. When in fact, I just talked to a farmer yesterday and he said, "When a pregnant cow gives birth to the calf, don't go near her. You will mess it up."

Dr. Patrick G: Wow.

Dr. Christiane N.: We don't know how to do birth without messing it up and I knew we were messing it up. In fact, I was there as an intern, when fetal monitoring first came in and I watched the cesarean section rates soar to 25% within a year, because nobody knew how to read the monitor. And to this day, there's not one single study, not one single study, that proves that fetal monitoring does anything more than increase the cesarean section rate. And yet there's a fetal monitor in every birth. And when you walk into the room with a laboring woman, and you say, "How are you doing?" She looks at the monitor. The nurses looked at the monitor. Everyone looks at the monitor because there's something about the screen that has taken over our minds and our ability to think.

Dr. Christiane N.: "How are you?" Well, I don't know. I have to look at the monitor and I've gone into rooms where the monitor wasn't working and everyone's still looking at the monitor. It removes us from ourselves, you see. And that's how medicine has become instead of this sense of how am I? How am I doing? We look to outside objective indices. I had to, as a second year resident, I remember asking the question, "When do membranes normally rupture in a normal birth?" Because I'll tell you what I was learning is the minute the woman came in, you ruptured the membranes with an amnio hook, meaning you instantly take away the bubble wrap around the baby. And then you screw in a scalp electrode, right at the seventh chakra where the spirit comes into the body. And then you put in an intrauterine pressure catheter and you get her all hooked up and you start a 16 gauge IV, which hurts like hell, but it's a big needle.

Dr. Christiane N.: Then, then okay. And I learned that like an emergency. This is an emergency. You got to get the line in case she needs blood. You need to put in the, and here's the truth. When things go bad in obstetrics, they go bad fast and it is an emergency, but you can't have the predictive programming of this is going to be an emergency and how many movies have I watched over the years where this couple is going along, maybe they're on the deck of the boat, whatever and she's pregnant. And suddenly she falls to the ground and says, "Oh John, the baby." Or I just watched an episode of Sheriff Longmire and some cop gets shot, but she's pregnant. But she's, come on, she's eight weeks and now they do this whole big thing. Well, this was the blood type of the baby. And there wasn't enough blood for you and the baby because you got shot. And it's like, that's all BS.

Dr. Christiane N.: What I want to say is that when it comes to these two threshold portals of life that define us as human, birth and death, we have had what Sasha Stone calls, cult programming. Cult programming around what needs to happen in those two portals. I was talking with a nurse friend yesterday who works in hospice. Her board was saying, this is the people who make recommendations, that it's a good idea to give the COVID vaccine, to all the hospice patients. What? And then I will also tell you that at least in the United States, 99% of all newborns get a hepatitis B vaccine with 15 times the FDA recommended amount of aluminum in it that goes right into the brain. It's almost like a mass lobotomy for the human race. And we're now vaccinating pregnant women with DPT, diphtheria, pertussis and tetanus and flu shots in the second trimester. When you're telling

women, you need to be careful of the mercury in fish, really? And people buy it. Well, no, this is what we need to have done. They buy it. This is crazy.

Dr. Patrick G: What's interesting is you're talking about in many ways, the almost irrational intervention into natural process. And you've really spoken a lot about this. And then of course, vaccine and the whole vaccine issue has been a part and parcel of that theme, if you will. And now we look at this whole COVID scenario and what the reaction, the responses to it. And one thing occurred to me as you were talking about fetal monitoring and I hadn't heard that before, but basically saying, hey, they're just looking at these monitors. Next thing you know, you got a spike, an increase in cesareans et cetera. And it's really based almost on nothing. It kind of reminds me of the COVID testing now. We're scaling these COVID tests. The tests aren't, the inventor of the test has said that this is not the way it's supposed to be used, 30% false positives, 20% false negatives and we want everybody tested and then we create policy from something that's erroneous to start with. The whole thing seems like we've lost our minds. How are you seeing it?

Dr. Christiane N.: That is exactly right. When you use a test that's this inaccurate, all it's going to do after a magnification cycle of maybe 17, maybe 35, all it's going to do is show you dead pieces of nucleotides. And even Fauci said that. And in our state of Maine, they're using a cutoff of 45. This stuff, and depending on how much of a casademic you want to do, how much fear you want to create, you can just go up and down on your CT, your threshold that you cut it off at and then tell everybody, "The cases are up. The cases are up." If this isn't the Wizard of Oz, I don't know what it is. Pay no attention to the man behind the screen.

Dr. Christiane N.: I was at the airport yesterday and there's an announcement, "Get your COVID test here." When healthy people have to have a test to know whether or not they're healthy. I just heard this story. This is the kind of story that you hear all the time. The aunt of a friend out somewhere in California was fine, but her housekeeper tested positive. She was fine too. The daughter-in-law or someone insists on taking her to the hospital and putting her on oxygen. And then it's all of this fear mongering and then she's finally, as we speak, she's on a ventilator. That's the way you murder them. That's sort of the death knell because, okay, here's the thing. From the very beginning of this starting in March, I remember thinking, well, this is easy. I saw the Zelenko protocol. I saw what he was doing with the Orthodox Jewish community in Brooklyn. By the way, the same community that was targeted for their failure to vaccinate for measles and driving absolute hysteria in New York City around measles. By the way, that's how the whole narrative started.

Dr. Christiane N.: And I cut my teeth on testifying in front of our legislature about vaccine mandates. Everyone was finally saying, "Well," they they'd take these schools where there were six kids and they'd have two kids who were doing a delayed vaccination schedule or were not yet vaccinated. They'd make a percentage out of that and then tell everybody that this was the percentage of kindergartners who were not yet vaccinated and so we needed a mandate. A mandated vaccine

schedule, which has then happened in New York state. It happened in Maine. It happened in California, despite massive protest. That is 72 mandated shots by the age of 18. When I was in med school, I think the autism rate was maybe one in 3,000. It's now one in 32. If you're a black male, your chance of autism from the MMR shot, remember that's just one shot, the chance of your own autism from that one shot is three times greater than in a Caucasian male. And this was hidden by Thompson.

Dr. Christiane N.: That was the basis for the documentary Vaxxed. But look at the mainstream media narrative around vaccinations. You get the talking head doctors from the very best places. Well, they're safe and effective. There has been no more effective medical intervention on the planet than vaccinations, which is just not true. The public health measures that have really helped are clean water and sanitation. The narrative begins to hypnotize people. And then if you're old enough, people always go, "Well, what about polio?" And polio came out right when DDT came out, a neurotoxin. And so it's very possible that that wave of polio in the fifties, the post-World War II wave of polio was more caused by DDT because polio is a series of viruses, just like flu is as well. And once you do the deep dive on all of this, you realize that this vaccine narrative is a false narrative. It's a false narrative.

Dr. Christiane N.: Most people who have come into contact with polio, never get it. By the way, the only people getting polio on Planet Earth right now are the ones vaccinated by the Gates Foundation in India and other places. I think the Gates Foundation was kicked out of India because of all the polio cases from the vaccine itself. And in that famous Disneyworld measles outbreak, 30% of those people had been recently vaccinated and the germ was the one in the vaccine. But every time you do a deep dive on this, every time you find a good medical, an article in the medical literature, the next day it's been censored. You've had to go. You will never find any of this in the mainstream media. Anyway, we go back to the Zelenko protocol, zinc, quercetin, Trump mentioned hydroxychloroquine. All of those of us who were interested in hydroxychloroquine, you suddenly were tainted with orange man, bad.

Dr. Christiane N.: Wait a minute. This is a generic drug that has been out there for 60 years and it works very well. Fauci knew by the way that the chloroquines worked for SARS and all of that stuff, but suddenly doctor friends of mine could not prescribe it without making up a diagnosis other than COVID. And then a bunch of states made it impossible for doctors to prescribe something that's been out there for 60 years that's been safely and effectively used. Now, not necessarily for COVID, for malaria, but we don't get what this thing is. Ivermectin also works, but you see the Zelenko protocol, nobody needed to die. The internists from Texas were out there. This is my protocol is zinc, vitamin C, vitamin D quercetin, which is a type of hydroxychloroquine. It's a zinc ionophore, it gets the zinc into the cells.

Dr. Christiane N.: We do that, treat it early and you're good to go. No one needed to die. What do we hear from the mainstream media? We have, the hospitals are full. People

are out in the corridors. And by the way, I'm not sure that that's happening. My friends working in hospitals say, "Ah, there's a lot of empty beds." But during flu season, there's always a time when there are beds in the hall. This is just very common except that you and I both know COVID has cured the flu. There's no more flu anymore. They stopped tracking it in Massachusetts. They stopped tracking it in our state of Maine. And yet the public health authorities have tried to push a flu vaccine mandate on all healthcare workers. And in Massachusetts, Governor Baker issued an edict, Comrade Baker, he issued an edict that everyone six months of age to age 30 who was in a nursery school, in a private school, in a college, needed a flu shot, even though their CDC was no longer even tracking flu.

Dr. Christiane N.: And by the way, if you look at the data, the death rate in 2020 is it's 0.012% higher than it was in 2019. There has been no massive epidemiologic pandemic. There just hasn't. This has all been made up and you always know the real truth. It's the thing that you can't even post on social media. Way back Russell Blaylock is a world renowned neurosurgeon and he came out with a piece on masks and how ineffective they were. You couldn't even post it to social media. They already, when something's really good, the machines have already got it censored. And so it's like a mass hypnotic trance. And I have friends who say things like, this is how you know they've been really programmed. "If that were true, I would have heard it on the news."

Dr. Christiane N.: Have you heard of Project Mockingbird? Have you heard of Project Paperclip? And then, okay, so we know that the COVID thing has a 99.9% survival rate, 99.4% if you're over 70. And of course we know that it's in those with pre-existing conditions, mostly. There is something out there that people are dying of and it might be related to 5G and that kind of thing. But the key is you don't wait until someone, this is what they did in the beginning. Don't come back until you're really scared and you can't breathe. Then we'll put you on a ventilator and hospitals were paid \$35,000 for every person they got on a ventilator. Hospital administrators, my God, bring them in, let's put them on ventilators. But anyhow, if you got it early and you did the protocol, nobody needed to die. With a disease with a 99.9% recovery rate, why are we fast tracking a vaccine that we already know has a 3% very severe adverse reaction rate? You got to ask yourself this stuff.

Dr. Patrick G: And these are the big questions. You said something earlier that we said, "Oh wow, people have this sense that this COVID world is this new thing that's emerged," and et cetera. In your mind, you're saying, "This is the world we've been living in. It's just now becoming more evident." Can you speak to that a little bit?

Dr. Christiane N.: Yes. In my field of holistic medicine. Well, let's start with the Flexner Report. Let's go back to the 1920s when the Rockefeller Foundation and John D. Rockefeller of Standard Oil decided that to get the market share in medicine, we should create a report that is denigrating and making quacks, they invented the term quack, out of every natural medical school, naturopathy, homeopathy,

chiropractic, osteopathy, all of that. Let's close down all of those, anyone treating anything in a natural way. We'll call them quacks because the pharmaceutical industry is based on petroleum based drugs. And then we have to get everybody on drugs. And I don't know if you remember, I remember this political slogan, "Prescription drugs for seniors," as though when you hit 65, you suddenly need prescription drugs, which is BS. But the average 65 year old in our country is on six prescription drugs.

Dr. Christiane N.: But anyway, so it started with this very systematic, witch hunt. Well actually, we could go back even further to the actual witch hunts, which were the economy of Europe for 300 years. The guillotines, this stuff. Who were they going after? Who were the witches? They were women and men who practiced herbology and natural medicine and who were the intuitives. Nine million women were burned at the stake as witches in the what's called the Burning Times. It's as though there has been on Planet Earth, a very long standing, systematic force to get rid of everything connected with nature and with intuition and with joy and with health. We have the Burning Times and then we have the Flexner Report and then a whole series. I forget the year the Health Ranger documented this, 11 holistic physicians were found either suicide or whatever.

Dr. Christiane N.: And I knew a couple of them and they weren't depressed or any of that sort of thing, but they were all doing really good alternative medicine. And so when I was the president of the American Holistic Medical Association, it was a time when the board members and we'd go back to our home hospitals and practices and I'd go into the hospital, look in the doctor's lounge in my mailbox. We had those back then and I would wait for the eviction notice. It was like there was an absolute paranoia around anything that you did holistically. Also, the other thing that I noticed within my profession is that in general, it takes 17 years from the time something is found that is safe and effective for it to get into practice. I started to write about vitamin D. We were taught as physicians to be afraid of vitamin D. Dermatologists have taught us to be afraid of the sun, where we get our life force.

Dr. Christiane N.: It took from the 1990s when we began to realize that the sickest people were the ones with really low levels of vitamin D. Optimal is 40 to 80. I think it's a nanograms per ML. And by the way, the website of all time for vitamin D is grassrootshealth.net. This was started by a woman who said, "I am so tired of waiting around for this to get into mainstream practice that I'm going to bring together the top vitamin D researchers in the world and get their research out there now." like the Garland brothers and so on. And now we found, for instance with COVID, I believe that the National Health Service in England finally began to send out vitamin D capsules to all the people and at the National Health Service. That's the first thing we should have been doing.

Dr. Christiane N.: ... at the National Health Service. That's the first thing we should have been doing. Then, what's the other narrative? This is a great one. The other narrative is people of color need to get the vaccine first. No. People of color, yes, they are dying of COVID. Anyone who is not healthy, anyone who's systematically held

down and abused is going to get sick from everything first. I work with Kevin Jenkins of the Urban Global Health Alliance, Kevin is black, he said, "As a black man, I know a thing or two about slavery. The vaccination cabal is the gateway to global human slavery." And when you do a deep dive on what may be in one or the other of them, you see that that is actually true.

Dr. Christiane N.: And so he has led, with many colleagues, an entire movement of people of color, Native Americans, black Americans, and people all over the world to have the public health officials get the vaccine first. "We'll watch you". They remember the systematic eugenics program. It turns out Margaret Sanger, the founder of Planned Parenthood - and this I did not know, as you might imagine, I used to be an abortion provider - she was a eugenicist. The Rockefellers are eugenicists, the Rockefeller Foundation. So, it is to create an Aryan race of a few people and kill the rest and enslave just the amount that you need. I get on my tin foil hat and I say to people, "The Matrix, the movie, that's a documentary."

Dr. Christiane N.: So, we've been leading up to this. As I have watched, my colleague Jonathan Wright had the FDA come into his office at gunpoint years ago because, I think he was giving IV vitamin C. I've had other doctors where, if they were holistic and really doing a great job with things like cancer and so on, they would for their life, for their licenses. Just recently, Paul Thomas, a renowned pediatrician in Oregon who wrote The Vaccine-Friendly Plan, published a study of unvaccinated versus vaccinated children and found that the unvaccinated ones were far healthier. So, of course he had to lose his license. They finally got him.

Dr. Christiane N.: This is what it has been to be practicing holistic medicine for the last 30-40 years. COVID is the same thing, but on steroids. So when this whole thing started and I was listening to the narrative and all of that, like many of my colleagues, I knew it. Although, let me say, the dream spell is so hypnotic, tell-lie-vision, that even my holistic colleagues, many of them, I had a massage therapist who came to my house for years, whole thing started, "Nope. It's too dangerous. I've got to wear a mask. I've got to keep my older clients healthy." There's never been good science for this, which has led Pam Popper out of Ohio, who teaches health classes and has a business in six countries and was in the movie Forks Over Knives, I believe, she's called this whole thing "fact-free hysteria" from the very beginning. Using the PCR test to pump up the cases.

Dr. Christiane N.: And then, you remember this, early on, again in the spring, everyone who died, died of COVID. You fell out of an airplane and the parachute didn't open, COVID death. I remember listening to doctors talk about, one very famous one, Scott Jensen, an MD and also a senator in Minnesota, was called before the board because he questioned being told how to fill out a death certificate. He's been doing that for 40 years. He was Doctor of the Year in Minnesota, a renowned family physician, and he was censured for questioning the death certificate situation. And then you also know that the Royal College model of how many people were going to die, that was instantly found out to be a scam. So, he left. That same guy, by the way, was responsible for the Foot and Mouth Disease epidemic in England where they killed millions of animals, probably needlessly.

Dr. Christiane N.: So, what I want people to know is there are nefarious characters running the narrative. And that includes completely hijacked agencies: the CDC, the FDA, the WHO. The AMA, by the way, the American Medical Association, just came out with is an updated Minutes of their meeting saying that hydroxychloroquine was safe and effective and doctors should be using it. It's like, where have you been? You're a day late and a dollar short. Who paid you off? And I think that that's what we're looking at, is a worldwide control structure. The psychic in England, Magenta Pixie, calls it "the service-to-self group."

Dr. Christiane N.: And what we could say, I wrote a book called Dodging Energy Vampires a couple of years ago, and I thought it was just for the average person who has a sociopath in their family, which is one in five people, and it's common and they drive everyone nuts. Well, I realized that we have a whole group of sociopaths running the current world, the medical system, and so on. Why would we have a situation now where we have one in 32 kids getting autism? And if that rate continues, there will come a time in the not-so-distant future when there will be no farmers, everyone will either have autism or be taking care of someone with autism. That seems to be the goal.

Dr. Christiane N.: And you've been involved in health, I've been involved in health, I was friends with Louise Hay, all the rest of it, "find the thought that feels better." Or I get, "You're not being very compassionate." It's like, "Don't you realize what's happening here?" No. People don't realize what's happening here. We could talk about the COVID vaccine. It does something, it's not really a vaccine. We've never had anything like it. It's an mRNA transfection, it's called. So, it's going to go in and change the cellular operating system so that your body will produce antibodies against the spike protein of the COVID virus. The problem is this virus, like every other virus, has already mutated. And they fast-tracked this. We've never, ever had a successful mRNA vaccine. They tried with H1N1 which, by the way, killed far more people than this.

Dr. Christiane N.: And apparently, according to some of my sources, the Obama administration said stop testing. There were so many people getting it, just stop testing. Then they came out with the vaccine, the H1N1 vaccine. Many, many people got narcolepsy and many people died of that. This one, I'll tell you what's really concerning, it's not that you'll probably be okay with the first dose, although we do know that people have died already in the clinical trials. It's going to do something to your immune system so that it will, on the second round when your body sees either this virus or something like it, it will mount a cytokine storm, an antibody reaction like pathogenic programming that will then probably kill you.

Dr. Christiane N.: So, I was doing a Facebook Live with my colleague Dr. Larry Palevsky, a wonderful pediatrician who also testified with me at these vaccine mandate hearings. You should have seen us. We're going around thinking that if you just talk to your legislators, if you give them the science, if you who are on the front lines treating children show them that this is how you stay healthy and this is

not needed, we thought that that would work. This is not an intellectual discussion. This is cognitive dissonance.

Dr. Christiane N.: Pam Popper talked about it as, she said in Vietnam, I don't know if they still do this, but they skin dogs alive for some reason, the dog's still licking the hand of the person wielding the knife. "Maybe if I'm nice to you, maybe if I'm nice to you, you'll stop hurting me." And Dr. Palevsky says this comes from massive child abuse. You can't believe that the person who is supposed to be taking care of you, the CDC, the FDA, the public health authorities, trusted sources, how could they possibly want to hurt you? If a child has been abused, they will run back to the abusive parent. They cannot believe that the truth of it, especially if you're a child, that this person who is protecting you and feeding you could want to hurt you. That's where we are. Plus, we've been worshiping false gods. We've worshiped the vaccine as the savior. It's in every movie. It's in *Outlander*, the *Outlander* series, Claire shows her smallpox scar and says, "No, I can walk into these groups. I will never get it."

Dr. Christiane N.: Do you realize they were never able to recreate the flu pandemic by giving people the inhaled droplets of the flu victims? They were never able to do it. So, I'll tell you what we're on the verge of here: the end of the germ theory of disease moving into the terrain theory. And as Zach Bush says, "Many people have HIV. They live with it fine."

Dr. Christiane N.: Fauci also, by scaring everyone who was HIV-positive to death, he created a lot of deaths back in the AIDS epidemic, it's the same doll, different dress now. If you follow his career, Sacha Stone, David Martin, Rocco Galati, and Judy Mikovits just did a YouTube video called Focus on Fauci where they went through his entire career. He's also a Jesuit, was trained by the Jesuits, is a true, true believer, and if you look up the Jesuit oath that they take against infidels, people aren't going to want to believe this. As I talk to you, you will believe it, I believe it. I've had so many holistic colleagues lose their license or be murdered or "committed suicide," this is the sea in which the person who's standing up for the sovereignty of a natural-born human, this is what we find ourselves in.

Dr. Christiane N.: And then there is the debt slave system, the Federal Reserve and fiat currency, to keep everybody sick and poor. Why would we do this? Who would do this? A psychopath, that's the only one that would do it. And they rely on our human compassion. So, if you look at the things, "Wear your mask to protect me," or as one of my friends in the Vaccine Choice Group says, "Oh, I get it. You want me to set my child on fire to keep your kid warm." Do you see the narrative? You've got to do something you don't want to do that's going to hurt you in order to protect others.

Dr. Patrick G: Yeah. It's interesting. Because I didn't put, at least the last comment, those two things together, is that the moral premise for vaccines is the greater good. You can and must sacrifice your own child for the greater good. And this is also the same premise around masking, right?

Dr. Christiane N.: Yeah.

Dr. Patrick G: You have to wear your mask to protect others. And what people fail to recognize is that the moral premise of the greater good is the premise of communism, or any forms of statism, rather than there being unalienable individual rights of the individual, which is what's sacrosanct, or supposed to be, here at least in the United States, it is "your life can and will be sacrificed for the greater good." And now you have people in positions of power who get to decide who gets sacrificed.

Dr. Patrick G: So, it's a very dark thing. Now, what I find interesting, a couple of things because you really covered a lot of ground, and I believe that your nexus as far as saying, "Oh, this isn't like something new has been foisted upon us. This is..." And I love the phrase you use, "same doll, different dress," I'd never heard anybody use that phrase before and I think that's a really, really accurate one and a poignant one. And it's also kind of reaching its fever pitch now. They're basically saying, "Hey, we can now ratchet up the fear-mongering, take control of all forms of media and headlines, any dissenting voices..." Because I think the censorship, there's always been censorship, I think it's gotten to a level now that at least I've never seen before.

Dr. Patrick G: And then the adverse action against people who are in good standing and have a great pedigree as far as their career is concerned, like you were saying, now they're getting delicensed. Anybody who questions the orthodoxy, they're going down, which is of course the hallmark of a state-run thing that says individuals don't have rights, there is no First Amendment, and anybody who questions the agenda, we're going to take them down faster and harder than anybody can possibly imagine to strike fear in anybody else who wants to consider maybe taking a stand. And I think all those things are happening.

Dr. Patrick G: Here's what I find curious. So now, with control of the headlines, control of the media, censoring all the dissenting voices, somehow over half the people are still saying, "I don't want this vaccine."

Dr. Christiane N.: I know.

Dr. Patrick G: Frontline workers are saying, "I'm not taking it." So, speak to that a little bit. How are you reading that? And is that the glimmer of hope in this otherwise dark scenario?

Dr. Christiane N.: Oh, yes. You've heard the term "the silent majority"?

Dr. Patrick G: Mm-hmm (affirmative).

Dr. Christiane N.: Okay. So, let me just tell you how this whole thing works. It's guerrilla warfare for God, is what it is. And like my friend Kevin, this black man, he goes on InfoWars, he said, "I go as far right as I can possibly get. I put on my God

courage. And I tell my people and the politicians, the black politicians who are selling them down the river, I tell them you got to put on your God courage because they are trying to murder us, brother."

Dr. Christiane N.: I started this thing at the beginning called The Great Awakening, which was about the Jupiter-Saturn conjunction on December 21st. And we had just had a global meditation 4, 4, 2020, so 4.4.4. And I thought, "Well, I'll just talk to everyone for the next 40 days." And what was happening is that me and they and everybody were losing friends around the narrative, we didn't have masks yet, but we were losing friends about, "How bad did this need to be, and did you have to...?" Everyone said, "Hey, we'll take two weeks and flatten the curve. We'll do that." But then the wheels started to fall off. So, I began to do this thing every day, pointing people to the uncensored stuff, how to get to it, working around the fact-checkers with Facebook and Instagram and Twitter and all of the stuff, just working my way around it. And I found there are nurses everywhere, there are doctors everywhere, there are people everywhere who do not consent.

Dr. Christiane N.: And way in the beginning, we would declare our sovereignty, "I am a sovereign being with God-given inalienable rights to life, liberty, and the pursuit of happiness." And yes, we are at the Pluto return of the United States, so we do need to upgrade our relationship to the native cultures and people of color. Absolutely, that's important, that's taking this human compassion and the need for redress of old wrongs. But hijacking it into BLM and all the rest of it, that's just hijacking. If you listen to Catherine Fitts, she talks about the opportunity centers where the BLM riots were, where they put the bricks and all that, those were in areas that were the black opportunity centers. So, then all those businesses are destroyed, so it's a tax dodge for wealthy people. Well, it was a tax dodge anyway, the opportunity zones, but now it's just a way to get cheap real estate. So, more and more people are, they call it being "red-pilled," from The Matrix, where they're waking up.

Dr. Christiane N.: And so what I'm finding is... I flew yesterday for the first time in a year. The stewardess comes up to me, she recognized me from a PBS show I had done. And she was all about it, about "We know these masks are stupid. My son is going to want to make me get the COVID vaccine because he's a doctor. How do I go about getting around that?" And I say, "You just tell him that you went to the clinic where they give the vaccine. 'Yeah. Your dad and I went there. Yep. We went there, we went there where you get the shot.' You don't have to lie." "'Yeah, we went.'" He's not going to ask, "Did you get it?" That's implied. We have to be ninjas all summer long in the very few restaurants that were open in my state. They had this thing to take your name and number for contact tracing, should you be in touch with anyone who had a false-positive COVID test. And I would just give a fake name and number all summer long. It's like, "You're not tracking and tracing me."

Dr. Christiane N.: So, you have to learn how you do it. And then, I have another friend who was about to be kicked out of the Y, he's a master swimmer, he'd been a member

for 25 years. But he wouldn't put his mask on when he got out of the water, chlorine-drenched. You have to put your mask right on, so he was reported. And I said, "Look, here's what you do. You got to find your people. We've got to find your people. This thing, it's designed to make you fearful, angry, and depressed. And then you can be controlled." "Oh God, I'll just have the vaccine because I don't want to deal with it anymore," like that. So I said, "Here's what you do. Next time you go in a store or whatever, find the one person without a mask. Go over to them." All right.

Dr. Christiane N.: Next thing that happens, he's in a store, he sees this woman, she's not wearing a mask. It's like one of those romantic comedies where there's this beam of light on the two run to each other, hug each other. And the next thing you know, he's calling me, he says, "Hey, I know you're having the Solstice ceremony around the fire. Could I bring this couple? I met her, she's great. They homeschool their kid. They keep goats. He's a fisherman." I said, "Yep. Bring them down." The most revolutionary thing I have found that we can do is get together in groups with no masks, no social distancing, and hug each other. It is so strengthening.

Dr. Christiane N.: So, I became a member of Pam Popper's Make Americans Free Again. And she's bringing the right lawsuits against the tyrants. And the lawsuits are this, because there've been 5,000 lawsuits, every one of them has failed. Why? Because when they get to a certain point, the judge or whatever says, "Yeah, but there's a pandemic. People are dying." And so then they throw it out, even though the Constitution says, "Constitution does not become null and void because of the crisis of the day." And that was a Scalia opinion with the Constitutional Sheriffs Association. Well anyway, what they're doing now, they're rolling out these lawsuits that make the state or the county prove that there is an epidemic, that there is a health crisis, and they do it by making them give their death certificates, by making them give their cutoff data on the PCR test. And of course, it doesn't hold up.

Dr. Christiane N.: The tools of tyranny that they are using do not hold water. So what's happening around the world, is people are getting together, you've heard of " sleeper cells," we're like "awake cells," and so what you find is you're meeting the people. So, I'll give you an example from our own state, we had a woman at one of my meetings and she runs a health foods store in a little northern town in Maine. Well now, our group, they're just going to take a road trip up to shop mask-less in her health foods store. The police have been called several times to her store and they never do anything. And people yell, because that's another tool of tyranny. The slave owners knew this: get the slaves to fight amongst themselves, and then you'll never have to worry about a revolt from the slaves.

Dr. Christiane N.: Well, that's what we're doing. And the other thing is this: you cannot watch mainstream media. It is infective. It's like Ebola. You can't watch it because they're so good at the hypnosis that you actually begin to believe it. So, no mainstream media. You do alternative media only, like Plandemic, the Plandemic series. That's the other thing, in filmmaking, what happened. We've got these people who were just getting it out there. Remember, Out of Shadows

Official, way back, launched on Good Friday. That thing had 8 million views within a week. YouTube makes it really hard to find. But here's the thing: the more you push this down, the stronger it gets. And that's what's happening. We are at what's called now "the great bifurcation." There are people who are not going to wake up.

Dr. Christiane N.: I saw a meme that's become a good motto of mine, "I'm not here to wake up the sheep. I'm here to wake up the sleeping lions." And that's what we're doing. That's what we're doing. And I've been at this forever. I've been at trying to get people, "This is what you need to do," "This is how you go in and have a baby," "This is what you say no to," "Don't do that." You should have seen me on the Oprah show, 2006, saying to people, "Don't get the HPV vaccine," Gardasil. "That's killing and maiming and making sterile all kinds of people. They're trying to mandate it for school." What? It is a weapon of depopulation. I knew that in 2006. And I had the platform on Oprah because someone just said, she gave me the microphone, "What do you think of the Gardasil vaccine?" And it was kind of new out of the shot. And I said, "I don't think it's a good idea. I just have a bad feeling about it."

Dr. Christiane N.: Little did I know how bad it would be. It's making boys unable to get an erection. I had an 18-year-old come up to me at a Hartford Vaccine Choice rally and she said, "I'm 18 and I'm menopausal from Gardasil. Can you help me?" So, I've tried for my whole life to say to people, "Look before you leap." And what I get from most is, "If that were true, my doctor would have told me." And they don't realize that the doctors are in the tent of Big Pharma. Big Pharma hires attractive cheerleaders to be drug reps, and they bring food and you're tired, and then what you said: if you're outside of the mainstream narrative, you will lose your license.

Dr. Christiane N.: I gave my license back several years ago because I sort of knew what was coming. And it was time for renewal and I'd had it for years, and I said, "Okay, I'm just not renewing." Because I knew.

Dr. Patrick G: Well, the license gets control over you.

Dr. Christiane N.: That's right.

Dr. Patrick G: It's interesting. I think, in summarizing, that this is in many respects nothing new, except that it's now escalated. The patterns have always been there. And the developer of chiropractic, B.J. Palmer, wrote a book entitled *Conflicts Clarify*. And I believe that that's what we're starting to see now, the conflict has risen to a point where either it tips where everybody just become sheep and we get indoctrinated. Or, it goes the other way, where now it's inciting the rebellion in people. And I love that phrase, what'd you call it, "wake-up cells, not sleeper cells"? So, the idea that it's a time that maybe now it's going to force the issue enough where people start to wake up.

Dr. Patrick G: Let me just say in closing that I, again, so much appreciate not only just you coming here for this conversation and sharing with us and giving us what I think is quite a unique tour of the neighborhood that we're living in right now, but also for the years and years and years of work that you've done relative to this whole oppression and control issue regarding health and health freedoms and the collateral issues.

Dr. Patrick G: And you mentioned it briefly, but it's no small thing looking at the relationship between economics and what's going on in the name of health and health emergencies, these do tie in together in a significant way. And in the end, it all escalates up to this issue of power and control. So anyway, Dr. Northrup, thank you so, so very much for sharing years and years of wisdom with us, and I wish you godspeed with the efforts that you're making in trying to get people to wake up.

Dr. Christiane N.: Thank you so much. What a pleasure.

Dr. Patrick G: What a pleasure it was for me to be able to sit down and have that conversation with Dr. Northrup, and even more of a pleasure because I get to share it with you. Thanks for being here.

Tammy Clark and Kristen Meghan



- Dr. Patrick G: One of the most controversial issues around this whole COVID scenario is the mask mandates. Some people are refusing to wear masks, a lot of places are enforcing strict mandates that you must wear masks, kids in school must wear masks, et cetera. Are there implications here that aren't really being talked about? Have there been any health studies to show that long-term mask wearing might be a problem?
- Dr. Patrick G: Well, we have an interview coming up for you that's going to be very clarifying. It's with two people who are experts in this arena. They have expertise and backgrounds in environmental toxicology, occupational toxicology, and other such things. And when you hear what they have to say, I think you'll be quite startled. We're going to be interviewing right now Tammy Clark and Kristen Meghan. Let's jump right in.
- Dr. Patrick G: Kristen and Tammy, thank you so much for taking the time to have this conversation, and I think it's a really important conversation. So, let's start with your backgrounds as far as what got you speaking out about this, and what is it in your background that gives you sort of the authority to do so? So, let's start, Kristen, just with your academic and career background.
- Kristen Meghan: Yeah. So, I actually have been in the field of occupational and environmental toxicology for almost 19 years now. I spent nine years on active duty in the Air Force in the field of bioenvironmental engineering. I've worked in the field specializing as an industrial hygienist, I'm a senior industrial hygienist. So what my job is throughout my career working in a multitude of industries, including inside hospitals, is to anticipate, recognize, evaluate, and control health hazards in the workplace, and then determine the type of controls in place that are needed to protect those hazards to a safer level. On top of that, I had to keep track of what the humans were doing in business and how it impacted the environment. And that's where the environmental toxicology aspect comes into my profession.
- Kristen Meghan: On top of that, when I was embedded inside of hospitals, which was, I'd say, the longest part of my career, is I sat on infection control boards and committees. So, everything that was done inside of a hospital I had to make sure and train infectious disease doctors, epidemiologists, public health professionals, on how to avoid infectious diseases, teach them about pathogen prevention, and just monitor any sort of construction or any activity that can impact not only patient care, but employee health and safety.
- Kristen Meghan: A huge aspect of that is respiratory protection. It's an OSHA program. And in respiratory protection, we're here today-

Kristen Meghan: ... program and in respiratory protection, we're here today basically and we'll get into it. I manage the Respiratory Protection Program for over 76,000 people throughout my career. So I am highly credentialed in understanding what type of PPE can tolerate what and protect you from what.

Dr. Patrick G: And just real quick, only because some people may not understand what OSHA is, can you describe it please?

Kristen Meghan: Yes. OSHA is the Occupational Safety and Health Administration. It's one of the many government alphabet agencies who can cite you and fine you if you are not following OSHA laws to ensure that the law states that employees have the right to a safe and healthful work environment. And while I don't agree with all of their approaches, the goal is to make sure that we are operating safely and using the safest materials. So that covers hazardous noise, ergonomics, chemicals through contact, absorption, inhalation, radiation. It's a huge career field, but that is the government institution that makes sure that companies are working as safe as possible.

Dr. Patrick G: Terrific. Thank you. And Tammy, can you give us your background please and your experience?

Tammy Clark: Yeah. So while I like to say that Kristen is my military counterpart, my work has all been private industry. I owned several businesses. I owned a couple of construction firms and this is how I got into the fields of occupational and environmental health safety and compliance myself because OSHA was showing up and somebody had to figure this out, right? And so being in charge of the HR programs and departments, I was working with my own employees. That's how I got into this career field. I didn't start out saying that I wanted to get into health and safety. It just sort of evolved, which is, I think, how a lot of us get into this field, to be honest with you. So I have been working in the fields of occupational and environmental health safety and compliance for nearly 20 years. I've taught at the university level. Seniors.

Tammy Clark: So safety courses, supervision courses, health, safety, OSHA certification courses involved with those classes. And then I started a consulting firm because working at the university and being asked to do things on the side was too taxing on my young family. So I started a consulting firm and that's what I specialize in is helping companies, whether it's a construction firm or manufacturing facility, or like Kristen, I have worked in hospitals managing the infection control, doing hazard and risk analysis, making sure that the contractors coming in and out we're not contaminating or cross contaminating. So I've done a lot of the same work as Kristen, but my work has all been private industry and not quite so heavy on the industrial hygiene side. Mine has been more on the health, safety, and compliance side of things, but there's a lot of crossover in the work that we have done. I have also managed the respiratory protection and PPE programs for hundreds of companies all across this country. Some nationwide firms that you would recognize the name, but not going to name drop here.

Tammy Clark: I have been their acting internal safety director or compliance director and so a lot of the work that I have done has centered on doing an internal risk analysis for a company, determining what hazards their employees are exposed to basically, and then making sure that the employees have the right training and the right PPE to protect them for whatever hazard it is they're exposed to. So that's a little bit, I think, between the two of us, what OHS and EHS is all about.

Dr. Patrick G: So we're here really just focus on, and we can talk about a lot of things, but focus on this whole controversy around masks and the edicts that are being handed down around masks. New administration coming in line to have kind of federal guidelines on unmasking, et cetera. So there's a couple dimensions of this issue. One dimension is our civil rights as far as our ability to say no to something like this or not to be forced to do something. And let's put that aside for a moment and start maybe just with the health side of this and what's known. What I keep hearing is people say, "Oh yeah. We're following the science and you have to follow the science. You're going to save lives if you wear a mask."

Dr. Patrick G: And there's a lot of proclamations made around how masking can prevent the spread of COVID, help to save lives, et cetera. But I'm also hearing other people saying that's not demonstrated. And number two, that there could be some downside risk to wearing masks long-term, kids in school all day, that kind of thing. So it's kind of a big area to explore, but what are some of the aspects of this that you guys feel people don't know you're not seeing in typical media platforms that people need to understand?

Kristen Meghan: Well I'll start this off because like I said, I've managed OSHA's Respiratory Protection Program for over 76,000 people. Two of those were military bases with 25,000 people. And given how your military installation, everybody has to be able to don and doff even just gas masks. So the issue, I think the average lay person doesn't understand is that the idea of masks and respirators, and that's a huge thing. It's understanding the difference. The ear loop mask, cloth mask, DIY mask, surgical mask, those are masks and they fall under different guidelines and laws. When you're talking respirators, respirators are N95's, the ones that you see healthcare workers wearing and also something called CAPRs and PAPRs. That stands for Controlled Air Purifying Respirator and Powered Air Purifying Respirator. So there is a difference. So to understand, I want everyone to note, prior to COVID, I work for myself now, but let's just say when I worked for the VA.

Kristen Meghan: If I ever claim based on the exposure potential of a virus, if I ever put every single employee in a mask not rated by the National Institute of Occupational Safety and Health, not only would that had been a willful OSHA violation, including a fine, well the government can't fine itself, but this would have caused me to potentially, if there were any injury or illnesses associated, I could go to jail, I would definitely lose my job, and I could be individually fined.

Tammy Clark: Yeah.

Kristen Meghan: So this is the seriousness of it. We are trying to explain to people that there has been laws and science that has existed since the '70s. And with that 40 years of science and laws, they're not just settled science, they've constantly gone back and verified confidence in the controls of those standards.

Tammy Clark: Yeah. This is so true. And this is why I really got vocal about this when they started talking about masking children because I knew from my profession and from my career fields that we do not just take a blanket one size fits all approach to PPE or anything when it comes to pathogen protection or exposure protection. It's just so wrong. It goes against everything that Kristen and I have been trained and educated on. And if anybody in our career field stands up there and agrees with it, we've talked about this. They should lose their credentialing.

Kristen Meghan: Yes.

Tammy Clark: The only way that you earn your credentials is to earn your credentials and this is what we're taught along the way. And so it just flies in the face of everything that has to do with industrial hygiene, hazard and risk exposure, and control, pathogen protection and control. And we never, ever take a blanket one size fits all approach to PPE. And here's the thing. OSHA is claiming that this is not PPE, but they're doing that for a reason because that's how they're getting away with it. They are guilty of revisionism in the worst way. They're violating their own historical standards and regulations that the entire Respiratory Protection Program is built on.

Tammy Clark: So they're violating the law, their own law, but the way that they're trying to get away with it is by claiming, "Oh, face masks are not PPE." But let me tell you, any time there is a recognized, known hazard and we are putting something on our faces or somebody else's face or whether it's gloves or whatever it is, anytime you are utilizing something to protect from a known hazard, it is PPE, it's called Personal Protective Equipment. So they can say whatever they want, but it's not true.

Kristen Meghan: I think one more, very important aspect to add to that is that also in managing the Respiratory Protection Program, there's something called the hierarchy of safety and controls. PPE is always a last resort and if a company skips all of the health risk assessments that determines, can we engineer out the hazard, can we utilize administrative controls? And just to give some examples, an engineering control would be like in surgical rooms. There's something, it's called a consensus standard. They're called ASHRAE standards. They're architectural and engineering standards that are designed to make sure that these isolation rooms have whether it's positive or negative pressure, how many air change outs, what types of filters? See, we have very behind the scenes jobs, but that is an engineering control and engineering controls also the plexiglass things that you're seeing in stores.

Kristen Meghan: And then an administrative control, which is the most forgotten, but so important is to train people, train them on, are we modifying the work hours? Are we modifying how they do their job? And also training them on the limitations of all the controls that we're implementing.

Tammy Clark: Yeah.

Kristen Meghan: And what I wanted to point out, which is the most important is that under the OSHA law, which is 29 CFR, 1910.134, appendix C, if you're a healthcare worker, we'll just use healthcare workers as an example, if you are told you need an N 95 to protect, for example, TB, that's something that has been around for a long time, putting healthcare workers in the respirator, you must fill out a medical questionnaire. This medical questionnaire has a lot of questions and you can receive a medical exemption just based on these common factors, PTSD, claustrophobia, anxiety, history of a stroke, cancer, diabetes, asthma. The list goes on and I feel through those questionnaires and if I see flags, I send it over to an occupational health doctor.

Kristen Meghan: And that doctor is not only just going to sign off or decline their ability to be in a respirator, but they look at the hazard and task specific because someone in an N 95, there are medical N 95s and there are industrial N 95s. And let's just say people who are in N 95s that are just maybe nutritional services dropping off food to a patient versus somebody who might have to triage and carry a patient, there are different types of PPE and different stressors, temperature. My point is there's so many variants, nothing is one size fits all and it's dangerous and unethical to ever push any type of mandate covering your nose and your mouth, not understanding health histories and what you're going to be doing when you're wearing the mask.

Dr. Patrick G: So this raises a bunch of questions for me. I'll start with PPE again, Personal Protection Equipment. And this is, I think, a big distinction. You've made several, but I just want to really kind of highlight some of these. First is that the regular kind of ear loop cloth mask or cotton masks, those are not considered Personal Protection Equipment. Is that accurate?

Kristen Meghan: Well they are personal protective equipment. They are not respiratory protection PPE.

Dr. Patrick G: Okay.

Kristen Meghan: The reason I say this is because, we'll give an example, the surgical masks that surgeons wear, that does not require medical clearance. It does however require training. Training you on when you have to change it out, how you put it on, take it off, and they only exist to keep open wounds from having bacterial exposure from possible sneezing or coughing from the surgeon and all the other people that are in the room. It's only designed to stop large droplets. And if a surgeon sneezes in the mask, they have to change it out. And it's a mask.

Kristen Meghan: And to dumb it down for everyone, it's also known as a nuisance mask to keep large particulates or even saw dust from your respiratory tract. It is not respiratory protection type of PPE because it's not studied by NIOSH, that National Institute of Occupational Safety and Health, to be rated for serious health hazards. See these masks that are being worn aren't for the people, they are for the patients. And that's why PPE is for personal protection. But those use of surgical mask is really for the patient with minimal claims of protection to the wearer.

Tammy Clark: Yeah. And I just want to add that in order to put anybody in any PPE, according to OSHA law, you have to go through testing and training. First of all, that PPE has to have been tested and it has to be rated and homemade face cloth coverings, these surgical masks, we know for a fact by testing, that there have been a lot of tests done and studies done that prove a surgical mask will not stop virus transmission. They've even done studies within hospital and healthcare worker settings because hospital workers, there are outbreaks of flu, seasonal flu's, and they spread it like crazy. But how is that possible? They're all wearing surgical masks, right? So there've been a lot of studies done on this and we know that those masks are not rated to protect against a virus. It will not stop virus transmission. But these masks, whether they're cloth, whether they're surgical, if you put somebody in them, they have to be tested first so that we know what the rating is.

Tammy Clark: And we know that these homemade cloth face masks have not been tested and they are not rated to protect against a virus. So in addition to that rating, we also have to have training, like Kristen said. I can't just put PPE on you. I have to train you on it.

Dr. Patrick G: Mm-hmm (affirmative).

Tammy Clark: And so are we doing this? No. We're actually creating a greater hazard because we're accumulating, we're touching these masks, kids are fiddling with them, kids use them like slingshots, they're just touching their face all the time so they're actually increasing their risk of transmission, where it would be healthier and safer for us, we wouldn't be touching our faces constantly and cross contaminating and fomite transmission happening all day long if we just didn't have something on our face.

Kristen Meghan: And just to point out one more thing, when we talk about the difference between these respirators and the masks, respirators that are designed to help stop cross-contamination with a virus and other infectious diseases, they have, based on the NIOSH studies, something called protection factors and fit factors. These DIY masks at home made of a variant of different materials and dyes and thickness and breathe abilities, they have zero studies. And my issue with this mask mandate that we're all seeing is that you are claiming that your mask is going to help stop the spread. That's like saying we have a hazard in every type of glove is going to stop you from cross-contamination.

Kristen Meghan: Gloves have permeability rates, breakthrough times, based on the contaminant. So this is why we keep saying nothing's one size fits all and to lump a group of millions of types of masks into one they're safe to wear, prior to this pandemic would never, ever fly in a court of law ever.

Tammy Clark: And there's really nothing different about this virus. I mean, it acts very similar to a cold or a flu that it is infectious, it spreads through a community, but there is nothing really different about this virus that would make us radically abandon all the science and the data that we've had for decades on how to treat and deal with infectious disease.

Dr. Patrick G: To your point, which is really interesting. When I walk through an airport, cause I've been uninhibited relative to my activities as far as COVID. I travel, I do what I do, my life goes on. But I'm observant. And I see in airports dozens of different types of masks, maybe even respirators, I see some people maybe have something it will have a little N 95 on it. I see bandanas wrapped around people's faces, I see varying forms of things. There's no uniformity around it. I always said to myself, as I'm observing it, that there's no way that there's any consistency between these varying things that people are wearing. And there's this mask shaming going on that if you're not covering your face, you're not wearing something, that it's not about you because one point is, is you're saying, "Hey, it's not going to protect you against viruses."

Dr. Patrick G: "The pores in most of these masks are too large. But you're protecting other people if you cough or sneeze." And I know you can't make a generalized statement because there's too many different things, I guess your answer is, and correct me if I'm wrong, maybe some mask to a degree do and some don't. So let's just start there and I have a couple follow-up questions, but I don't want to go past that. So is it possible that there is some protection to other people, and we'll get to what the risk is to yourself in a minute, but is it possible if I'm wearing, let's just say, the more popular one is you have loops around the ears, the surgical looking mask. Is it possible that if I'm wearing that and if I had COVID that I would be decreasing the probability of me spreading it or is it really just fictitious?

Tammy Clark: Well, first of all, I want to address the virtue signaling comment that you made because this is one thing that drives me absolutely crazy. We do not take a healthy population, quarantine them all, mask them all up so that they don't spread something that they don't have. This is insanity. Any epidemiologist or virologists will tell you this. We've never treated people like this before. And what we're doing is creating a culture where we shame each other. We look at each other as if you're selfish and you're mean if you don't wear a mask, which is not true at all. That whole conversation has to be out in the open and addressed because people have bought into that. It's become virtue signaling basically. But as far as the protection from masks, some masks and maybe not other masks, look, the whole conversation has devolved to it's going to trap particulates. So even if I give you a 20% greater chance of survival, this is how everybody looks at it like COVID's a death sentence.

Tammy Clark: Well, first of all, let's just back it up a little bit and let's remember, COVID has over a 99% survival rate if you do get it. So first of all, it's not a death sentence, no more than the seasonal flu. So let's just lower the fear because a lot of what's going on here is a narrative of fear and they're using fear to get us to comply and it's a control measure basically. How do you get a whole entire population to do what you want them to do? You scare them to death and you tell them this is for your health and safety. And it's been very successful. So no, these masks are not going to give grandma a 20% greater chance of survival because it is devolved down to the conversation about catching droplets and mucus.

Tammy Clark: And I'll let Kristen expound on this a little bit more too, but if you happen to cough, like she was talking about the surgical mask, that is designed to protect a patient with an open wound from a bacterial transmission that may be a doctor or a nurse who coughs or sneezes might have some bacterial in that sputum. So that's what that is for. It's a barrier to catch and to trap that. Yes. And it will do that. But what did I just tell you about the studies that we have done? These are randomized control tests with metadata analysis. These are the only scientific studies that we should be paying attention to because they're not opposition research. There's an awful lot of people getting paid to do a lot of opposition research studies and they pass it off as science, when that's not actual science.

Tammy Clark: So all the studies of any credibility show that while the virus or bacteria that may be contained in that sputum, those droplets, yeah that might hit that mask and stop that. But what did I just tell you about all the other studies? That it doesn't stop virus transmission. The flu, the seasonal flu outbreaks spread like wildfire through hospital settings. So even if it does catch some droplets, it is not going to stop a virus at all. It's not going to stop or prevent virus transmission because especially this COVID-19 particulate, it is so tiny. It will pass through the sides, it will pass through the membrane, anywhere there's a gap because these are not tight sealed facial respirators like what Kristen and I are used to dealing with.

Tammy Clark: If you ever see somebody working on an infectious disease ward, they're wearing their own fully enclosed source of breathing air. It's not a filtering face piece. It's like the hood that we see, what was the show we were talking about?

Kristen Meghan: The Good Doctor.

Tammy Clark: Gray.

Kristen Meghan: Grey's anatomy.

Tammy Clark: Yeah. If you watch Grey's anatomy, you see them. You know what we're talking about. It looks like a big space hood, right? That's what we put somebody in if we're going to have them working in an infectious disease ward because that's the only thing that is rated to protect against a virus.

Dr. Patrick G: Yeah. So now on the flip side of that, so basically you're saying it doesn't really mitigate, to any appreciable degree, transmission of a virus if you cough or sneeze if you happen to have an infection. So we're basically walking around, I guess, with sort of this false confidence. "Oh, everybody's wearing a mask. We're all okay now." And quite frankly, I think the data is going to bear it out because where we see strict mask mandates in certain states and in other states much less so. I went to Georgia not long ago, Thanksgiving of 2020, and got off the plane, went to Northern Atlanta suburbs, and I walk into a restaurant, it was packed Friday night, every table full, waiting area full of people in close quarters, nobody is masked, I mean, not a single person is masked, the staff, the wait people aren't masked.

Dr. Patrick G: And I'm like, "Oh. This is great that this is going on because we're going to be able to look at some data in a month or two or three, and we'll be able to retrospectively be able to observe what's going on. Did the mask really do anything?" The flip side of it however, is that can, because I'm wearing a mask or I'm sending my kid to school all day in a mask, and I think there's got to be a big difference between wearing a mask for 20 minutes and wearing a mask for six hours or eight hours or what have you, is there any evidence that mask wearing, especially for extended periods of time, poses a harm to the person wearing the mask?

Tammy Clark: Oh absolutely.

Kristen Meghan: Absolutely.

Tammy Clark: This is our issue. This is the whole thing.

Kristen Meghan: Some people may experience adverse effects quicker or easier than others. In our career field when it comes to doing anything, for example, when I first went into the air force, it was year three until I was acclimatized to sitting in a gas mask for four hours because your breathing patterns change. But also when you're dealing with children, especially, these masks are not even close to being safe because we've worked a lot with Dr. Larry Palevsky offline and just sharing data and we've learned a lot from him, but we cross share information and what we do know through multiple studies and neurological studies is that these masks and some respirators can lower your oxygen content by up to 20%. This is why, when we talk about being approved for respiratory use, you must, sometimes people have to do a stress test or pulmonary function test because if you have a history of even bronchitis, that can trigger you from not being able to wear a respirator while doing heavy lifting at a job.

Kristen Meghan: So when it comes to the mask wearing, yes, we know a lot of things. In children, prolonged mask wearing is continuous reduction in oxygen. Doing that can infect brain development. I know, and a lot of what I know is based on being in the field and seeing the adverse reactions. I've had employees pass out because they didn't follow the guidelines when I told them, "You can only wear this for so long in this heat." Because there's also work rest cycles when you're wearing

respiratory protection. Also, what it does is when your body does not have enough oxygen, it's a whole issue of re-inhaling. Your gases exchanges are impeded and you cycle that back in and when, you know this, the hemoglobin that needs to transfer in your body, prolong decreased oxygen can cause issues with renal function. And when one part of the body is impacted, it's like a car, your tires out, your axle's off.

Kristen Meghan: So you have to understand the root cause and what it can do and this is why none of these masks, even in a normal setting or a health care setting, they're not designed to be worn longer than two to three hours without changing them out or getting a break because you soil the mask. I have many friends and family members who are teachers. These children are going to recess, leaving their masks on their desk or they hang them to just collect all of the environmental toxicants in their masks. They have blood from bloody noses, mucus, I know kids are all boogery, sitting in the mask, which goes to tell you that we lacked that administrative control.

Kristen Meghan: So this isn't just about the masks. It's about how irresponsible it is. It's like giving a teenager a car and never teaching them the safety and the limitations and functions of each specific vehicle. So yes, it is absolutely detrimental for humans to have any sort of prolonged mask wearing without the education, without the rating, and without the medical clearance and understanding the different environments and human factors and genetic factors that can play a role in causing adverse reactions.

Tammy Clark: And we're seeing that now. It's been long enough that we are seeing a lot of adverse health effects and Kristen and I predicted this.

Kristen Meghan: Mm-hmm (affirmative).

Tammy Clark: Way back when last summer. When they started talking about masking kids up, we were just like, "Oh my gosh." And we predicted it. We're going to start seeing increased bacterial pneumonia. We're going to start seeing increased infections and sores and things like that in the mouth. And we were just talking about perioral dermatitis today because they're advertising, they're making advertising. If you have this maskne, blah, blah, blah, what was the advertisement we were seeing? It's unbelievable.

Kristen Meghan: Yeah. It was a local news affiliate. "Are you dealing with maskne? Here's some ways to prevent it." And it's someone selling a cream. But really what you're-

Tammy Clark: Yeah.

Kristen Meghan: What people need to-

Tammy Clark: Yeah.

Kristen Meghan: Understand, and not to cut you off Tammy-

Tammy Clark: No.

Kristen Meghan: But we need to understand, in the workplace, if it is your employer, whether it's strong armed government mandate, if your employer who pays you is requiring you to wear a mask and you develop that maskne, which is perioral dermatitis, anything above first aid, which would even be a prescribed steroid pill or cream, anything above first aid is an OSHA recordable, meaning that falls under a reportable injury or illness and if you have lost time from work, you could be entitled to the healthcare coverage and workman's compensation. And I am not encouraging anyone to commit fraud in these aspects, but these are legal and real protections employees have when they are being asked to use something that is not designed to be worn in those situations.

Dr. Patrick G: Well you know what's interesting is I'm seeing masks, to your point, being reused over and over again. And obviously, I mean, who wants to have a budget to be buying multiple masks every single day? So they reuse them. And I sometimes chuckle, it's more irony than humor, but seeing people who come into a restaurant, for example, like you wear the mask from the door to your table, and I see people take their masks off and putting them on the table. I'm thinking to myself, "Didn't that just capture a bunch of microbes and other things? And now we're trying to keep everybody safe." Next thing you know it's on the surface of the table. To me, that seems like a much worse scenario than letting somebody just walk to the table without a mask and not putting anything on the table. Am I right about that or how do you see it?

Tammy Clark: No. That's the whole point.

Kristen Meghan: Yes.

Tammy Clark: Nobody's trained on how to use these masks and so they're actually contaminating themselves more, they're making themselves sick. And so we're picking up all kinds of things. We're seeing increases of asthma and things like that in kids and increased bacterial infections. This is why. We are contaminating ourselves worse than just not wearing anything.

Kristen Meghan: I constantly on social media, I've lost social media accounts. I get things taken down because I dare share the studies that I've utilized throughout my profession and my career. And one of them is a BMJ open study and RCT study that talked about actually signal to our career field saying that back a few years ago, when we already learned the wrongdoings of China and the World Health Organization, just believing everything they're saying, we learned from the SARS outbreak.

Kristen Meghan: That's when they started to really test these DIY cloth masks and they determined that it filters close to 0%. And the biggest concern was, it said, "To

alert the occupational safety and health professionals that this can cause cross and self contamination."

Dr. Patrick G: Wow.

Tammy Clark: And increase the viral load in the body.

Kristen Meghan: Yes.

Tammy Clark: Which creates a higher likelihood that you're going to get sick if you are exposed to the virus. So a lot of us are exposed to the virus and if our immune systems are strong, they fight it off and you never get sick, you never even know you have it. This is how the world works. We come into contact with pathogens and viruses all the time and don't get sick, right? But because you inhibit the intake of oxygen, which our bodies absolutely need and our bodies can only tolerate a very small percentage of oxygen variation, 4%. that's it. So when you inhibit the body's ability to take in enough fresh oxygen to impact and increase your immune function, you're also increasing your viral load because you're re-breathing what toxic gases should be exhaling, right? You're increasing your viral load, therefore greatly increasing your chance of sickness.

Dr. Patrick G: I'm glad you said that because earlier you said that when you wear masks, they can reduce your oxygenation by maybe 20%. And I want people to understand that's really significant and now you gave the reference point, which is saying 4% is bad. If you have a variation or decreased of 4%, that's pretty bad. Masks can cause up to a 20% decrease. I'd have to imagine lack of oxygen also is immunosuppressive in nature, meaning if you're lacking oxygen, it's going to have a depressant effect on your immune response and you're increasing viral load. It's like a perfect storm.

Dr. Patrick G: From what you're saying, it sounds like if I were to sit back and have a sinister plan and I said, "How can I get people to get really, really sick and do it on a mass scale?" It's almost like, "Make them all masked. Don't teach them how to use the mask. Don't create any standardization around this, but have them in fear," which is also as immunosuppressive. "And then have them all put on masks and behave exactly like we're behaving," the consequence of which is what, is that, "Wow. Now I got higher probability to make a lot of people really sick, who otherwise probably wouldn't have gotten sick."

Tammy Clark: Absolutely.

Kristen Meghan: Well-

Tammy Clark: Yeah.

Kristen Meghan: You bring up a great point. I'm a very visual person and I follow a lot of analogies and metaphors. And if you zoom out of this whole scenario, I fully believe, it's

my professional opinion, that the World Health Organization, the CDC, and these governments have a form of Munchausen by proxy because what they've done is they have shamed us, they have pushed us into this fear, and pushed these ideologies that if we don't comply-

Kristen Meghan: It pushed us into this fear and push these ideologies that if we don't comply, we die. So when you have case studies, like you say, you went to Georgia and things seem fine. My youngest daughter goes to a private school that does not require masks and has had five cases this whole time. Meanwhile, the high school my other daughter goes to, I get an email a day that says at least two people have tested positive. So you have existing case studies.

Kristen Meghan: We have a restaurant here that's about an hour north of my house. This restaurant owner has stayed open the whole time. Sales have gone up, masks are a choice, which in essence means no one wears them. There's no social distancing. There's no capacity limits, and this owner's a warrior. You would think that this small town, which this is their go-to watering hole, it's a great establishment. I'm not trying to lessen it, but everyone, it's like Cheers. Everyone knows your name. You do not see a rise in cases. What you see is a rise in positive mental health.

Tammy Clark: Yes.

Kristen Meghan: So the government, through their mental health games of Munchausen by proxy, would like us to think you're in the wheelchair. You stand up, you could fall. Believe me, you're hurt. You're not capable. So when we test the waters and we go maskless and we do things and we travel, I'm going to give you a hug, Tammy.

Tammy Clark: We're not social distanced.

Kristen Meghan: Super spreaders. When we realize these things can be done, there's still other things like washing your hands. How about we talk about supplements and eating clean. Those are the things that we do, and we find out we're going to be okay.

Tammy Clark: Right.

Kristen Meghan: Both of my parents are very high risk diabetics and they both had COVID, and they both said the flu is worse.

Dr. Patrick G: So now this leads me, and I have to imagine you took a look at this, but if you didn't let me know, because now we take the next step and what reference points we have. I think that the one word that should have the WHO, the CDC, and all the bureaucrats who have destroyed the lives of many small business owners and all the stakeholders in that business destroyed their lives too,

there's one word that I think should have them shaking in their boots and that's Sweden. So Sweden-

Tammy Clark: Right.

Dr. Patrick G: Sweden never said-

Kristen Meghan: We're on our way.

Dr. Patrick G: Sweden never quarantined. They never masked to the point that I think it was Kristen made it earlier. At the very beginning of this thing, their head virologists basically said, "Never in history have we quarantine healthy people. That makes no sense." Yet, if you or somebody that's at risk and we know that there's a bug around that you might want to try to avoid, then you might quarantine those people and maybe figure out PPE for them. That would make sense that they be trained on. But for the rest of the population, go back to work. So you go to Sweden today, you go rush hour to the subways, they're crowded, nobody's wearing a mask, it's passed through there. Their death rates are no different this year than prior years, et cetera. So have you guys taken a look at Sweden at all, and sort of said, "Hey, this is the validation of everything that we're telling you," or what's your view on that?

Tammy Clark: Oh yeah.

Kristen Meghan: Yeah. I mean, even just look at South Dakota. You can go on large-scale like Sweden, I've definitely been following that. Actually my spouse has the same credentials I do and is a public health professional. So his head is spinning, and he has been following the actual definitions of pandemics and epidemics, and he cannot understand why we have not adopted protocols through the science says existed and got us through flu and got us through a TB outbreak.

Tammy Clark: SARS.

Kristen Meghan: Yes.

Tammy Clark: Whatever.

Kristen Meghan: If these infectious diseases are so harmful, again, root cause. Root cause is a huge part of our professions. I'm no a nutritionist, but I eat plant-based, I take zinc, vitamin C, ivermectin. I take what works for me and research I've done for me. These things, I have been so healthy. Actually the most healthy I've ever gotten is when I left the military, but that's a different story.

Dr. Patrick G: It's all those vaccines.

Kristen Meghan: But yes, there's things you can do. You cannot tell a populace that they need to mask up and shame those who do not while also sitting here and airing

commercials about really healthy snacks and coupons at really unhealthy fast food. And sadly, based on people losing their jobs, a lot of people have been eating less healthy because of the loss of income. That's why to me, not to go too geopolitical here, but looking at the root cause of this is understanding that some of this stuff is purposeful reliance on government.

Kristen Meghan: You see the Biden transition. I know here in Michigan, we have a winner for our governor, Governor Whitmer, who keeps continuing to cite the science. Well, I just want to gear into that real quick, Tammy and I, along with Dr. Neuenschwander and his wife and an attorney, we worked on an open letter to the state officials, the health departments, the schools, all these people, just saying, "Look, based on freedom of information request, finding out what science did you use to push these mask mandates, especially on our children?" They were not studies. They were opinion pieces. We've allowed our governments to change our lives based on opinion pieces. But the opinions of professionals who are court-approved subject matter experts that sit on court cases and help people with these issues, we are silenced until people like you come forward and give us a voice.

Tammy Clark: Yeah, you should see somebody like us on every COVID-19 taskforce. Yet there's not one industrial hygienist or respiratory protection specialist or court-approved subject matter expert on PPE, pathogen protection, anything. It's just a bunch of doctors and healthcare workers who don't practice medicine and stand up there and say, "This mask saves lives." They can't even agree on their own opinion. They flip flop from one month to another.

Kristen Meghan: I think the most bothersome aspect of no respect to doctors, I've worked with doctors, my whole career. Kudos to the ones that are giving us a voice and understand we are the experts. I train doctors. I train infectious disease doctors and specialists and epidemiologists on all of this. It's really bothersome when you see people act outside of the credentials and the capacity of their professions, because nowadays it just seems everyone believes white coats. It is a very admirable profession, but sometimes people get a second opinion, even from doctors. It is just very unethical to not execute a multi-disciplinary approach to implementing any sort of controls or policy. Because if they did, I can guarantee you, the first thing we would have done is implemented and recommend that people get involved in updating their filters through engineering standards and ASHRAE standards.

Tammy Clark: HVAC. HVAC systems filters is what she's talking about. That's what Kristen and I have done behind the scenes. We've come in and we've done the air testing. We work within environments, like for doctors and nurses and healthcare workers, they don't even understand that what we're doing is we're testing the atmosphere and the environment, and then we train them on what PPE they need to use, how long they can wear it, how to change it out, things like that. So for them to stand up there and say that, "Oh, well, masks work. We wear masks all day long. It's no big deal," that could be considered malpractice because they are not credentialed to speak on any of that. No differently than Kristen and I

saying, "Well, we've got some medical certifications, and so I think I'm going to do your brain surgery today."

Kristen Meghan: There's a lot of litigation across this country. And you know who's asked to speak? Industrial hygienists and environmental health and safety professionals. We are the ones the courts recognize because this issue with adverse health effects related to respiratory protection is not new. You just wouldn't care or hear about it if you never were impacted by it.

Tammy Clark: Yeah, this is why we're so busy with court cases. All across this country, people are calling us, "Will you testify? Will you help us?" Because we are the court-approved subject matter experts on pathogen protection. I've even gone round and round with epidemiologists and virologists. I've told them, "Yes, you understand viruses. You understand pathogens, but you do not understand pathogen protection. That is not your field." And they usually shut up when I start using that word malpractice because they know it's true.

Kristen Meghan: I just would like to add this. I know people watching this may wonder, "Well, you are just two people. Where is everyone else?" We talk to those people. See the thing is, is that we both work for ourselves so nobody can fire us. I had a woman, I won't give names here, I had a woman who works at an air force base who's an industrial hygienist reach out to me and say, "Oh, this makes my stomach churn. This makes me physically ill. I can't say anything. I'm going to be fired." I have certified hygienists that are helping. They do work for the companies, but they're at that stage in their career, they're like, "Meh, I'm almost retired."

Kristen Meghan: So there's people that are coming forward. They're just not doing interviews like we are. I had somebody messaged me the other day, who is an industrial hygienist and said, "I heard you on a radio program, and I about spit out my coffee," because she works for a firm and they are not allowed to speak out about it because they will lose their OSHA credentials. Meaning they will no longer be able to be OSHA outreach coordinators. We're both able to teach OSHA 10 and 30-hour classes. I'm giving all that stuff up. I will no longer associate with an organization that is using selective science and violating the rights of private business owners based on revenue generation that is lacking due to other businesses being closed.

Tammy Clark: Yeah. I've let mine go this year as well and wrote OSHA a letter and told them I cannot ethically, morally continue to be associated with an agency that is putting undue burdens on businesses, causing many of them to go out of business and turning their backs on the very employees that they are supposed to be protecting. They are now putting at risk with their own new revisionist mandates. I cannot be associated with that anymore. So I've pretty much had to walk away from my consulting business. It's been quite a ride.

Kristen Meghan: We have found sanity in one another.

Tammy Clark: Yeah, it's true. It's true.

Dr. Patrick G: I'm glad you actually found one another because it's tough when you take these kinds of stands. I totally get that.

Tammy Clark: Oh my gosh.

Dr. Patrick G: There's the old adage that the power of the wolf is in the pack and the power of the pack is in the wolf so I'm glad you're not lone wolves here. You're together on this. It kind of gets to a bit of an absurdity here. So what we're saying is, number one, in order to try to prevent transmission or stop the spread of COVID, we should be masking up in the way that we've already discussed. We already know that, that's ill conceived. But number two, even if the masks work, which they don't in the way that they're proclaiming... Number two, there's an argument to say, it's a bad idea to do that. You should let this thing pass through the population and let it pass through the school. These kids have zero risk. Let it pass... 0.0000 something. So let it pass through and let it process and let's be done with it.

Dr. Patrick G: I guess I'm not seeing any sense of rationale behind any of this. Now you both said you're getting invitations to testify as experts. Are there people challenging the mask mandates? Is there a lot of that going on? Can you speak to that a little bit?

Tammy Clark: Oh yeah. All over the country there are lawsuits against state governments, state school boards, school officials. There's a lot going on around the country.

Kristen Meghan: There's also a lot of, I've been in the Health Freedom Movement since 2011. I'm also media correspondent. So a lot of people notice I have a very severe case of PTSD from being on active duty, which is why I hold an exemption to respirators and have since 2011. The problem is the Americans Disability Act does protect people from discriminatory practices under Title III of the law when you are forced to wear something that hinders your disability. A lot of people don't understand this, and you have people who are misquoting the ADA because they need to understand the legal definition of a disability. It's something that highly impacts your social, sexual and employment status and/or your ability to maintain personal hygiene.

Kristen Meghan: So there's a lot of people, And sadly it's disturbing, there are an astronomical amount of people who have reached out to me who have PTSD from sexual assaults, who are being told by their employers, "It doesn't matter. You must wear this mask." They have panic attacks and they've quit and they've lost money. So those are other court cases we're on where we're asking the employer, "Why didn't you attempt to do reasonable accommodation?" Some businesses are really bouncing back positively while others are pushing back and just looking at you and aligning their personal politics against those disability rights.

Tammy Clark: Well, and a lot of it is because they're scared and it tends to be these really democratic, really tyrannical governors like Governor Whitmer in our state. These businesses are terrified because Michigan OSHA just put out a statement, it wasn't that long ago, how much money they've collected from all the-

Kristen Meghan: Three million.

Tammy Clark: Fines. Yeah, \$3 million from all the COVID citations that they've issued. Now, these are all based on so-called emergency orders. Not regulations or standard or OSHA law. So what is happening is our governor, like a lot of these governors, is weaponizing this agency to go after these businesses and force them to be their mask police. It's putting really undue burden on the employers and they're scared and they don't know what to do and how to handle it, and they can't afford the fines. So they're just doing it. But at the same time, these businesses need to stand up and they need to go fight that fight in court, because what in turn then they're doing to their employees is very, very serious. It's very egregious, and it's totally illegal.

Dr. Patrick G: The tyrannical nature of this is a whole issue in and of itself, and I've interviewed some legal scholars for the series to talk about that. The censorship, which is seemingly all these tech platforms, the Silicon Valley tech platforms, have seemed to be co-conspirators now with government tyranny to shut down any dissenting voices. Because one of the questions that people would have in their head, and I think, Kristen, you anticipated, because you already brought it up saying, there's got to be other people who would at this and say, "Wait a minute, no, this isn't right. This isn't following science."

Dr. Patrick G: There's this stark irrationality here, and it would be the job of the media to go out there and get these varying views and report it because that's what reporting is supposed to be. But instead it really feels, in an unprecedented way at least to me, that it's turned into propaganda, that people are being canceled and deplatformed. Even this series, which we already know we have to have firewalls and redundancies built in to be able to get it out to people, I just know from past experience and what is it that we're saying that can't be heard? Because we have very well-credentialed experts who are speaking within their fields of expertise to express their views based on their backgrounds. They're saying it's misinformation, but isn't there a forum for debate? You don't get to go out on a regular media platform and debate this. I mean, are you guys getting censored at this point when you're trying to just say what you've just said?

Tammy Clark: Oh my gosh, yes, we've been shut down and canceled and we keep coming back. We keep finding a way, but we're using some alternative platforms as well. We are actually planning, we're in the process right now of planning a America's Frontline PPE Expert Summit with some of the frontline doctors who have said they would come and they would do this summit with us and support us.

Tammy Clark: We're having to go out and find ways to get out in the public and do rallies at capitals and then share it on what platforms that we can. Now we're developing even some private servers that we own, data that we own getting big groups to join us that way. So it's forcing us to this, what we're calling the Digital Freedom Initiative, to get off of big tech. We can do this and we're building this now, but we're going to need to unite together groups like yours and with us and the frontline doctors, but it's just a whole new digital freedom reform.

Dr. Patrick G: I think that's what it's coming to and to me it's a huge opportunity because I think that there are countless millions of people who thirst for this information and know that it's being censored and they're not being permitted to get it. I mean, 10 years ago or less, even, if somebody said to me that in the United States there'd be this extraordinary censorship around academic and scholarly debate, I wouldn't have believed it. I've traveled the world, I've been to China, I've been all over. I'd say I've seen that exist in other places, but not here. The first amendment's the first amendment for a reason. It's the first one because of how important that has become. So now we've got this really difficult circumstance that is costing, literally costing lives.

Dr. Patrick G: I, for one am completely outraged. I could get into personal stories about how the COVID shutdowns have literally cost friends of mine their lives. Longtime friends were good people who were in the restaurant business. One of my friends for 35 years, massive heart attack right in his restaurant and the people who work there said he was under such duress and such stress, trying to keep the people that worked for him fed. I mean, he was financially at a point where he probably didn't have to work anymore, but he knew the people who came there for, sometimes some of them decades, who lived week to week needed that income. He showed up every day trying to find a way and kept paying them when he could not even pay himself so that they could eat, they could live. These voiceless minorities who are out there and literally the stress finally, they found him dead in his restaurant from a massive heart attack. Not an unhealthy guy, otherwise healthy guy, because he would hike every day and so on.

Dr. Patrick G: So, and that's one of numerous, numerous stories. Nobody's looking at the collateral damage, they're just looking at COVID cases, which are based on faulty tests. Who cares about somebody who tests positive? The question is what is the health risk? What's the risk to them? None of that stuff is a consideration. I'm preaching to the choir here.

Dr. Patrick G: But one thing I do have a great curiosity about is you talked about public rallies. Because what I'm finding in the conversations inside my company that we're having is basically, I think we're going to have to go old school here. I think we're going to actually have to put DVDs in the mail and ship them to people and so on because of all the deplatforming, et cetera. But people will sign up for that because they want access to the information. I'm wondering, because I know Bobby Kennedy Jr. went out to Berlin and spoke with, he said there were a million people in the streets, hundreds of thousands in the streets of London. Again, none of this stuff is getting covered. When you are going to these live

rallies, are you finding that people are showing up and that people are coming out? Because we don't know by looking at-

Kristen Meghan: Oh yeah.

Dr. Patrick G: So what are you seeing when people show up live?

Kristen Meghan: Well, here in Michigan, Tammy's also the Executive Director of Stand Up Michigan. So she also has this background and then she's part of a huge organization here that's responsible for repealing a law and getting petitions out. I've been a part of another council in the state that's doing similar things on a smaller scale. Together we've been kind of doing more engagements together because people seeing us unite, there's so much division in this country, seeing us from two different organizations unite and speak at these rallies. I mean the media will tell you it's a couple hundred people. There's thousands of people and they bring their children, and half of these students are virtual. They're getting more education and learning about civics and their rights and things beyond the walls of a classroom.

Kristen Meghan: We went to Austin, Texas, for the Constitutional Rights Summit with the frontline doctors. They closed the capitol, but people were in the streets. The thing is, I think is important to acknowledge also all these relatives we attend, no violence, we get permits, we have great relationships with law enforcement and we follow the rules.

Dr. Patrick G: That's awesome.

Tammy Clark: Yeah, we're doing some big things here in the state of Michigan. Our goal is to help it to spread to other States. We just partnered with Sheriff David Clarke. Everybody knows America's Sheriff from Milwaukee, and he is starting a Stand Up Wisconsin group. We're helping to grow this grassroots movement for this bottom up change that we really need to take a hold of.

Tammy Clark: It's a great opportunity right now to ride the wave of the anger and the activation. I mean, it's like the sleeping giant has awakened because we've realized we've been empathetic and just like that our freedoms are gone and it's our fault. We've not been involved in government at a local level, the school boards, the city councils and things like that. We've given it away. Well, all of a sudden, everybody is standing up and going, "Wait, what? What just happened here? And what am I being told and sold?" We are really doing a good job of activating people to get things done. And our goal is to take that outside of the state of Michigan and to other groups that are organized and to help them do the same thing so that we can enable the people with a lot of these different groups to come together collaboratively and take back our powers because this is not going to change until we the people change it.

Dr. Patrick G: If someone watching this right now wanted to start a Stand Up group in their own state or even locality, how could they contact you to do that?

Tammy Clark: They can reach out to me. They can go to our website, which is just StandUpMichigan.com. They could email me directly. It's Tammy@StandUpMichigan.com. We're working with groups that are, like Kristen mentioned the group that she had worked with that are maybe sort of already formed. There may be a small group or county group that are a little bit organized, but they just want to do more and they need to know how to better organize. That's what we specialize in is organization.

Tammy Clark: We are leading the charge with this Digital Freedom Initiative as well, trying to get people off of the big tech platforms and still be able to connect and communicate. That's been very exciting. Even getting away from MailChimp. All of our emails, we're sending out millions of emails a month. Well, we were paying MailChimp and they were censoring us. People weren't getting their emails. So now we own and we host the data. We own our own email servers. So everything that's going out now is completely separate from big tech and they can't shut us down. Heck they don't even know where our stuff's coming from. So that's what we're in the process of doing right now.

Kristen Meghan: One thing that's great also is that, I know we're sitting here and we have a lot of credentials and degrees, but none of that matters when it comes to this type of thing, because people are learning. It doesn't matter if you're a stay-at-home mom or dad, or you're a high school dropout, or you're a CEO. One voice goes a long way, and it's different than when you're in school. Like a group project, there's always the one person that does everything. It's not that. People have taken on the initiative. The weight of the work is spread so widely that yes, we're overwhelmed, but so many people are just getting up and finding purpose in these hours of darkness that don't have jobs or were already just homemakers. They're finding a new form of work that's peaceful and productive and contributes to teaching their children what they should do. This has really helped raise the mental health climate within our state and seeing that what we've already done by standing up and things that have changed, and we're still fighting our local government. So you can do these things peacefully and administratively.

Dr. Patrick G: That's great. Well, Kristen and Tammy, I so much appreciate you taking the time to share all of this. I feel like I could talk to you for hours because I'm very much interested in the ongoing work that you're doing. Maybe we'll check in at sometime in the future and get some updates. But this is really in my mind heroic in nature because the obstacles that you face, the stands you have to take, like you said, having even to create your own email servers just to be able to communicate with people who signed up to hear from you. It just sounds like you'll run through brick walls or do whatever it takes to continue to do this work. So I very much appreciate you not only taking the time for this audience, but just in general, all the work you're putting in here. It literally is making a

huge difference. I look forward to the day when we can disseminate information freely again, and with your help maybe we'll get that done.

Kristen Meghan: I would love to just push this one last point. I feel like it's what we should have led with. This isn't to pat us on the back. This is just to explain people who may be wondering. I'm a military whistleblower. So for years I've heard, "She profits off of this." We have accepted free T-shirts. We do not make money off of this. I don't charge for my expert witness testimony. I've spent hours upon hours, 80-hour weeks typing into the night after my children go to bed, working on these court cases. This isn't to sound and push ourselves, we're all this or that.

Kristen Meghan: This is to show you can contribute to society and you can donate your time. If you are a doctor and you're retired and you know that there are medical reasons in which people should not have to don a mask or you still are, do what you can. Just come out of the shadows. The little bit of time that you would be doing something else, here in Michigan I have all this free time because I can't go anywhere. We do this for free. We do it because of the ethics of our profession and the hearts that we hold. And I just want people to understand that because that's usually what we're counterattacked with. But I guess my free T-shirt doesn't pay my mortgage.

Tammy Clark: That's right.

Dr. Patrick G: No doubt you're putting in countless hours. I think people probably would wish for you to be compensated for your time. I know you are in spirit, but it would be nice for you to be compensated in matter too. But thank you so much for this work, this effort. We know that it's not about trying to figure out how to profit from it, but quite the opposite. You're really having an adverse impact on your careers in order to be able to stand up and do what you're doing.

Tammy Clark: Yes. And our finances. It's been devastating financially. But this is more important because we've both said, "If we don't have our freedoms, I can cling to my business for a couple more years, but it won't matter. Eventually it's all going to go away." So there's nothing more important and nothing worth fighting for more right now.

Kristen Meghan: I've got my Bitcoin.

Dr. Patrick G: Good for you. So again, thanks so very much. Really appreciate it, and I wish you Godspeed with what you're getting done here.

Tammy Clark: Thank you.

Kristen Meghan: Thank you.

Tammy Clark: God bless.

Dr. Patrick G:

All I can say is, wow. Are you going to think twice now about wearing a mask? What about putting one on your kids? This interview was something that I found to be startling. I'm really glad that you were here to share this time with me and have a look at getting some truth and context around this whole issue of masks. Thanks for being here.

Outro



- Dr. Patrick G: That concludes episode three of our nine part-series, Vaccines Revealed COVID Edition. As you can see, there is a lot of very critical, important information here. It's very compelling. You can't get this information now because of censorship on mainstream platforms so this is the place to do it. I know there's a lot of information we covered so far, and we have a long way to go. If you need to or want to revisit this information, which I highly recommend, you can own this. You can support our mission in getting this out to the world. At the same time, you can own it and revisit it as you would like. So if you want to get this information on demand, check out the packages that we have. See the right one for you. Make that investment. Know that you have my gratitude for supporting us. I will see you in episode four.
- Dr. Brian Hooker: I've spent the last 20 years of my life investigating vaccine safety for vaccines that when they were approved were in clinical trials for years. The average approvals process for a vaccine or a biologic is somewhere between seven to 10 years. Now, fast forward into the era of COVID-19. We're getting these vaccines that have been tested for a matter of months from concept design to where they're actually approved for emergency use in the United States through the FDA is less than one year. So this is a recipe for disaster.
- Dr. Tom O'Bryan: Historically we know that the effectiveness of flu vaccines is very, very low because the vaccine that you're given is from the flu last year or the year before. And it's a new flu every year. That it's unlikely we're going to be exposed to the same virus that came out a year ago. These things mutate. We have no way of knowing what the dangers are going to be. There is a group of people that are at risk of having vaccination reactions that are dangerous. That group of people are those that carry a particular gene, and there's lots of science behind this.

Bonus Interview: Andy Wakefield



- Dr. Patrick G: Welcome to part two of my interview with Dr. Andrew Wakefield. If you saw part one, you understand why this is vital information. As a matter of fact, we had our interview with Dr. Wakefield in the basic vaccines revealed program, the original project we put together, but we felt his expertise and updated information was so important that we needed to do an updated interview with him. You saw part one, this is going to be part two. There's a lot of great information here that you need to be aware of, so let's dive right in.
- Dr. Patrick G: What I think, brilliant about this is the fact that there's the sense of the human spirit and the protectiveness and nurturing of a mother, these are variables that don't exist in the scientific world, if you will. And to me, amazing that you got there, my own experience in practice cooperates this with mothers who would bring their children in to see me and questioning the vaccine thing and why they were questioning it and how their instincts drove them.
- Dr. Patrick G: So many times mothers kids' diagnosed as hyperactive and the doctor's trying to give them Ritalin or other such medications. And the mother, even though she's getting the authoritarian input from the places that she's getting it, there's a gut instinct that says, "It doesn't feel right for me to be giving my child this. There's something there that..." And no offense to the men, but the mothers do have that special X-Factor, intuition that, I think, guides them to truth. So, it's amazing especially understanding your background, how you arrived at that particular level of sensitivity in the film and how you were able to dramatize it and bring it forth and understand it. And I wouldn't have thought of it myself and that's why I see it as a brilliant insight, because as I observe it, if we're going to be able to overcome the adversity that we're facing in this issue, I believe there's nothing stronger than mothers.
- Dr. Patrick G: Especially mothers who now are assembled around a central issue in the protection of their children. I don't think there's any force more powerful than that. We can try to battle it on the intellectual, scientific and academic basis, but we're basically taking a knife to a gunfight when we try to do that. But let them try to squelch mothers who are trying to protect their children and now I think we've got a nuclear power in essence. I think that was just a brilliant insight on your part and it's our best hope to try to overcome the adversity and the obstacles that we face. With COVID, if I could ask you this we see these varying types of vaccines, we know that there've been some human trials done. They're promulgating, oh, look very promising results that we're seeing right now with these COVID vaccines and how we're going to get them to market quickly. And the whole scientific community and the world is working on this. What's your observation on where we are with COVID vaccines right now, and what you've seen?

Andy Wakefield: We've been here before, Patrick. We've been here before, we've rushed vaccines to market, and we paid a very high price for it. Let me give you a salutary lesson in terms of where we're going with vaccines now. We're moving away from live viral vaccines that were grown in animal cells and we're doing that covertly because those animal cells were contaminated, contained viruses that were specific for those animals. Whether that was in chicken retro virus, or whether that was a mouse retro virus, or whether that was [inaudible 00:04:34] virus. We discover after the fact that these vaccines are heavily contaminated with viruses that never should have got into man. Who knows what they're doing when they get into man. And so, there's been this acknowledgement of that and a shift away from that to the use of aborted human cell lines.

Andy Wakefield: And now these Frankenstein vaccines that are essentially RNA or DNA constructs, where you take the backbone of one virus and you splice into it genes of another virus that allow you to apparently elicit an immune response to that other virus. And these are, in my opinion, extraordinarily dangerous. And there is an example of this, and that is the dengue fever virus vaccine that was used in the far East. And here you had a company making a vaccine that was the backbone of the yellow fever virus with inserts of elements of the dengue fever virus vaccine. And so, what they hoped with this Frankenstein virus is that would elicit an immune response that would protect children. So this vaccine was licensed and it was given to many, many children and it was fine. It produced an immune response, and it did not produce apparently severe adverse reactions.

Andy Wakefield: Until those children were exposed to natural dengue fever and when that happened, it was catastrophic. Their immune system was prime to overreact to the natural infection and many of them became severely ill and died. Did they anticipate that outcome? No. Did they monitor for that outcome? In fact, the company who made it were aware of that outcome when the vaccine was licensed. They were aware of the potential dangers of their vaccine and yet it went to market and was given to millions of children. That is the company with which we're dealing. And so, here we have an unpredictable, unexpected adverse event, which was catastrophic for a lot of people and led to withdrawal of that vaccine. There is a lesson for the future. And when the original SARS vaccine, when they attempted to develop that, another coronavirus, some 10 or more years ago in a laboratory in ferrets, it produced exactly the same phenomenon of immune enhancement with the vaccine, such that when you were exposed to the natural infection, you became extremely ill and they abandoned that vaccine.

Andy Wakefield: Can it happen? Yes. Has it happened? Yes. Can it happen again? Most certainly, yes. So we have to be extremely careful how we go forward with these vaccines and the idea that it's going to be rushed to market, that it's going to be mandated. Oh, and by the way, there is absolutely no liability for anyone in the supply chain of that vaccine at all. So if you're damaged, too bad, you're on your own. So are we prepared to go there? Is that what Americans want? Do you want to say, "Look, I'm going to hand over my health to you. I'm going to hand

over decisions about what's injected into my body and my children's body to you. An elected official, and you're going to make the decision for me for all time." And it's not just going to be this vaccine because once we've passed this vaccine in this way, it's going to be all of the recommended vaccines. And by the way, anything that we decide to put on the market in the future, we have control of your bodies. Is that what people want? I don't think so.

Dr. Patrick G: And hence, that might be why 50% are saying, "I don't think I'll get this." And that resistance and to me, that's got to be fueled rather than quelled. But in the end there is this and this is what you cite, there's this get out of jail free card. If they somehow get it through approvals, at that point, there's no liability to the manufacturer of these vaccines. And as you cited and this is what the act is about is that suddenly, the people who are supposed to be scrutinizing this saying, "Hey, we're here. We have these agencies that are supposedly funded to protect the public to scrutinize these people and hold them to account."

Dr. Patrick G: And instead now, the CDC is one of the biggest customers to buy these vaccines and distribute them. So the dynamics are such that it's almost impossible given the current structure to get an honestly built product that is properly tested to the market, it breeds corruption, incentivize the corruption to a degree. It's really disturbing. And from what I've heard, and tell me if you know anything about this, the people, humans who've gotten injected as test subjects for the vaccine, a very high percentage of them actually had adverse events.

Andy Wakefield: Yes, moderate to severe adverse events. And these were the healthiest people you could find. They weren't the people who were at risk of COVID-19. These are the people who were not at risk of any adverse outcome to COVID-19. They were the ones who were used in the trial. Now that's okay as long as you don't then seek to extrapolate from that information to an unhealthy population, people with comorbid conditions or the elderly, because that's not in whom you're giving the vaccine. And the reactions, the worst reactions were seen at the highest dose. And it's the highest dose that's going to need to be given to the elderly because they don't produce immunity as easily or robustly as younger people. So they're going to have to be given the higher dose, and therefore, we're going to see the adverse reactions in that group.

Dr. Patrick G: So this is actually very interesting because you're saying that in the test so far, the people who got the highest dose had the most adverse reaction, fairly serious ones. And that in the elderly, and this is something to think about because there's a lot of talk, especially now COVID some of the scandal around the nursing homes and what happened there and how many elderly people died. And not only are we protective of our children, we're also protective of our parents, right? We want to think about them too. And that we got healthy people who are having adverse reactions, elderly people, I think you said they can't muster a robust immune response like somebody who is younger and more robust in their health and the consequence, which is now you're taking a higher risk population.

Dr. Patrick G: People who have a higher probability of a bad reaction to a vaccine and giving them a bigger dose, it's like a perfect storm that seems to form when you start to take this and put it into the market. So really it's ugly looking at what the possibilities of what seems to be unfolding here. Do you, I'm going to ask you to crystal ball gaze a little bit and say, okay, you're very versed on the dynamics and the variables of everything that's going on. You see how things are unfolding, what are you anticipating? And of course, there's maybe more than one scenario. And then of course the question that needs to follow that is what can people do to prevent the bad scenarios from happening?

Andy Wakefield: Okay, let's go back to the beginning. This was a man-made virus. It was a virus that came out of a bio weapons research lab. It may have been the work may initially have been done for humanitarian reasons, I doubt it, but there we are. This is a catastrophe that has been created by man, it's been created by virologists who have been created by the very people who are pushing a vaccine agenda now, who are loading the merits of a vaccine. This was a biological error that should never have happened. And scientists anticipated this some years ago and said, "This science must stop. This molecular manipulation of viruses to produce we do not know what, we do not know what consequences has got to stop right now." And then it was shipped off shore to Wuhan where it has caused a major disaster for the world.

Andy Wakefield: A disaster that's been blown out of proportion in virological terms, but in economic terms has been completely catastrophic. So this science must stop right now worldwide, okay? Because it will lead to the similar catastrophes in the future. That's number one. Number two is that I've always maintained from the very beginning that with these respiratory diseases, these respiratory pathogens, then they follow a typical cycle. And we're seeing that cycle emerge irrespective of what we do. And when you look at Sweden and no one wants to talk about Sweden, where there was no lockdown and no masks and no mandatory distancing. What we saw is that disease has taken a typical format of high mortality and disappeared to less than one death a day, and it's disappeared and the community have natural herd immunity. They are protected.

Andy Wakefield: So the young who wouldn't get the disease have had the disease who wouldn't get severe disease have now had the disease and are immune and are protecting the older people who needed to be protected from this disorder. That has happened. And so, Sweden has now moved on and its economy will survive. The same cannot be said for other countries, many other countries worldwide, including the U.S. So we have a taken the wrong approach to this. What we've seen in this entire experience has been the death of experts. How many experts have been shoved in front of us and told us things that turn out to be completely wrong from mortality to testing to what a case definition is. And the public are understandably, entirely confused.

Andy Wakefield: So we need to get away from the mainstream news if we are to survive this onslaught. We've got to stop listening to those outlets, those news outlets that

are beholden to the vaccine makers in the first place, okay? We've got to get away from the fear. We've got to get a perspective on this. And I think that going forward, people need to learn. And I think there will be a number of films that emerge from this experience that will tell the true story of what happened. And that is the power of film, to tell people what has happened and therefore for the future, what should happen should we ever be unfortunate enough to experience this again.

Dr. Patrick G: And what is the best way for people to resist saying, "Okay, I want my voice to be heard. I am not having this vaccine. I'm not giving this vaccine to my family," et cetera. And then number two, censorship, I think is one of the biggest obstacles. We had a conversation, I mean, even this conversation, trying to get it out on the regular platforms your cutoff everywhere. So you understand the censorship as much as anybody, how do we solve the censorship problem? So people can get informed and then make informed decisions?

Andy Wakefield: Right. Well, I'm going to say something that's going to be highly controversial. I don't care. That's my life. That's my job. But who are you going to vote for in the next election? It's a question. Who are you going to vote for? Let me tell you who you should vote for. You should vote for your children, you should vote for your children, your grandchildren, the future of this country. And you should vote for politicians who are going to put the interests of your children and your grandchildren above those of the pharmaceutical industry, who for the most part, are paying for that campaign. How does that break down on a national level? If you look across the country where there have been attempts at passing State mandates or State mandates passed, right the way across the country from California to New York, then the Democrats have been in favor of mandatory vaccination across the board.

Andy Wakefield: It seems perversely to divide precisely down political lines. And the Republicans are in favor of health freedom. You choose, you choose. If you decide that what you want is mandatory vaccination, these decisions to be taken away from you, to be usurped by unelected officials, so that you are told what you're going to have put into your body. If that's what you want, then your choice is clear. If that's not what you want and this is a single issue vote, because I'll tell you this. If this continues, if this policy continues, if by 2032, one and two children have autism in this country, there is no economy. Don't worry about the economy, there is no economy. There's no standing army. There's no police force. There's no foreign policy that counts. It doesn't exist because you either have autism or you care for someone with autism.

Andy Wakefield: And that's before COVID vaccine ever came on the scene. So don't worry about these other issues, make this a single issue election. And that is health freedom, because health freedom is the greatest threat to the world, not just America, but to the world right now. And if we get it wrong now, we will get it wrong for a very, very long time. And that is the lesson from 1986 The Act, we got it wrong for a very long time and many, many children were damaged as a consequence.

So you choose, you make your decision, but when you've made it, you have to live or die with it.

Dr. Patrick G: Yeah. And I think it's critical that, and you make the point, this is a single issue. We're not talking generic politics and policies about all these other issues, multitudes of issues. But if we get this one wrong, none of the other issues that you might care about would seem to matter. If we don't have health freedom, and we keep going down the road that we're going to destruction, then these other things that you care about are inconsequential. I'm sure a lot of people want to see The Act, if they haven't already, where can they go to do that?

Andy Wakefield: Go to 1986TheAct.com and you can stream it there, you can download it and buy it, or you can order the DVD. The DVD I just went through this morning, did a quality control check on it. It's going out in German and Russian and French and Spanish and Italian. It's going out in Polish and Croatian, and we're getting it out to the world. So the DVD will be there and available. It's fascinating how many people want DVDs. A very, very interesting observation the other day, Patrick, and that is this. And this was a lesson to me is that I would at a meeting and a showing of the film in New Jersey and there was an African American lady there who said, "Understand this, my community do not stream, okay?"

Andy Wakefield: We don't have access to streaming. We want the DVD get the DVD." We hadn't planned to produce the DVD for some time. I was humbled by that because I didn't realize that there are a large proportion of the population who will only watch the film on DVD, because that's what they have access to. So get them the DVD. And if that helps you in your decision making, you may have already decided to get it out there upfront, but people still love that hard copy, so get it to them.

Dr. Patrick G: As a final sentiment, I'll tell you through my decades in looking and being activated in this issue and understanding the significance of it. I just want to say from a personal level, I shudder to think where we'd be right now, if not for you in the stand that you've taken, you're an extraordinary stand taker who's faced adversity, I think that would have crushed most people. And I still to this day, wonder how to withstand some of the things you did, but you did. And I just, number one, want to personally convey my gratitude for your ongoing work and effort. It has made a measurable difference in the world. I think it has saved and helped to heal countless lives and I appreciate that. And then further, to say that for this particular series, I appreciate you contributing here also.

Andy Wakefield: Patrick, you're very kind and thank you very much. And I know this will go out to many chiropractors. I'm an enormous fan of chiropractors. When I first went to a chiropractic meeting, there were thousands of them there, they're the fittest people I've ever seen in my life. They talk the talk and walk the walk. And I thought, "This is convincing." Not a medical meeting where people are drunk and overweight and dying young. This was something where these chiropractors, they looked like the message they were talking and I was very, very impressed with that and it's a lesson for us all. So thank you very much.

Dr. Patrick G: Thank you for those kind words and again, thanks for being here. And we'll see how this unfolds and we might be looking to you for some updates in the future if you'd be so inclined to give it to us.

Andy Wakefield: Thanks very much Patrick.

Dr. Patrick G: Thank you. That concludes part two of my interview with Dr. Andrew Wakefield, as you can see the information in this docuseries is something that people need to know, need to understand. It's hard for people to get to the truth when it comes to this entire vaccine issue, and it's very chilling what's being proposed. So please help us by spreading the message. I appreciate your time. I love sharing this with you. Thanks for being here for part two of this interview.



Episode Four



- Dr. Brian H.: I've spent the last 20 years of my life investigating vaccine safety for vaccines, that when they were approved were in clinical trials for years. The average approvals process for a vaccine or a biologic is somewhere between seven to 10 years. Now, fast forward into the era of COVID-19, we're getting these vaccines that have been tested for a matter of months. From concept design to where they are actually approved for emergency use in the United States to the FDA is less than one year. So this is a recipe for disaster.
- Tom O'Bryan Historically, we know that the effectiveness of flu vaccines is very, very low. Because the vaccine that you're given is from the flu last year or the year before. And it's a new flu every year, that it's unlikely we're going to be exposed to the same virus that came out a year ago. These things mutate. We have no way of knowing what the dangers are going to be. There is a group of people that are at risk of having vaccination reactions that are dangerous. And that group of people are those that carry a particular gene. And there's lots of science behind this.
- Dr. Patrick G: Welcome to episode four of Vaccines Revealed COVID edition. Well, we're going to be approaching the halfway mark now in our nine part docu-series. And as you can see, not only have we covered a lot of ground, but there's a long way to go. So I'm really glad you're taking this ride with us. I promise none of this is going to disappoint you. As a matter of fact, I think a lot of this is going to startle you. You're going to find out information here you're not going to get anywhere else.
- Dr. Patrick G: I also want to recommend that you invest in Vaccines Revealed COVID edition, that you own this, that you can get it on demand. We have varying packages with really great bonuses, not just this material that you're getting in this series, but bonus materials I think you're going to care about. So check out what packages we have, find the right one for you, and know that we truly appreciate the fact that you will support our efforts here in getting this out to the world. We're living in a world that is very Orwellian, the censorship is growing. And you having this information and being able to share it is absolutely critical. So thanks for being here with me. Let's jump into episode four.
- Dr. Patrick G: Dr. Brian Hooker is a personal hero of mine. Not only is he, a PhD, has an extraordinary academic background, teaches at a university, he's also the father of a vaccine injured child. And his quest to understand what happened to his own child, so it won't happen to other people's children, led him on a journey that is extraordinary. The hundreds of thousands of pages of scientific literature that he has reviewed. The documents through FOIA that he requested from the

CDC and scoured through. His telephone calls with Dr. William Thompson, from the CDC, who was one of the chief scientists working on the whole vaccine autism project and bringing those conversations to light. So people can know the truth and understand that we were being lied to, when it came to the connection between vaccines and autism. His work has been tireless. It has been consistent. It has been something that has been inspiring. And absolutely, has made a big difference in this world.

Dr. Patrick G:

Well, when we turn our sights on the COVID vaccines and the implications of what they represent, he was one of the first people I wanted to speak to. He's amazingly articulate, intelligent, and also caring. He cares about this. He cares about you. So this is something that you're going to learn a lot from this particular interview. So why don't you just turn off all distractions, lean in, and enjoy this interview with Dr. Brian Hooker.

Dr. Brian Hooker



Dr. Patrick G: Brian, before we start, I just want to acknowledge that in my life, I have a handful of people I really consider heroes. And you're one of the people that's in that handful. You're this guy that maybe doesn't... you're not out seeking attention necessarily or looking for platitudes and self aggrandizing and all that kind of stuff. It's not an ego based thing. But I literally, when I look at what the pivotal figures are in this whole vaccine issue over time, and I see who has really done an almost unspeakable and mean amounts of work, effort, energy, and also has the mind and the expertise to be able to be effective in that work, you're the first name that comes to mind, with what you've been able to do.

Dr. Patrick G: If what you've done in your past, as far as William Thompson, the CDC, bringing all this to light and getting it out there, if it were not for that, I don't know that we'd even be in a position to have the conversation we're going to have right now. So before we even get started, I just want to say thank you, and that the work you've done has impacted lives that you'll never know.

Dr. Brian H.: Wow. Well, that's overwhelming. And I appreciate so much your support for what so many people have done in this community. And you, in terms of being able to get the word out in venues like this, thank you. Thank you. And I came by this, honestly. I have a vaccine injured child. And so, I see him every day. And my first priority is him and creating the best world that I possibly can for him. And as I see him, his personal struggle to overcome his vaccine injuries... But also, this should not happen in a vacuum. We need to let people know what's going on. And we need to continue to fight. And there are so many others you could name that are in this fight as well. But thank you so much.

Dr. Patrick G: Yes. Can we just briefly mention your academic credentials, if you will. What your PhD is in and the type of work that you've done? So that it's a reference point for why you can speak to this subject.

Dr. Brian H.: Right. I received my PhD, gosh, back in 1990, it's been 30 years. I don't feel that old. But my PhD is in biochemical engineering, which is sort of a mixture of biology, chemistry, and engineering, hence the title. And I have done a lot of external training in medical epidemiology over my career. Since graduate school, I've published over 65 scientific peer-reviewed papers in frontline peer-reviewed journals. And then also, about the last 15 or so have been in medical epidemiology, specifically, with a focus on vaccines and vaccine injury. When I was back in graduate school, a lot of my training was in statistics. And now, that I am exclusively doing this type of research around vaccine injury, it's been a huge help for me. Obviously, I want to do good. I want to make sure that as the pharmaceutical industrial complex is putting out more and more vaccines, I want to study those vaccines and see, using definitively good science, what are the long-term health effects. And so, therefore, I have aligned my research

towards this. I can't think of anything else at this particular point in time that I would rather be doing.

Dr. Brian H.: In the past, I've done also genetic engineering, molecular biology around plants and microorganisms. I hold five US patents on different genetic elements that we discovered. And I say that for a reason because it's really enhanced my understanding. Especially, what's going on now in the light of the different variants of the COVID vaccinations that are being rushed through testing. And so, having a background in genetics, having an understanding how genetic engineering and molecular genetics works, then that's given me a unique perspective on what's coming down the pike and what is being administered right now to the American public.

Dr. Patrick G.: Yeah. And you mentioned this earlier because all of that background is absolutely applicable to what our considerations are today in looking at COVID vaccines, especially these mRNA vaccines. But further on the personal side, as you mentioned earlier, you're the father of a vaccine injured child. So you have the personal story and experience and knowledge of what that means and what the impact is on people's lives. Simultaneously, you have an academic background that gives you a special perspective and being able to do analysis on these things and come to certain conclusions. So in case somebody hadn't seen some of our prior interviews, I wanted to make sure that anybody watching this would understand who they're hearing from right now.

Dr. Patrick G.: Can we start, Brian, maybe just with the big picture. What are your views of COVID in the general context, before we dig into the actual vaccines?

Dr. Brian H.: This has been such a tragedy and a nightmare, not necessarily because of the coronavirus, COVID-19 or SARS-CoV-2 or whatever you want to call it. But I think more appropriately towards the sort of official government, the official pharmaceutical industry response to this circulating virus among our population, and it's been a prolonged nightmare. I live in a state of California, where the lockdowns and the quote, unquote quarantine measures are much more aggressive. And so, I've seen businesses fall by the wayside, I've seen lose their livelihood, and I've seen such a radical amount of fear, irrational fear, that has been associated with infectious disease. And without getting into the details of the new variant of coronavirus, this COVID-19, what's happened to society, it is abysmal. I wish I could tread more lightly, but this has been a fraud perpetrated on society. We have talking heads that have everything to gain by this pandemic and by hyping this pandemic. And as a society, we're being duped over and over and over again.

Dr. Patrick G.: So in being duped, is a big part of this the fact that COVID 19 doesn't really represent a grave threat to people's lives and mortality? What aspects are we duped around?

Dr. Brian H.: Well, not only do we see that, especially, among the general population and among the population that they're clamoring to try to protect, the mortality

rates are low. But the other thing is that effective treatments, like hydroxychloroquine, are being suppressed. And good common sense is being suppressed. And it seems like if anything comes out on the market and it doesn't have a high profit margin associated with it, then it's automatically dismissed by the government. It's automatically dismissed by the pharmaceutical industry. And yet, we have anecdotal reports of even the President of the United States getting hydroxychloroquine at Walter Reed hospital and recovering from COVID in a matter of days. And so, it's like the one-two punch. We're dealing with a virus that its mortality rate is not extremely impressive. And then, we're being hamstrung and we're creating a crisis because we're withholding treatment that's actually effective.

Dr. Patrick G: Yeah. And that is disturbing. There's really no words for how disturbing that is. As you said, you have a lot of background in biostatistics. So it's not a matter of you reading a headline and running blindly down a dark alley and screaming things. You're actually, I'm sure, reviewing data from varying sources, like the CDC and others, looking at, I guess, mortality rates, morbidity. There's a book I read a long time ago called *How to Lie with Statistics*. And there's ways to be able to make something appear how you want it to appear, if you have an intention to do so. And then, I guess, I'll also add to this with the question, this whole testing protocol and how misguided that seems to be, I'm just wondering if you see it the same way. So if we look at the testing protocol now, the data that yields, the response to that data, and then, what the true threat is, can you actually tell us what you've seen in the pure data? Not looking at any one side per se, but just the pure data, what's it revealing to you?

Dr. Brian H.: The thing that is so frustrating is the lack of high quality data. The standard around identifying COVID-19 is a PCR, Polymerase Chain Reaction, and whether a patient is symptomatic or asymptomatic. And that is just bad medical diagnosis. You cannot differentiate between a hunk of DNA or a hunk of RNA and a live virus using PCR. Even the inventor of PCR, Dr. Kary Mullis said definitively, PCR is not a diagnostic tool for viral diseases or bacterial diseases because it does not... it distinguishes, it basically makes many, many copies of a piece of nucleic acid, a nucleotide, whether it's a DNA or an RNA nucleotide, it makes many, many copies of that. And then, based on the presence of those copies, then we can say, yeah, that piece of DNA or that piece of RNA is there. But going beyond that and saying, "This is a live infection," that's a stretch. That's a stretch.

Dr. Brian H.: So the numbers that we see, especially, when they start to do more and more rounds of PCR, and typically, they're doing over 37 rounds of PCR, that can pick up little bits of residual DNA and RNA that may have existed from a preclinical infection, may exist just by happenstance. And it may just be a poor read because sometimes you can read with PCR, and PCR will match on to things that aren't necessarily there. Especially, when you start to do multiple rounds. When you get over 37 rounds of PCR, then you start to identify residue that has no basis in reality, in terms of what is happening with that patient. So it's bad medicine and it's bad data.

Dr. Brian H.: And so, when you look at saying, Oh, 17 million, 20 million cases of coronavirus in the United States or whatever the actual figure is right now... I stopped tracking it because I'm so frustrated with the lack of good information and the lack of good medical diagnoses. Practitioners are not involved in these diagnoses. These are drive-up clinics where people are getting nasal swabs regardless of their symptom profile. And then, if they test positive for COVID, they check a box. And I'll tell you that's a really, really flimsy basis. And we're overestimating the infectivity of this particular virus because of that. Not even getting into then talking about what constitutes a death or what's the mortality rate for COVID.

Dr. Patrick G: Yeah. So these rounds of amplification, I guess you're talking about, is that standardized across the board, or is everybody doing a different amount of amplification? Is amplification the right term I should be using for that?

Dr. Brian H.: Amplification is absolutely the right term. You get your PhD for the day for amplification. But the standard that's being used is a 37. I wouldn't have gone beyond 35 rounds of PCR. But what I've heard, and don't confirm this, I think different labs are doing, perhaps, more or less rounds of PCR. I've heard some anecdotal reports as many as 40 rounds of PCR. And again, once you get beyond 35, then you're identifying residue that you may have a very, very flimsy basis for that identification. And you lose context of even whether that DNA or RNA is actually there in the first place.

Dr. Patrick G: And let's apply this now to practical reality. So if we have a test that's amplifying signal, if you will, or for what it's looking for, where you can get a lot of, we call these false positives. People who really don't have an active disease, but it says that they do. And you're scaling the test to more and more people. And then, you got a government looking saying, "Oh my God, we're having a spike in new cases," which is not true based on the data as you just described it, "we're going to shut down the economy. And we're going to start destroying a bunch of businesses and destroying people's economic lives," not to mention all the psychological conditions that come with that. Is that pretty much what's going on?

Dr. Brian H.: I wish I could say differently. But honestly, what's going on is a reaction based on a very, very faulty test that is highly prone to false positives. And the amount of anecdotal reports of people who have tested positive for COVID, who were asymptomatic, and remained asymptomatic until they were cleared with a negative test for COVID, is substantial. And so, making policy decisions and making decisions that radically affect large percentage of our populations' livelihoods... think of the small business people in the United States that are suffering and are having to have their doors closed, over and against the Amazon.coms of the world and the Walmarts and the big-box stores. This is so tragic.

Dr. Brian H.: And like I said, I used to follow the coronavirus data on a daily basis. I'd go out to world counter, I'd look at the countries, I'd look at the states, the United

States, I'd look at the counties in the state of California. And do that with alacrity. I stopped doing that because of the quality of the data is so poor. I feel like we're shooting arrows into the dark. And we're making these draconian decisions based on false information.

Dr. Patrick G: Why do you think... because every expert I've spoken to thus far has said that the PCR test is an invalid test and inappropriate test. Even as you cited, the inventor of the test said this is the inappropriate use of it. Why do you think it got adopted? Why is the widespread adoption of this test happening, when every expert I know, at least that I've spoken to, says that this is a bad way to try to assess if somebody has COVID-19?

Dr. Brian H.: I think there are a couple of reasons for it. It's quick. It's easy. You can run PCR relatively inexpensively. And you sort of in the post genomic era, it's very easy to do that. And you can get quick and dirty results for the bean counters. And that will translate into policy decisions on a population basis. It's much more difficult, and it's much slower, to have a practitioner evaluate everybody that comes in and has the symptom profile, that has COVID-19. And so, that's the slow road. That's the more conservative road that I believe that we need to take.

Dr. Brian H.: But instead, we've had a rush to judgment because of this sort of threat of infection. And also, we haven't had enough resources dedicated towards good diagnosis. And I also think that, from an alarmist perspective, we have individuals who are now in their heyday, who are getting their 15 minutes of fame. Namely Anthony Fauci, who is on the cover of Time Magazine now, and making these broad proclamations. And actually, flip-flopping on broad proclamations as we move along. At first masks weren't necessary, and now masks are required everywhere. Even my 22 year old developmentally disabled son, who can't wear a mask. He can't keep it on, he keeps on taking it off, if we fly on an airline, he has to wear a mask.

Dr. Brian H.: And so, I got on the phone with the United sales representatives and TSA to try to get this waived for him. They said, "Absolutely not. He has to wear a mask. And if he doesn't wear a mask, then he's not protecting our other passengers." So slam bam, no thank you, ma'am. So you have these individuals that are making these policy decisions, and I'd hate to say it, but a lot of these individuals, including Tony Fauci, are acting like they're drunk with power. And so, they get this bad data, and they also have bad data regarding mortality of COVID-19, which is being liberally put on death certificates for individuals that have myriad comorbidities-

Dr. Patrick G: Let's talk about that. So when you look at the actual data as far as mortality, which is still low even with their reporting, compared to the some horrible pandemic... But I've been looking at all-cause mortality year over year over year. So one question I'd have for you, given your background, is can there really be such thing as a pandemic when all-cause mortality doesn't change year over

year? And then the second thing is, are we attributing COVID deaths to things that aren't COVID deaths?

Dr. Brian H.: First of all, they can call a pandemic on whatever they want to, a pandemic. A pandemic is basically an epidemic that's on multiple continents. And an epidemic is a disease frequency that's higher than normal. And so, since COVID-19 is new, any disease frequency above zero is higher than normal. And so, once that disease appears in multiple continents, even as handful of cases, then by classic epidemiology, you would call that a pandemic. And they're using that, they're throwing that term around as scare tactics. But all it means is that you've got a disease frequency that's higher than zero on multiple continents. And they called it a pandemic. As soon as it spread off of mainland China, then they started calling it a pandemic, as soon as they knew about it.

Dr. Brian H.: The second part of your question, yes, COVID is being overused as a cause of death. If you look at the CDC guidelines for causes of death that were amended in March of 2020, you can see that if COVID was a contributing factor, then it is counted as a cause of death. Regardless of whether the person had heart failure, regardless of whether the person had COPD before they contracted COVID, regardless of whether they had diabetes or other types of conditions. Then if the patient died with COVID, then it's being interpreted as they died of COVID. And that is two vastly different things.

Dr. Patrick G: And in some instances, it might not even be a contributing factor. Is it possible it's just coincidence? Like, it has nothing to do with the person's death, but nonetheless it's still gets counted?

Dr. Brian H.: I would hasten to say that, yes. That it may or may not be a contributing factor, and it may also be an iatrogenic death because of mistreatment of COVID-19. We have to take that into account too. When they're putting people on ventilators and the ventilators have been used multiple times, with improper sterilization techniques, then it seems like there's a high quantity of people... If I was checked into a hospital and I had that type of symptomology, I would check myself out of a hospital before they put me on a ventilator. Because it seems like that's the kiss of death. When you look at the statistics, those individuals that are admitted to the hospital get on ventilators are dying at much higher frequency.

Dr. Patrick G: Wow. So this all is chilling, in and of itself, as far as just looking at the big picture and the data and how misguided we are in taking bad data and then, making bad policy decisions. There's a lot of conspiratorial talk around agendas that could be driving this. But independent of the conspiracies, and I think a lot of them really do have some validity when you kind of connect the dots, the reality is we do know that the testing is horribly flawed. We do know that the people are taking the results of that testing and making policy decisions. And these policy decisions are severely adversely affecting people's lives. We do know that the way the death count is being counted, it's wrong. So now, let's let this lead up to a question, which is, based on your own calculations, what do you think

the true risk of mortality is from COVID? And I imagine you maybe have to do some subgroups on that. But how high is the risk of death, if someone were to actually contract COVID-19?

Dr. Brian H.: I say that the risk of death of somebody contracting COVID-19, if you're under 70 years old, is minuscule.

Dr. Patrick G: Is minuscule less than 1%, less than half a percent?

Dr. Brian H.: Less than a 10th of a percent.

Dr. Patrick G: Wow. Okay.

Dr. Brian H.: I see that there are risk groups and if you follow the data... and it's so difficult, it's so difficult. And as a scientist, I might seem a little evasive with this, and it's just because we're getting such poor quality data. The mortality rates are, obviously, higher in individuals that are above 70 years of age. But also, you need to look at, what is the overall mortality? There's a mortality risk of being over 70 years of age. And so, that is much greater than a healthy five-year old has much lower mortality rate than a healthy 70 year old. Or even an unhealthy 70 year old, which unfortunately, in our country is more the norm. It's more the rule than the exception. But looking at that, it's very, very difficult to say that somebody that's 70 years old... and my parents are in their 80s. And so, I've talked to them directly about this and how they can protect themselves directly. And especially, under the pressure now to get a vaccination. Fortunately, neither one of them is in long-term care. And so, I'm very, very grateful for that. But I think that even though the rates of COVID are much inflated in those populations. And I dare say that they would even go above 1%. And we're being told that COVID mortality for those populations is more like 5% or more.

Dr. Patrick G: These data have significant impact on what people should do or what policies should be made. And it's a big difference...

Dr. Patrick G: ...To do or what policies should be made. And it's a big difference between under 1%, 5%, et cetera. And the thing that is mind boggling to me, that extrapolates from this, I'd have to imagine it. Kids who are school age have virtually zero risk, you'd never be completely zero, but I would say virtually zero risks, correct?

Dr. Brian H.: There's virtually zero risk of a COVID mortality for a school aged child. I'd say anybody from pre-K all the way to college and graduate school, there's such a small risk associated with this. And I say this coming from an Institute of Higher Education, that's moved almost completely online. Almost completely. We still do our laboratory courses face to face, everything else is online. Yet my student population is typically average age 20, 21 years old. There the risk of mortality is nil. It doesn't exist.

Dr. Patrick G: So, crazy to mask them all, shut it down and go virtual, et cetera. It just seems like stark irrationality based on all this. And what we have though, are these regulators and these policymakers who have made these very harsh decisions, invested in this now, that if they were to come back and say, "Oops, sorry. We got that one wrong. We overreacted." They're going to have a confirmation bias now to justify their decisions. Have you looked at Sweden and said, okay, there's... Because that's the thing that they all have to be hiding in the corner saying, "Uh oh." There's a reference point here of a complete culture never masked, never shut down, never did any of this. They just said, hey. Let this process through our population. Have you looked at the data out of Sweden? And if you have, what have you seen?

Dr. Brian H.: I looked at the data out of Sweden early on, and it seemed like they let the disease progress through their population, the way that an infectious disease is designed to do, to go through a particular population. I know that the early mortality rates were low. Other mortality rates, as far as I know, I haven't followed up as much as I should, but as far as I know it continued to be low. And one of the things that happens when you do that, is that the virus adapts for its own survival. Okay. This is strict, what's called natural selection. It's half of the theory of evolution is natural selection. Viruses select out for survival, just like any other organism. And when that happens, viruses become... The mortality associated with the mutated virus drops.

Dr. Brian H.: Okay. It causes less deaths because a virus that creates a dead person can't spread. It doesn't spread. Once you have a corpse, that corpse is not incubating virus any longer. So, over a period of time, the natural evolution, if you will, of a virus is to become less virulent, less severe symptoms, perhaps more spread, more of an infectivity, which we're seeing in the population. But what Sweden allowed to happen was for the virus to go through its population so they could develop a community immunity or a herd immunity much more quickly, and have a population that was actually protected against the virus. I saw various phases in Sweden, arguably at one point it was working its way through the population, so the number of COVID diagnosis was higher and the incidence was higher, but the mortality remained low.

Dr. Patrick G: And incidentally that's desirable. Have more cases, as long as the mortality is staying low, have more cases, let it process, it's not necessarily a bad thing. That's the whole point. Is there a converse rationale in evolutionary biology, where if a virus starts to come in, like COVID 19 or coronavirus, any variant of it, and we start to isolate and separate, that then the virus will start to mutate as a consequence, compared to just staying the way it is and going through the population? Is my question making sense to you?

Dr. Brian H.: It does make sense. Typically what happens is you'll prolong the inevitable. When you start to isolate and not only quarantine people that are contagious, but now we're in this unprecedented power grab, where we're quarantining perfectly healthy people which makes absolutely no sense. But what happens is that natural selection freezes and it's trapped. So, the virus stays virulent. It has

the same rate of mortality, and then as it goes through the population and it progressive through the population, you're just basically prolonging the inevitable. And it slowly will make its way through the population, but it will maintain a higher level of mortality. So, more people will die. The more you lock down, more people will die.

Dr. Patrick G: And that's not even including the, what I hope are, unintended consequences. Some people maybe think they're somewhat intended. But in hospitals where I know people, I have friends that work in hospitals, they're telling me their COVID wards are basically empty, but the psychiatric wards are exploding. Depression, suicide, anxiety. I mean, all these extraordinary adverse psychiatric reactions to lockdown, loss of job, uncertainty, fear and the headlines, et cetera, that they're saying it's so far outpacing anything COVID is doing, that it's startling.

Dr. Brian H.: It's absolutely incredible. Humans are not designed to live like this. And you hear some of the things that these talking heads are saying. Anthony Fauci is hoping that the custom of shaking hands will go away. So, we won't even shake hands anymore. But humans need physical contact. We need physical, emotional, and spiritual contact, we need that. We need that to survive. And I'm feeling a little bit of a loss. To me, where my family is in the lockdown, and our loss is laughable because I have a consistent job, I've had a consistent paycheck. The income has not curtailed. But seeing these individuals that are struggling to put food on the table, and they're getting these laughable stimulus checks of \$600 per person from the government, and somehow that's supposed to take care of their mortgage for the past six months, the psychological stress associated with that is astounding.

Dr. Brian H.: And then being isolated all through that. One of my good family members lost a close relative. My sister-in-law's mother-in-law. I guess my brother-in-law's mother, had her husband pass away and there was no funeral. There was no memorial service so that widow was left to grieve on her own. And you hear story after story of this type of stress and this type of anxiety, and this type of depression that is being thwarted on the community, but somehow that doesn't count. As long as we're preventing a false positive PCR diagnosis, then we're doing the right thing.

Dr. Patrick G: So, the thing that is incalculable and can't be put into any data is the human cost, right? I mean, there's no way to quantify a widow who can't grieve or have a funeral service for her husband. These are things that, how do you put math to that? But at the same time, spiritually, maybe the most significant impact that you can possibly imagine, and as you said, these stories, these anecdotes abound. And it's of course not a part of the headline, and anybody who tries to bring this up is censored. So, it's really this very dark experience as we're dealing with this. The wealth gap, as you cited, is growing wide. There's an economic correlation to the health aspect and the health policy decision making, these two things are inextricably attached and affecting people.

Dr. Patrick G: And as you said, small businesses that would serve a community and thrive now are being replaced by big box things, Amazon, et cetera, that the reliance goes there, shifting wealth into these already very wealthy areas and taking it away from the grassroots level people, who've spent their life and their life savings to have a small business, and they're just unceremoniously shut down. And what's the only option now? Dependency on the government? Which now says, okay. I have power over you because I control your livelihood, or whether you can eat or not next week. It's a very disturbing scenario that we see unfolding right before our very eyes. So, now from that big picture, what it culminates to is the vaccine agenda. And I heard someone recently say, same doll, different dress, basically.

Dr. Patrick G: We're not new to this, the vaccine agenda, but boy, are they able to leverage it into something that I think is not only unprecedented, but head spinning. We didn't have enough safety and efficacy around vaccines as it was. And now we can even throw that out, the little bit that we had, and bring these vaccines to a marketplace. So, let's start with, if you can give us your rundown on, because there's more than one type of vaccine, on the different types of vaccines that you're seeing that are coming to the market, what you feel. Do you think there's any virtue to them? Do you see big threats with them, et cetera? But what's your, I'll say, your expert opinion around this?

Dr. Brian H.: My expert opinion around this is that these vaccines should be avoided at all costs. I've spent the last 20 years of my life investigating vaccine safety for vaccines that when they were approved were in clinical trials for years. Years and years. They went through the approvals process. The average approvals process for a vaccine or a biologic is somewhere between seven to 10 years. And those to me are woefully inadequate and have a failing safety profile. Now, fast forward into the era of COVID-19, we're getting these vaccines that have been tested for a matter of months. Not years, months. From concept design to where they're actually approved for emergency use in the United States with the FDA is less than one year. So, this is a recipe for disaster. And it doesn't matter if it's this new messenger RNA vaccine, which is the Pfizer vaccine and the Moderna vaccine, or the more traditional vaccines, like what AstraZeneca is going to follow on with in the spring, none of these have been properly tested for safety.

Dr. Brian H.: None of these have been properly tested for efficacy. We have vaccines now that are being distributed in the United States in very, very rapid fashion, and we don't even know if they prevent the spread of COVID. Okay. We have no idea if these vaccines will contain the epidemic, but yet because we use the V word, and we put it in a vial, and we stamp vaccine on the box, then here it comes to save the day. And so, my expert opinion is if somebody says COVID-19 vaccine run the opposite direction quickly.

Dr. Patrick G: So, let's dig in a little bit about the messenger RNA vaccine. And I guess those are the only ones that are available at the time of this recording, at least. I think both vaccines that are available are both mRNA vaccines. So, number one, is

that really a vaccine in the traditional sense? And number two, have we ever widely disseminated this medical procedure before in the human population? If so, what have we found? Or is this a mass experiment?

Dr. Brian H.: This is a massive medical experiment. This type of vaccine technology has never been used. There are a handful of messenger RNA therapeutics that are on the market. Most are not fully approved by the FDA, and none of them are vaccines. The theory behind this particular vaccine is we put the genetic code to make a protein that is associated with coronavirus. We put that genetic material into human cells, and then the human cells machinery will take that genetic material and manufacture its own COVID spike protein. And then the protein itself that is being manufactured by the human cells, with this genetic code as the template, then this protein is somehow going to raise up an immune response and activate the human immune system. And there are so many flaws in that logic along the way, and there are so many problems with both formulations of vaccine that we're really, really doomed to failure.

Dr. Brian H.: I went through the... Each Pfizer and Moderna both had over a hundred pages worth of submittals that they gave to the FDA in order to get this stamp of approval, what's called an emergency use authorization. And I went through those documents and the testing is woeful. And even that small amount of testing led to so many in such a high frequency of vaccine adverse events. And we're hearing about it in the news, even though the news is being highly edited, and on the ground, people that are experiencing these adverse reactions and people diagnosing these adverse reactions are being told to shut up. But you look at the clinical trials, the data do not lie. Looking at the Moderna vaccine fully, one in four patients experience nausea and vomiting. And when you look at these short-term reactions that they only monitor for a matter of weeks, if somebody is experiencing a short-term reaction, then that raises my antenna that a long-term reaction is going to follow.

Dr. Patrick G: Yeah. Now they're saying, okay. So, some people throw up, what's that in the face of you being immunized against COVID? Some kind of... How can I put it? A puffery around that. But now, how do they say, well, this is efficacious? How do we know that this vaccine actually would prevent someone from contracting COVID? Which isn't a dangerous disease to start with, but how do we know that would work?

Dr. Brian H.: What they did is they looked at the patient population for a matter of two months, two months to, I think the longest that a patient was followed was 14 weeks, which is a little over three months. But the vast majority were only followed for two months. And they looked to see if they were producing a type of antibody called neutralizing antibodies specific to the coronavirus or COVID-19. And what they saw is that among the population of individuals that got the vaccine, normal age population, median age population, under 70 years old, under 65 years old, were producing some neutralizing antibodies, but that effect was going away. The amount of neutralizing antibodies that they were producing would peak maybe in the second week after a vaccination, but then it

would very, very quickly wane. So, they did not have adequate protection by the end of the two months period, where the patients were being followed.

Dr. Brian H.: They also saw in the geriatric population that after the first vaccine, and this is a two dose vaccination, after the first vaccine they were producing virtually no neutralizing antibodies. So, they had no protection until they got the second shot. And the second shot, the amount of neutralizing antibody was marginal. So, we're being very, very stringent in rolling out this vaccine to save the geriatric population, but the vaccines perform very, very poorly in that same geriatric population, at preventing COVID and preventing the spread of COVID.

Dr. Patrick G: Let me see if I'm tracking here. The determination as to whether or not the vaccine is effective is looking at antibodies. And let me just ask this. Is the presentation of antibodies in the blood the same thing as immunity? Those two things might not equilibrate.

Dr. Brian H.: They don't necessarily correlate. You can't really say that because immunity is much, much more complex than just the presence of neutralizing antibodies. We have two arms of immunity. We have antibodies which come from a type of cell called B cells, and we have cell-mediated immunity which comes from a type of cell called T cells. T cell response is not being activated by vaccines at all, it never has been activated by vaccines. Vaccines only activate antibodies. That is all they activate. Sometimes you'll get a bystander T-cell response, but that is not... By design vaccines don't do that. So, you only get half of the equation anyway. And when they looked at the patient population, the thing that was so striking about the Pfizer phase three clinical trial, and when you get to phase three clinical trials, this is a very, very large segment of the population. There are supposed to be at least 20, 30,000 individuals. The number of individuals that they tested in this phase three clinical trial that were over the age of 68 was 22.

Dr. Patrick G: Oh my gosh.

Dr. Brian H.: 22 individuals were tested. And I think that 17 of them got the vaccine, five got the placebo. Okay. So, we have an under tested... We have not tested the geriatric population.

Dr. Patrick G: I just want to make sure I got this straight. You're saying that they got authorization, because it's not really approval, it's an authorization, emergency use authorization, from the FDA. And they're claiming we demonstrate safety because we introduced it to 22... Well, not even 22, I guess, including the placebos, 17 I think you said, geriatric patients. And from that we extrapolate. Now from a biostatistical standpoint, is that nearly enough people?

Dr. Brian H.: Well, how would you ever track rare adverse events? What if you're going to have somebody... What if 2% of the population goes into anaphylactic shock and dies? You wouldn't see that. And if you tested 17 patients, that's not

sufficient. It would have to be an effect that would be over 5% of the population or more, and even that would be very, very flimsy statistics. So, no. And we're rolling out and they have what's called tier one. Those are the people that are prioritized to get the coronavirus vaccine first. Tier one includes solidly the geriatric population that's in long-term care. So, not only are they geriatrics but they have a lot of comorbidities because they have to be in a long-term care facility, and they require 24 hour care. So, we have not tested that population at all. 17, that's laughable. And beyond laughable. When you're done laughing, let's start to issue arrest warrants because it's criminal.

Dr. Patrick G: So, that's all pretty startling. Let me ask the next question. When they say that something is 97% effective or whatever they're claiming to be the effective rate of the vaccine, is that just based on how many get an antibody response, or what is that based on?

Dr. Brian H.: That is based on how many patients actually get coronavirus in the vaccine group, versus the placebo group. So, they did see that there was less incidents of coronavirus in the vaccinated group, and that is based on... The denominator is a number of vaccine... I'm sorry. The denominator is a number of cases that is in the unvaccinated group or placebo group that got, in this case, the saline placebo. And the numerator is the number of patients that got it in the vaccinated group. And in the vaccinated group they saw much less infection and the way they diagnose these infections were clinically, they weren't done by PCR. The test was very short term. They were only looking at patients that received a COVID diagnosis over a period of maybe two to three months. So, we don't know. Maybe that protection was adequate after the two doses of vaccine for a short time period, but we don't know how that immunity is going to be three months down the line, six months down the line, or even a year down the line. We just don't know how long that immunity will last. And right now, all we know is that there's some level of protection against strong symptoms for two months. That's what we know.

Dr. Patrick G: Were there enough people in the study to make those conclusions valid? I mean, if you have a small sample group and then you're trying to compare them... I mean, one more or one less person can really change the statistical outcome when you're dealing with small numbers. Am I right about that?

Dr. Brian H.: You're absolutely right. I mean, that's the big problem here, is that the number of individuals that actually got infected with COVID is so small that if you look at the difference of one individual on either side that affects the efficacy or effectiveness calculation drastically. And so they're saying that the Moderna and the Pfizer vaccines are both 90% plus effective, but the AstraZeneca vaccine that's coming on the heels of that, which is more of a traditional vaccine technology, they're saying is just about 50% effective. So, even their short-term clinical trials... And according to the FDA, if it's 50% effective they'll approve it for emergency use.

Dr. Patrick G: Wow. So, it reminds me of how to lie with statistics with the statin drugs, where basically if you took the statin drug, your incidents of a adverse cardiovascular event was two in 100. And if you didn't, it was three in 100. But they look at that as a 50% reduction in the overall... As far as its effectiveness. In other words, I wonder if the same kind of things going on here saying, Oh, well, one less person or two less people got COVID in the group than in a placebo, or didn't get COVID in the test group versus the placebo. Hence this is 90% more effective. If the numbers are too small this is all meaningless. And as you cited, we don't even know what it is in the long run.

Dr. Brian H.: You hit the nail on the head. We don't know, we don't really know what's going on in the short term because of the way that the diagnoses were made, and because of the limited number of diagnoses, both in the vaccinated group as well as the placebo control group. We just don't know what the true numbers will be. And then we don't know long-term if it's going to create immunity. And we do know short-term, it created a significant amount of serious adverse events. Both the Moderna and the Pfizer vaccines are formulated with a compound called polyethylene glycol. Polyethylene glycol, it is used to protect the messenger RNA and build what's called a nanoparticle around the messenger RNA. And fully 70% of the population develops antibodies directly to polyethylene glycol. So, some of these anaphylactic responses that have been reported and actually have made it out into mainstream media, I don't know how, but they have made it out in mainstream media, could very well be people that have severe allergies to polyethylene glycol.

Dr. Patrick G: Wow.

Dr. Brian H.: So, that could be a really big problem.

Dr. Patrick G: Truly a really big problem. So, this is more disturbing maybe than I thought. One last question just on this is, is there concerns about genetic manipulation or genetic engineering when it comes to this? To me we're letting a genie out of the bottle here, that can't be put back in. Do you have any concerns about unknowns when you introduce genetic material into the body with this intention that things can happen that we can't plan for?

Dr. Brian H.: In this particular instance, we don't know. I think that the overriding... And I tell this to individuals, because I get a lot of questions regarding the fact that we're putting that piece of messenger RNA into the body. And the thought is, and the concern is, is that messenger RNA would interact with a retrovirus. The retrovirus could make DNA, and then that DNA could integrate into our own cell nucleus, into our own chromosomes, and somehow be a problem. That can happen at a low frequency, but in terms of genetics, genetic manipulations and the fluidity of human genetics already, that could be a problem. It has not been tested.

Dr. Brian H.: To me, the more overwhelming problem is a lack of testing overall. I think that, yes, that question has not fully been answered to my satisfaction, and I think to

the rest of the scientific community satisfaction, that it wouldn't lead into a chromosomal insertion. But the bigger issue is just the overall lack of safety testing. You can have a huge, huge response that has nothing to do with genetically modified humans. It could be a life-threatening response, but one slice of that is we don't know what's going to happen.

Dr. Patrick G: Really, it sounds like insanity, on the highest level, and the stakes are higher. This isn't like, hey, if they got this wrong, okay, well not a big deal. This is like... Sounds like civilization is almost hanging in the balance on this thing. So, this is highly disturbing. I guess, the good news in summarizing here... Well, let me summarize. So, we've got a test that's completely inappropriate and giving us bad data. We've got policy in reaction to that test. We've got potentially very dangerous untested vaccines that are being put into the market and put out there very robustly, as far as saying, hey, we're going to disseminate and get these out there as quickly as possible. And all of this is in response to a non-lethal pathogen. Something that, like you said, maybe less than a 10th percent mortality rate, and if you're younger and healthier, it goes down a lot from there.

Dr. Patrick G: So, the stark irrationality is mind numbing. I guess on the good news side, is that somehow, even with the censorship and all that other kind of stuff, we're anticipating all the ways we're going to get shut down trying to even put this series out, and working around it. So, given all that, yet, right now, it seems that half the population is saying, no. I'm not getting this vaccine. So, I'm thrilled that somehow people are figuring this out even with the censorship. I guess maybe that's the silver lining here.

Dr. Brian H.: It is gratifying to see the amount of the population that is saying that they're going to opt out. They're not going to get the vaccine. And it's weird because they always preface it as, I am not an anti-vaxxer, but. And you're like, wait a minute, actually you are. So, it's weird. Everybody has to, in the sentence that they disavow the coronavirus vaccine, they have to make clear that they're also disavowing Andy Wakefield, Bobby Kennedy and whomever else, Del Bigtree. So, it's odd semantics, but I'm very... I'm heartened for the sake of society and for the sake of population that 50% or more are saying that they're not going to get the COVID-19 vaccine. And I see that as a real, real victory. I still take pause because having 50% of these, of any population get an untested vaccine, it's going to be a disaster. It will be a huge disaster, and the collateral damage associated with the vaccine is going to far eclipse anything that coronavirus could have done in the first-

Dr. Brian H.: ... going too far eclipse anything that Coronavirus could have done in the first place.

Dr. Patrick G: And I think that is, I guess, the real sobering summary statement that you look at a balance of risk and say, "What was the risk of Coronavirus really in the community and the culture, and then what's the risk of an untested vaccine?"

And man, those two risks are so far out of balance and yet we choose the absurdity of untested vaccines over what Sweden did. Let it process.

Dr. Brian H.: Right.

Dr. Patrick G: So Dr. Brian Hooker, as always, you're an extraordinarily sobering voice of reason and a lot of people who are out there, and I'm not saying anything negative against them, but they're very shrill in the way that they approached this and for probably good reason. What I always love about my conversations with you is how measured they are, how rational they are, and I think that level of sobriety around these issues is really, really important. So thank you so much for taking the time out of your day to share your mind and your experience with us.

Dr. Brian H.: Oh, well thank you. The pleasure's all mine, Patrick, and you're doing God's work in terms of getting this type of information out to the public. My hats off to you and best success in trying to thwart all the censorship. This is just amazing opportunity. Thank you again.

Dr. Patrick G: Thank you.

Dr. Patrick G: Don't we need more human beings in the world like Dr. Brian Hooker? What an amazing man. Tireless energy, consistently trying to get the truth out into the world. He's just a hero. I really love this guy and I really am happy that you were here to share in the experience of his views relative to COVID-19.

Dr. Patrick G: Dr. Tom O'Bryan is a celebrity in the world of health and wellness and he has helped countless thousands of people overcome significant health challenges and achieve a brighter and better and healthier future for themselves. So what is the biggest fear around COVID? The biggest fear around COVID is, "Oh, is there a threat to me? Is my future health at risk here and what can I do?" So having someone who's really an expert at overcoming health challenges is someone we needed to have in this series. And when you think about it, if you survey the landscape here, Dr. Tom O'Bryan is one of the top voices to that in the world. So enjoy my interview with Dr. Tom O'Bryan.

Tom O'Bryan



- Dr. Patrick G: Tom, thanks so much for taking the time to have this conversations. It's going to be, I think, an important conversation for what's going on in the world. Before we jump right in, let's talk a little bit about your background and how you got to be doing the type of work you're doing today.
- Tom O'Bryan Well, it's been 40 years now and I actually was studying... there's an approach in medicine called functional medicine and physicians are trained to really do a deep dive exploring, where does this come from? So that the treatment for high cholesterol is not just to give medication for cholesterol, but to give medication if you need to for cholesterol to get it down, but then ask the question, "Where's this coming from for." For example, LDL cholesterol, which we call the bad cholesterol, it's not. It's the raw material that your hormones are made from and stress hormones are made from.
- Tom O'Bryan So the more stress you have, the more message to the liver, "Make more LDL cholesterol because I need more stress hormones." And so it's not necessarily a bad thing. If it gets too high you want to rein it in a little, but you have to ask, "Where's it coming from?" Another purpose, just as an example of LDL cholesterol, what we think of as the bad cholesterol, is that it's the scavenger that goes through your blood stream, grabbing this bacterial crud called LPs and LPs, as it accumulates in your body is the cause of sepsis, which kills 250,000 people a year in the US and 1.7 million people a year get it and 250,000 of them die.
- Tom O'Bryan Number one cause of death in hospitals is the accumulation of this crud from your gut called LPs. Well, your immune system says, "Whoa. Look at all this that's coming in here." And it sends a message to your liver, "Make more LDL cholesterol. Make more LDL cholesterol." Because it's a sponge that soaks up LPs. So having elevated cholesterol it may be life-saving for you. But if the only approach we take is take medication to lower your cholesterol, the LPs continues if that is going on for you, and then down the road you get all the side effects of too much accumulated LPs debris.
- Tom O'Bryan One example I'll give you then I'll stop on this role is that we find if people unfortunately die of Alzheimer's when they do autopsy of the plaque in the brain it's loaded with antibodies to LPs, that the LPs gets in your brain, then your immune system's trying to protect you from it. So functional medicine is exploring, where is all this coming from? And the founder of functional medicine is Dr. Jeffrey Bland. And I was in Jeff's first talk in Chicago in 1978 as I first started my medical healthcare education. I went to some talk and this guy just blew me away. And so for 40 years I'd been studying the why we get sick. Why?

Dr. Patrick G: And I think this is germane, especially to COVID because there's this panic about this Coronavirus that they're referring to as a pandemic. There's certainly a lot of debate over, is this a really deadly disease or is it kind of like a flu or is it something in between? And then of course there's all this activity, a flurry of serious activities in some respects, as far as what we have to do. Are we masking? Should we social distancing, should we literally shut down our economy? And then do we just hide and wait for a vaccine to come save us? Or is there something that we could do with our bodies to maybe feel a little bit more confident and less fear? So let's start with the big picture of COVID-19. What is your view on just the total circumstance?

Tom O'Bryan I think that we have a virus, like a flu virus, that's stronger than most that we're exposed to. I mean, every year somewhere between the numbers are 25 to 80,000 people a year die in the US every year from the flu. And it attacks mostly those that have the serious reactions are the elderly or those that have other health problems going on called comorbidities. So it's the same thing this year that the people that are more vulnerable, that this is a stronger virus than what we normally are exposed to. I think that's valid. I think so. No, that's not true. I know one person who got sick and got really sick and she's okay now, but she was a 40 something person that I was startled that she got sick, but I haven't known anyone personally who has gotten sick from this virus.

Tom O'Bryan And I've asked my friends, "Do you know anyone who is really sick from this?" And a few people say, "Yeah. Maybe one or two people," but it's not the numbers that we're hearing in the news. So I'm not being exposed to that personal number of patients or personal number of family or friends that says this is a huge problem. So that gives me a little cause for concern for the way that our world is responding to this. I'll give you one example and I'm pretty aggressive about this. I say to people and to our patients, "Don't ever do social distancing. Never." Maybe physical distancing can be important for a period of time, but not social distancing. And it's a conscious effort on the part of those that are sending the messages out to use the language, social distancing. Hide in your home.

Tom O'Bryan Don't talk to anybody. I mean that's nonsense. Physical distancing may be important, especially for those that are elders or have comorbidities, other health concerns. Maybe you should kind of protect yourself a little bit maybe, but if you're at home, reach out to your family. I mean, we've got FaceTime now. You can call anywhere in the world for free. Zoom calls, Skype calls, and they're free. So if you're home more than you have been in the past, make a declaration that, "Maybe once every day or once every two days, I'm going to reach out and talk to someone for five minutes that I haven't talked to in a while. Oh, I wonder how my aunt Kathy is doing," or, "My friend from high school, I haven't talked to in 30 years. I hope they're okay." And reach out. Be engaged with your world.

Tom O'Bryan Don't hide. There's no rationale for social distancing. Absolutely not. Once again, physical distancing, maybe, maybe, maybe not. That's debatable, but not

social distancing that you want to stay active as social creatures. Humans are meant to interact in community. We're meant to and we get so much value from interacting with others. Even if you think they're a jerk. You may talk to somebody and you hang up and you say, "Oh yeah, he's the same jerk he always was, but he's nice person." Whatever, whatever. But you want to reach out, you want to interact with the world because the suicide rates are going up all over the world. We talked about that a little before we started recording here. And there's no call for that. There's no call for people to be socially isolated. Absolutely not.

Dr. Patrick G: In the end we're talking about the big strategy is vaccinate everybody. I don't think they're immunizing anybody. And the whole thing is how do we get our immune systems to behave properly? Does social distancing, in the context you're talking about, actual social distancing, have an adverse effect on immune function in your opinion?

Tom O'Bryan It does. If you are feeling lonely, if you are feeling isolated, if you have those emotions that are being generated, most of us suppress them. Most of us aren't aware of what's going on. So they, "I'm fine. I'm fine." And you know what fine means? A freaking insecure, neurotic, and emotional. I'm fine. So you see someone, "Hey. How you doing?" "Oh, I'm fine. Thanks. How are you?" You have no idea how they're doing. Absolutely none. They've just deflected completely. "Hey. How you doing?" "Oh, I'm good today." "Oh yeah. Woke up feeling great. And I do my three affirmations in the morning before I get out of bed, what I'm thankful for and it just brightened up the day. I'm good. How you doing?" We don't talk like that very often. It opens a connection right away.

Tom O'Bryan So when you are put in a place of social distancing and you're being bombarded by messages, social distancing, not physical distancing, social distancing, it's very easy to generate a feeling of depression in that. Our experts tell us that like never before in history, we're seeing a lot of this. And once again, more suicides and things, but that social distancing creates stress hormones. And those stress hormones weaken your immune system. They demand your immune system to respond to the stress. So anytime you're stressed, your immune system's on high alert and it's working really hard to be ready because there's a life-threatening situation here. That's what stress is for. We call it the fight, flight, or fright. Anytime you're in a fight, flight, or fright mode, your immune system's on high alert, working overtime, making more cells to protect you just in case you get cut in a fight so that the immune system is right there ready to go to prevent bacterial infection.

Tom O'Bryan And when you're in that stress state for a long period of time, eventually you start wearing out your immune system. And when you're wearing out your immune system and it becomes a little depleted, then it's not able to do the job it's supposed to do when you're exposed to something like a virus.

Dr. Patrick G: Yeah.

Tom O'Bryan And so once again, the concept physical distancing may be appropriate, but if you decide to do that, you do it in such a way that you're not social distancing. You call your parents, you call your kids, you call your aunt Sophie, you reach out to people, reach out and touch someone. It's the old AT&T thing.

Dr. Patrick G: Yeah.

Tom O'Bryan Reach out and touch someone because it keeps you sane. It keeps you balanced in the midst of the craziness that we're going through.

Dr. Patrick G: You had mentioned before we started that you saw a book or at least maybe somebody sent you a chapter of a book that was published... when was it? 1988 or in 1980s.

Tom O'Bryan Right. A patient sent it to me. They copied a couple of pages from this book that was published in 1988. And, "Okay. Why did they do this?" So I'm reading it and then I read this one paragraph says, "There will be a pandemic in 2020." So they predicted this 22 years ago. "In 2020 of a virus coming out of a laboratory in Wuhan, China." And I was just, "What? What?" Now that was at the beginning of all this and I was receptive to all of the news coming out that we may have a problem here. We may have a problem. There's some people talking conspiracy stuff and I was kind of like this about the conspiracy people. We live in Northern Italy and the epicenter of where this virus first hit in February and March outside of China was Northern Italy.

Tom O'Bryan Now, why did it hit Northern Italy? And why has their death rate been so much higher than most other countries and specifically Northern Italy? Couple of reasons. First Lombardi, which is where this occurred, has some of the highest air pollution of all of Europe. That the way the mountains are settled there people are breathing in a lot of particulate matter every day and their lungs are not in great shape, which means that their lungs are already vulnerable to a stress that might come in. So that was the first reason why Italy was an epicenter. There's actually three reasons. The second reason was there was a huge construction projects in Northern Italy from a construction company out of Wuhan, China that started in November of 2019. So hundreds and hundreds of people from Wuhan, China have been coming to Northern Italy from early in 2019.

Tom O'Bryan I don't know when they started coming to plan and do all that, but there were hundreds and hundreds of people in Northern Italy from Wuhan, China around the end of 2019. The third thing is called the Scandinavian paradox. And we'll get into this, but epidemiological studies show that people of Italy have much lower levels of vitamin D than the rest of Europe, especially, startlingly lower than the people in Scandinavian countries, which are further North. And we all know that vitamin D is produced when you get some sun exposure and being in Italy, you get more sun exposure than you do being in Sweden or Denmark, but how come Sweden and Denmark have higher levels of vitamin D than they do in Italy, across the board? How come? Well it's because the Scandinavian countries

enrich food with vitamin D and the politics of Italy has prevented the enrichment of foods with vitamin D for decades.

Tom O'Bryan So vitamin D levels are lower for people in Italy than throughout Europe and that's why it's called the Scandinavian paradox. Well, wait a minute. They're are way up in the North, but they've got better vitamin D levels than the Italians do. Why is that? And then they realize it's the lack of enrichment of foods.

Dr. Patrick G: Why is that important? Why is vitamin D important, Tom?

Tom O'Bryan Yeah. It's critically important because receptor sites are catchers mitts and the pitcher throws the ball to the catcher. Hormones that are in your bloodstream, your bloodstream's just a highway. There's lots of traffic on the highway and there's no lane so everything's bouncing around in there. It's going in the same direction, but everything just bounce around in there. How do hormones get inside your cell to do their work? There is a estrogen receptor that sits on your cell and estrogen in the bloodstream gets pulled right into that catchers mitt for estrogen. Insulin will not go into an estrogen receptor site.

Tom O'Bryan Adrenal hormones, thyroid will not go into an estrogen receptor site. Only estrogen goes into an estrogen receptor site, which turns the door knob and opens the cell for the estrogen to go inside. Thyroid hormone, traveling in the blood stream, goes into a thyroid receptor site. It won't go into an estrogen receptor site. Turns the door knob, opens the cell, the thyroid hormone goes inside the cell. There are only two substances that I know of for which there are receptor sites on every single cell of your body, which means every single cell of your body needs these two substances for something. But they've got to get inside the cell or there's no receptor site on the cell for that hormone. Those two substances are thyroid hormone because thyroid is a thermostat on the wall inside yourself. Like when it's cold in the winter time, you turn the thermostat down at night when everybody goes to sleep so you save fuel.

Tom O'Bryan And in the morning, the furnace kicks in before people get up, you set it so that it warms up the house more. That's thyroid hormone. It determines how hot your cells work. We call that your metabolism. Every cell in your body has thyroid hormone receptors sitting on the outside of the cell because every cell needs control of how hot or how cold it's supposed to work. The other substance for which there's receptor sites on every cell of your body is vitamin D. No other substance that I know of has receptor sites on every cell. What does that mean? Every cell in your body needs vitamin D. Every cell. And there are many, many studies that show the value of vitamin D to enhance your immune system function. I'll give you a story on this because it's really interesting. The last pandemic was 1918 and they called it the Spanish flu. And millions of people died.

Tom O'Bryan Depending on what study you read, 25 million, 30 million people died. They found four people on an army base up in the Yukon that had died in the 1918 Spanish flu and were buried in the Tundra. This was 2006 I think, 2007. I'm not

sure of the date. I don't remember the year. But they said, "Let's dig them up and find out how they died," because they're buried in the Tundra so their bodies didn't decay. They were perfectly preserved. And there are some articles in the paper, "No, no. Don't dig them up. You'll expose the flu bug, the virus." But they took precautions and they dug them up and now with our technology, we could find out how they died. Turns out that they were exposed to this virus and in your lungs, we have sentry's standing guard to protect you from anything you breathe in. It's your immune system and the main player is called the macrophages.

Tom O'Bryan

And when you breathe something in that's dangerous, the macrophage, the sentry, fires a chemical bullet called a cytokine to destroy whatever that is. It's a really good thing. We wouldn't be here if we didn't have that. So these high powered rifles that fire this chemical bullet, if the macrophage detects that you've been exposed to something, you fire the bullet, but what happened for these people, all four people that when they did autopsy on them, that high powered rifle became a submachine gun. And we call that a cytokine storm. And these people were healthy in the morning, when they went to work they never came home that night and they were dead the next day. That's how quick it occurred. That was what was so terrifying about that flu. Well, the spring on the trigger of the macrophage that controls the firing, that spring, so that it pops back out after you fire your chemical bullet, that spring is completely controlled by vitamin D.

Tom O'Bryan

So if you have a vitamin D insufficiency, the macrophage gets activated to fire its chemical bullet, but there's not enough vitamin D to slow it down for the spring to pop back out and so you get stuck with a cytokine storm being produced. Now, there's no evidence that vitamin D is going to reverse a severe viral infection. There is a lot of evidence that it certainly is going to help strengthen your immune system to protect you. Many, many, many studies on this. A study came out of Indonesia a few months ago. 790 patients who were admitted to the hospital with COVID-19 diagnosis. If their vitamin D was below 19.5, every one of them died. If their vitamin D was above 31.5, none of them died.

Dr. Patrick G:

Wow.

Tom O'Bryan

And vitamin D is such a simple test to do. The other thing about vitamin D, one of the pioneers, one of the great scientists who've been talking about vitamin D for 25, 30 years or more is Dr. Michael Holick from Boston University. He just published a study with Quest, one of the largest laboratories in the US, 196,000 COVID blood tests. They also checked the vitamin D levels. For every one point your vitamin D level goes up is a reduction of 1.6% in your likelihood of testing positive for COVID.

Dr. Patrick G:

Whoa.

Tom O'Bryan

For every one point vitamin D goes up, 1.6% reduction in testing positive. 196,000 tests. Do you think that's a valid paper?

Dr. Patrick G: Yeah.

Tom O'Bryan Of course it is. So what does that mean? It means you want to have good vitamin D levels just because it's going to help protect you. It helps to fuel your immune system to respond appropriately to a threat that comes in. And it's such a simple, easy test to do. I mean, you can do a finger prick test for your vitamin D level. It's simple. It's inexpensive. Ask your doctor to do it for you.

Tom O'Bryan If you don't want to get a blood draw, you can go to my site and order the vitamin D tests. It's like 70 or \$80. We send it to you, you poke your finger, you put a drop of blood on a card, wait for it to dry, mail it off, and in five business days, here's your vitamin D level. And you do it for everyone in the family just to make sure you've got adequate. And some people say, "Well, I'm taking 5,000 units of vitamin D. I don't need to do the test." But you're assuming that it's being absorbed and that you don't need more. It's a simple test that could save your life. Really simple test. We tell this to every patient, every one that asks about this current pandemic, "What should I do?" Well the first thing you do is find out what your vitamin D level is. No, it's not going to cure you, but it's going to help to create an environment for a more appropriate response of your immune system.

Dr. Patrick G: Yeah. And I think since we're on the topic of immunity and I love how simple, I guess, a strategy increasing your vitamin D levels is. That really can make the difference between life and death. And vitamin D is not a real expensive supplement either.

Tom O'Bryan No.

Dr. Patrick G: So it's very cost effective. Now in the context of immunity, do you have any thoughts or concerns around these warped speed vaccines that are being put into the marketplace as we speak. Is it something that concerns you? Do you think that it's not an issue? What do you think?

Tom O'Bryan It does concern me, Patrick. It concerns me because historically we know that the effectiveness of flu vaccines is very, very low. Why? Because the vaccine that you're given is from the flu last year or the year before. And it's a new flu every year. That it's unlikely we're going to be exposed to the same virus that came out a year ago.

Dr. Patrick G: Mm-hmm (affirmative).

Tom O'Bryan That these things mutate and it's going to help a few people. It is. It may, it may. I shouldn't say it is. I'm not an expert in vaccines, but I'll grant, "Okay. It'll help a few people." But is it going to help enough people that warrants that everyone should be vaccinated? I've never seen any evidence of that. Absolutely none. And I've been looking at the studies and they're bringing this out at, as you said, warp speed and there's no evidence.

Tom O'Bryan They've never done this before in history. The paradigm that they're trying to present to us is one that's never been accepted in medical circles before. Now there's lots of pressure to go along with this concept. I have my concerns about the effectiveness of this being announced vaccine. I really do have concerns. Do I think no one should get it? No. I don't think that. I think people that are high risk, maybe the elders, maybe if you have what are called comorbidities like diabetes or high blood pressure and you've got a history of getting colds and flu's or your history is, "Yeah, I get the flu every year. I'm down for two weeks." Well you got a compromised immune system and you need to rebuild your immune system, but that's not going to happen overnight. So there's rational discussion that people with that kind of a history may get some benefit out of this unproven vaccine.

Tom O'Bryan But the dangers, we have no way of knowing what the dangers are going to be of this vaccine. I also need to say there is a group of people that are at risk of having vaccination reactions that are dangerous. And that group of people are those that carry a particular gene. And there's lots of science behind this. The gene is called HLA-DRB. And about 30% of the European descent population carries HLA-DRB1. If you carry that gene, you are at risk of having a reaction to the adjuvant in the vaccine. Now what's an adjuvant? If they give you a shot of measles, the bug, as a vaccine, your immune system may recognize it or it may not. It may go unrecognized because they can't give you a big amount of measles. Just enough to say, "Hey. Here I am. Wake up. Come fight me. Make antibodies." But it may not respond.

Tom O'Bryan Your immune system may not respond. So vaccine makers throw an adjuvant in there that just wakes up. It's like, "Wake up immune system." And we call that an adjuvant and that is mercury or aluminum. Those are the two most common adjuvants. And there's a strong movement in the world for caution on vaccines for children. And one reason is because of the adjuvants in the vaccine. So when I've asked the world experts, literally the world experts, on this concept about vaccines there's a great book that came out from professor Yehuda Shoenfeld out of Israel in 2016 called Vaccines and Auto-immunity.

Tom O'Bryan And I asked him that question and he said, "Those that carry the gene HLA-DRB1, caution is advised in the administration of the vaccine because of the sensitivity to the adjuvant, that large amount of something to wake up your immune system." And so for those people, caution is advised. And what does that mean? Well in the discussion about children and vaccines, we educate our parents that if you decide to do vaccines for your child, your child carries HLA-DRB1, prepare the child and only do one vaccine at a time.

Tom O'Bryan ... prepare the child and only do one vaccine at a time, not six, to this infant's little body whose immune system is not developed yet and you're just slamming them so hard. Give them one vaccine at a time. There's no danger in doing that. So, that's the concept with HLA-DRB1. But for adults that carry that particular gene. And it's a simple gene test to do, you can ask your doctor to do it, if you carry that gene you'd want to prepare yourself before doing a vaccination. You

would want to enhance your immune system function. You would want to reduce the inflammatory things in your body. What do I mean by that? I mean the foods that you eat. We all know that almost every disease is an inflammatory disease. This virus is an inflammatory disease.

Tom O'Bryan

So, the most common trigger of inflammation is what's on the end of your fork. "Well, I feel fine when I eat... I just get a little drowsy for a while." Well, you're causing inflammation in your brain. So, doing some exploration into "What are the inflammatory triggers in my world?" can be very helpful for a person to strengthen their body. And that's the way you have to look at working the immune system with this particular threat we have right now, is what's your baseline of inflammation? Because if your baseline is high, you are at risk of being one of that 5% to 10% of people that get the virus and you get symptoms. We know that 80-85% of people don't get any symptoms. Maybe they get a sore throat for a day, maybe they feel a little warm for a day and then they're fine, they got a little loose bowels for a day. Well, they were exposed to the virus and the immune system did what it's supposed to do and took care of it.

Tom O'Bryan

But then there's 5-10% of the people, they get sick, they've got a cough, cold, they've got a fever, your body's got to ramp up, get a fever. And they come through it okay after four or five days and they think, "Oh, good. I'm fine." Well, your immune system had to call in the reserves. So, it'd be a good idea to do some work on your immune system to help enhance it after this thing is done. When you're fine again, "Oh, good. I can forget about it and go back to my life." No, your life has set you up with a weakened immune system and you had to ramp up and call up the reserves. You had to generate a fever. Because 80-85% of the people don't have a reaction at all because their immune system takes care of it. And then you have the 5-10% of people who have to go to the hospital and they have more serious reactions.

Tom O'Bryan

So, I give you that kind of big picture because it's the baseline level of inflammation that we're carrying around every day that determines, to a substantial degree, are we going to have a problem with exposure to this virus? Where's your baseline? And that's something that you can work with your doctor to determine. But something to remember in all of that is that the most common source of inflammation in the body is what's on the end of your fork. Most common. And so we refer to it as a "rainbow diet," eating the colors of the rainbow. Because all of those rich colors are full of polyphenols. That's a geek term, but what it means, there are nutrients that help strengthen your body and support a well-balanced immune system.

Tom O'Bryan

As an example, this particular virus that we're concerned about right now, it goes into a receptor, the catcher's mitt, it goes into a receptor called the ACE-2 receptor. Studies have shown that when you have a lot of polyphenols in your bloodstream, your bloodstream is just a highway and what you eat is what gets on the highway, if you have a lot of polyphenols, the polyphenols sit in the ACE-2 receptor calming it down and the virus can't get into the cell. The polyphenols make the ACE-2 receptor resistant to the virus getting inside the cell. Now, the

virus only grows inside your cell. It doesn't grow if it's in the bloodstream; it's got to get into an environment where it can shed. It doesn't reproduce, but it sheds. But it sheds inside the cell.

Tom O'Bryan

But if you've got lots of polyphenols because you're eating the colors of the rainbow, you're having a cup of blueberries every day because there are so many studies that talk about blueberries helping your brain function better, one cup of blueberries a day for three years and your brain's working like it was 11 years earlier, just read the science. So, if you're eating foods the colors of the rainbow, you've got lots of polyphenols in your bloodstream right now, it's helping to protect you this much. Just this much. Now, polyphenols aren't going to prevent you from getting a viral infection. But every little base hit you do helps protect you and strengthens you. So you eat the colors of the rainbow, that's the first thing.

Tom O'Bryan

The next thing that I'd like to bring up, if I can, is that the virus has to get inside your cell to shed. But the studies have shown, and a bunch of them have come out because of the current threat we're in, if you have enough zinc inside your cell it inhibits the virus from shedding. So, the studies, they show that when they have lots of zinc inside the cell, adequate amounts of zinc inside the cell, put the virus in there, the shedding is much, much lower. If they have low zinc inside the cell, the virus sheds much, much higher. So, you just want enough zinc inside your cells.

Tom O'Bryan

Well, how do you do that? Zinc is one of those minerals that's difficult to get inside your cell. It'll get in there, but it's more difficult. And it requires an escort. Like there are receptor sites, you need an escort to get inside the cell. Here's another geek term: ionophore. It just means the escort that takes you inside the cell. It's like a bride's walking down the aisle on her dad's arm, he's escorting her down the aisle. So you need an ionophore, a zinc ionophore, to get inside the cell.

Tom O'Bryan

Now, this is really cool. One of the most commonly known zinc ionophores is quinine. That is why our government came out in March and April and said hydroxychloroquine, which is the chemical copy of quinine, may be helpful here. Because hydroxychloroquine is a zinc ionophore that escorts zinc inside the cell. Now, where did the quinine thing come from? We've been using hydroxychloroquine for over 90 years. Why? Because it's a chemical copy of quinine, which comes from the Cinchona tree or the "fever tree" in India and in Indonesia, and you take that to prevent from getting malaria. So, they take quinine to prevent getting malaria. And the story goes, the British soldiers, when they were in India in the 1800s, they all were given quinine on a regular basis to prevent them from getting malaria.

Tom O'Bryan

But the stuff is nasty tasting, it's as bitter as can be. So they put a little fruited water and a little bit of sugar with the quinine and they took it down. That's where the song came from, "Just a little bit of sugar helps the medicine go down," that's where the song came from. It was from quinine to prevent

malaria. Well, these British soldiers got permission to use a teaspoon of gin with their concoction, thus was born the gin and tonic. The tonic water is quinine, really bitter, some fruit-flavored water and sugar. So, that's why you've heard some people saying tonic water can help, because tonic water is high in quinine, which is a zinc ionophore. So, it would be ridiculous to say tonic water is going to cure COVID. That's ridiculous. But there's good science that says tonic water is a zinc ionophore and is going to escort zinc inside the cells so you have a little more resistance when you're exposed to this virus that if it gets inside the cell, that it's not going to shed very much.

Tom O'Bryan

So, you eat rainbow diet, every meal is multiple colors of the rainbow. My wife and I have a little bit, we do a little tonic water. Now, you got to be careful with tonic water because the stuff is so bitter they throw a lot of sugar in there. It's garbage. And there are some tonic waters that are chemical copies, they don't even have quinine in them. So, you read the label. It should say water, quinine, sugar. And then there's one company called Fever Tree, like the tree that the quinine comes from, Fever Tree, they've got five types of tonic water. And there's one called "India Light," and the light is very low in sugar and it doesn't have artificial sugars in it.

Tom O'Bryan

Every day, we do, they're small bottles, we split a bottle and then we do a slice of a lime in there, and then we fill the glass with water so it's diluted and we have a little tonic water every day with a little bit of lime flavor to it, no gin. Maybe it's going to help, maybe not. But there's good science that says it might help. So, you want to zinc. You want vitamin D. You want maybe a little tonic water, hydroxychloroquine, it's why some studies say it works, some studies say it doesn't. Because the studies that show when it works, when it doesn't, there are a couple of studies that show both groups, the ones it worked for and the ones it didn't. The ones that it for, they had higher zinc levels. The ones it didn't work for, they didn't have enough zinc. So, it's critically important to have a balanced diet, the rainbow diet, lots of color. Vegetables should be the primary majority of every meal to protect you from this virus right now.

Dr. Patrick G:

I appreciate you sharing all that because I think it's important because the concern that people have relates to the immune situation. What's puzzling about COVID-19 in general is how some people are completely asymptomatic, maybe they lose the sense of smell and taste, but they have no real symptoms. And other people, literally, get very sick and some die. Now, the reports on the people that actually die, the vast, vast majority, well over 90%, have comorbid factors. It seems like it's extremely, extremely rare that somebody without comorbid factors actually succumbs and dies from COVID-19 itself.

Dr. Patrick G:

But ultimately, and you've demystified some of the headlines, "What about hydroxychloroquine?" There's this debate about it, et cetera. The understanding, though, of it and zinc together is what makes it effective makes a whole lot of sense. It sounds like also from quinine or hydroxychloroquine there's no adverse effects of taking that. In other words, it doesn't have, most

medications would have some adverse effects that are associated with taking a medication, so that doesn't seem to be the case there.

Tom O'Bryan Well, I'm not sure about the side effects of hydroxychloroquine. I'm not an expert in the use of that. But there are no side effects to the tonic water concept, as far as I know.

Dr. Patrick G: Which is the active ingredient.

Tom O'Bryan Just the sugar. Just the sugar. Make sure you're not getting the high-sugar ones. So you get a "light" type and maybe it's going to help, maybe not. It tastes nice, it's not a big deal. Here's mine with a little bit of lime in it. It's not going to hurt you, and it may help.

Dr. Patrick G: As they say, maybe it's an acquired taste. So, then, looking at, and I love these as strategies to say, "Hey, let me build myself up," as compared to getting a very unknown injection of a vaccine that has really not been tested much at all. And we can go down a rabbit hole on that, but no need right now. Let's just say that if you don't feel, and over half of people surveyed right now are saying they're not feeling comfortable getting this vaccine, but yet you want to take an action, vitamin D, you cited so well. Eat a rainbow diet, you cited so well. Tonic and zinc, that can have a very beneficial effect on helping to prevent a COVID infection from really deteriorating into something that's serious. Anything else that you'd add?

Tom O'Bryan Yeah. Oh, sure. You bet. There are a couple of things. Another is vitamin C. And I've seen four studies, I think, and there are more but I'm not wanting to read every single study, I just need to understand if I'm on the right track. And four studies have shown that when people are admitted to the hospital with a diagnosis of the SARS-CoV-2 virus, that if they're put on IVs of vitamin C they do much, much, much better. Jaw-dropping better. And so I encourage all of our patients to do vitamin C at their bowel tolerance levels. What does that mean?

Tom O'Bryan Well, I got this from the work of Dr. Linus Pauling, the only guy in the world that's won the Nobel Prize twice, and it was referred to as the "Pauling Protocol." And you start off by taking maybe 500 milligrams of vitamin C every waking hour and you keep track of how much you're taking during the day. So, you go through the day and you forgot a couple of them, but "Okay, I took a total of 12,000 units today," whatever it is, and then the next day you do the same thing every waking hour until you get a little loose bowels, or diarrhea. That's called bowel tolerance, you've crossed the tolerance line.

Tom O'Bryan And you say, "Okay, I did 12,000, then I got diarrhea." Then you take a day off, so bowels are back to normal. And then you start with 75% of that dosage. So, if you took 12,000, the next day you're going to take 9,000. And you'll space it out during the day. And you stay at 9,000 until you get diarrhea. Maybe that'll be two days, maybe it'll be a week. But when you get a little loose bowels again,

"Okay, I got loose bowels at 9,000," then you take a day off for your system to calm down. And then you take 75% of that, so that's 5,000 to 6,000, and you space it out during the day. And you'll get to the dosage where you don't get diarrhea. That's your bowel tolerance level, whatever that is.

Tom O'Bryan And what vitamin C does, is it sharpens the blade on your immune cells that are going out there to protect you and fight for you, it sharpens the blade. "Well, how much should I take?" I don't know. Depends on your body. Do the Pauling Protocol. And it's safe, the worst is you get a little loose bowels for a day or so. Now, there are very, very few people that taking larger dosages of vitamin C puts them at risk for kidney stones. That is a true genetic vulnerability. If you have a family history of kidney stones, then you might not want to do the bowel tolerance, you might just want to take 5,000 units a day and not push it too much.

Tom O'Bryan But if you don't have a family history, if you're still concerned, the way to minimize that whole metabolic pathway if you're genetically vulnerable is to have enough B vitamins. So, take a B-complex with your vitamin C during the day. Just take one B-complex a day and you'll be fine, for those that are concerned. B vitamins are great to take anyway. But if someone's concerned about that rare, potential side effect of the Pauling Protocol, just take a B-complex.

Dr. Patrick G: Terrific. Well, this is all very instructive. And as I said, I think it's great that we don't just talk about the problem, but what are the solutions? Because there's no doubt that something's going on in the world. The origins of it are suspect, the reactions to it are suspect. But really, what it boils down to is for the individual to ask the question, "Okay, so what can I do?" or, if I'm responsible for my family, "What can my family do?" And I think you've given us some really, really great and not complicated or difficult to implement protocols. Do you have another one?

Tom O'Bryan I have one more.

Dr. Patrick G: Go ahead, please.

Tom O'Bryan And it's a really important concept. There are four different phases to supporting your immune system from a nutritional perspective. The first phase is prevention. And that's where we would like to get everybody to do all this ahead of time. Then you're one of the 80-85%, you're exposed to the virus, you never know. You just make antibodies and now you're immune, you never have a problem. And we'd love everybody to be there. But those that don't have that kind of a reaction, it's because your immune system can't do the job.

Tom O'Bryan So, there's the prevention phase. And in the prevention phase, there's lots of different nutrients that can be helpful to take: vitamin C, vitamin D, zinc. I put a list here together, melatonin, quercetin, fish oils, high-potassium diet. There's

lots of science behind all of those things, that you can take them throughout your experience of supporting the immune system in the prevention phase. Those are safe to take all the time.

Tom O'Bryan

Then, there is the infection phase. If you get into the infection phase, there are some things that can help even a little more. Like mushrooms, there's lots of different mushroom products that help support your immune system. And some would say, "Well, this one's the best." Well, okay. But there are a number of them that really work. But they help to build more immune cells, they help you get more action out there. But you don't take the mushrooms, you don't take something to build up your immune system, like the mushrooms or berberine or bicillin or echinacea or golden seal. Those are good things to take to build up your immune system, but you don't take them when you have escalating inflammation. So, if you're now fighting this thing and you're getting more inflamed, you don't take the things to make more white blood cells, because you're on the cusp here of how your immune system's responding.

Tom O'Bryan

But the things you can take, the vitamin D, the vitamin C, the fish oil, the melatonin, the quercetin, the high-potassium diet, the rainbow diet, the zinc, those you can take throughout and they won't harm you. But you do not want to take the things that support a stronger immune response once you have escalating inflammation. That's an important differential here, of when is it safe to take nutrition, when is it not. So, from that perspective, mushrooms are great, they can help dramatically, but you build more cells, and you don't want more active cells when you already have escalating inflammation.

Dr. Patrick G:

Terrific. So, you said there was four things. So, there was the prevention, there was the active infection, are there two more things?

Tom O'Bryan

Oh, thank you. There is. The escalating inflammation. When you're in an escalating inflammation state, you don't take the mushrooms. "But what can I do with the escalating inflammation?" You can take things that we've just talked about, but now you can also add N-Acetyl Cysteine, glutathione, these are things that will help the current immune system work stronger, they do not build up more immune cells. You don't increase your army, you've already got escalating inflammation so you don't want to increase your army. And now you can add also to that curcumin, which comes from turmeric and bromelain, which is some enzymes that help to get rid of all the crud in your bloodstream. These things you can add during an escalating inflammation phase without a problem.

Tom O'Bryan

And then there is the recovery phase. In the recovery phase, you can do all of the ones that you've done all the way through that I mentioned earlier, you can continue with the curcumin, with the N-Acetyl Cysteine, the glutathione. And I know this is all Greek for some people, I know. But you'll listen to it again and you'll write down some notes, and then you'll talk to your healthcare practitioner about it. But you just want to stay away, the only caution here is staying away from the ones that build up more immune function when you

already have escalating inflammation, because you run the risk of a cytokine storm.

Dr. Patrick G: I love the organization of understanding those four phases and the fact that you have to identify what phase you're in to know what action to take. Because if you're taking the wrong action matched to the wrong phase, it could lead to not the outcome you're looking for. So, I think that's really, really useful, so thank you for that.

Dr. Patrick G: Dr. Tom O'Bryan, it's been such a pleasure to speak with you and to get your wisdom around all this. It really illuminated a lot of, I guess I'd call it self-empowerment, meaning it's very victimizing the way things feel, this pandemic, and the way that things are shut down, and there's nothing I can do about it, et cetera. But in this particular case, I feel like it's like, "Well, no. You know what? Don't isolate socially, stay social." It's important for a lot of reasons. Here are varying things that you can do so that even if you are exposed to coronavirus, your probabilities are very high that you'll cruise right through it, you'll be fine. And on the other side of that, your body's learned how to deal with that environment. So, I'm much more encouraged after speaking to you, and I'm sure everybody watching this will be, too. So, thank you so much.

Tom O'Bryan That's the goal, that's really the goal. When I autograph books, I always write the same thing now, for the last couple of years, because this is a message that everyone needs to understand. Base hits win the ball game. There's no magic pill that's going to protect you from this virus or protect you after you've got this virus. There is no magic pill. Hydroxychloroquine, "Yes, no." The different meds that come out, Remdesivir, "Yes, no." Well, for some people it'll help, for some people it won't. It's all the base hits you do that eventually win the ball game.

Tom O'Bryan And I'll give you one example, if I could finish with this. This is 1986, Australia. A gastroenterologist/microbiologist writes a paper and says, "You know, I think that sometimes ulcers are caused by a bacteria." All of the gastroenterologists said, "What are you? A nut case? Everyone knows that ulcers are caused by too much acid in the stomach and you have to take antacids," which is a multi-billion dollar industry for that one type of medication, "everybody knows that."

Tom O'Bryan He didn't care. What did he do? He did an endoscopy. He put a tube down his throat with a camera, took a picture of the healthy pink tissue of his stomach. Then he drank a beaker, a beaker of a bacterial solution called *Helicobacter pylori*, *H. pylori*. He drank a beaker of it, waited three days until he was feeling really sick, did another endoscopy, took a picture of the ulcers beginning in his stomach. Then he took the antibiotics to kill the bacteria, waited about a week until he was feeling better, then he did another endoscopy showing the healthy healing of pink tissue of his stomach.

Tom O'Bryan Then he published it with the pictures. Then everyone knew he was a nutcase, right? But he proved that sometimes ulcers can cause bacteria. The World Health Organization thought that was so important, they sent that paper to

every medical society in the world, saying "Send this out to all your members." Why? Because at that time, the number one cancer in the world was stomach cancer, usually caused by a helicobacter infection infection that no one knew was there. So, if doctors thought when their patients come in with gastritis, upset stomach, if they'd just consider there might be a helicobacter infection and they test for it, simple test, and they treat it, they would prevent stomach cancers. Turned out, that was the case. The incidence of stomach cancers went down in the next decade. But gastroenterologists still thought Barry Marshall was a nutcase. He didn't care. 21 years later, he wins the Nobel Prize in Physiology, he and his partner. And the Nobel Committee said, "Dr. Barry Marshall and his partner who," and this is the exact quote, "who with tenacity and a prepared mind challenged prevailing dogma."

Tom O'Bryan

Every one of you need tenacity. You have to stay at this. Just learn a little bit more every day of how to take care of yourself. Just a little bit more, because it's overwhelming to do all this. But listen to this interview, listen to the other interviews again and again, the ones that resonate with you, the ones that you think are important, not just to scare you. "But what do I do? How do I protect myself?" You have to have tenacity to prepare your mind to challenge the prevailing dogma of what they're trying to tell you. And that, I think, is the secret to staying healthy with a strong immune system, is having that tenacity. Base hits win the ball game. All the little things you do add up to protect you and your family.

Dr. Patrick G:

Great wisdom. Thank you so very much for sharing that. Again, thanks for also just being a part of this series and contributing your decades of experience at a time when I think people really need that wisdom. It's been a great pleasure and thank you for being here.

Tom O'Bryan

Thank you, Patrick. It's my honor.

Dr. Patrick G:

That concludes my interview with Dr. Tom O'Bryan. I have to say, with all of the challenge and fear-mongering that's going on relative to COVID, it's certainly nice to have someone to give you an optimistic outlook and know that you can figure out how to create health assurance for your body moving into your future. So, thanks for being with me during this interview.

Dr. Patrick G:

That concludes episode four of our nine-part docuseries. Thank you for taking this ride with us. We're about halfway through at this point. Looking forward to continuing the journey. Remember, Vaccines Revealed: COVID Edition is available to you, varying packages, extremely affordable. And we have some bonuses that go along with these packages that I think you'll be very interested in, so check that out. I'll look forward to seeing you in episode five.

Outro



Andrew Kaufman: There's never been any science to say that healthy people spread an illness, and there've been several datasets even in COVID that show that there's really no evidence of asymptomatic spread. So, just based on common sense and the prevailing wisdom, there would be no reason for healthy people to wear a mask.

Andrew Kaufman: But there are so many randomized controlled trials that there's actually meta-analysis where they combine the data from all multiple studies into one study. And I'll tell you, not one controlled trial has ever shown a benefit of reducing disease from masks.

Tom O'Bryan: Now, there are people that say, James Lyons Weiler says that the coronavirus was made in the lab. And what you need to do is follow up. Four days after I made the announcement that I had a hypothesis of this, and I said it specifically, I was able to rule out that the evidence that I had looked at was a key signature of it being created in the lab with recombinant DNA technologies. However, I wasn't able to rule out that it might've escaped from the lab. I wasn't able to rule out that it may have been from an animal that was brought in for research purposes and infected someone. Nor have I been able to rule out that it may have undergone serial passaging to become more infective in humans.

Dr. Ben Tapper: I don't wear a mask. I see over 200 patients a week. Why haven't I contracted this so-called disease?

Dr. Ben Tapper: This is an mRNA type vaccine, which is going to alter DNA. And that, to me, is absolutely terrifying. We have people, like prisoners, trapped in these nursing homes, unable to see their family. They're doing window visits, there's no interaction. I think that's going to kill them faster than any virus will kill them.

Bonus Interview: Del Bigtree



- Dr. Patrick G: I'm really excited to now bring you into part two of my interview with Del Bigtree. I described him as being passionate, having a clarion voice, and being one of the most important voices in the world today, relative to this whole vaccine issue. And if you saw part one, you know why I feel that way. So, let's not waste another second. Let's jump into part two.
- Dr. Patrick G: Del, everything you just described is beyond chilling. And this is like you said, you can't un-ring this bell. Once you go out with it, there's no way to pull it back. It's like it's trouble.
- Dr. Patrick G: One of the encouraging things I've seen at least in the United States, a survey saying that only 50% of the people said that they would accept the vaccine at this point. Why do you think that is? Because most people are very vaccine friendly. Are they seeing through this? Or why do you think that is?
- Del Bigtree: Well, again, I think I would reference my spiritual perspective, which I think that, I think God is playing a role here. I think that the hubris and the arrogance of these vaccine pushers has pushed them into a position where the world is now watching how the sausage is made. They should have never done this. It's why Paul Offit and Peter Hotez, are yelling from mountaintops that they should be careful, because they recognize that what this is doing is it's revealing the dangers that vaccines have always had, the rush to the science that has always taken place. But now they're doing it with potentially one of the most dangerous vaccines of all times. But it's in the newspapers, right? You can't avoid it. And you even have reporters.
- Del Bigtree: I've talked about our media is owned by pharma, but you'll still see a reporter at ABC or NBC every once in a while ask a really important question. Why? Because they know that their kids are going to be forced to get this. So, no matter who you're owned by, at a certain point, you want to know, "Hold on a second. Is this actually safe?"
- Del Bigtree: And now for the first time ever, CNN just reporting, I think it was two days ago, CNN, who's never been on our side talking about how incredibly dangerous. I forget what the headline is, but the dangers of rushing vaccines and historical references to times this has happened before. They talked about polio vaccines. I sit back and I think, what is happening?
- Del Bigtree: I now have people that have been calling me an anti-vaxxer, now using my talking points out there to the entire world. So, it's really fantastic. I also think, the work that Vaccines Revealed has done, that Truth About Vaccines has done, my show, thehighwire.com, Vaxxed and Vaxxed 2, and The Act. All of these

things are now getting seen by the entire world. And the more we're censored, the more it's creating curiosity.

Del Bigtree: And I think one of the greatest mistakes ever made by the powers that be whoever that is, was guys like you and I have been saying all along, people are just too busy to stop and recognize how their civil liberties are disappearing, how dangerous this vaccine program is. They just don't have time to read the science. They don't have time to look at what's happening to them. And then the same people that have kept them in that hamster wheel and just moving them through their gauntlet, suddenly made the greatest mistake of all times, "Let's lock you in your house. Let's lock you down. Let's shut down your job and lock you in your house for several months." Well, what did you do? You took these busy people with a busy mind and you let them sit with nothing to do, but look on their computer, go on to the internet and start doing the research they should have done a long time ago.

Del Bigtree: That's why you're seeing, I mean, I believe it was at 6% approval. Like, "Yeah, I'll take that vaccine." Just two months ago. This thing is crashing before their eyes. The more they masked us, the more they locked us down, the more they tell us, "Your life won't get back to normal without this vaccine, the more that people are waking up."

Del Bigtree: And so, it's an incredible, an exciting time, very, very scary, but people are doing their reading. And while they're at it, I wanted to add one more thing that we're just now breaking, and starting to break around the world of people should start to look at it. There is real concern with the approach to the vaccine that Russia just used and China. And frankly, it's the AstraZeneca approach is called a vector virus vaccine. What we're doing is taking a hollow cold virus and adenovirus, and putting a gene into it. And we're sending it. The virus is just, I think of it like a spaceship that flies into your body to land and to mutate your genes, so it'll fight COVID-19.

Del Bigtree: This approach, and there's a lot of writing now coming out by scientists, was what they had attempted to make an HIV vaccine with by using adenovirus or something like that as a delivery system. They discovered that this approach raises your risk of HIV incredibly. In their own trials when they have done this before, those that receive this approach versus placebo had higher rates of HIV. It's a serious concern that somehow it's making the T cells in your body vulnerable to HIV. And so, in any country that has a risk of HIV, which by the way, the United States of America is considered an at-risk country, we are raising our risk of developing HIV by getting this vaccine.

Del Bigtree: This is brand new science is breaking. Super, super concerning. And something Tony Fauci knows all about. So does Redfield at the CDC, both of those guys were involved with that HIV vaccine. They are well aware of the dangers of this. And so, what they'll tell you is, well, that's why you got to look at the Moderna vaccine, the mRNA approach. This is literally a vaccine that is going to try and

send a coded message to make your body believe the message came from your DNA to get your own RNA, to essentially start causing your cells to mutate.

Del Bigtree: But there's a brand new problem, we've just discovered with this. The Moderna vaccine has to remain at ultra low temperatures. This may seem irrelevant to most people, but I believe it's somewhere around 80 below zero. There's a version of this type of vaccine mRNA that says 13 below zero. But it can only last in irregular refrigerator for 24 hours. And the second it's at room temperature, they only have two hours to deliver it. This makes it impossible for use in any system we have in America, forget about Africa or other third world nations. So, we don't even have the infrastructure to deliver the Moderna vaccine.

Del Bigtree: And so, for all of these people that are locking down in masking, waiting for what I call the vaccine unicorn to be discovered, I'm telling you folks, it's not going to be here. You should listen to the top virology and vaccine makers saying, there's no way this vaccine is here before next year. And many are saying the odds we will ever have this vaccine are terrible.

Del Bigtree: So, when Donald Trump is saying, he plans on having here by the end of the year, nobody knows what that would look like. Nobody knows how you'd be able to deliver it. And what are all of the dangers that are going to come with it? So, these are things that we talk about all the time on my show. But people you need to start doing your investigation. You have to look at these things. And you got to start looking at how you're going to vote this next election for any politician saying, they're not letting your life get back to normal until there's a vaccine. This vaccine may never be here. So, what the saying is, "We're going to destroy the economy of the United States of America while we hunt for a vaccine unicorn." These are not adults. These are not people that are should ever be in charge.

Del Bigtree: I've never seen a moment like this, Patrick. I mean, science is supposed to be the logical reasonable side of society, the mathematical side. And I think about my father that would always say, "Don't count your chickens before they hatch. Or a bird in the hand is better than two in the bush." Meaning don't make your life decisions, Del, as you go out in the world and you leave this house. I've been protecting you. Do not make your life decisions based on wishful thinking. It is okay to dream. It is okay to pursue a dream. But the decisions that affect your life, your finances, and what you do have got to be based in the reality you hold in your hands, not what you hope to have.

Del Bigtree: So, when we see world leaders, governors, scientists saying our plan is something that doesn't exist on this planet, which is this vaccine right now. It does not exist. It has killed animals in animal trials. There is a terrible ratio or percentage rate of success in the future. And so, for us to be basing policy in America and around the world on something that is wishful thinking, means we have children right now. Tony Fauci, might as well be a third grader in my mind. And so, would the governor of Virginia or Gavin Newsom, these people, Cuomo,

what are you going to do? You are going to destroy our nation. And that I think is the biggest discussion we have.

Dr. Patrick G: Yeah. It's to me chilling in the sense that I feel like we left rationality and entered the twilight zone to some degree, where you're looking at how the economies are shut down, people's lives are being destroyed. And when you look just at the data, what the risks really are and what kind of reaction we're having, based on these risks, you almost get a sense that there's some agenda going on that's beyond just what this thing is, because it doesn't make any sense. And I also think that people sometimes think we're in like some kind of a movie or a novel, "Oh, the big threat to humanity. And then there's going to be the vaccine that saves the day. And we just made it. And thank God for all these heroes who created this thing and got it done." I mean, it's La La Land. It's some crazy thing.

Dr. Patrick G: But on the other side, let me just say, we're thrilled to talk to you also, because I'm a huge fan of The High Wire. And for people who are watching this, you got to see Del on a ritualistic basis. Every time he puts out a new edition of The High Wire, you really go at it in an unabashed way.

Dr. Patrick G: And the thing that I want to talk about now that we can pivot to is the whole deal of censorship, because we're starting to see what's emerging here, is not just an issue of science on these things called vaccines, and the predicament that crop up. But now we're getting to wider issues of humanity and of government regulation, and of human rights because we're burning books in essence. We're now saying that the government is going to censor what you see. And it's not just the government, but they have co-conspirators in Silicon Valley and other places that are preventing people from being able to see alternative views or get the truth, if you will. So, talk to me about censorship because certainly a lot of this has been directed right at you.

Del Bigtree: Well, I mean, just as you said, right, we had our YouTube channel taken down. I think it's about four weeks ago. I've been broadcasting every Thursday at 11:00 AM Pacific Time for the last three years. I think we're nearing 180 episodes. And YouTube has been a great source for us to get that information out, especially in Europe and around the world.

Del Bigtree: And then fairly unceremoniously, our channel just disappeared. It was something that I saw coming. It was actually all within one week. We recognized that we had become a focus of attention. I was actually on a Monday, my wife said to me, "You seem preoccupied, what's going on?" And I just said, "I just have a feeling that there's more negative energy coming my way than before. I feel like I'm on some sort of target."

Del Bigtree: By that Thursday, we did our show, and that afternoon there was an article that came out of Media Matters, anti-vaccine proponent, Del Bigtree is spreading deadly coronavirus information using Facebook and YouTube. It was really, I think Media Matters attacking Facebook and YouTube saying, "De-platform this

guy." They wrote another article by Saturday. I think there's been three or four articles specifically about me.

Del Bigtree: Saturday, CNN ran an article and showing our show, and talking about how dangerous what we're talking about is. And then my Twitter came down that same week. My personal Twitter got frozen. They were asking me to take down six or seven of my posts, which were only me posting scientific studies, peer reviewed studies with a comment or an article that was out. How that breaks the guidelines for Twitter is absolutely shocking.

Del Bigtree: That Monday is the Monday that I call one of the greatest censorship events in history, which was when the America's Frontline Doctors Summit, the dozen or so doctors that stood in front of the Supreme Court, and went out on Breitbart on a video, talking about the success they were having with hydroxychloroquine with all of their patients saying, "We have a treatment now. The pandemic is over. We've got to send our kids back to school. We know that they're at no risk whatsoever." And that video had 17 million views within six hours. Then YouTube, Twitter, Facebook, all took that video down.

Del Bigtree: Now, we can get depressed and really scared about that. That is Nazi Germany, book burning stuff. This started over a year ago when Jeff Bezos received a letter from Adam Schiff saying, take down every documentary or video and book that either questions the safety of vaccines, or for these books that have natural treatments or cures, or ways to treat children with autism were taken down. Adam Schiff reached out to Instagram, YouTube, Twitter, Facebook, and then said, "You need to remove any pages that question the safety of vaccines."

Del Bigtree: So, it's unfortunate. And I say this, I'm politically marooned right now. But you have got to recognize that there is one party right now that is directly involved in the destruction of the First Amendment, at least around this issue. And it's really, really scary.

Del Bigtree: So, to have YouTube taken down is problematic. But I'm not worried about. We're building our own streaming services through our website. It's making people more curious. I know that there's other entities out there that are saying, "Let's build a new Facebook. Let's build a new YouTube." But we are considering lawsuits against YouTube right now. Robert Kennedy Jr is suing Facebook. I went after a fact-checker and they immediately dropped and got rid of all of their false information on my videos.

Del Bigtree: But what we have to recognize is what we're involved in here. And I think that we could get depressed. But I really want to empower people to recognize that every nation that gets to this point, every dogma that gets to the point where it starts arresting people for speaking the truth, burning books in the street, or censoring people, those are the last days of that agenda. That is the last dying breaths of desperation.

Del Bigtree: So, what it says is, as you pointed out, over 50% now are turning against this vaccine. Those 50% are now enrolling in looking at the dangers of all vaccines. And on top of that, this cabal between Silicon Valley and pharma is the most dangerous emerging that has ever taken place, when we look at the fact that Facebook is now involved in developing drugs. Google wants to be your medical ID. That they're going to know everything about you. Our cell phones are being tracked everywhere we go to see how close we are, whether we're kissing or hugging. I mean, when you said it's like, some people think it's like a novel, this stuff was either predicted or put into our consciousness by 1984, Brave New World, Fahrenheit 451.

Del Bigtree: I mean, the principle of Fahrenheit 451 is the human being is not capable of hearing two opposing positions. Therefore we give them only one. That used to be required reading in junior high and high school. I doubt it is anymore. I haven't looked at the curriculum because I won't let my kids near a school. But I'll bet you anything, they don't have you reading those dystopian novels because kids would be walking out in the streets saying, "My God, it's happening. It's happening now." So, censorship is real.

Del Bigtree: There are people right now that are running to be elected that believe it's okay to destroy free speech. And I watched a video this morning that just came out of Australia, which is just a hair's breadth ahead of us right now. A pregnant mother who shared a Facebook post about a freedom rally in Australia against the lockdown. The police came, handcuffed her, her husband or neighbor is videotaping and saying, "What did she do? It can't be illegal to post a Facebook post." And they said, "Yes, it is. And they caught her away. That is our future.

Del Bigtree: That is the dream of Nancy Pelosi wants to sensor videos that make her look bad. Adam Schiff is taking these things down. Joe Biden is telling you, he's going to lock you down. He's going to mask everybody. Until when? Until he finds this vaccine unicorn? He may be the only person that can do it. Maybe he's in the right mindset to really track it down.

Del Bigtree: But these are scary, scary decisions that absolutely proved to me that we have lost our dream, our focus on the constitution of the United States of America, which is the only thing that really separates us from the Soviet Union, separates us from China. I'm concerned with mob rule. Just because the majority of misguided, uneducated individuals, don't see the beauty in our constitution. That's why we're a Republic really, more than we are a democracy. We're a Republic because we are supposed to have certain God given or nature given, however you want to look at it, unalienable rights, a right to free speech, a right to religious belief, a right to our own medical choices, a right to control what's injected into our bodies. My God.

Del Bigtree: I mean, and I want to speak right now to anyone that believes in vaccines. Fine. That's fine. This is a free country. Do what you want. But you don't ever want to hand any government, any government, the right to inject you. Forget, take the word vaccine out of it. Take away the fact that you think it's saving you.

Del Bigtree: We use vaccines to sterilize deer all over this country. We have seen vaccines used in India and Africa to sterilize people. That's just one possibility. What about a vaccine like this that looks like it's safe, but once you come in contact with a virus, it kills you? So, a time-released event that you wouldn't be able to understand where it came from.

Del Bigtree: If you think I'm talking crazy and I'm really talking to people right now, because they know who you are. Those of you that think Donald Trump is the most dangerous human being on the planet, I know you. I'm an ex-Democrat. We're all still friends. I'm still open to this conversation. But I ran from California because California to me has become a Nazi state.

Del Bigtree: But look at California, look at this hypocrisy. On the one hand, you're terrified that Donald Trump hates black people, that he doesn't want black people to be able to procreate. I'm not making that up. That's what a lot of African-Americans think in California. There's Latinos that think he wants to deport them. Doesn't care for their lives. There's gays, bis, lesbians, transgender that think that Donald Trump has it out for them. Yet that state just voted to allow Donald Trump to inject you with whatever he wants. That's what's going on here.

Del Bigtree: So, I'm not saying Donald Trump is that bad guy. But what I'm saying is we believe our consciousness in this country is that a bad person, a bad actor could take that role, could be a leader in this country. And you are handing them the greatest power there is, control of your body, whether you can procreate, whether you live long or not. That is all capable in the existing science of vaccines, despite where it may evolve to.

Del Bigtree: And so, I want people to really recognize don't ever give anybody that power, not Donald Trump, not Hillary Clinton, not Joe Biden, not anybody in the future, because someday we must all recognize we could vote in a Hitler. Some people think we already have. So, based on that, be smart. And for those who're saying, "You're exaggerating Del, Donald Trump doesn't inject me." Really? You don't vote for, but Donald Trump does. Donald Trump puts in the head of Health and Human Services. He and he alone decides that, the head of the National Institute of Health, the head of the FDA, the head of the EPA. All of those are in the purview and control the president of the United States. So, the moment you get a bad actor, everyone that designs your vaccine program is controlled by him or her not you, not your vote. That is what people need to wrap their heads around. That should unite all of us into health freedom, whether you believe in vaccines or not.

Dr. Patrick G: What you lay out Del is, exactly, it seems like some of these books, like 1984 became we're prophecy now, right? That this is what's coming. And you're right. We do have certain powers in the executive branches of our government to maybe monitor this. But we also have big business. You got Silicon Valley involved. You got the big pharma involved. I mean, there's so many players with forces that are seemingly almost overwhelming that are applying their influence here, that it's like a train is on a track and it's driving down that track.

- Dr. Patrick G: One of the things that I think is given me a lot of hope in the mix of all this because conflicts do clarify eventually, is that people are taking to the streets, especially in Europe right now. What have you observed there?
- Del Bigtree: I mean, that's incredible, right? We just watched last weekend, right in the middle of London. I think it's between 10,000 to 40,000 people is what they're saying up for a health freedom, anti-masking anti-lockdown event. Great song now on YouTube, take your coronavirus vaccine and shove it up your ass, I think is how they say it. But check it out. It's really awesome to see thousands and thousands of people singing in the streets, but huge, huge turnout.
- Del Bigtree: Berlin, reports in Berlin and from the photos I've looked at, they'll say thousands. It looks like at least a million. I've heard up to four million people showed up in Berlin for the protest there. Other nations around the world, Spain, France. We're starting to put together rallies. But it is a bit disconcerting that what is supposed to be the most evolved nation in the world, the most free nation in the world seems really asleep at the wheel when it comes to this issue.
- Del Bigtree: I was just in Utah at a great event. It's about 1200 to 1500 people there. Great turnout. But we should, if we knew what was best for us, there should be tens of thousands, if not hundreds of thousands of us amassing in every city across this country. But to me, it points out one of the great problems with America.
- Del Bigtree: I think that we have been so emboldened and marinated with this idea that we're the greatest nation in the world, that we were just told we're great. And that we have the freest press in the world. That we're absolutely the most easy to propagandize there is. And that's really what's happening.
- Del Bigtree: The news media is owned by all of those industries you're talking about. I think it's more dangerous than the fact that our government officials are owned by these industries, pharmaceutical, Silicon Valley, oil and gas. The lobbying is insane, the amount of money pouring into these politicians. But you could still make change in the world under those circumstances, if your media was free to report what they should be reporting, who is funding these people? Who really is behind it? How much money is going into it? What were the kickbacks? What did they get from putting the president into office or the senator? Who's he talking to? Who's she talking to? That's what press is supposed to do, but it's not, because the same people that are funding our government, are funding our press.
- Del Bigtree: And people will challenge me on this. Just watch the commercials. I don't have to prove this to you. Just watch the commercials between your news programs that you're watching, count, "How many pharmaceutical products did I just watch advertised that said to cure my restless leg syndrome, I might have irritable bowel syndrome or potential death?" But like this crazy ticker tape. We got to stop laughing at those commercials and recognize that's who owns your news anchor. That's who owns what they're allowed to talk about. That is the problem.

Del Bigtree: Our media is the problem. And it's why America is asleep. Our media is brilliant. And we watch more of it than anyone in the world. And they constantly have a mantram on that box, on our wall, that we think we're strong enough to get around, "Oh, I know. I get it. They're trying to enroll me." Well, if you're wearing a mask right now, and you're actually concerned for your life and you don't have 2.6 major serious illnesses, which is what was the story that just broke. If you are a healthy person and you're afraid of COVID-19, I don't care who you are, how much you meditate, your TV has just won the battle over your mind.

Del Bigtree: We now know that based on CDC numbers, point a quarter of 1%, 6% of that one quarter is the only people that died that did not have another co-morbidity, just died from COVID-19. 94%, they said had an average of 2.6 other serious illnesses. Now, we're arguing about this all online. Well, those are still deaths, Del. They still matter. Sure. They absolutely do. But it's really important data. What it tells us is that the pharmaceutically dependent part of our population are at serious risk. And their solution is to turn all of us into pharmaceutically dependent people, meaning forced vaccinations, forced drugs. That's what pharma wants.

Del Bigtree: Let me be clear. If you have 2.6 serious illnesses going on, you're on all sorts of drugs. And nobody is collecting data on how many people had the flu shot that died of COVID-19. In fact, those that didn't have any other serious illnesses, I want one stat, how many of them had the flu shot? And you say, "Well, now you're going to say flu shot causes coronavirus?" No, I'm not going to say it. Science is actually pointed to that.

Del Bigtree: We have a massive study done on our military, that was done. Thousands and thousands of military personnel were given flu shots. And then those that were not, they did a comparative study. Those who received flu shots had 36% increased risk of infection from coronavirus. That's the science. There is no study that disproves that point.

Del Bigtree: A brilliant study out of Japan, looked at flu shots with a placebo group. They gave one group the flu shot that year, and the other group got a saline injection. When they followed them, they discovered two things. Number one, both groups had the same amount of flu. So, the flu shot didn't work at all to protect against the flu. But those that received the flu shot had 4.4 times the amount or 440% increased risk of other respiratory infections. That would be rhinoviruses, Corona viruses. Other things that in fact, showing us that these vaccines lower your immune system, so that you're more vulnerable to two other illnesses.

Del Bigtree: This is science. And someone will say, "Del, you're cherry picking the science." And I would say, "Show me the science that had a placebo group that proves otherwise." And they can't show it to you.

Del Bigtree: So, all of these things, we are brainwashed by our televisions. That is the biggest problem. We need to turn it off. We need to be realistic about the numbers. And we have to say this.

Del Bigtree: And I want to point out that I think the biggest story in the world right now is Sweden. Now, I would be howling at the moon all by myself, if Sweden didn't exist. I would be saying to you, this was a common cold. This was just going to be a cold virus, perhaps a higher death rate than usual, a little bit higher, but it is a cold. That's what a Corona virus is. It was our approach to it that got everybody killed. It is our approach to this, that is what is destroying this world. And everyone would say, "You're crazy." If Sweden did not exist.

Del Bigtree: Sweden is reported as having a novel approach to the coronavirus, right? They didn't have a mandatory mask. They didn't mandatory social distance. They didn't lock down. All of their jobs, all the restaurants, everybody kept working all the way through this. And their death rate is lower than most of the major countries that did lock down and do all of those things. And they're only nation right now that is seeing no second wave of Corona virus. Every dance club, every bar, every restaurant is open. They are walking freely in their streets, not because they had a novel approach because they use the approach every nation in the world has used since the dawn of man. The novel approach was what the rest of us did.

Del Bigtree: We are a part of the largest science experiment that ever happened. And here's the experiment. Can you hide people from a virus, a cold virus? That was it. Can we hide? Will the virus go away? And everything shows us, no way. Even if the lockdowns work in California, as soon as you open your restaurant, as soon as you open a store, as soon as you step outside your house, the infection rate goes up, because the virus doesn't go anywhere. It's just sitting there waiting for you. And there's nothing you can do, except man up and go out and catch this if you're healthy enough.

Del Bigtree: Which is why Sweden, and I think that had we had some intelligence, we should really protect the over 65 with those other comorbidities, definitely locked them down. We should make sure that those nursing homes are hermetically sealed. That the doctors and nurses that work there don't move in and out, that they live there. Give them extra pay to stay, so that we can really make sure that they don't come in contact with this COVID-19. And other retirement communities, let's protect them while the rest of us that have like a 0.0005% chance of dying, go out and catch this cold the way we always have. And can I take two seconds to explain how you kill people with a cold and terrify the world?

Dr. Patrick G: Yes.

Del Bigtree: We have only to look at New York and here's what they did. And this is what caught my attention with our work on The High Wire. And everyone, if you go to thehighwire.com, please sign up to my email list. It's the only way I can tell you where you can find us when they're censoring us like crazy.

Del Bigtree: Here's how you take a cold, you kill people and terrify the world. Let's look at New York because they did this perfectly. Number one, you immediately, what you have to do is you have to say this isn't an ordinary cold. It's deadly. It's a

novel cold that we've never seen before. So, you recategorize it so that nothing is ever done the same as it would have been done for a cold.

Del Bigtree: What do we do differently? Every other year, if you come in with a respiratory, "I'm having trouble breathing, it looks like the common cold." They will lay you in any of the thousands of beds in that hospital and bring you some oxygen, and give you oxygen to breathe. But because this was deadly, we renamed it. We can't do that for you. We can't give you the most obvious treatment. We have to deny you the oxygen. Why are we denying you oxygen? Because it's deadly. And oxygen masks will aerosolize the Corona virus and send it all through the hospital.

Del Bigtree: So, right there, we didn't treat you the way we did every other cold in history. We denied you the oxygen mask. Terrible. Talk to any doctor or nurse. And then we just watch you. We don't have a treatment. We're not giving you anti-virals. We're denying you hydroxychloroquine, even though 78 studies around the world show that is having a 99% success rate. Even Ford Medical Center, one of our greatest research hospitals showed, looking at six hospitals, thousands of patients, they had half the death rate, if they were given hydroxychloroquine upon the moment of diagnosis. You can't beat that. That's one of the best studies there is. And still, Andrew Cuomo, and those who are denying hydroxychloroquine to be used. So, you take away the only treatment that looks like it's working.

Del Bigtree: Step two, three, we talk about ventilators. Well, we deny you oxygen. Every doctor says, "Then we wait till you crash, then we put you on a ventilator." We'll look back at the moment that Andrew Cuomo was yelling, "Ventilators, ventilators, I need more ventilators." And we will historically see that as he might as well have said, "Guillotines, guillotines, I need more guillotines to treat COVID-19." Because what we now know is that ventilators killed almost everybody. Nine out of 10 people were killed on ventilators. It was the wrong approach. And we would have never known had Dr. Kyle-Sidell not come out of his ER unit in New York and put out a YouTube video saying, "We're doing this wrong. There's something wrong. This isn't a respiratory illness. My patients are not suffering respiratory problems to late stage. I'm putting them in a coma while they're speaking to me, while they're talking to me. I've never done anything like this. Why am I putting them into a coma using drugs, sticking them on a ventilator, only to know that they're not going to survive. That nine out of 10 of them are going to die."

Del Bigtree: So, the ventilators killed more people than we've ever seen. You wouldn't have been on a ventilator if you had a common cold, because the oxygen would have done the job, and probably an antiviral or an anti-malarial like hydroxychloroquine.

Del Bigtree: Now, let's look at the beds, right? Oh, we're running out of beds. The big story we're running out of beds. Well, what did we do? Because it's deadly, because our hair is on fire. And we've changed the definition of this cold. We cut our

hospitals in half or to one fifth the size, because everybody coming through the door based on the fact that this could be deadly, has got to be considered to be a Corona virus sufferer. That means they're going to need a ventilator, and it can't be anywhere else in the hospital. So, we reduced our hospitals down to our ICUs. Our ICUs are the only beds that are available. We would never run out of beds had we had a thousand beds. But if you only have 150 ICU beds, you're damn right, now you got a problem. That's what every single state has done.

Del Bigtree: We kicked all of our doctors out. We said, "Whether or not you treat anything else, this is only a coronavirus hospital now. And we're going to reduce ourselves down to the smallest part of our hospital." Thereby taking away all the beds. And because we have a shortage of beds, we can't have old people using them.

Del Bigtree: And so, what did Andrew Cuomo and about five other governors do across this nation? All of them Democrats, all of them now being investigated by the Department of Justice. What did they do? They passed laws that said a nursing home is not allowed to turn away a patient that has tested positive for COVID-19. So, they come in the hospital, they test positive. And the hospital says, "You got to get out of this bed because we only have those that are in the ICU. We're forcing you back to the nursing home." The one place that we knew from China and Italy was going to get people killed.

Del Bigtree: The one thing we knew, that Andrew Cuomo knew ahead of time, if he had two brain cells working was over the age of 65 with co-morbidities, meaning COPD, heart disease, cancer, diabetes. These were huge issues. And instead of protecting the nursing homes, we went into that dry grass field, and we just lit matches and lit the nursing homes on fire and murdered. I'm telling you, murdered our elderly across this country.

Del Bigtree: So, when you want to talk about the 170 or 180,000 deaths, I say, get me 180,000 deaths when you're not ventilating everybody and killing them, when you're not sending the sick people into the one place they shouldn't be, which is a nursing home. When you're treating them with oxygen when they come to the door, and you allow a drug that has been safe for 65 years and 78 studies prove it, when you allowed that to be given to these people along with Azithromycin and zinc. Show me your death rate then. And then also show me your death rate when it's not bloated saying that every single death that dies with COVID-19 is from COVID-19. If we simply had hydroxychloroquine and Ford Medical Center's word for it, we cut our death rate in half where it should have been. We're at maybe 80,000, 70,000 deaths right now, that was our flu season Two years ago.

Del Bigtree: This entire thing has been manufactured. We can prove it. I just proved it to you. And if I was lying, Sweden would have a million people dead right now. And they don't, because they didn't do the things that we said were protecting us. What we did was murder people.

Del Bigtree: And I believe that anyone speaking out against hydroxychloroquine, whether it's Cuomo or Fauci, or any of them, my word is this with my legal team, I will do everything I can to make sure that you are tried for crimes against humanity, because all of the decent science shows us that people could be being saved. And you are murdering people by denying them that lifesaving treatment. Am I emphatic enough about that?

Dr. Patrick G: This and everything that you just reviewed can be fact-checked, right?

Del Bigtree: Fact-checked.

Dr. Patrick G: I mean, this is not speculative. And when you reference that whole picture you just painted around COVID to the insanity of a warp speeded vaccine that has all the accompanying baggage. Just as you said, they've been trying to make a COVID vaccine for a lot of years. They can't get one that is safe enough to put into the marketplace. And now, warp speed against it when you're looking at what the truth is relative to COVID-19, what the true risks are. The fact that there are remedies that have been demonstrated to show good promise. So, it starts to get really insane.

Dr. Patrick G: But when you look at the forces of vaccinating billions and billions of people, the money that that generates, the lack of liability that will be attached to it. And you start to see the whole picture, which is... And then, also bringing people to their knees, shutting down economies, destroying lives, destroying businesses, this is quite a picture here. And I think the only thing that can halt this train is going to be people taking to the streets.

Dr. Patrick G: I mean, listen, I lived in the 1960s also. I was young then, but I was young enough or old enough, I should say, to be able to remember the demonstrations, and people taking to the streets to affect change. And I think that this is going to be what is going to happen now in this world, that's going to start becoming pardon the pun, but contagious, that as you see more and more cities, that the people are coming out, they're rebelling, they're starting to understand what's being done to them, that it can't be tolerated. And I think, but those flames have to be fanned.

Dr. Patrick G: And why I am in such awe and admiration of you and your work, and what you're doing, is that I've never seen someone who can fan the flames like you can. And if anybody had a God-given purpose and they were expressing it in this world, that's you. So, I just want to say that from the bottom of my heart, for myself, for my children and for the people that need your voice out there, not only thank you for sitting for this interview, but thank you for everything that you're doing. I mean, when you start on this whole journey on the vaccine issue, you probably never imagined it could emerge into this scenario that we're in today, but thank God you're here. And thank God you cannot be censored that you're going to put your voice out there. And I really, really do appreciate you coming here and adding your voice to our project.

Del Bigtree: I really appreciate you inviting me. We need this story out. People need to share the truth. You have to share these videos. You have to share The High Wire. You've got to help us. We are being censored. There's no algorithm in the world that helps us. In fact, every algorithm is designed to hide us now, so only the power of the people. We are back to the letters that were shared when our country was forming.

Del Bigtree: And for people that say, how we can get around the censorship? I say, grow up. We didn't have Facebook when we tried to create this great nation. We didn't have YouTube, anyway. People were writing letters and handing them to one another. And you didn't know if somebody was a spy or someone and a soldier that was able to walk in your house, kicking your door and say, "I'm sleeping here tonight." Which was the circumstances we found ourselves in. Under those circumstances, we pass letters. We spoke the truth to each other. And we created the greatest nation in the world. This nation is now on fire. It is on fire.

Del Bigtree: And I want to say that I appreciate the fanning the flames description of what I do. But I want to be clear that there are cities burning right now from protests. And that has never been our approach. You can look at all the marches in Berlin and England, and Utah, and everywhere we go, you will never see a car burning. You will never see people's lives being destroyed. Yet, our pro tests are the ones that are being shamed and called terrorist acts, while we literally have cities in the United States of America burning. There are important issues even being discussed there, but violence and looting, and flames and burning is not how we get there.

Del Bigtree: The flame that we are filling with oxygen and igniting is the flame of truth. It is the light of truth. This is a brilliant time. We have been asleep for too long. And we are seeing the end consequences of that. The lines have been drawn. And in what is so beautiful and so powerful, that in our lifetime right now, the proverb may you live in interesting times. I don't want people to be afraid. I want you to be excited. Because no matter what it is, we were on this ship together. And if this ship sinks, we were with each other. And if it rises and it floats, and we fix it, we did it together. But whatever the case, you don't have to worry about some future for your grandchildren or where it's going to be. It's going to be decided in our lifetime. In the next few years, you will get to see whether you won or lost. And you will have to live the consequences of that.

Del Bigtree: So, I would say to you now is the time. We can no longer sit and wait. This is not going away. You're not going to hide in the grass. It's not going to pass you by. Our constitution, our rights is free people. Our rights to privacy are on the burner. They are being burned as we speak. And you could elect people in this next election that will take it away from you forever. Or you can stand up, you can talk to each other, and we can all stand together and demand that freedom reign and continues to reign in America.

Del Bigtree: This is an exciting time. I believe we all choose to be here now. We chose to be alive here now. So, put down your antidepressants, put down the cocktail, wake

up and say, "This is what I wanted. Let me make history." If we all decide to do that, that history will talk about us the way it did our founding fathers, and the Martin Luther Kings of the world, and the Gandhis, that stood up against incredible odds and said, "This matters." And it matters now. That's how we win this.

Dr. Patrick G: Del, thanks so much for being such a great stand-taker yourself, and for sharing your thoughts and your spirit here. I really do appreciate it.

Del Bigtree: Thank you.

Dr. Patrick G: This completes part two of my interview with Del Bigtree. Again, I want to encourage you to please share this with everyone you know. They have to find out about this. Our ability to get this information out to the masses is being censored, so the only way we can do it is through grassroots, which means you in sharing it. You can see after listening and watching Del, how important it is that people know the truth and get this information. So, thank you in advance for supporting us in this mission.



Episode Five



- Dr. Andrew K.: There's never been any science that say that healthy people spread an illness, and there've been several datasets even in COVID that show that there's really no evidence of asymptomatic spread, so just based on common sense and the prevailing wisdom, there'd be no reason for healthy people to wear a mask, but there are so many randomized control trials that there's actually a meta-analysis where they combine the data from all multiple studies into one study, and I'll tell you, not one controlled trial has ever shown a benefit of reducing disease from masks.
- James Lyons-Weiler: Now, there are people that say "James Lyons-Weiler says that the coronavirus was made in the lab", and what you need to do is follow up four days after I made the announcement that I had a hypothesis of this, and I said this specifically. I was able to rule out that the evidence that I had looked at was this key signature of it being created in the lab with recombinant DNA technologies. However, I wasn't able to rule out that it might've escaped from the lab. I wasn't able to rule out that it may have been from an animal that was brought in for research purposes and infected someone, nor have I been able to rule out that it may have undergone serial passaging to become more effective in humans.
- Dr. Ben Tapper: I don't wear a mask. I see over 200 patients a week. Why haven't I contracted this so-called disease? This is an mRNA-type vaccine, which is going to alter DNA, and that to me is absolutely terrifying. We have people like prisoners, trapped in these nursing homes, unable to see their family. They're doing window visits. There's no interaction. I think that's going to kill them faster than any virus will kill them.
- Dr. Patrick G: Welcome to episode five of Vaccines Revealed, COVID edition. Now, you can see what I was talking about in my introduction earlier in the series, saying that this information is startling. I couldn't have even anticipated so many of the things that I heard. This is far beyond what I understood when I embarked on this journey to learn about the truth when it comes to COVID-19 and the vaccines that they're putting into the world right now. This is vital information.
- Dr. Patrick G: You can see our experts are extremely well-credentialed. They have the right pedigree and experience to speak with authority to these issues, and it's something that you and I need to know, and we can't get this information on mainstream media platforms, so thank you for being here, taking this journey with me. We also would very much appreciate your support for our efforts. We think an investment in this series is something that is easy to make, supports

our efforts. There's bonuses there that I think will be very valuable to you, and it helps to get this out into the world and extend the reach of the truth. So, we're crossing that halfway point now. We're heading into the next phase of this series. Enjoy episode five of Vaccines Revealed, COVID edition.

Dr. Andrew Kaufman



Dr. Patrick G: Hello and welcome to part two of my interview with Dr. Andrew Kaufman. If you saw part one of his interview, you know that this man has unusual intelligence and great academic pedigree, so he can speak to the subjects that are most important regarding COVID that you and I need to know about. Part one covered a lot of ground, but we didn't get everything done there, so now, we have part two. Lean into this one. You're going to learn a lot. Let's jump in.

Dr. Patrick G: Two things that I want to maybe dig into a little bit that are part of what you spoke about, at least briefly mentioned, masks. So, I'd like to know your view on masks and the mandatory masking, and then secondly, the COVID tests that are out there right now and their validity or lack thereof. So, let's start with masks. So, tell me about your view on masks. So, it's kind of you don't even agree that the virus is... you know what they're saying. So, then trying to mask for, it's a whole different issue, but do you believe that even if you believe there's a contagion that's out there and the contagion somehow resembles what they're referring to as this coronavirus, do you believe that masks are at all beneficial or might they even be counterproductive?

Dr. Andrew K.: Well, yeah. I definitely believe they're counterproductive, and no, I don't see any benefit for masks. Just thinking about the prevailing wisdom, first of all, we've had masks for a long time, right? I worked in healthcare. I've worn a mask when I performed surgery or assisted in surgery during my education. I'm not a surgeon, but I've done plenty of procedures. I've put on a mask and gown and all that kind of stuff before, right? It has a certain role, but you notice that we've never used it among healthy people and even sick people. If someone's really sick in the hospital, we don't require them to wear a mask or the people around them. There might be occasionally, someone's got some resistant bug, and some people put on a mask when they enter the room briefly, but they also immediately take it off and dispose of it before they leave the room and only using it for a few minutes, right? So, very, very different, but I've never seen a situation where healthy people are said to be contagious of anything. That's just not true.

Dr. Andrew K.: I mean, even Dr. Fauci has said this before publicly. It's well known, healthy people don't spread illness. I mean, there's not really science that shows there really is contagion the way we understand it, but nonetheless, there's never been any science to say that healthy people spread an illness. There've been several datasets even in COVID that show that there's really no evidence of asymptomatic spread. So, just based on common sense and the prevailing wisdom, there'd be no reason for healthy people to wear a mask, okay? If they said that someone with respiratory symptoms, they wanted them to wear it or if you're working around them, that would be a reasonable thing to do even if the

science doesn't support it. Common sense would, but healthy people don't spread illness, so there's no common sense behind it whatsoever.

Dr. Andrew K.: If you look at, there is actually science, there is good science, randomized controlled trials, even one for COVID, but there are so many randomized controlled trials that there's actually a meta-analysis where they combine the data from all multiple studies into one study. I'll tell you, not one controlled trial has ever shown a benefit of reducing disease from masks. They've been looked at for colds and the flu. They've been looked at in the community and among healthcare workers, and not one study has shown a benefit. The study that was done in Denmark recently published in the annals of internal medicine also showed no benefit from wearing face masks. So, given there's so much data and there's no benefit, even if you fully believe there's a dangerous virus, it still doesn't make sense.

Dr. Andrew K.: Well, there's the physical harm and then there's the psychological harm, and I believe the psychological harm is much worse for children, but the physical harm is just you're obstructing your breathing. It's pretty common sense. Studies show that it can decrease oxygen over time especially with more prolonged use, and it builds up carbon dioxide, which could cause an acidic state in your body, which I think most people know an acidic blood is not conducive to good health. I've had clients actually who have come to me seeking information because they've had mask-related illness.

Dr. Andrew K.: So, one developed pneumonia after she was required to wear a mask just after a couple of days for her job. Another person developed a skin infection called impetigo, which usually occurs around the mouth, and they didn't associate it with the mask at first and took five different antibiotics before it spread and basically went on this person's face the same shape as the mask. Then, that person and the doctor looked at each other and like, "It must be the mask. Stop wearing the mask." Got him a note for work. Two days later, it was gone after like six months and five antibiotics.

Dr. Andrew K.: So, obviously, if I'm seeing this and even at the farmer's market recently, there was a booth that was selling skin potions for maskne, right? Acne from masks. So, it doesn't take a brain surgeon to tell you that it's having a deleterious health effect if we require all these potions and such to ameliorate our skin afterwards, but the psychological effects are the most damning because it's a barrier to communication and socialization. You can't see the person's identity. They're de-identifying, right? There have even been studies that show they're more likely to engage in immoral behavior when wearing a mask. This makes sense with our cultural understanding of masks that they're worn by bandits and criminals, right, so that they won't be recognized as the criminal. It muffles your voice, so it's difficult to understand people. Imagine if you're a child trying to learn at school and your teacher is lecturing at you through a mask and you can't understand it.

Dr. Andrew K.: They're also, we use the mouth as a visual cue for language interpretation. There are some sounds that sound very similar, but the mouth makes a different shape. In scientific studies, it's been shown that children especially, at different developmental stages, rely on these cues. So, they'll be absent, and so there could be delays in language development, but even more saliently, there are facial expressions that convey emotion that you require the mouth and the muscles around the mouth to distinguish. Two of those would be happiness and disgust. So, there'd be impaired emotional communication between people wearing masks.

Dr. Andrew K.: So, if you look at school children who may be required to do this all day and their teachers all day as well, you could see that it could cause serious developmental issues in those different realms in terms of language and communication, facial recognition and emotional interpretation. All these things affect relationships with people obviously, so it's having some really devastating effects. I mean, you know the feeling that you have when you're in public somewhere and everywhere around you have their face covered, and you don't know who's who, and nobody is socializing, and you can't see a smile.

Dr. Patrick G: Yeah.

Dr. Andrew K.: It's really disturbing.

Dr. Patrick G: It is really disturbing. One of the things I just want to clarify a little bit, when you talk about healthy people versus sick, you're talking about people with no symptoms versus people who have symptoms, meaning that right now, I think it's prevailing wisdom is that if you're not symptomatic, you really can't spread COVID. Is that accurate?

Dr. Andrew K.: Since when can you spread something you don't have?

Dr. Patrick G: Yeah. Well, is it possible that you have it but you don't have symptoms?

Dr. Andrew K.: I mean, is there any other precedent for this?

Dr. Patrick G: No. I mean, I get that, but I guess the question is you have an incubation period. You're exposed. There's an incubation period for a period time before you maybe start becoming symptomatic. So, is there an incubation period between exposure and then symptomatic presentation where somebody could spread?

Dr. Andrew K.: Yes, right. Patrick, this is one of those kinds of things that they actually have no scientific data on because you could do that. You could even do it experimentally with animals, right, where you'd take the purified virus that... You'd have to first prove that it actually causes an illness, by the way, and they haven't done that experiment either successfully, but if this were the case, you could simply take that purified virus, put it in an animal host, and then wait until

they have a fever and see how long it takes. You do this in a hundred animals. It'd be really easy to do, and then you could get those kind of characteristics.

Dr. Andrew K.: All the data that they might say that kind of thing happens with at present have to do with the test. So, it's like, the test is negative, then it becomes positive, but we know the test is meaningless and even beyond what I was saying before about the test, actual field experience with it. So, in Italy, they did a study where they gave people the tests, hospital patients, every single day. What they found is that the results change from day to day in one person, right? So, they were negative one day-

Dr. Patrick G: As far as the tests being positive or negative changed within a day on the same patient?

Dr. Andrew K.: Correct. Correct, and it changed more than once. So, like they had patients where it was negative on day one, positive on day two, and then negative again on day three. They did a sample with a piece of fruit. It came back positive. Someone did a sample where they didn't touch the swab to anything. Someone did one with a puddle after a rainstorm. That came back positive, right? So, any experiments or science related to this test is giving you false information, so you can't base really any conclusions on it. The PCR is the test that has been used most extensively and was developed first, and that's the one that that is, according to them, would be the standard at which to compare the thing against, but it's not because as we said, we don't know where the sequences it's measuring come from, and it's never been compared against the gold standard of demonstrating the actual virus.

Dr. Andrew K.: So, none of the tests are valid. When you develop a new test, you do something to validate it, right, to show that it actually works. If you wanted to develop a pregnancy test, for example, so you would perform the test. Let's say, we're using a pendulum and if it swings East West, it's a boy, and North South, it's a girl or something like that, right, but pregnant or not pregnant. So, you'd wait nine months and see. Did a baby actually come out? Whether the baby came out or not, that's your gold standard because you know that means that nine months before, they were pregnant, right? So, you compare that to the pendulum result, and then you can calculate an error rate, and you can say, "Okay, if that error rate is low, then the test is valid, and I can use the pendulum now to tell if someone's pregnant." That's never been done with any of these tests for COVID.

Dr. Patrick G: I mean, typically, with test-

Dr. Andrew K.: Because there's never been the baby coming out.

Dr. Patrick G: Yeah. They would look at, I guess, the specificity of the test saying, "Hey, will this come up positive specifically for the thing we're looking for?" or sensitivity,

how sensitive it would be, and I guess when it comes to COVID, they'd never really researched sensitivity or specificity of these tests. So, how would they-

Dr. Andrew K.: Patrick, they can't calculate sensitivity or specificity or a false positive or a false negative rate because in order to calculate those things, you need to have a gold standard of comparison. So, if you had the gold standard where you could have a hundred people and show that there's a purified virus coming out of them and then compare the results of that test to that gold standard, then you could calculate all those things, but they've never done those experiments, so they can't. There have been false positive rates for the PCR tests that have been reported or thrown around, but you must realize that none of those are actually the false positive rate, and that's why sometimes, they say it could be this to this percent, like 80 to 100 percent or something because they can't calculate it because you'd need the gold standard, so they estimate it. One estimated it based on a computer model. The British government, they estimated based on a PCR test for a different virus.

Dr. Patrick G: Wow.

Dr. Andrew K.: Right? So, in other words, how could you estimate it based on that? That's like saying my Ford is going to go really fast because its speed is based on a Ferrari except it's not, so the Ford is not going as fast as the Ferrari, but so that's what they're doing. It's really easy for someone to get on a news show and say, "Oh, the false positive rate is this," but they don't say, "Well, oh, how did you calculate that number?" "Well, actually, it's just estimated. We borrowed it from a totally different thing." Right?

Dr. Patrick G: Wow.

Dr. Andrew K.: It never gets to that level. You have to read between the lines to find that this information is true.

Dr. Patrick G: It's just amazing how on a false premise, they start stacking and stacking and stacking more stuff where it... and I think you used the term-

Dr. Andrew K.: Yes.

Dr. Patrick G: ... or the phrase house of cards. Now, I understand how apropos that phrase is, given everything that you're suggesting here. It's amazing. So, now, we don't have a purified virus. We've got the politicization and all the stuff that's happening in the world economically and otherwise. I mean, do you agree that there's some group of people getting infected with something that seemed to have something in common, or do you think that basically, what's going on and what we're observing is totally random, or how do you view it?

Dr. Andrew K.: Aside from those changes in policies that I've mentioned before, affecting people and more people undergoing depression and trauma-related suffering, I

think things are essentially exactly the same as they've always been in terms of people's health. People got respiratory illnesses, and we call it flu season for a reason, and that's the way it happens. I'll tell you about one example of how things could be so misleading like this... From the beginning, right, they've changed what symptoms or kept adding different symptoms and say they're part of this, right, which also basically makes it less valid because to say something's something, you have to be able to define what it is, and you can't keep changing the definition anytime you like to make it fit.

Dr. Andrew K.: One of the things that's been really popular and tons of people have contacted me about is this symptom of loss of smell or anosmia is the technical word, and some people also have lost of taste. They're related because a lot of taste is related to smell. So, now, people think this is a new thing, or if they notice that this happens while they have an acute illness, they immediately relate it to COVID and say, "Oh, I must've had COVID," right? Even if whether they get a test or not, the same material, they still relate it to that mentally.

Dr. Andrew K.: So, I was always suspicious of this because I thought to myself, "Well, whenever you got a cold, you don't smell very well, and the food doesn't taste right. So, are people just saying this or are they saying something more?" Some people say that they're actually like even a noxious substance, they can't smell it. So, okay. So, I went and looked it up, and I found this article that was written before COVID from an ear, nose and throat practice. They basically just gave all the statistics about it and what it's associated with, and what did they say? They said 20% of the population experience this, okay? That's one in five people, so extremely common just like a lot of people are reporting it now, and they say, what's it usually associated with? Viral illnesses, right, which is basically cold and flu.

Dr. Patrick G: Wow.

Dr. Andrew K.: So, essentially, what we have here, I would call a selection bias, that because that was publicized in the media as something unique, and it's not, you normally don't hear about it. You normally hear of a stuffy nose, a runny nose. You don't hear loss of smell. It sounds neurologic almost to me anyway like migraine headaches. You can get that sometimes, but what really happened is that everybody just suddenly paid close attention to that, and they experienced that when they had their seasonal cold. They said, "Oh, COVID." Then, it reinforced the whole narrative to them that this is a real thing unwittingly, but really, it's just trickery.

Dr. Patrick G: So, is this sort of like when you buy a red car and then suddenly, you see red cars everywhere because you're sensitized to them? Is it-

Dr. Andrew K.: Yes.

Dr. Patrick G: ... the same sort of phenomenon?

Dr. Andrew K.: Absolutely. Yeah. That's the same thing. It's called a selection bias. It's very well known and described in the medical literature actually because all of these kinds of things can affect various types of testing procedures.

Dr. Patrick G: So, now, given the lead up here, it culminates into this thing called a vaccine campaign, development of "Warp Speed" vaccines and the dissemination of these vaccines on a mass scale throughout the world. So, what are your thoughts around that because obviously, the whole thing fails if you're not starting with a virus that exists? How do you get to a vaccine later? Even if you think that vaccines are safe and efficacious, you still have to have a virus that you're creating the vaccine for, so share with me some of your views about this whole vaccine campaign and what we should be thinking about.

Dr. Andrew K.: Well, I mean, you should be thinking about how you're going to say no if you want to maintain your health. That's for sure. You really hit the most important point, Patrick, which is if there is no target of an infectious disease, then what could the vaccine possibly be for, right, because it's not for that? Even if you don't take that position, I think there's still plenty of evidence to be very cautious and suspicious about this vaccine because of a number of unique circumstances about it.

Dr. Andrew K.: So, one is that, well, if there's no real increase in mortality, why such urgency to get a vaccine at all? Then, secondly, since when can a vaccine be developed and authorized for use in such a short time? We're talking about like, normally, it takes 10 years to get a vaccine to market. In this case, it's less than one year, and the safety testing is far from complete. They took a lot of shortcuts in the testing and development to make this happen in a short time period. So, there's a lot of risks, and what's the benefit exactly? Now, even if you go by what they say the vaccine does, it doesn't prevent transmission. So, we've been told that it'll still be necessary to wear the masks according to their reasoning as well as social distancing. So, what exactly is the benefit at all with this thing?

Dr. Andrew K.: If you want to look at, get really more skeptical about it, keep in mind that they've been trying to develop vaccines for coronaviruses for quite a long time and have never been successful. In fact, some of those candidates, when they've tested them in animals, they've caused severe health problems in the animals. So, they've never been successful with this type of virus, and now, suddenly, in a very short time, they say they're successful. Then, we have the technology by this way this vaccine allegedly works is completely brand new. In other words, no other vaccine on the market works this way. It's a different technology that's never been approved before, never been tested in any long-term studies, and it works by actually modifying our genes.

Dr. Andrew K.: So, this is a so-called RNA vaccine, the initial one that was approved or authorized. Not approved. It would have to be proven to be safe and effective to be approved. All of the tests and the vaccine had been authorized for emergency use in the United States. In other countries, they have similar statuses. Even if you look on the FDA, it has a guidance for all of these things,

and it says right there that's not proven to be successful, and you should look at their language because they hedge it really, really... Maybe in a few minutes, I'll read it to you.

Dr. Andrew K.: So, what they say the way this vaccine allegedly works is that it has an RNA sequence that is inside this special kind of lipid particle, which is just like what they say a virus is, that can merge with your cell membrane and insert the RNA into your cell. It can't work unless the RNA gets inside our own cells, whoever the recipient of the vaccine is, and they say that it has a gene for the spike protein, but we know that the sequences are made up, right? So, there is no spike protein that comes from a new virus, so we don't know what the sequence really is for, okay? To me, that's the scariest part of the whole thing, but what they say is going to happen is that the RNA sequence gets taken up in our cells, and then, it basically uses our cell's machinery to turn it into a protein. They say we actually make the virus's protein and then express it on those cells where it was injected, and then our immune system comes and finds it. Then, we develop immunity that way. That's what they say happens with this vaccine.

Dr. Andrew K.: Like I said, this has never been shown to work before. It's a brand new technology, and then what is it? So, what could they do? They could put almost any kind of gene in there that could make us express whatever protein, and who knows how that might affect us? In the clinical trials, there have been some pretty serious side effects and there's also some documentation put out, like so the CDC and FDA had planning meetings leading up to this to monitor for the side effects, and so did the British government. In fact, the British government put out a special announcement basically seeking a private contractor to create artificial intelligence software that could process the expected high volume of adverse effects from the vaccine. They said that their legacy software at their health agency was not able to handle the high volume of data. So, in other words, they're saying they expect a lot of severe adverse effects.

Dr. Andrew K.: In this planning committee in the United States, they put out, published this slide show, and on this slide show, there were like 20 severe illnesses that they were expecting to see, which included all different sorts of neurologic diseases akin to multiple sclerosis and acute encephalitis and meningitis and things like that, also heart attacks, auto-immune diseases, death, birth defects, all kinds of things that they were expecting to see as a result of this. So, because there's been a truncated safety testing and much less safety testing than even the normal vaccines, which also cause a lot of adverse effects, we're talking about a really risky and dangerous proposition for no conceivable benefit whatsoever.

Dr. Patrick G: The problem is you can't un-ring that bell either, right? You can't like say, "Oh, here's the antidote. We've made a mistake." Once this is unleashed in your body-

Dr. Andrew K.: Absolutely.

Dr. Patrick G: ... there's no going back.

Dr. Andrew K.: That's right.

Dr. Patrick G: Wow. I mean, this is really extreme. I mean, really chilling stuff. You made an interesting distinction between approved or authorized. Those aren't the same things. I guess those maybe are more of the traditional side of these other vaccines where they're actually using the virus and attenuating or killing it, and then putting adjuvants and et cetera. Yeah, so you wanted to share what the language... I'll give you a moment to look that up and share that with us.

Dr. Andrew K.: Yeah. This is in basically the letter written to Pfizer with their issue of authorization, and it's published on their website. It says here, "Based on the totality of scientific evidence available to FDA, it is reasonable to believe that Pfizer Biotech COVID-19 vaccine may be effective in preventing COVID-19." So, in other words, reasonable to believe and may are the key words in there, so they don't know if it works at all or not. They're saying, "We have no idea if it works. It may work. It might not."

Dr. Patrick G: Wow.

Dr. Andrew K.: Yet they're going to roll it out to millions of people.

Dr. Patrick G: The propaganda, and I'm going to call it propaganda now based on this conversation, that's being put out is, hey, everybody just stay home, stay safe, isolate, wait for the vaccine, come out, get the vaccine, and everybody can go back to normal life. I mean, that's the story they're selling, and I can't believe how many otherwise intelligent and educated people are buying it because there's just so many flaws along the path of thinking to say that this is a conclusion that makes any sense at all.

Dr. Andrew K.: Well, that's what they originally said about the vaccine, but they've changed their story now that the vaccine was on the cusp of availability, and now it is available. So, that's no longer their story. They're saying that there's still going to be need for all these other measures.

Dr. Andrew K.: ... and that there's still going to be need for all these other measures. So if people think that by taking it, it is going to go back to normal, they're really not paying attention, because, I mean, people like Tony Fauci have said directly that that's not going to be the case. So, even that benefit is really not present, and you know that there's actually two injections required for this vaccine, it's not a single dose. And then there's going to be, actually I think it's today that it's being decided upon, the FDA, about the Moderna vaccine, that they're planning to also give emergency authorization for that. So it's going to be a daisy wheel of vaccines this winter.

Dr. Patrick G: Wow. I know this is maybe a little bit out of your realm, but do you think they're going to end up mandating vaccines for all people? Or do you think that we're going to have a choice?

Dr. Andrew K.: Well, I don't think you'll have an easy choice. So my opinion is, and of course, this is my opinion only, I don't have any inside information, but I think that they are threatening to mandate in various places just to push the needle to that side. In other words, that they don't really intend to have a mandate or have the military hold people down, at least for now, but that once they say, "Okay, we're not going to do that," then, however, we are going to do this, then whatever they're going to do next, they're going to be able to get away with a lot more. And I think they're going to use it, essentially, to limit your access to things. So it'll make it so difficult to live without getting it that eventually most people will give in, or that's their strategy. Hopefully that won't happen because if only a small minority stand up and just refuse, then I think they couldn't sustain, the whole system will not be able to work.

Dr. Andrew K.: So it's really important that people say no, even if it seems like it's going to cost you something in the short-term, the long-term costs are going to be much, much higher. But I think they're going to just limit our access to travel, to shopping, to education, to healthcare, and then it's going to be more and more of that over time. And it's going to be more and more difficult to get anything done without going along with it.

Dr. Patrick G.: Wow. Well, this is getting very disturbing, to say the least, and we're in the midst of it now, so there's a lot left to unfold. Part of our hope is that people can get access to information and have a choice in the matter, can engage in this process of helping to shape policy because it seems like power has gotten into the hands of people. It's unbridled, it's unchecked, it's not going through the normal democratic processes that exists. But boy, when this thing all goes back to the fact that the validation of the very fundamental premise of the existing of the pathogen isn't even established, and then everything else goes from there. I mean, that's a real, I mean, wow. I mean, how do you even begin to approach the size of the problem here. It's not just one piece of it, it's the entire mountain basically. So, wow.

Dr. Andrew K.: The reason why I feel that it's so important to drill down to that concept and uncover the truth about this area of science is because you could easily perform a similar set of experiments and "prove" quote, unquote, another dangerous virus. In other words, you could play this game over and over again. Like if you just set me up with a laboratory, and maybe about a half million dollars of equipment, and find me a few sick people with some scary disease, I could do the same experiments and I could point to a virus as well, right? And then that could be used to terrorize us over and over again, and they could say that there's going to be SARS code three, and then there's going to be COVID-21, and then it's mutated, and all these kinds of tricks. So if you don't understand that the whole thing is predicated on fraudulent science, then you're going to be vulnerable to be manipulated over and over again.

Dr. Patrick G.: One of the things I wonder about, if you've reconciled this, is in the pockets of areas like Northern Italy, where there was sort of this sudden amount of people who got sick, hospitals overrun, et cetera, how does that tie into your view?

Dr. Andrew K.: Well, I haven't looked at Northern Italy that carefully because it's just far away from me, but I did describe what happened in New York. And those were both places where they had this spike. This also just defies how a virus behaves, because if there's such a deadly, virulent virus, it would cause the same death and destruction everywhere that it went. But in the United States, you had places like California, where according to their rates of cases and hospitalizations, it was the same as New York, but New York had three times as many deaths. And it's because you had the changed policies about the nursing homes and the ventilators and oxygen, they weren't doing that in California. So they didn't kill a bunch of people. In Italy, there could have been the same things.

Dr. Andrew K.: And when they say that the hospitals are busy, it's hard to know what that means, because they said that in the United States, they said that in Australia, but I know firsthand from people who went to visit hospitals in various parts of those countries, that they were empty, right? And in New York, what I think they did is they picked a small hospital in Queens and they directed everyone who is sick with a respiratory illness to that one hospital and made it look over run. And they have like 400 beds, and then meanwhile, a few miles away, there's a 5,000 bed hospital that's empty, right? And you need hospitals that big in New York City because of the population density. So, I don't know exactly what happened in Italy, but I'll tell you that it was something similar to what happened in New York.

Dr. Andrew K.: Now in Germany, they didn't have mortality, but there are some are journalists there who investigated this in some of the European countries, and there, they did other different procedures. Some places, they had protocols where they use really high doses of toxic drugs, and so that may have caused mortality spikes in the countries where they did that. And that's what you see, so discretely in certain places, you see these spikes, but you don't see them universally, and they don't correlate with the cases in different places. So, yeah, I'd love to know exactly what happened in Italy and in Wuhan, but I have to leave that for another researcher at the moment.

Dr. Patrick G: Yeah. And I think it is similar to what you described as far as New York, and if there's some parallels there. Well, I feel like I can go on for several more hours because this is, no pun intended, but this is extremely revealing. I very much appreciate the fact that you've taken your particular area of expertise and you put it to work on this, and that you decided to approach it with a clean slate and really look at it as a process, as compared to start with assumptions that could potentially be false and are likely, by what you're describing, false, and to draw what are rational conclusions, because you're not sitting here beating your chest and screaming and all emotional. You have a very sound methodical logic to your way of thinking and presenting it. And you've taken us on this ride, if you will, an intellectual ride, in a ride of logic to look at this in a very, very sober way.

Dr. Patrick G: And then, draw conclusions because it's interesting as you talk about confirmation bias or any other type of selective biases, that when you have a certain point of view, you're always finding things to confirm it. And as you're speaking, and saying, "Here's a different view," there's a lot of things you could point at to say this actually validates from a lot of our own experience. So, I will again say, just thank you so much for sharing all this and for taking the stand, because quite frankly, I know that people like yourself are being censored. They're being called all kinds of horrible names. People are trying to say that you're going to be the reason why people don't get vaccinated, and deaths are going to be on your conscious, don't wear masks, which I know only because I've been attacked in very similar ways, and I've gotten used to it over years. But, nonetheless, when the truth is more important than any of these other issues, you stand up and you tell the truth. So thank you so much for taking a stand on this and sharing it with us.

Dr. Andrew K.: Well, thanks, Patrick. It's just something that I think we all should be thinking about and doing as much as we can right now.

Dr. Patrick G: Great. Well, I may be calling on you for some updates in the future to share with our audience, so I hope you'll say yes when I call.

Dr. Andrew K.: Yeah, absolutely. This was really a great discussion, so I appreciate that.

Dr. Patrick G: So again, Dr. Kaufman, thanks so much for taking the time here. Take care.

Dr. Andrew K.: Yeah, you too.

Dr. Patrick G: That completes part two of my two-part interview with Dr. Andrew Kaufman. As you can see, what a contribution he made to this series, really eloquent in his speaking, very passionate in getting the truth out into the world, and I feel really fortunate that we could have him here and share his wisdom with you. Thanks for being here.

James Lyons-Weiler



Dr. Patrick G: Before this interview, I had heard of Dr. James Lyons-Weiler. He has a great reputation. Extraordinary academic, great thinker, and also can translate all that and articulate it in a way that people like you and me can understand.

Dr. Patrick G: However, what I experienced, when I actually did the interview with him, was beyond any expectations I had. This man, in my mind, is a true genius. He is also immensely talented at being able to take very complex things, explain them, organize them, and have you understand them. And he takes you on a trail of understanding relative to this whole COVID-19 scenario that is chilling and enlightening all at the same time.

Dr. Patrick G: Now I did something a bit unprecedented here. We have three parts of this interview. Why? Because I couldn't stop the conversation. We usually try to have a certain timeframe for these interviews, and we blew past that very quickly and kept going. I wasn't going to stop. This information is that valuable. His mind is that important to contribute to the understanding that you and I need to have. If we really are going to understand COVID-19, if we're really going to understand the vaccine issue relative to it, we have to understand what this man understands.

Dr. Patrick G: So this is just part one of my three-part interview with Dr. James Lyons-Weiler.

Dr. Patrick G: Dr. Jack, thanks so much for taking the time. I can tell by our preamble before we started the recording that we're going to have a good conversation. Let's just start with your background, your education, academic background, and then what got you to be doing what you're doing today.

James Lyons-Weiler: Sure, absolutely. So I have an undergraduate degree in biology, I wanted to be a high school teacher, a biology teacher. Those were some of the most meaningful people in my adolescent years, my bio teachers in high school, and I owe them a great debt of gratitude. My approach to science changed when I took genetics and human evolution in the same semester as an undergraduate. I fell in love with genetics, and we didn't really have DNA sequencing on the massive scale that we have now. But on taking human evolution and genetics in the same semester, I found an error in a scientific publication. It was a mathematical error, and it involved the base composition differences between different species, very technical things. But I wrote to the author, who was at University of California Berkeley, and he wrote back to me. And I was thrilled, I had stars in my eyes over, "Wow, I might impact this science," right?

James Lyons-Weiler: But I'm mostly driven by curiosity, about how we know things, and when we do and do not know things. And I have a Master's in Zoology from Ohio State University, and I studied Neotropical diversity, asking the questions, why are

there so many species in the tropics? Ecological questions. A lot of mathematical modeling, a lot of multi-variate statistics in the data we were collecting, using community ecology, so understanding plants, birds, animals, everything in the tropics, trying to anyway.

James Lyons-Weiler: And then I got into molecular evolution to understand the diversification process, the process of diversification, of speciation, to understand evolution at that level. I did a PhD at the University of Nevada Reno. And in Nevada Reno, I ended up doing a purely computational PhD, how to analyze complex data, sequence data as well. I went to Penn State University as a postdoc, to study molecular evolution. While I was there, Biotech had invented and brought to market new assays where they could interrogate 8,000, 20,000, 30,000 genes at a time, to see which ones are turned on and turned off and to quantify how high the gene expression is.

James Lyons-Weiler: And mom died of breast cancer when I was very little, and so my goal here was to try to understand what makes a tumor, a tumor, and to identify a number of things, new drug targets for cancer treatment, to be able to conduct early detection of tumors. Ended up scoring a job at the University of Pittsburgh under Dr. Ronald Herberman and the University of Pittsburgh Cancer Institute.

James Lyons-Weiler: I was in the Department of Pathology at the University of Pittsburgh, and I taught graduate level courses, and it was great. The medical residents would come and take my courses on study design, which I included in ethics and research, it was the only course in ethics and research at the University of Pittsburgh at the time. And my students would do things like have a project, for a semester long project, and they ended up with a peer reviewed publication. Just based on what they did using the computer algorithm, I would teach them how to analyze the data.

James Lyons-Weiler: Well, I brought in about 27 and a half million dollars collaborative funding at the University of Pittsburgh in cancer biomarkers for all different kinds of cancer, ovarian cancer, women's cancers, ovarian cancer, and so on, pancreatic cancer, lung cancer, and being as popular as I was, the rest of the researchers at the university campus, they actually discovered me, what I was doing. I became a little bit famous on campus, and so they all wanted me on their grants. They all wanted me on their papers and stuff.

James Lyons-Weiler: So I knew that I couldn't get independent funding at the same time that I was doing everybody else's work with them. So I actually asked the Dean of the School of Medicine if they would do business with me if I moved off campus, created a small tech operation where we just did the data analysis, study design and data analysis, for anybody who wanted it. It would be really inexpensive, and I'm a high throughput, try to get as many things done as we can, objectively.

James Lyons-Weiler: And so he invited me to create something on campus, so we called it the Bioinformatics Analysis Corps. I had a staff of four people, program or data analysts, and a budget of \$650,000 a year. It was supposed to last for three

years, it lasted for seven. And then some big wig at the National Institutes of Standard Technology decided that they were going to come to the university and become the chancellor, and he had his own team of bioinformaticians, and he couldn't live in a universe where I was still... We were doing what he thought his team would be doing.

James Lyons-Weiler: So, that was in 2014. Ironically, that's when Ebola hit. And I was thinking about writing books for a while, I was thinking about going to Johns Hopkins University's faculty there, but I wanted to stay in Pittsburgh. And so I thought about writing some books and Ebola hit, it just fell in my lap, to understand the virus, understand its transmission dynamics, understand what the science says, and what the policies say. And that's the first time when I really looked at public health in detail, to try to see if there were any mismatches between what the science says and what the public health policy and medical practices.

James Lyons-Weiler: So I interviewed a lot of people. I was a little uncertain in that book. I interviewed a lot of people for each of the chapters on Ebola, the experts. And that way, if my perception was wrong, I could include their experience. And then finished that book, and then I wanted to write a book that celebrated the emergence of good medicine through this filter of profit, right? So the book is called "Cures Versus Profits.

James Lyons-Weiler: And there's a filter on medicine by which good solutions that could come forward and save millions of lives or reduce human pain and suffering, they don't, because some CEO somewhere, or some board says, "We're not going to make any money off of this." So I wanted to compare and contrast bad practices of translational research in biomedicine to good ones. And I ended up writing a book of 14 chapters about many, many things. Like how do we know hormone receptors are important in cancer, the history of that, robotic prostate surgery, a lot of the developments that happened that helped people, and then at the last minute, I decided to add a chapter on vaccines.

James Lyons-Weiler: And when I went into this book, I made a commitment to myself, good, bad, indifferent, whatever, whatever I find I'm going to report it, I'm going to be as objective as possible, if I can confirm what I find. When I wrote that chapter on vaccines, I was so naive. I had never really looked at vaccine science, there wasn't any vaccine science except for cancer vaccines at the University of Pittsburgh. And I walked right into this rat's nest, because if you go and read the chapter, it's really high fidelity of my experience. I started writing the chapter and it says, "Vaccines have saved millions of lives. Vaccines are safe and effective. Andrew Wakefield." Like verbatim, just like the clone of any article that you're going to read from anywhere.

James Lyons-Weiler: And then I thought, well, wait a minute, what happened to Dr. Wakefield? So I looked it up, and I found Brian Hooker's interview of William Thompson, and I listened to it, and I read it. I interviewed Brian Hooker, that interview is in the chapter. I tracked as much information down as I could. And after our interview,

Brian said, "You know that there's going to be a documentary about this?" And that was the Vaxxed documentary.

James Lyons-Weiler: So I put it all there, and then I found the other three vaccine controversies that I put in the book, and that was published in 2015. And then part of my problem was, my next book was supposed to be a book on consciousness, which is really going crazy right now. Everybody's studying, talking about, different models of consciousness. And I wanted to go deep into the origins of how non-life becomes life, how matter becomes conscious, and that whole process, from an evolutionary biology perspective. And it was going to be entitled, "Into The Brain."

James Lyons-Weiler: I ended up actually being so intrigued by the fact that CDC worked so hard to bury any criticism of vaccines, specifically around the problem of autism, that instead, I should figure out what autism is. Using all of my skills in molecular biology, basic biology, all the clinical research that I had been involved in, translational research, what do we really know? What does the scientific literature support about autism? So I downloaded a thousand studies and I organized them into what I thought were going to be the chapters. I read a thousand studies on autism. And then I'd found, pretty quickly, I had to reorganize all the chapters into something that was more reflective of the structure of the knowledge.

James Lyons-Weiler: I ended up downloading 3000 studies total, and I read, I could say, legitimately, that I read 2000. This was over a four or five month process, and it was grueling. It was 16 months a day. I mean, I'm thinking about these kids and their brains, and I'm I'm feeling very heroic the whole time. And I put out this book, it has a thousand references, it's called "The Environmental and Genetic Causes of Autism." It was there, or there, or there.

James Lyons-Weiler: And having done that, then I determined that the science really tells us that autism is an acquired cellular detoxification deficiency syndrome. And it certainly involves all the auto-immunity that we know about and everything many of your followers and viewers are going to be familiar with. And I subsequently had published a paper entitled exactly that, "Autism is an Acquired Cellular Detoxification Deficiency Syndrome."

James Lyons-Weiler: In the book, the preface is written by Richard Frye, MD, PhD. He's one of the most intelligent, kind people that I know who have really touched the breadth of knowledge. Basically, I looked at all the literature and I said, "Who's publishing the most? Who's got the most publications and the widest breadth of knowledge, of topics?" And having done that, then I said, "Would you write the preface for the book?" And he said, "Sure."

James Lyons-Weiler: Now, Richard read my book. And he said, "Wow, this is just incredible." He read the draft of the book, and so he wrote the preface, he never once mentioned aluminum. Aluminum is all throughout my book. A year later, he wrote a very nice review with others on the fact that we need to take a second look at

aluminum. So I'd like to think that maybe his experience of reading the book had something to do with his willingness to come out and say there may be a problem with aluminum in vaccines with respect to autism.

Dr. Patrick G: Wow. So I imagine you captured some heat because you were trying to explore the truth around the vaccine issue?

James Lyons-Weiler: Yeah, well, initially, when I put out my first... I published an article on the Daily Coast, right? And it was a bit of a Trojan horse because it was about the economy. I had published previously, in the Scientist Magazine, that we need to really think about what we're doing with intellectual property. Perhaps we should open up the market to people to invest in intellectual property instead of stocks and company. So it becomes a voting market. The public can say what intellectual property is valuable, it's free market research on the value of your intellectual property. But more importantly then, companies will know what they have on the shelf that your CEO isn't intelligent enough to prioritize. And I don't mean ignorant, like stupid, I mean, intelligence, literal, actionable intelligence, to be able to prioritize the translational research program. There's plenty of orphan drugs, there's plenty of people that die because they get the wrong drug. Individualized medicine was something I was very interested in.

James Lyons-Weiler: And that went over very, very well. This was during the height of the big recession. And so I had actually called Secretary Hank Paulson, and I said, "I'm a complex systems analyst, I understand biological systems, and I think I understand a little bit about how the economy can be saved. First and foremost, if you're going to do a bailout..." I called him on the phone, and his secretary took my statement, then I emailed him. It was the Friday before Black Monday, and I said, "Don't force the bailout money. If you force the bailout of money, then people are going to freeze the lending, they're going to be afraid, you're going to stigmatize the money."

James Lyons-Weiler: And so what he ended up doing... I said, "Use more carrot, and less stick." And I created, in my mind anyway, I thought I communicated to him, a sliding scale economic system for bailouts, it's very Keynesian, where the size of the money that you would qualify for was a function, an inverse function, of your interest rate that you loaned it out. And things like the more you loaned it out over time early, then the better that the terms are, and the paybacks you get to the government. This is financing for the public good, right? The real public good. And also, the lower the interest rate that you loan it out, and the longer the terms of the payoff, then the same for you. I mean, there's no reason why, one hand washes the other, pay it forward kind of attitude.

James Lyons-Weiler: He ignored me, of course, and there's now movies made about how he's flushed the money down the throats of the banks who didn't need it, to legitimize it. He took the top-down approach, and saved the Fed as looking legit and everything else. And everybody froze their loans for four months, and people got foreclosed on, it was just a massive foreclosure slaughter. People that were

making their payments got foreclosure notices, and if they didn't have paper evidence of it, they were still out.

James Lyons-Weiler: So anyway, I was well known for that kind of thinking. And so I went to the Daily Coast when it came to this vaccine thing, and I said, "The Pharma Bulls Are Loose." That was the title, and I talked about fascism in the United States. To me, the fact that the three letter alphabet agencies are just another arm of the pharmaceutical companies, they literally are agencies that serve the best interest of the pharmaceutical industries, well beyond the public health.

James Lyons-Weiler: It'd be nice to have a balance of that, to say, "Okay, the good, the bad, the ugly, but we're trying our best," kind of thing. But in reality, the idea of having regulation on pharmaceutical companies, or companies that pollute our air, water, food, right? The EPA is no better. The practice is, and it's an industry standard, get somebody into the EPA that represents us. And so, the fox is in the hen house. It's much more than rhetoric, it's actually quite true.

James Lyons-Weiler: And I likened it to a form of fascism because I could foresee, I think it was 2014 or 15, must have been 15, or maybe 15 or 16. I could actually foresee the disaster that was going to happen. The chronic health as bad as it was that I was aware of, asthma, all these autoimmune conditions, autism and everything, I was clearly aware of that, but I could see where it was going to get worse.

James Lyons-Weiler: I could see where, because they have liability vaccine free products, they would end up looking for liability free psychotropic drugs, because your kid has to have these drugs to be able to sit still in school. You're disruptive to the rest of society, and for the greater good, every child that comes to school, if the teacher says so, has to be on these drugs, not the doctor. And that's basically the teachers have the say so now, they shouldn't, but they can diagnose kids and suggest to the parents. Maybe your screening was wrong, go back to the doctor, and this kind of thing.

James Lyons-Weiler: So when we're looking at this, really, I see humanity as the last frontier of exploitation. Humanity has always exploited humanity in forms of slavery. But in actual terms of resource exploit, human resources are one thing, but actual mining of human health. Human health is a commodity, the commoditization of human health, the commoditization of public health, and now we're seeing because they're so desperately trying to hang on to their power and their resource base, their income base, they've politicized this to the point where we can barely have a conversation in the United States of America about public health without it automatically becoming a political conversation.

James Lyons-Weiler: And, we can undo this. I have some good ideas that we can talk to, about undoing this, like de-centralization of public health in the United States. I had 16,000 followers on LinkedIn, the professional social media website. And I had been writing articles for LinkedIn. And one of the articles that I wrote was about how CDC has been cooking the data on respiratory infections since 2014. From 2014 to 2019, they lumped together influenza, RSV, SV, bacterial pneumonia,

into influenza disease. And so everybody thinks that's influenza. When you get to 55,000 or 80,000 deaths, whatever they're citing, they're not talking about influenza virus-induced respiratory illness leading to death. They're talking about this bucket diagnostic category, which doesn't really exist clinically.

James Lyons-Weiler: And so the numbers that they're reporting then allow them to, they think, warrant a whole population vaccination program. So now what we're seeing with Coronavirus is we're seeing, they just changed the name, because coronavirus was always killing people. It was killing people, perhaps in smaller amounts related to coronavirus or around coronavirus, let's say, which I'm sure we'll get into. But, it was always killing people, it was part of that bucket, from 2014, because they don't specifically have differential diagnosis for these things.

James Lyons-Weiler: So the coronavirus itself now is the predominant default diagnostic. That's the only change, and they actually changed it in April. Deborah Birx came out and said that, "Yes, anybody who's died with an infection is going to be determined to have died from it," which is ridiculous, and it's unhelpful. And so when we're looking at what they did now, they have pneumonia, influenza, coronavirus, PIC, it's this new diagnostic bucket. And if you test positive for coronavirus, you have coronavirus, even if you also, or instead of, have bacterial pneumonia. And so when they report these numbers, of course the hospitals are getting \$40,000 a case. I'm hearing many, many cases of people being sent home, told that they have coronavirus. I know a person, just today, contacted me. She said, "Oh, I have COVID. I tested negative for it, but they gave me this COVID med pack." I said, "What's in it?" Azithromycin. Well, that's bacterial. What are you talking about? So that misdiagnosis just got that hospital \$40,000, and that's why the numbers are so inflated. No wonder why everybody's confused.

Dr. Patrick G: You're bringing up elements that I think we're going to dig deeper into in a few moments, like the reorganization of the diagnostic criteria prior to this whole COVID so-called pandemic. So the fact that the CDC has changed the diagnostic criteria or characterization for flu is a little bit of a telltale sign, as far as what we're dealing with now, maybe only on a more massive scale, and with a lot of politicizing around it. So let me ask this, and we'll start out, because I found this to be a bit humorous, I said, let's keep it for when we're actually recording, but behind-

Dr. Patrick G: For when we're actually recording. But behind me, over my shoulder over there, there is a mask. And that is a, so before we started, Dr. Jack said, "Hey, is that a death mask of Abe Lincoln behind me?" And I'm like, how could you possibly tell on the screen that that's Abe Lincoln, but it is. But it's actually Abe Lincoln's life mask that I picked it up at Christie's auction some years ago. And it was a, it's there's I think, six or eight in the world. It's a life mask taken maybe six weeks before he was assassinated.

Dr. Patrick G: Now, you who are watching this right now might say, what does this have to do with COVID? That's why I tuned in. And the answer is it does have something to do with COVID because he started to say, well, do you know the great thing

about Abe Lincoln? And then you went through a decision-making lens that Abe Lincoln you use that made him great. That has relevance to what's going on in the world today. So, I'm going to ask you to repeat what you had told me and how people understand this, because from the big picture standpoint, it has significant relevance, and I believe we have to start with a wider view of things and then drill down into the individual things. So if you don't mind sharing what you shared with me, that'd be great.

James Lyons-Weiler: Yeah, absolutely. Thank you. So what I was saying was that, what I think made Abraham Lincoln so great was that, he could discern between two different types of problems that we're faced with all the time. And most people don't. Most people are not familiar, most people look at a situation in the terms of a cost benefit analysis. A cost benefit being, what's the cost to me or the cost to society, what's it cost to my company versus the benefit. And if you can monetize this and put it in quantitative terms, you think you're doing fine as long as you're moving forward. In reality, what's wrong with medicine and capitalism in the general is that they never count the bad money. So I distinguish between good money and bad money, as good money is profit that's made where you've conducted a service, provide a product where you have provided somebody with something under the terms and conditions that's agreed to, and there are no attendant harm and consequences in doing that, that you've hidden or put away.

James Lyons-Weiler: Bad money comes when you externalize the cost of the adverse events, the cost of the bad things that happen. And companies are very well aware of this, that pollute our rivers and our air. And our government has decided as long as you pay the fine, then you're fine, but they're really not unable to know the full cost. So they're getting away with this. And that's what happens when you have a cost benefit analysis applied to a situation where Abe Lincoln actually could recognize a balance of risks. Balance of risks is completely different than cost benefit. A balance of risk analysis occurs where you have two equally bad, or maybe not so equally bad. That's the whole point of the analysis, factors to two things you're dealing with, right?

James Lyons-Weiler: So cost benefit is like a Seesaw, right? One goes up, the other goes down. We want to equalize it. Okay, we're going to survive or here. Balance of risk is, if I favor this from a negative outcome here over this negative outcome. This is going to really, really destroy the place, right? Either one is going to be really bad. So you actually have to work to balance the risk. Abe Lincoln did this with respect to the, when he became president of United States, the United States was exactly in a situation where it was like the house was filled with gasoline and propane tanks, gasoline all over the floor. And people are walking around with lighters and matches, and somebody is going to light a cigarette. But he had nobody to light the cigarette yet. So he stepped into a tinderbox and he was well aware of it.

James Lyons-Weiler: If you read his writings prior to becoming president and after his reflections, during presidency, while he was writing his letters and things like that. It's really

clear that he was well aware that whoever got this office was in for mitigating a disaster. And disaster mitigation is a completely different than cost-benefit. And yet the human we're really bad at it. Laypersons are bad at it, scientists are bad at it, government, people are bad at it. Balance of risk in his day was, let's see how many people we can get through this travesty that's going to happen alive as possible. That's really like trying to minimize the damage to the North's economy, to the economy of the United States in general. And I don't think he was ever really concerned that the North could lose the civil war.

James Lyons-Weiler: I don't think that was ever anything that anybody had a serious grip on what was happening in terms of the difference in the technological abilities and that was a concern. But he basically like, Oh, I've got to do this and so try to kill as few people as possible. And that's why reconstruction was natural. Reconstruction was a natural thing because he went into, whereas like in WW2, sorry, in WW1, the problem was, all right, look at all this devastation who's going to pay for it because that's how they looked at it. They looked at it as cost benefit. And it's a very subtle change, but it's a massively significant change to think in terms of balance at risk. And I have a manuscript that's been accepted in the publication on the balance of risk around coronavirus, specifically with the cost of the false positives of the tests.

James Lyons-Weiler: Every time a person is given a false diagnosis of COVID-19, there's a massive, there's a series of events that then propagate around that person, like shutting down a business, or shutting down a school, or other people having to stay isolated for four or five days now, five to seven days, it used to be 14 days. And unless we actually count the false positives, then we can't even begin the balance of risk analysis. So in this analysis of treatment, which I'll send you a copy of. I make certain assumptions that allow me to get into with a virus like COVID-19. When does it become ethical to move from a scenario where we're doing a symptom based or contact based testing to indiscriminate testing? Indiscriminate testing itself is very, very costly if you have false positives. If the false positive rate of the test is greater than the prevalence in a population, more than the cases that, the cases that you diagnosed COVID with a positive test, which is not a way to do diagnosis by any means was how they do it, will be false positives.

James Lyons-Weiler: And so your, all the attendant costs to society, and in simplest terms, when you hear somebody say, we have to fight COVID-19 at all costs, because even when one life saved is worth it. If we only save one life, it's worth it. While you're ignoring the attendant consequences of all the businesses that are shut down, you're ignoring the well-known relationship between job loss and depression, and depression and suicide, the deaths of despair, the poverty that leads to hunger that leads to low nutrition. There's all of these costs are externalized to the road to hell is paved with good intentions, I'm going to save one life. Public health needs to adopt a balance of risks, thinking somewhere in there and no one to use it, because otherwise it would be like the North invading the South with the intention of wiping the South out.

James Lyons-Weiler: That would be a cost benefit. Because then after we wiped them out, we'll just, after a few months, we'll go in, we'll recolonize and we'll start over. That would be a cost benefit because sure, the North could just little by little, God, if we really didn't care about the people of the South, and we didn't care about the United States of America as a whole, it would just wipe out a total slaughter campaign, go in there and we'll repopulate and we'll bring our industry with us. And so that's the difference. That's the scale of difference of applying the cost benefit versus the balance of risk. The North would have wiped out the South completely.

Dr. Patrick G: This is to me, not just fascinating abstractly, but fascinating because of its applicability to how things are being driven right now. And you're the only person that I, and I've spoken to many, I've interviewed many, the only person who has brought up this subject and this issue, which is taking a step back and say, Hey, there's varying types of lenses we can look through on how we make decisions. And it seems like it's gotten almost maniacal, there's people now who are so invested politically in the way things are being done that, they can't admit they're wrong without completely destroying their careers et cetera. And of course, then you have the corporate is just so maybe we'll put together the whole of calling it the new axis of evil basically, but it's big everything, big pharma, big politics, big tech, big media, it's all like suddenly either wittingly or unwittingly conspiring to create a scenario that I think is completely irrational.

Dr. Patrick G: So, but having said that, and this is what's fascinating, and I love the fact that you get people say, well, are you talking about the civil war? Because, the analogy is right. It's saying, basically cost benefit, and to me it's pointing saying, we're going to just wipe them out. And then we'll just, then we'll go repopulate, as compared to saying, we're got to try to balance this thing. We're in a tough situation. There's going to be downside no matter which way you turn. And we're going to try to balance it to mitigate as much downside as we can and get through it.

Dr. Patrick G: And that's a very different way of thinking, but, and I think it's required right now. Some of this, and a lot of this is predicated on the testing, for example. And that's the next thing I want to get into with you to get your view on this, because we're talking about false positives, false negatives, that the test itself maybe, I had many experts tell me that's not even the right test. We're on a faulty premise you're moving enthusiastically in the wrong direction. So what do you think of PCR? Do you think it's the right form of testing? And just give me your views on that.

James Lyons-Weiler: Absolutely. So let's go back to January because I was early set of eyes on the problem I had. Public health very much in my focus, proving public health understanding public health, understanding how public health conducts research studies and being critical of the way that that was in my critical analysis were leading to peer reviewed publications. That we're guaranteeing a lot of attention because something is very, very wrong with public health in the United States. And so when I saw this coming, there was a bit of a splash

because I had done an analysis of the sequence that was published. And I found what looks like a pea shuttle signature that might be present there. It turned out to be the spike protein mislabeled as a missing sequence or something like that. But I ruled it out four days later. Now there are people that say, James Lyons-Weiler says that the coronavirus was made in the lab.

James Lyons-Weiler: And what you need to do is follow up four days after I made the announcement that there, I had a hypothesis of this, and I lived, I said it specifically, I also listed three other hypothesis, by the way, nobody talks about that. I tested this and I falsified the hypothesis because that's how science works. I was able to rule out that the evidence that I had looked at was this key signature of it being found in the lab, of being created in the lab with recombinant DNA technologies. However, I wasn't able to rule out that it might've escaped from the lab. I wasn't able to rule out that it may have been from an animal that was brought in for research purposes and infected someone, nor have I been able to rule out that it may have undergone serial passaging to become more infective in humans.

James Lyons-Weiler: I have subsequently looked at the sub sequences that people mark down as insertions, say they think anything new, any little piece of fragment that is five nucleotides or eight nucleotides or more or larger is an insertion. But to understand whether you're looking at something that is old or new, you have to look at it on an evolutionary tree. And being expert in Fila genetics, I looked at this as evolutionary biologist would to see is this really an insertion? Or is it an, a deletion? Is it a recombination event? Is it something that was there before? And to your question on testing, all the sequence variation that's present really affects and influences the accuracy of PCR being able to detect whether the virus is present or not. Now, I already let you know that I think that the virus being present should not be used as a diagnosis.

James Lyons-Weiler: That is an actual tactical error, right? I'm not saying this as a medical expert. I'm not saying it as a researcher. I'm just saying, if you're going to give somebody a diagnosis of COVID-19, the presence of the virus itself is insufficient evidence that the person has the disease. Disease is determined in part by things like, how the body is responding to that. Now they may have an infection in the nasal pharyngeal track that they're fighting off successfully. That's not disease, right? They may have it, and they got over it and they're just dead viral fragments. That's also not disease, your recovering. So if we're going to be technically accurate, medically, then it would be important to say, well, we need to know whether the virus being present is clinically significant or not. If it has no clinical significance, it shouldn't count as a case.

James Lyons-Weiler: Now the spike protein itself has a particular sequence in this virus and it compares to other spike proteins and other corona viruses that has everyone. Everyone is focusing on that because that's the cell entry, right? So when we're looking at like arbitrary in PCR, we're looking at any arbitrary PCR's fragments, the sequence fragments of the sequence that are pretty well conserved, but also at the same time, there are supposed to be unique to SARS-CoV-2. So the PCR, I've done run PCR myself many times in the laboratory is not that difficult.

But to develop an accurate PCR test, your primer set has to not only be specific to SARS-CoV-2. It also has to be sensitive to SARS-CoV-2. It also has to be specific to SARS-CoV-2. So you have to compare the action of these primers empirically in the lab and test them for the ability to amplify other corona viruses.

James Lyons-Weiler: And this is something that was not done. And the FDA submissions for the Emergency Use Authorization. The FDA accepted the word of the company that they had done a, what's called a blast algorithm research, where my post-doctoral advisor, one of them I had two Webb Miller. He invented the blast algorithm, so I know what I'm talking about. I was awarded a postdoc by the NIH, which I refused the National Service Award, but I wrote a proposal to them to improve on alignment algorithm. I typically don't pull out of the authority thing, but if anybody's worried about it, I know what I'm talking about. So if you run this algorithm, you can find, Hey, these PCR fragments, they don't match the human genome. Great. Now show me with data that they don't amplify the human genome.

James Lyons-Weiler: Because those are two different questions, right? You could [inaudible 01:20:06] in anyone. What if there's genetic variation in the human genome that you didn't consider and maybe the viral sequence matches human sequence to the point where the PCR test will actually give a false positive and a certain percentage. And you don't know that. And so I was shocked actually that the FDA didn't require measurement of what's called specificity of the test. So under the Emergency Use Authorization, apparently FDA's definition of the test working, is the ability to detect SARS Coronavirus. But it doesn't include the test, not detecting it when it's not there. Again, a balance of risk, exactly a balance of risk. So as long as we're just running PCR tests, and we're seeing that we can get PCR positives all over the place.

James Lyons-Weiler: And if that's the satisfaction for a clinical diagnosis, we're going to see a massive, massive, massive overstatement of the number of SARS-CoV-2 cases. We're really not going to understand these transmission dynamics. We're not going to understand who's really at risk of spreading it and things like that. So my opinion on the test is, it's probably impractical. It's gotten so big that we shouldn't require. I don't think we can require sequencing of the PCR product each and every time. But anyone that is running tests, should also sequence the PCR product itself and determine the actual nucleotide sequence of what the amplified to make sure that it's SARS-CoV-2 for percentage, maybe 5%. And then, they should also do viral culturing. And there's a lot of information out there now that we're seeing that the tests are between 11% and I would dare say as high as 48% false positive.

James Lyons-Weiler: Which is a realistic range because these are based on empirical data. When people taking are these kits and taking them to people who do not have any symptoms, they weren't in contact with anyone. They can amplify the PCR and then they cannot do the viral culture. This is sufficient to say it's a false positive. So the Besylate all study in 2020 out of Australia, they estimated it at 11%. Dr.

Sing hang Lee, his estimates are 30% false positive, and 20% false negative. Okay. And he has a fascinating story. I interviewed him on my podcast on breaking science and he told me in his peer reviewed paper, which I happened to be a reviewer on as well, that's how I learned about it. He told me that he was sent a sample of what's called a reference sample set of 20 samples. Half were labeled SARS positive, human samples, half were labeled, SARS-CoV-2 negative. So I said SARS but I mean, SARS-CoV-2, of course. In the SARS-CoV-2 negative, he should not have been able to amplify NAPC by PCR any sequence. And he amplified 20% of them. Four of them.

Dr. Patrick G: And that's my question. Is there a standardization on the amplification process? Or are all the labs amplifying the same amount? Or, because my understanding is that the more amplification you do, the more likelihood is you can have a false positive.

James Lyons-Weiler: I think that's a great question. I'll get to that in a moment because the other side of the equation with Dr. Lee was in the samples that were labeled positive, he was unable with primers that worked on other samples to amplify anything out of 30%. Now Dr. Lee also sequenced all the products. So unlike any other laboratory or most laboratories, he actually sequenced the products to see what he had. And we know that the false negatives that he tested positive, at least one of them was absolutely a positive because it had a mutation that was new and it matched a new mutation that had just been reported in New York city. So it wasn't laboratory contamination, he ruled that out. Now the other study that I want to mention to you is that marine recruits study, where they took a cohort of marines who had been screened for COVID with anybody developed coronavirus or tested positive in the first two weeks, they left them. They took them out of the study.

James Lyons-Weiler: And these marine recruits were put on a college campus and they were all isolated for the most part. They bunked two by two, they ate outdoors, they trained outdoors, they masked, they did social distancing. They did everything that we're told that we're supposed to do. And then they've screened them with PCR. The PCR testing led to positive results. And every time it came to a positive result, they took these individuals out of the cohort. They removed them from the study. Now the virus apparently continued to spread in spite of all of the social distancing, the masking and everything else. And they had a very significant percentage of marine recruits that ended up having a PCR positive test. The PCR positive tests then led to PCR product. And they also had the nasal pharyngeal swabs.

James Lyons-Weiler: They could only sequence a full sequences out of, I think it was about 40%, or 51%, or 52%, which means that at least 48% of the marines that tested positive did not have viable virus. Those were up to 48% false positive. Ironically, this is a study out of Duke university, they actually use the study to say, we need to do more testing. Now in that balance of risk analysis, we talked about earlier, I approached this from the following question. As a virus enters the population like SARS-CoV-2 and spreads through the population. At what point in time in

prevalence, does it become ethical and therefore necessary to switch from symptom-based testing to indiscriminate testing? And the answer is for SARS-CoV-2, you have to have something like 36% of the entire population infected at one time for indiscriminate testing to pay off, right?

James Lyons-Weiler: Otherwise, you're just destroying things by shutting them down. And when I sent you the manuscript, you'll see. And I took what I think is a clever approach to make some assumptions about the cost of a false positive, because we can't know the total cost of the false positives. But we can know if we can model different scenarios, what if the cost of false positive is much, much higher than the cost of false negative? What if the cost of false negative is much, much higher than the cost of false positive? So it's just a thought scenario and the reviewers loved it. It sailed through peer review. It makes so much sense. Just so much sense that we have to change the dialogue from cost benefit. With cost benefit leads in medicine is to the perverse incentives like \$40,000 per patient if you diagnose someone with COVID 19 and that's what we're seeing.

Dr. Patrick G: That's it for part one of my three part interview with Dr. James Lyons-Weiler, as you can see, you need to hear the rest of this. He continues to bring about understanding in a way that very few people can present it. I was riveted and part two and part three are going to blow your mind. So thanks for being here for part one, I'll look forward to seeing you in parts two and three of his interview.

Dr. Ben Tapper



Dr. Patrick G: Sometimes taking a stand, can lead you to places of unknown or unexpected celebrity. Dr. Ben Tapper, a chiropractor took a stand his local community when it decided to have a hearing around the mask issue. And his testimony at that hearing was videotaped. And the next thing you know, it went viral and he went from a local guy taking a stand speaking truth about the mask issue. Next thing you know, millions of people around the world heard that testimony and were inspired and influenced by it. Right now we need stand takers. We need people to step up and speak against what seems to be extraordinarily irrational, tyrannical control. And I don't say that lightly. I don't say that with a bias. I just say that as a result of all the interviews we've done through the series and what I've learned that people need to step up and speak out because what's going on right now is not right. And Ben Tapper is someone who did exactly that. So enjoy my interview with, Dr. Ben Tapper.

Dr. Patrick G: Ben, I really appreciate you taking some time to have a conversation with us. I think you've been stirring up a little dust lately.

Dr. Ben Tapper: Right man. Making some waves. That's what we do.

Dr. Patrick G: So before we get into this conversation, let's get into your background a little bit to. Tell us a little bit about your academic background and what got you into doing what you're doing today.

Dr. Ben Tapper: Well, I come from a family of chiropractors. My dad's been fighting the good fight. He just sold his practice after 43 years of practice. We grew up in a household. We grew up in the country, my brother and I were like little Cowboys. We would just ride horses all day. My parents would say, just come back at sundown.

Dr. Ben Tapper: And so we would just ride horses all day long. And if something happened, my dad was our go-to doc. He was our primary doc. And we didn't go to emergency care unless it was an emergency. There was a broken bone or there was a, if we had to get some stitches or anything. And, but my dad was our primary care doc. And if you didn't feel well, we got adjusted. That was our upbringing. And I followed in my dad's footsteps. I went to Palmer, Davenport, Iowa. I went to chiropractic school. My sister went to chiropractic school in Palmer and her husband. Our family get together are real fun, let me tell you. And so, and I graduated at Palmer in 2012 and I got into practice then. And that's when we got into wellness point and in Omaha, Nebraska, and I've been here ever since. So...

Dr. Patrick G: That's awesome. So recently in Omaha, there was a hearing that the local politicians had regarding the mask issue and the mandatory mask issue. You

showed up for the meeting and gave testimony. What got you to want to show up there and speak about this?

Dr. Ben Tapper: Well, first of all, we have to rewind a little bit because I, three years ago we started the Nebraska for medical freedom. And I'm basically, I started that group here in Omaha, Nebraska, and we grew to over 4,000 members pretty rapidly. And we understood that we had to be proactive in this fight because we saw draconian bill sweeping the nation. We saw bills like SB 277, 276, and other draconian bills. I met with senator saying, listen, there's bills coming our way. And we need to protect our rights and freedoms here because we saw this coming and we had a meeting last February or last November of 2019.

Dr. Ben Tapper: And I said, we need to be proactive instead of reactive in this fight. I said, there's something big coming our way and I can't put my finger on it. I said, all of our freedoms are at stake here when it comes to medical freedoms, our first amendment, we have five freedoms and the first amendment and all of those freedoms were being infringed upon. Especially look at the beginning of the year, churches weren't allowed to gather, you couldn't meet, you couldn't petition the government. It was a complete violation of our first amendment.

Dr. Ben Tapper: And then when the Corona came, I was very skeptical. I saw manipulation being done with our national vital statistics reporting system, the numbers with the CDC. I was trying to blow the whistle on that. Because they do that every year with influenza, they combine it with pneumonia, but nobody really pays attention to those numbers. A lay person doesn't know how to understand that they don't understand the difference in viral and bacterial pneumonias.

Dr. Ben Tapper: And there was such manipulation of data being done and being presented to the people. Well, then we saw these restrictions and mandates being passed on their cities and Omaha, they stood their ground. We were one of the last cities, essentially in the States to pass this mandate. And we had a meeting at the city council meeting, and I had so many people reach out to me. Are you going to speak? And it was, they put this meeting right in the middle of my, the week during the middle of the day, when I'm busy with patients. And it was very difficult. I didn't want to take the time off. And honestly, man, when I didn't speak there, I lost sleep. I felt like, what did I do? I should have been there. And I found out that there was going to be another meeting in an open hearing.

Dr. Ben Tapper: And I said, I'm not going to miss this meeting. And they had a, it was a Tuesday. I actually canceled all my patients that afternoon. And I get down there and there was probably, and I kid you not 15 doctors there in favor of the mask mandate. I was the only doctor in opposition. And it was like going against David and Goliath here. It was absolutely a criminal because they kept pushing propaganda. They're pushing doctored studies, tailored studies to push this agenda through. And my wife said to me, she goes, you better know what you're getting yourself into because there's like five news crews there. And I had no idea that that video was going to get the attention it did.

Dr. Ben Tapper: My name is Dr. Tapper. I am in private practice in Omaha, Nebraska. I don't wear a mask. I see over 200 patients a week. I come in close proximity with every patient that I come across. Why haven't I contracted the so-called disease? Americans make up 5% of the world population, but yet we take in 65% to 70% of the world's pharmaceutical drugs. We are one of two countries that allows pharmaceutical advertisements on the television, but yet 80% of Americans are suffering with a chronic disease associated with poor lifestyle choices. 700,000 people will die of heart disease this year alone.

Speaker 1: Doctor, please bring yourself in order.

Dr. Ben Tapper: 600,000 people will die of cancer. 300,000 people will die of obesity this year. When is enough, enough. If this is truly about health, then mandate healthy living, exercise, good food choices, chiropractic, outlaw tobacco and cigarettes, processed sugars. I believe it was Thomas Jefferson who stated, "If people let the government decide what foods they eat or what medicines they take, their bodies will soon be in a sorry state as those souls who live in our tyranny." You see God made your body's self healing, self regulating. If you give the body what it needs, it can be healthy. It has like a wilted plant that sits under the sun. An allopathic model to that is to shield the sun, to protect that plant against the sun, cut off its leaves, Medicaid or vaccinate that plant. But in genetic and epigenetic approach, a wellness approach is to give that plant water and it can be well, you see, your body is no different. We must eat well, move well think well, and we can be well. In other words, your level of health is the genetic expression of your lifestyle choices.

Dr. Ben Tapper: And I know full well that your body's ability to heal itself to overcome disease in circumstances like Corona is far greater than anyone has ever permitted you to believe Benjamin Rush a signer of the declaration of independence stated, "Unless once we put medical freedom into the constitution, that time will come when medicine will organize into an undercover dictatorship to restrict the art of healing to one class of men and the unite equal privileges to others." That time is now. These masks have absolutely nothing to do with health, but everything to do with the compliant, with a fall, a false flag, tyrannical agenda. If we sacrifice our precious freedoms for temporary security, we will lose both. If you can't comprehend that statement, if you are blind to this agenda then I am sorry, you have the eyesight of an eagle, but the vision of a clam.

Dr. Ben Tapper: And when we spoke, it was funny because I always tell my wife, I said, Hey, my video went viral, got four shares, and she would joke and say, that's not going viral. And in fact, when I spoke, I uploaded that video later that night. And I woke up in that morning and it had 3 million views and I was like, Oh, what did I just do.

Dr. Patrick G: Wow. Overnight, 3 million views?

Dr. Ben Tapper: Yes. Well, in 24 hours at 3 million views and that's accumulation of different platforms, I think Tik Tok had 2 million views alone. And then...

Dr. Ben Tapper: Its accumulation of different platforms. I think TikTok had two million views alone and then it was shared on different areas and we counted up three million views in 24 hours. And it was just crazy, man. And the people that are listening, we never know how far reaching something we may think, say, or do today will affect the lives of millions tomorrow. And I didn't anticipate my voice going all over the world and I didn't want my voice to go over the world, to be honest with you, I lost sleep for five nights going, what did I do? I had so many patients reach out to me and go, "Man, you abandoned science." They said, "I'm not coming to your office again." I had patients for 10 years that I've seen here and I've treated well and they're adjusted well, took good care of them and they just, they stopped coming in. And I knew that we're going to stand our ground here.

Dr. Ben Tapper: And I love the quote by Martin Luther King Jr. And he stated that, "The ultimate measure of a man is not where he stands in times of comfort and convenience but where he stands in times of conflict and controversy." And these times, if I spoke those words last year, it would have fallen on deaf ears. The reason why that my voice went all over the world is because truth is treason in empire of lies. In the time of treason, truth is a revolutionary act. Telling the truth. And truth is on our side. We have to speak this truth and we have to get louder here because censorship is a real thing and it is happening more than never before.

Dr. Patrick G: What's really to me, interesting here is it's an issue of conscience, as you're basically describing where there's consequences to actions always. There's also consequences to inaction, doing nothing. It's really interesting that what happened when you take a stand and this is all about stand taking. What happens when you take a stand, some of your patients rebelled and said, "I'm not aligned with your stand." Simultaneously, three million people around the world in a 24 hour period, were very interested in what you had to say. No action, inaction, I believe is really the thing that I fear most and becoming an activist is I think incumbent upon all people of conscience right now, given how high the stakes are and how vast the censorship is. And I can tell you that just from our side, we're taken down from Facebook, we're censored everywhere we're turning. It's really pretty disturbing.

Dr. Patrick G: All for just having an opposing point of view or sometimes just sharing stories, sharing actual data and information, but they don't like the context. There's obviously an agenda here. And if there wasn't an agenda, nobody would be censoring us. There's an agenda that things have to be framed and put a certain way and put out into the world and dissenting voices will not be tolerated. That's not a free society. That's not a free press. That's not freedom of speech. That's the opposite of all those things. And it becomes really highly disturbing when you see it come to bear. I guess one of my thoughts or questions around what you're doing is understanding the stakes and understanding that you might have personal consequence that could be adverse as a byproduct of taking the stand that you're taking. Now that you've taken the stand, what's going on in your life? And how you feeling about it? Do you have any regrets around it?

Dr. Ben Tapper: I don't have any regrets. I had a regret by not speaking out at the council meeting the first time. And it was the worst remorse feeling. Just I felt like my calling, I didn't live up to my calling or my purpose. And that was my convictions to speak out are far greater than my fear of persecution and my fear of losing patients. And that's where I'm at. I told my wife, "This is the hill that I'm willing to die on," because you said it, the stakes are high right now. And by not speaking and not being an activist in these times, you are speaking by being silent. You're choosing to be silent and choosing not to do anything and be complacent. And that's where this whole agenda, they want us to be complacent. They want us to just comply and lay down. In fact, the advisory committee on immunization practices last year stated they cannot force vaccinate everyone, but they can force compliance. They start with this little mask mandate, mask today then vaccines tomorrow. That's what this is all about.

Dr. Patrick G: And I think that's exactly right. To me, the mask is more about control than it is about an efficacious way to prevent you the spread of a disease that now we have several very well credentialed experts who can speak to virology, say that this is a false disease. It doesn't really even exist. That you can't have a pandemic when you don't have increases in death rates. And if you look at the death rates year over year, over year, they're no different.

Dr. Ben Tapper: All the same.

Dr. Patrick G: We start to say, "Wow, there's something really off here." And then of course look at what's at stake for the people who went all in on this supposed pandemic and who destroyed lives, shutdown economies, printed money, et cetera. They're invested in this thing being real and the way that they say it should be. There's something really amiss here. There's censorship trying to prevent people who are questioning it. And here we are now having this conversation around what it means to be an activist.

Dr. Patrick G: What are your thoughts about COVID in general? Because it sounds like you do a lot of what I do, you're going on the CDC site, looking at the very data that is being presented also in that data, there's a lot of stuff buried that you can start assembling and put together and look at relevance, et cetera. And now I have the privilege, really talking to a lot of high level experts in the realm who are saying, "None of this adds up and this has been politicized and now we're being led down the wrong road." In your mind, this isn't just about masks is it? What more are you seeing around this?

Dr. Ben Tapper: All right, we're going to zoom in on COVID and then we're going to zoom out and get a sky perspective on this thing, because A, we know that this is not about a virus, and we're told that the droplets or whatever is causing this pandemic, this hysteria, and from just a philosophy, a philosophical standpoint, blaming this droplet for the cause of disease is blaming the flies because we haven't taken the trash out in three months. The germ theory doesn't tell us the whole story. You and I both know that and that's just completely bad science.

We know there's manipulation of data being done. We know that there's this control, the psychological and spiritual warfare being pushed on the people. Why is this happening? Let's just zoom out, take our emotions out of it and zoom out.

Dr. Ben Tapper: This is a global reset to transition our society as we know it, to transition our governments as we know it. This is a full, complete global plan to control the people. And that's what this is all about to completely reset the whole society as we know it. And I'm afraid that the life that you and I know and love prior to COVID-19 does not exist unless more people stand up against this, because this is coming our way, whether we like it or not and it's here unless good men and women stand up and speak and be active and start fighting against this tyranny.

Dr. Patrick G: Well, I was in a meeting last night and after looking at what I've been looking at, I've been listening to and really reviewing a lot of the circumstance. I'm really of the opinion that I think this is the most significant event of modern history. More than world wars, more than other things, that what's going on right now has a bearing of significance that can alter the course of humanity more than anything else that I've not only experienced in the course of my life, but have reviewed in the history books. This is, I don't want to sound melodramatic, but I don't think I can overstate it. Everything that you're talking about, as far as the reset, we're seeing extraordinary widening of the wealth gap. We're seeing that currency is being devalued in an unprecedented way. We're seeing that through fear and panic controls are being grabbed that are destroying families and people's lives. And it seems to be all predicated on a fallacy.

Dr. Patrick G: A lot of people go and say, "Oh no, what about the hospitals, there are people actually died." That happens every year. That people die every year and there's a certain number of them. There's a certain pattern to all cause mortality. And suddenly now, we can question whether or not what they're identifying as this coronavirus 19, this particular strain of a virus that creates COVID et cetera, that is real or validated or not, that's one area of the discussion. Secondary of the discussion is the threat that they're making it out to be. And what's happening in the name of this on a global basis, simultaneously is in my mind, earth shattering.

Dr. Ben Tapper: 100% it is. The thing is, it doesn't take much to really just dive into this and figure out that there's a bigger agenda at play. I talked to multiple owners of these rapid testing sites here in town. They have 14 different clinics. I know the guy, he's a fellow patriot. He owns this, he's doing it for just a business angle, but I called him up and I said, "You know as well as I do that these tests are hogwash." He started laughing and he said, "Absolutely, I do. They've tested multiple people the same day or multiple tests on certain single person. They've had negatives and positives in the same day, on the same person." And these PCR tests, Kary Mullis, he's the end inventor of this test. And he's even admitted that this test was never meant to be diagnostic, that this test does not tell whether or not you're sick or not.

Dr. Ben Tapper: And again, this type of testing needs subjective and objective findings that correlate and correspond to the positive. And if you don't have that, you don't have anything that confirms this test. It's a false positive. We need objective and subjective findings to correlate and correspond to the positive test or it's a faulty test. And that's what we have. We don't have a pandemic like I said, of people falling over dead. We have a pandemic, a PCR pandemic, a faulty testing pandemic and people need to wake up and realize that because where'd the flu go? If you look at the CDC's website, flu's in the green, that only happens usually in the summer months. We are in that deficiency season right now, the flu season. And where did the flu go? Like you said, people are dying every year, but the total death count is the same as this year, as last year and the year before. There's no change here. It's just crazy to me. When are people going to wake up and realize that?

Dr. Patrick G: Yeah. And you start to see that we start with one faulty premise, you start to build a house of cards. And what starts to happen is suddenly now you create this testing and this testing, as you cited, is not tested. And as a result, the reliability of the testing is called to question by the best experts, including the person who created the test as you cited. But we're running enthusiastic in that direction. There's an agenda to get tests, millions and millions of millions of tests, but the test in essence, the data coming from it is meaningless. And then there's the agenda. You have to get these warp speed vaccines and it's startling. I just, literally prior to coming up to this interview, I just watched the nurse who just got her vaccine, came up in front of the cameras to say, "Hey, I just had the vaccine. We're excited that it's here. My whole staff's going to get it and she faints in front of the whole group." Now if that doesn't get people's attention, I don't know what will. What are your views on the vaccine?

Dr. Ben Tapper: Oh my goodness. Well, you just opened up a can of worms because A, it's funny to me earlier this year, it was in February or March we had the corona vaccine was being tested in February, March here in Omaha, Nebraska. I got proof of that. I called MDS pharmaceutical services where they test these vaccines on people. They're cutting them a check for \$1,500 to try this vaccine out. The technology in his vaccine has never been used before. They have to keep these vaccines at a certain Fahrenheit, 80 below zero. And A, what happens when that vaccine thaws out? You're going to have more autoimmune disorders than ever before. You're going to have sickness and illness like you've never been seen before. Not only that, every vaccine is so inflammatory in the body. When they inject the skin barrier, that goes against the laws of immunology, laws of physiology.

Dr. Ben Tapper: And all that does is create such an inflammatory response in the body. And this nanotechnology that's in, they're called solid lipid nanoparticles in these vaccines and they have this crystal, whatever thaws out in the middle of these things and these vaccines, the technology in this is absolutely crazy to me. I've heard things like luciferase in these vaccines, they have scanning technology. And I wonder why that's even in there and this is an mRNA type vaccine, which

is going to alter DNA and that to me is absolutely terrifying. It's going to cause massive problems in the body.

Dr. Patrick G: Well, and this is, they're varying types of vaccines are being fast tracked to be put on the market, some are approved now, like you said, the RNA vaccine, which has never been used before, that methodology. Also some of the more traditional style vaccines, where they might be using killed virus and adjuvants and what have you to make that create a reaction, all of which have been fast tracked. There's no way they can assert safety or efficacy at this point. And when you look at the trials and you met people in the trials and the adverse reactions that are already reported. And now you're seeing the propaganda machine game spun up where somebody goes and gets vaccinated and stands in front of the cameras and faints, this starts to get highly, highly disturbing. I think in the end, what's really critical is that more and more people start to take a stand and start to speak out.

Dr. Patrick G: And what I'm hoping happens as a result of this interview is that it inspires people who maybe in the past, have never looked in the mirror and said, "I'm an activist." Or never looked in the mirror and said, "I'm someone who speaks out when I see something being promulgated that's untrue or maybe even dangerous." That at this point, I think it's a time for everybody to look in the mirror and decide that either we're going to roll over and just get on the train or we're going to take a stand and we're going to speak out and speaking out doesn't mean that you have to go and do big, broad public things. It could be talking to your neighbors, talking to your relatives, talking to people and just say, "Something's not right here and let's talk about it."

Dr. Ben Tapper: Right. And small businesses make up 95% of the economy and these small business owners, most of them, majority of them, understand that this is tyrannical, that this is draconian measures. This is government overreach. I've talked to a few business owners and other chiropractors, and they say, "Man, I don't want to speak out because I'm afraid of to lose patients or I'm going to lose business." I'm like, "Dude, you're going to lose your business if you don't speak out." And we have to speak out. And like you said, you don't have to get in front of the city council. But if you can just be there, you can talk to your neighbors, talk to your friends because your love for freedom and love of freedom and love of this country has to be greater than your fear of losing your business because that's what's at stake here.

Dr. Ben Tapper: We were at Blair, Nebraska. We had a meeting about a week and a half ago at Blair, Nebraska here. It's not the biggest cities of all, but we had a city council meeting in Blair and they were going to push a mas, mandate. Now it was at this beautiful library because there were so many people coming that they couldn't fit us all in city council room. That's how small the town is, the small city council is. But they built this big library and we had well over, we had that room packed full of people in opposition to this mandate.

Dr. Ben Tapper: Six out of the eight city councilmen had mask on, two out of the eight did not. We get up there and I think there was three or four people that spoke in favor of the masks. Now it probably wasn't fair because I think they were fearful to come in and see all these people that didn't have a mask on and we weren't practice social distancing, so they were like, "Oh my gosh, I'm not going to get in their disease infested room." Some of them probably didn't want to go in there so they just let us speak. And then we actually filled the hallway outside of the room. And then we filled this other room with people in opposition.

Dr. Ben Tapper: And we started speaking, they let us speak. We were there for about two hours. It was one person after the other speaking in opposition, they were all saying, "This is tyrannical, this is government overreach. These masks don't work." And by the end of it, four out of the six, they had a mask on, removed their mask. And the guy at the end said, "We need to dismiss this." The whole room applauded and up-roared and cheered. And I was just like, I was like, this is the biggest win ever because we've been to city council meeting after a city council meeting after city council meeting and it was the same song and dance. They didn't listen to the people and they just passed this mandate anyway. But in Blair they listened and it was amazing.

Dr. Ben Tapper: The only difference between this and all the other city council people or meetings that we've had before is that we filled the room with people in opposition. We had an old guy say up and said, "I'm the grandpa that you're afraid to kill." And he says, "I don't wear a mask." And he goes, "My friends, most of them are dying from other diseases." And he goes, "I don't wear a mask." He goes, "I'd rather die of COVID-19 than of loneliness." And he's just like, "This is hysterical." He says, "People die. That's what we do." And he even said that, "Everybody's going to die, but we're so fearful of dying that we're not living. And to me, that's the problem."

Dr. Ben Tapper: This is taking away from our livelihood and our life and it's really, this has nothing to do with health or the expression of health. And this is, it's just so in my eyes, this is pure evil being pushed on the people. I got another patient of mine, he's 88 years old. He just passed away three weeks ago and I've seen him for nine years and he was an awesome guy. Every time he left my office, he always said, "Keep that sun shining." That was his quote. It didn't matter if he was having a bad day or not. He always say, "Keep that sun shining." That was his quote. And that was just very special to us because he came in and he'd always say that. He'd always just lift our spirits up and he'd always say, "Keep that sun shining." But he passed away. He was an out of control diabetic and I'd always preach to him. We got to get this under control. And he had heart issues and then he got pneumonia and he passed away, but they tested him for COVID and they labeled his death as COVID.

Dr. Ben Tapper: They wouldn't let any of the family see him on his death bed. And they wouldn't allow a funeral for him. And I know his whole family and they're devastated. And to me that should be against the law. That is, what a way to go. If that was my dad, I would be storming that hospital with an army of people. And I would

say, "I'm going to take him out of this hospital and you're going to let me see him." Because I think that is the most criminal thing. And we have people in Greeley, Colorado, or Greenlee, whatever. They're protesting, same thing. They're like prisoners trapped in these nursing homes, unable to see their family. They're doing window visits. And they're stuck in their rooms and there's no interaction. I think that's going to kill them faster than any virus will kill them. That loneliness is a real thing and it's a real problem. And it's just absolutely heartbreaking to me.

Dr. Patrick G: That's horrifying. And I've heard many anecdotes exactly like that. A parent, grandparent in the hospital, sick, assert that they have COVID or they can't have visits because of COVID. They're separated. Nobody can come see them, they die alone and they can't have a funeral. Like you, there's no way that I'm not getting into that hospital, I'm not getting my parent or grandparent. It's just, we can't. This is now going beyond any sort of a precaution and it's going to the heart of humanity. And this is just symptomatic of the more generalized view of what's going on right now. But why I feel like what we're talking about so important is the idea of showing up in activism. The example you just gave saying, "Hey, why did we get the mask mandate defeated in this one town?" It's because how many people showed up to protest against it.

Dr. Patrick G: That is the influence and what the media is not reporting was in Europe for example, people have taken to the streets that literally my friend Bobby Kennedy in Berlin speaking, he's over a million people in the streets of Berlin in protest, hundreds of thousands in the streets of London in protest. That's what is going to be necessary for this not to literally continue in the direction it's going and have the finality being a reset of the entire world, tyrannical control over the citizenry of that world. It's not even just behaviors like masks. That's again, symptomatic, it's much deeper. Control over economy, control over dollars, control over business, control over everything. And we can't let that happen. To me, this is not a matter of just a COVID issue. The issues are literally much more wide in their implications. And it's about existence as a human being on planet earth. COVID being a vehicle for, I think, some very dark people to do some really bad things.

Dr. Ben Tapper: 100%. I a 100% agree with that. And so what do we need to do? The thing is we need to band together. We need to speak out. And if you are a business owner or you're listening to this, this is our duty. When injustice becomes law, resistance becomes duty. And that is so important right now. And to be patriotic doesn't mean you love the president or you love the government. You mean you love the people, you love this country. And that's what it means to be a patriot. And we need to be a patriotic. Again, we need to find that courage to speak out, to do something, to stand our ground and fight this because we are in the majority. Truth is on our side. And that's important to know that. If truth is on our side, if God's on our side, then who could ever stand against us? Or what could stand against us?

Dr. Ben Tapper: And that is so important to hear. And I'm telling you, we have to band together and we have to do this. We have to speak out. It is so important. And speaking out, I lost patients. Like I mentioned earlier, I lost a lot of patients. In fact, the first, right when I got on speaking of the first time, I got a message because they blared it live on television locally. And I sat down and I had three messages from people, all just like, bam, bam, bam. And they're all in opposition, you abandoned science. I'm never coming to see you again. And I said, "Oh my gosh, what did I do?" I stirred the pot. Well then my phone was ringing off the hook. It was off the hook for patients coming to see me. And we've had a record week since I've been speaking out.

Dr. Ben Tapper: My office is busting at the seams. I cannot physically see the people I have in my office right now. I need to hire another chiropractor and I don't do any marketing or advertising. I just speak out. By speaking out, your vide will attract that tribe. It'll bring you the patients that you want and you'll be blessed for it. Even if you speak out, we are in the majority. And once you start speaking out, people will come see you. I can't tell you how many people I know that have these businesses that are not enforcing the mask mandate. And in fact, they don't wear masks in their business. People, they're patronizing their businesses. They're going to their businesses and supporting them because they don't want to wear a mask. And that's important to understand and realize.

Dr. Patrick G: That's prior to COVID, that's the theme of my book, Your Stand is Your Brand, is saying, take a stand and you're going to alienate some people, but you're also going to attract others and for all the right reason and the people who are the biggest stand takers are the ones who have the most successful outcomes because they take a stand. And I think that's exactly what you're talking about here, because there are a lot of people who are looking for that champion to go out and communicate publicly the sentiments that they feel inside. And once they find that person, that's who they're attracted to, that's the business or the individual that they're going to migrate to with their sentiments, their emotions, and their patronage, as far as whatever that business might happen to be. Just like the gym owners who said, "We're not closing." And the restaurants that have defied the orders.

Dr. Patrick G: There's people that show up to support those types of things. I am hoping that this interview then causes people to start to consider their role in the activism that is necessary relative to what's going on with COVID. And there might be some varying opinions about some of the details, but I don't know that there's a lot of bearings in the mass populace relative to the aversion to government overreach, the aversion to tyrannical control, et cetera. Maybe we disagree on COVID masks, the risk around COVID. But I think people that even disagree on that don't disagree on not wanting a draconian styled government that controls everything and uses a purported pandemic as a vehicle to take away civil liberties and our children's future. Thank you so much for coming in and sharing your experience, for suddenly going from virality being four shares to three million views overnight and for continuing to stand up and speak out and inspiring others to do the same.

Dr. Ben Tapper: Well dude, I love it, man. Thank you so much for having the opportunity because I do feel like a dog in a kennel a lot of times when I just constantly research and do this. And then so when I get these opportunities to speak out, I feel like I'm released. And so I thank you. It's good to get this out and talk it through. And I just pray that the people are encouraged and I pray that I do inspire others and it's such an important time right now to do so.

Dr. Patrick G: Indeed it is. Thanks so much, man.

Dr. Ben Tapper: Yeah, absolutely, man.

Dr. Patrick G: If we had more Dr. Ben Tappers in the world, I can tell you our problems would be over pretty quickly. We need people who have the passion, the purpose, the vision to stand up, to speak out and do the types of things that he did. I hope you got energized by that interview. It's certainly energized me. Thanks for being here.

Outro



- Dr. Patrick G: That completes episode five. We are really coming down the line here into the second half of this series. There's a lot of great content with amazing presenters and experts that we're going to be interviewing. You definitely want to hear from them. Thanks for being here with me right now. And just as a quick reminder, you can own this, you can support our efforts. You can have not only the series, but the bonuses that go with it. We have varying packages, find the one that's right for you, make that investment and know that you have our deep gratitude for doing so. I will see you in episode six.
- James Lyons-Weiler: Most important thing that we need to do is to be able to perform accurate testing, accurate diagnosis of COVID-19 and stop convincing ourselves that it is bad as it is. The cost of the false positives, the occurrence of the false positives is causing us to basically cannibalize out of fear, the small businesses and shutting down major, major sections of our economy that has propagating effects that are much more damaging than coronavirus ever could possibly be.
- Speaker 1: Viruses are the mechanism of evolution. They're the mechanism of adaptation. A war on viruses, it's a war on life. The question then is what is poisoning us? Any therapeutic so-called maneuver like wearing a mask or social distancing or washing your hands is just nonsense. Just makes you sicker. I can pretty much guarantee that your family doctor and your internist and your surgeon doesn't know this either. I didn't learn any of this in medical school or any training. This one has to figure out for themselves.

Bonus Interview: Dr. Rashid Buttar



- Dr. Patrick G: You know, when it comes to vaccines and other healthcare issues, it's not easy to be unconventional in your thinking. Dr. Rashid Buttar is someone who is a warrior in this arena. He has faced down his medical boards. He has spoken out about the truth when it comes to vaccine safety and efficacy. He has taken stands on health issues that are not the typical stands that a medical doctor would take, but he is someone who is guided by the truth. He is someone who is passionate about what he does. And he's someone that has an extraordinary message for you right now, so please tune out all distractions and listen to part one of my two-part interview with Dr. Buttar.
- Dr. Patrick G: Dr. Buttar, thanks so much for taking the time to have this conversation. I'm really looking forward to it.
- Dr. Rahid Buttar: Thank you. Patrick.
- Dr. Patrick G: So, you have quite a background. Before we jump into any of the specifics about your perspectives on vaccines and the work that you do with autistic children, let's just talk about your background, and how you ended up getting into this type of work.
- Dr. Rahid Buttar: Well, I did my residency in general surgery. I started my residency at Brooke Army Medical Center, and I knew I wanted to be a surgeon pretty early on. Actually, before I even went to college, I knew I wanted to be a surgeon. Went through college, medical school. Did a rotating internship with a lot of emphasis in surgery, then went on to Korea as a general medical officer with the US military. Came back and started my general surgery residency at Brooke Army Medical Center at the Institute of Surgical Research.
- Dr. Rahid Buttar: And one of the things that was very frustrating for me, is I'm a very black and white type of person. I don't live in gray zones, and for me, surgery was the only option in medicine, because it was the only thing that was definitive. And I had had an experience early on in my clinical rotations as a medical student that had left... actually, at Brooke Army Medical Center, while I was rotating at a student, I'd had, if you want to call it, trauma. It probably wasn't a traumatic experience for a new, fledging, soon-to-be physician.
- Dr. Rahid Buttar: At that time, the hospital at Brooke Army Medical Center was still the open bay wards, like in the olden-time movies they used to show. It wasn't the individual rooms. And I had been called by the nursing staff because I was on call that night, or I was actually the in-house resident that night, for a patient. It was a hem-onc rotation in internal medicine. And basically, the patient had a fever, needed to be worked up, so I went out there, drew the blood work, did all the stuff you needed to.

Dr. Rahid Buttar: And it was very eerie, walking back out of the ward. The weird thing with this particular ward was, they would graduate the patients closer to the nursing staff counter as they became more expectant, meaning as they became closer to death, they would move them closer to the nursing staff station. And of course, the patients knew this. They knew that whoever got closest to the nursing staff station were the ones that would be next to die.

Dr. Rahid Buttar: Of course, we don't think about the psyche of the individual that's sick at the time. We in the medical profession tend to sometimes ignore what they're experiencing. We tend to see patients as numbers. Now, maybe some people would say I'm being callous, but that's how I was trained, and that's how the vast majority of physicians have been trained. And I think that if people were going to be honest, they would have to agree that that's how the medical system has been designed, to detach us from the emotional, spiritual aspect of feeling.

Dr. Rahid Buttar: Regardless, as I was walking back from having done the blood cultures on this patient, I'm weaving my way in and out between the beds, and it must have been 3:00 in the morning. The lights were all out. There were some dimly-lit exit lights. And do you ever remember seeing that show, called the Crypt Keeper?

Dr. Patrick G: Oh, yeah.

Dr. Rahid Buttar: Okay. You remember the skeleton hands that they showed? Well, it was literally like that. This hand came out of nowhere and grabbed me by the leg. I shrieked like a little girl. And it was a patient that was so cachectic, and looking up at me with these hollowed eyes, and begging me to help speed up her process, to help kill her, because she was in that much pain, or agony, or maybe the impending doom. I don't know what it was, but it was like out of a horror movie.

Dr. Rahid Buttar: And that was the creepiest experience that I had. I mean, I literally had dreams of that hand coming up and grabbing me, and actually, the message, what the person said: "Please help me. Please help me." And I'm thinking they need help, like they're in pain. They wanted me to help eliminate them, to kill them, to transition them.

Dr. Rahid Buttar: So, why am I talking about that? Well, the reason is, that confirmed for me that surgery was the only answer in medicine, because I wanted to be able to see that cancer, be able to cut around it, pull it out, look at it, throw it on the ground, stomp on it, spit on it. It's done, it's finished, it's gone, it's over. Except it's not, because in six months, it will come back. And it never made sense to me, why is it coming back? Why does it come back?

Dr. Rahid Buttar: And so, that's really how my career began. That's why I knew I wanted to go into surgery. And as I was in surgery, I realized, it's not quite that definitive. It's almost become a cliché. I hear so many doctors talk about it. We don't treat the symptom, we treat the root cause. And yet, they use an herb or a vitamin or a

mineral to do the same exact thing that they're trying to do with a pharmaceutical, right? They're covering up a symptom. They're trying to create relief.

Dr. Rahid Buttar: Nobody's looking at the underlying causation. They say they are, so that's probably one reason that more of the integrative doctors don't like me. In fact, more integrative doctors dislike me, compared to the conventional doctors, because I call them out on their crap. Because if you are really integrative, and you really are looking at the basis and the causation factor, then why are you using bioidentical hormones, thinking that's something better than synthetic hormones? Guess what? It's the same thing. You may be using a little bit natural substance, but you're still doing the same thing. You're violating the negative inhibitory feedback that the creator, the ultimate engineer, designed.

Dr. Rahid Buttar: So, anyway, I guess we're way off-topic on vaccines here, but you kind of get my basis of where I started.

Dr. Patrick G: I'm actually glad you said that, though, and it's interesting, because I have had similar outspoken comments around this, which didn't win me favor with some people. And it's just an observation. I'm not saying you're right or wrong, but saying that philosophically, treating disease with supplements or herbs, or treating disease with pharmaceuticals is the same philosophy, you're just using different substances.

Dr. Rahid Buttar: Exactly.

Dr. Patrick G: And you might say, hey, a safer substance that's more natural is a better way to practice that philosophy than something that's more toxic, but it's not like it's a different approach to practice, or a different point of view. It's literally in the fundamentals, it's philosophically the same mode of practice. It's treating disease and conditions with chemicals. Now, whether they're more natural biochemicals over unnatural pharmaceuticals, it's still the same cause to effect thing that you're trying to do. And so, I agree with you on that completely.

Dr. Patrick G: So, when it comes to vaccines, this kind of ties in to vaccines, because what are we trying to do? As you said, the creator, we're endowed, the body, with an immune system and the ability to adapt to the terrain and the environment that's around us. And now, to try to outthink it seems to be a bit arrogant.

Dr. Patrick G: So, I know that mercury has been taken out of a lot of vaccines, but there are other neurotoxins, as you know, for adjuvants, like aluminum, et cetera. And also, I think there's still some vaccines that still contain mercury. But do you feel like, across the board, getting vaccines in general is probably a bad idea, and what the effects are, maybe aren't autism, but there's other health issues that can derive as a result of having these toxins injected into your body. What are your views on that?

Dr. Rahid Buttar: Let me address the first one. You said that mercury's been taken out of vaccines. That's actually not true, Patrick. Yeah, actually, even in the ones that say thimerosal-free, they have mercury in them. Every vaccine has mercury still in it.

Dr. Patrick G: Really?

Dr. Rahid Buttar: And I'll just tell you this, that I'm still appalled at how the media is so complicit. It's criminal behavior. Congressman Dan Burton, who headed up the US Congressional Subcommittee on Human Rights and Wellness, who is the chairman of that committee, who was the chairman of the committee when my son and I testified before Congress on May 6, 2004, held additional hearings, in which one of those hearings was the one that the head of the FDA and the head of the FTC were required to testify.

Dr. Rahid Buttar: And the reason for the hearing was, there were three separate, independent organizations, one of which was Safeminds out of California. I don't remember the other two, but there were three different organizations that had done their own independent testing on vaccines that were labeled thimerosal-free. Thimerosal is ethyl mercury.

Dr. Rahid Buttar: So, if anybody wants this information, because there's no way we're going to be able to get through all this information, but there is a reference site, and I can maybe give that to you guys, and it's free. People can go and watch all these videos. There 12 videos, and they'll explain everything. You go through those videos, either you get it, or you're cognitively not able to comprehend what's going on. I mean, because everything's in there.

Dr. Rahid Buttar: This particular issue with thimerosal is that in organic mercury, the normal form of elemental mercury that you find in the environment, it's considered by the EPA to be the second-most toxic substance known to man. Now, when you add an ethyl group, or a methyl group, or a phenyl group, you make it exponentially more detrimental, because now the organic component is going to make it more assimilable in the body, or it allows it to assimilate in the body easier.

Dr. Rahid Buttar: So, ethyl mercury is an ethyl group with elemental mercury, that makes it ethyl mercury, or the trade name of it is thimerosal, which is a product that's manufactured by Eli Lilly as a preservative for vaccines. So, these are vaccines that these three different organizations tested that are labeled thimerosal-free, meaning that there's thimerosal in there, there's no mercury in there. There's no preservative in there.

Dr. Rahid Buttar: Upon testing, all of these vaccines that all three organizations tested for had thimerosal in there. So, the question was, why is this product being labeled as thimerosal-free, and still being out there with thimerosal? Because like you said, not all vaccines have mercury anymore. The ones that don't, according to what you said, are the ones that say thimerosal-free, but they all have them in there.

Dr. Rahid Buttar: So, during the testimony, Congressman Dan Burton asks the head of the FTC, "Explain this, because this is a truth in advertising issue. It says thimerosal-free, and yet there's thimerosal in every one of these batches, in every one of these products, from all three of these organizations. Explain that."

Dr. Rahid Buttar: The head of the FTC says, "I defer to the head of the FDA." Very smart. Congressman Burton asks the head of the FDA, and he says, "Well, technically, that's accurate. It is thimerosal-free." Congressman Dan Burton says, "Here are the tests that show it's got thimerosal in there. What do you mean it's thimerosal-free?"

Dr. Rahid Buttar: He says, "Well, the mandate is that when we take a product, and we have a bottle, a vial, and I put the vaccine in it, and I put the thimerosal in it, and I put the X in it and the Y in it, I have to label it with X and Y and thimerosal and the vaccine. However, after the CDC's recommendation, not mandate, but recommendation that we take out thimerosal, we no longer do that."

Dr. Rahid Buttar: So then, Congressman Dan Burton says, "Then how is it the stuff has thimerosal in it?" Head of the FTC says, "Well, now the thimerosal is used during the manufacturing process of the vaccine, so when we take the vaccine and we put it into the vial, that's all we're putting in there. So, we don't have to disclose if there's any thimerosal in there, and that's why it says thimerosal-free, because we didn't add it."

Dr. Rahid Buttar: Congressman Dan Burton asked for criminal sanctions to be brought against the head of the FDA and the head of the FTC. Media didn't cover it at all. C-SPAN didn't cover it at all. This was the greatest atrocity against mankind, and nobody covered it. This is a matter of congressional record. It's in the Library of Congress, and nobody covered it.

Dr. Patrick G: Wow.

Dr. Rahid Buttar: I mean, this is 2004. This is 16 years ago. Now, that's my first answer. Secondly, you said things such as aluminum, and this and that. And people have been talking to me about aluminum, aluminum, and all the new stuff. Everybody's into aluminum and this and that.

Dr. Rahid Buttar: Look. I am a clinician, Patrick. I am in the trenches treating kids. Do you know how significant aluminum is to me? Zero. You know why? Because when I treat people, boom, it comes right out. It comes right out. I don't care what the aluminum levels are, because I've never had anybody retain aluminum, ever. I see kids with sky-high levels of aluminum all the time. It's coming out. If it's not sky-high in the beginning, it will become sky-high in two months, three months, six months. Not a big deal.

Dr. Rahid Buttar: It's mercury that's the last thing to come out. So, by putting emphasis on aluminum. Whatever researchers want to say, that's great. I can just tell you,

from a clinical standpoint, it is not significant. It's not significant, not because it's not detrimental. It's not significant because the body's ability to excrete it is intact. It takes care of it. I have never seen anybody with the inability to excrete aluminum. If there is, then it's mild, and they get rid of it fast. But mercury and lead. Lead is bad enough, but mercury is the worst to get out. It's the hardest to get out.

Dr. Rahid Buttar: And here's the thing. Of all the metals, there's only one that causes denudation of the neural fibrils. The University of Calgary study that shows what happens to the nervous tissue when introducing mercury into the Petri dish, not even with direct contact to the neuronal sheath, but just to the same Petri dish. Within six hours, that neural sheath is totally degraded. It melts.

Dr. Rahid Buttar: There's nothing that causes degradation of the neural fibril like mercury does. Nothing. There's no other substance that causes that. Lead has been shown to decrease IQ, but it doesn't cause the detrimental denudation of the neural fibrils. Only mercury does that.

Dr. Patrick G: So, because this is interesting. One of the, as the vaccine debate rages on and people look at risks, safety, et cetera. We certainly have covered the fact that there really are no safety studies, and certainly, we're seeing skyrocketing increases in things like autism, et cetera. But they talk about the fact that they take the thimerosal out, and according to what you just said, that's a bald-faced lie.

Dr. Rahid Buttar: Absolutely.

Dr. Patrick G: That there are mercury-free vaccines now. And so, now, and this is what I find to be extraordinarily criminal, you have parents who are trying to make the best possible decision they can for their children, and they're doing that based on a volume of lies, as compared to saying I have the facts and the information to make an informed decision for my child. So, this is really disturbing.

Dr. Rahid Buttar: It's very disturbing. Now, if I may take your second question about the other aspects of vaccines, what you said, Patrick, it was a question that you asked, but if you turned that question into a statement, truer words have never been spoken. There is nothing in vaccines that is beneficial to the physiological system.

Dr. Rahid Buttar: Now, let me explain that, because you know I'm going to get attacked by this. I'm probably going to have another dozen complaints from the medical board, like I've already had, but that's okay, I'm used to it. So, let me explain the context.

Dr. Rahid Buttar: We have these things called human beings, that have this thing inside ourselves that the ultimate engineer created in us to help protect us, called our immune

system. In fact, all biological systems have an immune system, okay? Plants have it, animals have it. So, we all have it.

Dr. Rahid Buttar: Now, the immune system is designed to be exposed to something that then allows it to become trained to understand that if you have to be exposed to it again in the future, you don't have to go through the entire formulation process of the defense. It's already there. So, the foreign substance that you get introduced to, whatever the bug is, or in the vaccine is, that we introduce this substance into the body to help train the body.

Dr. Rahid Buttar: That's called an antigen, all right? It's an antigen, or a hapten. It's a foreign substance that the body sees as foreign, as a hapten or an antigen, and then creates an antigen receptor site that is the opposite of the antigen. Creates this on the surface of the B lymphocytes, and it's like a template. It's like a little template, where it's the mirror reflection of that particular antigen.

Dr. Rahid Buttar: Then, using that template, it starts to create antibodies, which are basically exactly the same thing as the antigen receptor site, except that it's replicating itself and then allowing that antibody to be released. So, the antigen receptor site and the antibody look the same, except that the antigen receptor site is connected to the B receptor, all right? To the B lymphocyte.

Dr. Rahid Buttar: So, basically think of the B lymphocyte as, it's a type of white blood cell. It's the part that is the factory that's creating the weapon, which is the antibody, and the template that they use to create the antibody is this antigen receptor site that's connected to the factory, and the antigen is the target that we are creating this antibody, this weapon for, okay? This is how it's supposed to, this is how the vaccines work. This is how the whole immune system works.

Dr. Rahid Buttar: Now, let's go back to the antigen receptor site aspect. So, we've got this antibody that is now out there, trying to recognize whatever is foreign in the body, and fight it, and to attack it. That's how we're supposed to, that's how the system is designed to work.

Dr. Rahid Buttar: Now, the problem is that that process, for it to be initiated, it's called seroconversion, meaning that you introduce the antigen into the body, then the body creates an antibody, and the antibody is now out there, ready to fight. That's called seroconversion. It's converting the antigen into a template, into an antibody, now ready to do this fight.

Dr. Rahid Buttar: That process does not start, at the earliest, six months of life, but most immunologists would say a year to two years of life, and some immunologists will say that's not even fully developed until you're in your teens, 10, 12, 14 years of age. But everybody knows that it does not occur in the first six months of life.

Dr. Rahid Buttar: That's why a mother has to breastfeed a baby. That's why the colostrum in livestock or wild animals is so necessary. If the animal doesn't get its colostrum in the first 24 hours, it's going to die, right? It needs that immunity from the mother, because they don't have an innate immune system that is functional right now. It's going to take months. The mother's breast milk creates the IGG antibody to help protect the baby.

Dr. Rahid Buttar: So, we know that that process cannot start until at least six months of life. Now we've got children that are being born, first day on the planet, we're introducing vaccines into them because we want to help their immune system, knowing full well we can't even freaking seroconvert for another six months. Where's the logic in that?

Dr. Rahid Buttar: Then, we're giving them things in these vaccines, such as thimerosal, mercury, formaldehyde, nickel, adjuvants, DNA from other species, mutated human cell lines. For what purpose? To create them as adjuvants. To create an irritation to mount the immune response. How about waiting until the immune system can actually mount an immune response, if that's your desired result, rather than giving them things that are known poisons to try to elicit an immune response in a child that can't have any kind of immune response, because their system isn't designed for that? It's not designed to start developing until at least the first six months of life.

Dr. Rahid Buttar: Okay, then on top of that, what's the purpose of giving a vaccine? To increase the immune system. Then, if that's the case, why are we giving things that are known immunosuppressants, that decrease the immune system, with a vaccine, such as mercury? Such as formaldehyde? Such as nickel? Such as aluminum? Why are we doing that? Does that make any sense?

Dr. Rahid Buttar: Okay, let's keep on going. Let's just use one vaccine, because this is so frustrating for me. Any time I'm interviewed about this, it's like I want to go ballistic. So, I apologize if I'm coming across as hostile, because it's really angering.

Dr. Rahid Buttar: Let's look at hepatitis B. I was just talking to a doctor about hepatitis B, and going through this logic. So, what is the purpose of hepatitis B, hepatitis vaccine, hepatitis B? Is to protect a certain subclass, a certain subpopulation of individuals that are high risk for hepatitis B. Not everybody gets hepatitis B vaccination, but for some reason, we feel that every baby should get hepatitis B vaccination.

Dr. Rahid Buttar: Hepatitis B is given in three shots, a series of three, and it's traditionally given every 10 years as a booster. Technically, you should never do another vaccine. You should do titres for the antibody, and if those are sufficient, then you don't need another vaccine, but people don't do that, because it doesn't further the vaccine industry, so they just go ahead and give the vaccine every 10 years, or whatever the case is.

Dr. Rahid Buttar: Remember that for a true vaccine, one time, you teach your immune system, you never need to give it again. So, this whole thing about giving re-boosters, that's all hogwash. It's not based on science. It's based on rhetoric designed to increase more profits for the companies that are making these vaccines. That's a side note.

Dr. Rahid Buttar: Coming back, now we've got this vaccine for hepatitis B. We know hepatitis B affects promiscuous individuals, prostitutes, et cetera. It affects drug users, IV drug users, because they share needles. And it affects healthcare providers, nurses, doctors, because they're exposed to these people, the drug users and the promiscuous people. And maybe also law enforcement or first responders, because they're also involved in getting exposed to drug users and prostitutes. So that's a high-risk category. Those are the people that have to get hepatitis B, right?

Dr. Rahid Buttar: Now, we know that it's three shots, and we know that you need it every 10 years. That's how they give it. So, my question is, why are we giving hepatitis B to our newborn babies, because we know that in 10 years, they're going to need it anyway? Are we really concerned that our newborn babies, before they turn 10 years of age, will become a doctor or nurse, a prostitute, or an IV drug user? And if we are not concerned about that, then why the hell are we giving them hepatitis B? And why are we giving it on the first day on the planet, when they can't even seroconvert?

Dr. Rahid Buttar: And then, the natural way of getting rid of mercury in the system is through the alimentary tract, through the gastrointestinal tract. Well, guess what? The gastrointestinal tract isn't developed for the first six months of life. So, that's poison that we're giving in, as in thimerosal, mercury, that goes into the system under the pretense of being necessary as a preservative for a vaccine to help their immune system, which is actually an immunosuppressant, drops the immune system. It can't even be cleared out of the system the way that our bodies are designed to clear this stuff out of our system.

Dr. Rahid Buttar: So now, you tell me, is there any logic to giving a vaccine? This is just one vaccine I'm talking about. For any vaccine given on the first day of the planet. In 1991, they used to give vaccines. You and I got vaccinated at the age of one, a year and a half, two years. In 1991, the National Vaccine Initiative was launched, that they were going to stamp out all childhood diseases, and that's when they went from the first year of life to the first day of life. And that's when you saw the change in autism numbers, from one in 10,000 to one in 30, now.

Dr. Rahid Buttar: So, here's a concept, Patrick. Let's back up for a second. We all walk. We were designed to walk. We were designed to ambulate, right? But man, in his infinite wisdom, and I say that with tongue in cheek, with all the sarcasm I can muster, came up with better modes of transportation. Discovered the wheel, came up with the car, train, planes. So, now we can go from here to Johannesburg in a matter of 18 hours, instead of waiting for three months on a boat.

Dr. Rahid Buttar: So, the mode of transportation, it's a good thing. It's designed to make our lives more comfortable, correct?

Dr. Patrick G: Yes.

Dr. Rahid Buttar: Similarly, we have the immune system, designed to work and defend us. And so, man in his infinite wisdom wanted to come up with a way to protect us from more potentially devastating diseases, and so this whole concept of vaccination was born. No problem. I'm with it so far. I'm following along and in complete agreement so far.

Dr. Rahid Buttar: Now, if I were to tell you, Patrick, that every time you got on a plane, one out of 30 people on that plane would end up either dying or having some type of a neurological, permanent condition, or I tell you that one out of 30 planes that take off are going to crash and burn, with everybody on there dead, would you fly?

Dr. Patrick G: Obviously not.

Dr. Rahid Buttar: Okay. But you fly every day, don't you?

Dr. Patrick G: I fly very often.

Dr. Rahid Buttar: Very often, right. So, the idea of flight for transportation is a great idea, just like enhancing the immune system is a great idea. We enhanced our traveling modalities from walking to planes. We want to enhance our immune system. Totally get it. I agree.

Dr. Rahid Buttar: But it's a great concept, but it's a bad product, because one out of 30 children is being injured. And so, nobody's arguing against the concept of vaccination. I'm not. People label me as anti-vaccine all the time. I'm like, I'm not anti-vaccine. I'm anti-stupidity.

Dr. Rahid Buttar: If you want to give a vaccine... if you showed me a vaccine that was safe, that was designed to actually take the antigen, create an antigen receptor site, and then create an antibody that was actually responsive, at a time when the person can seroconvert, for a condition that is actually functional, that it will actually function against, without any detrimental components and additives and adjuvants, et cetera, et cetera, and preservatives in there, I would be the first one to use it. I would be the first one to use it.

Dr. Rahid Buttar: That's like a unicorn. If I saw unicorns here, I would start breeding unicorns. I would go into the unicorn business. But there's no such thing as a unicorn, okay? When they discover unicorns, that's when they'll discover a vaccine.

Dr. Rahid Buttar: Now, I'm being facetious. Hopefully, they'll discover a vaccine, a real vaccine, before a unicorn, but you know what the real vaccines are, the real vaccines? You remember the chicken pox parties?

Dr. Patrick G: Yeah.

Dr. Rahid Buttar: Somebody would get chicken pox, the parents would send all their kids to the house? That's natural method of vaccination. Exposure. No being, getting holed up in your houses. You really want to build your immune system? Go out and congregate with other people that have that, whatever it is, because viruses are nothing more than an email, a message, a text, telling other people that this is something that's happening. It's a way for us to evolve. If it wasn't for viruses, we would have been extinct hundreds of thousands of years ago.

Dr. Rahid Buttar: So, viruses, you know the difference between a virus and an exosome?

Dr. Patrick G: Yes.

Dr. Rahid Buttar: There's no difference, right?

Dr. Patrick G: Well, I would say neither have DNA, or exosomes, as compared stem cells, don't have DNA material in them, so they're messengers. But viruses and exosomes both are messengers that signal the body to do something.

Dr. Rahid Buttar: Right, but the exosome and a virus, when you look at it under electronic microscopy, they're morphologically identical. Remember that a virus is nothing more than RNA or DNA particles, right?

Dr. Patrick G: Yeah.

Dr. Rahid Buttar: Exosomes are the same thing. An exosome, they're the same size, they're the same electrical weight, they have the same characteristics. And we talk about injecting exosomes into people, but viruses, everybody's very, very scared of. So, if you look at Rudolf Steiner's work from almost 100 years ago, or more than 100 years ago, during the Spanish flu timeframe, that's when this concept of the more evolved virological model was introduced.

Dr. Rahid Buttar: And I see viruses as nothing more than messengers, that when we get a symptom, then our bodies are trying to help others to also adjust and acclimate, and understand what is happening, so that we can adapt to our environments. Viruses allow us to adapt to our environment. Global warming, global cooling, change in oxygen concentration, or whatever it is, it's a way for us to adapt to our environment.

Dr. Rahid Buttar: And if there was any truth to how viruses come in and wipe out humans, it's not the viruses that are causing the wiping out, in whatever these different plagues were. It's always some technological advance, or some type of chemical

addition. But they send out the viral and the bacterial hunters to create this illusion that it's the virus or bacteria, as opposed to where the real blame lies, in order to prevent the real culprit from having to be exposed.

Dr. Rahid Buttar: So, when you look at how the Centers for Disease Control works, they always send out two teams when there's some type of an issue that they need to explore. A bunch of people die, they send out two teams. You've got the infectious disease team, which is the one that gets all the glory, the movies, *Outbreak* and *Contagion*, blah, blah, blah. That's all the movies are made of.

Dr. Rahid Buttar: Well, the second team is like the stepchild nobody talks about. That's the toxicological team, right? It's the toxicological team that was responsible for taking lead out of gasoline, but nobody talks about that. It's the toxicological team that was talking about the contaminants within cigarettes, and all these things. Nobody talks about that.

Dr. Rahid Buttar: So, having gone to the CDC a number of times, and meeting with the head of the toxicological team, I can tell you, there are good guys there too, but they're in a battle constantly, right? Because this is all based upon big pharma, and how they basically take their dollars and spend them, and how they're attributed.

Dr. Rahid Buttar: So, nobody talks about the toxicological team. Why? Because if there was a toxicological issue that was now revealed to the public, God forbid some individual, some company, some entity, some society, some organization, some government would have to take the responsibility. So, they don't want that, so instead, they will blame it on a virus or a bacteria or pathogen, because hey, it's naturally occurring, and now it saves, it protects the real culprits, here.

Dr. Patrick G: You know, what's interesting about what you're saying, and the big contradiction, is that this is supposed to be immuno-boosting, right? The idea of a vaccine says we're going to boost immunity, but the reality is that it's weakening immunity more and more and more, for all of the reasons that you just had described. Even if vaccines worked, which I'm fairly convinced right now that they don't at all, but even if they worked, we're still not learning to deal with naturally-occurring wild measles. We're not learning to deal with chicken pox.

Dr. Patrick G: The things you're talking about, they're non-threatening childhood diseases that, those are immune-boosting. That is your immune system working out, as compared to saying, we're going to constantly just bypass normal, natural processes, and inject very toxic substances into the body, and never give your immune system an experience with reality, which is what we have to live in every day.

Dr. Patrick G: So, really, you lay out, I think, in very passionate and very poignant terms the dilemma of all this. I loved the one characterization, kind of maybe in summary here, is that I agree with you. The idea of what vaccines could be able to do, as

an abstract idea, like the unicorn, is kind of an interesting and maybe even somewhat beautiful thing. But in reality, in an application, it doesn't work.

Dr. Patrick G: And I think you've given it really an appropriate context, because the whole vaccine conversation, or argument, for immunologists and others, they say, well, here's how the immune system works, and here's what we do, and this is why we inject what we do, and here's how the body responds. It sounds like a nice idea, and maybe even someone with a high level of intelligence, Salk, or any of the people that kind of thought of these things, wow, they really were intelligent human beings, who thought that they had an idea, but there was a hubris or an arrogance to think that they can outwit God, if you will, or outwit the natural order of things, and that's where I think it's very ill-fated.

Dr. Rahid Buttar: Well, Patrick, I would say that what you said, from a political standpoint, is probably appropriate, but I would see it from knowing what I know, and I know that probably in private conversation, you'd probably agree with me. I would think that somebody who said what you said is coming from a place of naivety, somewhat, at least, of being naïve. And the reason I say that is because there is no way that the modern-day vaccine schedule was accidental. I believe that it was a pre-planned precursor to what we're seeing today. It was a systematic way of setting up our world's population to be reduced, because some of the powers that be don't believe that the world can sustain a population that's growing at the rate that we're growing.

Dr. Rahid Buttar: And you brought up this thing, you opened up a couple of cans of worms when you talked about wild-type measles and some of these other things, and again, talking about, I've already been labeled as a conspiracy theorist, as you probably, I'm sure, know.

Dr. Rahid Buttar: There's only one problem with that. The first word, conspiracy, it's definitely a conspiracy, and as far as theory, that ship sailed a long time ago. There's nothing theoretical anymore. So, we know that this is a conspiracy against mankind, and the vast majority of the population already recognizes now, over 60% of the world's population recognizes this is a complete hoax, what's happening with the COVID issue.

Dr. Rahid Buttar: But the point being that when you start looking at how this entire component works, when you look at how measles, for example, wild-type measles, when they talk about these measles cases that broke out in Disney World, or in this country or that country. Well, they're blaming it on people that didn't have the measles vaccine. But then, there were some doctors that actually went and did titres to see what type of measles strain was this, and guess what? It wasn't the wild type. These people had been vaccinated for measles that were having the breakouts. It wasn't the normal, healthy individuals that had never been vaccinated. These were people that had a synthetic strain of measles that was creating... it's a synthetic, manmade version of a breakout of the measles, okay?

Dr. Rahid Buttar: And here's the thing that you've touched on, but we went through it. You said that it's an exposure to these things, because we've never had that exposure? Well, guess what? The studies have shown that the people that didn't have wild-type measles, or chicken pox, or some of these other conditions, their immune system was never primed appropriately, so that later on in life, they become susceptible to things like cancer, because their immune systems were never initiated the right way.

Dr. Rahid Buttar: So, there's all sorts of implications that we don't understand, and that man in his, again, infinite wisdom, and I'm saying that completely sarcastically, interferes with a system that they shouldn't be mucking around with. It's allowed us to get from however long we've been on this planet to this point, and now, all of the sudden, we have to be worried about all these different infectious disease processes?

Dr. Patrick G: Yep. And I think that's kind of the, taking a step back, looking at the big picture, if you will, that's really the view, is saying, I feel like we're two-year-olds in a high-tech lab, playing around with stuff that we shouldn't be playing with.

Dr. Rahid Buttar: Exactly.

Dr. Patrick G: And the unintended consequences, and maybe to your point, the somewhat intended consequences, are very, very chilling. And I appreciate your passion, because it's one thing for guys like me who observe it, and have fought about this and been active around it. I didn't vaccinate my children. My three children are unvaccinated. But for you, and I can understand the heat on this, you're dealing with these damaged kids. You're actually clinically, and that's a very unique position, which I think is something that adds more gravitas to the whole circumstance, to say, wait a minute, I'm the one having to look in the eyes of these parents, who had beautiful, healthy children that have regressed and deteriorated, based on a lie that they've been told over and over again. And then, they're told they're crazy when they try to contend that my child was fine until they had a certain series of vaccines, and they watched them regress.

Dr. Patrick G: And you're the one there picking up the pieces, in the trenches, as you described it, and having to deal with this. So, it's got to be so maddening for you, because of the emotional toil that you engage in on a regular basis.

Dr. Rahid Buttar: I see the look in these parents' eyes, as you just very eloquently described, and I also experienced it, but on my daily basis, I don't have to think about it. But when I see an autistic kid, and I see the parent, it's like an immediate post-traumatic stress disorder, like I'm hearing incoming rounds and I want to dive underneath the table.

Dr. Rahid Buttar: Now, it's gotten to the point where it's way, way better now. I've actually done some work on subconscious self-hypnosis to break that cycle, and fortunately, it's helped. But for years, for probably the first 10 years, every time I would

lecture about autism, I would get so angry at parents asking me questions. I wanted to like slap them, and say, "What the hell's wrong with you?" Because they're coming from such a place of fear. "What am I supposed to do?" It's like, what do you mean?

Dr. Rahid Buttar: It was a place of anger. It was anger because I felt what they felt, and I didn't have somebody to guide me. I talked to everybody that was supposedly an expert, and guess what I found out? None of them knew a damn thing about this. None of them. All of the so-called experts, none of them knew anything. The closest person was Boyd Haley, who helped me to understand what was really going on from a mercury basis.

Dr. Rahid Buttar: But even when we talked about clinical stuff, Boyd won't argue with me. In the conference, he stepped back and said, "Okay, I defer to you, because you're the clinician." Because there were certain things that he made statements about in a Petri dish, how lead works and mercury works, and I told him, I said, "Boyd, that's now what I've observed in clinical medicine," and he says, "I defer to you, because you're a clinician."

Dr. Rahid Buttar: But all the so-called experts, I won't name them all, they're absolutely, those are the types of people that really infuriate me, because based upon their lack of knowledge, yet they're embracing it as if they know what they're talking about, propagating misinformation, and causing more catastrophic change.

Dr. Rahid Buttar: So, at best, at best, this is misguided and misaligned. Maybe some unawareness. But on the worst end, it's highly, highly suspect, and sinister.

Dr. Patrick G: This concludes part one of my two-part interview with Dr. Rashid Buttar. I look forward to bring you into part two. There's so much more great information coming your way. I'll see you there.



Episode Six



James Lyons-Weiler: The most important thing we need to do is to be able to perform accurate testing, accurate diagnosis of COVID-19 and stop convincing ourselves that it is bad as it is. The cost of the false positives, the occurrence of the false positives is causing us to basically cannibalize out of fear. The small businesses and shutting down major, major sections of our economy, that has propagating effects that are much more damaging than coronavirus ever could possibly be.

Dr. Thomas Cowan: So, viruses are the mechanism of evolution. They're the mechanism of adaptation. A war on viruses is a war on life. So, the question then is what is poisoning us? Any therapeutic so-called maneuver like wearing a mask or social distancing or washing your hands is just nonsense. It just makes you sicker. I can pretty much guarantee that your family doctor and your internist and your surgeon doesn't know this either. I didn't learn any of this in medical school or any training. This one has to figure out for themselves.

Dr. Patrick G: Welcome to episode six of Vaccines Revealed COVID Edition. As you can see, this series has a lot of information that is varied in nature coming from different types of experts to speak to very core issues when it comes to the whole environment around COVID-19. Of course the vaccines are our chief concern that we have, and we wanted experts to speak to you about that, but you can't just separate that from the other aspects of this, what's going on with censorship, what's going on with varying edicts as far as shutting down the economy, quarantine, massing, all these things are relevant, important issues of the day. And, we found the best experts out there who are being censored and can't express what they know to the world. We found them, we interviewed them, and we're bringing them to you right now. Episode six is chock full of very vital information.

Dr. Patrick G: So, you want to turn off all distractions and tune in here. And as a reminder, we would encourage you to own this content, to own this series and know that we have multiple packages. We have varying bonuses that I think will create a lot of value for you that you'll be very interested in and that this supports this work and helps us get it out to the world. So, you're joining our mission. If you care about this, if you care about the truth, if you care about this information, getting it into the world, know that when you invest in owning this series, it's helping us do exactly that. So, thank you for your support and let's get into episode six.

James Lyons-Weiler



Dr. Patrick G: Welcome to part two of my three part interview with Dr. James Lyons-Weiler. You can see, if you saw part one, how important this man's contributions are to this series and to the understanding of COVID and the COVID vaccine scenario. So, this is part two. There's a third part coming, but it escalates, just stay with this. This interview builds momentum through time. So, I'm excited to bring you part two, and I really want you to stay tuned also for part three, so enjoy this interview.

Dr. Patrick G: So let me ask you this, based on what you just reviewed with us. Number one, are we living in a world, from a scientific basis, from databases in how we're making decisions, are we living in a world of delusion? Meaning that with the tests and... As they're talking about, oh, that the cases are rising now exponentially and all these other things are going on, which trickles into now politicians repeating the mantra, we follow the science. And, the science is based on faulty premises that starts with this PCR test and the validity of the test and how accurate it is, et cetera. So, are we just right now making very rash decisions that are having massive impact as you already alluded to, and are we making it based on non-existent data or actually even worse, not even non-existent, but faulty data?

James Lyons-Weiler: Right. So, let me try to answer the question this way. There may be more deaths from respiratory viruses in terms of excess deaths other than COVID-19 as a result of the misdiagnosis than from COVID-19. We may be killing more people. So you ask, are we living through delusion? Some of us are clearly not living through this. Some of us are dying because they have a false diagnosis of COVID-19. They're not given antibiotics let's say. They have bacterial pneumonia. They're not given a different protocol of treatment, and so when we look at this from a purely pragmatic standpoint, I hate to put it this way, but it's half of the explanation. So, if something is falsely dichotomized, then you're going to have to choose a polarized side of the argument. If you're really living in a continuum of risk, and this is where we're just terrible, because it's so uncertain, it's messy.

James Lyons-Weiler: It's horrible to think this way, then you basically have to say, throw your hands up in the air and anything goes. It's not what I'm saying. What I'm saying is... And, you've used the word earlier and it's correct word. We need a rational basis for how we're approaching this. First and foremost, if anyone is testing for coronavirus, they should be required by law to also test for bacterial pneumonia, influenza, other coronaviruses and other respiratory viruses. Each patient that shows up with respiratory virus illness is entitled to, we owe it to them, to give them an accurate diagnosis. Coronavirus is not the only thing that kills people, but I don't know if you've noticed, I'm sure you have, that coronavirus cure is influenza. There's no influenza this year. It's zero. If I

compared the past years, there's basically no influenza diagnosis being given out.

James Lyons-Weiler: You can't get an influenza test because they're saying, oh, influenza season hasn't really started this year, so we're not testing for it. This doesn't make any sense whatsoever. Clinically, logically, it doesn't make any sense, scientifically, mathematically. So, as long as we take this view that you're going to pick a position on a continuous problem and make it artificially a binary problem, then there's going to continue to be problems. But, if you could admit that the person that you disagree with is a little bit right, and a little bit wrong, and at the same time admit that you're a little bit right, and a little bit wrong, then it's not meeting in the middle. It's really, okay, fine, then with what you're talking about, what's it going to cost society if we keep doing this? It's pretty clear, if we keep testing indiscriminately, we're going to destroy Western civilization.

Dr. Patrick G: That's a bold statement and incidentally, because I want you to elaborate a little bit there in a moment, I agree with you. In the last few days just reading what I've been reading and looking at what I've been looking at and talking to who I've been talking to, my own conclusion, which is an opinion, is that I believe that this event that we're in right now, this purported pandemic that we're in right now, is the most significant event of modern history that is going to have more impact on humanity in the world and the future of humanity more than World Wars, more than all the other things I could think of that I've ever studied in history or within my lifetime. And, a lot of people think I was being kind of hyperbolic and maybe trying to exaggerate the situation, but now you just said something that aligns with my conclusion or my own opinion. So, can you please elaborate on why you think that?

James Lyons-Weiler: Well, earlier I said, if you're in a balance of risk situation and you only choose to optimize one risk and you ignore the other one, the other one's going to destroy everything. Western civilization is based largely on free market capitalism. It's largely based, except for the medical community and the pharmaceutical community. Government mandated consumerism is not free market. It has nothing to do with capitalism actually.

James Lyons-Weiler: So, when we look at the effects on small businesses in particular, when I say destroy Western civilization, all of us who grew up... I was born in 1967. If you grew up in the 70s or 80s, or even if you're older or even younger, you understand that you have the opportunity in the United States of America, through your own initiative, through your own creativity, to chart your own path. It's risky, but if you work hard and you provide a product or service that other people will pay you for that product and service, and you can do things like buy a house, you can do things like raise a family, because we're not looking at all of the variables that are in play here with an objective scientific lens, we're missing some very important things.

James Lyons-Weiler: If you put all the weight on coronavirus, then of course, you should test everybody and you should treat everybody and you should lock down whatever

you have to lock down regardless of the consequences. What you've just done is you've externalized all those costs, we talked about it earlier, and it's an algorithm that will continue to one business at a time, one family at a time, ratchet us down to the point where we basically have very few actual revenue generating activities. We'll simply be dependent on distribution systems that are optimized for efficiency that are run by robots. We'll simply be dependent on the major box stores and things like that to provide what we need. And ultimately, as we've seen with pharma, tell us what we need. And, I think the number one message for me for 2021 is there's no greater good in the United States of America today than to create a job for a fellow American.

James Lyons-Weiler: There is nothing more that any of us can do. COVID, non-COVID, whatever, create a job. If you're in a position where you're making more than eight, 50, \$60,000 a year, you realize in your past existences, you've made 25 or \$30,000. And, I'm not asking you to share it with somebody simply because it's the right thing to do because when you create a job for someone else, that creates, as you know, through the propagation effect, other opportunities. It creates societal demand for goods and so on. But, I think the second most important thing we can do to fight and stave off this destructive effect of our response to coronavirus, it's not coronavirus that's destroying us, it's our response to coronavirus, is in addition to creating jobs for other people, is to not hoard your resources. Don't hoard your wealth. If you have wealth, you should spend it in ways that lead to jobs in the United States of America or the UK or European countries or South American countries and African countries, Asian countries, whatever. But if we hoard our wealth, we're literally denying other people opportunities.

Dr. Patrick G: And, I agree with you. Free market capitalism incentivizes investment expansion, job creation, and we can get into... I think I'm going to do a whole economic segment with you for another series because I have a great interest in this and I've done decades of thinking around it. And actually, I have a manuscript for the moral virtue of capitalism because everybody knows the practical part of it, but nobody really speaks to the moral aspects of capitalism, which is a separate conversation, but there is a relevance here to what's going on with COVID in so far as what causes people to hoard wealth is fear and uncertainty. It's not safe to deploy my wealth. It's not safe to deploy my capital. There's too much uncertainty, too much government intrusion, regulation, et cetera. How do I go invest in this market if the Fed is going to constantly manipulate the market?

Dr. Patrick G: I can't make rational decisions because I got irrational people who are manipulating things. So, I have to just pull my cash out, put it on the sidelines and stay safe. I think what you were putting together, which is the very big picture, and quite frankly, I think it's genius, is the understanding that there's a relationship between life, survival, health, and economics. These things are not separate subjects, but they're completely, inextricably attached and you're processing what the impact is economically or an economy based on what's

considered a separate health issue, and these two things are completely entangled.

Dr. Patrick G: So, I just wanted to acknowledge the fact that you're speaking about in a more complex way, or putting together the complexities of the system to understand that it's not like you put in one input and you get one output, but you do this one thing here and there's all these outputs. It's non-linear in nature. So anyway, I am applauding that and I wanted to just sort of slow it down for our audience to understand there is relevance here in a way that when someone makes a statement, as you did, of the destruction of Western civilization, that you didn't make that statement whimsically. There's a complex amount of thinking that gets you to that conclusion.

James Lyons-Weiler: There's a mountain of thinking behind what I'm saying, and it includes things like the use... Part of our response to coronavirus is to use cleaners like quaternary ammonia compounds. I interviewed Terry Hrubec on Breaking Science and she's the lady who, with colleagues, did the studies that showed that quaternary ammonium compound cleaners, or quats, actually lead to neural tube defects in 15% of the mice that survive to birth. And, it could be fed or ambient exposure in the nesting material, and she discovered this quite by accident. It's a fascinating thing where she was studying the effects of valproic acid on neural tube defects, and her control group started developing out of the blue, neural tube defects, and the people cleaning the laboratory had changed cleaners. She tracked it down to that. The ambient exposure to quats... And they accumulate in the environment over time.

James Lyons-Weiler: They're long lived. They accumulate on surfaces. They're very sticky. It's hard to get off with cleaners. They accumulate in the environment, just ambient exposure is so strong that to stop the neural tube defect, she had to relocate her lab completely because once they cleaned that lab with it, they were getting neural tube defects and they couldn't stop in the control group. So, she relocated her lab. She went back to the original lab and did experiments there since the quats were already there, to study quats. And, she exposed these mice to quats, so the valproic acid science, I believe. She exposed mice to quats during pregnancy and before pregnancy, and if you're growing up as a mouse and you're exposed to quats, there's a 50% reduction in your fertility if you're male, 50% reduction of fertility if you're female and it lasts for two generations. These are epigenetic effects.

Dr. Patrick G: And, these are the cleaners that are being used now for the sterilization to try to protect us.

James Lyons-Weiler: They are. This is probably the third most important thing that we can do to stop the destruction by our response, we're doing it to ourselves, of Western civilization is to go to the EPA website and find out which cleaners are there that will kill COVID-19 virus if it's in the environment that do not contain quats and QACs. It's really super important that we not use them in schools. And so, contact your school board, contact the janitor at your school.

James Lyons-Weiler: Every time I'm in a restaurant and if I can find it, I look for the cleaner. If they bring it to the table, I ask for it. I was at a restaurant that was a buffet, in which believe it or not, during COVID-19 I found one that you could go find and have a buffet, but I noticed the bottle on a table and I walked over and I picked it up and sure enough, it was quaternary ammonium compound, and I asked for the manager. And I said, "Just to let you know, I'm a research scientist." I told her the story, she said, "Oh my gosh. Okay, thank you. We're going to talk to the hotels that are cleaning the lobby and the coffee areas." They need to stop quats completely.

Dr. Patrick G: And, I'm wondering maybe we could even be pass out a list subsequent of what these cleaners might be. So, if I'm an average consumer, I don't have a background in chemistry or biochemistry, but I want to try to assess this for my family's safety, what am I looking for in the label exactly?

James Lyons-Weiler: Well, you're looking for the word quaternary ammonium compound or ammonium chloride. These are the terms that you're looking for. Quaternary being Q-U-A-T-E-R-N-A-R-Y ammonium compound. That's probably easier for people to remember, but the key word is there too. Just look for them, look in your home now, today. Get them out of your home. They don't need any particular safe removal by law, but if you dump it down the drain, you're going to be putting quats in the environment and that's a concern. See, Terry Hrubec went out to California to talk to the environmental officials out there about this and the company sent their scientists and the committee decided that it's probably not strong enough evidence that there's a problem with humans. Why? Well, because there had been no studies in humans, this kind of reasoning. But, they did agree that there might be a problem if you dump it down the drain into the environment because it could happen to cause infertility problems with animals in the wild.

James Lyons-Weiler: So, if they're willing to admit that, just remember that you're both a human being and a primate and a primate is a mammal and you are susceptible. And, it's very important that we get these quats out of our existence completely. I would go to epa.gov and I would look up the coronavirus killing cleaners and it's totally EPA approved to use quats. So the answer, well, the EPA says it's safe, is not an answer. And, this is the attitude we have to take. We should no longer wait for the government to tell us how to think. The government is actually controlled by and run by corporations that profit massively due to these catastrophes, disaster capitalism. And so, of course they're going to tell you that it's safe. It's a done deal that they're going to tell you that it's safe.

James Lyons-Weiler: And so, find other cleaners or just use natural cleaners you've always been using. I'm not going to make any claims about their ability to kill the coronavirus, but take a good look at the EPA list, and I would be careful actually about listing the companies, the cleaners that contain quats. Because if you do, if you name them, then you could say that you have to show that they're unsafe in a court of law and just list the ones that don't. It's very simple, just list here

the ones that you... If you don't want to use quats, here's the ones you should use that way you don't [crosstalk 00:20:41]-

Dr. Patrick G: That's a safer way to do it. So, you said on the cleaners that this is maybe the third most thing we need to do, I guess, to save Western civilization, but let's now put them in sequence. What's the first most important thing?

James Lyons-Weiler: First most important thing we need to do is to be able to perform accurate testing, accurate diagnosis of COVID-19 and stop convincing ourselves that it is bad as it is. The cost of the false positives, the occurrence of the false positives is causing us to basically cannibalize out of fear, the small businesses and shutting down major, major sections of our economy. That has propagating effects that are much more damaging than coronavirus ever could possibly be.

Dr. Patrick G: Got it, and you've, I think made that point extremely well earlier in the interview. Now, what's number two after that?

James Lyons-Weiler: Number two is if you have the ability to create a job for another American or someone in the Western hemisphere or Europe or Africa or any country really, if you have that kind of reach, Western civilization came to become kind of a modality around the world, as you know, through two means. Through the spread of religion, that that was a mean that Western civilization rode on, but also the economics, the domineering economics of exploitationism. And so, what we have left is this kind of dying empire. The UK contracted, the United States is contracting in terms of its empire and its influence and its reach. And so, you do have to realize that people still have to eat. I'm convinced that we partied after the Gulf Wars until about 2018, and then I looked at the books and they said, "We don't have enough to keep going with this party."

James Lyons-Weiler: So, we have to get serious about manufacturing, of course, local manufacturing. We need American made goods of every type. And in a goods shaped economy, that means that what you're creating should also have significance and meaning, and a certain level of durability. People are going to want to buy things in the future that they know are going to last. The globalists want to tell us you're not going to own anything and you're going to be happy. That's their solution. But in reality, isn't it nice to know a handcrafted material that somebody actually bought a lunch off the effort that they put into that.

James Lyons-Weiler: And, I don't care what it is. It could be symbolic, it could be a wristband and so on. And so that combined with number three, being the liquidity, keep keeping things liquid and not ramping up your wealth. I don't necessarily mean investment in the stock market. I mean investment in your neighborhood. It's very simple, buy local, grow local, tip a little extra if you're able to. These days that goes far and I'm telling you, that goes really far. It propagates. They can afford protein in their diet, they can get the nutrients in their diet and their kids will be healthier.

Dr. Patrick G: And, I've been doing exactly that. Interestingly enough, we do employ and contract with a lot of people, but I've noticed that given the circumstances I've gone... I'm tipping more and it almost was instinctual, but now you're actually defining what the feeling I had. Even people who deliver my water, give this guy a tip for just showing up and dropping this stuff off when normally it's not a job that is that type of a thing, but just recognizing there's got to be more money in circulation and philosophy behind it and people spending. These things are important and I'm doing it contextually, again, to tie it back in because we're sitting here, you're talking about COVID, but it's tying it back into this whole concept of understanding there's this COVID scenario.

Dr. Patrick G: And, it's having an effect on the populace and on the civilization that we need people to do little meaningful things that collectively can make a big difference. So, I really love the way you're thinking. I have one question for you, it's a technical question, because some of the experts that I spoke to have differing opinions on this, but has a pure virus been identified for COVID-19? Because I've got some scientists saying they got the spike protein, they got bits and pieces and they're saying, this is it and it's sort of associated, but they've never really gone and said, here's the pure COVID-19 virus or the coronavirus responsible for COVID-19 might be the more accurate way to say that. Do you have a thought around that?

James Lyons-Weiler: I have some insights that might be... I've been asked to address this. Literally, every other day I get asked this question, what do I think? Does the virus exist is what it boils down to. For some, for others the question is, is the virus related to coronavirus disease? And, it's a complex question in part because people try to rely on Koch's postulates to try to say, well, wait a minute, the virus has never been-

James Lyons-Weiler: ... to try to say, "Well, wait a minute, the virus has never been isolated, grown in a lab, taken from the culture, and made to infect another person and made them sick." Same thing with HIV. But it's unethical to infect anyone with the HIV virus. Let's just start there. So, we're not going to ever, ever complete Koch's postulates.

James Lyons-Weiler: If we look at it from Bradford Hill's criteria of causality, I would encourage people to look up that and see if they can map out whether the evidence is there and not try to rely on Koch's postulates, because we can't ever fulfill them. In terms of isolation, I can say, as well as I understand what the Chinese did with the very first patient was, this patient came up with a very strange pulmonary infection, a respiratory virus infection. They wanted to know what it was. And so they took a sample from the alveoli, these are the lung sacks of this patient, and then they performed what's called shotgun sequencing, which means that they amplified random nucleotide sequences. And then they assembled those sequences using a computer algorithm, which is different than BLAST. It's an assembly algorithm. Then they probably used assembly against SARS-CoV-1.

James Lyons-Weiler: I did this. This was one of the core features of what I did bioinformatic analysis course. So, if you want to understand what's wrong with a cancer and which genes have mutations, or do you have a cancer risk, or so on, you can do random shotgun sequencing on the human genome. That's how it's done now. If you get your genome sequenced, they're using random shotgun sequencing. And to assemble it in a computer algorithm, well, that's standard protocol anyway. And so they determined that there was a sequence, and then when they did use the BLAST algorithm, they found that it matched most significantly to the SARS virus genome, which had been published.

James Lyons-Weiler: Okay. So, now we have the first sequence that's out and is published. And it is a sequence from one patient and it's called the Wuhan Seafood Market N-COV-19, or something like that. That sequence itself is not the virus; that's evidence that a virus exists. When you take that sequence and then you BLAST it against the human genome, you don't get any hits. It's not in the human genome. It doesn't exist, it doesn't reside. It's not found there. And I've heard story after story, perspectives, and that somehow there's electromagnetic radiation that's causing this virus to emerge, it's naturally in us, I've heard the story that it's exosomes.

James Lyons-Weiler: And I've studied exosomes, I have a peer-reviewed research publication on it. Exosomes are not viruses, although evolutionarily we can say yeah, that's basically how encapsulated viruses probably got their start. You have a replicating element within the genome and it finds a way to, "Wow, not only can I spread from the liver cell to the liver cell, I can spread from the liver to other organs. I can spread from this person to that person." So, the endogenous origins of viruses is well established. And also, we do pick up viruses. Most of mammalian evolution is probably driven by viral acquisition.

James Lyons-Weiler: However, this particular coronavirus has a mystery in that it's called novel, which, wow, really makes you think, "Oh, my gosh, it's something different. It's strange." But it blew my mind that apparently every virologist, and I hate to say this of my colleagues, but they can hang me for it, every virologist, immunologist, and public health official forgot everything they ever knew about viruses when it came to SARS-CoV-2. We didn't know that our genome was probably going to be able to encode enough genetic diversity in the MHC complex to create antibodies that might match this. Yet, we teach immunology all the time saying whatever antigen is shown is a miracle that our immune system is capable of mounting antibodies against it. It's kind of like, what exactly happened with that? I don't know.

James Lyons-Weiler: But the analysis that I conducted to test the hypothesis that this was not, or was, originated in a lab through the pShuttle-SN element, which I falsified, I spoke about that earlier, it doesn't have a pShuttle-SN element, so there's no smoking gun there, included an analysis of the spike protein in particular with respect to the functional motifs. This was about the same time people were publishing that there seems to be, it infects cells through the ACE receptor in a slightly different way than SARS. And the other elements in the protein that

people were getting excited about because they're drug targets, that's where all that energy comes from.

James Lyons-Weiler: Well, I took all the SARS-CoV-2 sequences that had been published at the time and I took representatives of all the SARS sequences that had been published at the time, and I looked at the spike protein with respect to which functional protein elements are present in the spike protein. It's a very simple but robust computational analysis. SARS virus has a characteristic functional motif profile of the functional elements that are in the spike protein. And what I was looking for was, well, if this was made in the lab, then there should be no virus published anywhere that has the same functional motif pattern, not just nucleotide, but the same functional motif pattern as SARS that predates 2019, 2018, whatever.

James Lyons-Weiler: So, in my scanning of all of these publications, all of the viral genomes that were published by Chinese, by German scientists, by Japanese scientists, by Australian scientists, by the scientists in the United States, I got a hit from 2005. In 2005, the Hong Kong scientists, well, Chinese scientists that had retrieved a sample from the anus of a bat, they isolated a SARS virus, they thought it was a SARS virus, and they published it alongside three other sequences. They're called HKU1, HKU2, and HKU3. Well, HKU11 and HKU13, or something like that. So, this HKU3 was a hit. It had the same exact functional motif profile as the SARS-CoV-2 spike protein.

James Lyons-Weiler: So, a functional motif is a part of a protein sequence for which, if you see this particular pattern of amino acid sequences or amino acid patterns that are kind of similar amino acids in a particular arrangement, that it probably has this function. An example would be like the gp40 motif from HIV. So, they are epitopes that have different functions, they might be folds, they might be loops. They might be different things, but they have specifically known functions. So, helicase, for instance, has a particular part of it that makes it bind to DNA, let's say.

James Lyons-Weiler: So looking at them, I'm like, "Well, what is this? How can this be? It's labeled SARS, but it has a SARS-CoV-2 spike protein. 2005." And it was isolated from the anus of a bat in Hong Kong in the wild. Now, that's a 2000-mile or 1800-mile trip or something to Wuhan and it's separated by 15 years. So, the story gets really interesting when you look at who cites that paper. Ralph Baric at UNC cited that paper. He didn't have any SARS virus in his lab, but he wanted to do research in SARS virus to try to develop drugs, vaccines, whatever in North Carolina and the United States. He had his colleagues download HKU11, HKU12, and HKU13. They also downloaded a fourth one, which was labeled SARS.

James Lyons-Weiler: So, knowing what we know now, HKU1 and 2 were SARS. 3 was not SARS. It was like an ancestor to SARS-CoV-2 or it was SARS-CoV-2 and we just didn't know about it yet. And then the fourth one that they downloaded was SARS, it was bonafide, and the profile, the functional motif signature tells me that now. But they did something that's was fascinating. They took the four sequences and

they calculated what's called the consensus sequence, so the amino acids. So, all the proteins that are represented by the nucleotide sequence, they calculated the best three out of four. Ironically, three out of four, consensus. Why? Because they wanted to create a SARS virus in the lab that they could then transfect into feline cell lines so that they could study effects of drugs and all that.

James Lyons-Weiler: Now, if you read paper by Ralph Baric in 2008, they actually had to modify that sequence a little bit to make it better able, gain-of-function research, to better able to infect feline cells. So, if you think about it from a broader perspective, you've got Chinese researchers in China that published digital information, ATCs and Gs, it goes up to the satellite, it comes over the satellite, it gets downloaded into UNC, they reconstruct the amino acid sequence consensus, and then what they did is they constructed the nucleotide sequence that would represent the amino acids, and then they made a viable virus out of that where it could infect other cells.

James Lyons-Weiler: If that doesn't provide conscious postulates, at least of saying, "Listen. Yes, it can infect cells." Now, does it cause disease? Well, I haven't followed up on that question. But I can tell you that this question was asked about Ebola as well, and the conscious postulates have never been fulfilled and so on. But here's another line of evidence. If you take the consilience of the evidence, you can say yeah, it probably is being... It passes from person to person and it causes disease in some people when that happens.

Dr. Patrick G: Can I just ask a quick question? Because it was in my mind and you sort of just alluded to it. Because with Koch's postulate, couldn't that be done in animals ethically? You can't infect a human, like with HIV, for example, it'd be unethical. But can't they see if that works in animals, and is it relevant or not?

James Lyons-Weiler: Absolutely. And it has been done in animals and it causes COVID-19 in non-human primates, absolutely. So they do get sick, absolutely.

Dr. Patrick G: And so that's happened.

James Lyons-Weiler: It causes pulmonary respiratory... Yeah. I don't know if it's ethical or not to do that, that's a personal choice.

Dr. Patrick G: That's another step. But I'm saying I know that animal studies are done, separate conversation about the ethics, but we know we can't do it in humans.

James Lyons-Weiler: Yeah. Well, here's the thing. So, let's say that the hypothesis that this virus is resident and dormant in our genome is true. If that's true, then when we sequence it, when it comes out we can get the RNA and we can sequence it, the genetic legacy of that part of our genome would track your family history. You would have acquired this gene or genetic information from your parents, and so on, they would've got it from your grandparents, and all the way through the

evolutionary tree of humanity. Whenever it came into the human lineage, we would see.

James Lyons-Weiler: So, when we isolate it from different people from different ethnic backgrounds, different backgrounds of genetic heritage, the phylogenetic tree for SARS-CoV-2 would reconstruct the evolutionary history of humanity. It doesn't. When you do this, it faithfully reconstructs the transmission tree. And in my book on Ebola, there's a very nice... It's called genetic epidemiology, but leaves a very nice tree from genetic epidemiologists reconstructing the transmission chain of people in the villages of these West African countries. I forget which country it was from, I think it was Sierra Leone.

James Lyons-Weiler: And so this falsifies the idea that it's inherited vertically. It's not. You get it through transmission. In other words, it's inherited horizontally. A related question while we're on it is, does the RNA then infect, get into the human genome? And up until last week, I would have said, "No, probably not. No, you have to have reverse transcriptase present," knowing full well that many vaccines have viruses, adventitious viruses, that have their own reverse transcriptase like HERV-K and things like that. Judy Mikovits has talked about this for a long, long time. But normally speaking, somebody that's unvaccinated with these other vaccines at the same time as the infection should not have the reverse transcriptase. Because you have to go from RNA into the DNA, you have to get into the nuclear core.

James Lyons-Weiler: However, just last week there was a study that was published, it's not peer-reviewed, it's on the bioRxiv archive, from Chinese scientists that said, "Well, we looked at these cell lines. When we infected them with SARS-Cov-2, it went into the genome." So it's quite possible that this virus can make it into the genome in some people. Now, what's going to happen to those people? They're going to start expressing SARS-CoV-2 spike proteins in some of their cells. And probably, those cells will mostly die. So, there probably is no long-term effect. Those cells will die because their spike protein will build up in the endoplasmic reticulum. And the cell doesn't know what to do with all these additional proteins, the proteasome can't break them down fast enough. Plus, they're a really stable structure compared to... they'll make it to the cell's surface, the immune system will find it and say, "You don't belong here." But if it does become long-lasting, then eventually human lineage will figure out that this is now a human protein. It's normal to have this.

James Lyons-Weiler: Now, there are people that would object to this and say, "I was born this way. I don't want a vaccine to change my genetics." Fair enough. That's your choice, and I'm 100% for choice. The animal studies also show in ferrets that you get worse COVID-19 disease if you get the wild-type infection after vaccination. So, there you go. If you're going to cite pathogenic priming, which is a phrase that I actually coined in a study in April 2020, where the disease is made worse. The pathogenic priming is the act of exposure to the initial antigen source. That's pathogenic priming, the vaccination or the infection. And then you get a

secondary exposure, a booster shot or an infection, and then your autoimmunity kicks in, or other things.

James Lyons-Weiler: So, if you get autoimmunity against the immune system, then you can have antibody-dependent enhancement. If it's a low... you get a weakened immune system response. But you can also get a hyper immunization response to proteins throughout your body through molecular mimicry. So pathogenic priming is different from antibody-dependent enhancement. They both contribute to the process of disease enhancement. The point being, yes, we can take SARS-CoV-2, we can take SARS, and we can infect rabbits and ferrets and mice and rats, and they get sick. Hamsters, Golden hamsters, for some reason, they don't get sick. There's something about their immune system, they don't get sick. But yeah, it can cause disease in animals and we see that quite clearly.

Dr. Patrick G: So, a couple of quick questions there. And I want to talk about pathogenic priming more in just a moment because that's very germane to the whole vaccine issue. But one question is, when you're saying we've given SARS-CoV-2 to an animal, did we identify a virus that we purified saying, "This is the complete virus?" Is it just saying that we're taking the fragment that we think represents a whole virus? Or is it the whole virus that's been identified that's being utilized in those animal studies? Does my question make sense?

James Lyons-Weiler: So, I don't recall the actual protocol itself for the specific... There's many, many animal studies that are being done now. Of course, to understand the pathophysiology of the virus, to understand to the extent we can the transmission dynamics. I would be more than happy to look at the papers. Listen, when they looked at the non-human primates, when Pfizer and Moderna looked at non-human primates for disease enhancement, they only looked at the lungs. They looked for immunopathology in the lungs by exposing them to a source of the virus. Whatever that source was, I don't know.

James Lyons-Weiler: If it's not going to satisfy the skeptics that if you download the sequence and you construct a sequence in the lab, and then you inject the... I don't think they're injecting the RNA into the lungs of the primates, but it's an important question. It's a rational question to ask, given that there's definitely people, like the globalists, the World Economic Forum trying to take over the world with their particular agenda. I think if you listen to James Colbert, he says that this has been going on, and he's been tracking it for 18 years. They haven't changed their message. They're just capitalizing, ironically, on this to push their particular agenda. So, it's not as though they are in bed with the CDC for some overarching, uber-global takeover. What they are is they're capitalizing on it and it's quite cynical, frankly. It's actually very cynical for them to capitalize on this disaster this way.

Dr. Patrick G: This concludes Part Two of my three-part interview with Dr. James Lyons-Weiler. I hope you saw Part One. Part Two, as you could see, riveting and important. And I look forward to bringing you Part Three.

Dr. Thomas Cowan



- Dr. Patrick G: Next up. I have my interview with Dr. Thomas Cowan who's a medical doctor, a unique thinker, and also the co-author of a book called *The Contagion Myth*, subtitled *Why Viruses (including the "Coronavirus") Are Not the Cause of Disease*. We need freethinkers like this in the world to be able to give us a different viewpoint and expand our context and understanding for what's really going on. So enjoy my interview with Dr. Thomas Cowan.
- Dr. Patrick G: Dr. Cowan, thanks so much for being here with us today and taking your time to explain your point of view about things. Let's get started here. Tell us a bit about your background.
- Dr. Thomas Cowan: My name is Tom Cowan and I used to be a medical doctor and now I'm retired. I do do something that some people would call work, which is that I write about and speak about health issues. And so that's, I think, what most people are interested in what I think about those things.
- Dr. Patrick G: Let me get your big-picture view of the coronavirus. How do you think it all got started and where we are today? Give me your thoughts about this.
- Dr. Thomas Cowan: So, in order to understand this, what's called COVID-19, we need to be very clear on terms and what we're talking about, otherwise we can make a mess of this. So, COVID-19 is the name of the disease, which is supposedly a new disease, and the coronavirus otherwise known as SARS-CoV-2 is supposedly the virus that causes COVID-19. So, that's the basic.
- Dr. Thomas Cowan: So, in order to understand this, we have to understand how a biologist, a virologist, or a medical doctor proves causation with the virus. That's the first step. So, we should go back and say, "How did the medical community determine that the disease COVID-19 is caused by this new coronavirus?" So the first step is, when I ask people that, because they've heard have me have a dissenting position, and I'll say, "Why do you think that this coronavirus is causing COVID-19?" They usually say things like, "Well, there's a lot of people who died in New York City," or "a lot of people who died in China. And then it spread to North Korea." Or, "There's a lot of people in a nursing home," or "My Aunt Bessie went to a party and then she got it," and then on and on and on.
- Dr. Thomas Cowan: So, the problem is, these are what are called epidemiological observations. And there is not a reputable scientist or medical doctor in the world who thinks you prove viral causation with epidemiology. In other words, if you or anyone out there thinks that the proof that a disease is caused by a virus because a lot of people in the same place died of a similar disease, then you must think that Hiroshima was a virus. Because I can tell you, a lot of people died in the same place of the same thing, and as far as I know, nobody thinks that was a virus.

Dr. Thomas Cowan: So, then you could say, "Well, yes, but what if it spreads? That proves it's a virus." So, there was also an event called Chernobyl where they blew off a nuclear reactor, and then it starts spreading all over Eastern and then Western Europe. And thousands, and maybe millions, of people got sick with the same thing. And so this spread, and as far as anybody thinks, nobody thinks that's a virus. Here's another example. Back in the 1700s, 1800s, 1600s, a lot of sailors on ships, one after another, they had their teeth fall out and then they died of heart failure. And for 200 years, they thought that must be caused by some spreadable microbe that they couldn't see. And then one day somebody ate a lime and the whole thing went away because it was Scurvy.

Dr. Thomas Cowan: The point is, you cannot prove viral causation with epidemiology. And it has consequences if you're wrong. We thought beriberi and pellagra, which killed millions, was caused by an unseen microbe because the epidemiology was there. A bunch of families got it, and then the next family got it. And it turns out it was a nutritional deficiency. So, there is nobody who thinks that epidemiology proves viral causation. Nobody. And anybody who says, "I think this is a virus because Uncle Fred went to a party and he got sick," that's unscientific, they're basically scientifically illiterate if they say that.

Dr. Thomas Cowan: And I have gotten to the point where I say we have enough epidemiological evidence with COVID-19 that we should investigate a microbial cause. Now, we also have enough epidemiological evidence to investigate many other causes, like electromagnetic field toxicity and air pollution and a bunch of other things. None of those prove that those are the cause either. But the purpose of epidemiology, of these observations, is to generate hypotheses that you can test in the lab.

Dr. Thomas Cowan: So now that we've got that clear, so I don't need anybody to tell me more epidemiological observations, we've already decided that we're going to investigate viral causation. Now, how do you investigate viral causation? It's interesting that all these tens, and maybe even hundreds of people who tell me they're sure that they know that this is caused by a virus, when I ask them the simple question of, "How do you go about proving viral causation?" I could ask you that. Do you know? No. I've not met one person who even knows actually how to answer that question, let alone knows what the answer is, which means they have no idea. Now, let me just say that again. 100% of the people who just a minute ago told me that they're sure this is caused by a virus don't even know how you would go about doing that.

Dr. Thomas Cowan: Now, that should be shocking to people. Because if you're listening and you don't know how to do it, then you have no idea whether it's been done or not. By the way, I didn't know this as well as I do now until about a year ago. In fact, I've said things and written things which were incorrect because I didn't know the science of this as well as I should have. And the only reason I point that out is I can pretty much guarantee that your family doctor and your internist and your surgeon doesn't know this either. And now, that may be shocking to people, but I-

Dr. Thomas Cowan: Now that may be shocking to people, but I do. I didn't learn any of this in medical school or any training. This one has to figure out for themselves. So here's the way, first of all you have to isolate the virus. So take an example of we want to do an experiment and please listen carefully to my words here. We want to do an experiment to see if the caffeine in coffee beans causes high blood pressure, right? So let's do an experiment and I'm not going to say this each time, but let's say we do proper controls, proper placebos, everything about the study is good. So we take coffee beans and we grind them up and we put them in a capsule and we give them to 10 people and all of their blood pressure goes up and none of the placebo do. Have we now proven that the caffeine in coffee beans causes high blood pressure?

Dr. Thomas Cowan: The answer for any rational person would be no, because unless you think the only thing in a coffee bean is caffeine, which you can prove isn't correct. There's fiber and caffeic acid and aromatic oils and probably a hundred other things. You have not identified that it's the caffeine that causes high blood pressure. Okay. So let's take it a step further. Like we do with coffee, we put it through a filter paper and we put water through it and we drip it through and that catches the ground part. Right? And you throw away the ground part. And now you know because you know that caffeine is water soluble. You know that the caffeine is in the liquid part. So you give 10 people the coffee, 10 people controls. Have you now proven that it's the caffeine in the coffee beans that causes high blood pressure?

Dr. Thomas Cowan: The answer of any sane rational person would be no, because again there's a lot more things in coffee than just caffeine obviously. There's flavor and oils and minerals, et cetera. Okay. So we want to be very clear and precise because we're talking science here. So we do some technique and there are many of them in modern chemistry and modern biology where you pull out just the caffeine from the coffee, right? So you can do it through a centrifuge and it comes out in a certain band, you suck the band out. The next thing is you have to prove to people that the only thing you have is caffeine, right? So you do a chemical analysis. There's no caffeic acid, there's no aromatic oils. All you have is pure chemical caffeine and you publish, this is the steps I did, this is all we have and you publish the independent analysis, this lab has said in this sample, all there is is caffeine. You give it to 10 people, their blood pressure goes up. Have you now proven it? The answer is yes. That's how we do science.

Dr. Thomas Cowan: Now, the reason I say that is because that's almost exactly how we isolate and purify a virus. And where am I getting this from? Well, I'm getting this from 20 years of research from about 1935 to 1954, where they did this exact procedure. They took people with chicken pox and they ground up their snot or their vesicle fluid and so they had the basically macerated cells. Now that's not the virus anymore than that's caffeine. So then they put it through a filter and the filter would catch the bacteria and the cells and tissues and all the big stuff.

Dr. Thomas Cowan: And then you would have the virus and a lot of other things, that's still not the virus. Then they would put it in a centrifuge which separates things by weight

and the virus because it has a certain weight separates out into a band. And then they would suck out the band and they would show you with an electron microscope picture this is all we have, pure virus. Then they would expose an animal to that virus and none of them got sick. 20 years, they exposed every type of quote, viral illness they could find, they isolated and purified the virus, no animal or human got sick. And they said basically there is nothing to this. Now, here's the shocking thing. And I'm about to sort of prove it to you. Nobody has isolated a coronavirus from anybody with COVID-19.

Dr. Thomas Cowan: How do I know that? Let's say what the CDC says about this. These are excerpts from published papers. The first one is from July 13th, 2020. It's from the CDC 2019 novel coronavirus, real time RTPCR diagnostic panel on 39. So this is their report on the state of what we science of what we know about this COVID-19 and coronavirus. They say, "Since no quantified virus isolates of the 2019 endco virus are currently available." So what does that mean? It means the CDC as of July has never isolated the virus. Now, sometimes when I give talks about this I remind people that a virus is a thing, right? Like a fork. I usually have a fork, but I don't have a fork. We're not talking about a thought or a feeling, we're talking about a thing like a chair or a fork. Every fork can be isolated.

Dr. Thomas Cowan: If I have three forks can be quantified this is three forks. If you say no quantified viral isolates are available, you've never isolated the virus from anybody with COVID-19. Now, are they the only ones? So here's an excerpt of the paper called detection of the 2019 novel coronavirus by real-time PCRTPCR. This is the paper published in a peer review journal called European Surveillance that inaugurated the pandemic so-called. This was by Christian Drosten and a bunch of other virologists. And they were tasked with developing a test for this new coronavirus. So let's see what they say. This is quoting from the paper. The ongoing outbreak of a recently emerged novel coronavirus poses a challenge for public health laboratories as virus isolates are unavailable. In other words they were tasked with making a test for a virus and they have no examples of the virus to start with. That's like if I asked you to make a test for a unicorn you might ask me, "Can I see a unicorn?"

Dr. Thomas Cowan: And I might say no. And you might say, "Well, how am I supposed to make a test to find a little piece of a unicorn when I don't know what a unicorn looks like or what a unicorn is made of?" And then I might say to you, "Here's a million dollars do it anyways." And then they go on to say, "We aim to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available." They had no virus to make a test to find a piece of the virus. Therefore their PCR test, the test which is being used all over the world to document cases is a complete fraud. They have never isolated a virus and said this is a unique piece of that virus because they have no virus. Now, are they the only ones? Here's a quote from Pfizer about making their RNA vaccine.

Dr. Thomas Cowan: To build an RNA vaccine scientists do not need the actual virus. In other words Pfizer admits they have no virus with which to make a vaccine against. They call

it an actual virus as opposed to I guess a theoretical virus. Now, I would change the word theoretical to say an imaginary virus or a make believe virus. So they're using a make-believe virus which they have never isolated, they don't know the sequence of, they don't know the components of to make a vaccine against this virus. And God only knows what they're making a vaccine against. Here's another one, a paper published in Nature which was one of the first papers on describing the novel coronavirus. And a friend of mine named Torsten Anglebreck asked him because he says he isolated the virus and people have sent me about 20 different peer reviewed articles claiming they isolated the virus.

Dr. Thomas Cowan: When you look at the paper, it's very clear that nobody has ever isolated the virus. It's a fraud. And we asked him, "Did you isolate the virus?" He said, "We did not obtain an electron micrograph showing the degree of purification." In other words, they didn't do what every peer reviewed journal article has to do, which is say here's the steps we did, here's the picture showing that we have an isolated virus. They didn't even take a picture. And they admit they didn't isolate the virus. Here's another one, same thing. Identification of a coronavirus isolated from a patient in Korea with COVID-19. This was published by this Korean Center for Disease Control and Prevention. Essentially it's the CDC of Korea. So we asked him, "Did you isolate the virus?" Because that's what it says in the title and to quote the answer was, "We could not estimate the degree of purification because we did not purify and concentrate the virus.

Dr. Thomas Cowan: In other words they have no virus. Here's another one. Again, isolation of the new virus, "We show an image of sedimented virus particle, not purified one." The Canadian health ministry freedom of information request. Do you have any information on an isolation of this virus? Their answer, "Having completed a thorough search, we regret to inform you that we are unable to locate any records responsive to your request. None of these groups who are organizing this have any example of an isolated virus. If you've never isolated the virus you have no way of knowing whether it causes disease period. And the test to identify a virus that you've never isolated is it's not false positive or false negative, it's just good old fashioned false. It's meaningless. So that's where we are.

Dr. Thomas Cowan: So I could go into how they misled themselves into thinking they have this virus, but this is a scientific fraud. And interestingly just three days ago a group of European virologists and pathologists dissected this Drosten study and said the basis of using this study, which is the basis of all the PCR tests, all the testing is pure scientific fraud. And they demanded that this journal retract the article.

Dr. Patrick G: So then explain to me what's going on. I mean there's cases report, there's deaths report, et cetera. How is this all happening and being reported on if there's not a virus?

Dr. Thomas Cowan: First of all, what are these people seeing at the site? What is a virus? So that's where it gets very interesting because it actually leads you into understanding

what is going on. Because in certain cases like, chicken pox, you do see these particles. I can show you a picture of them if you want. And they are at the site of the disease. But we already know that just because you have strep in your throat, doesn't mean it's causing disease. In order to prove causation you have to isolate the virus, you have to take the chicken pox out, you have to prove that you don't have anything else in there. No poisons, no snot, no nothing. Just the virus, expose an animal to it. They did that for 20 years. They couldn't make any animals sick. So the question is, what is it doing there?

Dr. Thomas Cowan: And it's a very interesting question because it gets into the question of how do we even know it's coming from the outside? Because it turns out that when you have tissue as I described earlier and you starve it and poison it, it packages up little pieces of degraded DNA and packages them up in particles as a detoxification and communication strategy. In other words if you break down the tissue, there's a poison relief mechanism which we have erroneously called viruses. They're coming from the inside. They're called exosomes or intracellular vesicles. Now, there's an article in a journal called *Viruses* which looked at this question, how do we know that these are from the outside and not from the inside? And they said something very interesting. However, to date a reliable method that can actually guarantee a separation of exosomes from viruses does not exist.

Dr. Thomas Cowan: Everything that's a thing can be separated and isolated from every other thing. If I have a fork here I can separate it from a spoon because they're different. There's only one reason I can't separate an exosomes which is a detoxification strategy from the inside, from a pathogenic virus from the outside. And that's because they're the same thing. And that's why I can't separate them. So in other words something is poisoning the tissue, the tissue then packages up this degraded genetic material. We mistakenly call those pathogenic viruses. And here's where it gets interesting because we now know that those pieces of genetic material can resonate out into the world as a signal for other organisms that something bad has happened. Some poisoning has happened and you should defend yourself. This is how trees communicate. If you get beetles eating a tree, they put out chemicals and other signals that communicate to the other trees that there's beetles around and you should defend yourself.

Dr. Thomas Cowan: This is because the Darwinian model of evolution based on mutations and survival of the fittest is pure nonsense because it's way too slow. If you were exposed to glyphosate and one person had a mutation that allowed them to survive from that exposure, you know how long it would take for that to spread through the whole population? Like 10,000 years if that even from Boston for God's sake. So nature has another mechanism which is called viruses or exosomes. So you package up this material, the DNA or RNA has a resonance, just like women communicate with their menstrual cycles through resonance. And a lot of unseen energies communicate through resonance. That's what we call life. And then the other organisms can make the same piece of genetic material and turn that into proteins to defend themselves. So viruses are the mechanism of evolution. They're the mechanism of adaptation.

Dr. Thomas Cowan: A war on viruses is a war on basically evolution and adaptation. It's a war on life. So the question then is what is poisoning us? That's the question. Now, when you look at the symptoms of the disease called COVID-19 and you forget about the virus, because the virus has never been isolated, it's basically imaginary. So any therapeutic so-called maneuver like wearing a mask or social distancing or washing your hands to get rid of something that basically hasn't even been proven to exist is just nonsense. And that it doesn't work at all. It just makes you sicker. So what do we know about the disease? Now, most of what are being called cases are just PCR tests, which mean nothing. And I mean mean nothing. There is no false positives here because you cannot use that test without having compared it to an intact virus.

Dr. Thomas Cowan: So a case means nothing. So there are sick people. Now, most of the sick people are just the usual sort of sick people. But there are some sick people who are hypoxic and have what's called a hyper inflammatory state. Now, how do they get hypoxic? It has nothing to do with any virus. Viruses don't make you hypoxic. But we do know from clear scientific research going back to the seventies, the Naval Intelligence research Institute did this, the Soviets did it, there was recent papers on it. That if you expose a place to millimeter waves, otherwise known as 5G, three things will happen. One, you'll degrade the oxygen in the atmosphere. So you're essentially like this one ER doctor said, "It's like these people are walking up the Himalayas." I think his name was Kyle Sydell. He said, they're in a low oxygen environment but yet they're in New York city or Wuhan or on a cruise ship that had just had 5G installed.

Dr. Thomas Cowan: And what's happening is the millimeter waves are degrading the oxygen in the atmosphere so they're actually like they're on the top of a mountain. The second thing is it interferes with the certain pathways in your mitochondria which are organelles in your tissues that use oxygen to make fuel. We know this again going back to research from the seventies. So you become tissue hypoxic, you're starving of oxygen because A, there's less oxygen in the atmosphere and B, you can't use the oxygen that you do have and turn it into fuel which is the whole point of oxygen in the first place. So that's another thing that happens as a direct result of exposure to millimeter waves along with aluminum in the air and air pollution and fear and bad food and lots of things. But the millimeter wave's the new kid on the block.

Dr. Thomas Cowan: And the third thing it does, which we know is it creates a hyper inflammatory response, otherwise known as a cytokine storm. Which is the body's way of getting rid of disease tissue. It's not a disease, but if you basically we're talking about radiation sickness. So you radiate the tissue with millimeter waves, it breaks down, the body says I have to get rid of this. It uses the same mechanism that we get rid of cigarette, smoke or splinters. You create an inflammatory response, which the unfortunate doctors alternative and otherwise say, "Oh, you have too much inflammation. That's your disease." Inflammation is your body's only way of getting rid of dead and disease tissue. But it can be so overwhelming that it actually kills you. So you die from hypoxia and an

overenthusiastic inflammatory response. And that is exactly what fits with COVID-19 from millimeter waves.

Dr. Thomas Cowan: Now, I would point out that we have the epidemiology for this. We have the mechanism which I just went through, but people have criticized me for I'm very particular about viral causation. And we know there has never been the virus isolated. So you can't possibly know if caffeine is causing high blood pressure if you've never isolated the virus and made any animal or person sick. So we know that's not the case. And I actually think we should do clear research to show once and for all whether millimeter waves, otherwise known as 5G, actually cause hypoxia and inflammatory cytokine storm and are basically the reason for this problem. Because if I'm right, then we have two very interesting factors here. Number one, we have a test which we can change the cycles on the test to make more and more people be positive. Because it turns out that the primers, the primers are the sequences that they're testing for, right?

Dr. Thomas Cowan: They have never been linked to a certain virus. It turns out if you do what's called a blast search where you can look at the human genome project, they list every sequence of genetic sequence found in human beings. There's at last count 93 human sequences which match up exactly what the primers being used for the coronavirus test. In other words, they're testing for whether you're a human. There's also about 90 that come from different bacteria and fungus. So they're testing for whether you're human or a bacteria or a fungus. Now, you could say, "Well, why doesn't everybody test positive?" And the answer for that is it depends on how much degradation you have.

Dr. Thomas Cowan: If you've been exposed to something that it degrades your DNA, it will show up at a lower amplification cycle. And if you haven't been degraded, you have to do more cycles. But the problem is if you do more than 35 cycles, pretty much everybody starts testing positive. And so in the hands of who's ever interested in this, they can make more cases by turning up the number of amplification cycles. If you turn it up over 40 something like 60 to 80% of the population will have enough degradation that they'll test positive. Suddenly you have a pandemic.

Dr. Thomas Cowan: And then if you roll out some therapy like a vaccine and you want to demonstrate that the vaccine reduced the number of cases, all you have to do is reduce the number of cycles and lo and behold, now only 10% show that they have this. This is a very powerful weapon in certain people's hands. The other problem is you also have a mechanism for making people sick. All you have to do is increase the exposure and the intensity of the millimeter waves and more people will get sick, which is likely what happened in Wuhan and New York city and the cruise ship and certain hospitals and nursing homes in Northern Italy.

Dr. Thomas Cowan: ... in hospitals and nursing homes and Northern Italy. So we have two controllable factors: the number of cases and the number of people who are actually getting sick. And that's an unprecedented weapon in hands of people if they choose to use it.

Dr. Patrick G: So what if someone tests positive, they quarantine, they go through a couple of weeks of symptoms, et cetera, then they're done with it. Now they don't any longer have any symptoms. They're still exposed to the same electromagnetic radiation, the same environmental toxins. So how do you explain that?

Dr. Thomas Cowan: They've used their virus to adapt. Just like any toxin, they've had exposure to a toxin. They then use their virus... They excrete these particles called exosomes to detoxify, to make something new happen, to make themselves more resistant. That's one thing. The other thing is the test means nothing. So if you do three tests in a day, you'll get different results because the test means nothing. I keep saying that because if you say there's any biological significance to the test besides the fact that you're degrading more readily, that's a scientifically invalid conclusion. There is no connection to any virus or any biological process, except to a certain extent that your tissues are degraded.

Dr. Thomas Cowan: Now, just like any exposure to anything, you get an exposure, your body adapts to it, it creates these detoxification mechanisms called exosomes, and then you hopefully go on your way. That's what we call being sick. So there's a lot of people who have exposure and they just whatever they rest and then their body adapts to it. And as long as it's not such a high intensity that would kill them, they basically go on. But that's not the end of the problem because a lot of the people go on to have chronic symptoms, so they're still being poisoned by these basically electromagnetic fields, along with all the other toxins in the air.

Dr. Patrick G: Let's talk about the number of deaths that are being reported. On a normal news cycle, they are constantly reporting. Here's the amount of new deaths as a result of COVID. There's more and more of them every single day. They're disseminating this. They're obviously getting their data from somewhere. So all this is being promulgated into the culture about deaths due to COVID. How do you explain this?

Dr. Thomas Cowan: I mean, the problem is there is no definition of what COVID is, so they can manipulate the deaths certificates to make them whatever they want, because they've also essentially made it a dictum that we're not allowed to do autopsies, except in very rare situations. And in fact, a group of European pathologists who were not allowed to do autopsies and finally did, like 100 of them said there was no evidence in any of these autopsies that anybody died from any kind of viral pneumonia. So even people who believe in the whole virus theory, they say, "This looks like something else." Everybody who works with these people say, "This looks like something else."

Dr. Thomas Cowan: Now, the problem is, as I said, the test is positive from degradation from any source. If you have diabetes, if you have heart attacks, if you have emphysema, if you have just what we call the detoxification process called the flu. If you're a papaya, according to the President of Tanzania. He was suspicious of the test, so he sent off a papaya and a goat and a sheep. I think it was a papa. The papa and the goat tested positive and the sheep tested negative. So lots of things will cross-react with this test. So anybody who is sick will typically cross react.

Dr. Thomas Cowan: And if you read the package insert of these coronavirus PCR tests, here's one from the CDC: "Detection of viral RNA may not indicate the presence of infectious virus or that the 2019 and nCoV virus is causative agent for clinical symptoms." The FDA says, "Positive results do not rule out bacterial infections or co-infection with other viruses. The agent detected may not be the cause of the disease." The Roche PCR test," this is the test you're talking about, says, "These assays are not intended for use as an aid in the diagnosis of coronavirus infection." Let me say that again. The Roche test, one of the most widely used tests in the world, the package insert says you cannot use this test for the diagnosis of coronavirus infection.

Dr. Thomas Cowan: And I would love to ask the guy, so what should we use it for? Like toilet paper? What is the purpose of a test that says clearly you cannot use this test for the diagnosis of the very thing that they're testing for? There is no test, PCR test that's cleared for use as a diagnostic tool. The PCR test is a manufacturing tool. The founder of the PCR tests, Kary Mullis, who was given a Nobel prize in chemistry for creating this test, who to his dying day said, "There is no evidence that my test can be used as a diagnostic test or to prove causation," and he said over and over again, the fact that they use this test to prove that HIV causes AIDS is a scientific travesty, because there is no evidence that this test can prove causation of any disease. It's simply a way to make more genetic material. It's a manufacturing tool and it's been co-opted in one of the biggest scientific fraudulent scams of all time as a diagnostic test, which it isn't.

Dr. Patrick G: So it seems like a lot of people are going to be running through your local pharmacy or their doctors lining up for this COVID-19 vaccine. What are your thoughts about that?

Dr. Thomas Cowan: Well, the first thing is it's hard to imagine how you can make a vaccine against a virus which you've never seen. So the virus hasn't been isolated, so it's basically talking about an imaginary virus. So it's hard to imagine how you could create a vaccine that would have any benefit against an imaginary or so-called theoretical. That was the word that Christian Drosten used in his paper. We use theoretical sequences from a theoretical virus. And I've often said to people, "Oh, here's a theoretical chair. Please have a seat." And as far as I know, nobody can sit on a theoretical chair or use a theoretical spoon to eat soup with, and you can't have a theoretical virus make anybody sick.

Dr. Thomas Cowan: But the real problem is how the scientific so-called community reports data. And that's how they manipulate this. And that means we need to know what this concept called risk reduction means. And the best way to explain it is if you do a trial, and let's say all the controls and placebos were done properly, and so you have 10 people who take a Drug X to prevent heart attacks, and 10 people don't take Drug X. At the end of a year, you see how many have heart attacks, and two in the placebo have heart attacks and one out of 10 in the drug trial have a heart attack.

Dr. Thomas Cowan: Now, if you ask people, what is the benefit of taking that drug, most people would say 10% of the people who took the drug had a heart attack, 20% of the people who didn't take the drug had a heart attack. The benefit is 10%. Right? What do the scientists report? They say it's a 33% reduction. Now, how did they get that number? Because one plus two is three and 66% of the people who had heart attacks didn't take the drug versus 33% who did. That's a 33% difference. Now, what if you did a million people? So one out of a million people who took the drug had a heart attack and two out of a million people who didn't take the drug have a heart attack. That's 0.00001%, I think I may have got the zeros wrong, versus 0.002%.

Dr. Thomas Cowan: So what's the difference? Most rational people would say the difference is 0.001%. But what would a scientist say? They would say 33% reduction because one plus two is three and two is 33% higher than three. That 33% is biologically meaningless because you could do 10 million, 100 million people, and it just would be meaningless because nobody would take a drug that one out of a million people have a benefit from, especially because when they report the side effects, they'll say, "Well, let's say 10 out of a million people have a side effect versus 10. So that's only a 0.009% reduction, so that's not a big deal."

Dr. Thomas Cowan: Now, what does this have to do with vaccines? The Moderna vaccine was reported a 94% efficacy against COVID-19. Now, the first thing to note in that trial is nothing they did had anything to do with the virus. They didn't even do PCR tests. They didn't do a transmissibility. They didn't do antibody tests. They didn't do anything that had to do with the virus. All they did was say, who has symptoms at day 14 that suggests they have COVID-19? And they did approximately 15,000 people in each arm, placebo, which wasn't a placebo anyways, but let's say it was, versus the vaccine. And they said 90 out of the 15,000 who took the placebo got symptoms like COVID and five out of the vaccine got symptoms that sounded like COVID.

Dr. Thomas Cowan: That's 0.6% of the people who didn't get the vaccine got symptoms versus 0.03% who did have the vaccine. That's a difference of 0.57%. So how did they get 94.5? Because 90 plus five is 95 and 90 is 94.5% of 95. That is a irrelevant conclusion, especially because it turns out that 2-3% got side effects from the vaccine which were basically identical to the symptoms they were calling COVID. In other words, fever and myalgias, you're achy, and you have a fever, approximately something like 600 compared to 90 or five, got symptoms from the vaccine as compared to almost none in the placebo.

Dr. Thomas Cowan: So the bottom line is, and they report that as, well, it was only like 0.4%. If they reported that in the same way, they would say there was a 600% increase in symptoms as a result of taking this vaccine. That's the facts. But they don't report it that way. And because of the way they did the trial, there was no possibility of it not working because they can put something in there that makes you have less symptoms like a steroid. And so you have less symptoms, it has nothing to do with transmissibility, has nothing to do with the virus, has nothing

to do with whether you're going to get sick again. And they don't tell us what they're putting in there, so we don't really know.

Dr. Thomas Cowan: And this has nothing to do with even a vaccine. It has to do with putting a biologically active substance and injecting that into people. Now, a lot of people have actually tried to dissect based on the patents of what is in the Moderna vaccine, and it seems like there's some sort of a microchip or there's some sort of electroporation device which activates the chip. And this is a dangerous, unprecedented step for human beings to be actually injected with something which may have something to do with electromagnetic frequencies.

Dr. Thomas Cowan: Now, I don't know for sure exactly what's in these, because like I say, they don't really report that accurately, but some people who've investigated this, and I would encourage people to look into it. There's a doctor named Christine Northrup who has looked into this and she's given many interviews on what's exactly in these vaccines. So I would strongly encourage people to look into this.

Dr. Patrick G: There are different companies manufacturing their vaccines. What are your thoughts on the various brand?

Dr. Thomas Cowan: So the question of Pfizer and all the other vaccines, I mean, they're all variations on a theme, but they're all... As I said, Pfizer, doesn't have examples of the virus. So what kind of RNA are they using there? And what happens to the RNA? Which is unprecedented in human history, to inject pieces of genetic material like this into other human beings.

Dr. Patrick G: This is very worrying and scary. What are your thoughts about the future of COVID and the vaccines?

Dr. Thomas Cowan: Yeah. So the question about what my outlook is, I mean, all I can say is in a TedTalk I believe in 2015, Bill Gates, who has a lot to do with this, predicted that in the next pandemic, which he didn't say when, that 10 to 15% of the global population will die. That's 600 to 900 million people. That's somewhere between 20 and 50 million Americans. Now, is this going to happen? I don't know. But if there's some new biological toxin which we haven't identified because we've been focused on the imaginary virus, my suggestion is people who hear me should look into this and see whether it's about time we clean up our environment because I am not particularly optimistic if we don't wake up to what's happening.

Dr. Thomas Cowan: I, on the other hand, think that who's ever behind this, and I have no idea, may have overplayed their hand here, and that people may not be willing to take this fraud anymore, in which case we have an amazing opportunity to create a different world. And I even have come to the point where I think there may be influences on this from other realms. Now, I'm no expert on what angelic realms or super sensible beings or gods or angels are or what they do, but I have a feeling, which is not a scientific conclusion, that this is a bigger deal than we

think and there may be spiritual entities or guides or helpers who may be very interested in helping us with this. And the problem is, nobody will help if you don't ask.

Dr. Thomas Cowan: And maybe we could finish with, this is also not new. Because there is a story called Sleeping Beauty, where Sleeping Beauty was pricked by the virus of materialism and the whole country went on lockdown. They were asleep. And Sleeping Beauty, which is essentially the image for the spiritual world coming to rejuvenate and inspire humanity, was asleep. And she was engulfed by a wall of thorns, toxic thorns, sort of like us. And nobody could come and save her. And different kings and princes and different people tried to save her. They were all engulfed and killed by the thorns.

Dr. Thomas Cowan: Until one prince heard about the story, young man and said, "I can do this." And they said, "No, you can't do this. You'll be killed like all the other ones." And you know what he said? He said, "I can do this. I'm not afraid." And because he said he wasn't afraid, the thorns parted and so it was easy. They didn't interfere with him. He went in, he woke up Sleeping Beauty, and the kingdom was restored to health and prosperity. So this is an issue of fear. If we're allowing ourselves to be afraid, we have no chance. If we can sum up the courage, it's a piece of cake.

Dr. Patrick G: Dr. Cowan, thanks so very much for taking your time to share your thoughts and views with us.

Dr. Patrick G: That completes my interview with Dr. Thomas Cowan. I love original thinkers. I love people who are willing to look at things differently. I believe they lead us to a better future and that's exactly who this gentleman is and I was happy to share his interview with you.

Outro



Dr. Patrick G: That concludes episode six of our nine-episode series *Vaccines Revealed, COVID* edition. What a journey we've been on, and we're not nearly done yet. We have more episodes, more interviews to bring you. So hang in there with us, dig into this, learn this information. I am sure it's already started conversations for you amongst family, friends, and colleagues. You need to understand this information and share it, especially with people that you care about.

Dr. Patrick G: And along those lines, I want to encourage you to invest in this series. By investing in it, you are also supporting our mission in getting this out to the world. It helps give us the resources to not only produce this content, but just as importantly, to disseminate it, to get people to know about it, to experience it. So we're still in the free viewing period, but the series is available for you to own. We have different packages. Find the right one for you. Know. That there are bonuses there that you'll be interested in. We've made it extremely affordable and just know that when you invest and own, you have our thanks. You have our gratitude. It says a lot, and it supports us. We care about this mission and getting this out there and we thank you for caring about it also. I will see you in episode 7.

James Lyons-Weiler: I think it's the height of irresponsibility that our public health officials didn't have a press conference and say, "We've got some updated information. If you're not over 80 years old, 70 years old, and you don't have serious comorbidities and you're not from Wuhan in the months when we first discovered this virus, you're probably going to be just fine." They never said that. They also did way too much of the high pressure protocol-driven ventilator. There were people that were talking and walking and they said, "We've got to get you on a ventilator right now." Why? I'm fine. Medical errors were the third leading cause of death up until 2019. Misdiagnosis of COVID and mistreatment of people that didn't have COVID and killing them on ventilators and killing them because they develop bacterial pneumonia, sepsis, and all the rest has made medical error the number one cause of deaths in the United States.

Dr. Rashid Buttar: Who would have known that the number one and the number two leading cause of death in the industrialized world, cancer and heart disease, but the solution for those two disease processes was COVID? Because nobody's dying of heart disease and cancer anymore. It's all COVID. Testing doesn't mean that you have a problem. In fact, the PCR test was developed by a doctor by the name of Kary Mullis who won the Nobel Peace Prize for his development of a PCR test. Kary Mullis himself said, "You cannot use it to diagnose an infectious process or a pathogenic issue." It's picking up a signature. That's all. If you amplify the test enough, everybody's going to test positive for it.

Bonus Interview: Dr. Rashid Buttar (part 2)



- Dr. Patrick G: Welcome to part two of my interview with Dr. Rashid Buttar. You are going to find this man's passion, intelligence, and drive and purpose in life to be contagious. He's amazing. He is daring. He cares about you. He cares about this subject. So let's dive in to part two of his interview. How did you get into working in this realm of getting to your thoughts around vaccines?
- Dr. Rashid Buttar: Well, for years I had understood the aspect of heavy metals and their role in pathology. And this goes back to when I started my practice in 1996, but I really wasn't that convinced about the vaccines, but there was enough evidence for me to start looking at it. And the creator speaks to us in different ways and sometimes we don't listen. And essentially I had started treating some children with autism completely by default. With no knowledge or awareness of even what autism was. Again, I was a general surgeon, right? I mean, when in doubt, cut it out, heal with steel, that's our mentality. We're simple minded people. We work extremely hard and pretty much when it comes to everything outside of surgery, unless we have a lot of interest in it, we really don't pay attention to it. And I was no different.
- Dr. Rashid Buttar: I don't even remember what autism was. To me, autism was something like trisomy 21. I thought it was a genetic disorder, like down syndrome or something else. I had no idea. I mean, Klinefelter syndrome and autism and down syndrome, they all merged into one for me. And it was stuff that I'd never know, never need to know. If I need it, I'll look it up on the internet type of thing, right? And so, I had this lady that came to me who we had been treating for heavy metal issues and some gut issues and she got better. And she asked me, "Could you help me with my daughter who has autism?" And again, I didn't remember what autism was and I'm thinking, "Well, it's some kind of genetic disorder, I'm not going to be able to really help her."
- Dr. Rashid Buttar: And she says, "But could you just try it?" And I said, "Sure." So she comes in, she was four years old or five years old. And I wrote about this in my Nine Steps to Keep the Doctor Away book. But basically I just applied the same principles I did to the mom and treated her gut, addressed her heavy metal issues. Well, lo and behold, the last thing that the mom remembers this child doing normally when she was about a year and a half old was playing Patty Cake and then everything had disappeared. Now she's almost five years old, we started treatment and within about two months she starts playing Patty Cake again. She started coming back to the same spot where she had stopped her development and it reinitiated at that point. Mom's ecstatic, starts telling everybody, to me, again, I'm a black and white type of guy.
- Dr. Rashid Buttar: I don't see that much difference. She's still non-verbal, she still non-functional. Okay, so she's playing Patty Cake again, but that doesn't really mean anything to

me. And she just continued to slowly progress and then word spread and had more people coming in, and within about a year by 1998, a year and a half, by 1998, early 1998, I had patients coming from everywhere with autism. Now, when I say everywhere, I mean within a couple of States. The Nightrider picked up the story and it was published in Johannesburg, South Africa, and it became viral from there. And I really wasn't focused on that, but it became very cumbersome. It became very difficult to see the trauma in parents' eyes. See the expectation, the hope that they had when they would come to the clinic, it was tough on the nurses trying to control the children.

Dr. Rashid Buttar: The children, these autistic kids would rip up the exam rooms, pull on wallpaper, dump the trash cans, just destroy the rooms. And the worst part of it for me was just looking at it, I wasn't seeing definitive resolution. I still saw the same issues and the parents were happy because there was a little bit more functionality but to me, there really wasn't that much. And so, I decided in early 1998 that I would no longer see autistic kids. I was the first doctor to start doing IV secretin. There was a number of things that we'd done in autism and we basically made a decision to stop seeing autistic kids. And in January 1999, about 10 months after I'd made the decision to stop seeing autistic kids, my son Abi was born.

Dr. Patrick G: Yes.

Dr. Rashid Buttar: And in retrospect, I know what a blessing he was, what a gift he was, all children are gifts, but he was also a message. He was actually a messenger. And the message that he brought to me was the creator's message that, ah, so you think you're in control? No, you're not. You were sent to do a job and you will do it. Basically, he upped the ante. My daughter had been born in 1993 and she had been vaccinated, but we'd been trying to have a second child and had had multiple miscarriages and then had decided that if we were to have another child, we would not vaccinate that child. My son Abi, he was extremely advanced for, typical babies will hold their heads up at about 30 days, he was holding his head up at four days. He progressed very rapidly. His first word was abu, which in Arabic means father.

Dr. Rashid Buttar: He had a dozen to 15 word vocabulary. He was a year and a few months old and it was very evident how fast he was developing. And unbeknownst to me, his mom went back and got vaccinations for him. And she was trying to do the best thing for her son even though we had made that decision you can't be a preacher in your own house. So she saw him as her child and she had to protect him. And she had all these doctors that we knew that had either come into the hospital when my son was born and had told her that she should get vaccinations for him, had tried to convince us or people that we knew because she worked in the office with me. So all these doctors that said that it was irresponsible not to do vaccinations, et cetera, et cetera.

Dr. Rashid Buttar: And now she's got her husband, she doesn't see me as a doctor, right? You can't be a preacher in your own house. So it was her husband against all these doctors. So she went back without telling me, and that's when he was vaccine

injured. And we separated at that point, there's a lot of things that happened. And on his third birthday, actually, after the fourth test, I believe it was the fourth test. I established that he did have mercury. The first three tests did not show it.

Dr. Patrick G: Can I ask you what symptoms he was showing?

Dr. Rashid Buttar: Oh, the typical autistic symptoms of stemming, hand flapping, all his words disappeared. He would just say, "De, de, de." He would talk as if he was having a conversation with the proper inappropriate inflections in his voice, but it was all, de, de, de, de, de, de, de, de, de. The way he was playing with cars, lining things up, obsessive compulsive type behaviors, very, very sensitive to light and sound and just the typical things. A lot of crying and temper tantrums but at the same time when he was happy, he was very happy.

Dr. Patrick G: Did his pediatrician agree that he was showing signs of autism or, I'm sorry, that he was vaccine damaged or that there was a relationship between the vaccines he was having and his symptoms?

Dr. Rashid Buttar: No, autism is typically not diagnosed until the age of two and a half to three. It's a diagnosis of exclusion. Usually pediatricians give the same song and dance that it's part and parcel of the developed process. Some kids develop fast, some kids develop slow. And they of course ignore the parents when they say, "Yeah, but my child was already speaking, my child was already doing X and now they're not doing X anymore." And so, it's like, oh, well, there's vacillation of developments, et cetera, et cetera. And I took him to a pediatric neurologist who concurred that there was something that was going on, but that was not until after he was three years old and we had started his treatment.

Dr. Rashid Buttar: And I did not allow him to have a diagnosis of autism. I did not want that label on him. He was diagnosed as developmentally delayed. And then we started his treatment on his third birthday. As I said, I found out, had confirmation of his test results. There was a lot of trial and tribulation during that period where there was a lot of arguing with the creator, begging the creator, threatening the creator, cursing the creator, bartering with the creator. Give me back my son and I'll do anything you want was my final offer.

Dr. Patrick G: I have to tell you, this is an important part of the understanding if you follow the line that a parent is saying that they're compelled to inject their children with these substances, which can have these effects, that there's known adverse effects. And then, what is the experience of that parent who's told that they're crazy. It wasn't due to the vaccines that if you want to sue you have to, and sometimes sue, I want all these damages, I just need to be able to get help for my kid and I need the funds to be able to do that. And that the ability to go to vaccine court is arduous at best. And I think for you in caring for these autistic kids, understanding the experience of the parent, like you said, why would God allow this to happen? What can I do? What bargain can I make? I think that

psychology and understanding that psychology has to have a bearing on the type of care that you provide.

Dr. Rashid Buttar: Well, it probably did. And again, being in the trenches and experiencing it, people come up to me, Patrick and say things to me all the time like, just give me all sorts of accolades and I've done this for them, I've done that for them. I've been really, really, really blessed that I've had probably, if I've had one I've had over 1,000 people tell me that I've saved their lives. That makes me grateful that I had a role in that but what makes me uncomfortable is when they give me these accolades. Because it's like saying you breathe so well. I don't know how else to be. And I don't feel that I should receive those accolades for just what anybody would do, what I feel that anybody would do as a parent, as an adult, as a responsible human being.

Dr. Rashid Buttar: And it was really difficult. It's weird because Abi's 21 now, but it's like a post-traumatic stress disorder. When I start talking about it, that emotion comes back. And I just remember really feeling that there was no creator. So when people say to me, you do so well or whatever, honestly, all I'm doing is I'm just keeping my end of the bargain. I told the creator, "Give me back my son, and I'll never stop your work." He gave me back my son, I'm just following through with that obligation. And you've seen what Abi's like, you know what an extraordinary human being he is. He touches the lives of everybody that he comes across, and all these children, every one of these children is cognitively superior. This is the thing that is so angering to me. And I can't prove this right now, but I can prove it based on observation, the purest form of science, as you know, Patrick is observation.

Dr. Patrick G: Yeah.

Dr. Rashid Buttar: I believe that the same polymorphism that defines the inability to excrete mercury. So let's talk about the definition of autism first before I go into this polymorphism. There is no such thing as autism, all right? Autism is nothing more than mercury toxicity on board a physiology that has an inability to excrete. That's it. It is not genetic. Yes, there are other metals and other things involved, but the 99 percentile issue is mercury. Mercury, it causes denigration of the new fibroids like nothing else does. It's not just mercury in the vaccines. It's mercury in the mother, the mother's own load. The Center for Disease Control in 2002 released the N Haynes data that showed that one out of six women of childbearing age was mercury toxic in the United States.

Dr. Rashid Buttar: The same year, the American Academy of Pediatrics came out and showed that one out of six children that was being born in the United States had some type of a neurological deficit. They didn't say autism, they said neurological deficit, which included ADD, ADHD, Asperger's, autism spectrum delay, pervasive developmental delay, et cetera, et cetera. Now what's unusual is that you've got one out of six mothers, mercury toxic, one out of six children being born with some type of neurological implication. Not one out of five, not one out of seven, one out of six, same ratio. So now let's talk about what the definition of autism

is. Autism is nothing more than mercury toxicity on board a physiology with the predisposition off not being able to excrete like normal to get rid of the normal things in our system.

Dr. Rashid Buttar: Now, when you start to look at these children, when the polymorphisms that define the inability to excrete, what am I talking about? [inaudible 00:14:19], methyltetrahydrofolic reductase enzyme deficiency, COMT lesions, blah, blah, blah. There's all sorts of different things and there's probably thousands that we haven't even elucidated yet. But the point is there are certain predispositions that you can see on these snips when you look at the genetic components of these children. Now, I'm not saying it's a genetic disorder, understand that. It's a genetic predisposition. Just like if you take a tall woman and you take a tall man who both had tall parents, the genetic predisposition for that child will be to be tall, okay?

Dr. Rashid Buttar: It doesn't mean that it has to be tall but there's a genetic predisposition. If you have parents that were both athletes or they were both swimmers, they're going to have a genetic predisposition to be athletes or good swimmers or whatever the case may be. So this is a genetic predisposition. It is not genetic, but there is a polymorphism that occurs. And I believe that the same allele that defines this predisposition for the inability to excrete is the same allele that defines raw cognitive ability. These children are cognitively superior to their peer group, all right? Now, anybody can say anything they want, but I have treated over 4,000 children over the last quarter of a century in my own clinic and the vast majority of those children are neurotypic today if we got them before the age of seven.

Dr. Rashid Buttar: And the ones that are older than that have varying levels of recovery. But the polymorphism aspect, I am convinced that these children are cognitively superior. So I had a child from Norway. The father was an engineer and the father would fly him in every two weeks because our protocol at that time was two weeks, every two weeks. We had just gone to our IV protocols. So my son is the youngest former witness before the U.S. Congress. He testified at the age of five years and five months old. And everything went crazy after that. And we had patients coming in from all over the world. It was about a year after that in 2005, I guess it was, 2004, 2005 timeframe that the this father from Norway started bringing his son to us. And we had just implemented our IV version of the treatment protocol. This child was severely autistic. He was self abusive.

Dr. Rashid Buttar: He would excoriate his face. He would slam his head in the walls. He would defecate wherever he was. He was severely, severely damaged. And it was a very difficult type of case. Fast forward to seven months, the child's no longer hitting his head on the wall. He's no longer slamming his head or he doesn't need to wear the American style football helmet anymore. He's no longer defecating in the hallways. He's no longer opening up drawers and urinating in them. He's still not communicating. He's not talking. He's no longer flying out into the traffic or that type of stuff, so he's much more controllable. Parents, I only met the father, he was very, very happy, but he's still autistic. He's about

six or seven years old at this point. They come in for a regular visit, it's seven months into their treatment.

Dr. Rashid Buttar: And when I walked in, our rooms were set up so that there's a sink and I can have a little table to write and then the patients are sitting here to my right side. I walk in, this is before the popularity of iPads. This is when parents would still carry around the portable DVD players for the kids. So I walk in and the father is sitting next to his son. The son is in a chair with a chair in front of him watching a Disney movie on a portable DVD player. Father sitting next to him with the chair in front of him with his laptop and he's working on something. I walk in, greetings, sit down, we start talking. Father says, "Dr. Buttar, do you mind if I just run to the restroom?" I said, "Sure." His son, and out of the corner of my eye, I noticed him move, but I keep on writing on the chart.

Dr. Rashid Buttar: He gets up and he sits in his father's chair in front of his computer and starts doing something on his computer. About 30 seconds, 45 seconds, maybe a minute later, father walks back in, sees the son on his computer and freaks out, very upset. Raising his voice, picks his son up, sets him back in front of his DVD player explaining to him in a different language that this is what he's got to do, this is his dad's thing. Turns around, realizes I'm in the room, comes back to awareness that I'm in the room and apologizes to me for his outburst. He sits down behind his computer. I proceed to ask him some questions. Father doesn't answer me. I ask him again, and now I'm looking over my shoulder and I see the father's eyes fixated on the computer screen, oblivious to what I'm saying.

Dr. Rashid Buttar: I ask him again and he turns to me and tries to talk and chokes up on his words and then starts to weep. And I'm thinking, "Oh my God, this kid must have seriously destroyed all his work." And the father turns a laptop around to me and through his sobbing shows me and there's all these calculations and everything. And I mean, I'm a mathematician. I do a lot of stuff. I took the senior level physics courses my senior year before entering into medical school. So I understand certain things, but this is beyond me. I didn't understand all the stuff. There were more symbols than there were numbers, if you know what I mean.

Dr. Patrick G: Yeah.

Dr. Rashid Buttar: And the father proceeds to explain to me that he has been stuck on this mechanical engineering or electrical engineering, I don't even remember what it was problem and has been working on it for three months and his son fixed it in the minute or two minutes or three minutes that he was in the bathroom.

Dr. Patrick G: My goodness.

Dr. Rashid Buttar: This is a non-verbal speaking child. And there are stories like that over and over again I can tell you. I'll just give you another example. This little kid, first name is Rishi Bon from the UK and another extreme case of autism. And I will not treat a

child with hyperbaric oxygen therapy. And this is a pet peeve of mine that doctors will take information that they've heard about at a conference and they throw it. They throw stuff up against a barn wall and see what sticks. It's the most idiotic way of practicing medicine. You have to first observe, then you form a postulate and then based upon the hypothesis that you've formulated, you then test it. And if you have a recurring observation of the same thing happening, consistency, then you can call it science, right? And getting into this double blind placebo controlled crossover multicenter trials being science, that's not science.

Dr. Rashid Buttar: Science is built upon facts, just like a house is built upon bricks. But a pile of facts is no more science than a pot of bricks is a house. And a double blind placebo controlled crossover multicenter trial is very good at accumulating facts, but it doesn't build science from it. This is the problem with modern medicine. We almost have the mentality that every time I see fire engines, I see fires, therefore, I conclude that fire engines cause fires and you know that that's a totally absurd and ridiculous assertion and yet, that's exactly how we think in medicine. So when you're looking at these children with autism, somebody talks about hyperbarics help them or hyperbarics will help. So they start doing hyperbarics. So now you're taking a child that has mercury and other metals that, remember, the mechanism of action of all pathologies oxidative stress.

Dr. Rashid Buttar: So these metals are acting on the system by increasing oxidative stress for the listeners that may not understand what I'm talking about when I say oxidative stress, everybody's heard about it, antitoxins, blah, blah, blah, but people don't really have a visual understanding of what oxidative stress is. So a visual understanding of what oxidative stress is, the rusting process. You take a banana and you cut it in half, in five minutes it starts starting brown or an apple in half, it starts turning brown that you are witnessing with your own eyes, oxidative stress. So we are experiencing oxidative stress on a daily basis, everyone is. When we eat, when we exercise, we're experiencing oxidative stress, but certain things increase exponentially the rate of that oxidative injury.

Dr. Rashid Buttar: So oxidative stress or oxidation is something that's caused by oxygen. If you can remove oxygen, then you don't have that issue but then the person's dead without oxygen within two, three minutes. So oxidation or oxidative injury, it's also called the reduction reaction in chemistry. This is what's happening all the time in our bodies and when we have heavy metals or other types of things that cause oxidative injury, it increases that level of oxidation. And if our own body's innate antioxidant mechanisms are not sufficient to compensate, you then cause free radical pathology and acceleration of this oxidative injury that can be very detrimental. So now we know that oxygen is a necessary component in this formula. We know that when we're breathing oxygen, 21% ambient air has 21% oxygen in it. That's what the children that are running around with autism have.

Dr. Rashid Buttar: That's what they're breathing in, that's what you're breathing in. That's what I'm breathing in. Everybody's breathing that in. Please understand again, oxygen is the key here in oxidative stress. Now somebody says, "Hyperbaric oxygen

works." So now they take these children with heavy metals and have already a 21% ambient oxygen that's contributing to their oxidative stress with metals on board, they throw them inside a chamber. Now instead of 21% oxygen, you're giving them 100% oxygen. So you've now accelerated their oxidative stress by 500%, 20 goes into 5 times. That's 500% increase in oxidative injury that you're having these children experience. So I won't treat a child with autism with hyperbarics until at least one year where the level of heavy metals can be shown to have been reduced.

Dr. Rashid Buttar: When you typically test these children, they don't show heavy metals. Why? Because they're not excreters. That's one reason. We understand that the modern medical system has ignored heavy metals because when you test children, oh, well they don't have any metals. Well, it was the International Journal of Toxicology that Dr. Boyd Haley directed me to that he had published and it basically showed that autistic children had four times lower level of mercury in their hair compared to neurotypic children. So neurotypic children had higher levels of mercury and the more severe the autism, the lower the mercury levels. Now this is in hair. Well, it makes sense if you think about it, because hair is a dead tissue, it's excrement. So these children have an inability to excrete mercury. So it's being retained in their bodies. It's not coming out.

Dr. Rashid Buttar: A neurotypic, normal, healthy developing child has high levels of mercury in their hair because they're getting rid of it. So we all have mercury it's those that can't get rid of it end up having this issue. And it's the same issue with Alzheimer's. Alzheimer's and autism is exactly the same thing, except that one is an acute level of toxicity during the developmental years, whereas the other one is a chronic exposure to mercury over a longterm. So coming back to Rishi Bon and why I brought that story up. I'm treating this kid now for two years, no metals, nothing showing up, just a little blip here, a little blip there. He's gone from his extreme autism to now being able to be manageable, smiling appropriately, saying one or two words but that's it. When I talked to his father, his father wanted to start the brain recovery protocol, which included the hyperbarics.

Dr. Rashid Buttar: And I delayed it because I said, "We're still not seeing metals coming out." So one year, a year goes into two years and we still don't see any metals. And now I'm thinking to myself, "You know what? In medicine, they say that always and never are never accurate. So there's always an exception to the rule. Maybe this child is an exception to the rule. Maybe this child doesn't have mercury." So they're flying from London and he walks into the exam room and I'm thinking, "I need to tell them, let's just do one more heavy metal challenge test." But before I can say anything the father says, Dr. Buttar, I was wondering, before we start doing the hyperbarics, can we do one more challenge test?" I said, "It's funny, I was going to tell you the same thing, so let's go ahead and do it." We do that test and not only is there a creator, Patrick, but he has an incredible sense of humor and irony.

Dr. Rashid Buttar: There's an old thing that I was taught by one of my medical school professors, if you think it, do it. So I had thought it, I went ahead and did it, did the test. His mercury level, which normal is supposed to be anything more than three micrograms per gram deciliter in urine is considered toxic in mercury. Lead, anything greater than nine micrograms per gram deciliter is considered toxic. This child had never shown any mercury levels of his DL, less than DL, which means less than detectable limits of mercury and lead. He had a couple other ones, just blips on the chart. His mercury level comes back 37 micrograms per gram creatinine or 35, something in the 30s. Lead comes back at over 100 micrograms per gram creatinine. I'm looking at this going, what in the name? This has to be a lab error. Father's shocked, I'm shocked. We repeat the test.

Dr. Rashid Buttar: The next test comes back mercury at 87 micrograms per gram creatinine and lead comes back at 245 micrograms per gram creatinine. The highest levels of lead and mercury I have ever had in any child in my clinic. That was after two and a half years of treating this child and abstaining from hyperbarics because I was concerned that the oxidative injury could cause a problem, but because I couldn't see the metals and see the levels coming down, I kept on waiting and then when I was ready to say, "Okay, I must be wrong here," the creator opened the door and showed me the answer again. So it's always mercury and why do I say always? Because if 4,000 times I open a door and somebody smacks me in the face I'm going to guess that the 4,001st time I'm going to get smacked in the face. It may not be right now, but I'm going to get smacked.

Dr. Rashid Buttar: So I will not treat any child with hyperbarics or anything, unless I've reduced their heavy metal load first, because anything that can potentiate that oxidative stress, you don't want to do that. I spent a lot of time, last time I checked, which was a few years ago, I had over nine and a half million data points to substantiate my observations. We do urine, fecal, hair and red blood cell metal and mineral analysis on all our children that we treat for autism. And I can tell you that the physiology of a child with autism and the physiology of a cancer patient are ironically similar. They're both non-excreters.

Dr. Patrick G: Quick question. What was it that caused this test to suddenly start showing? I mean, did he suddenly start creating after a period of time because of the treatment and that's why you're able to detect it then?

Dr. Rashid Buttar: That's exactly what it was because it's periodic consistent treatment that basically opens up those pathways. And it just took that long to open up those pathways. In Abi's case, it took four tests, no mercury was showing up, none. But on his fourth test I saw mercury showing up. In his initial test, antimony and arsenic showed up. Now here's a strange thing. And I'm getting into some clinical aspects here, which you would appreciate being a physician, but maybe the lay audience won't appreciate this. But for some reason, I have no idea why, but for some reason before the mercury comes up, there's a combination of four other metals will start showing elevation. You'll start to see them going up. That's antimony, arsenic, tin, and nickel. Those four. It's usually two of them.

Sometimes it could be three, rarely have I seen all four and rarely have I seen just one.

Dr. Rashid Buttar: It's usually combination of two, sometimes three that you'll start seeing those levels start to strangely enough, go up. And when those levels go up, you can now be certain that you're going to see as they come down, you'll see mercury increase. I have no idea how to explain it, except that it's an observation after doing thousands and thousands of tests in these 4,000 kids, it's not just one test. I do it every two months we do these tests. Some of these kids, I've got five years worth of tests on. So it's very interesting to see those four metals going up and then as they come down then mercury levels would go up. But it's getting those pathways back online.

Dr. Patrick G: Well, Dr. Buttar, I feel like I could talk to you literally for days around this, but I think we really covered the ground here. I so appreciate you taking the time out of your day. You always answer the call and you talked earlier about your purpose and what drives you and why you do what you do. And obviously, even though you're humble around it, this is heroic work that you're doing every day in your practice. But I'll also say that you're always answering the call. I mean, you will always find an opportunity to share this message, to get the truth out to people and you do it in an unrestrained way. So I just want to say personally, thank you very much for taking the time. And I know that our conversation today is going to help countless people around the world. So thanks for doing this.

Dr. Rashid Buttar: Thank you, Patrick. I appreciate you asking me to participate.

Dr. Patrick G: That concludes part two of my interview with Dr. Buttar. I hope you got as much out of it as I did. Phenomenal information, things that you need to learn can alter the course of your life and those that you care about. I truly appreciate the fact that you tune in and spend your time with me as we go through all this content and information. It's something very meaningful and very important, so thank you.



Episode Seven



- James Lyons-Weiler: I think it's the height of irresponsibility that our public health officials didn't have a press conference and say we've got some updated information. If you're not over 80 years old, 70 years old, and you don't have serious comorbidities, and you're not from Wuhan in the months when we first discovered this virus, you're probably going to be just fine. They never said that. They also did way too much of the high pressure protocol driven ventilating. There were people that were talking and walking and they said, "We've got to get you on a ventilator right now." "Why? I'm fine."
- James Lyons-Weiler: Medical errors were the third leading cause of death up until 2019. Misdiagnosis of COVID and mistreatment of people that didn't have COVID, and killing them on ventilators are killing them because they developed bacterial pneumonia, sepsis, and all the rest, has made medical error the number one cause of death in the United States.
- Dr. Rashid Buttar: Who would have known that the number one and the number two leading cause of death in the industrialized world, cancer and heart disease, but the solution for those two disease processes was COVID? Because nobody's dying of heart disease and cancer anymore. It's all COVID.
- Dr. Rashid Buttar: Testing doesn't mean that you have a problem. In fact, the PCR test was developed by a doctor by the name of Kary Mullis, who won the Nobel Peace Prize for his development of the PCR test. Kary Mullis himself said you cannot use it to diagnose an infectious process or a pathogenic issue. It's picking up a signature. That's all. If you amplify the testing enough, everybody's going to test positive for it.
- Dr. Patrick G: Welcome to episode seven of Vaccines Revealed, COVID Edition. What a series this is. And we're not done yet, we've got a few more episodes to go. This episode is something that I believe is going to have transformative impact on your thinking, so I'm glad you're here to tune in to it.
- Dr. Patrick G: I also want to talk to you about the fact that getting this information out into the world is getting harder and harder every day. Censorship is growing to levels that we've never seen before, at least not in my lifetime. I want to encourage you to invest in this project, to own this series, to be able to visit it on demand. We have multiple packages that are available for you. You can find the one that you think best fits for you. Know that there are special bonuses that are a part of the thank you that we give you to say, when you buy the series, you're supporting our mission, you're helping us get this out into the world. And we want to give you as much value in return that we possibly can.

Dr. Patrick G:

So on the spiritual level, I just say thank you very much. And from the material level, by you buying, you're helping us with the resources to be able to do this work. And I have to tell you, with the state of the world right now, this work is really important. So thanks for being here. Thanks for supporting us. Let's dive in to episode seven.

James Lyons-Weiler



Dr. Patrick G: Welcome to part three of my three part interview with Dr. James Lyons-Weiler. As you can see, we think his information is really important. That's why we gave him three parts of an interview in this series. Really magical way he can take complex things, spin them up, have you understand them, and then lead a chain of logic that can bring you to conclusions. Part three brings it all home. You need to see this. So make sure you're not distracted. Enjoy part three of this interview.

Dr. Patrick G: So now I want to wander into the realm of vaccines. And you said something that I think is an important reference point as we start to consider. They've been trying to make a coronavirus vaccine for a long time. It wasn't like, oh, they just started to work on this. And some of what I have read is that, exactly what you said with pathogenic priming, you saying that they were testing vaccines on, was it ferrets? Was that the animal?

James Lyons-Weiler: There were ferrets and rats. Ferrets and rats, I think.

Dr. Patrick G: Yeah, and I think they said the ferrets somehow, that their respiratory systems somehow mimic the human respiratory system, which is why they were a preferred animal. And that they would give the vaccine. They would see the antibody response thinking, wow, okay, this worked, they're now making antibodies. And then they would do what should be done in science, re-expose them again to the wild virus. And it actually made them more susceptible. They got very sick and died. The mortality rates went way up. Is that accurate, from what you've seen?

James Lyons-Weiler: Absolutely. So it actually started back in the 1950s and 60s where they're trying to develop a vaccine for RSV. And back then, it was ethical to vaccinate children with an experimental vaccine and then challenge them with the wild type virus, if you can believe it. So when they did that, a huge percentage of those children had to be hospitalized and two died. This sent shockwaves throughout the community, the medical community, vaccine community, and so on. And it was called, in that article, disease enhancement.

James Lyons-Weiler: So now we're moving fast forward to the point where, after '76 with the National Vaccine Program, '86 with the passing of the act, and now there's indemnity against liability for damage. It becomes a public perception exercise on vaccine injury. Then they actually changed it from disease enhancement to immune enhancement. And I think given your background, you know what immune enhancement really is. It's not making you more sick with a vaccine. It's actually vitamin D, sunshine, exercise, good food, good relationships with people, things that actually enhance your immune response in a positive way, strengthen your immune response.

James Lyons-Weiler: So when I came into this, words have power, and I realized that people are not going to understand what's happening as long as they keep calling it disease enhancement. When Moderna came out with the idea that they were going to use their mRNA vaccine against SARS-CoV-2, they managed, along with Dr. Anthony Fauci, to convince the FDA that they didn't have to do preliminary animal trials first. They skipped the animal trials. They didn't use ferrets, they didn't use rats or mice. And in skipping those trials, they lost their opportunity to say, wait a minute. This particular vaccine with the spike protein is likely to cause disease enhancement. And so the society was denied the opportunity to have that discussion to say, hey, there's a problem here. Go back to the drawing board. The FDA didn't have a chance to say what you guys should do.

James Lyons-Weiler: In April, because I saw this happening, I went and I looked at all of the proteins that are coded by the SARS-CoV-2 genome. And I looked at the homology, or similarity, between human proteins and SARS-CoV-2 proteins. Every single immunogenic epitope that was there, I think there are 38 of them, except one... Immunogenic meaning it can cause an immune reaction, which is what you want for a vaccine. Every single immunogenic epitope except one had a very significant part of the epitope that matched human proteins in the brain, in the spleen. Ubiquitously, there are some proteins expressed throughout. In the immune system, a third of them matched proteins in the immune system. The implications of that is that I predicted all of the off target, non-lung pathologies that we're seeing now from SARS-CoV-2.

James Lyons-Weiler: Sadly, my study has been validated dozens of times over with doctors, more than that now, two or three dozen times, of people publishing peer reviewed research saying, what's going on with this person's kidney? What's going on with this person's spleen? Why are they having coagulopathy? And we know from other studies and just experience, we know that if you get infected with certain kinds of viruses, you can develop Guillain-Barré syndrome. We also know that the flu vaccine can cause Guillain-Barré syndrome.

James Lyons-Weiler: We know that the flu vaccine in Europe caused narcolepsy. That was settled in European vaccine court. And we know the reason why. There's similarity between the orexin receptor in some families, the similarity's higher to due to genetic variation in the human population. These people, due to genetic variation in their families, have orexin receptor proteins that are more similar to the H1N1 flu protein. And so their bodies mounted an immune reaction to the vaccine. It also mounted an immune reaction against their own orexin protein. And so these people just fall asleep randomly. They have a problem processing the orexin protein, and so there's misfiring of those receptors, probably. So we're looking at a very, very well-established problem. If you're exposed once to a viral protein or a bacterial protein, and then later on you get another exposure, it probably explains a lot of relapses in MS, for instance, and things like that.

James Lyons-Weiler: So this is why I called it pathogenic priming. It's the act of the initial exposure to the protein. That causes the priming of the immune system in certain

circumstances to then lead to autoimmunity. And so after I wrote this paper, I sent the paper to all the vaccine manufacturers, and I said, "You guys need to take these unsafe epitopes out." The last time I did this analysis was when Zika was allegedly causing microcephaly in South America. That's a whole other issue I'll talk with you about some other time, but Zika is not responsible for the microcephaly. We know that now.

James Lyons-Weiler: But I wrote to Anthony Fauci. I sent him the list of unsafe epitopes in the Zika virus, proteome. I said, "Of all the vaccines that you're developing, if you include these proteins, you're going to cause problems with autoimmune encephalitis. So they need to be taken out." He never acknowledged receipt of my letter. However, a week later, he said that they needed eight more months for the Zika vaccine. So it's likely that he sent it along. And I'd like to think that perhaps if the Zika vaccine comes out, that it will be safe.

James Lyons-Weiler: With respect to COVID-19 vaccines, none of them responded. Again, I don't know why they feel that they can benefit from the efforts of a scientist somewhere and not just say, "Oh, thank you." A thank you would be fine. I'm trying to save your product. I'm trying to save humanity. You've got a problem where you might be causing worse coronavirus in the people that get vaccinated.

James Lyons-Weiler: The thing about the animal studies was it was the older animals that got more serious... Primarily, it was the older animals that got more serious coronavirus symptoms from MERS and from SARS. And so I was shocked to see that the FDA is rolling this out with the prioritization of people in nursing homes. Absolutely shocked. Because that's where the highest severe coronavirus due to pathogenic priming and disease enhancement is going to take place. It's almost a certainty that we're going to see mass casualties from this as a result of pathogenic priming.

James Lyons-Weiler: And it's not too late. There's other vaccines that are under development. I've reviewed three papers from vaccine manufacturers and people planning vaccines in vaccine type journals that they asked me to be a peer reviewer on it. And I pointed out to my paper, I said, "Listen, we did this in April. You should take these unsafe epitopes out." And the editor agreed and the authors agreed. They resubmitted it. They redesigned their vaccines to avoid the unsafe epitopes. I have no financial interest whatsoever in any vaccine and I never will, so it's not as though I'm gaming the system for my own favorite vaccines. But it's amazing to me that Peter Hotez and Paul Offit both came out, because Moderna was a front runner and Pfizer was a front runner, not Merck. They both came out and said, "We have to make sure these vaccines don't cause disease enhancement." They actually talked about it on CNN.

Dr. Patrick G: I was shocked, actually, by Offit's comments, because he's not the guy that normally talks about caution. So if he's talking about caution, it means it's got to be really bad, in my view.

James Lyons-Weiler: It also could mean that their favorite vaccine manufacturer doesn't have a front runner vaccine, doesn't it? It could have been competition.

Dr. Patrick G: You know what? I didn't think of that, because I just don't know how to be that evil in my thinking. I have to learn it so I can better understand it. It's an incomprehensible level of evil when people can do these types of things, looking at what the stakes are, especially people who already have significant wealth. It's like, come on. At what point finally does the truth matter? And that's still the question. At what point does the truth really matter? And my saying on this is the truth is only a problem for those who oppose it. So the question, I guess maybe question-comment I have, and then I want to get into a little bit of a lightning round with you, if I could just hit a couple things.

James Lyons-Weiler: I have one more comment on the original question that sparked all of that.

Dr. Patrick G: Yes.

James Lyons-Weiler: So Pfizer and Moderna both did do, ultimately, animal studies. They used non-human primates, and they infected the animals with SARS-CoV-2 virus after vaccination, and they examined for immunopathology. They didn't find any. However, they also didn't look for off target effects. They didn't look at the spleen, they didn't look at the bladder. They looked at the lung. By not looking at the brain, they didn't look at... They didn't look at all of the possible sites for these off target effects. And therefore, we really don't know what diagnoses these older people who get the vaccine and then get infected are going to come up with. We're going to see these mysterious illnesses that never had a name before in people that are vaccinated, and it's going to be a mystery.

Dr. Patrick G: And thank you for saying that, because my assertion is that this is way too complex. The whole scenario that's being developed and observed is way too complex to try to simplify to simple A to B conclusions. Okay, we did this, we didn't see see the lungs were good. I believe that that's basically almost criminal ignorance, as far as really what the circumstances dictate. For example, when we look at adverse vaccine reactions in general, prior to this, so many things that maybe aren't dramatic and immediate after the vaccine is given, but are downstream maybe even months or years, that are a by-product of the vaccine. Allergies, asthma, the milder things that don't kill you and don't make you autistic are still there, or at least potentially there.

Dr. Patrick G: And so the time that was spent doing the tests, as you described, on non-human primates, they'd say, oh, okay. They re-exposed them and they didn't see that they got very sick and died right away. Well, how much time did they observe them? And, as you said, what about these other areas, the lungs or the respiratory system, but are distal to that that might've been affected? And what happens a year, two years, three years? Nobody knows. And it's certainly not a leap of faith to conclude that there's a great possibility that there could be these effects that would take a long time before they start to emerge. So those things all concern me greatly.

Dr. Patrick G: And as far as, so these vaccines, as you said, they skipped certain aspects of it. They've been now through the threat of a pandemic and what's going on. They are now authorized, not approved, by the FDA. So I think safety and efficacy was already not good enough for vaccines, and now they've even skipped that part and said we're authorizing it because we're in emergency circumstances.

Dr. Patrick G: So I guess, and I don't want to put words in your mouth, but just in a word or two, as far as the vaccines are being proposed, and there's the RNA vaccine and then maybe the more traditional type vaccines, do you have misgivings about them? Or do you feel comfortable with them? Where are you with that right now?

James Lyons-Weiler: Well, I've looked deeply into the FDA filings of Moderna, and the numbers that they report don't match up with any semblance of reality, I'm sorry to say. First of all, Moderna had one patient that was reported early in their data compilation to have died on the vaccine arm, who was later, during data cleanup, and that's their term, not mine, to be resurrected, and he became a serious adverse event. I don't know what the story is behind that. But in the control arm, which is a placebo, they also had someone who was a serious adverse event that was reclassified on data cleanup as a death. Further, Moderna decided when they were looking at serious adverse events to exclude anyone who had a serious adverse event after the first dose from the trial, and they didn't count those numbers.

James Lyons-Weiler: So when they report 0.5% adverse event, you also have to consider the number that they excluded. And I'm doing those calculations right now. And when you look at the efficacy, because they excluded people that got coronavirus after the first dose and they didn't count those numbers in terms of efficacy, that's like saying, wait a minute. I'm going to test some new chemotherapy agents, but anybody that dies after the first scheduled dose, I'm not going to count that in the mortality of the study. That's completely wrong. So they calculated an efficacy of 94.5%. And my recalculation, which I'm about to publish, is 95.5% or whatever it was down to 75.4%.

Dr. Patrick G: Is that a relative assessment versus actual? You know what I'm saying? Because when I was looking at it, I'm not a biostatistician, but it seems like it was how to lie with statistics. Basically saying, well, out of 30,000 people or whatever, this many got sick with COVID who got the vaccine. It was only eight, where 160 or whatever got it who didn't get the vaccine, but it's out of 30,000. So the relative risk, speak to that.

James Lyons-Weiler: So I recalculated the 94.5%. What they did is the ratio between the number of people who are infected who got the vaccine to the percentage of people who didn't get the vaccine. So it's built in. It's relative to. So to that extent, it's appropriate. But if you're going to throw out people from the study that actually got coronavirus after the first dose and report 94.5% effective, what you're saying is that the efficacy is 94.5% for everyone. Now, that's not true. It's 75.4%, and it certainly isn't for everyone.

James Lyons-Weiler: The on trial death rate during the 56 days of the trial, during the trial, those 13 people that they counted as dying was 0.4 deaths per 100,000 per day. That's my calculation of their data. In the United States, a daily death rate per 100,000 is something like 2.4 deaths per 100,000 per day. So these are super human beings, super healthy people, who have no comorbidities, they don't have asthma, they don't have autoimmune diseases. They don't have any evidence whatsoever of past prior experience or bad experience with a vaccine. These are not just a ideal population, this is a super human population, and they're extrapolating the health of people who are vaccinated and not vaccinated. They're all super healthy people. And yet, we saw deaths and we saw serious adverse events.

James Lyons-Weiler: So their data need to be gone over with a fine tooth comb, and they need to justify why they called the deaths that occurred not associated with the vaccine. Some of the deaths and the causes of deaths that are listed are known to occur as likely causes of vaccines. So how their physicians could classify all of the deaths that occurred as not being causally related to the vaccine is a miracle. They had such a short period of time. If a child dies from a vaccine and the parents decided to sue a national vaccine injury compensation program in the United States, you could expect 12 years of deliberation and 10 statements and examination by many, many experts on the causality of that child's death. So there's no way that they know that these deaths were not associated with the vaccine.

James Lyons-Weiler: And I'm sorry to say that. I wish I could say the opposite. I wish I could say I had full confidence in this and everything's going to be great. I can't. I care too much about humanity. I don't want people to walk in blindly with blind faith and then to have something go wrong, a death, very serious adverse event, paralysis and so on. Because the doctors are going to say, "Well, we didn't see it in the clinical trial. There's no study that ever showed. So therefore, we know it wasn't the vaccine." There's a great sliding scale of evidence, I call it a great sliding scale of evidence, for Anthony Fauci. You need gold standard, very large randomized long-term double-blinded placebo controlled clinical trials before we can use hydroxychloroquine, for instance, in early treatment of coronavirus with hydroxychloroquine. But for a vaccine, no, it's a vaccine. It's fine. That's the level of evidence-

Dr. Patrick G: It's much more dangerous than hydroxychloroquine.

James Lyons-Weiler: Potentially, yes. You will never see disease enhancement from hydroxychloroquine. You will never see pathogenic priming. Hydroxychloroquine is not a pathogenic primer. Vaccines can be a pathogenic primer.

Dr. Patrick G: And we've got decades and decades of use of hydroxychloroquine to be able to look at.

James Lyons-Weiler: Absolutely.

Dr. Patrick G: And you've got a biological rationale for it with zinc. So I would look at this and say, okay, if you're saying there's a 0.4% death rate, what's the death rate from COVID if you get it?

James Lyons-Weiler: Right. So that's a good question. The 0.4%, I'm sorry, I misspoke. It's not 0.4%. It's, from their data, 0.4 per 100,000 per day. So in terms of percentages, it's too early to say, because I'm just talking about the people that died when, according to their criteria, we had enough people to develop coronavirus. So we still don't know the outcome of all the other people on the trial. And those data will have to be analyzed and gone through as well. So I think it's too early to know the percentage of deaths on coronavirus vaccine. Second, we don't know how many people are then going to turn around and die because of pathogenic priming. Those deaths are not going to be counted, if they're not counting the deaths within the trial that occurred as potentially due to the vaccine.

James Lyons-Weiler: And that's the other thing. We talked about shaving corners on this, cutting corners. They combined the phase two and three clinical trials. Now, let me explain why they should not have done that. They should not have done that because to have a phase two trial is to have a trial where you actually get a list of potential adverse events. So you know which adverse events you call solicited, and then you just open it up and say, okay, which are the ones that are unsolicited? By combining phase two and three, they only have one type of jeopardy. They don't have double jeopardy. They say these are the things that these experts told us to look for that we think might be due to coronavirus. Well, what if coronavirus vaccine causes you to grow horns out of your head? There's never been a study that shows that it causes horns-

James Lyons-Weiler: right. There's never been a study that shows that it causes horn growth formation. I mean, there's some people that might want to adopt the vaccine because of that, I guess, but whatever, that's a lifestyle choice. But if it causes horns to grow out of your head, it's not on the list of solicited adverse events. And so when they see it in the trial, they're going to say, I can't think of any biologically plausible reason why this vaccine would cause horn growth. But the whole purpose of the study is to determine what the vaccine might do. So there's a sleight of hand as you call it. A definitely, sleight of hand going on here, it may be intentional, it may be just a culture. It may be just a cultural thing within vaccine safety science, where they've all drunk the Kool-Aid, that because they're in public health and because they're saving the world with a vaccine. The medical people wear white coats and they have stethoscopes, so that means that when they say it wasn't the vaccine, it must not have been the vaccine.

Dr. Patrick G: So I guess just summarizing is that the vaccines, in my mind, because people say would you get... I'm absolutely like, "No, I'm not getting this vaccine. My family's is not getting this vaccine. That's me. Everybody do your own research and thinking that's just where I lean." But I think it's at least reasonable to say that the testing that's been done is scant compared to what even vaccines normally get. Secondly, there is, I think, statistical sleight of hand, that's going on with the representations they're making about the effectiveness. And it's so strange to

me when I'm watching the news and I see this, whoever the medical correspondent is, "Oh yes, the majority of vaccine, 95% effective, blah, blah, blah, blah, blah." They're just parroting things without actually doing the analysis to understand what was meant by that and see that it's literally an empty statement but in the end, brave concerns about the vaccines. So now let me lighten round you a little bit if I can.

James Lyons-Weiler: All right. Sure.

Dr. Patrick G: So let me start with number one, to you in your definition of what a pandemic can and should be, is there any basis to characterize a dangerous pandemic that is occurring when the year over year death rates have not changed?

James Lyons-Weiler: Well, the problem is that they've been misreading and misdiagnosing coronavirus and so the death rates have changed. The death rates are amplified. But most of what we thought we knew about the death rates from China was wrong. I was scared to death of this virus. I thought that it was going to kill people who I love very dearly. With a 20% fatality rate in people with diabetes. That was enough for me to get very serious about this. I mean that's a very serious death rate. It turned out that that death rate did not generalize, not only, not outside of Wuhan district, but also Hubei district, I should say. It didn't generalize to the rest of China. And then it didn't generalize to the rest of the world. And so this fear was never pulled back. They had that fear communicated and that's a valuable currency to get the population to go, "Oh, look, pay attention. This is something serious. Oh, we have to lock down. We have to wear masks. We have to socially distance. We have to do this."

James Lyons-Weiler: I think it's the height of irresponsibility that our public health officials didn't have a press conference and say, "Hold the phone folks, we've got some updated information. There's really good news here. If you're not over 80 years old, 70 years old, and you don't have serious comorbidities, and you're not from Wuhan in the months when we first discovered this virus, you probably going to be just fine." They never said that. They also did way too much of the high pressure protocol driven ventilating. Get them on a ventilator. There were people that was talking and walking and they said, "We've got to get you on a ventilator right now." "Why? I'm fine." No, you have to be pretty sick before... Well, we're going to save your life because the last one that we lost because we ventilated them. Okay, but did you test for bacterial pneumonia? They died of what? Sepsis? You don't get sepsis from a viral infection. But they didn't know that because it's a new virus and they forgot everything that they were ever taught.

Dr. Patrick G: And I'm sorry because I think I was a little lazy with my language. I was referring to, when I said death rate, what I really meant was looking at all-cause mortality year over year, saying that how many people are dying in a culture. And I'm sure you've been looking at it a lot closer than I have, but I'm looking at all these places and then I'll throw in, of course, the thing that sends a chill down everybody's spine, who's bought into the whole lockdown shutdown thing,

which is Sweden. And even looking at a place that didn't shut down, didn't mask, didn't socially distance. And you look at their all-cause mortality year over year, there's no change. So can we really have a threatening pandemic when all-cause mortality is not changing?

James Lyons-Weiler: Well, I mean, that really depends. So what's the purpose of having a classification category of outbreak, epidemic, pandemic. So the purpose of that is that it unleashes funds from Congress. That's the purpose of it. So if you have an outbreak that becomes an epidemic, you have to have 6 or 7% of the mortality to be explained by that. That's why they lumped together all these respiratory viruses called it influenza disease, and they go, okay, good enough. Yeah, you get your money. And so that is a pervasive scientific-

Dr. Patrick G: I've got to stop you there. That I had no, and I've been having many conversations around this, nobody's ever made that connection before. And it was like, Oh, now I get it. I didn't realize that there were definitions around these things as far as outbreak, epidemic, pandemic that were to be tied to legislative funding and that this is a story in and of itself. So what you're saying is, by combining these diagnoses and making attribution, or I should say misattribution for this we got money to go do that. Wow, okay.

James Lyons-Weiler: Exactly. Thank you. So if there is an epidemic or a pandemic... So medical errors were the third leading cause of death up until 2019. Misdiagnosis of COVID and mistreatment of people that didn't have COVID and killing them on ventilators or killing them because they develop bacterial pneumonia, sepsis and all the rest, has made medical error the number one cause of death in the United States.

Dr. Patrick G: Well, no surprise there. And I believe so now we're looking at the cost. But ultimately let's say that there's no such thing as COVID, we're in the pre-COVID world and it's interesting because it's pre-COVID, post-COVID worlds are two different worlds. And in the pre-COVID world, if there was like a Spanish flu, hey, that was a pandemic and death rates, things change quite a bit. In this world we're looking like we're just reshuffling the chairs a little bit to where the same amount of chairs, all-cause mortality hasn't changed over just going to change attribution. And you talked about earlier saying, Oh, there's no flu this year, but there's all this COVID. We start to see that literally the whole thing is based on a fallacy, in my mind. And that there's no real threat that is different than other years, as far as there's not a bunch of more people dropping dead.

Dr. Patrick G: And like you said, in the beginning, scary time, a lot of uncertainty and a lot of unknowns, but we're in a different world now. And so I was just curious how you saw that and you just put two and two together saying, Oh, these people now that, there's deep pockets over here. And if we can somehow meet a threshold by lying about death rates, we can unleash a bunch of money. And boy does that make certain people very wealthy while you're taking working people and destroying their lives economically. So you create a bigger wealth gap. And if you look at the threat, I think one of the biggest threats that's going

to be the by-product of the post-COVID world is the increase in the wealth gap. That to me, sends chills down my spine, as I'm observing it. So now let me ask this, masks is there is so on the lightning rod, I'm getting a lot of people saying this whole mask thing is completely ridiculous and it's more about control than it is about actually about limiting the transmission of the disease. What are your thoughts around it?

James Lyons-Weiler: Sure. Well, let's start back at the Spanish flu, since you brought that up. Actually there was a very large number of medical physicians back then, physicians who said most people are dying from Spanish flu, don't have influenza, they had bacterial pneumonia. So if you dig deep into the history of that, this problem has been onset since way back then. I mean, we're talking early 1900's and there does not seem to be sufficient public awareness that people are entitled to an accurate diagnosis. So I'm calling for people in all 50 states to pass legislation that requires definitive diagnosis for every case of respiratory virus. And I'm talking about defining the pathogen, validating the pathogen was actually present and can you culture it? And now that's going to be a massive expense, but that's what medicine is driven on. Fine turn into a testing thing, but test for everything.

James Lyons-Weiler: All right. And they're not going to want to do it. They're going to fight you every step of the way. It's going to be very difficult for legislators around the country to say, no, we don't want to know if people are getting bacterial pneumonia. No, we don't want to know who's getting influenza. Why do COVID lives matter, but the other ones don't? Is that what you're saying? So we've got these tools that we can use now. So when it comes to the masking, the masking issue also goes back to the Spanish flu. There were doctors back then that were publishing things that would read like those out of the papers right now that this doctor says masks accumulate pathogens, right? So an N95 mask has a doffing on and doffing off procedure. I guarantee you, if you think that you're safe from COVID-19 or any bacterial pathogen or any other virus, that's going to cause respiratory illness because you happen to be wearing N95.

James Lyons-Weiler: Someone should do the documentary, *The Life of a Mask*, where we follow the mask from the mask viewpoint, not from the human viewpoint, 100%. When you stuff it in your purse, you put it in your pocket. What else has been in your pocket? You go to the restaurant, you throw it on the table. Who else was on there before? You hang it from your ear? These new earrings that everybody has, right? But the most important time is the kids, especially the kids. And this upsets me really a lot. Kids should never, ever, ever have to mask. First of all, they do not transmit. They keep trying to publish studies that show that's wrong, but they do not transmit. Why? Because they don't have hyperemia because they have innate immunity. Children are protected, given special protection against respiratory illnesses, respiratory viruses, due to innate immunity. The body kills the virus before it can cause problems without antibodies.

James Lyons-Weiler: So second, you put a mask on a kid who's sitting there and they're going to be breathing in and out all day long. And they tend to be mucousy, especially young kids they tend to drool and slobber. I love my kids don't get me wrong, but they tend to accumulate on their mask a bio reservoir, biofilm. To expect a kid to sit there for one hour with a mask is unrealistic biologically, let alone five or eight. So these kids that are sitting there, they're constantly playing with their mask. Chuck Schumer is a great example of this, the politician, constantly touching his mask. And so where you got to watch where your hands have been and then, okay, no medical doctor ever would do that if they're wearing an N95 mask. They're also in a lower temperature environment. If you're a surgeon you're wearing an N95 mask and there's a high pressure. Why? Because you're supposed to have the proper mix of oxygen to nitrogen ratio in your blood. And if you impede the breathing of some people, you're going to have a problem.

James Lyons-Weiler: So finally the problem with masking kids, this generation of kids is we don't understand ambient learning. Children learn the significance of words, the significance of phrases, the significance of events by watching facial expressions. And if they can't see the adults or their friends unmasked to see their facial expressions, we're completely socializing them in ways where just imagine it's sad. Think of growing up and never seeing your teacher smiled at you ever. So they should mandate clear masks for teachers. They should mandate clear mask. If you're going to mandate a mask, it should be a clear mask and the state should provide it. If it's that important. How do you know that that mask wasn't kicking around? I mean, I've heard of people, I won't say who that will pick up a mask off the ground so they can go into a restaurant. I mean, really seriously. Let's get real here. If you want to be healthy, don't trap passages near your mouth and nose. That's the lesson. And they can culture tons of pathogens that you otherwise would not have been exposed to.

Dr. Patrick G: I feel great clarity around what you're saying relative to the mask issue. Now what about the argument that it's not about protecting you, but it's about protecting others from you that it's going to hold stuff in. So now, and incidentally, that's saying, hey, you've got to deplete your own health, just to try to prevent yourself from potentially spreading this virus. Do you think that there's any validity to the idea that the masks prevent droplets from going out, which would prevent the spread of disease or is that pure speculation?

James Lyons-Weiler: The droplets that we're most concerned about? And if you look at the literature, they're talking about people that are coughing or sneezing, right? So if I have a cough and I'm wearing a mask, I'll cough in my mask, but if I'm going to sneeze, I'm not sneezing in my mask. It takes a really special person to love humanity enough, to sneeze in the mask that you then have to wear for the next 15 minutes or 20 minutes. So people will take it off maybe go down their shirt or something, whatever the point being, we're all taught proper viral respiratory hygiene, it's called now, they came up with a word for it. Cover your mouth when you cough, this does probably better than a mask. Just cover your mouth when you cough and then go wash your hands. Sneez into your arm, don't shake hands after you coughed in your hands.

James Lyons-Weiler: It's not like those behaviors are not ubiquitous in our culture. "Cover your mouth when you cough." Every parent said that. Okay. So it's not as though we don't have alternatives to masks. It's especially important that we understand, like you brought up the idea of forced or mandatory masking. There's a woman named Diane Doucet from Canada. I met her in New Brunswick and she has a beautiful, beautiful message that she gave to the legislature there. It was a legislative committee and she pointed out that with mandatory vaccinations, if you're forcing someone to allow the state to use your body for the purpose of another person, in case of reducing transmission through herd immunity, it's a form of slavery, you're actually literally enslaving that person and their body.

James Lyons-Weiler: So yeah, it's just a mask. You can say that, it's just a mask. But what are the intended consequences? At the beginning, we talked about the balance of risks. What are the risks associated with mask is well-known, there's a scientific literature on it. We can't consider the benefits or the potential benefits without considering the risks. So yes, I think that a cloth mask will stop some droplets, but it should be an N95 according to CDC or 16 layers of cloth masks is what CDC requires to be the same as of a N95 mask. That's downgraded after COVID-19 from 20 layers. So initially the CDC was communicating, you need 20 layers of cloth masks to stop droplets.

Dr. Patrick G: Wow. Well, this has been a kind of a tour de force when it comes to this whole COVID subject and we've covered a lot of ground. And I very much appreciate the depth that goes into the conclusions so that my mentor taught me, they said dogmas to accept conclusions. Well, understanding the thinking that went into creating those conclusions. I don't believe that I think dogma is our enemy right now in very many ways.

Dr. Patrick G: So I am delighted that we were able to really go deep and to see the thinking, understanding, the reference, what's known in the literature, et cetera. And try to draw conclusions and see why we're not running around blindly saying that the sky is falling or that we got this wrong and that we're ringing the alarm bells that there's an extraordinary amount of deliberation that goes into this. And I'm just somebody who is extraordinarily appreciative that you exist, that you are doing the work, the research, the reading and you have the unique ability to take all that and translate it into present it. So it's been a wonderful experience to be able to be with you and have this conversation. So I want to thank you.

James Lyons-Weiler: Thank you. That means a lot to me. And I appreciate you having me on this. And I look forward to learning from the other people that you're going to have on this. We live in a world where the currency of knowledge is sometimes held to be exclusive because rare things are valuable, but that's not my experience. Knowledge doesn't mean anything unless you share it. So I'm very happy to share what I think I know. I don't know if you've had the chance to run into the Vaxxed vs. Unvaxxed study that I did with Paul Thomas' data.

Dr. Patrick G: I don't think I have, no.

James Lyons-Weiler: I'll send that to you. It came out in November.

Dr. Patrick G: Matter of fact, I think I just saw that on your website and I think that's one of the most critical things we look at as vaccinated versus unvaccinated populations and trying to look at what goes on there and that's being honest. The pro-vax people or I say that the people have a vaccine agenda seem to be very afraid of looking at that and they should be. So what do we find when we compare these two populations? So what did you find?

James Lyons-Weiler: The 561 unvaccinated kids on Paul Thomas' pediatric practice that were born into the practice. So we have full provenance of the vaccination record, over 2300 that are variably vaccinated. And what we found was that the vaccinated kids are going to the doctor many, many, many times fold more than the unvaccinated kids to be seen for these conditions that we think might be caused by vaccines. That includes allergy, allergic rhinitis. Anemia was huge. Aluminum in the vaccines binds to transferrin and that prevents the binding of iron from the diet preventing red blood cell. I think that's a huge component of what happens, it interrupts brain development. You cannot possibly develop your brain without oxygen. The brain is the number one consumer of oxygen and energy in our body. And so we found these associations of increased office visits.

James Lyons-Weiler: We also did some subgroup analysis and we looked at whether it was due to age or differences in healthcare use. The result actually has no difference in healthcare uptake for the people that take the least vaccines to the most vaccines they're making all their well-baby visits. So it's not as though the people that are not vaccinating are afraid of Dr. Paul and the other physicians there. They actually trust them very much. And so, but fever of course has the more vaccines you get, the more fever you get. So that's, we have a positive control and negative control. So in terms of health care seeking behavior, I think we addressed that directly by having these internal controls. The vaccinated kids require more health care than the unvaccinated kids, which means that it's more expensive to society to have a vaccinated child than an unvaccinated child when it comes to medical insurance, et cetera, et cetera.

James Lyons-Weiler: So by the same token, it's only a retrospective study. It falls short of being able to support causality. That's why we need the study to be replicated in a prospective study. And Paul is doing that with a foil initiative, the public health outcomes initiative, and we're continuing we've. That was only phase one. We have phase two as well, and that's being funded through IPAK, through public donations. This has nothing to do whatsoever with the government or vaccine manufacturers. And phase two, we are going to look at aluminum containing versus non alum containing. We're going to look at live versus non live. And we're going to look at other comparisons that were suggested. And other analysis suggested by the peer reviewers. This peer reviewed science stands on its own as a unique validation of past Vaxxed versus Unvaxxed studies like Anthony Mawson's, like the one by Brian Hooker and by Neil Miller. And there are others survey studies and so on, but it's clinical data.

James Lyons-Weiler: And we've set up a paradigm now that because we're looking at not just the incidents of these outcomes, we're looking at the total disease burden. We're looking at how sick these kids are that every vaccine safety study going forward should use that measure of relative incidents of offices, because we presented the results of office visit incidences or not office visit, but incidents we've presented the results of incidents as well. And I did a simulation and published it in this study that shows that looking at odds, ratios of incidents is less powerful than ratio of incidents, relative incidents of office visits. So we've made a methodological theoretical advance in vaccine safety science and in 2021, I'm going to start saying yes to the vaccine conferences, and I'm going to start going to them.

James Lyons-Weiler: And I'm going to start telling them, this is how you have to do the science. And they're going to say, how do you know it's not just granola crunching moms that bring their kids out and let them eat breakfast in the sunshine and get fresh air and smell the flowers and spend time with their friends and give them more hugs. And I'm going to say, there's no ADHD in the unvaccinated. So if it is a zero ADHD, so if it is a lifestyle choice, the number one public health priorities should be to find out what that lifestyle choice is and stop everything else. Just find out what these kids are so much healthier, it's mind blowing. In the ADHD situation, people that get 5% of the vaccines relative to people to get 5% of the vaccines. There's 50 fold increase in ADHD, 50 fold increase in going to the doctor.

Dr. Patrick G: Wow.

James Lyons-Weiler: Right. So take a look at that study and be happy to do more in-depth things sometime with you. You're a great interviewer. I appreciate it.

Dr. Patrick G: Yeah. We'll circle back to that. I appreciate that. And in conclusion, what's occurring to me as I'm listening to what you're saying and what your research has been demonstrating is that if I were going into present this to people who really were the policymakers and decision makers, I'd have to start with the question saying, I just need to know, can you all handle the truth? And are you because if they're not open to being to everything that they've been thinking, being wrong, if they can't handle the truth, then we're whistling in the wind. But the truth shall set you free. So we'll keep trying.

James Lyons-Weiler: Well in our philosophical rants, in the middle of the night, sometime when we do that one and we go really deep, I'll debate with you about truth versus science. It is one study, it needs to be validated, but it's worth keeping in mind that what's true about it is my representation of where the data came from, the provenance of the data, which regulatory compliance. I didn't do anything funny to make it look this way. And what the criticisms that I'm getting are that, well, it's probably granola crunching moms. Well, fine, drop everything you're doing and find out what that is. Let's say NIH needs to fund this study of what this magical lifestyle is, that puts an end to all this chronic illness because our kids are so sick.

Dr. Patrick G: Indeed. So again, Dr. Jack, it's been just an extraordinary journey and I don't think I've ever learned so much in so little amount of time. So thank you for that.

James Lyons-Weiler: Oh, you're welcome. Thanks for giving me the forum and everything that you're doing. It's the kind of experience that I think everybody should have once in a lifetime.

James Lyons-Weiler: ... experience that I think everybody should have once in a lifetime. It's been a thrill for me and it's really great. I look forward to working with you in the future.

Dr. Patrick G: That concludes part three of my three part interview with Dr. James Lyons-Weiler. As you can see, we needed to give this man the time to lay all of this information out and bring it to a conclusion. I was really riveted. I'd never met him prior to interviewing him for this series and I have to tell you, I was so blown away. I had great expectations. It's beyond anything I could have hoped for. I learned a lot and I hope you did too. Riveting information and need to know information, so thanks for being here with me to experience it.

Dr. Rashid Buttar



Dr. Patrick G: When I think of Dr. Rashid Buttar I think about a warrior. I can't imagine how this guy gets up every day, enters into the battles that he enters in, he's still in a medical practice. He still has a medical license. Yet, he is a non-conformist.

He does what he knows to be right to serve his patients and he will take on whatever fight he has to, to speak his truth and to do things the way that he thinks things should be done. So he's a champion for many. People follow him because he will take unpopular positions. The truth matters more than anything else, he doesn't avoid the fight, he walks head on into it and it's amazing what he's achieved in his life thus far. And I'm excited about what he's going to achieve into the future. So naturally, when it came to this whole issue of COVID-19, the policies around it and the vaccines that they're looking to put into the market, he's one of the first names that comes to mind saying, "We have to talk to Dr. Buttar about this and see what he has to say." And now, it's my privilege to be able to share that with you.

Dr. Patrick G: Dr. Buttar, I always want to come to you when we're talking about very important health related subjects. Your experience is extraordinary. You're a maverick thinker, but you don't just think you practice. I mean, literally you practice, you see patients so the conclusions you draw, you're putting on the ground with people that actually are in your care. And we've spoken about a variety of subjects because they are related to your practice, things like vaccines and cancer and other such challenges that you speak to very passionately. So just in a thumbnail, can we just get your background. How did you become the maverick that you are as far as your approach in thinking when it comes to medical care?

Dr. Rashid Buttar: Well, Dr. Gentempo, thank you first for inviting me to talk about this topic, which I know is the hottest topic right now probably on the planet. But as far as my background, I knew I was going to be a doctor when I was pretty young, probably 10, 11 years of age, and graduated from high school at 17, college at 21, med school at 25, I always did things a little bit differently. And to me, just because somebody does something a certain way, doesn't mean that it's the best way, so I'm always looking to do something better. And medicine, in various professions, I know you've been now in the documentary and movie production business for some time. If you make a mistake, you may not get as many people buying the movie, accountant makes a mistake, somebody pays more taxes, even an attorney makes a mistake and somebody goes to jail, okay?

Dr. Rashid Buttar: These are all not desirable things, but when doctors make mistakes or we don't get the outcome we're supposed to, our mistakes are counted in body bags. And it's a very sad scenario, but I saw the level of incompetence in medicine early on. While I was still in medical school, there were things that I didn't

understand why they were doing it because it defied logic, it defied common sense. And when I would ask the question, "Why are we doing it this way?" The answer that I got was always a very pathetic excuse, and that was, "Well, that's how we've always done it." And it didn't make any sense. The first time this actually happened was in a post-trauma situation, in a surgical intensive care unit, where we were giving a patient a certain type of fluid. We were giving them crystalloid, actually we were giving them a colloid and I asked, "Why are we giving this fluid?"

Dr. Rashid Buttar: And since then things have changed, at least in that particular hospital, but the reason that I got was the attending, I'm sorry, not the attending, but the senior resident looked at me and said, "Because this is how we've always done it." And it just didn't make any sense because you give somebody colloid, it's great, except that it's very transient and we should be giving crystalloid in my opinion. Now, if you need to give a crystalloid with a colloid in order to just get a transient osmotic shift in the fluid status in a person then fine, but it was just a routine standard. There was no assessment of what was going on with the patient and that's one of the things that bothered me, I guess. And so, I went to Brooke Army Medical Center at Fort Sam Houston at the Institute of Surgical Research and I started my residency there.

Dr. Rashid Buttar: And I served with the military in a couple of different capacities. I was with the second infantry division and was attached to the 101 air assault division for some movements. And also served with the fifth special forces group. And those are, at least with the SF it's not typical for doctors to do that stuff. It's considered a little stupid for doctors to be participating in those types of things, but I've just always done things a little bit differently. I just want a better outcome. I wish I could give you a real fancy story, but it's just that to me, if there's a wall that I've got to go through, it's better for me to turn the knob on the door and walk through the door then trying to butt my head against the wall and it seems like many of the things that we do in not just medicine, but in every aspect of life, from the media to economics, to the judicial system, the politics and in healthcare, in everything, it seems like we're not really doing things in the most efficient manner or the best manner possible.

Dr. Rashid Buttar: In fact, many times it seems to be orchestrated to do things in the wrong manner. And so, the question is why? And the answer is usually because somebody's vested in that more moronic way of doing things because they generate more revenue. And you look at big pharma, it's a perfect example. People always say, "Yeah, they're motivated by money." And I think, "Well, if they were really motivated by money, then to me," this is just my opinion, "to me, if it was based upon money and power, then you would think that they would actually do something more health oriented to promote health because they would get more money and they'd get more power because people were getting better." But I don't think it's about money and power, I think if it's anything, it's about dumbing the population down and hurting people. It's more sinister than just power and money.

Dr. Rashid Buttar: I think it's a difference between good and evil, because honestly, if you have product A and I have product B and my product is better than yours and it's faster than yours and makes people feel better, why wouldn't they get product B? And the answer is they would, so you used to let free capitalistic economic principles go into play the best product is going to win, but here the best product they want to suppress, they want to dumb it down, they want to villainize it. They want to demonize it. They want to ostracize it and they promote something that's going to cause more harm, more discomfort, longterm sequela. And so, if it was just about money, then they wouldn't be doing that, it's more sinister. So, it really came down to originally, I just wanted to do things better, but later on, it was to do things for the right reason.

Dr. Rashid Buttar: And unfortunately, the herd doesn't usually go in the right in the right direction. You've called me a maverick, I've been labeled as the most censored doctor on the planet in the last four or five months. I don't really consider myself a maverick. I don't really consider myself censorship worthy. I mean, to me, it's the truth. But I guess if the agenda to prevent the truth from getting out then I am censorship worthy. But yeah, I don't think it's really a maverick thing, it's just more common sense to me. It's the right thing to do. So I'll take whatever label they give me, as long as you don't label me with the rest of the idiots, I'm fine.

Dr. Patrick G: Well said, so that's a perfect segue into this COVID scenario. And I know we'll talk a bit about the COVID vaccines, but I'd love to get your view on COVID in general, the whole pandemic or the supposed pandemic, how you see it, what you think some of the origins, if you have any opinions about the real origins of it. Whether the social distancing, shutting down the economy, masks, et cetera, is that another one of those moronic things or do you think there's validity there? So give us your big picture view.

Dr. Rashid Buttar: Well, I'll just start off by warning you, Patrick, that you're going to have to reel me in because I have a tendency to go off tangent and I'll go down each one of these rabbit holes, I already have numerous times. So the first interview that happened sometime in April was with the Next News Network. Their record video that they had ever put out was the highest video rating they had, I think it was 6.3 million views on a interview that they did with Michelle Obama that took about three years to hit that 6.3 million. They did an interview with me, it was a 45 minute interview it was supposed to be 25 minutes, it was a 45 minute interview. I hit 9.1 million views on YouTube in six days.

Dr. Patrick G: Wow.

Dr. Rashid Buttar: And YouTube took it down. And from that point on, every interview that I did with people, well known people that said, "Don't worry, my YouTube channel, I've never had a video taken down." I would get taken down. Brad Lee interviewed me, the video got taken down. Luke Story did an interview with me, said "It's never been an issue for me." The video got taken down. Patrick Bet-David, video got taken down. Every one of these videos got taken down. Every time we had a video that hit a million views or more within 24 to 48 hours,

those videos would go down. I think I've had 76 or 77 videos on my own YouTube channel taken down and all of them had hit a million views within a couple of days. Now, the videos that hit a million views over a week or two weeks, they seem to leave those up. But if it hits a million views within a day or two, they take them down. It doesn't matter what the subject is.

Dr. Rashid Buttar: We had a video with Dr. Bruce Lipton and Nia Peoples and myself, we did a video to send out a message to the world and it was about gratitude, holding gratitude in your heart. They censored that video. They took that video down. I mean, we didn't even talk about COVID. It was just ridiculous. So, when you asked me about the whole COVID nonsense, I'll tell you, if there was one solution, if somebody said, "Hey, you can undo the stupidity, which is on an order of magnitude higher than any level of stupidity ever experienced by the human population in recorded or unrecorded time, which is right now, what we're doing with this pandemic," I think that gives you the essence of what I feel about this nonsense. It is the media that is the problem. The propaganda is so unbelievable.

Dr. Rashid Buttar: I cannot believe that people still fall for the idiocy. I mean, I was being interviewed and somebody talked about critical thinking and I said, "Let's stop. Let's stop talking about critical thinking. I'm not picky. Let's not even talk about critical thinking, just start thinking. You don't have to be critical about it, just think." Do you really think that you can walk into a restaurant with a mask on, walk to the table, with the mask on protecting yourself but then as soon as you sit down, because now you're two feet lower than the virus is up. Anybody that's below four feet head level we're not going to cause a problem. Do you really think that there's some virus that's that sophisticated to know that you must maintain social distancing while boarding a plane, but then you can sit down six inches next to somebody that you've never known before and you're okay?

Dr. Rashid Buttar: Please wear your mask, cover your nose and they'd get Nazi like telling you to cover your nose, but then it's okay to take off your mask to eat and drink something. I mean, the level of stupidity is just mind boggling. I mean, I can't even fathom how a person can allow themselves to get to that level of stupidity. And some of these people, I mean, I have my own family members that are in this level of stupidity. My own sister who's an attorney, a high powered attorney told my son who you interviewed, "I hope you don't buy into your dad's bullshit." Honestly. And my son, he's talking to me and I said, "What'd she say to you?" And he goes, "Well, I don't want to be antagonistic to her." And I'm like, "What do you mean? You don't want to be antagonistic to her?" He goes, "Dad, if I'm antagonistic to her, I don't have the opportunity to change her mind."

Dr. Rashid Buttar: And I'm like, at this point, I think people are so excited ingrained in their own distorted belief system that it's hard to justify anything else. Because you know some of these people are intelligent, so how can they actually get to that level of cognitive dissonance? If there are that many people that are that stupid that they think that there's a virus that they should give up their entire autonomy

and their independence like Ben Franklin said years ago, "Those who are willing to exchange a little bit of the illusion of safety for their freedoms deserve neither." And this is really what we're coming down to. This has nothing to do with a virus, it's been used. There is a virus. Yes, it is man made, it is chimeric. I actually was one of the first people that talked about this. It was in Nature Magazine, it was published. There was a chimeric manipulation of this virus. It was being done.

Dr. Rashid Buttar: They've been working on this for years and based upon the outcry from many virologists that this chimeric process to assess the pandemic potential of a pathogen is unethical and it's dangerous and it should stop. And finally, the U.S. government heard the protest and in 2004 declared a moratorium on any further chimeric research. Well, COVID was already being worked on at a lab in the University of North Carolina at Chapel Hill with not only doctors and researchers from Chapel Hill, but also from Sweden and from Harvard and from Wuhan. And in 2004, when the government passed that moratorium on no further chimeric research and let me just for your listeners, in case they don't know what chimeric research is or chimeric derivatives are. Essentially, it's a Frankenstein creation, a man made manipulation and creation of something that is naturally occurring.

Dr. Rashid Buttar: A chimeric derivative is not naturally occurring, all right? It's basically a Frankenstein version. And why do they do that? They do that to study gain of function. What does gain of function mean? Gain of function is that you take something that's naturally occurring, you make it more highly virulent and more damaging and more pathogenic, and then you use that. Why would anybody take something naturally occurring and then make it more virulent, make it more pathogenic? Well it's under the pretense of assessing the potential of it to cause a pandemic. So you are assessing the potential of a naturally occurring substance by changing it and deriving something that is highly more mutagenic and adaptogenic and virulent to then assess the potential of it causing a pandemic.

Dr. Rashid Buttar: Well, these damn rocket scientists they need a hammer to the head because why not just not do that and you don't have to worry about a pandemic? Because every pandemic that's been out there that we've known, it's all been because of some type of external factor that's been created that causes the body to shift. So the more evolved virological theory that was more, well, it hasn't been widely accepted, but when you change the label, people seem to accept it very quickly and this is the difference between viruses and exosomes. What is the difference between a virus and a exosome? Oh, well, virus is pathogenic and causes disease and exosomes are great and they enhance the body. Well, when you look at the morphological characteristics of exosomes and viruses, there is no difference.

Dr. Rashid Buttar: Morphological characteristic, they're identical. They're the same thing. They even look the same on a electron microscopy. But if you look at the more highly evolved theory of virology that was introduced by Rudolph Steiner over 100

years ago, viruses are really nothing more than a message that's being sent from our systems in response to an adaptogenic's need to survive. So there's a signal that comes in and then we get a symptom from that signal. The virus is a way to send the signal out so that others can get the same type of information and then create a response that is adaptogenically helpful. In a way, it's a mutagenic response, but it's designed to, by the ultimate engineer, by the creator to help our bodies to adapt and understand what shifts need to take place.

Dr. Rashid Buttar: And it's a slow type of a process, but when new things are introduced into our environment, new epigenetic aspects are introduced, like during the Spanish Flu, nobody remembers except for Rudolph Steiner and some of the people that studied his work, it was the advent of the radio wave that came into our planet, that was when the radio waves were invented. Well, most humans weren't ever exposed to radio waves and I think that caused, and in fact, Rudolph Steiner talks about it a lot more eloquently than I can, but it basically created a energetic shift, caused a characteristic change that our systems were not used to this new energetic impedance onto our system. So you can think of it as these radio frequencies, electromagnetic fields that were being generated by radio waves being introduced into society.

Dr. Rashid Buttar: We weren't able to handle off and not all of us were able to. Certain cells were able to respond, but for the vast majority, that energy was not cell resonant. And so, that caused a Spanish Flu and there was an adaptogenic response that happened and helped us to become more resilient. And each time something like this happens, it's an adaptogenic response, but trying to kill a virus, a virus isn't dead or alive. In fact, viruses need to live inside cells in order for them to even be viable, but they're not alive and they're not dead, they're DNA fragments. So again, I don't want to go into what an RNA, DNA fragment and what a virus or an exome is, I'm sure that that's probably boring for the vast majority of people. But when we start looking at the current situation, you know as well as I do that there's no such thing as a pandemic that lasts more than a few months.

Dr. Rashid Buttar: Because by definition, it's going to spike. You have herd immunity and then dies off and the species continues to survive and thrive just like we have for eons. Now to have this illusion of a pandemic and to say that it's lasted nine months, and we need a second shutdown. Back in June, exactly seven months ago, I have at least a half a dozen interviews and different people that interviewed me and they asked me where I saw this coming or going. And I said, "There's going to be a second wave. Bill Gates talks about this, there's a second wave." And they said, "Yeah, so you think that's BS?" I said, "No, I know there's going to be a second wave. Bill Gates is 100% right. But it's not what he's telling you. It's not going to be a second wave of the COVID hitting." It's because if first of all, had people wear masks, which suppresses your lymphocyte subpopulation, drops your immune response, spikes your cortisol because you're in a state of fear.

Dr. Rashid Buttar: Plus you're having to breathe oxygen through something restrictive, so you're reducing your own oxygen content in your body, which causes hypoxia, which

increases cortisol, which is a stress hormone, which then decreases the lymphocyte subpopulation. So it makes you more susceptible to anything, any virus spike, mycoplasma, yeast, fungi, whatever, so it's stressing the body out. Second, They're scaring you into staying home, about COVID, COVID, COVID, so people are staying home. Now they're going to start releasing people, tell them that it's going to be okay to come out from their homes, they're going to come out, they've been in a more sterile environments, so they haven't been able to pick up that herd immunity, the normal herd immunity that actually occurs in a normal pandemic situation. They're more immunocompromised.

Dr. Rashid Buttar: They're walking into a situation where they're going to be introduced to a bunch of new pathogens their body may have not been adapted to. And then on top of that, they're fearful, right? They're scared, which again, renders immune system more susceptible. So it's this loop that they've got. And then, they're rolling out the 5G and some people say, "Well, what's 5G got to do with COVID?" Nothing. 5G has nothing to do with COVID, but 5G is another way, another electromagnetic radio frequency, dirty type of energy, it's causing a disruption in the Voltage-Gated Calcium Channels and that disruption allows for an increase in permeability, not just to viruses, but to anything, not just COVID, but any virus, any type of pathogen. So you've got 5G being rolled out, 5G by the way, so people understand, the five gigahertz, I mean, it's the normal amount of energetics that we're being exposed to or have been exposed to, it's always been measured in Hertz.

Dr. Rashid Buttar: Well one gigahertz is 1 billion Hertz. One gigahertz is 1 billion Hertz. So when you have something that's running out at say 30 gigahertz, that's 30 billion Hertz. So when you start talking about being exposed to this form of energetic that we haven't been exposed to before it causes a disruption. Besides just the disruption of the Voltage-Gated Calcium Channels, it allows for more permeability, you've also got some of these things that as described by supposedly with the COVID where doctors have said, "This doesn't seem like it's a virus. It seems to be more mimicking something like altitude sickness and these people that can't seem to get oxygen, even though mechanically, they're doing fine." Well, it's because of a disassociation between the iron from the hemoglobin and the hemoglobin is the oxygen carrying capacity of the blood. So it causes this disruption and then they become essentially hypoxic and then what do we do?

Dr. Rashid Buttar: We throw them on a ventilator, but you can't correct a chemical problem with the mechanical means, all right? This is almost saying that it's like, I don't even know what an analogy would be, but it's like saying that in order to make sure that my car runs safe, I'm going to take a sledgehammer to it. It doesn't make any sense. A sledgehammer has nothing to do with making a car run safe. So they're putting these people on mechanical ventilator devices and cause barotrauma and then there's other types of issues that can occur, but it's not going to solve their problem, which is a hypoxia, not because of a ventilatory issue, but because of a disassociation of iron from hemoglobin issue. So anyway,

I've probably just verbally vomited on you and the audience, but hopefully you get my stance on this whole thing.

Dr. Rashid Buttar: It's ridiculous at best and the face mask and all this other stuff, it's stupidity on top of ridiculousness. And the second wave is basically stress. People are stressed out, they're scared, they've been immunocompromised because they've been kept inside their sterile homes. They've been rendered further immunocompromised because they're wearing these masks. Their systems are not optimum. And then they get go outside into this scenario where they've got 5G and now they're rolling out with the vaccines and when the vaccines cause these people to get sick and ill, they're going to say, "See, we told you there's a second wave." It's not going to be blamed in the vaccines, the deaths aren't going to be blamed on the vaccines. It's going to be blamed on the second wave. Whereas in fact, the safest thing for you to do is take the damn mask off, walk in public, expose yourself to it. If you haven't already been exposed because I'm pretty sure the entire world's population has been exposed to it.

Dr. Rashid Buttar: I'm convinced that everybody's already had this. I'm sure that my two sons actually had it in December and January before COVID became a big thing because both of them, they've gotten a cold here and there, but one of them was sick for 9 days. One was sick for 12 days and then they were fine, they were out of it. And nobody's talking about the death rate. Everybody talks about COVID the numbers being spiking up, but they're only talking about the number of people that are being diagnosed, but they've already got people that you check the right here, it's negative, left here, your positive. The President of Tanzania before they allowed the PCR testing to come in, he said, "Wait, before we do this, I want to do our own testing." They did their own testing, they took two samples, they sent them out. They labeled them as patient one, patient two, but an actuality one was from a piece of guava fruit and the other one was from a goat and they sent it off and they both came back tested positive for COVID-19.

Dr. Rashid Buttar: So that's absurd. In fact, just two days ago, there was a pretty prominent researcher doing a live broadcast to other researchers, was able to demonstrate how ridiculous this is and in fact, if it hasn't already been censored, nope, it hasn't yet. Austrian Lawmaker Tests Cola, like Coca-Cola, I don't think it was the brand name Coca-Cola it was just regular Cola for COVID and claims the other test result that was returned, shows that the test is worthless. So they did it live on Coca-Cola and it's positive for COVID. So testing for COVID is like testing to see how many people have a finger. Everybody's going to test positive for it eventually, all right? So testing doesn't mean that you have a problem. In fact, the PCR test was developed by a doctor by the name of Kary Mullis who won the Nobel Peace Prize for his development of the PCR test. So it's the RTPCR stands for real time polymerase chain reaction test. And that test, Kary Mullis himself said, "You cannot use it to diagnose an infectious process or a pathogenic issue." The RTPCR is designed as a...

Dr. Rashid Buttar: ... pathogenic issue. The RT-PCR is designed as a signature identifier. It's picking up a signature, that's all. So it's like picking up a small fragment of DNA structure and that's it. That doesn't mean you have a disease, it's just saying that you have that particular segment, and if you amplify the test enough, everybody's going to test positive for it. So, the number of people that have tested positive who've never even had the test or people that have been diagnosed with and the cause of death because they died was COVID-19, but they had heart disease or cancer. There've been people that have died in motorcycle accidents and the cause of death has been put down as COVID-19. I'm not exaggerating here, I've seen this myself. There are people that have committed suicide and the cause of death was COVID-19. Suicide, okay?

Dr. Rashid Buttar: Who would have known that the number one and the number two leading causes of death in the industrialized world, cancer and heart disease, that the solution for those two disease processes was COVID? Because nobody's dying of heart disease and cancer anymore. It's all COVID, right? So, I mean, if this was really true guys, then where all the dead bodies at? Where are all the dead bodies of these homeless people that don't have any way of social distancing and they don't have the mask? Where are all those dead people? Where are all the homeless people that are dead? I mean, it's just lies and people, then on social media they'll say, "COVID is a serious thing. I had COVID and I was on the death's doorstep and I'm a young, healthy bodybuilder, but I almost died or I was on a ventilator for whatever."

Dr. Rashid Buttar: Okay, first of all, nobody's looking at the full history of this person, because I would want to examine the person in myself. I want to know how many times did this bodybuilder do drugs? How many times did they take steroids and have other types of issues? And secondly, just because somebody comes and tells you that you have COVID and they put you on a ventilator, that doesn't mean that you needed to be on a ventilator. Just because somebody was stupid enough to put you on a ventilator, and then you survived it miraculously, to say that it's COVID and blaming it on something, that's just absolutely idiocy. And the level of idiocy out there is just, it's perpetuating itself.

Dr. Rashid Buttar: The last thing I want to say before I take a breath and let you ask, because I'm sure I've gone off on all sorts of different tangents here. There was a video that was released yesterday. Actually, there've been two videos. Dr. Sherri Tenpenny sent me one video and she said, "This is a really good one." It was a top 25 outspoken medical voices on the world right now, or most outspoken voices about the COVID issue right now. So, she said, "Watch this." So, I go to watch it. I got it 15 minutes after she sent it. It's dead, so I told her, I said, "The video link is gone." She went to find it. She goes, "It's gone," and she said, "It was really a great video. I was on it, you were on it. I thought you might want to watch it," and I was like, "Oh great. I didn't even get to see the video."

Dr. Rashid Buttar: Then yesterday, there was a link sent to me on the chat group that we have, the little private chat group. It's 100,000 doctors and medical professionals oppose COVID-19 vaccine. 100,000 doctors and medical professionals oppose COVID-19.

It's a video, when you click on it, it's gone. 100,000 doctors and medical professionals, and the video is gone. I got the link, I must've gotten to it two hours afterwards, it's gone. Now, tell me something, why is this information being censored? What are they scared off? Because censorship is something that you see, you would think about in North Korea. You'd think about maybe in Russia, in some communist regime like China, but not in the land of the free and the home of the brave and yet, that's exactly what's happening. This censorship is no different than the old book burning. Modern day book burning is where you take down the videos with a censor, where they prevent you from having a dialogue.

Dr. Rashid Buttar: So, I would just ask people to start thinking and remember history, those who forget history are destined to repeat it. I don't know who said that, somebody said that. I know it wasn't me, but I mean, that's something that I've heard throughout my life. And it's like nobody remembers what happened during World War II, what Hitler did. Nobody seems to be paying attention, and this is exactly out of that playbook. Just read history and then look at it right now, you will see the truth, and if you don't see the truth, then you're just blind.

Dr. Patrick G: Yeah. So what's interesting... And you've made so many points, but I guess to consolidate or to kind of bring it to a focus, here's how you see it. Number one, this was man-made, meaning it was a naturally occurring virus, they were playing with it in lab and that's how it got created. Number two, that...

Dr. Rashid Buttar: If you'd allow me to, if you do these numbers like this, then let me add to it just to make sure, because I know that as I was going through, I didn't build a case like that, like an attorney. I just kind of spit it out and then went on to the next thing. So by you pointing these numbers out, if you allow me to, let me just add to that, I'll focus on that. So that Wuhan thing that you said, it was man-made. But what's interesting is that the money was then once the government passed the moratorium to come here to research that they took that virus. And when I say they, it was Dr. Fauci who diverted \$3.8 million of US taxpayer funds and sent the funds to China and then that's where the research continued and it did go to Wuhan. Now the question that I don't know the answer to, and by the way, this is all published stuff.

Dr. Rashid Buttar: This isn't like, I'm just coming up and I'd had a secret piece of information or something. This was actually published in Nature and then they tried to white label it by putting a disclaimer, saying that we know people are using the study and this research and this publication to say that this is what happened but that doesn't mean what happened. They were basically saying the sky is blue and yes, we know that sky is blue. But just because people are seeing the sky is blue, you can't use this research to say the sky is blue because it's not really blue, it's green. It might be purple, it could be red, but it's not blue. So whatever they say, it's not blue. It's that type of stupidity.

Dr. Rashid Buttar: And on top of that, that research that was done when they made the virus, when it was at Wuhan, when it got released, whether it was actively released on

purpose intentionally or whether it was an accidental thing, a lab error, who knows, nobody knows that. Whether it was an actual, they said that it was a weaponized virus, I have no idea. I don't know about any of that, but the fact that it's a man-made virus, I know that and anybody of common sense would know it.

Dr. Rashid Buttar: In fact, I'll explain this one part to you that everybody already knows. You cannot patent a naturally occurring thing, right? You cannot patent walnuts, you can't patent grass, you can't patent cabbage. You can't patent things that are naturally occurring. The only way you can patent something is if it has been changed or has been created, it's been invented, it's something new. That's the whole purpose behind the patent laws, to promote new discoveries that give somebody almost like a monopoly on that technology for 19-20 years when they first develop it.

Dr. Rashid Buttar: Now, if you look at the virus, at the COVID virus, I'm not talking about the vaccine, I'm not talking about the solution, I'm talking about the virus itself. There is a patent, they've been multiple patents that have been applied, but the patent was perfected and issued in November of 2019, one month before the first COVID case, which was in December, 2019 in China. That patent was perfected in Europe, all right? And it was owned by a company called Pirbright Corporation. And you've got to go through this involved, real deep research, I'm being facetious, just Google it, you can find it. Pirbright owns a patent on COVID and who owns Pirbright or who controls Pirbright? The Bill and Melinda Gates Foundation.

Dr. Rashid Buttar: So now you've got this foundation that owns the patent on the virus that is behind this pandemic. So if it was naturally occurring, then how does somebody have a patent on it? Well, the only reason to have a patent on it, because it's not naturally occurring and it was man-made. And I mean, that's the simplest case for anybody of common sense, they can see that. Now, of course, you can go into more detail, but that's point number one, that it was man-made.

Dr. Patrick G: And I know all these rabbit holes lead to a lot of places when you look at these types of things. One of the things that you brought up that is also very disturbing as we're having these conversations is the censorship issue. And certainly we've been dealing with censorship for the stuff that we've been putting out here. Again, they took us off of Facebook and shut down all our accounts and it's par for the course. And you do have to ask the question, what are they so afraid of? There's an agenda here and anybody who speaks against the agenda suddenly gets censored or worse. And you talk about parallels in history and this is, when we look at the darkest times in history, that's what starts to happen. There's an agenda by people who are in control and have power and when anything rises up or speaks against the agenda or questions the agenda, that's through force and through censorship is being squashed.

Dr. Patrick G: So it's difficult to even get this information out so that people can get it. And then you have controlled the media, which is now what's creating the sheep.

The people are just saying, "Oh, wear a mask, do this" and they're just following along and they can't get the dissenting points of view or any differentiating points of view. So that I think is abundant and clear, that's out there. I also think that it's inconsistent with the definition of a pandemic that you have no change in death rates because that's what we see going on. And death rates are not different.

Dr. Rashid Buttar: In fact, that's a really good point because if you have the diagnosis numbers going up higher and higher, the death rates the same, it shows you how insignificant it really is. Because if the numbers of infections are going up, but the death rates the same, it's not an important thing. If the infection rates going up and the death rate is going up, then you can correlate, "Okay, wait a second to something going on." But when the death rate is the same and the numbers are going up, it shows you that it's actually getting more and more evident that it's less and less significant, that's what those numbers actually show. But again, people forget that one plus one is two, they're coming up with some kind of a strange and it's all media, the media is propaganda. They're saying the same channels, they're repeating the same thing in different countries, same words. It's just absurd.

Dr. Patrick G: Yeah. So and it's absurd and the thing that they can't hide from is a reference points like Sweden, which never shut down, never masked, never social distanced. They went on business as usual, right through the whole COVID shutdown. Sweden said, "We're not doing any of that, that doesn't make any sense." And if you look at the death rates in Sweden for the last six years, I reviewed them this morning, they're exactly pretty much the same year by year. There's no spike in 2020, they never shut down, they never quarantined, they never did. And they said, "It's ridiculous to quarantine healthy people, it makes no sense." So as we're talking about-

Dr. Rashid Buttar: I was going to say that after you can talk about Sweden and look at the US numbers, the US numbers for COVID compared to the 2018 flu season. The 2018 flu season killed far more people than the COVID did. And that's what the misdiagnosis of these deaths by attributing suicides and heart attacks and motor vehicle accidents and cancer and people that are in hospice with terminal conditions and then they die and they put them down as COVID. That's even, with that misinformation, 2018 flu season killed more people than the COVID thing. So it's just lies upon lies upon lies.

Dr. Patrick G: Yeah. And it's completely misrepresented in that way, because as you're seeing increasing COVID cases, we're seeing a decrease in flu, so they're just substituting data. I think they're manipulating the presentation of data and you can make anything look however you want with statistics, if you have an agenda to do so. As compared to saying, "What really can we call out all this raw data and understand?" So this all leads us up to now this subject... so just basically saying the origins of COVID-19, very suspect. What's being reported, there's no doubt is misinformation. It is indisputable that there's an extraordinary amount of censorship around it all, which is got to make you question, "Why would they

feel the need to protect the public good?" And when you see book burning for the public good, you start to recognize what's really going on if you look at history.

Dr. Patrick G: Now we lead up to Warp Speed vaccines. And so now we're in this window, we're saying, "Hey, these vaccines now have gone through human trials, they're ready for dissemination." And because basically it's, "Hey, everybody go hide in a cave and when the vaccine's ready come out, get the vaccine and we'll be through this." That's the basic story that they're peddling out there. What are your thoughts around these varying vaccines? Can they possibly have assessed the safety of these vaccines at this point? Could they possibly have assess efficacy of these vaccines at this point? What are your thoughts?

Dr. Rashid Buttar: Well, this is from the head, the acting head of the CDC made a comment about the vaccine and saying that just because you get the vaccine doesn't mean that you're not susceptible, all right? They basically said, I was trying to find the quote, but the head of the acting head of the CDC said that if you get the vaccine, it doesn't mean that you can't get the virus. And this is from Vin Gupta, "Just because you get the vaccine, get vaccinated after the second dose does not mean that you should be traveling. You could still get infected and pass it along to others." So he's a doctor, I think out in Massachusetts.

Dr. Rashid Buttar: Now, my question is, okay, so you get a vaccine, they're doing studies, propaganda studies right now to see how to convince people to come to get the second vaccine. Because there's so many people that are having adverse effects from the first vaccine. So they have to come up with how to manipulate or how to convince people to come and get the second vaccine. And then you were being told even after the second vaccine that, "Hey, you can still get it and you still need to wear your mask." So my question is, what the hell do you need the vaccine for in the first place? Okay? If the masks work, I have come down... I mean, I travel frequently and I've dealt with this on a personal level.

Dr. Rashid Buttar: So I've got these standard lines now, when people say something about a mask. They'll start saying, "I can't believe you are not wearing mask, why aren't you wearing a mask?" So my question is, "Are you a doctor?" "No." "Then shut the hell up because I am one and there's no validity to the mask." This is when I get really frustrated, okay? For a common person, if you're standing there and somebody comes up and says something to you about a mask, you ask them, "Do you think the mask works?" "Of course it works." "Then why are you worried about me not wearing a mask? You got your damn mask on." This is like almost saying, "Hey, put your seatbelt on because you need to be considerate because if you're not wearing your seatbelt, I can get hurt in a car accident." What?

Dr. Patrick G: So what would you say to the people saying the mask is not for you, it's to protect other people from you. Meaning if you were to cough or sneeze, it holds it in so it protects them.

Dr. Rashid Buttar: First of all, if a person, this is assuming that if somebody is walking around and is infectious, you're not going to be infectious, if you don't have any symptomology. They've already said that even the CDC has come out and said, "There's zero chance of transmitting this virus, if you have no symptoms." In fact, that's the whole process of the infectious disease. In fact, the premise behind infectious disease is a person gets a symptom and then they become infectious. If you're not symptomatic, then you're not infectious. And they've already said that, they try to say that COVID is different, but they've already proven that, that's not the case, all right? So if you don't have symptoms, then you can't give it to somebody else.

Dr. Rashid Buttar: But if the whole thing is, "Oh, wear your mask to be courteous to somebody else so that you don't spread it to somebody else." Well, here's the thing, if the mask is enough to keep it in me, assuming that I have it, then if you're wearing your damn mask, you're protected too. What does that have to do with me wearing a mask? All right? My mask is supposed to be good enough to protect you? Then guess what? You've got your own mask on, you've got the shit, what are you worried about? It's just like almost saying... There was a really, really powerful graphic, but powerful meme that a friend of mine sent me from Canada. So I'll describe it and I apologize beforehand about the vulgarness of it, it's not that vulgar, but. It's that, "If 0.04% of the people crapped on themselves, meaning deprecated on themselves, would that necessitate the rest of the 99.96% of the population to wear diapers?" And that's exactly what they're trying to make us believe.

Dr. Patrick G: It's almost an incomprehensible thing when you start to consider that these vaccines have been fast tracked in an unprecedented way. We already know that prior vaccines carried all kinds of safety and efficacy issues that we've revealed over time with our varying series. This it's almost incomprehensible that number one, they think that they can produce a vaccine because it's true, right? That they've been trying to create a coronavirus vaccine for many years, maybe even a decade or more unsuccessfully, suddenly they figured it out. And that the design of the studies don't even really demonstrate that this is going to help prevent the disease. To your point earlier saying, "Oh, just because you had your second dose doesn't mean that you're safe to go out or that you can't get the disease."

Dr. Patrick G: So it just seems there's no logic to any of it yet there are certainly high risks. So it does seem the benefits I think, are not demonstrated at all, the risks I think are extraordinary. And then once you let this genie out of the bottle, can it really be put back in? I think it's too late at that point.

Dr. Rashid Buttar: You're right. I completely 100% agree with you.

Dr. Patrick G: So let me just tie up and say that number one, I appreciate the fact that you'll speak out about this so unabashedly. Because it's a little easier for me where I'm not practicing anymore, but you're still practicing with a medical license every single day and you have that regulatory circumstance around you. Most

people are afraid because they're worried about their license, you show no such fear because I believe that you value the truth above all else and that's what matters here. So thank you for that.

Dr. Rashid Buttar: Thank you for that. I've had nine complaints from the medical board, I just actually responded to the last one this past Monday. And so, yeah it's interesting, but I've also been involved with many, many skirmishes with the medical boards over the last 20 years, practically every year. So I think they're just used to me. So they're just, as my attorney said, he says, "You're like a rock you've been hit so many times, you're still standing, they just gotten tired of hitting you. So they're just moving on to somebody that can take a beating easier."

Dr. Rashid Buttar: So, the thing is that the consequence for us to sit back right now is, I have children, so I'm concerned about their future, but it's actually even bigger than that, it's the future of mankind. And we were talking about changing the literal genetic code of the human genome if this RNA vaccine is introduced, it's going to rewrite the genetic code. What makes us human would no longer be there, it will not be the same signature. Because once this messenger RNA vaccine is in there, it's rewriting, it's constant, that's what RNA does, it rewrites and repairs DNA. So it's going to go into our systems and there's never been an RNA vaccine like this ever introduced into humans before.

Dr. Patrick G: Yeah, that's the genie that once you let it out, it's not like you say, "Oh, we've made a mistake," you can't take it back. And to your point, in the end, one has to wonder, is this intensional? Is this stupidity? Is it a combination of both? I think, yeah, propaganda's right word and censorship, propaganda, agenda, it all seems to be, it's a perfect storm of the most chilling circumstance I think we'll see in our lifetime. So Dr. Buttar as always so much appreciate you taking the time with us, I know how busy you are. And also just for the work you're doing in general, it's really important that you do what you do in the world, because without people like you, I shudder to think where we might be.

Dr. Rashid Buttar: Thank you Dr. Gentempo, I appreciate that.

Dr. Patrick G: That's it for my interview with Dr. Rashid Buttar. Boy am I glad people like him are in the world, willing to stand up, speak out, fight whatever the forces are that are against truth, against free speech, against thinking differently and continue to go at it every single day like he does. The man in my mind is unstoppable and I was really happy to be able to share this with you.

Outro



- Dr. Patrick G: That concludes episode seven of our nine part series, Vaccines Revealed - COVID Edition. We have covered a lot of ground, seven full episodes already with bonus content. So yeah, there's a lot there, but we still have a ways to go. So don't stop now, you've taken the ride. You are more informed than probably 99.9% of the populous right now, but there's still more information to get. And I'm pretty sure right now that you've realized that it's going to be important to revisit this information. I personally want to revisit this information and I did these interviews.
- Dr. Patrick G: So I'm going to encourage you to support our mission, I'm going to encourage you to own this series. It's very affordable, there's great bonuses. Just click the link, check out which one's right for you, invest in it, revisit this and know that you have our sincere thanks for helping to support the work that we're doing. I look forward to seeing you on the inside of episode eight.
- Dr. Judy Mikovitz: I'm a lab worker. It was clear chapter seven of our first book. You cough it on people, but you don't cough it on people if you're not sick. Please don't, yourself, be an experimental guinea pig and the worst thing you could do is put on a mask or get any kind of shot. And the data bear that out because you don't activate the immune system, you let your immune system clear the pathogen the way God intended. Do not let them inject, do not put on a mask and we'll realize a health like this country and world hasn't seen just like Sweden, just like Thailand.
- Colton Hall: You don't even have to really sell it because then you've got the government and the healthcare system, all pushing it for you. All you got to do is keep other treatment options out of the way, keep people in fear and keep telling them that this is the only answer. And when you finally get it approved for emergency use by the FDA, well then millions of people will be lined up at pharmacy to get it. The projected death totals of 2020 are inline with the total deaths every year, so there aren't any excess deaths. So without any excess deaths, how can we act like there's actually a medical pandemic?

Bonus Interview: Dr. Zach Bush



Dr. Patrick G: One of the brightest spirits in the world today is my friend, Dr. Zach Bush. He is creating a vision of what's possible for humanity that millions around the world are getting behind and for good reason. He has the ability to see clearly what the challenges are and then see past those challenges and see how we can get to higher ground and then he weaves together through his words and thoughts a beautiful vision for what could be in store for us. Doesn't mean that what we're facing right now isn't challenging, it is, but if we can understand it and then have a vision for transcending it, that's our best hope and that's what Dr. Zach Bush brings when he speaks. So I am very excited to introduce you to part one of my two part interview with Dr. Zach Bush. Zach, thanks so much for doing this. I'm really excited to have this conversation.

Dr. Zach Bush: It's a pleasure to be here again.

Dr. Patrick G: So, let me just clarify upfront, you don't represent yourself as a vaccine expert or a part of the "anti-vax movement", but you have a lot of perspective about the microbiome, immunity, how we co-exist with microbes, et cetera, which might inform us as we're thinking about these issues. So tell us, maybe starting with the big picture, what you see.

Dr. Zach Bush: The big picture right now is that it has never been more exciting to be a scientist in history I believe. There's so much revolutionary perspective emerging from the scientific world right now, and it's really being handed to us through genomics rather than a microscope for the first time.

Dr. Patrick G: What does genomics mean?

Dr. Zach Bush: Genomics is a look at the way in which life templates itself, and more importantly perhaps, adapts. And so, genomics or genetics is the study of how the blueprint for life merges and adapts with other life forms to create something of a higher state of function. And we've seen this since the origin of the most tiny fundamental pieces of biology, that would be arguably either the archaea, which are these tiny little ancient bacteria or the viruses themselves. And in both cases, their entire purpose is to accelerate gene transfer. And so, in many ways, genomics is the study of the language of genetic transfer, and it's the language of life in many ways. And interestingly, if we back up and look at where we've been over the last 150 years at least, we've had this perspective that we're at war with the microbiome.

Dr. Zach Bush: We're trying to beat back infection, we're trying to beat back viruses and bacteria and fungi, and the like, to protect this Holy of Holies, which is thought

to be this sterile human experience. That has completely broken down through the study of genomics, which is so interesting, again, because I think up until this point, we've really relied on the microscope to give us a deeper and deeper look into what is the fabric of life, and then we've delved past the biology into the quantum physics by crashing atoms into one another and trying to find that fabric of life. And what's starting to emerge from the study of genomics and realizing the plasticity or the fluent state of affairs in genetics, we're starting to realize that life has nothing to do with the fabric, it has everything to do with community. And it is only through biodiversity that we see the emergence of life as we understand it on the planet. And the language of that biodiversity is genomics and it's expressed through the microbiome and the virome in its highest state.

Dr. Patrick G: What's a virome?

Dr. Zach Bush: The virome is an important description of the pool of genetic information that travels around the world in an airborne state and then absorbs into biologic systems. And so, the virome is a very important differentiator from the microbiome. For too long we've been clumping as scientists and physicians and public, the viruses into this concept of bacteria and fungi and infectious agents. And so, we have them as piece of the microbiome, people would tell you that, that's bacteria, fungi, yeast, parasites, and viruses and that list. And the very definitions of the words micro and biome demonstrate that we can't include the viruses therein, because the first word means small, the second word meaning living organism. Biome meaning living organism and it turns out the viruses are not alive.

Dr. Zach Bush: And the way in which we can define that is they can't reproduce and they can't produce energy, they can't consume any source of fuel per se or the rest and so, there are a simple genetic packet of information that's transferred through biology to another species, or most often to reinforce a genetic shift within a species. And so, we package these information, genomic messages in smart targets, so we will cover it in proteins that will bind to very specific receptors in very specific tissues, in very specific organisms outside of ourselves. And so, in recent months, we've seen the most extraordinary global attention that's ever come to the virome. We've created this story about a pandemic that was going to attack humanity, and we've created the most extraordinary economic shift in the history of mankind.

Dr. Zach Bush: Trillions and trillions of dollars have shifted hands in a very short period of time, all because of a story around a tiny little virus that has a tiny bit of genetic information that actually has no ability in and of itself to change the course of human history. There is no way that we're going to see this virus change the rate of population growth on the planet, for example. It's not going to be like the plague where we saw 15 to 20% of all Western countries collapse in their populations. This virus from its outset was going to put a challenge on the human experience this year, but it was never going to threaten the fabric of society because the genetic information was targeted to a very specific part of

biology. And so, it's exciting to know that the virome is this pathway of information that is highly specific in its delivery mechanism.

Dr. Zach Bush: It's not just like this exudate from biology of stress that then is just attacking everything. It has to be absorbed through a very specific receptor, the H2 receptor in the case of coronavirus. And that happens to be expressed some in the lung, but also in the vascular tree and other places of the body. And so, there's this eloquent information stream of genomics being updated into very specific parts. It's just like when you get a software update on your computer. It's not going to go and put that piece of code in every area of your hard drive, it's going to go and put that in a very specific place. So around that piece of code is a targeting device that the programmer will build to push that to the right place so that it ends up with the right update. And viruses look to be designed exactly like that. These are intelligently designed, very meticulously designed updates to very specific parts of biology.

Dr. Patrick G: It's interesting because I was picturing it and said, "Wow, the virome sounds like wifi for biological upgrades throughout the planet, but we have taken this very militant view." In other words, we have to eradicate in this case, coronavirus or polio, name a virus, we're at war with it. I mean, literally we use military language when it comes to dealing with this. And based on what you're saying, is that completely just the wrong paradigm and should we really have a different look at this?

Dr. Zach Bush: This is one of the reasons it's so exciting to be a scientist right now. The only time in history that I can look back from my scientific worldview to see a similar seismic shift in perspective was Pythagoras 2,000 years ago with the ancient Greeks who suddenly realized that the geometry of a flat planet wasn't working and he suddenly realized that this planet might be round. And this was then 1,600 years before we would really start to understand the mechanics and the possibility of a round planet. And that would become the discovery of the telescope, obviously in the early 1600s, and suddenly, we have these who are looking out into the cosmos to realize that we weren't the center of the universe.

Dr. Zach Bush: And so, it's only been 400 years since we discovered that planet earth wasn't the center of the universe and everything was cycling around us. And I believe we're in a very similar moment right now around the understanding of human biology on earth, suddenly realizing we're not at the center. And if we are now realizing we're a tiny planet in the vast solar system, vast universe, galaxies, et cetera, of biology on this planet. And so, we are this tiny pixel of life and nowhere more is that obvious than when we start to really study the virome. And the virome is showing us just the sheer amount of genomic information on the planet at any given moment. Current estimates are that we have 10 to the 31 viruses in the air around us.

Dr. Patrick G: 10 to 31, 31 zeroes.

Dr. Zach Bush: 31 zeros after a one.

Dr. Patrick G: Can you give context for that?

Dr. Zach Bush: Yeah. The only number that maybe can start to put it in perspective for me is that 10 to the 31 is 10 million times more than our stars in the entire universe.

Dr. Patrick G: The entire known universe?

Dr. Zach Bush: Known universe. So you've got billions of stars within every single galaxy, billions of galaxies, multiply all of that out, you start to get a sense of a vast number, and then you have to put another series of zeros, you have to multiply it by 10 million times before you start to reach just the viruses in the air.

Dr. Patrick G: Wow.

Dr. Zach Bush: And then stunningly, it turns out that we have to come to terms with 10 of the 31 viruses in ocean water and 10 of the viruses in the soil under our feet.

Dr. Patrick G: Wow.

Dr. Zach Bush: And so, we are in this literal stew of genomic information that's interacting with our biology. And in fact, our biology was designed by it, which is really humbling. And again, it's not the microscope that's giving us the clue, it's the genomics, looking at the patterns of life and how it emerged from the fabric of the planet. And we see now in the human genomics that we now have categorized at least 50% of the human genes as having come directly from an unedited insert from a virus. At least 10% of the human genome is inserted by retroviruses like HIV. And so, this is starting to give us a sense of, we have vilified the very thing that has built human life on the planet. And if we continue to adopt a scientific attitude of that warfare mentality on the very thing that built us, we will create our own demise.

Dr. Zach Bush: And I believe that's what we're engineering today in our response to a pandemic, in our response to an infection in an ICU. We have this warfare like mentality that we need to kill everything around us. The risk is that we isolate ourselves. And the second law of thermodynamics is one of the most fascinating laws in science. And it's been proven at the scale of a galaxy, it's been proven at the scale of a single cell and even at the scale of a single atom. And the second law of thermodynamics teaches us that whenever you put a system of large or small capacity or dimension into isolation, it's entropy increases, which is its state of chaos increases.

Dr. Zach Bush: What we're doing as a human species right now is so sterilizing ourselves from the environment in which we were born. So sterilizing ourselves from nature in which we developed that we become an isolated system. And in that we become extremely chaotic and we express massive amounts of dysfunction and

disease. Auto immune disease, cancer, major depression, acne. It doesn't matter what you think of, these are all symptomatic of being isolated from an ecosystem that we now understand to be a continuum of life on the planet.

Dr. Patrick G: So I'm trying to put this in perspective. We're trying to sterilize everything around us, right? Everywhere you go, hand sanitizer, you put on your mask and you'll create this sterility around you, and that is considered protection. But in the model, I think in the way that you're laying it out, you're saying, "Wait a minute, there's an extraordinary amount of these things around and when we start to do this sterile practice and try to attack specific microbes, you're thrown off a balance and creating an imbalance in the way that we have to harmonize with the environment," is that accurate?

Dr. Zach Bush: Yeah, this sterile bubble, interestingly, as we produce it leads to a breakdown in self identity, which is very difficult to believe because it feels like warfare and strong borders of a nation and walls against intruders or immigrants, that seems like strong self identity. But what we learn at the biologic level is that as we remove the microbiome from the gut, for example, we lose the boundary of the gut membrane. And so, the further you sterilize and lose the wireless communication network that's produced by that microbiome or that diverse ecosystem, without that communication of the biodiversity, you can no longer know what's going on at the cellular level and what your response should be. And so, we see that the gut suddenly stops making the proteins that are the velcro that holds it into this profound boundary event that should say this is human beyond this space.

Dr. Zach Bush: And instead we see this erosion of that human identity at the biologic level, as we denude ourselves of the microbiome. And so, we have this extraordinary realization, I think, as a species, or we have the opportunity for this realization in that it is only in the participation of a biodiverse ecosystem of the planet that we will reach our full biologic potential. And this reverses, or challenges certainly 150 years, but really a couple of 100 years of germ theory that we thought we had to kill all of those things, we thought they were attacking us. And again, genomics has told a very weird story, that the microbiome is not this organic soil limited to our gut. We now know that the liver, the kidneys, the bladder, the prostate, the breast, and now even the human brain is recognized to have vital microbiome within it in the healthy state.

Dr. Zach Bush: And when we find ourselves in the state of biologic stress, the first response system, perhaps the most intelligent response system to move us toward repair and regeneration is actually that microbiome within the human system. And so, there's this extraordinary new challenge to realize that a healthy immune system, as we've turned it is not even supposed to kill the organisms within our body, it's supposed to understand and realize a balanced state or a homeostasis with the biodiversity within us and around us. It's never attacked anything. It's only been there to establish balance.

Dr. Patrick G: With vaccines as we look at them, historically we can observe there's been many viral plagues, if you will, or pandemics that have come around, have killed some people and then have gone away, there's never a vaccine for them. It seems like a part of the natural cycle of life to a large extent. And sometimes maybe they're associated with environmental changes, maybe how we moved from more rural settings to concentrated cities, that kind of a thing. So does that play into your model or how you see things?

Dr. Zach Bush: I think it plays both into this new understanding that's emerging that everything is a continuum of biodiversity, but it's also the very thing that vilified the viruses to begin with in that we saw these pandemics, or we see flu season every year or whatever it is. And we assume that the virus is doing this because we can create the scientific correlation that this person is presenting with upper respiratory symptoms of mucus production and fever and we can measure a virus in their bloodstream at that moment. And so, we've made this correlation in time and we've accused the virus as being the causative agent there. But if we back out and look at human history for sure and when these things show up, it's starting to become very obvious that the symptoms that we're developing around these viral experiences are the symptoms of toxicity of the environment that we are creating around ourselves as a people.

Dr. Zach Bush: And therefore the virus is uncovering this toxicity. And nowhere more true is that than coronavirus as we've seen it. And coronavirus as it's moved around the world, it has demonstrated to us where's the highest toxicity in places. And it, of course, was first defined in Hubei Province in China. Whether it comes from Hubei Province originally or not will take us some time to tease out. But what we can say with confidence is that Hubei is the most toxic environment that we've produced on the planet in regard to its soil and water and air systems. And so, when we see biologic stress at the level of soil, water, and air, we know we're going to start forcing a large extinction event to start to emerge.

Dr. Zach Bush: And when we force extinction and when we force such high biologic stress that the species of any form, microbiology or otherwise, they start to exude viral information looking for an adaptation event. And so, when a bacteria are stressed in the intense herbicide environment of Hubei Province that sprays more Roundup than any other province in China and more intense antibiotic usage in pork industry than anywhere else in the world. And so, we have this massive of anti-microbial warfare going on and Hubei and we're creating this huge stressor. And so, there's going to be this exudation of viral genomics into that environment that's actually looking for an adaptive possibility. And we have this opportunity to start to see now around the world, as we start to follow this pandemic that it crops up in places that don't make sense really.

Dr. Zach Bush: Why did it go from Hubei province to Northern Italy, and then many months later, you see Germany and other places. It's not geographically making sense in its distribution until you look at the toxicity of soil and water and air systems. And so, it turns out that Memphis and Louisiana, New York, Northern Italy, all of which cropped up within weeks of each other are the areas of highest spraying

of antibiotics and herbicides and pesticides and the highest air particulate pollution of something that we call PM2.5, particular matter 2.5. And so, we've created a big stressor, demanded viral production, the virus is then combined to PM2.5 in abnormal clumps, so that not as nature designed it, we end up with an over concentration of this genomic update or expression, and then that's tagged to a receptor through coronavirus to our lung.

Dr. Zach Bush: And so, we're creating this smart bomb where in fact, the virus was a very benign update originally. Coronavirus obviously causes the common cold, it cycles through in a more virulent fashion every 8 to 10 years, we saw it in SARS, we saw it in MERS, 2002, 2012, 2020. And so, we see these patterns of coronavirus happening around the world. And of course, we can go all the way back to 740 years ago to see the first of these coronavirus like pandemics. And so, it's been in the human experience for a long time, and it seems to be intelligent in the way in which it expresses the genomic update. So should not be surprising that we see the highest concentration of genetic expression of this compound, where we have the highest degree of toxicity or pressure on biology to change. Toxicity creates the need for adaptation and regeneration, viruses are the mechanism by which we do that.

Dr. Zach Bush: And so, when we see a virus crop up, we need to alter our perspective to not damn the virus, but recognize the viruses are friendly red flags saying, "You got a problem over here. You've got a high degree of toxicity that's happening here. You need to shift this terrain. You need to change the environment here." And this is exactly what we saw with this pandemic is in Hubei Providence it has the highest PM 2.5 air pollution in the world. As soon as this pandemic lockdown happened, the pollution started to drop. No cars, energy production goes down. As soon as it dropped below 40 particular points of carbon per cubic meter, we suddenly saw the death from coronavirus go away in that province. And so, as we clean up the environment from a change in human behavior, we think, "Ah, we beat the virus or we somehow have herd immunity to the virus."

Dr. Zach Bush: The virus actually doesn't even interact with our immune system like a bacteria or a fungi does, we're not waiting to win the war against the virus, it's not how it works. That virus is always going to be present in the environment now, we're never going to eradicate coronavirus. It's going to be around forever and it's going to be different variations all the time. We're already creating variations of what we call COVID-19, that already has multiple genomic variations in it even within the United States in those first few weeks, we're already at three different strains of that genomic sequence. And so, to say that there's one thing that's attacking us is super inaccurate. There's one stressor that we're creating that's expressing itself in disease. And the virus is in many ways, the innocent bystander that happens to be trafficking the pollution into our bloodstream through its smart delivery system not knowing or not being able to modify the fact that it's carrying air pollution into our bloodstream.

Dr. Zach Bush: PM2.5 binds the virus. and it also binds things like cyanide and the other common toxins that were produced in the energy industry. And so, we're pulling

the toxicity of our air pollution right into the bloodstream by the action of a smart virus that never intended any harm. It was an adaptation to biology in probably the most important organ systems that are being challenged by that very toxicity. In areas of high PM2.5 in cyanide, your vascular tree and in fact, the hemoglobin that carries oxygen is the place that we need the most adaptation and it's pretty amazing that more than 50% of people that have been exposed to coronavirus don't have any symptoms.

Dr. Zach Bush: They create some anti-bodies, they find balance with it. They express this genomics within their body and they get that update in the lung and the vascular system and in the red blood cell, importantly in the hemoglobin, there's an adaptation event that happened in those people. And it's not going to surprise me if in 10 years we find out that the people that were exposed to coronavirus, asymptomatic or otherwise are suddenly resilient against some other foul play of humankind. And they're more resilient to lung cancer or more resilient to COPD or chronic bronchitis or autoimmune disease because they successfully got this genomic update in the very tissues that we would expect dysfunction to happen.

Dr. Patrick G: This is fascinating because now it really does turn the current perspective on it right around 180 degrees where you're looking and saying that literally it's delivering a biological upgrade. And in some people, especially in compromised circumstances, as you cited, it's the environment that it's functioning in that's carrying these things in because that's what it's designed to do that meant to hurt us, but meant to be able to bring these things in and allow adaptation to occur.

Dr. Patrick G: So how do we create, or do you see it emerging that there's a new model of germ theory, if you will, as compared to germs are bad and we have to attack and go to war with them and winning the war means creating vaccines, which can be overwhelming and damaging to our immune systems as compared to supportive that there's a different model that says, "We need to understand this and now here's how we can operate." And the vulnerabilities as you cited, are in certain areas where manmade environments have allowed for this coronavirus pandemic to occur.

Dr. Zach Bush: Yeah. We have to come to terms with the fact that we keep finding at the foundation of dysfunction, pathophysiology, or disease, we see a perturbation in the microbial diversity first. And so, as we create an unbalanced or damaged ecosystem then we can expect and count on dysfunction within the human biology. And this emerged from the genomics of the gut microbiome in the 2005, 2010 era, when we started to first do genomic sequencing of all the bacteria in your gut. And then we were starting to correlate that with human disease to find out that if you were missing these bacteria, you start to get breast cancer. If you miss these bacteria, you'll get colon cancer, you miss these bacteria, you'll get lung cancer.

Dr. Zach Bush: And so, this extraordinary discovery of how is it possible that these gut flora, these bacteria that are nothing seemingly to do with the lung are predicting in their absence the occurrence of lung cancer. And when I was developing chemotherapy back in the day that was so antithetical to our model of cancer, that we would literally sit around our lab meetings and laugh about these hippie journal articles that were coming out of UCSD and UCSF and I'm in this pseudo ivory tower of the University of Virginia, the want to be Ivy league environment of we're far above that belief because we know that cancer is actually this accumulation of genetic injury in a human cell. We had this very human centric belief system about what cancer is and the bacteria simply didn't fit in. And so, we'd laugh that off, laugh that off, but pretty soon it got so ridiculous in the amount of data that's coming out of the genomics, it passed the gut.

Dr. Zach Bush: So by 2014, studies were starting to be published showing that the microbiome within the human breast could be demonstrated to have a dominant species of sphingomonas in a healthy human breast. And as you start to stress that environment and create an acidic tissue environment from chronic emotional stress, chronic environmental stressors, food stress, all of these things, the sphingomonas cannot thrive there. And so, you see sphingomonas step out of the microbiome and you see a microbacterium radial tolerance step in as the dominant species. And so, then there was this brief belief that, oh, microbacterium must be causing breast cancer.

Dr. Patrick G: I was going to say, does it get confused because it's coincidence that, oh, this must be the cause because it happens to be here as compared to the cure.

Dr. Zach Bush: It was exciting. We were like, maybe it's H.pylori causing ulcers in the stomach, maybe breast cancer because it was every breast cancer they studied had this bacterium present. It had other bacteria too, so it's interesting that both the diseased breast and the healthy breast have an ecosystem, not just the dominant sphingomonas. And the study that was really telling was one that studied the bilateral breast in the same women. So a breast with breast cancer it and then the contralateral breast with no cancer in it, had different gardens, had different organic material, different microbiome in there. And so, they were set out to show that the methylobacterium was causing cancer. And so, to do that, they wanted to show that the more genomic DNA sequencing of methylobacterium, the more aggressive that cancer got. And in fact, they showed the exact opposite. The more sterile that tumor got, the faster that woman died of metastatic cancer.

Dr. Patrick G: Wow.

Dr. Zach Bush: And so, it was this startling realization that the shift in the microbiome was the first step towards damage control and it was trying to mobilize resources within a breast that can no longer supports sphingomonas because it's an aerobic bacterium. Methylobacterium is an anaerobe and it can deal with a lack of oxygen and it can still produce energy. And so, in tissue that starting to lose its tissue potential of energetic repair and mechanisms of regeneration,

methylobacterium steps in. If we then hammer that bacteria with antibiotics and chemotherapy and everything else and eradicate that bacterium, we risk the reality of a metastatic event and death from cancer. And so, in the same way that we're having to come to terms with the fact that the microbiome is smarter than human biology itself, the bacteria know how to adapt to human cellular injury better than the human cell seems to.

Dr. Zach Bush: The human cell can't recover without the re-emergence of that gut microbiome and tissue microbiome that needs to be present. And we can't stop that at the viruses, we can't say, "Oh yeah, well, that's the bacteria that are acting like that, but the viruses are all bad." And that's definitely the attitude that you'll find in scientists. Well, viruses are all bad. They're these Trojan horses that take over our genetic apparatus and produce a bunch of viruses to attack other cells around and all of that. That's ignoring the last 40 years of genetic data as to just how regulated the transcription of RNA and DNA is in ourselves. It's the most regulated event that happens in the body is to determine which RNA strand should make a protein, when should DNA making a specific RNA, these are very highly regulated steps with thousands of feedback loops and communication systems attached to it to make sure it never happens in an unregulated and detrimental form.

Dr. Zach Bush: Viruses can't come in and co-opt that whole system, it's impossible. There's too many checks and balances in the system. A virus has to come in and be welcomed into the genomic sequencing and the production of proteins and the immune system as we understand it with antibodies attacking these viruses and everything else is another fallacy. We don't form an antibody to the virus itself, we form an antibody only after the RNA has decided to replicate and put this genomic information into larger circulation into that body. And so, a single cell that starts to manufacture that RNA resulting protein and sticking these new proteins into our bloodstream that can then go and transmit to another cell and get that whole genomic update to all of the locations it's supposed to be.

Dr. Zach Bush: Remember this coronavirus isn't going to hit all of the tissues of the body. It's only going to hit the ACE2 receptor and where it's needed. And so, then the cell while making that protein will deposit little protein pieces on its surface for the surveillance of the immune system to say, "Is this stuff that we need or not?" If the immune system decides that there's a new protein being made by the cell that's not wanted in the system, it will bring in a killer T-cell and a macrophage and clean that cell up so that it stops producing that protein or the subsequent viruses. But its way downstream that an antibody ever gets involved. And this is starting to demonstrate that we need to expand that.

Dr. Patrick G: Explain why that's significant, that it's way downstream that an antibody gets involved because that's the whole fundamental basis for why they want to create vaccines to create antibodies but they're missing the big picture?

Dr. Zach Bush: Yeah, unfortunately, we don't come into balance with viruses through antibodies and that's of course, very fortunate because we die if we were

dependent on the antibody, because the antibody can't prevent the infection from happening. It can only bring us into balance after the genomic update is in process. And in fact, it can't eliminate the virus itself because it can only control the amount of cells that are expressing that thing over any period of time.

Dr. Zach Bush: And like I said, 50% of the genome of the human was stacked by these viral inserts. If we had the intention of clearing out all of that genetic information, mammals could have never occurred. And these are critical genes. If we look at human life, it turns out that the placenta, the formation of a placenta within the womb of a woman depends on an RNA virus that updated our genome millions of years back. We wouldn't have had the first birth of a mammal without an RNA sequence integrating itself into that biology.

Dr. Patrick G: So you're saying mammals became possible because of viruses?

Dr. Zach Bush: Entirely. We would not have had the first mammalian birth without it and furthermore, we would have never repaired. So I don't think we would have lived past a year of life if we didn't have another RNA sequence that actually is the way in which a STEM cell is enabled. So the STEM cell, which is this pluripotent mechanism of regeneration within our body can replace any cell within the body if two damaged to replicate. That STEM cell has this very specific RNA gene that allows it to move on the genetic sequence of the whole human DNA across bumper blocks. And so, there's these hard bumper blocks between genes typically that that makes sure that this cell is just going to be a liver cell, and this cell is just going to be a lung cell.

Dr. Patrick G: And that's how you get differentiation, yeah.

Dr. Zach Bush: To get a STEM cell to do any of those, you need a new RNA sequence from a retro virus like HIV that got integrated into the mammalian genome to allow a STEM cell to emerge that can do any of the above. And so, these critical mechanisms of human life are showing us that the immune system's intention was never to eradicate the genomic updates, it was always to bring us into balance with that genetic information. And so, how does that occur if it doesn't happen by antibodies? And this has been discovered largely through the study of HIV and hepatitis C, these chronic infections that are present in the body over decades and decades have allowed us to come to understand that the balance or homeostasis that we achieve with HIV is actually done by these little scissors that are produced inside the cytoplasm of the cell.

Dr. Zach Bush: And so, there's these very specific enzymes that target RNA or DNA of viruses specifically, and clip up the DNA before it can go into a replication state. And those enzymes are busy and so, 10 to the 31 viruses in the air around us, I can guarantee you over this short conversation, I've probably chopped trillions of cells within my body that are chopped up DNA sequences within trillions of times over just an hour of time, because there's so much being absorbed all the time. So I have to be in this constant editing mission. And so, we edit the genomic information before it ever goes into a sequence or production. That's

why the vast majority of people out there that will live a family that somebody has coronavirus in actually won't get the condition at all. And then half that do get the condition will be asymptomatic or mildly symptomatic, it's because they're editing all the time. They're not waiting for some antibody to form weeks later to eradicate this virus. They're able to come in to this homeostasis balance through this enzymatic work.

Dr. Patrick G:

Isn't Dr. Zach Bush just a beautiful soul? So excited that I could share this with you. I hope that you'll take this message and share it with others. Let people know about Vaccines Revealed, let them see the luminaries that we're interviewing. I appreciate you tuning in. And part two is going to be coming up for Dr. Zach Bush so make sure you're there to see that also. Thanks for being here.



Episode Eight



- Dr. Judy Mikovitz: I'm a lab worker. It was clear, Chapter 7 of our first book, you cough it on people, but you don't cough it on people if you're not sick. Please, don't yourself be an experimental guinea pig. The worst thing you could do is put on a mask or get any kind of shot and the data bear that out because you don't activate the immune system. You let your immune system clear the pathogen the way God intended.
- Dr. Judy Mikovitz: Do not let them inject you. Do not put on a mask. And we'll realize a health like this country and world hasn't seen, just like Sweden, just like Thailand.
- Colton Hall: You don't even have to really sell it because then you've got the government and the healthcare system all pushing it for you. All you got to do is keep other treatment options out of the way, keep people in fear, and keep telling them that this is the only answer. And when you finally get it approved for emergency use by the FDA, well, then millions of people will be lined up at the pharmacy to get it.
- Colton Hall: The projected desk totals of 2020 are in line with the total deaths every year, so there aren't any excess deaths. So without any excess deaths, how can we act like there's actually a medical pandemic?
- Dr. Patrick G: Welcome to Episode 8 of our nine-part series, Vaccines Revealed: COVID Edition. By now, we have covered a lot of ground with an extraordinary array of well-credentialed experts. I did these interviews and I still go back and revisit these interviews because of the density of the content. And it's not just because it's there out of curiosity and I want to see it, it's because the knowledge is critical to my life and my future and the future of my family. I need this to make proper decisions for myself and my family so that our future can be as bright as possible. We created this so that you can, too. This information is not available on mainstream platforms. Censorship, I don't have to tell you at this point how bad the censorship really is. It's highly disturbing, something that very much concerns me. Having this information, I believe, is vital for you and for people that you care about.
- Dr. Patrick G: So, I'm going to encourage you to invest in this. You can own this series, get all of this content, get all the bonuses, have it at your fingertips on demand. I have to tell you, I'm having off-camera conversations with our crew here and we're talking about different things. And somebody might say, "Well, I have a friend or a relative that's looking to do this, or maybe get the vaccine," or what have you. And I find myself saying, "Okay, have them watch Episode 3," "Have them see this interview in Episode 6," et cetera. This content is a library resource for you.

And we're coming to the end of the free viewing period and this information is extraordinarily valuable and vital.

Dr. Patrick G:

So, we're coming to an end of the free viewing period. All the discounting we have right now, the special promotions and packaging, all the bonuses that come with it, this is available now during this free viewing period. If you haven't already invested in it, and if you did, thank you so much, if you haven't, now's the time. So, Episode 8 of our nine-part docuseries coming up right now. Let's jump in.

Dr. Judy Mikovits



Dr. Patrick G: One of the most controversial figures in the world today when it comes to COVID-19 is Dr. Judy Mikovits. She is a person who has specific inside knowledge and information relative to this entire COVID scenario that very few other people have. And of course, people who have an agenda to put into the world what's going on today don't like what she has to say, so she's been viciously attacked. And as I like to tell people, don't just read the headlines and form a judgment, listen to the person, hear what it is they have to say. Because one thing is for sure, nobody can argue against her credentials, her expertise, her achievements academically and in her career. They try to discredit her, but just take a look at it. And the fact that she is in a very unique position of knowledge and experience to speak to this with authority. So I don't want you to read anything on the internet about her, I want you to hear it from her firsthand right here, right now.

Dr. Patrick G: Dr. Mikovits, thanks so much for taking time to share with us. I know you're at a conference right now and you got pulled away to do this interview and then you got to go back. You've been very busy lately, and for good reason. Let's start out if we can, though, just with your background, kind of a bio-sketch about your academic background and your career up to this point.

Dr. Judy Mikovitz: Yeah. I started my career in research in 1980 after graduating with a degree in chemistry, specialization in biology, at the National Cancer Institute. I was hired as a lab technician to purify Type I Interferons in natural products to use as cancer therapies. I moved from there to the Biological Response Modifiers Program in 1983, actually June 6, 1983, where I started working, now for 37 contiguous years, with Dr. Francis Ruscetti. And he's the father of human retroviruses, that's how he's known. He and Bernie Poiesz isolated the first disease-causing human retroviruses. In fact, the first human retroviruses, because prior to that, retroviruses were said not to exist, don't bother humans, don't have retroviruses, though we know that all animals and even plants have retroviruses which are key in regulating the genome. And 8% of our genome is a virome.

Dr. Patrick G: Dr. Mikovits, can you explain what a retrovirus is?

Dr. Judy Mikovitz: A retrovirus is an RNA virus that actually reverse transcribes its RNA genome into DNA and inserts it into your cellular DNA. It can be mitochondrial DNA, it can be other viruses infecting your cells like EBV. It literally is a very small virus that inserts itself in your DNA and then is replicated every time the cell replicates. So you make a little virus factory out of your DNA and they stay for the generations. And key, they deregulate natural immune responses, the regulatory part of our virome. What we learned really only recently in the last two decades is that 8% of our genome is in fact a virome. Many pieces and

parts, if you will, of retroviruses are inserted there and have been there literally since Genesis, since man was made and animals were made, each according to its kind.

Dr. Judy Mikovitz: And those viruses, retroviruses and others, are regulatory. It's very important for the epigenetic expression of our genes that these viruses not be expressed in the wrong cell at the wrong time. And literally from the time I started working with Dr. Ruscetti and then about a decade later got my PhD in 1991, with looking at how retroviruses epigenetically change gene expression and are associated with disease through the dysregulated immune system, so that inflammatory response, that flame.

Dr. Judy Mikovitz: The focus of my PhD was the monocyte macrophage, and this was with the retrovirus HIV, the associated agent, causative agent, of HIV/AIDS. And so basically my thesis said that if the retrovirus did not dysregulate the monocyte macrophage, then the T-cells never die. The immune dysfunction, the acquired immune dysfunction, never occurs. And so that targets, what I made was drugs, my passion was to make immune therapies and drugs, that is, modulate the immune system back to homeostasis or balance. Control the flame, and you never see that disease.

Dr. Judy Mikovitz: And so in 1991, I defended that thesis on November 14th and that was set a week after the newspapers reported that Magic Johnson had in fact antibodies to HIV, suggesting he had been infected. So at the time, it was "wait until your immune system is destroyed and your T-cells drop below 200," we'll just say that, and that was how we were marking the disease, were your T-cells dysfunctional? We looked at the immune profile in the cells. And so my thesis and my work with the epigenetics and the inflammatory cytokine pathways, the signatures of disease - it's not the signatures of infection, it's the signatures of disease - these explosive cytokine/chemokine storms, they're called now, they weren't then, that if that didn't happen and he should prevent and treat as soon as possible to silence the retrovirus through the epigenetic mechanisms, calm the immune system with steroids were used at the time. But the biological response modifiers we'd worked on for more than a decade, including Type I Interferons, and all of that is really key to what we're seeing in COVID-19. And I know that's the focus of this talk.

Dr. Judy Mikovitz: So 1999, I directed the Lab of Antiviral Drug Mechanisms at the National Cancer Institute. That's my job. My job is to understand the genetic and epigenetic susceptibilities of populations, understand why some people get disease and others don't when exposed to these microorganisms. So you see, it's important when you isolate and when you confirm the isolation of a new family of viruses and associate them with disease, you have to isolate them from the same patients. You have to isolate them from the people with the inflammatory, with the immunological markers that are the same. So when we did it in the beginning, we saw the associated autoimmunity, saw the associated cancers. The patients with that cytokine signature of disease, we isolated the virus from.

Dr. Judy Mikovitz: And then what you have to do is you have to take that virus, purify it away from other viruses and the human cells, and then you have to infect other human cells. And in the case of COVID-19, they're taking the SARS-CoV-2, they're taking bronchoalveolar lung lavage, taking fluid, taking cough and sputum, and they're putting it on monkey cells, vero monkey kidney cells which carry XMRVs, lots of coronaviruses. And in fact, it's the vero monkey kidney cells that we grow the viruses for our polio vaccines. So, many people have already been injected. And then flu vaccines are also grown on other animal cell lines which carry other animal viruses. So again, there's been no proof in COVID-19 that SARS-CoV-2 is a human virus at all, hasn't been done. And so we know the COVID-19, that SARS-CoV-2, I don't want to say that because COVID-19 is not equal to SARS-CoV-2 infection. It is not causative in any way, shape, or form.

Dr. Judy Mikovitz: We know the recombinant envelope has HIV envelope sequences and it all importantly has that natural, that God-given Syncytin gene, that HERV-W envelope is expressed in this virus. So you've got a recombinant that has SARS-CoV-2, HIV, or SIV, if you will, SIV, and the HERV-W from these cell lines. Because anytime you use a fetal cell line, aborted fetal tissue, in the vaccines, all the polio vaccines, so understand these have been injected into people for decades. And since all liability was removed, the injury increases and increases.

Dr. Patrick G: There's a lot to unpack here, but let's make some distinctions so that people might be able to understand the implications of several of these things. First of all, obviously your background academically and career-wise is dead center of the bullseye for trying to understand what's happening in the world right now relative to this so-called pandemic. So let me ask you some questions to kind of unpack the implications of what you were saying.

Dr. Patrick G: First of all, you made a very important distinction that I don't think is made for, let's call it the lay public, for people who don't have a science background or people that don't understand what you understand or have your work experience. The difference between infection and disease, because to the lay person, if I'm infected, I have a disease. But that's not true. These are two different things. So can you on a non-academic, but on a lay basis, explain the difference between infection and disease and why that's important when trying to understand the whole COVID-19 scenario?

Dr. Judy Mikovitz: Right. So, we're exposed every day to dozens of infectious organisms. That's why we have mucosal surfaces, either through the skin or in the nasal pharyngeal cavity in the case of coronaviruses. We've been exposed, they're the common cold viruses. And I know Dr. Bhakti did a fabulous job explaining these viruses have been with us in our environment, again, since Genesis, the animals in Noah's Ark. The unclean and clean animals were put on the ark for a reason, because our immune systems have to understand our environment. And again, so the infection, we have Type I Interferons, we have the antioxidant glutathione which is in our natural foods, three amino acids, glutathione is your primary and intercellular antioxidant. We have Vitamin C, Vitamin D, outside the

cell. So all of these natural immune mechanisms, and importantly those monocyte macrophages, they surveil the nasopharyngeal cavities, the skin, the liver, the gut, and they look for these things.

Dr. Judy Mikovitz: And when that RNA, the infectious agent is an RNA blueprint. In the case of SARS-CoV-2, it's an envelope virus. And the envelope comes from your cells because RNA, nucleic acids, RNA and DNA in the blood, in the brain, are danger signals. So those danger signals wake up your immune system and say gobble, gobble, gobble. They're Pac-Men and they degrade them quickly and they never become viruses.

Dr. Judy Mikovitz: So in SARS-CoV-2, we're doing that ridiculous and nonclinical PCR test and sticking something into your meninges that's not sterile and pulling a fragment, 10% or less, let's say 1% of the virus, like 100 base pairs, and you're amplifying the blueprint of the virus. It's not a virus. The virus has an envelope, has proteins, has Gag, the things that are expressed in the vaccine. Actually, you put the blueprint in every cell of the body in the vaccine. That's not how it works in nature. In nature, the RNA and DNA in the blood or in the nasopharyngeal cavity, on the skin, those are all danger signals. And you degrade that very quickly before it ever enters the blood, before it ever enters the immune cells beyond the innate, beyond the frontline immune defense that we just talked about. So their job is to make sure it never gets to be a virus and establish tissue reservoirs where you can get a disease. So this is the thing. That's why they trigger these danger signals. And if you can restore with a healthy immune system to balance, then you never get the disease.

Dr. Judy Mikovitz: Well, what drives the infection? Where is your Type I Interferon and that antioxidant glutathione? In your mouth and nose. What do you do when you wear a mask? It's not sterile. You've got other bacteria on it. You stimulate the danger signals, the flame gets very high, you deplete your glutathione, which also we've depleted with glyphosate toxicity with Roundup. So our food, our soils, are depleted. The very things needed to run those pathways, minerals, zinc, Vitamin D, Vitamin C, to have a healthy balanced immune system aren't there. And the worst thing you could do is put on a mask or get any kind of shot. And the data bear that out because you don't activate the immune system, you let your your immune system clear the pathogen the way God intended.

Dr. Patrick G: And I want to jump into the mask in more details in a few moments talking about that particular thing. So basically what you're saying is, somebody can have an infection, meaning their body's been exposed to a particular pathogen, let's say in this case a virus, their body's immune system is properly taking care of it, so therefore you wouldn't call that that they have a disease. For example, if they say the body created antibodies to the virus, they don't express symptomatically. But yet if they say, "Well, the antibodies are there," and I think maybe you referred to Magic Johnson way back when, saying "Hey, he had antibodies," meaning he was maybe exposed to the virus, but he never got the disease called AIDS.

- Dr. Judy Mikovitz: Correct.
- Dr. Patrick G: So is that true here also, where many people are exposed to this coronavirus or the SARS-CoV-2, they're exposed to it but they don't get symptomatic, their immune system properly takes care of it. So they were, I guess, in one sense, infected, but they never got the disease. And I think it's important that people understand there's a difference between saying I was exposed to a pathogen or I was infected, but I also didn't get the disease, as compared to people who do get sick, maybe even very sick, and the immune system overreacts in the ways that you described earlier with cytokine storms, et cetera. So those are two very, very different things. Now if we extrapolate to policy, we have to make policy based on that understanding. Am I characterizing that... ?
- Dr. Judy Mikovitz: Absolutely correct. And that's the policy we made back with HIV/AIDS. Absolutely correct, the infection is not the disease. Think about, I know you know and probably see a lot of patients with Epstein-Barr Virus or HPV, human papillomavirus. 99% of the country, people are even born with these viruses back in their virome, remember we talked about earlier. 8% of your genome is viruses that we crippled and never get expressed. It's not the presence, it's the expression.
- Dr. Judy Mikovitz: And so we don't test for every influenza. We don't test for every coronavirus. I think the Prevnar vaccines have 23 bacterial antigens, that is, bacterial causes of upper respiratory infection. And every year, all upper-respiratory-causing viruses, respiratory syncytial viruses, all those viruses that can infect people and they're exposed to and they've mounted immune response and they've cleared it with the antibody.
- Dr. Judy Mikovitz: A coronavirus is not a retrovirus. You clear it. You do not maintain it every year. So, every exposure is new. So if you make strong antibody responses, you don't have to have the antibodies on alert all the time. That's what your regulatory parts of your immune system. That's why your Type I Interferon from your plasmacytoid dendritic cells tell the B regulatory cells, "Okay, make this kind of antibody," it's in your gut, that's IgA. When you see IgG, that's a memory, that's a past infection. IgM mucosal surfaces is one you've got right now.
- Dr. Judy Mikovitz: And yet now in COVID-19, all of everything we knew about biology and serology testing, which is the appropriate test. Because the PCR test as Kary Mullis, the discover, the late Kary Mullis and Nobel Laureate for that discovery, says, "No, that's not a virus." A fragment of a virus amplified a million times is not a virus. That's not infectious. It's not a particle. It's not coming out of your saliva. That's why I did the discussion of isolating it. Show me that virus, even in the sick person in their saliva, and put it in a human cell. We don't even have confirmed human-to-human transmission. And I've been arguing it's the injection of the coronaviruses in the flu vaccines. And there are many coronaviruses in flu vaccines, in chicken eggs, because you grow the viruses, the influenza viruses, in

chicken eggs. And chickens have a deadly coronavirus called IBV that is very contagious.

Dr. Judy Mikovitz: So, what is this recombinant SARS-CoV-2? And I don't think many people have been exposed this way and the data show that. The people testing positive, that is, expressing the virus that's already been dormant and taken apart by the immune system, are the people wearing the mask, the people getting the flu shot. So now they're saying, "Oops. New strains just came on my phone this morning. Oops. A new strain, and it's more highly transmissible." Well, that vero monkey cell line where those bat viruses, those coronaviruses, those XMRBs and SIVs, and dozens of insect viruses have been grown for 30 years. I did it in between my PhD defense in 1992 through to when I got that job as Director of Lab of Antiviral Drug Mechanisms. I was actually culturing bat viruses, Ebola, in the Fort Detrick Biosafety Level 4 military lab called USAMRIID and showing the difference in the strain, the nonpathogenic Reston strain and the Ebola Zaire deadly strain, was the cytokine signature of disease. So if the strain doesn't elicit that response, you won't see it.

Dr. Judy Mikovitz: And this is what we see with the flu shots. There was a large study done published from the military in January of 2020 showing that, in fact, influenza vaccination made you 36% more likely to get COVID-19 diagnosis, that is, those other viruses are turning on the flame. And it's thought that the vaccination, it's called a viral interference, is what it was thought, that if you had an immune response to another upper respiratory infection, the influenza viruses, that you would be protected against the coronaviruses.

Dr. Judy Mikovitz: But what we now know is antibody-dependent enhancement or pathogenic priming, actually it's not just the four influenza strains in those vaccines, it's chicken coronaviruses. In the case of the vaccine given in Italy, they had H1N1 in the pathogenic strains from the 1918 Spanish Flu which we cloned out of dead people. Why do you take the most pathogenic piece and then express it synthetically in an infectious molecular clone and use it in vaccines?

Dr. Judy Mikovitz: Well, the most susceptible are going to die because it's turning up the flame. So it's clear that the flu vaccine and the mask have driven the disease from all of the families, it's not just SARS-CoV-2. And that's why I keep saying it hasn't been isolated from person. It's been injected and other family members are. But the entire sequence has not been pulled out of a human and shown infectious and transmissible in another human cell. So I know Jack and I love to fight about this, Dr. Lyons-Weiler, because you pulled it out of the humans but you put it in monkey cells, and you don't know you didn't pull monkey viruses. And that's exactly what clearly the data show. They're not human-to-human transmission. When you try to take that virus and infect human cell lines, in some of the papers, there's a very, very faint band. A faint band of a nucleic acid is not an infectious virus.

Dr. Judy Mikovitz: And nobody's shown me in an autopsy or anything else the lung cells. That ground glass appearance, that can come from anything. Yes, bacteria do it differently in tissues and radiologists have told me that. But show me superimposable electron micrographs of SARS-CoV-2 with a complete sequence isolated. That's the kind of work we did in HIV and HTLV-1 and in the XMRVs. And it was done in the other family, the human beta retroviruses, which are strongly associated with cirrhosis of the liver and various liver diseases and so was discovered in the mid-90s. So again, it's not the infection, the disease is not. And the measures are driving the disease, not the infectious agent.

Dr. Patrick G: That's very fascinating in a sense, saying that the measures are driving it. So let's talk about that, or let's see what the actual risk is. For example, having looked at what's been published around this and, statistically, even looking at what the CDC is reporting, looking at the all-cause mortality year-over-year, we're told that we're in the midst of a deadly pandemic, and yet I'm looking at the death rates year-over-year from all causes, but just saying the combined death rates, and I'm seeing things like the death rate hasn't changed here, in Sweden where they never quarantined, never masked, same death rates, et cetera. How does one reconcile the fact that we have this dangerous, deadly disease but our death rates aren't changing?

Dr. Patrick G: And if you can comment, we'll go into a little bit of a lightning round on some of these things because I want to hit a bunch of things here. So number one, how do we explain the fact that the death rates haven't changed? Or, how would you explain it, maybe, is a better way to say it? And then number two, what is the real risk to most people, and if you want to break it down into age groups or comorbidities, but what is the real risk to people if they happen to be exposed and even get the disease that they're at risk of death?

Dr. Judy Mikovitz: Right. So the first thing is every year, the Centers for Disease Control lump all causes into the term "flu." All causes, bacterial, influenza viral, and it would have included coronaviruses, respiratory and syncytial viruses, other families that cause lung infection. All of those, they used to call it pneumonia and influenza, P&I is the classification. And you can go to the CDC's website and see from October '19 to October '20, one flu season, they listed P&I for this year as only 22,000 deaths and called everything else coronavirus without a single piece of data to show that. And it's criminal fraud. And so now-

Dr. Patrick G: How does that compare incidentally to last year for the prior season?

Dr. Judy Mikovitz: Actually, last year they called it 22,000 flu deaths. The year prior, it was up in the hundreds of thousands, or 80,000. But again, this was one of the most pathogenic flu vaccines. From 2017 through 2019, these flu vaccines were pathogenic. And in our book, *Plague of Corruption*, there's a whole chapter about the doctors who died. And we talked about Timothy Cunningham because in 2017-18 he was a doctor at the CDC and he saw the flu vaccine killing people. And in 2018-19 before that, the previous year before COVID-19, people had that

horrible cough. And I knew several people who had that horrible cough, that distinction that was different than others. So yes, there was a horrible flu season. And when you went and tested, then, it wasn't influenza. So, it was-

Dr. Judy Mikovitz: ... tested then. It wasn't influenza. So it was probably COVID-19. Again, infection by injection in those flu vaccines. People were more likely to... Especially the people with comorbidities, other inflammatory diseases. Because what's the flame in the middle of it? The flame means you've got a low level of a cytokine storm. And so when you throw the infection on it and you activate the immune system with a lot of infections in that flu vaccine, then you've driven the flame too high with no control in the elderly or the susceptible. You've just literally injured their own tissue. It's your own hyper immune response. So how it compares year to year, there were actually... And now this year, there were actually 272,000 deaths. So it was a bad flu season, '19 and '20, and the CDC lied and called 22,000 of that P&I, pneumonia and influenza and the other 250,000 they called COVID without a single piece of evidence that that's what the sick people were having. Do the serology test, not a PCR when they're sick.

Dr. Judy Mikovitz: So as you said, there's no more increased mortality. This magic, this Superman virus, SARS-CoV-2 suddenly eliminated influenza, suddenly eliminated other causes of pneumonia. And then all of a sudden this year, the CDC has changed and now it's going to be PIC. And they're going to lump everything as pneumonia, influenza, and coronaviruses. Remember, SARS-CoV-2 is one of dozens in those vero monkey kidney cells, in those flu vaccines. There is not one virus as a single agent doesn't cause a disease. It hasn't been shown, and this is what many of my colleagues are talking about.

Dr. Judy Mikovitz: So now everything's called PIC and the CDC criminally has had this little slight of hand. And that's what they're doing now. The Epoch Times reported, "Oh, here's a new strain." So now not only are we going to be forced to get Prevnar, pneumonia vaccines, influenza vaccines, here comes your annual coronavirus vaccine. So now you're going to get these three things and we've seen 23 people, the elderly, the frail who have gotten the COVID vaccine in Norway. Norwegians are dead. Why are you giving the most susceptible these deadly vaccines that literally are expressing in every cell of the body only the pathogenic envelopes, what your immune system sees?

Dr. Patrick G: So let's quickly talk about the varying forms of testing that exist. We already talked about the PCR test and everybody universally pretty much says really bad idea, that test. It is just not designed for how it's being used, yet, it's the prevalent test that's being performed and we're making policy based on its bad data. Could you talk about serological testing? What other types of testing is there for this particular pathogen?

Dr. Judy Mikovitz: Yeah. And you don't test the pathogen, you test the immune system. So the cytokine signature of disease. Look for the inflammation. You can test ferritin, which is iron levels in the blood, and that will give you a similar cytokine storm.

What you do is you find the susceptible and you keep their immune system healthy. So we don't test for the pathogen. It's the terrain. And we've known this since for a hundred years, the long fight a hundred years ago. In Claude Beauchamp, literally Pasteur admitted on his deathbed that Beauchamp was right. It's the terrain. Keep the immune system healthy.

Dr. Judy Mikovitz: So we don't do these tests. Every year, we don't test for influenza. We just give people flu vaccines, which are driving diseases every year. They drive the flu breakouts every year because there are other things there, and the immune system is further and further crippled by glyphosate, by GMO food. I mean, imagine. I'm here in Yuba City, California, and I'm in a hotel and it says, "Oh, we don't serve hot food." I'm like, "What?" "We only serve cold food in plastic." Oh, that's healthy. The masks are sprayed with Teflon and contain toxic pesticides from the cotton fields in China. So the toxic fluoride is just literally crippling our immune system again and turning on that flame. So why are we testing a PCR? We never tested it before. It's criminal fraud. They've known it from the beginning. And there's no scientific justification for it.

Dr. Judy Mikovitz: The people who don't test refuse it all. I'm in a church of a thousand people every week and Godspoke Church in Thousand Oaks, California here in Yuba City. There are thousands of people here. Nobody's sick. Nobody's got the flu. Every year, that's all it is. Oh, it's a virus. Your fever is 99. If it's 102, it's bacterial and the bacteria is coming from the mask. So fine. Why do they give a Z-Pak? Oh, because it's an antibiotic. So why ivermectin? Oh, coinfecting in parasites. Why hydroxychloroquine? So you're looking at the therapies, and you don't test. We never tested before. It's simply insanity. I'm in these churches. Nobody's sick.

Dr. Judy Mikovitz: Do we get a sniffle, sniffle, cough, cough? What happens when we were kids? Oh, it's a virus, your fever's 99. Let it run its course. That's that inflammation. Let it clear. Drink plenty of chicken soup. Get minerals, get zinc, hydroxychloroquine, vitamin C, natural products, cannabis, natural products to calm the flame. The endocannabinoid system we now know is the dimmer switch. So zinc. Just regular zinc. Remember Coldies? That's just zinc and vitamin C. Liposomal vitamin C. We drink orange juice, chicken soup, go to bed. It clears. And then you have an immune response.

Dr. Judy Mikovitz: Well, now, if you hit those people with, especially this deadly COVID-19 vaccine, and they've already made antibodies, you're going to see antibody dependent enhancement or pathogenic priming. You've already made the antibody and for molecular reasons that are yet to be appreciated. We don't know. We don't know why the people with strong antibody responses are having the profound and the deadly adverse reactions. So if 99.8% of the people with this exposure that are susceptible to death, that's 0.002% or whatever it is. It's nothing. 0.02%. That's the normal rate of people we protect from these upper respiratory infections anyway. But what is the serious deadly adverse reactions from the vaccine? Almost 4%. And we're seeing those same diseases we

described back in the 2011, when our papers were published, when they shut down my career. Why do we not have this scientific discourse if the data are clear and we have the data? So what do our journals do? They just wipe out an entire field of research, and now we've gone right back a hundred years ago to the viruses, the disease. And it absolutely is not.

Dr. Patrick G: So let's talk about the vaccine for a moment. When we started looking at it, they claim... And this is the RNA vaccine, right?

Dr. Judy Mikovitz: Right.

Dr. Patrick G: And that's a different animal altogether, which maybe we'll spend a few moments talking about that. But the claim in these vaccines, the two that have been released thus far, is that the efficacy, if you will, or its success rate, as they like to just generically for the lay audience call it, is like in the 90%, like 95%, what have you. What does that mean? And how are they arriving saying, "Oh, the vaccine is 95% effective." I think that they're... How can I put it? Those are kind of like deceptive. It's deceptive terminology. When they say it's 95% effective, how are they drawing that conclusion?

Dr. Judy Mikovitz: It's actually fraud. And I've given a talk. So when they say it's 95% effective, the study design was not to prevent transmission. The study design was, "does this mRNA wrapped in a lipid nanoparticle ameliorate, lessen the symptoms?" So in order for... So they had essentially in the Pfizer trial, they had essentially 22,000 people in the control arm and 22,000 people, the placebo, theoretically, and in the vaccine arm. And they were healthy people. They weren't the susceptible, they weren't the 85 year olds. They weren't the mentally disabled people in nursing homes. They weren't people with underlying inflammatory cytokine storms. They were healthy people. So in order to qualify to be considered in that 95%, they had to have a test positive, PCR test positive, any kind of evidence of SARS-CoV-2, and they had to be sick. And we know 99.8% of the people who the PCR test says you're positive aren't sick.

Dr. Judy Mikovitz: So essentially 160 people or something like that actually had PCR out of 45,000. And that proves it's not transmitting for people to people as they're accruing these people in these studies over the year. So they're not sick. So the only people that are sick ended up that they had to test positive. They had symptoms, and the vaccine reduced the symptoms by half, 50%, or by 95% or whatever it is. So it's a fancy statistical way to cover up the data, and it's criminal fraud. It really is. These vaccines don't prevent transmission. What the people got were fever, myalgia, muscle pain, chills. They got the symptoms of the disease and the vaccine, theoretically that's the 95% efficacious. It works because they didn't cough as much.

Dr. Judy Mikovitz: But where the danger comes in is it's a coverup because it doesn't stop transmission. So you don't have the symptom. And this is the same in the pertussis, in the whooping cough vaccine, which ends up being deadly. Because

now you can expose and cough out those dormant viruses you woke up with that vaccine and they won't just be coronaviruses, but influenza viruses. And you're coughing, and you're concentrating the virus in that mask. So you're a virus factory thinking you're somehow protected and you're spreading disease. That's what the early data in the experiments they're doing on the people right now, around the world with the four billion people. That's what's happening in the frail. They're getting sick and they're dying from the explosion, and you're actually spreading the virus. People testing positive and getting sick two weeks after the vaccine. So was it because you woke up the dormant? Was it because you got the flu shot and the other had an antibody dependent priming enhancement and a pathogenic priming and that's how you got sick? Yeah.

Dr. Judy Mikovitz: I mean, 4% serious adverse reaction. So the 95%... And Del Bigtree on the Highwire.com about a month ago, right when these data were shown did just a fabulous job showing the actual data and the publication fraud. And he does it so well every week. So I do hope that your audience knows to watch that. Follow childrenshealthdefense.org, The Defender, the news article, and every single week watch all of the data from Highwire.com because he showed in clear detail this past week the same thing I'm saying now.

Dr. Patrick G: And incidentally Del, we interviewed for this series also. So they'll be able to hear from him directly, which is great. So here's the thing that's startling, I think, that people don't understand. With what you just described, the idea... People think they get vaccines to prevent them from getting the disease. What you just described is saying that people are testing positive, meaning they're infected. And all we're trying to do at this point is mitigate the symptoms through this particular vaccine, not necessarily prevent transmission of the disease or prevent yourself getting infected. So in a sense, that's not a vaccine at all. It's a treatment for someone who's infected. Am I accurate?

Dr. Judy Mikovitz: Absolutely. And in fact, getting the disease, the infection is not the disease. And in fact, it's a treatment. The legal definition of a vaccine, and Dr. David Martin said this on a discussion we did called Line in the Sand.US where Bobby Kennedy Jr., Dr. David E. Martin and I discussed the fraud of Tony Fauci. So it was a focus on the fraud of him doing this because you're exactly correct. The vaccines, and this is true for the flu vaccines every year, you're giving the disease. You're not preventing, you're giving a weakened strain of the infectious agent in the case of the flu vaccines. Live viral vaccines. Same thing with polio, same thing with MMR. Three viral vaccines. They're e-viruses measles, mumps, and rubella. Attenuated, grown in animal cells, bringing in other viruses.

Dr. Judy Mikovitz: These aren't vaccines at all, because you have to stimulate an immune response and you have to boost the protective immune response and stop transmission and/or stop transmission. And none of what's being called a vaccine is this year. They're therapeutics and they're immune therapies just as I developed for the last 40 years. We develop vaccines for cancer where they're immune therapies. What those do is modulate the immune system back to balance. Dendritic cell

vaccines and others. That's not what's happening here. So the public's been lied to for decades, at least my entire career we've been lied to.

Dr. Patrick G: You're citing 4% adverse events for the current mRNA vaccine being offered or vaccines being offered. Where does that data come from?

Dr. Judy Mikovitz: Those data come from the people being injected like in Norway. In America where we're seeing these adverse events tally up. The doctors who died of ITP and things like that from hospital visits, from data that are collected that aren't covered up basically. Norway was one of them.

Dr. Patrick G: Is it possible it's much worse? So if that's reported data and we're still in the infant stages of rolling this thing out on a mass scale, and just to basically reiterate a couple of things that you said quickly. I want to make sure it don't go by people. Number one, when this was tested before being brought to market, it wasn't really tested on a variety of types of people or vulnerable populations necessarily. These were more healthy people. There were in some of those studies, I think, as they are reported adverse effects and some serious adverse events that occurred just in the testing, the so-called safety testing. Now it's being rolled out as data is being collected, as it's being rolled out, what you see is roughly 4% of the people are having... And would you put that in a category of a serious adverse event as compared to other people who might be having adverse events that aren't as serious, it's probably a bigger number? What's your view on that?

Dr. Judy Mikovitz: Yeah, yeah. This is a serious adverse event. It's things like ITP. It's things like death. In the healthy people, it's interesting because the young women, the CNA, the nursing assistant, and when we've all seen the video of her Parkinsonian shakes, that Huntington's like chorea where she's like totally... And these are people that have gotten the Gardasil vaccine, have gotten other vaccines that are there crippling their immune systems. So why are they susceptible? Why is it happening? So we've rolled out these vaccines on the most heavily vaccinated populations, doctors, nurses, military, the mentally disabled, and the elderly. These are people who for the last year or five years have been mandated to get these deadly shots and all kinds of deadly shots. And we can see the development of AIDS in Gardasil injury. So they're primed by the shots. So it's much, much higher. We know that the VAERS, Vaccine Adverse Event Reporting System only captured 1% of serious adverse events prior to rolling out this. And we know it's going to be... It's literally going to be catastrophic if we don't stop it now.

Dr. Patrick G: And looking at the position that the policy has created for most of the world relative to now saying, "Okay, we have this threat that we're calling COVID-19. It's highly contagious." We're portraying it, especially in the beginning, as millions of people are going to die just in this country alone. I mean the projections, and we found out those projections of course were very flawed in how they were constructed. And now with the distinctions you're making.

Einstein once said, "Make things as simple as possible, just not simpler." And I think there's a lot of oversimplification that's going on around this where they're looking at just this isolated circumstance as compared to what you're talking about saying, "Hey, you've got to actually understand that people have been vaccinated with other things leading up to this, that that plays a role in what's going to happen here.

Dr. Patrick G: There's systems theory and complexity that should be applied to the thinking and understanding as compared to saying, "Here is a virus," which they haven't fully isolated, to the point you made earlier. "Here is what it does to you, and then here is a response to it in the form of a vaccine to help eradicate it." Which again, I think ill-fated thinking that we can just eradicate things from the earth. And what people do say is, "Okay, I'll go hide. I'll wait for a vaccine. Then I'm going to come out. I'm going to get the vaccine and we can all go back to normal life." And that is completely ill-fated way of thinking, and there's a lot of complexity that has to be understood before you can even try to come to certain conclusions and make certain policies, et cetera.

Dr. Patrick G: And I think what you've done is you've spent just even now a good amount of time kind of saying, "Hey, there's all these other considerations." I'd love to come here and just talk about SARS-CoV-2 and leave it at that. But you can't understand what we're trying to understand and just have that narrow conversation. So I think where we landed is, so we're looking at the reaction to this thing, the testing, which is wrong, the policy that comes from it. You've already mentioned how masks literally are counterproductive, not even protective and why that might be.

Dr. Patrick G: The political side of this is that we've got people in positions of influence that are extremely invested in what they did, and to try to come up and say they're wrong, I don't know that they can even do that without meaning the end of their career, and as you described it, maybe even criminal in their behavior. So I'm saying all this leading up to something that I wonder if you have a thought around, which is this. I think the scariest thing for the people who've perpetrated what's going on right now in the way of policy and literally destroying people's lives, careers, the economy, et cetera. There's this work that is Sweden. Sweden never shut down. Sweden never masked. Sweden didn't follow what the rest of the world did. Have you actually looked at the data out of Sweden, seeing how it's comparing to everybody else? And do you have any conclusions you've drawn around that?

Dr. Judy Mikovitz: I've seen some of the data around Sweden and of course, their thinking as far as... As you just said Einstein said. They're thinking, they're recognizing that this isn't how nature and the immune system works. You don't lock up everybody and keep everybody away. You protect the most vulnerable. You don't put them in a mask. I think my experience bears out with Sweden's data and it's very clear, and it's also clear from other countries. I believe Thailand, Taiwan, North Korea, they've done the exact opposite for different reasons. I've said

throughout my career, just whatever Tony Fauci says, do the opposite and we'll see health. Because he's got a vested interest.

Dr. Judy Mikovitz: As Del Bigtree said the other day, he's like, "Hey, he's going to take that to his grave. So don't let him take us to his grave with him. Just simply do not comply. And that's why I'm here this weekend. We do not comply. We will not. We trust God." We bow down to only one authority and our science, the FDA, we can see with remdesivir, with the vaccines, that patent, the conflicts of interest. And this goes back again, 40 years, my entire career and how you see throughout the years. That's why we wrote *Plague of Corruption*. Our first book *Plague* where we just saw the disease, and I thought it had to do with gamma retroviruses, mouse gamma retroviruses in a contaminated blood supply. I had no idea about our colleague's paper in 2000... [inaudible 00:57:50] paper in 2011. It was only after I was jailed, fired when I refused to turn away the data. And we don't use statistics. There are damn lies in statistics was the way I was trained.

Dr. Judy Mikovitz: You show the disease, you show the data, every single piece of the data. And that's why throughout the decade that my reputation... They've attempted to destroy my reputation. They can say debunk. They can say discredited, they can say crazy. But the fact of the matter is I've never been disproven. And that paper stands to this day. The protein data, what we showed. We used these cell lines, these virus production factories, since the sixties. And the government says, "Oh, we're not using aborted fetal tissue. We've had those cell lines since the sixties." Yes. And what have we been doing? Contaminating them in our labs. They're infected with all kinds of things. And then we take that and we inject that directly in immune compromised people. And that's exactly what you're doing. And now they're saying, "Well, the COVID-19 doesn't have any animal cells in it, doesn't have any aborted fetal tissue cells in it. It's just that little lipid nanoparticle with the deadly PEG, polyethylene glycol." And it goes in every cell of the body.

Dr. Judy Mikovitz: And it's got an adeno virus factor, another cause of upper respiratory infections, and it expresses only the three pathogenic domains and they make proteins. And one of those is adenosine, directly causes multiple sclerosis, Parkinson's disease, Alzheimer's disease, dysregulation of the microglia, psychosis. Look at what we're doing with the neuroinflammation. And we've used these papers in vaccine court, and we've said that cytokine storm in vaccine court which is not a court at all. It's just a way to cover up this injury. So COVID-19 is cover up, a plague of corruption, over the past four decades that started all the way back with HIV AIDS and really all the way back in the thirties, the first cases of autism and myalgic encephalomyelitis associated with the early polio vaccines, which were passed through mouse brains and picked up a dormant virus. And the government admits it.

Dr. Judy Mikovitz: The government admits it at meetings like Simpsonwood and other things in what meetings that happen before and after. My crime was I refused to throw away or deny the data, as William Thompson locked it in his safe for two

decades while millions of families were destroyed, right? Well, now we're going to cremate the victims. You are going to inject them with this pathogenic, it's not a vaccine, with this synthetic chemical pathogen is what we're going to inject them with. And we're going to kill. Never do an autopsy. Say, "Boy, that was just as bad as the 1918 Spanish flu." Which had nothing to do with Spain and was driven by bacterial infections and the mask and a vaccine program. And people in close contact, started in the military in close contact in a highly stressful positions in World War I in bunkers and dirt, and we're just driving it the same way.

Dr. Judy Mikovitz: There's a book by John M. Barry called *The Great Influenza*, and it was published a decade or so ago. And it's scary how they've just literally repeated history. We're all supposed to sit here and believe it. So appreciate your efforts in putting these things together just as we've done in the past, truth about cancer, truth about vaccines. Because unless we can wake people up and say, "Please don't yourself be an experimental Guinea pig." I'm a lab worker. It was clear chapter seven of our first book that I seroconverted to the XMRVs. It was infectious and transmissible cancer. You cough it on people, but you don't cough it on people if you're not sick. So I won't ever wear a mask. I won't ever get AIDS. A-E-I-D-S, acquired endocannabinoid immune deficiency because I won't ever be injected and I'll keep my immune system strong.

Dr. Judy Mikovitz: And we know that because that was my thesis defense. Magic Johnson never got AIDS. It's not the infection and we have to stop this. And that's the great opportunity. We've lived in this nightmare. Every year what has Tony Fauci done for five presidents? Zika, Ebola, pig flu, swine flu, bird flu. Every year it's, "Here it goes, folks." And now they're doing it again with the CDC. "Here's another strain. Get ready." The cell lines are infected with dozens of strains until everybody wakes up and realizes it. Do not let them shoot you. Do not let them inject you. Do not put on a mask, and we'll realize a help like this country and world hasn't seen. Just like Sweden, just like Thailand, just like the other places who refuse to listen. We understand their criminal past.

Dr. Judy Mikovitz: The CDC, the Centers for Disease Control are a criminal organization as is the FDA. Their job is food and drug safety. Our food's not safe. It's toxic. Glyphosate causes cancer. The work of Stephanie Seneff. Our food's not safe. Why do they even exist? They gave themselves authority for deciding efficacy of drugs. No, I discovered it. I decide. No, I'm a physician. I use what works in my patients, but the FDA, as they did with remdesivir, with the patents, with the... Oh, they skewed the trials to make remdesivir and then they called it the standard of care at a cost to this country far more than HCQ, ivermectin, vitamin C, vitamin D, and look at how many lives they've destroyed. We as a country have to say no more and we have to stand up and we, the people.

Dr. Judy Mikovitz: That's why I'm here at The Free & The Brave Conference. We, the people, stand up and say, "No more. This is my God-given right to breathe air. You will not inject aborted fetal tissue or animal tissue into me ever again. And I'm not an

experimental animal. I'm not a monkey. I'm not a civet. I'm not anything else. I'm a human being. I'm not a hamster." This is all we can do, and that's why we just keep talking. People have to realize we've been lied to for 50 years and we have to forgive ourselves because almost every one of us has been injected with a lot of these things. And we can, and that's why I stand out here a decade after I seroconverted to the XMRVs. I'm whopping amounts of protein when I'm sick. I can easily go into lung cancer or death from my acquired immune deficiencies. We know these have been transmitted by laboratories, by doctors. That's why the doctors, seemingly healthy 58 year olds, dying because we've been exposed our whole life. And when you inject it, the trigger, you're just going to-

Dr. Judy Mikovitz: ... and when you inject it, the trigger, you're just going to detonate switch and kill the people. And cover it up. They don't do autopsies do they? They cover it up and they're going to call it COVID. Just like they called COPD, cardiac deaths, car accident, everything anybody over 65 died of was called COVID-19. Just like anything anybody died of was called HIV AIDS back in the 80s. And it wasn't true then, and it's not true now. HIV doesn't cause AIDS. And the scientists who said it didn't in the beginning their careers were destroyed. So they're playing the same playbook. And until we wake up and get smart enough to realize we are being played by these criminals and change the way our entire healthcare system is done, we simply will live on this gerbil wheel. And I refused. And all of us have to stand up and just say, "I do not comply."

Dr. Patrick G: I think it's a very disturbing view in summary because the events of the world right now are very disturbing. And to me, I think the biggest threat is... In summary, the biggest threat is the censorship. In other words, there's certainly people with dissenting opinions around varying aspects of this. However, anybody who's not towing the agenda line, the party line, is being shut out in silenced. So the first amendment has seemingly just been taken off the playing field. Getting information out is becoming very, very difficult for people to hear varying points of view and to be able to decide. And for me, when tyranny needs to rise up, because people aren't going to willingly accept what's being done to them, the first thing you have to do is prevent people from being able to speak freely.

Dr. Patrick G: And I know that for you, you've certainly have taken an enormous amount of heat, as well as some others who have been speaking out. And doing it unabashedly. Saying, "Hey, this is not mild disagreement. In many respects. Some of this money would be criminal behavior." And calling people out. And of course then what they have to do is violently attack you and discredit you and do everything possible to silence you.

Dr. Patrick G: So I appreciate you taking a stand on this and continuing to speak out on it, as well as many of your colleagues that you're even at this conference with. They're being viciously attacked and shunned. All of you, very credible people with credible academic and backgrounds and careers. And then just trying to say that, again, the words that are being used, "Discredited." Right? These are

broad sweeping things. But nobody really will get down and actually argue the facts of what you're saying as compared to just try to go ad hominem and attack people personally. Which is also part of, I think, of that playbook.

Dr. Patrick G: So what's critical and I think what we have to demand, whether you agree with what we're saying or not... I can't remember. I wish I could. Attribution to the person from history that was a part of the revolution of the United States who said, "I may disagree with what you're saying but I'll fight to the death for your right to say it." And once that's gone, I think all else is lost.

Dr. Patrick G: So I really do appreciate you taking the time, not only to sit and share your thoughts and your expertise with us, but I also appreciate that you're doing this on an ongoing basis because people need to speak up and need to hear it. And I just really appreciate the fact that you are not shying away from this fight. So thank you.

Dr. Judy Mikovitz: Well thank you so much, Patrick. It's pleasure to be here. And I do appreciate the opportunity to show the data and to speak.

Dr. Patrick G: This concludes my interview with Dr. Judy Mikovits. As you can see, she's a scientist. She uses scientific jargon. So people like you and I, who don't live in that world, maybe it gets a little difficult to track with them. But you can see that she knows what she's talking about, has assembled the pieces and has drawn conclusions. And it's interesting that they just try to censor her so that she can't speak out and get this to the world and let people form their own opinions. Which is why we were excited to have her here. So thanks for spending your time to learn from her.

Dr. Patrick G: My next interview is with Colton Hall, who is a pharmacist. It's very important for me, as we were exploring this series, to get views from varying areas of expertise, people with different credentials, different academic backgrounds, different ways of practicing, if they have a practice, different orientations, if you will, and see what kind of picture forms from these different perspectives. Well, to get a pharmacist to talk about his view relative to the COVID-19 scenario and COVID-19 vaccines, I felt was very critical. So I was really excited when he accepted our invitation to be interviewed. And I think you're going to find out why. So enjoy this interview with Colton Hall.

Colton Hall



Dr. Patrick G: Colton, thanks so much for taking the time to have this conversation. I'm really interested in what you have to say around this whole COVID thing. So let's just start with your background, your education background and then your professional activities.

Colton Hall: Okay. Sure. Yeah. Great. Thanks for having me. I'm really happy to be here and be part of trying to figure out what's really going on and hopefully remove some fear from people that seems to be a bit on necessary. So yeah, I mean, I'm a pharmacist by training. So I have my PHARM.D from the St. Louis College of Pharmacy. Graduated in 2010. Worked in retail, pharmacy manager and staff pharmacists for about seven years after college.

Colton Hall: Personally, I wasn't doing so good myself and suffered from really severe anxiety and depression. I guess over the years, I was always questioning things. And personally, my health continued to deteriorate. Severe anxiety that then added into depression. In my early twenties, my anxiety... When I was still in pharmacy school, the anxiety got so bad, I mean, I literally thought I was dying and ended up having to go to the hospital and stuff like this. And of course then figured out it was just anxiety. There wasn't actually something seriously wrong with me where I was literally about to die.

Colton Hall: Of course then I started having to rely on medication, the anxiolytics like Valium and stuff like that. And then the antidepressants were always there on and off to try to keep that at bay so it wasn't so severe. And as a pharmacist, over the years, I continued to notice how I kept getting worse, as well as all of my patients. The only people I noticed, as a pharmacist, helping thousands of people in all different areas not just retail, is that none of them got better unless they actually were just in and out. If they came in and maybe they got something for a little short term thing and then they got out and they stayed out of the medical system. Those were the only people and they were few and far between that ever actually seemed like they were getting better.

Colton Hall: So I think over those last few years there as I was working, I was just always saying things like... I didn't realize how true it really was, but to my patients, "It's not actually going to help you. You need to figure out what's actually wrong." And then at some point I was just, because they'd asked me questions about their medications, of course. At some point, I mean, I was so miserable I was like, "I can't keep living like this." I mean, I've been drinking every day as well since I was 14 until my early 30s just to numb things. I guess there was a lot I was very ignorant of and I didn't know. So numbing with alcohol was a big part of that.

Colton Hall: And yeah, so I guess towards the end there, I was just finally to a point where it was like, "If I keep living like this, drinking, smoking every day. I'm just going to work, working these 10, 11 hour shifts, just pushing hundreds of prescriptions. And I'm getting worse. My patients are getting worse." Quality of life was just... I mean, it couldn't have been any worse. It didn't make any sense to me anymore. And it just got to a point where I was like, "I'm just going to keel over and die or something's got to give. I got to do something."

Colton Hall: And then next thing I know, three weeks later I was on an island in Thailand, called Ko Pha-ngan, where there's this whole spiritual community. A best friend of mine and his partner were out there. I told him, I was like, "I'm just going to go and do a month yoga retreat or something. I don't care if they don't let me keep my job. I just have to get out of here."

Colton Hall: So I ended up there. And yeah, actually I was there just after a week or two, I sobered up and I did some breath work and I got into a meditative state. And I was just like, "Oh my God." I was like, "Everything is so clear." It's like, "There's definitely more to life." I'm like, "What am I doing?" I was like, "Nothing makes sense." And just the answers really started coming. A couple of weeks later, I did, I quit my job. I didn't go back. I was like, "I can't go back to that. I'll just fall back into those old patterns, those old ways." So that was it. I was like, "I have to start over completely. Right here, right now, I just got to do that."

Colton Hall: And that was just a little over two and a half years ago now, march, 2018. And it's been quite the journey since I made that decision, the healing process, and just changing so many ways, getting out of old patterns like drinking to numb the pain and stuff like that. It was quite difficult at first, retraining the mind. Because I guess I never knew anything about training the mind or the importance of any of the spiritual teachings or meditation. All of the amazing tools like breath work that helped me control anxiety without medication. I guess yoga. Just all of the things. There's many tools. But then in getting into proper meditation. Understanding the teachings. And then actually starting to work with transactional analysis psychotherapists to really understand the psychology that's connected to every part of my life. I'm like, "So after all of this, it really comes down to me." Proper meditation with the understanding of the teachings and understanding the psychology of the things so you can work on that. And it really makes everything that was completely unconscious conscious so you can actually work at it and start growing and expanding.

Colton Hall: So that was, in a nutshell, is kind of the journey I've been on the last two and a half years. And of course, a lot of the journey I was on too was also seeking truth and answers and understanding of why pharmaceuticals or the medical system was failing me and everybody else. And what's really going on there and why isn't it helping anybody? I mean, it's not that it doesn't help anybody. Don't get me wrong. There's some good things. We can save people's lives in emergency situations and stuff. But we've got it all wrong when it comes to just the overall structure of how that works.

Dr. Patrick G: Yeah. Your own personal circumstances set you off on a journey, if you will, where you are inside the system. You recognize the inadequacies of the system, I guess would be a kind way to say it. And then you go off to discover yourself, discover mindfulness, et cetera. You come back and it's like, "Okay, I think I've got a way to heal." And then next thing you know, this COVID thing pops up into the world. So you're now talking about COVID through the lens of your understanding, experience, training, education. Give me the view that you have of COVID. Maybe the big picture view. And then maybe we'll talk about some details around it.

Colton Hall: Sure. Okay. Yeah. That's, of course, a really interesting topic. Because from my perspective, what I've also seen in the past, all of the scares we've had with whatever it is, swine flu, H1N1, all of these things, that's exactly what they are. They're scares where there's a bunch of unnecessary fear, then sold through media to then turn around and sell, of course, the cure to that fear, or the vaccine most often.

Colton Hall: It seems like they've just used the same playbook they've always used on a much larger scale this time. So I guess my general interpretation of what's going on with COVID is what seems to be a big part of all of these pandemics, all of these big disease states we've had over the centuries. Which often there's a much bigger factor environmentally, or exposure to environmental factors, chemicals, whatever, these negative exposures that are actually having a big impact on people's health and people are getting sick. Of course people get sick. But then we blame it on something that we're not actually sure is causing it.

Dr. Patrick G: So let me ask some questions about how you see this. Because you're talking about the playbook. Right?

Colton Hall: Yeah.

Dr. Patrick G: What do you mean by a playbook?

Colton Hall: Well, I guess if you just think about a pharmaceutical company, they have a business to sell pharmaceuticals. Right? So I would go as far to say they may even be trying to create the problem out of thin air in some points. But maybe not that extreme. Regardless of what they're going to try to do, if you want to just sell a product is somehow you need to give people a reason to buy it. So I guess if you tell everybody that everybody's sick, and you sell a whole lot of fear, and you get people in this state of just where they're not even thinking straight anymore, and then you say, "Don't worry, we'll come and give you the answer to that." Yeah. Then of course people are going to buy it.

Colton Hall: In this case, I guess if we're talking about vaccines specifically, this is an even more interesting topic because you don't even have to really sell it. Because then you've got the government and the healthcare system all pushing it for you. I mean, all you got to do is keep other treatment options out of the way,

keep people in fear and keep telling them that this is the only answer. And when you finally get it approved for emergency use by the FDA, well then, millions of people will be lined up at the pharmacy to get it. So, yeah, the playbook, I guess is interesting in general.

Dr. Patrick G: Yeah. It seems that the incentives are misplaced in how that all works. As a pharmacist dispensing drugs and watching, I guess, the merry-go-round, as compared to people getting better and staying better, it is fascinating. But when you look at the big picture, do you see two questions. Do you think that this is a quote-unquote pandemic? Or do you think that it's something that is misrepresented? And number two, the actual threat of COVID-19, do you think that the threat is way overblown? Or do you think that there's a serious threat there?

Colton Hall: Oh, okay. Yeah. That's a good question. That's a great question. From what I can tell, there's literally zero evidence of any sort of a medical pandemic. I'm not sure what they're basing on the idea that we're in this medical pandemic other than basically a bunch of manipulated statistics and whatnot. As far as I see, I mean, it's already December and the projected death totals of 2020 are in line with the total deaths every year. So there aren't any excess deaths. Right? I'm sure you knew that.

Colton Hall: So without any excess deaths, how can we in any way act like there's actually a medical pandemic? Then you get into testing. Which the whole reason for there being a medical pandemic is, of course, the cases. And as I'm sure you're also aware of, there aren't really any impacts or the deaths from it. Other than the initial surge back in March, the deaths pretty much bottomed out. Because obviously when something new comes along, of course the vulnerable are going to be exposed and they were probably close to dying anyway. So more people are going to die when something new comes along. So that's of course explains the initial surge we saw back in March of impacts or deaths.

Colton Hall: But since then, I mean death impacts have completely bottomed out. It doesn't matter where you look, there just aren't any deaths. There aren't any actual impacts. And then when you get into what they're selling on the media and what the whole basis of telling us we're still in a pandemic is cases. Right? Well, what are the cases based off of? I'm sure you've also talked to some people that are really understanding the whole PCR test. And I'm sure they've explained it to you very well. But it's not testing for a specific virus. And we know the higher cycles they're running the more false positives. And they're trying to convince us that we've got a bunch of asymptomatic carriers running around. Well if you know anything about novel viruses then you're going to have symptoms, if you're exposed to something your body has never been exposed to before.

Colton Hall: It just doesn't make any sense to tell people that all of these false positives are asymptomatic carriers and they're spreading it around. When at the same time, they have not demonstrated that these asymptomatic carriers are actually

spreading any disease around. So really we've got an epidemic of false positives that they're just continuing to do the case counts on the media to just sell fear. When in reality, all you've got is a little test amplifying genetic material that can make anything test positive based on how high the cycles are run. And therefore, you've got a bunch of cases that aren't actually cases.

Dr. Patrick G: So let's stay here for a second. Because I think you're making a really, really important point.

Colton Hall: Okay.

Dr. Patrick G: I almost liked the characterization because there's sort of an irony in it. That the epidemic isn't is an epidemic of false positives, not an epidemic of people getting sick. Or pandemic of false positives. This is what I find to be very interesting. You laid this out quickly. But I wanted slow walk it a little bit. So we have a test that really isn't a proper test to assert that a person really... That it's sensitivity to specifically the coronavirus that is the virus identified with COVID-19. And a lot of people are even questioning if such a thing exists. Separate conversation. So the test can't do that.

Dr. Patrick G: And then secondly, that as you described, and maybe you can talk about this a little bit because I think your background gives you deeper understanding, that there's cycles that they run. So the cycles that they run, as you describe it, mean that they're trying to constantly amplify a signal, if you will. That they're trying to tease out of what's there. So maybe just go a little bit deeper into that so that we can understand what you mean by that.

Colton Hall: Okay. So yeah, as you said, the test itself isn't detecting the actual virus. Right? All they're doing is trying to take a sample, amplify it enough to then detect little pieces of genetic material that are part of that, but are also part of anything. So the more they amplify that, the more likely you're going to get a positive.

Dr. Patrick G: If I could ask this question? When we're talking about the PCR test, is that the one where they're doing a nasal swab or they're doing a saliva? So that's the one that people are driving up and getting those types of things done. And then they're running the test and coming back. And as you said, it's really just trying to look for a little piece of genetic material. It doesn't identify specific virus, but just little pieces of genetic material that could be associated with a number of things. Correct?

Colton Hall: Right. Yeah. Yeah, that's exactly right. When you're just detecting pieces of genetic material, there's a lot of similarities in genetics and material like we know. I'm sure you're aware as well, Kary Mullis himself said, "Anybody can test positive for this stuff." It doesn't matter. You just amplified enough and you can detect anything in anybody, anywhere. He himself, the inventor is like, "This is not a test that should be used for diagnosing a disease or a virus or something like that." And yet, here we are.

Dr. Patrick G: So this is the interesting thing to me, exactly what you're saying. Because as you just cited, the inventor of the test said, "This is not the proper use of the test."

Colton Hall: Right.

Dr. Patrick G: Yet, it's been widely adopted. It's being used everywhere. And nobody's paying attention to the fact that it's an inappropriate methodology for determining if someone is exposed to this virus. Do you have any explanation for that? Because I can't make sense of it.

Colton Hall: Yeah. It's really hard to make sense of it. A lot of what I've been trying to figure out is how all of these things keep happening. This playbook continuing to play out and things not making sense. So I think you've got a lot of different pieces at play here, a lot of different interests that all have conflicts of interest. Which I think is the biggest problem. And really trying to see through the illusion, or whatever, see-through the propaganda and the lies is we need to start looking at conflict of interest. Because of course, people like Fauci or these supposed experts that are on the media or making these opinions and decisions have massive conflicts of interest.

Colton Hall: So when you're not taking anybody's perspective that doesn't have those conflicts of interests, and instead actually silencing them and suppressing them or censoring them, which is what all these platforms are doing. We've got hundreds of thousands of doctors, experts, scientists, all over the world, trying to tell all of the same things I'm telling you now, trying to tell people in many different ways and much more in depth. All kinds of different arguments and specifics on all of the things we're talking about. But what happens? Again, they get censored off these platforms. Any video like that deleted, labeled as a misinformation or something like that.

Colton Hall: So they're controlling the information. The people are just seeing a very small part of the information. So if you control the information, of course you control the narrative and you control what people are thinking. But again, it's all back to conflicts of interest. So if Fauci stands to benefit hundreds of millions of dollars off of a vaccine through his organizations and stuff, then why are we listening to him when he's telling us not to use hydroxy chloroquine and that you need to wait for the vaccine? Why aren't we listening to our actual doctors that are out there practicing medicine and have been? He doesn't even practice medicine. He doesn't have patients.

Colton Hall: So what we're doing is relying on, more or less, I guess you could call them bureaucrats or whatever you want to call them. You're not talking about people actually practicing medicine. And again, if you silence all of the people that are actually practicing medicine and that are all saying the same thing, early treatment with hydroxychloroquine and the zinc and antibiotic, and having amazing results.

Colton Hall: Of course, then you go into the next phase of the, well, it's still a conflict of interest, but then you get into the science that they try to put out. Which is just a bunch of fake science. It's not good science. We have a massive problem with terrible science because it's just designed to get a certain result that is beneficial to what they want people to think or whatever.

Colton Hall: So the science that they then use, for example, in the hydroxychloroquine case, all of the science is trying to look at people that already have been in the hospital, have severe disease and try to treat them. But as all of your actual doctors know, and are trying to tell people, "No, it's you use it early onstage. It needs to be used within a few days. And you're going to get some amazing results and prevent hospitalizations and deaths." Well, what do they do? They come out with science of thousands, tens of thousands of patients. They give this stuff, but they're giving it all to them when they've already progressed into some sort of severe aspect of the disease, probably not even the original viral part, but into pneumonia or whatever they have advanced into. I mean, of course it's not going to work at that point. So that's just a really good example of things to look for because I think the conflict of interest you have. Because the people funding and designing these studies are the pharmaceutical companies, that have massive conflicts of interest.

Colton Hall: So we need to be more critical of the conflict of interest. The study design. Is this even applicable in real world situations? Because the same thing goes into whatever little bit of nonsense, fake science supports the mask use. Because then you're talking about, "Okay, here's the science. This mask prevents this respiratory droplet from going this far. Therefore, obviously, they work." But that doesn't have any application in assessing disease transmission from one person to another. I don't know how people don't see through this stuff, or think about it more critically, more easily. But we've got to get a lot better at being able to look at the science and assessing it more.

Dr. Patrick G: Yeah. Let's take a look at the logic there. First of all, I think what we have is a pandemic of bad science and conflict of interest, and censorship. That's the real pandemic. Right? And this is something that is literally threatening to the fundamental experience of life as a human on planet earth. I happen to believe that it's that serious. I think we're at an inflection point. And if we don't start getting straightened out on this, if we stay on the curved path of fear and tyranny, we're in for a bad time, a dark time.

Dr. Patrick G: So now let's drill down, because you talked about just the testing is wrong. A bunch of false positives. And I imagine with that, there could also be false negatives. People that maybe, if the virus does actually exist, have it and maybe they're not testing. It's a matter of how the test is applied. And it's really everybody I've spoken to, and I'm talking about some people who are more on the frontline, practitioners, but some who are researchers and academics, all agree that test is just ridiculous.

Dr. Patrick G: But look at how it sends us enthusiastically in the wrong direction. I mean, "Oh, here's the test. Here's what's happening to the numbers. Therefore, we have to make all these decisions and destroy economies, shut down businesses, destroy people's lives, make people die alone in hospitals when they're old because they don't want people coming in contact with them." It's beyond horrifying. So we have that piece. And then we have the censorship, which says, "Hey, when people are trying to actually inject a little reason..." Pardon the pun. But, "...inject a little a reason into the culture, they're getting shut down and there's no dissemination process to be able to say, 'Hey, we have to have a conversation around this like people normally do in free societies.'"

Dr. Patrick G: And then we get to the mask. And the mask to some people it's like, "Oh, what's the big deal? Put a mask on." I think it's a huge deal because it is the government. It's a sign of control. To me, the mask could be the new swastika. It's this image of control over people and what they can do. And what's it based on? And there's a logic here. And you started to speak to it, Colton. So I want to drill into it. There's a logic here. And the logic is, wait a minute. The premise is that when we cough, sneeze, what have you, that we can put droplets out that have this virus in it and this is one of the main modes of transmission of the virus. And by having a mask on it would prevent the spray so that it would be less likely that the transmission would occur.

Dr. Patrick G: Secondly... Because a lot of people say, "Hey, if the mask work, if you have one on, it's going to protect you." And literally it's the logic is, no, it's protecting other people by putting the mask on. Of course, it begs a question that if it doesn't protect you coming in, how does it protect someone else going out? And I think the pro mask people would say, "It protects how far it might go." So it still goes out, but maybe not as far.

Dr. Patrick G: But you started to suggest that you're really mixing apples and oranges here a little bit, as far as saying that the mask can prevent droplet spray, therefore it prevents the spread of the disease. But you were just starting to make a point that says that doesn't equate. So I want you to really talk about that a little bit.

Colton Hall: Okay. Yeah. So many things there. I mean, I completely agree. It's a much bigger deal than we are realizing and people realize. Because you're bringing in a aspect and the fear and how much damage we're causing each other. Our children, are you kidding me? Children aren't at any risk. They're walking around with masks on. How much damage ... We're already messed up enough without that added psychological thing. Humanity has really lost its way in going along and trusting-

Colton Hall: It kind of lost its way, and going along and trusting scientism or the medical establishment, pharma, all this stuff. We've really lost our way, and a lot of bad science. Again, like you said, it's a real epidemic. So with the mask thing though, I think what do you want me to get into and what I was alluding to was that, all right, so you want to argue that, for example, through respiratory droplets and

through limiting that through a mask, its spray and how far it goes off into... And then, therefore, that being the reason for saying that they work, because obviously, that just makes sense, because we're going to tell you that this is how it works. Okay. They're telling us that that's how it works. They even have some science that says, "Hey, look at our science. In a lab, we measured that if you put the face mask on, we really limited the exposure to respiratory droplets this distance away and stuff."

Colton Hall: But what they're not doing is actually looking at and measuring who's actually sick with COVID, not false positives. Or even with the false positives. Either way, they're not even looking at it. They're not looking at people actually transmitting the disease to one another. I think this is a problem in many things, that they don't do it, and maybe they won't do it because they know they can't prove it because the whole infectious diseases conversation revolves around this idea that these germs are the ultimate cause of the problem. All right. Well, if that's the case, why don't you actually give us some evidence of that, rather than putting us all in a state of fear and running around and being scared of germs? I mean, side note, microbiome research tells us that we're made of hundreds of trillions of bacteria and microbes, way more than human cells, yet you want me to believe at the same time that those are the ones causing all disease, when there's more of them on and within me, than there are human cells. That doesn't really make sense, does it?

Colton Hall: But yet, we can't apply the microbiome research we've had in the last couple of decades to infectious disease, because that would probably just be crazy conspiracy theory talk or something like that, even though it's really well established. But back to the bad science and stuff. Okay. So they want to say that, they want to use the science that limits the respiratory droplets. But at the same time, they will not show that the disease in this case, and in every case, is actually transmitted from one person to another, through respiratory droplets or through anything. I mean, as far as I can tell, we have zero evidence of that. So why are we still running around, and all of this stuff is true, when we can't even prove it? It just doesn't make any sense to me. Why don't we try to prove it first? I mean, am I wrong? I would love to be wrong about a lot of the things I've come to figure out, but I mean, I'm waiting for somebody to prove me wrong.

Colton Hall: Can we actually transmit this disease or any disease from one person to another? I mean, can supposedly a sick person taking some fluid from them, getting it into another person, do they actually develop the disease? Why aren't they looking at that? Of course they make silly arguments like, "Oh, it's unethical," and stuff. If you want to get into unethical, what they're doing, everything they're doing is unethical. There's people that are gladly not vaccinating, but they won't look at them and compare them to the people that are vaccinating. They won't look at the long-term outcomes there. It's just insane really, when you think about these basic things that nobody thinks about and they don't talk about, and they don't want to talk about. Because of course

that really then comes in and just breaks apart their whole playbook. And yeah, their whole business model gets destroyed if we actually make them look at these things and answer these questions.

Dr. Patrick G: Well, if you think about it for a minute, let's say that there's two possibilities here or more. One scenario is that they're building this on false premises. I think the whole germ theory, I'm a chiropractor and we were called quacks back in the '70s. I wasn't a chiropractor then, but chiropractors at the time were taking strong positions on the germ theory, saying... They already understood terrain theory way back when, that it's... The way we used to say it is that, "Hey, saying that germs cause disease is like saying mosquitoes cause swamps, or flies cause dumps." They're coincidence in a sense, but it's reversing cause and effect.

Dr. Patrick G: Now, they have a whole thing called terrain theory, saying it's not the germs that cause the problem. It's the terrain of the individual that allows the germ to manifest as a disease. So that's one of the questions I think that you're raising right now, is saying is this really transmissible in the way people think? Or do we have people who already were compromised? And we know now that so many of the deaths that were reported are not due to COVID that there are comorbid factors. And quite frankly, in many cases, not even comorbid factors. Somebody died, did a faulty test at the time to say that it was positive, which is a high likely it wasn't positive, and yet it's called death ascribed the COVID. And the conflict of interest, to your point that you brought up in one of these scenarios, is that the hospital's reimbursed a whole lot more money if they're treating a COVID patient versus maybe something else that they ended up dying from.

Dr. Patrick G: And you'd say, "Okay, well, is there a way to demonstrate that that works?" And on a macro level, yeah, death rates haven't changed. People are dying at the rate that they always have, that has not changed. And yet, all we did is change the attribution of why they died. We're now saying they died from COVID, where if we didn't have a COVID paradigm going right now, we would have said they died from something else. And there's no spike. And so anyway, you start to see how this all comes. And then there's the conflict of interest. But I think the point to make, and I love the point you're bringing up, is that people have put their entire lives and careers and reputations on the line investing in this narrative. Imagine you're the governor of a state, and you find out that, oh, there was really never much of a threat. But you caused your state's economy to tank, and you forced a lot of small business owners out of business because of decisions that you made. They have to justify their rash decisions. And the day of reckoning, I hope is coming, if we don't get too tyrannical, and there's still the ability for people to share information.

Dr. Patrick G: Because the data's there. There are states that completely shut down, and there are states that didn't shut down hardly at all. And we're going to be able to look retrospectively and say, "Was there a benefit of shutting down?" Sweden already exists, it already exists. So we have that data. They never shut down, never masked. So to your point about the mask, saying, "Show me the

evidence." We can show evidence that not masking hasn't changed their death rate over the past five years, this year, versus all these other years, in the midst of a pandemic, when everybody else in the world was shutting down. That's going to be a big problem for some people who are trying to justify their position. So I am quite concerned about masks, edicts of masks.

Dr. Patrick G: You brought up something that I'm going to highlight again, I just want to basically underscore it a bit. Putting children in masks. And then there's all this question about, well, there's asymptomatic carriers, and a child might expose an old person. Well, if there are at risk populations, maybe they're the ones that need to quarantine, and ride this out, whatever, and have less contact if they're worried about it. My 85 year old mother is on airplanes, living her life. She refuses to say that these years of her life, she's going to go be a hermit and fade away, she wants to live.

Dr. Patrick G: So anyway I know as I'm saying this to you, I'm preaching to the converted. But I just want to highlight the implications of what you're talking about, and the fact you are very matter-of-factly stating these things that are obvious. So I appreciate the fact that you're seeing it that way. And you said one thing that I thought it was kind of interesting saying, "I really wish somebody would prove me wrong. I mean, hey, I'm waiting for the person to come and say, 'No, no, we have the testing and the evidence.'" But I've been looking for it, I haven't seen it, I'm assuming you haven't either.

Colton Hall: Yeah.

Dr. Patrick G: So now, let's get into just one final part of the conversation, which is the vaccines. To me, this is the culmination point, meaning we've created this fear and hysteria, we've grabbed control, we've been able to bypass normal democratic processes that occur in a free country or free republic, and we've been able to wrestle control in the name of a health emergency, a pandemic. We then go and create, warp speed, vaccines, meaning we're going to bypass the already inadequate safety and efficacy process, which is already inadequate. And we're going to accelerate beyond that. And now we're going to get them out into the world with an agenda, a conflict of interest, because there's a lot of profiteering in the vaccines. And then mandate them is what the next threat is.

Dr. Patrick G: If you refuse to do your patriotic duty to get the vaccine, you're putting others at risk, therefore we can force you to vaccinate. And what they're talking about now is saying, "Okay, maybe we can't go that far yet. We can't have people show up with guns at your door yet, but what we can do is not let you get on airplanes, not let you go into any public events. We can just basically make you sequester if you refuse to get the vaccine." I already know I think generally your view on the vaccines. But what do you have to add to that conversation?

Colton Hall: Yeah, that's the next step. And yeah, it's very concerning, because where this road leads is very dangerous, especially based on what we already know about

vaccines in general. So yeah, they're not going to make them mandatory at first, but like you just said, they're not going to allow you to participate in society in so many ways, if you don't have proof of it. So it's not really much different. And then of course they'll move into actual mandatory to try to get all the people that are still avoiding that to no longer have a choice. And again, I mean, like we already talked about though, we're going down this road because we believe in the pharma gods. What do we believe in here?

Colton Hall: We believe in some things like germ theory and bad science, so without question, without any proof, any good real and science that shows us that any of the basic things that are underlying any of this are true. We don't have any proof of that, but yet we're all running around like it's actually true. And anybody that questions it of course is a conspiracy theorist or crazy person that gets heavily censored, targeted and discredited. They do very good with all of their tactics to keep people from actually listening to us, or watching the countless documentaries that are out there, the hundreds of thousands of professionals that are out there, that are actually doing very good without the conflicts of interest and actually helping people on a much bigger scale, on a large scale.

Colton Hall: Nobody will look at them because they're listening, and it's our human nature to trust. And unfortunately, they're trusting big media and government. And they've placed their trust in the wrong place. So we're going really down a slippery slope of, where does this lead? And it looks really bad. It looks like we've got every part of the picture, whether it's government, media, tech, pharma, politicians. Everybody's involved in this. What's really going on right now, is what we need to be doing, is asking that question and try to understand it, because clearly if you ask questions and you look at the situations in the world, something's not right, there's a lot of things that aren't right.

Colton Hall: And I would go as far as to say this whole social distancing thing and isolating us and everything is to keep us from having the conversations to actually figure out what's really going on, which we have to do is the first step. If we don't figure out what the problems are, then we can't figure out what the solutions are. And if we're not talking to each other about it, then we sure as heck aren't going to figure out any of it, right?

Dr. Patrick G: That's it.

Colton Hall: So, yeah, it's a slippery slope we're going down for sure.

Dr. Patrick G: And I think you said it best, there's a couple of circumstances, predicaments, this new axis of evil, which is big media, big pharma, big tech, you can call it, the whole tech platform thing, which is a part of that media. And I'll call it big politics, the whole political machine, which is really starting to feel like a deep state controlling things, not through any kind of a democratic process. And that these things basically are all coming in and conspiring. There's only at some

point the banks have to be involved in this, the treasury. There's an economic dimension of all this. So I think that those are multifaceted forces that suddenly entangle into this scenario that we have. And I just love the phrase you use, saying, "How can we identify a solution if we can't even identify the problem?"

Dr. Patrick G: So if we have a misidentification of the problem, and we can debate whether that's willful or whether that's ignorance, but I think we can agree there's a misidentification of the problem, which means we can't have a solution to a problem that we don't understand. So yeah, I think that perfectly sums it up. And then you'd say, "Oh, well this may be as intellectual... This exists in a world of abstractions." You think about this, and it's really, you can almost look at it with a vein of interest. But when we start injecting dangerous substances into people, and doing it under a mandate that compels them to do this, and people start getting injured and dying as a result. And maybe we're letting a genie out of the bottle, especially with this RNA vaccine, that could be very human race altering, I guess is just one way to put it.

Dr. Patrick G: We're not just dealing with the world of abstractions. We're dealing with the practical inculcation into the whole world. And that it changes the fate and destiny of humanity. And it's interesting, because when I hear myself say the words, it sounds overblown. It sounds almost like histrionics. But if you take enough time to think about it, I don't think I'm overstating the issue.

Dr. Patrick G: So we already see that just the general concept of the vaccines, bad idea as we already described. But do you have particular comments on the specific vaccines that are either getting... And I guess they don't use the word approved. They use the word authorized, because they didn't go through an approval process. They're getting authorized under the emergency circumstance. What have you found about these vaccines and what are your comments on them?

Colton Hall: Yeah. Yeah, that's a great... I think people really need to understand some things that are not very clear. Like you just said, they're not approved vaccines, they are unapproved and they've just been authorized for emergency use. Not only that, but we're talking about a completely new technology, RNA technology, that does mess with genetics. What is the result of that? We don't know. As far as I understand, in animal studies over the many decades they've tried to develop coronavirus vaccines, the results were very bad. And they got immune enhancement or disease enhancement where the animals got very extremely sick when they were then exposed to the actual disease in comparison. They got very sick or died. There was no middle ground.

Colton Hall: So of course I think they did mention that they haven't observed any of that yet, but let's keep in mind, we've got two months of monitoring on these vaccines right now, both of them. The Pfizer and the Moderna one. Two months of monitoring. You've got an extremely high rate of side effects, versus looking at what's they call... And this is the other important thing I think people need to take into consideration is, okay, we say this is 95% effective, which is based on a

relative risk reduction. So we're looking at, what, 17,000 people in each group, and only, what, 162 got COVID in the non-vaccine, and only eight got it in the vaccine. Okay. That's a big difference, 162 to eight, but we're talking about out of 35,000 people. So relative risk reduction, sure, 95%. but absolute risk reduction is 0.8%. It's a massive difference.

Colton Hall: So if you only have a 0.8% in absolute risk reduction, do you really want to take an experimental new technology vaccine that messes with genetics, that we really have no idea what that's going to cause? Then also by the way, it has an extremely high rate of side effects. And expose all these-

Dr. Patrick G: Incidentally, I think that this is such an important point. A long time ago, in my youth, I read a book called How to Lie with Statistics. And what you're describing here is that saying, okay, there's relative rate of reduction or risk reduction, and then there's actual rate. And that's why the actual rate is saying, there's a population of this many people. And for the people who didn't get vaccinated, this many got it. And for people who did... They kind of play this game with the statin drugs, right? It reduces your risk of an adverse heart event by 50%. That's because instead of three out of a hundred, it went to two out of a hundred. So that's a reduction of 50%, but it's also really not a change in the actual risk. So the actual rate is saying... And what'd you say? It's eight versus 162, is that the number?

Colton Hall: Right. On the Pfizer one.

Dr. Patrick G: So the question that one would ask, and that's the RNA vaccine, so that's the one that is like, okay, it's really experimental. So the question you would ask is saying, and you did the math, so I'm just trusting your math, that the actual risk reduction is 0.8, meaning point.

Colton Hall: Yeah. 0.8.

Dr. Patrick G: So your risk of getting COVID is reduced by 0.8%. Are you willing to take an experimental vaccine to reduce your risk by under 1%? That's really the question that needs to be posed. So I just wanted to really... Because listen, I'm conversant in this, so as you're saying it, I'm getting it. But I'm listening like our audience who maybe isn't used to looking at research studies, understanding relative risk versus actual risk and how that's... So I wanted to just slowly, for a moment, highlight the fact that what you're saying is real, it's what they're reporting, right?

Colton Hall: Mm-hmm (affirmative). Yeah. Yeah.

Dr. Patrick G: And it's hyper critical, because we're getting the question, "Should I or should I not get this vaccine?" Now, to me, it's just categorical, absolutely not. But that's edict saying, "No, don't do it." It's like saying, "No..." Find out what the data is and what the truth is around it and make an informed decision. And the

informed decision based on the reported data, not our trying to change what's reported, but the actual reported data from the people have a vested interest in this working. The change is 0.8% is what the real reduction, the actual reduction versus the relative of one group to the other. As you said, it was 160 something to eight. So anyway, so I think that that's a really, really important thing. I didn't mean to interrupt you. I just didn't want to go too fast. So what else do you see around the vaccine?

Colton Hall: Yeah, I think that's the most important point. They look at relative risk reduction when they're calculating percent efficacy. You also need to look at absolute risk reduction, because it's very different from one thing to the other. But the other thing to consider is the high amount of adverse events, they're even reporting in this. But even when diagnosing though, let's go back to the PCR testing, because how are they diagnosing these cases? They're all diagnosed based on you just have to have one of the many, many, many symptoms, just one, even just fever, whatever, you have that in a positive PCR test, which as we know, the PCR test, the higher it's run, cycles, the more positives you're going to get. You can get 100% positives if you run it at high enough. So I mean, how legitimate are these data?

Colton Hall: Let's also think about the fact that we've got 35,000 people here. We're supposed to be in the middle of a medical pandemic, but only 200 of them got any disease. I mean, that's less than 1%. Pandemic?

Dr. Patrick G: Yeah. And were these people, that 35,000, were they exposed in any different way? Or they just let them live their normal life to see what happened?

Colton Hall: I'm not positive, but I assume that they just observed them and let them do their things normally and then tracked it.

Dr. Patrick G: So out of 35,000 people being observed, 160 something got the disease. And I'd be curious to know how many of the 160 died. I guess it's probably zero.

Colton Hall: Well, it's very few. I think in the Pfizer study is like maybe six or eight total, through the whole study, out of all of these thousands of people. And the Moderna study's very similar actually. Oh, the other thing we can look at too, along with absolute risk reduction is the number needed to vaccinate to actually prevent an illness, or for example, even more importantly, prevent a severe illness, which I think is a really good number for people to think about and look at, because you're talking about the number needed to vaccinate being between 125 to 250, or maybe over 300 in both of the Moderna and Pfizer studies. And that basically means you have to vaccinate that many people just to prevent one case. And of course the cases are based on what diagnostic criteria you're testing. But then if you look at severe illness, which is really the problem, we want to prevent severe illness.

Colton Hall: And the difference between severe illness in both of these studies indicates a number needed to vaccinate of, I think it was, yeah, over 1,300. Almost 1,400 people needed to be vaccinated to prevent one severe illness in the Moderna study. In the Pfizer study, over 2,200 people, 2,200 people need to be vaccinated to prevent one severe case. And then you look at the adverse effects. The Moderna is like 24%. A lot of them are actually pretty severe of adverse effects. So you got to think about that. All right. So all of these people that have to get vaccinated to prevent one case, get exposed to all of these adverse events, side effects that they're already reporting. But again, this is only monitored on a two month span. We're talking about messing with genetics here. What are the real results going to be? And if they turn around and go and vaccinate all of the placebo group, we're not going to know. They've done that in the past. I hope they don't do that. But again, we got to look at this stuff. Absolute risk reduction, number needed to vaccinate, in all versus severe cases. And let's not forget the diagnostic criteria is still very questionable, with confirmation of a test that may not indicate anything. Are these people actually sick? Who's the one to judge that? Crazy stuff, man.

Dr. Patrick G: Man. But all these questions, any rational scientist is going to ask and point out, and they have been, there are good answers to these questions. But there's a warp speed vaccine, and the agenda is to put it out there, and it's been completely, at this point, politicized. Meaning, there's too much political investment from all parties, not one versus the other. All parties are invested in touting the vaccine, the preeminence of America and getting a vaccine so fast. And now, we're going to roll it out there through propaganda. Let's show our leaders getting the vaccine themselves. And I'll tell you, it's chilling that political minds, and it's maybe an oxymoron, but political minds who are determining what this policy should be, and not unrelated or disinterested science and scientific minds. Meaning people who don't have a vested interest at all in any of these agendas, but are just looking at the data and the science.

Dr. Patrick G: And incidentally, it's never pure and perfect. We can get into the whole polemic around just scientism versus science, because I think there's more scientism, meaning people who worship at the altar of science. And all these people walk around saying, "You got to follow the science. Follow the science." Well, what science? What will you accept as proof? What do you accept as evidence? These are really philosophical questions, but they matter. But this doesn't have any semblance of validated science whose application would benefit humanity in a high probability manner. I think what we're dealing with is high probability of real malfeasance and destruction of lives and economies over bad science. That's really what we're dealing with.

Dr. Patrick G: So anyway, Colton, yeah, we're laughing, but we're laughing in irony as compared to humor. I mean, this is really quite disturbing. I'm glad that people like you are out there beating the drum, and trying to get people to wake up and look at this. You have an academic background that gives you the ability to understand this. You've been viewing it, and speaking out around it. And

personally, you seem like a perfectly rational human being in your approach toward this. And I appreciate you taking the time to share your thoughts and conclusions with us here.

Colton Hall: Yeah. Thanks, Patrick, for having me. It's great to be here. Great to be part of the project. Really hope the information helps people start asking questions and looking for the answers. Got to come to the conclusions yourself. You don't need to believe what we're telling you, but go figure it out. You'll come to similar conclusions, probably.

Dr. Patrick G: Perfect. Thank you so much.

Dr. Patrick G: It's amazing when people are in the belly of the beast, so to speak, when it comes to the pharmaceutical industry, and they're practicing that and they have their epiphanies, when they wake up and decide that this is not the right way, how they're willing to stand up and share this and change the direction of their life. So I was very appreciative of Colton Hall for doing this interview and I was happy to share it with you.

Outro



- Dr. Patrick G: This concludes episode eight of our nine part series, Vaccines Revealed COVID Edition. Thanks for being here with me. And we're coming toward the end of our free viewing period now. So I just want to remind you the packages that are available and the discounts on those packages and the bonuses that go with them are only available during the free viewing period, which we're starting to come toward the end of. Now is the time, if you didn't already invest, now is the time to do it. If you did, thank you, I very much appreciate it. If you didn't, now is your time. Support the work we're doing. We so greatly appreciate that aspect of it. And at the same time, benefit yourself by having this information available to you. It's really vital information. So that's it for number eight, we're going into episode nine coming up. I'll see you on the inside of that.
- Dr. Zach Bush: The way in which doctors are taught today, and consumers are taught in the infographics that are coming at you from CVS onto the NIH right now, is literally showing you that viruses suddenly take over the human genetic system and replicate themselves and attack your body. If that was the case, I would be dead instantaneously right now. I have more viruses than I do have cells that are interacting with this genetic information. And so I would be instantaneously taken over, if in fact, the ribosomal RNA wasn't the most regulated step in human biology. It had to be for us to occur as a species. This isn't going to protect you from coronavirus. This may reduce your risk of subsequent inflammations. That should be the message from the CDC, NIH, WHO. Everybody should say that's the expectation. Anything else than that, they're lying.
- Dr. Judy Mikovitz: The society can impose these vaccines for self-defense of the society. But if an individual thinks that they have a medical history that puts them at risk of injury or death, that individual has a right of self defense, and that's where the idea of a medical exemption comes from. COVID vaccines and COVID therapeutics, they are what are called emergency use authorization products. So right now, if you get injured, God help you, really, God help you, because you will not get compensated in any way. It's frankly, outrageous. And many people believe, as I do, that it is an unconstitutional law that will, probably now in this context, be challenged.

Bonus Interview: Dr. Zach Bush (part 2)



- Dr. Patrick G: Welcome to part two of my interview with Dr. Zach Bush. I couldn't be more excited to share this with you. Zach is an unusual visionary who can communicate and weave together ideas and understanding like few others. Part two of this interview is very powerful. Let's dive right in.
- Dr. Patrick G: Based on this framework, a central tenant in the vaccine model is this idea of herd immunity, because you're just talking about this now, you're talking about one person in the family gets it, not everybody also automatically then gets it. Some people do. Some people don't. In the model of the militant, we got to vaccinate everybody and it feels like a steam roller right now with coronavirus. I mean, they're gearing up the war machine and they want to make enough vaccine to vaccinate the entire planet.
- Dr. Patrick G: Then any of the subversives, if you will, who don't want to participate in the war, saying, "I don't want to have the vaccine," they want to now say, "Well, no, we're going to force this vaccine on people because the justification we have to create herd immunity. It seems like herd immunity is sort of a fallacy in the model or the framework that you're laying out. Can you speak to that?"
- Dr. Zach Bush: The concept of herd immunity is mistaken on so many different levels. But first of all, does an antibody protect a single individual? And the answer is, again, no, because you can produce RNA, DNA, protein synthesis within the cytoplasm or within the nucleus, without any interaction with those antibodies at all.
- Dr. Zach Bush: If we've received that RNA update within our body, we can hold onto that silence gene in many different ways and we can turn it back on, so we can express that later on if needed. And so we are, again, in a genomic sequencing, genomic environment of regulation and balance and not relying on antibodies for those decisions. Antibodies don't determine which gene you turn on, they don't determine which protein you make from that gene. That's determined by micro RNA, which we exude, again, as in viral form, these tiny little proteins that exude from our breath and our sweat, and we put them out in the environment and they then go modify that genomic behavior.
- Dr. Zach Bush: Genomics, which is, again, what the virome is, it's not an infection, it's a genomic event. If it's not an infection, then the virus antibody interaction has to be a downstream method of balance, not a method of prevention.
- Dr. Zach Bush: Once you've gotten that viral update, if you see the virus again, you've already come into a homeostasis state with that and therefore you don't have any symptoms. Not because you killed the virus, it's because you're in a balanced state.

Dr. Zach Bush: We cannot keep a genomic update from happening. It's impossible to say we're going to protect some certain portion of the population from coronavirus. Coronavirus spreads the planet through aerosols, which are much different than the respiratory droplets that are getting so much attention right now. We put on a mask so that you don't have respiratory droplet spread. It turns out viruses have been spreading long before a human ever breathed on the planet. Viruses have been covering the whole planet surface, again, 10 to the 31 in the air, 10 to the 31 in the ocean water.

Dr. Zach Bush: Every liter of ocean water has 10 to the 15 viruses in it. A single gram of stool from a baby at seven days of age has 10 to the 8 viruses in it. We have so much genomic information within our microbiomes exude as the bacteria are making viruses, and we call those bacteriophage, and they produce at least 50%, and then mammals and all the other multicellular organisms on earth are producing another 50%. So we're in this genomic stool, which has nothing to do with an antibody mediated immune system, again. And so we're going to regulate to that. And so when we have the appearance of herd immunity, it has nothing to do with the antibodies out there.

Dr. Zach Bush: We can demonstrate this in spades with something like influenza. We go and vaccinate a huge portion of the American population every year with this thing, and yet the NIH Cochrane review that came out in 2012 showed us that at every age group that we immunized there was no change in the rate of influenza illness or influenza being present in the bloodstream, there was only a slight change in the amount of symptoms that you developed downstream in a very narrow part of that group, which is males between ages 45 and 65 of that study. And so when you see a successful study on influenza virus, what it's describing is not a decrease in the amount of influenza that occurs, it's a decrease in the amount of symptoms that might occur downstream of that.

Dr. Zach Bush: The symptoms downstream, of course, are created by antibodies, but they're not going to ever prevent or modify the amount of that genomic update happening around the globe. And so we need to lose the belief that we're going to protect anybody from this virus. In fact, why would we want to? Because this virus is actually a genomic update to tissues and everything else.

Dr. Zach Bush: There's a lot of concern, well, maybe it's a military virus and maybe there's some malignant protein that's been put into this. Well, if that's the case, it's a little bizarre that 50-60% of people are totally asymptomatic, and we saw almost the exact same syndrome happen in 2002 and then 2012. And people say, well, there was a lot less of it then. Well, it's because we didn't have global PCR testing in 2002, so we don't know how many millions of people expressed that virus. But what we do know is because of the spaces that it jumped around the world, I mean mainly Middle East, Europe, and the US with those, certainly two thirds of the world's population got some exposure to that virus, would have taken it up, expressed it, come into balance with it.

- Dr. Zach Bush: Antibody production or not, we came into balance with it because it was gone in 18 months from a clinical standpoint. But if you went and genetically sequenced everybody for SARS from 2002, you'd find a lot of the populations carrying the genomic information, the RNA, from that coronavirus there. But they're in balance with it. And so we can say with great confidence that this coronavirus is going to be in a homeostatic balance that has nothing to do with herd immunity. It has to do with herd update. The herd will update at 18 to 20 months, just as it did with SARS, just as it did with MERS, and then the disease will disappear.
- Dr. Patrick G: Because I have a hard time reconciling the idea of herd immunity and the idea that there can be individual immunity. You see what I'm saying? Does it require the herd that I have my own individual immunity? So it seems like it falls apart in my mind.
- Dr. Zach Bush: If a vaccine actually induced immunity, then certainly any individual getting that vaccine would be protected and there'd be no reason that you'd care about how many people were out there getting ill. The very fact that we've adopted the terminology herd immunity is coming to terms with, or admitting, that there is no such thing as personal immunity to a vaccine. A vaccine does not induce immunity.
- Dr. Zach Bush: When we see a measles outbreak, 85-90% of the kids in that outbreak were vaccinated, and they have antibodies to it and they have antibodies that are high enough to it. It's not like they didn't catch their titer update or whatever it is, and they didn't get reinoculated with this. their antibodies are there, but again, the antibodies have so little to do with the genomic balance.
- Dr. Zach Bush: What we're finding more and more is that when we vaccinated against influenza, for example, the tiny amount of protein that we're forcing that immune reaction to has nothing to do with the actual homeostasis balance at the genetic level, it's just forcing an antibody to a protein and we call that immunity.
- Dr. Zach Bush: Vaccines have been preempted from any efficacy data since 1986, 88, with the legislation from Reagan there. And interestingly, what we mean by not having to show any efficacy is all you have to show is antibody production. You don't have to show that it decreases the amount of flu, it doesn't have to decrease the amount of chicken pox, it doesn't have to do any of those things, it just has to be a protein that interacts. And so some of our vaccines have shifted our relationship to that virome, and I think chickenpox is a really good example. You vaccinate against chickenpox and now you're forcing the body to resist the experience of a widespread production of that genome.
- Dr. Zach Bush: That doesn't mean our kids aren't being exposed to chickenpox, that herpes virus is in the environment and will be probably until the end of our time, and yet the children have come into an abnormal relationship with that genetic sequence because every time they try to make the protein that would be

related to that genetic update, they kill the cell that's trying to make that, and so they've come into this abnormal relationship.

Dr. Zach Bush: Without the genomic update now, they're in an antibody relationship with what would have been a genetic piece of information. They don't have the genetic piece of information. They haven't had it. And the concern there is that we start to risk further disease in that child because they didn't get the genetic update.

Dr. Zach Bush: This is what we unfortunately see, the more vaccines that we tend to put on the market, the more dysfunction within the immune system we see in those children. A nice study in 2017 looking at military recruits that got the influenza vaccine, we're then looking at the following year of what viruses are they prone to? And not surprisingly, we saw a much higher risk the following year of things like coronavirus and other airborne adenovirus and things like this, and if they were allowed to get the flu, they were suddenly in a different homeostatic relationship with all those and they never expressed any disease from the same season, the same environment, they didn't get the disease because they were able to come into a rapid genetic relationship with that update from coronavirus and express no disease at all.

Dr. Zach Bush: By disrupting this phenomenon of genomic intelligence, we then put that child at risk for further disease. And unfortunately it doesn't stop at further respiratory diseases, it extends right into things like auto-immune disease, cancer, and the rest.

Dr. Zach Bush: We have to humbly recognize at this point that in our hundreds of years of germ theory, applied to our belief in antibiotics, antivirals, and vaccines, and all of these mechanisms, we have mistakenly undermined the way in which biology happens. And so it's not like we need to be anti-vax. We need to rapidly, if we're going to prevent our own extinction event in the next seven decades, we're going to need to envision a whole new scientific paradigm in which we are always in relationship with the microbiome at every level and we are trusting that the microbiome is always going to make us more intelligent and more resilient and more adaptive than we were before that experience.

Dr. Zach Bush: If we don't trust that, then we need to build bigger and bigger nuclear weapons against the microbiome and ultimately annihilate all life on earth, which is what we're doing right now.

Dr. Patrick G: The whole vaccine model is really based on the whole, as you described, the whole antibody theory, if you will, that it equates antibodies to immunity, and just because you have humoral immunity with antibodies doesn't mean you have cellular immunity. And I think you really laid that out very well. They're not the same thing.

Dr. Patrick G: Currently we're seeing that some people are testing positive for coronavirus, but don't have antibodies. Does this tie into the perspective that you're demonstrating here?

Dr. Zach Bush: Absolutely, so if you have a highly unregulated scissors effect there in the enzymes, in the cytoplasm of the lung tissue, the vascular tissue, and anywhere else you're going to get that ACE-2 receptor delivery of this genetic information, you're going to keep that in check before it ever really expresses the protein on the surface of the cell that would then trigger the antibody.

Dr. Zach Bush: You can have that genetic information in you, but as long as you're cutting it up quick enough, it doesn't matter if it's in the bloodstream or not, you're never going to express the proteins from it. That's just one of the ways, is to cut up the DNA. But there's also really intense regulation around a decision to make the protein from the RNA, even if the RNA is not cut up by those enzymes. So now you have all these corepressors and coactivators to those genes that will allow them to transcribe into a protein, and so the number of those is at least dozens of specific compounds that have to bind or release from the polymerase enzyme that needs to speed along that RNA to then build the amino acid protein that'll come on it.

Dr. Zach Bush: You've got basically this highly regulated protein system of production. You've got this manufacturing unit that is held down by all kinds of regulatory events. It's not indifferent from the FDA and the FTC and everybody telling you what you can or cannot say about the production of your supplement or whatever you're making. You've got all these regulatory events that are keeping you from doing it, and so not until the environment is perfect and desirable that you're going to go ahead and code for that protein.

Dr. Zach Bush: Many of us are going to see that DNA never go into a protein synthesis state with it. That's why it's such a fallacy that we've been rushing around this planet with a PCR test that only looks at DNA of coronavirus and saying, oh my God, we have a pandemic. The PCR is simply telling you who's got genetic information that's been updated into their bloodstream. It doesn't tell you at all about whether that person has gotten into a protein synthesis state, are they actually going to manifest any downstream changes to the biology at all? And furthermore, is that going to put them in an unbalanced state with that virus that they would develop symptoms or disease from it?

Dr. Zach Bush: We have created a scientific fallacy out of a test that is only showing a genetic report. A genomic report that there's COVID virus in the bloodstream is obvious. Well, duh, that's where it's supposed to be. That's where nature has designed this genomic information to show up. And so there's no other way that we should expect anything but a large degree of coronavirus within the bloodstream of the human population over this period of time.

Dr. Zach Bush: We're going to get this genetic update, we're going to come into a new balance with this genetic update, and then we're going to not need any further interaction with it, and so we're going to see this balance over the next 24 months.

Dr. Zach Bush: We have a fallacy around testing for sure. And then, ironically, while we're testing DNA, not antibodies, we start to tell the story of, we need a bunch of antibodies, so we need a vaccine to protect us from this virus, from this genetic information. So while we're testing for all of this DNA to create this story of pandemic, we are also creating this story of we need antibodies to do this.

Dr. Zach Bush: It seems then that we should have studied this pandemic in regards to antibody expression rather than genomic expression if we really believed that this was a microbe that was going to attack and we needed to fight it off.

Dr. Zach Bush: What you're seeing now is all these reports of, well, the antibody doesn't necessarily protect you and you can have this virus, but you need the vaccine because the antibodies don't protect you. So then the question is, what is the vaccine doing that the native coronavirus in making lots of different proteins created this immune reaction that would then create the IgG and IgM antibodies to come up into balance with that? What is the vaccine going to do that the native virus isn't doing?

Dr. Zach Bush: The answer, of course, is nothing. The vaccine can't do anything more than the native virus. If anything, it always does a lot less because it's always picking one or two proteins to react to. And so this story of PCR testing of DNA is getting pretty interesting because it's not just reteaching us our relationship with something like coronavirus, it's reteaching us about the most fundamental demonized viruses out there.

Dr. Zach Bush: Recently, 8,000 healthy individuals who had screened negative for infectious disease, including things like HIV, Hep C, so blood bank screening, which is kind of our gold standard right now, is make sure that they don't have any bloodborne infections,. So these were blood bank accepted specimens. 8,000 people in US and Europe, which is important, because the viruses that I'm going to tell you are present now aren't expected to be in very high prevalence in those two populations.

Dr. Zach Bush: It turns out that HIV was in 6% of that population. The genes of HIV were in 6% of the US and European population in asymptomatic patients that have screened negative to donate blood. If those numbers are accurate, then it means that we missed the total number of HIV cases in the world by about 425 million, and so we grossly underestimated the amount of genomic information that we would call HIV in the population. And even more mysteriously, we've miscategorized as something that causes disease. Because clearly in a large sector of the population... That 6%, by the way, was five times more HIV than

there was hepatitis C, which is totally reverse to our current belief systems about the prevalence of these viruses in our environment.

Dr. Zach Bush: Interestingly, if you multiply the amount of Hep C found in that population now, it is actually very close to the current global estimates of hepatitis C. So it looks like we're doing a better job of identifying Hep C than we are HIV. HIV, we have the wrong model because we keep looking for proteins or antibodies, not realizing that we could be in a balanced homeostasis with this HIV virus as a population and the population is only going to express disease that we would call AIDS or whatever, if there's a bunch of other viruses that are also in an unbalanced homeostasis. Because HIV doesn't actually cause AIDS. If we infect monkeys with HIV or whatever, they don't develop anything that looks like AIDS at all. And there was only one study that showed a fatal event in monkeys if we gave them that virus, and they didn't die of what we would think of AIDS at all.

Dr. Zach Bush: We know that Kaposi sarcoma and these classic cancers that cropped up, the leukemias and lymphomas that are associated with AIDS, are caused by herpes viruses not related to the HIV. And so what HIV is, is a genetic update. What AIDS is is a complete collapse of our relationship to the virus itself, but not just HIV. It's a collapse in our relationship to the whole virome, and suddenly we get an unregulated genomic replication of these viruses within our system and they come out of balance and then we develop systemic cancers and disease and dysfunction. Not because of the viruses, they've been present in these people forever.

Dr. Zach Bush: Interestingly, we just found through blood bank studies that we can track HIV all the way back to 1967 in our blood bank data in the US. We didn't get AIDS until the early 80s. So what happened between 1967 and 1980 that would have completely changed our relationship to the virome? Well, it had nothing to do with antibodies and it had everything to do with the enzymes that clip up the DNA. These scissors that chop up the genomics of the RNA and DNA sequences of viruses is a very large protein that relies heavily on glycine residues. Glycine is a critical amino acid in the structure of this.

Dr. Zach Bush: In 1974, and then really accelerated in 1976, we started dumping an herbicide into our population that disrupts glycine physiology, and that herbicide is called Roundup now. Roundup is built on a glycine molecule and puts a big phosphate and amine together and you get this toxic chemical, it's called an organophosphate and acts as an anti-microbial. Not only is it an anti-microbial, it also disrupts this genomic sequence, or the protein sequence from the gene that would make the scissors that would keep us in relationship to the viruses.

Dr. Zach Bush: It's not surprising that within four or five years after the widespread debut of this in Africa, US, Canada, Europe, we start to see the emergence of a new syndrome of unchecked viral transcription that we would go on to call AIDS. We didn't have the HIV sequence until later, and so then we, in suddenly

discovering that HIV was present in each of these people, we decided this was the causative agent.

Dr. Zach Bush: Well, the only reason we decided that was because we were finding all of these other viruses that we had already known. Well, what couldn't be herpes virus that's causing AIDS because it's been around. Couldn't be Hep C that's causing it because it's been around. But with the understanding that all of these viruses suddenly up regulate. So HIV was the only new virus, so with the understanding that HIV was the only new virus there, we put all this culpability and vilified this one little tiny genomic sequence that then we struggled to show that it could cause any disease in and of itself.

Dr. Patrick G: Ironically, the head virologist during the HIV era was Dr. Fauci, who happens to be leading the charge today. And it seems like what's necessary is there's got to be a scientific revolution here. That that's really the solution because we, we seem like we're starting on faulty premises, which means we're enthusiastically going in the wrong direction, and there's collateral damage that you described as a consequence of this.

Dr. Patrick G: What we'll solve it, the battle that we're in right now with people debating and arguing about this, or can there be maybe a scientific revolution that says, okay, we're completely changing our model and our worldview, and that's what would move us away from vaccines and start getting us to think in a different way. I mean, what's your view on that, kind of to summarize it?

Dr. Zach Bush: If we wait for a scientific revolution, we'll go extinct. We're that close. We only have maybe eight years to change our relationship to the microbiome of our oceans before we so acidify them that we tip into irreversible death cycle for the planet. And it's happened five times before, so we have a pretty good record of what extinction looks like on the planet and we're well down that track, we're about 40% down that massive extinction route right now, and we're eight years out from a big shift in that.

Dr. Zach Bush: If you keep tracking that 60, 70 years out, we're extinct. And so there's not time for a scientific revolution because I can show you human history at exactly how slow scientific revolutions are. Science, it turns out, is not a body of knowledge. I believe science is a process. It is a technique for exploring knowledge. It doesn't produce knowledge. It doesn't have this hallowed database of here's all of the truths we know. We have to come to terms with the fact that science at its best is a process that produces a new understanding of the world we live in. It's never produced the world. It's never produced biology. It's never produced health. Science is simply a process or a methodology by which we start to try to understand the world we live in.

Dr. Zach Bush: We don't have time to keep changing with scientific funding the way it is, the way in which education is built. Even when I going through my chemotherapy research, I came upon a really, really exciting new idea that vitamin could turn

on cancer death, and all of this, and my mentor... I was firing up a new clinical trial. I was on fire, enthusiastic. I thought I was going to change the face of cancer. My mentor, in her brilliance, patted me on the shoulder one day and was like, "Zach, you need to cool your jets because best case scenario, not a single clinician in the world will pick up your drug for the next 20 years."

Dr. Zach Bush: I was like, "What do you mean? My friends are right down the hall. They're oncologists giving chemotherapy right now. I know them. We could..." It takes 20 years for a new discovery, which is incremental. My discovery was so tiny, a minor incremental improvement in our understanding of our relationship between nutrients and cancer. But it would take 20 years to do that. What I'm talking about right now is a nuclear bomb to the current model. It is so disruptive to the current model.

Dr. Zach Bush: This is very much like the moment of the flat earth is suddenly round. The earth is suddenly not at the center of the galaxy, not at the center of the universe. We are in one of these moments that's so disruptive that this is why you haven't heard about any of these things before. Why is the common dialogue going from Dr. Fauci at the NIH or our own Centers of Disease Control or the World Health Organization or whatever groups? Why are they in this old dialogue if all of the science has been sitting there for 20 years? It's because it's going to take the willingness of the scientific community to let go of decades, if not centuries, if not millennia, of belief about human biology is the apex of life on earth, and as long as we're beating away all of the other life, the apex will continue on its manifest destiny of owning the world. We are not at the center, and that is going to take a long time. I don't think it's going to take 20 years. I think if we rely on scientific revolution, we're hundreds of years out.

Dr. Zach Bush: In 1600, it was still a minorly held belief that the earth was round and the telescope comes along and starts to say, yes, not only is it round, everything is cycling through the universe around these round discs and everything else. It's all these incredible spheres of energy. So it took 1600 years before that really.

Dr. Zach Bush: Now, another 400 years of scientific revolution and understanding and telescopes that can look into other galaxies and microscopes that can look into this and atomic structure that can be blown apart in Hadron colliders, and we still have a flat earth society. Scientific revolution is too slow. This I more fundamental.

Dr. Patrick G: What do you see then? In your mind we're decades, not centuries, away from a potential extinction event, the science isn't going to suddenly turn and change the course of what we're doing. What do you think is going to change it?

Dr. Zach Bush: This is one of those moments in history. It is our moment of history. You could put at the moment on this one. We are in the moment for a revolution of philosophy, not of science. And of course it's said that philosophy is the only true science on the planet and physics is based on philosophy. When you look at

how physics as a science emerged from the ancient Greeks, they were purely immersed in the philosophy of the ethers, of the planet, and all of this, and so we had the emergence of physics from this.

Dr. Zach Bush: Philosophy being the only true science on the planet, if you will, is begging a transformative event. And a lot of people have spoken to this concept of consciousness. We need this rise in consciousness and everything else.

Dr. Zach Bush: The more I study the microbiome, I'm more convinced that consciousness is not some achievement of the human mind or some rise in our vibration. Consciousness is already and always has been present in the physical world as an expression of the collective intelligence coming out of life on earth, and the vast majority of that life emerging with that intelligence is microbial, and ultimately viromic in its nature. The virome in its communication capacity is telling us something of the intelligence of nature.

Dr. Zach Bush: Consciousness is all around us. It's our decision to align with it. I have great fears that if we were waiting for the philosophy of humans to emerge, it would be too long, again. But the realization that the planet itself has developed this intense intelligence for life that has been resilient through massive extinctions. And again, we get a little bit of hope here in that in the five great extinction events that have happened previously, every time life comes back, it comes back more abundantly, with more biodiversity, with higher state of intelligence. How does that happen? How annihilation of 87-97% of life on earth then produce even more life?

Dr. Zach Bush: The answer is the virome. In our stress, as we go extinct, whether we're a bacteria or a human, we exude massive viromic adaptation signals because we're looking desperately for this, and so all of our mechanisms start to put out more and more adaptive signal.

Dr. Zach Bush: When biology settles down with whatever cataclysmic event occurs, cataclysmic event 55 million years ago that would take out the dinosaurs and 87% of life on earth was an asteroid, apparently, choked out the top soils, biology collapsed. The viruses survived that. A massive genomic information from every plant that had been present, from every microbial soil organism, ocean organism, that predated that massive extinction event was present.

Dr. Zach Bush: Much of that viral information stayed in a new data bank of potential. The extinctions are actually creating a higher potential event. And this gets really exciting for me because we are an intelligent species that could align ourselves with a high consciousness of nature and change our collective behavior in the next couple decades, such that we are a co-creative force and what we get to co-create with that nature will be the most abundant life on earth because of the amount of stress we've caused in our cataclysmic presence.

Dr. Zach Bush: Our cataclysmic presence, as dark as it looks, could actually be the natus for the next explosion of intelligence in life. For them higher emergence of biodiversity on the planet, if we will align ourselves with the possibility that we are not the apex of life on earth, it is not our manifest destiny to destroy the life around us so that we have more space. It's to start to participate with that life around us as a pixel of genetic information within the sea of genomic possibility.

Dr. Patrick G: Well, you paint really a different, beautiful picture of understanding, really, the nature of existence. It is a philosophical view of us, our relationship to what we experience, literally maybe a different view of our own identity is really what it amounts to.

Dr. Patrick G: I'm optimistic with you that maybe we can start to figure this out coming up soon. And with you spreading this vision and these ideas, I think you're increasing the likelihood that it will happen, so I very much appreciate you sitting here with me right now and sharing this extraordinary view of the world. It's a revolutionary view of the world. And also sharing some hope for what could be possible for us in the future. So thank you.

Dr. Zach Bush: It is my deep honor to be here, Patrick. Every time we convene clarity happens, and I think it's because in this extraordinary, gifted, and honorable space, to be this honored, haloed ground of attention. A film brings many, many eyes and many, many states of consciousness to a topic, and I think that the reason why such cool stuff has exuded every time I get to sit down with you is because we've been gifted into this position of focus, and whatever's coming out of me is the emergence of intelligence from the microbiome and humanity as a whole.

Dr. Zach Bush: I'm just sitting here as a mouthpiece for it. And it wouldn't make any sense if I didn't have a mirror like you to look into that and see more intelligence and more truth within whatever's coming through me, and for you to have the respect for that whole universe of scientists and bring attention to their work.

Dr. Zach Bush: This is not Zack on an expose, Zach suddenly finding some truth, this is tens of thousands of scientists who've devoted their whole lives, thousands and thousands of hours in laboratories and microscopes, in genomic sequencers, for me even to be able to tell you a very incomplete story about what's going on, and yet I just value so much what you guys are doing as a film company, is to give the space for a dialogue to happen.

Dr. Zach Bush: No sound bites. The possibility of scientists to really be able to have their work showcased such that it would tell a beautiful story that could repaint a philosophy. This is the gift we sit in. And so I'm so grateful to be able to express that collective intelligence there and the collective efforts of scientists that are pushing the current paradigm.

Dr. Patrick G: Beautifully stated. Thank you so much, Zach.

Dr. Patrick G: That concludes part two of my interview with Dr. Zach Bush. Amazing information. Doesn't it give you context, a new frame of reference, a new understanding, and hopefully a brighter vision for what the future can be for you.

Dr. Patrick G: Thank you for tuning in, great to spend this time with you. Share this information with others. And I will see you in the next interview.



Episode Nine



Dr. Zach Bush: The way in which doctors are taught today, and consumers are taught in the infographics that are coming at you from CVS onto the NIH right now, is literally showing you that viruses suddenly take over the human genetic system and replicate themselves and attack your body. If that was the case, I would be dead instantaneously right now. I have more viruses than I do have cells that are interacting with this genetic information. And so I would be instantaneously taken over if in fact the ribosomal RNA wasn't the most regulated step in human biology. It had to be for us to occur as a species. This isn't going to protect you from coronavirus. This may reduce your risk of subsequent inflammations. That should be the message from the CDC, NIH, WHO everybody should say, that's the expectation. Anything else than that, they're lying.

Mary Holland: The society can impose these vaccines for self-defense of the society. But if an individual thinks that they have a medical history that puts them at risk of injury or death, that individual has right to self defense. And that's where the idea of a medical exemption comes from. COVID vaccines and COVID therapeutics, they are what are called emergency use authorization products. So right now, if you get injured, God help you. Really God help you, because you will not get compensated in any way. It's frankly outrageous. And many people believe as I do that, it is an unconstitutional law that will probably now in this context, be challenged.

Dr. Patrick G: Welcome to episode nine of our nine part series, Vaccines Revealed, COVID edition. You made it. You're here. You're at episode nine. Boy, do we have a trail of amazing information behind us? Thank God we've held on to it, meaning that we have a repository, it's recorded, and it's available to you and others, you can own it. I'll tell you what. I just got literally off set before I am here talking to you right now. I just got a text. There was another documentary around COVID that got posted just days ago. It's already taken down. Anybody who is not towing the party line. Anybody who is not saying what the powers that be want you to say, they're being de-platformed, de-listed, canceled. You can't get the information. And this is vital information. If you've been watching up to now, you know that we don't have a bunch of crazy people with tin hats on making wild claims.

Dr. Patrick G: These are very well credentialed experts from varying disciplines of science, coming here to tell you the truth when it comes to COVID-19, and when it comes to the vaccines related to COVID-19. You need to have this information. Other people need to have access to it also. As you know, during the free viewing period, which we're coming to the end of now, you can buy these packages. You can buy this entire series and own it, and have it for on demand access whenever you want. You can share it with friends. It's at a very, very

steep discount. So it's extremely affordable. And there are special bonuses that go along with it. So many of you have already raised your hand, said yes, you want to support the mission and you want to have this information.

Dr. Patrick G:

And I really sincerely want to send my gratitude to you. Thank you for that. It's not just the financial support, it's also moral support for us. This is a very tough thing to bring to market and to fight the headwinds, to get this to you. So thank you. And if you haven't done that yet, now's the time we're getting to the end here. Jump in, be a part of the community that cares about the truth, that doesn't want to see censorship, and wants to have this information available. So join us with that. Invest in the package. Well, here we are, episode nine. Let's dive in.

Dr. Zach Bush



Dr. Patrick G: Welcome to part two of my two part interview with Dr. Zach Bush. Zach is a triple board certified medical doctor. He's a transcendent voice in the noise that's surrounding COVID-19 right now. In part one, we covered a lot of ground, but we certainly weren't done. We need to get into part two now, I'm excited to share this with you. Here we go.

Dr. Patrick G: We're very misguided in our thinking orientation, the lenses we're looking through toward this. Even if you were to buy the germ theory in the way that they proposed it, there's still a lot of nonsensical politicized aspects to how we've gone from being a somewhat free society to a tyranny, how there's the forced mandates without any sort of a democratic process. Masks have to be worn, and businesses have to be shut down, and people have to stay home and physically distance from each other, et cetera, et cetera. And we could spend hours just talking about how misguided that all is. The complete sterilization of everywhere that you do go, if you happen to get out, there's going to be a consequence to that. The cure has become worse than the disease, for sure.

Dr. Patrick G: But, so that's all kind of a given it's a granted. You've laid out beautifully the right context to understand viruses. And then more specifically looking at this particular Coronavirus and maybe new perspectives and how to perceive it. And then secondly, you've also very elegantly portrayed that fact that this virus is not something that we need to be fearful of, that it's not outrageously deadly, that we're not going to have bodies in the street. And it's not only something that you were saying at the front end of this, the reality is here we are now. And the data is in, we don't have to speculate about it anymore. But what we do have to be concerned about, with all those almost being a given, what we do have to be concerned about are the vaccines now.

Dr. Patrick G: So now they're saying, "Okay, here's what happened, folks. We had a plan. The plan was everybody go hide in your caves, do not come out at all if you can avoid it. Just on the necessities, you'll come out, get your food and go back and hide. Distance from each other socially, get depressed." I just read an article this morning saying that in Japan, there were more suicides in the last 30 days than there were deaths from Corona for the entire year. So we're creating all these psychiatric issues that are emerging right now. But now they're saying, "Okay, now just come out. We're going to inject everybody. And then we're going to go back to normal life pretty soon." So this is the culmination basically of everything that you've been talking about. Can you give us your views and thoughts about the varying vaccines that are being proposed and kind of how you see this whole mess?

Dr. Zach Bush: So before I even dive into the complications of the vaccines, I want to back up again and maybe drive a deeper stake on the understanding of the innate

immune system versus the adaptive immune system. So I've mentioned a couple of times the innate immune system being this second to second, minute to minute, regulatory system that controls the way in which we utilize genomic information from the viruses. The adaptive immune system makes downstream decisions on our relationship with not the viruses, but the proteins that we've produced from the viruses, and the way in which this happens is that the innate immune system, which is making those second by second decisions, if the cell decides that it's going to take in this viral genomics, and so for example, Coronavirus is an RNA strand. So the virus is delivered through binding of the capsid of the envelope that sends across the world, this viral particle to me. I breathe it in, it binds to my respiratory epithelial, the cells within my lung respiratory tree.

Dr. Zach Bush: I absorb that into my bloodstream. Now it dumps the genomic information into my bloodstream, and now it goes system-wide. And now the cells along the lining of my blood vessels can also take up through actually the same receptors, some of those surface proteins of the capsid of the virus and all of that. If my pulmonary respiratory tree starts to make more of those capsid proteins. So now my lungs and vascular tree can start to take this up and then distribute the genetic information diffusely through my body, or keep it's expressed in the endothelium of my blood vessels or the epithelium of my lung.

Dr. Zach Bush: And so that innate immune system is making these decisions as to whether you use this information or not. Interestingly RNA ribosomal transcription, which is a complex science word for decision to make proteins from genetic information. RNA ribosomal regulation is now understood to be the most complicated, the most highly regulated step in human biology of anything. And I'm an endocrinologist. I can tell you one of the most complicated regulatory systems in the body is the endocrine system, and it pales in comparison to the regulatory system at the genetic level. At the genetic level, we're now understanding there's over 200 different proteins that have to be present to turn on the transcription factors that will allow a ribosome to take that RNA into a protein. And there's another 80 that are there to suppress the activity of that ribosome. And so you need just the right balance between activators and suppressors of the genetic sequence transcription device, before you even decide to make a virus or a viral protein.

Dr. Zach Bush: This is very important information because the way in which doctors are taught today, and consumers are taught in the infographics that are coming at you from CVS onto the NIH right now, is literally showing you that viruses suddenly take over the human genetic system and replicate themselves and attack your body. If that was the case, I would be dead instantaneously right now because I've 10 to the 15 viruses in my blood stream. If they could all autonomously take over my cells... I only have a trillion cells at the most that are interacting with these viruses. If I look at my entire vascular tree, and immune system, all this, I only have a trillion cells. And so that's a trillion again is only what, nine zeros after it or whatnot.

Dr. Zach Bush: You start to get into 10 to 15, with 15 zeros after it. So I have more viruses than I do have cells that are interacting with this genetic information. And so I would be instantaneously taken over if in fact, the ribosomal RNA wasn't the most regulated step in human biology. It had to be for us to occur as a species. It had to be for the mammals to occur as a genus, because we needed a regulatory function to keep us in communication with the genomic sequences of the world, with genetics in the stew. So the innate immune system has been keeping mammals in a dance with the greater world around us for millions of years. And we just showed up as homo sapien sapiens 200,000 years ago by the fossil record. So we are new on the scene, and mammals were dancing with this genomics long before we showed up.

Dr. Zach Bush: If my body decides it needs to integrate this RNA information into proteins and really start utilizing this genetic information, then all of all the system has to agree, okay, yes, we're going to use this new protein structure, and we're start producing it in large amounts. We need it so much so that we're going to actually replicate the entire viral capsid and send it out throughout our body. In fact, it's so important that we want to make sure our loved ones are getting the same genetic information. So if we're going to send out clouds of this in our respiratory secretions and everything else, to make sure that everybody else is getting the same genetic update. But before I ever get an infection or become productive of this virus, my body had to make hundreds and hundreds of agreements that said, "Yes, this is not only good for us, it's good for the world."

Dr. Zach Bush: And so when we see a viral syndrome go, the genetic information is important to our biology. Now we see death and dying from HIV or Hep C. And we say, "Well, that virus must be bad." It's not the genetic information there. We know that asymptomatic HIV presences is rampant. In a study of 8,700 asymptomatic healthy individuals in the US, Europe, and Asia, where we have the lowest amounts of HIV and AIDS in the world. We looked at 8,700 healthy people that had actually all been screened for infectious diseases so that they could donate blood. So they had screened negative for HIV, Hep C, all these things. We took that group and looked for PCR, evidence of HIV within that group. And at five times greater quantity than influenza was HIV. And so if this maps to the rest of the world, then we missed our current estimates on the HIV load in the population by 470 million people.

Dr. Zach Bush: And so we grossly, grossly underestimated the amount of HIV in the world because we kept thinking that HIV was a genetic sequence attacking humans. But in fact, it's not until you find a group of humans that I have a poisoned or dysregulated innate immune system that HIV and all of the herpes viruses that have to be present to create AIDS, can actually occur. In other words, HIV doesn't cause AIDS, which is, that is like heresy in the science world.

Dr. Zach Bush: But in fact, we don't... Ever had a science experiment where we tried to infect some human or animal with HIV and we caused AIDS, it's never happened. The closest we came was in a monkey, simian study, where we were able to cause some sickness and death, but the sickness and death that happened didn't look

anything like AIDS. And so that was with us giving overwhelming amounts of copies and replications of this in a lab environment where the monkeys aren't in their healthy habitat. And we were able to cause some sort of, it was clinical syndrome. We said, "Well, that must be enough." Nevermind that it doesn't actually cause low white blood cell counts and immune deficiency, like we've blamed it for being as the cause of AIDS. HIV is present in people with AIDS. And so is eight other common herpes viruses, and when all that is happening, it's symptomatic of, or demonstrative of, we just lost regulation with the 10 to the 15 viruses that are in that human being.

Dr. Zach Bush: So AIDS is a symptom of a collapse of the innate immune system. It is not an overexpression of a single virus. It's impossible that a single virus can cause AIDS, because the symptoms of AIDS are actually Kaposi sarcoma, and a very specific kind of leukemia. Both of which come from herpes viruses, not from HIV. And so the syndrome itself is a dysregulation of it. So at the worst thing we can think of maybe, HIV being this global pandemic, that's now endemic in parts of Africa and every other place, what HIV could show us today, if we chose to turn our lens around is the pockets in which we have damaged innate immune system within the human population. Why is that? Because these are areas of chronic malnutrition, poor access to food nutrients and good food systems. These are areas of high socioeconomic abuses, sex trafficking, child abuse, trauma, all of these things dysregulating the human experience.

Dr. Zach Bush: And then we see an overexpression of viruses in this population and we blame it on HIV. That's the kind of systems thinking, systems reevaluation we have to do. So I wanted to lay all that out to point out that the innate immune system is the whole story. And when we see something go pandemic or endemic within an environment, we can say that something's happened to the innate immune system. So what the hell is the adaptive immune system with all this vaccine story? So we're giving proteins in an injection that caused an antibody to be formed. That's the adaptive immune system. And if you've been paying attention this year, maybe you've gone to the doctor with a syndrome of an upper respiratory infection. You're thinking, I wonder if I just had Coronavirus? And you go and you say, "Hey, I was kind of weird last week. I had like headache, and feverish. I just felt weird. And I think a cousin of mine had Coronavirus and maybe I gave them a hug. Can you just screen me?"

Dr. Zach Bush: And the doctor, if they're up on their stuff, we'll tell you, "Oh yeah, we should totally screen you. I'll do a..." What they're likely to do is say, "I'll do a rapid test now, and see if you're..." And that rapid test is going to be negative because it was last week. And your virus only stays in your blood stream for about three weeks they'll tell you, or three days. Wait a second. The virus only stays in your blood stream for three days. Yeah. In fact, the highest it really gets is on the day that you're symptomatic and then it's immediately diminishing. In other words, your innate immune system will bring you into balance with that genomic information within three to four days, period.

Dr. Zach Bush: The sickness and the fevers and the recurring syndromes of inflammation that can then happen over the next following weeks are, the virus has already gone. And so what you're actually reacting to is an inability to adapt. And so if you're seeing a clinical syndrome where you're failing to take this new information in, and you have a chronic inflammatory result, that could lead to death, you've demonstrated that you don't have adaptive capacity, your body decided you needed to make an adaptation to survive in the world, and your body didn't have the clinical reserves of antioxidants clotting, cascade factors, all these different things.

Dr. Zach Bush: And so in your dysregulated, exhausted, diminished, depleted state, you ended up into a chronic syndrome that we would call COVID-19, which of course is not the description of virus, but a syndrome, the virus was gone within 48 hours of the first symptoms. Fascinating. So the doctor says, "Okay, I'll do a rapid test and it's negative, but we should really get an antibody test to see if you were exposed a couple weeks ago. And so come back in three to five weeks because it takes three to five weeks from this time of infection before an antibody shows up." Wait, what?

Dr. Zach Bush: The adaptive immune system shows up three to five weeks after I've already cleared the virus from my blood stream? Yep. That's right. Come back in three to five weeks. Well then why do we think the antibody has anything to do with clearing the virus? If in fact it's the innate immune system that clears it, and what the heck are we even measuring with the antibody? It turns out that the antibody that we're measuring, when we say you have IgM or IgG positive antibodies to SARS-CoV-2, it's actually not even the virus that it's to, it's one of the proteins that is made by the genomic information that's delivered to you. And so the adaptive immune system is saying, "Uh-oh, your balance is really off. Your innate immune system sucks right now. It can't seem to bring itself into balance with the homeostasis between protein synthesis and decision not to. So we better make antibodies to reduce the number of cells that are making this protein." But the virus has already gone.

Dr. Zach Bush: This is now genetic information that's been uploaded into your body. And your DNA is now deciding to make a protein that your adaptive immune system is saying you're over-regulating. And so when we see a study come out, on a vaccine and it says, "Good news, we vaccinated a bunch of people. And there was a 94% reduction in the people with symptoms from SARS-CoV-19." They're being very specific about that. They'll say there's 94% reduction in COVID-19 cases, which is a clinical syndrome again. It's not the number of infections because if they actually measured the number of infections, they'd be identical because the adaptive immune system has nothing to do with your initial, your absorption of that virus, or your reproduction of the virus, or its proteins. It doesn't have to do with that. So we're going to have the same number of cases of actual presence of the genetic information that we could call an infection, but it's the adaptive immune systems downstream ability to reduce the amount of subsequent, in the weeks following exposure to that genetic information, the way in which you produce it.

Dr. Zach Bush: And so what it could do is change your adaptive relationship to protein synthesis of your new gain of function that you've had from this genetic update, this new genomic capacity. And so we've got the wrong story completely. It is not attacking the virus. It doesn't make you attack the virus better or anything else. It just says that in the event that your innate immune system is dysfunctional, and you can't decide at the cellular level, which protein you're going to produce at any moment accurately, then this thing might help as a stop gap down the road and do that. So that's the only scientific hope that we would have in a vaccine is maybe downstream after a Coronavirus infection, we might reduce the number of people that are over expressing some proteins that might make them acute inflammatory, or chronically inflammatory, increase their morbidity and mortality from heart attacks, strokes something else.

Dr. Zach Bush: So that needs to be the narrative, first of all, this isn't going to protect you from Coronavirus. This may reduce your risk of subsequent inflammatory inflammations. That should be the message from the CDC, NIH, WHO, everybody should say, that's the expectation. Anything else than that they're lying or at least trying to misconstrue. Lying sounds harsh, but frankly, it's scientific lie. We have too much data from the last hundred years to say that's a wrong narrative.

Dr. Zach Bush: Now, interestingly, we have the problems. Okay. And so what we just described as the hope for the vaccine, which isn't to prevent infections, maybe reduce a little bit, the inflammatory consequences, protein synthesis downstream. So the only place that can find a benefit then is to take individuals that are at high risk for the inflammatory cascade, IE Americans, and then put them into a study and say, "Hey, look, we reduced the amount of inflammatory consequences to Americans who are seeing this."

Dr. Zach Bush: Keep in mind, America has 4% of the entire global population, and we've reported over 20% of global deaths from this pandemic. So if those numbers are even remotely accurate, we have five to eight times more vulnerability to death than any other nation in the world. And that's actually probably quite accurate. Unfortunately, we rank 40th in the world or something for global health outcomes from neonatal death on day one, to expected age, to cancer, we are awful. We're 40th in the world. We're behind every other industrialized nation in health outcomes. And so this pandemic should have shown us just like you asked, what are you guys doing? Where is your innate immune system? What are you doing to your food environment, to your air, to your water systems, everything else to so predispose your population to something like this level of morbidity and mortality that you're seeing in the United States. And other countries are openly talking about this.

Dr. Zach Bush: African countries are saying, "Don't listen to the news. The Americans are sick people, none of them are healthy." And so it's not a secret globally that we don't have a pandemic. We have a severe deficiency of health in the United States. And so that's where it's at. I apologize for the long windedness on this.

I'm trying to get to the story of what is the risk of the vaccine. But I think that it'd be better for your editors-

Dr. Patrick G: If I could jus-

Dr. Zach Bush: If we paused here and you could ask that question.

Dr. Patrick G: Yeah. If I could interrupt for a second, don't apologize because this is what's I think critical, I think too many things are glossed over. And the consequence of which is people are able to parrot what other people said, but they don't really have context and understanding. And I think that's dangerous. I mean, some people basically, it's just another form of confirmation bias saying, "I think for whatever my reasons are that this is true. Why vaccines don't work, or I don't think vaccines are a good idea. And I heard a really smart guy named Zach Bush say that it was a bad idea and some other people the same. So I'm going to just repeat that." As compared to saying, "There's a flow of thinking and logic that kind of gets you there." And I believe that when somebody has this depth of understanding, that is when they are empowered to really be able to make a difference in the world, as compared to just towing a party line, if you will. And just kind of in summary there, because this is something that's really interesting-

Dr. Patrick G: And just kind of in summary there, because this is something that's really interesting because you're right. Vaccines traditionally, because not this COVID vaccine, but vaccines in general traditionally, their efficacy is gauged by is their antibody production. That's how they say, "Okay, did we give the vaccine, did it produce antibodies?" Well that infers immunity, but it really doesn't. And as you're describing, there's a whole bunch of things that happen in the immune system before antibodies are ever produced, if they're ever produced it's way downstream so to say that because when they say, "Hey, the vaccine is 94% effective," can we interpret that in some circumstances that what they're saying is, "94% of the people that we gave the vaccine to, we were able to find an antibody in their blood later." That doesn't mean that they have protection or immunity, just means that they got the body to artificially produce these antibodies.

Dr. Zach Bush: Yeah. And even if they show you an 84% result in a clinical outcome saying, "There was 186 people that presented with symptoms consistent with COVID-19 in the controls and there was 16 in the group that was treated with vaccine." And so then they say, "See, we had a clinical result." Again, they're telling him COVID-19, which is not a virus, it's a syndrome, not SARS-CoV-2. If they really met it from SARS-CoV-2 with PCR and everything else, they would show no change. But the syndromic quality to their reporting right now is allowing them to camp this kind of fight or flight kind of phenomenon or you need to attack before it attacks you kind of narrative about how vaccines work. And so again, that's inaccurate, but what they're really saying is there's less inflammatory consequences to seeing this genetic information.

Dr. Zach Bush: And one scary thought is that there's multiple systems that are now dysregulated because we know that that antibiotic presence doesn't stop the virus from coming in, it has changed your relationship to your response to not the virus, but actually the proteins that you can make. And when you're making a lot of antibodies to a protein that would be made from this new genetic update, you're not actually getting the update. If your body is trying to make the new protein to make a more robust inflammatory response against some toxin in your environment or some ecologic new threat that has now emerged as coronavirus has now emerged as an adaptive genetic sequence to make new protein that adapt away from that toxin, that's the kind of sequences that are likely occurring around us. And yet we're not telling that bigger story. We're telling this very narrow picture.

Dr. Zach Bush: I'm concerned that if we put into widespread use this vaccine, which is frightening because it's a very specific type of new experience, we've never done a messenger RNA targeted antibody before. And so we're now targeting something that is very frighteningly common in our bloodstream. That's a whole other story there, but the reality around the adaptive immune system function here is you are now blunting whatever update they were having. Which we now know from flu vaccine if we blunt the genetic information from flu, we have now a decreased ability to resist coronaviruses, echoviruses, adenoviruses, other respiratory viruses in our environment. We can't have the same relationship to them so we're more prone to complications from these other things. What are we predisposing this generation to? And the answer is something we've never seen before.

Dr. Zach Bush: And so we are setting ourselves up for a new pandemic in the subsequent years, as we reach some sort of critical mass of global population that are now vaccinated to have an artificial, adaptive immune system experience with coronavirus. We're setting ourselves up for an unseen threat in nature that's going to now be thrown off in its relationship and homeostasis or balance with our future immune systems as a species. That's frightening. We are opening up Pandora's box here by doing something we've never done before at a higher level of intervention than we've ever done it before in a population and we don't have a clue as to what we're setting ourselves up for, just in the infectious disease kind of mindset category.

Dr. Zach Bush: If you back up a little further and realize that we now know that the microbiome is really critical in the way in which we interact with the biome, very critical to our immune system's intelligence around autoimmune disease, it gets even more frightening. The amount of autoimmune disease that we could see come out in the next five years could be devastating. And we've already seen this happen. Every time we've introduced a new vaccine starting all the way back in the 1950s, every new vaccine has correlated with within three to five years, a jump in autoimmune diseases in the population that we've vaccinated. And so I'm very confident that we're going to have a devastating effect on global immunity and its intelligence to who we are. We're losing our self identity as human as our immune system gets more and more activated to our own cells.

And so rheumatoid arthritis is the attack of the human joint from the human immune system, type I diabetes is the attack of the beta islet cell in the pancreas from the human immune system. Hashimoto's hypothyroidism, human immune system attacking human thyroid gland.

Dr. Zach Bush: That's what we mean by autoimmunity, is it as your own immune system attacking your own body. It's not surprising that a screw up of the innate immune system by an abnormal stimulus that's not a complete viral capsid and all the proteins and all the regulatory steps that wouldn't be achieved through an innate immune system. It's an artificial change in your adaptive immune system without the intelligence of the innate system and now the innate immune system starts to get confused. Wait, what? What's this antibody here? Why are we being stimulated with macrophage to knock out all of these human cells with this? And so now, oh, maybe those are not actually us. If the macrophages think they need to go clean up the thyroid, that must be foreign material so the innate immune system changes the relationship and opens up the flood gates on the adaptive immune system to attack the thyroid gland.

Dr. Zach Bush: It's very frightening to go mucking with something as eloquent and symphonic in its complexity as the innate immune system and its relationship to the adaptive immune system. We are about to do something terrifying. That's kind of three to five years out. One of the main concerns in the short run is that small percentage of people who get these RNA vaccines, it turns out will create a hyper-antigen response, which means the next time they see coronavirus, they are going to have an exponential increase in risk of morbidity and mortality from seeing that coronavirus. And so I believe that we are about to see a significant portion of the population, this isn't going to be the majority, but five to 10% of the vaccinated group. If we roll out to a million people, you can take 5% of that and trust that that group is now going to have a really high likelihood of dying from coronavirus next year, especially if you're vaccinating elderly or people with high comorbidities, which is exactly who we're going to go vaccinate.

Dr. Zach Bush: And so we're going to vaccinate a population and next year or the year after we're going to see the highest deaths from coronavirus in history, because coronavirus has never caused much mortality. We're about to really achieve the CDC's production that this is 30 times more deadly than flu. And we're going to cause it by this hyper reaction to the RNA strand, this hyper-antigen effect, that's been long recognized in these RNA vaccines. This is a known phenomenon. Pharmaceutical companies know it, regulatory groups like the FDA know it, the NIH knows it, the CDC knows it, the WHO knows it. This is an inherent problem to RNA vaccines and yet we are doing this to the population, especially, make sure those low socioeconomic minority communities really know they need this vaccine. Holy cow, we are going to see a devastating event here. This might be the new Holocaust of our generation is going to be meted out through the human immune system for the first time.

Dr. Zach Bush: And that's a tragedy that is completely avoidable and the science is sitting in front of us and it's sitting there, but I can talk to anybody in the world from my own family, to doctors, to CDC and the levels of denial that the human mind can put into play, make all of my words useless. And so I'm intrigued by that. I'm no longer offended. Initially, I was so frustrated and offended. Now I'm just kind of actually really interested to see what we do as a population. There's a lot of scientists out there that are banging the drum now saying, "We are doing the wrong thing." And yet the population is not confident enough yet by that other narrative, that counter narrative. Even though they're the only ones presenting science.

Dr. Zach Bush: The NIH is not presenting any science on any of these vaccines. The CDC is not showing us any safety data that would be at all reassuring that this is actually the right thing to do and yet we have healthcare practitioners lining up to get this thing sight unseen, science misunderstood, adaptive immune system prophets and proselytizers, they don't even know what the innate immune system is and they are rushing for this thing. And so I'm so curious, what does this mean for humanity? We need this journey. This journey, however it unfolds in 2021 is the journey we need. And so in a weird way, Patrick, I sit here with you in a little bit of a state of grief for humanity and a little bit of state of awe for our gullible nature, the power of collusion within narratives, the power of that fight or flight fear, guilt paradigm that you talked to. And I'm curious to see what journey humanity needs in the next year.

Dr. Patrick G: It's certainly chilling and it does defy logic and the need for this agenda is so strong that we're dealing with censorship. We can't talk about the conversation you and I are having right now is going to be banned on many platforms. I've already tried to have other conversations like this and I keep getting shut down. Our Reveal Films work in many instances shut down and we have to find alternate ways to try to get it out into the culture. And there's this, I love the word you say, you're intrigued, because certainly you can engage a series of emotions that can be maybe even counterproductive and certainly not good for your health, but it can get enraging when you start to see how people are being taken advantage of right now, how fear is being weaponized and utilized for people just to bow down, give up any civil liberties. How these communities, these lower socioeconomic level communities are targets to this very ill fated, what will be a very ill fated directive that's going to lead some real mayhem, some real scary stuff.

Dr. Patrick G: And I look at this and I've taken a step back and I really started to contemplate and look at this and say, "Man, if I look at modern history, at least modern history, maybe even record history, this is as seismic as anything that's ever happened and maybe the most significant thing to alter the course of humanity that's ever happened." And that's why the lengthy conversation is an important one because Einstein once said, "Make things as simple as possible, just not simpler." And I believe we are at risk for oversimplification as compared to thoughtful narrative that gets somebody to pause for a moment, see how the dots are connected and say, "Oh." My wish is that for what you just shared with

us over the span of the last several minutes, that people will not only reflect on it once but will go back and listen a second time and a third time, because it took decades of your own searching, your own deliberations to be able to sit down in this confined period of time and share it all in the way that you just did.

Dr. Patrick G: And there's a genius and there's a brilliance to that. And there's also a light to it, a light of spirit wisdom that accompanies it, which is what makes it, even though the message is tough, the message is beautiful. And we look, I'm always looking for the beauty in things as are you. We have to, otherwise I think life get depressing pretty quickly and it's what our nature should be. There's some dark things going on and there's a lot of misguided thinking.

Dr. Patrick G: And one other thing I just want to highlight that you said is that a lot of people who are engaged as pawns in the process, I believe were unwitting. The people who are out there saying, "I want to volunteer to help give these vaccines." They don't have a malicious intent. They are unwitting pawns in this game that are being utilized for an agenda from people who I believe, do know better to a large extent. Hard to say where the buck stops and exactly who's complicit and who is a pawn. But nonetheless, that's maybe a conversation for another time, but, but in the end, this coming year is going to be something fascinating to look at.

Dr. Patrick G: And the whole reason we're making this series is because sitting back and doing nothing, I think at this point is also immoral. We have to become activists. We have to engage. We have to get involved in our own destiny and not subjugate our minds to people who want to propagate fear and seek to control us and literally transform the entire destiny of humanity. I'd love to know if you have any final thoughts around any of this and just know that I, with a big amount of heart and gratitude, appreciate you and appreciate the fact that you take the time to be with us.

Dr. Zach Bush: I'm just super grateful for the whole experience of being alive right now. It's a very unique gift to be alive at an inflection point of a species. And even on a grander scale of a planet. Those of us that are alive now and over the next 50 years will be a witness to the most cataclysmic changes, certainly in our species' 200,000 year history and the largest opportunities for fundamental change in waking up and consciousness emerging, to re-emerge as a species that's integrated into our nature instead of in conflict with that nature. And each of you right now, as you sit there and perhaps dumbfounded right now, perhaps confused because I said a bunch of things you've never heard before or doubtful or paranoid, whatever emotions are going through you, those are temporary. Those will be gone every seven seconds or so and so let the emotions wash across you. They're appropriate.

Dr. Zach Bush: If I induced fear and guilt at moments, I'm sorry for doing that. But those are momentary things. I want you to feel between my words. Between my words is my love for you as a physician, as a scientist, that would have gone into those fields of science and medicine to explore who you are and what you are here to

do so that I could bring something to you to say, "Look how healthy you are. Look at your potential. You are a soul animating a human body. That's miraculous. Thank you for being alive today. That's such a beautiful thing." And so I hope that we allow the emotions to whitewash across us appropriately and then shake it off. We need to shake off the emotional experience of the last year. This 2020 needs to be shook off thoroughly.

Dr. Zach Bush: It's like that scripture where Christ tells us all the disciples to stop as they exit a town that has rejected them and knock even the dust off their sandals, because you want to carry nothing forward from an environment of conflict and an environment where there was no healthy soil for growth and regeneration. That was 2020. There was no societal opportunity for growth, but there were pockets of it. You saw humans making connections they've never made before. You saw groups of humans finding other humans. You have, perhaps I hope, felt this year the discovery of a new friend that you feel like you've been looking for for lifetimes. That kind of connections are happening all over the place and they're not the common narrative, they're not the experience we're necessarily telling each other day, which certainly not being covered on CNN, but it's happening at a faster rate than I've ever seen it before.

Dr. Zach Bush: And so I'm excited to be alive in a year where we are starting to make human connection. And if we can act like the microbiome, which is this extraordinary capacity for massive leaps in quantum intelligence when we connect, then we have an exciting 21 ahead because this thing called quorum sensing is where a population of bacteria and fungi when they get together, they can suddenly exhibit this quantum intelligence where they can start to as a population, decide resource management and life sustaining measures to sustain some species or niche within it that needed help. And they all start to respond as this hyper intelligent organism that's much different than a species of strep or staph on your skin. It's a true organic organism functioning within the cooperative relationship of thousands of species. And so when we see humans connecting and when you feel that spark of you are meant to know me, I'm meant to know you.

Dr. Zach Bush: Maybe we've had contracts for lifetimes to meet each other in this sole moment and that Patrick is certainly my experience with you over these last years. And so I'm so deeply grateful that we found each other in this lifetime, at this moment, this tipping point of history. I'm so deeply grateful for everybody on your team that I've gotten to know over the years, because we're here at the same moment, which means we were supposed to be here at the same moment. And so for everybody in the audience and for all of you listening, everybody that's in your circle was supposed to show up right now to be part of a new narrative.

Dr. Zach Bush: And maybe that narrative is the hospice moment of humanity, and we're going to go extinct, but let's do that connected. And let's do that journey as enlightened as we can so we can realize what the human experiment was about so that we cannot do that again in the same shape and form that we did at next

time. And so let's do this experience awake and you're here right now, which means you were willing to be awake. Thank you, each of you, I'm grateful for the journey along your side and the brightness of intelligence that comes out of just the nearness that we have to one another right now.

Dr. Patrick G: Dr. Zach Bush, that was beautiful. I so admire and appreciate you. And thank you so much for sharing all that you just did. And especially your very deepest and most heartfelt sentiments for me personally, for the work we do, but especially for humanity as a whole. Thank you so much for that and I look forward to when we will be together again next.

Dr. Zach Bush: Absolutely. Thank you all.

Dr. Patrick G: That completes part two of this two part interview with Dr. Zach Bush. Isn't he an amazing human being? This is the guy that I want making policy for us when it comes to issues like COVID-19. The right thinking, the right idea, a voice of reason. We need more of out there. Thanks for spending this time with me.

Mary Holland



Dr. Patrick G: In constructing this series, we have PhDs from varying schools of academic background. We have medical doctors with different specialties, homeopathy, chiropractic, a pharmacist. Varying points of view, orientations, academic backgrounds and careers, which are necessary to bring this fully to light. There's another area that people maybe aren't thinking about that's also very important and that's the law. When it comes to understanding COVID-19, the policies around it and COVID vaccines and what the compulsory aspects of that might turn into, having a conversation with a legal scholar is extraordinarily important. Which is why we sat down with Mary Holland. You're going to see in this interview, it's very clear, very concise, very well organized, just like a lawyer should because they have to present their case. It's also very chilling. Mary now works with Robert F. Kennedy Jr. As general counsel for the Children's Health Defense and her perspectives here are critically important to your understanding. Enjoy my interview with Mary Holland.

Dr. Patrick G: Mary, thanks so much for taking the time. You have been a real great and important advocate, I think in health issues for the past several years. And now we're facing what I think is unprecedented circumstance relative to this whole COVID scenario. And certainly we could talk a lot about the science, but I think there's a lot of legal implications to what's going on right now also. And your background in the law I think is really important. Can we just start with a little bit of your background, your kind of your academic background and then your career?

Mary Holland: Sure. Thanks for having me, Patrick. I'm happy to be here. I'm a parent of a vaccine injured young adult and I taught for 17 years at NYU School of Law. I also taught at Columbia Law School and about a year ago, I left and I'm now general counsel at Children's Health Defense and I'm working with Robert F. Kennedy Jr and an amazing team. And I'm working on legal issues, litigation and education.

Dr. Patrick G: Let's tell a little bit about your personal story, because this is probably what got you into the type of work that you're doing today and for the past several years. You said you were the parent of a vaccine injured child that's now an adult. Can you talk a little bit about that and then kind of the path that that put you on.

Mary Holland: Sure. I come from a super medicalized background in mainstream medicine. Both my parents were physicians. I have two uncles who are physicians. I have siblings who are in the medical and pharmaceutical field. I was pretty trusting based on my family background and my educational background, I was pretty trusting. And so did not really question the decisions to vaccinate an infant. I didn't know that thimerosal contained mercury. I did know that there could be adverse events. I believed that they would be one in a million. That's what I had

been told. And that wasn't my experience. Mine is a fairly typical story of somebody who regressed after a MMR vaccination and it was serious.

Mary Holland: And so that's definitely directed me on the path that I followed to study vaccine law and policy and very quickly into it, understanding that there's no liability and there's mandates on the front end. This is not an industry. This is government coercion basically with no accountability. And so I quickly learned in studying this problem that this is a mammoth problem. And I think the good news Patrick is that the COVID crisis is bringing this mammoth issue to public awareness, which was not the case for the last, literally the last 20 years that I've been involved.

Dr. Patrick G: Vaccine law is fascinating and chilling it at the same time. But let's just say from an abstract standpoint, it's kind of fascinating. Do you view how the law is constructed now and how it's applied? Do you find constitutional issues with it? Or do you think that the government is complying with the constitution in doing what they do?

Mary Holland: I think it is just rife with constitutional issues. From free exercise of religion, to parental rights, to informed consent, the right to refuse unwanted medical intervention, to bodily integrity. All of these are absolutely entwined with freedom, liberty, life. It touches on the right to life. These are really huge constitutional issues. And the good news that's happened very recently, Patrick, is that the Supreme Court in its Roman Catholic Diocese of Brooklyn decision from November 25th has signaled that it is going to look at these...

Mary Holland: From November 25th, has signaled that it is going to look at these vaccine cases differently in the future. So that was a case about worship, but it was about all of the pandemic restrictions. There was a case from New York city where Governor Cuomo had put in effect restrictions on houses of worship that the maximum number of people, regardless of the size of the building, was 25. And this case went up to the Supreme Court and the court said, "Forget it. These are not the restrictions that you're applying to every other business." And there's a very powerful, what's called a concurrence by Justice Gorsuch. So it's not the main decision by the court, but it's in line with the main decision. In other words, it's sort of supporting the main decision. And he very powerfully talked about how the constitution applies and these rights have to be looked at with what's called strict scrutiny. In other words, the government really has to be put through its paces when it does anything to restrict constitutional rights or fundamental rights.

Mary Holland: And that the standard is very high, sort of in general government decisions is a very low standard. It just has to be rational. Like basically, almost anything could be rational. But the strict scrutiny standard says that what the government is doing because it's impinging on fundamental or constitutional rights, it has to be the least restrictive means possible. That is a very high standard. And so now this court is signaling to the world and to the courts below it that it's going to apply a high standard. And that's great news for us because that means that

we're much more likely to win going forward in things that are affecting constitutional rights than we have been literally since 1905 with the landmark Jacobson versus Massachusetts decision.

Dr. Patrick G: Yeah, and you said Jacobson was in 1905? And I think so-

Mary Holland: governmental vaccine laws have not changed since 1905. They just got horrendously worse in 1986 when because there was so much vaccine injury among, particularly children who were being compelled to get them, Congress in its wisdom gave a blanket liability protection shield to industry. And that completely just blew up this industry going from a couple hundred million to a multi-billion dollar industry. And now what we see is really going after the adult population, right? They started with infants and then kids and then adolescents, and now they're going for broke. That's what COVID is doing. It's going for broke with the vaccine model.

Dr. Patrick G: So this is stuff that I find really strange is that Jacobson, which literally is the basis for vaccine law today, is over a hundred years ago. And I think, has it been challenged with along the way? And if so, how come it's never really kind of like been updated to something maybe more rational and contemporary?

Mary Holland: Yes. It's been challenged many times in many different ways. And basically here's the problem for a judge. A judge is not an expert in medicine and a judge doesn't want to be responsible if people die from some kind of an epidemic. Infectious diseases are serious, right? And so basically judges from Jacobson have been deferring to public health authorities. Now Jacobson itself says there's a role for courts. And Jacobson itself says, "Listen, the society can impose these vaccines for self-defense of the society but if an individual thinks that they have a medical history that puts them at risk of injury or death, that individual has a right of self-defense," and that's where the idea of a medical exemption comes from. But Jacobson basically disallowed the idea of a religious exemption, but states basically did a workaround, Patrick. And for most of the last hundred years, the vast majority of states have had religious exemptions to vaccines as well as medical exemptions.

Mary Holland: The last serious challenge to Jacobson, in a way, came from the *Brustowicz versus Wyatt* decision in 2011. And I on behalf of the National Vaccine Information Center and other groups about health freedom, we submitted what's called an Amicus brief. So that case was about an interpretation of this 1986 act that gave this liability shield and the question was, can companies still be held liable for design defect? Not sort of for an injury, which goes to this compensation program, but if there's a design defect, if there's mercury in a vaccine and mercury should never be in a vaccine that's being given to a child, can you sue them after you've gone through this injury compensation program? And the court six to two decided, no, you cannot. But that was a time when possibly we were going to be able to bring thimerosal cases, mercury containing adjuvants in many vaccines, we were going to be able to bring those cases to civil court. That was nixed in 2011.

Mary Holland: And so honestly, we've been looking for, how do we break through? How do we get these issues to courts? We know sad to say, Patrick, that Congress is missing in action. Executives are basically missing in action. They are being bought off by the industries, right? They give money to both sides. It doesn't matter. The party is irrelevant, essentially. They just give people money and they buy their votes and there's no appetite in Congress to take away that liability shield. And yet because of that liability shield in large part, our view at Children's Health Defense is it's at least plausible that there's a connection between the 54% of American children who have chronic health disabilities and the fact that they've been exploding the vaccine schedule since 1986.

Dr. Patrick G: So we're looking at kind of two issues here. One is, the constitutional rights of an individual to choose if they want a medical procedure done on them, especially when that's as invasive as a vaccine. And the other is, if you're injured, can you seek damages in a normal forum. And so this whole thing, and I think we'll just summarize for a moment, the fact that we have private industry, you call it the pharmaceutical industry, who is indemnified by taxpayer dollars, meaning through the federal government indemnifies them for a product that they bring to market. And then the government mandates that particular product to be used with no accountability on the part of the vaccine manufacturer. The approach is so flawed it has to lead to fraud and malfeasance over time. I mean, it just it's like if I were trying to create the scenario.

Mary Holland: Yeah, it's a predatory model. It's a completely predatory model. I mean, it's obvious that if you have complete liability protection, your objective as the business is going to be to try to get as much as possible mandated, right? Why not? It's free money. It's a printing press and that's what they've done. Right? So the balance when this all started in 1986, vaccines were a backwater. I mean, it was not super profitable. It was super injurious and they were losing in court on injury cases, but it wasn't super profitable, but that's completely changed. And one of the shocking things is how much government money gets put into these products.

Mary Holland: Look at what's happening COVID, we're looking at billions of taxpayer dollars that have been put into the development of these products. And then consumers who get injured are going to be completely out of luck, Patrick. So it's important to know that the '86 act was sort of like the template and that's what covers routine vaccines, but it's the 2005 PREP Act, the Preparedness and Readiness, blah, blah, blah, Emergency thing, that is not even at the level of the '86 act. That creates something called the Countermeasures Injury Compensation Program and that is just a dark hole. As one lawyer said, "You have the right to file and lose." And that's where right now COVID vaccines and COVID therapeutics have to go. Because right now COVID products related to overcoming this pandemic, they are what are called emergency use authorization products. So right now, if you get injured, God help you. Really, God help you because you will not get compensated in any way. There's no proof of causation for these things. You have to go to this procedure where there's no court, it's on the papers, your lawyer can't be present. There's no

record. There's no appeal to a court at the end of the day. It's frankly outrageous. And many people believe as I do, that it is an unconstitutional law that will probably now in this context be challenged.

Dr. Patrick G: And I was just about to say, has the 1986 act been challenged because it seems, I mean, wildly unconstitutional. It's not like it's marginal. I mean, we're talking, it's so far out of bounds of our unalienable individual rights that we can't get due process.

Mary Holland: Right. So at the time that it passed in 2005, Teddy Kennedy, Senator Kennedy and 20 other senators basically went on the record. They wrote a letter and they said this is unconstitutional. They said this is just an insult to American consumers. And some cases have ended up in the courts, Patrick. Again, they created such an incredible edifice to protect industry and the government and the healthcare workers, so that you have to allege willful misconduct, which is a very high standard. And you have to have had knowledge and you have to show that they knew that what they were doing was wrong. And then it has to go to a three judge panel in the District of Columbia, so the barriers are very high. So there have been cases, but nothing that threatens the 2005 PREP Act. But now with millions of Americans being subjected to these products, the vaccines, the tests, the therapeutics, and they are all emergency use authorization products, there are many more potential claims that will go through this Countermeasures Injury Compensation Program and will be potential plaintiffs to allege that this act is unconstitutional.

Dr. Patrick G: So this becomes a kind of interesting now, as you're saying in COVID, there's PJ Palmer who was the developer of chiropractic who wrote a book whose title was, *Conflicts Clarify*. And I think that that's kind of where we're at saying it conflicts clarify, because the conflict that's happening now, I think is going to lead to hopefully some judicial clarification that I think is long overdue and it's unfortunate it had to be this level of a crisis for it to come to a head.

Dr. Patrick G: But let me start here with your own context about COVID. So looking at the big picture, I mean, there's so many aspects of this between the censorship, first amendment issues. And that gets complex looking at kind of Silicon Valley and tech platforms and how censorship is happening and so on. Then you've got mandates of shutdowns and quarantines and then mask mandates, as well as the vaccine now coming to market, which there's not a mandate yet and I'm curious as to see what you think. But let's start maybe with the high level view, how are you seeing the COVID scenario right now, at least from the type of lenses that you look through?

Mary Holland: Well, I think all of those things that you mentioned are extraordinary that these things have happened in the last year, right? That there have been universal lockdowns around the world, that there is profound censorship around the world, that there are requirements that people wear masks in public and they observe social distancing. In addition, now to the vaccine being pushed globally on every person on the planet. I mean, that is what the Pope and government

figures and physicians and all kinds of associations are doing and employers. So, I mean, I think it's extraordinary what has happened in the last year. And I do believe that there is some connection between what we're seeing and sort of plans that have been explicitly put out there that this is this great reset and that this great reset is going to usher in this great new world. And I personally have my doubts about whether this is really intended to introduce a great new world for anybody but the billionaires who seem to be behind the plan.

Dr. Patrick G: Yeah. It's kind of interesting that you cite that because it seems that the first businesses to get destroyed are going to be small businesses, entrepreneurial businesses. And so as they're getting decimated and of course all the jobs that go along with that, at the same time we're seeing big business get really enriched through this COVID time. And so it seems like in many respects economically and otherwise, that there's this sort of attack on individualism and civil liberty. And I'm not saying this kind of as bromides, platitudes, a lot of people would run around and talk about this stuff. I mean, it's literally something that, at least in my lifetime, I think is unprecedented. So what are the legal aspects of that as far as saying once we're in an emergency, this state of emergency, is it anything goes and individual rights be damned?

Mary Holland: Absolutely not. There's always that tendency on the part of governments to fear if we don't do extreme measures, we could be held accountable for not having responded to the crisis. But I just wanted to mention, so before I got involved in vaccine law and policy, for 20 years before that I had studied the Soviet Union and Russia and had worked on human rights issues there. And one of the striking things to me about this sort of lockdown policy globally, is it's really attacking independent people. It's attacking entrepreneurs, people who have an independent way to make a living. They're not dependent on the government. They're not dependent on big corporations. And this is exactly in the Soviet Revolution, particularly in Ukraine, where they basically starved Ukraine, the government did. They were really going after the independent farmers, it was the Kulaks. It was people who had their own food supply that really had to be decimated in order for the regime to take over. And residually there's now a lot of conflict between Ukraine and Russia, that goes way back. But the regime had to get rid of these independent people who were asserting their individual rights.

Mary Holland: And I see something very comparable here with people who run businesses like restaurants, like nail salons, like bookshops, like anything, that's coffee shops, anything where they're kind of insulated from government or from big corporations. Certainly this decision that I mentioned before, Roman Catholic Diocese of Brooklyn versus Cuomo, that the Supreme Court handed down on an emergency petition in November, it's telling the world that these lockdowns, these color-coded edicts by governors are not going to be rubber stamped by the courts and that's great news. I think up until now, there has been a lot of rubber stamping because looking at Jacobson court said, "Oh my God, I have to defer to these public health authorities." And what this decision, Roman Catholic Diocese says is, "No, the constitution is supreme. Public health

authorities, fine. We will look at what they're doing, but we're going to apply strict scrutiny because the top of the pyramid is the constitution."

Mary Holland: And so now there have been some good decisions, Patrick, by courts in California and in New York against these lockdown measures. And so some restaurants have been opened. Gyms have been opened. Weddings have been allowed to go forward. Some of these excessive restrictions have been lifted, but we're still seeing lockdowns everywhere. And I don't know what's going to happen with that. I don't know what this new presidential administration is going to make of these lockdown measures. It's hard to predict. But certainly I think the courts are now empowered to look much more searchingly at these public health edicts. And where there's nothing there, they have the opportunity to say, "It doesn't meet our standards. It's not the least restrictive means possible," or even that it's against the law.

Mary Holland: One of the cases that we're pursuing right now relates to an emergency use authorization test. In New York city schools, they're using Polymerase Chain Reaction Testing, PCR testing for COVID. Well, PCR testing doesn't test for infectiousness from COVID, it tests for viral load. And so we are challenging the schools to say you can't do that. It's an emergency use authorization product. It cannot be mandated. They're forcing the children out to remote learning if they don't quote unquote consent. And we're saying that's not federal or state law, you cannot do that. You cannot mandate an experimental product.

Dr. Patrick G: And this gets a really fascinating and these tests are, I didn't know about incidentally this case in New York you just described. But it starts with, I think first of all, a court deferring to public health officials is basically giving a public health official tyrannical power, whatever they think and it seems to supplant the constitution. Hey, we're going to defer and let the public health officials make their mandates and the court's going to just say it's up to them as compared to saying, "Wait a minute, there's the rights of individuals that are being trampled here?" Is that accurate or am I seeing it wrong?

Mary Holland: I think that's not quite fair. So I think that courts are not set up to be scientists. They do have to look at science all the time and there are guidelines for courts to look at scientists. But they don't want to get sort of out over their skis, so it's not a bad idea that they're deferential when there's honest public health people.

Mary Holland: And so even Jacobson way back in 1905 said, we have to defer to the legislative bodies. And sad to say in my state, in New York, the legislature did give crazy tyrannical powers to the governor. And so then the issue becomes, did the legislature have the right to give those crazy expansive powers to the governor? And fortunately the Supreme Court kind of hit back at the Governor and said, "We don't care where you say your powers come from. You don't get to override the constitution. And the first amendment is about free exercise of religion and you don't get to impose restrictions on free exercise of religion without going through your paces, Governor, and proving to us that the

measures that you've put in place are the least restrictive means possible." And they can do that.

Dr. Patrick G: And this is the purpose for the framers and the so-called balance of power, right? The legislative, executive and the judiciary.

Mary Holland: Exactly, separating of power. Right. So the framers, we have three branches of government and the framers knew that the greatest danger that they were framing against was tyranny. And they knew that the danger and risk of tyranny was much greater if power was all in one hand. And so they specifically created these three branches, the executive, the legislature, and the judiciary so that they would conflict, so that they would check one another, so that there would be checks and balances. And what we've seen in the last year is virtually no checks and balances, right? The legislature's essentially have been missing in action. The executives have been gonzo crazy and the courts have been nowhere to be seen. Maybe the courts are going to start to take a step back in, Patrick.

Mary Holland: But frankly, I think there's a huge role for the people. The people speaking out in whatever way they can. We talked a little bit at the beginning about censorship. I mean, there's massive censorship. We've got a case that deals with censorship as well. But I think we are in a very critical place. We've already been in this almost a year, Patrick. And so if things stay the same, it's hard to see that they're going to turn around anytime soon. And what I mean by that is, if we let them continue indefinitely, they will become more static and more kind of ratified. They will be harder to challenge later down the road.

Dr. Patrick G: Let's talk about the censorship case you have going. Tell me about it.

Mary Holland: So our view is that many of these platforms are working with government to sensor information, particularly about vaccines. So we know that the government says that the information that you and I put out, they accuse it of being misinformation and disinformation with no factual background. We're talking about peer reviewed science for the most part, but that's what they say. And so we're alleging in a case that we brought against Facebook and Mark Zuckerberg and the fact checkers, that they're kind of skirting the first amendment. The government cannot sensor our speech. We have a right to freedom of the press, freedom of expression. But if the government doesn't act directly, well, is the government responsible? Is the government accountable? And we argue that because there've been people in the government who basically threatened Facebook, we will bring antitrust charges against you. We will harm your company if you don't sensor these people.

Mary Holland: And because Facebook is actually working with the Centers for Disease Control to post messages on our Children's Health Defense's website that says, "Go to the CDC for reliable information," or, "This is false information." So we're saying that actually Facebook is working as a state actor. It is actually working as a government actor and therefore they are violating the first amendment. And we

also are saying that they have this, much like in the pharmaceutical industry, the big tech industry got a liability protection while in the 1990s called the Communications Decency Act.

Mary Holland: And section 230 of the Communications Decency Act basically says that so long as Facebook and all of these other ISP, so long as they're not putting content on the site, they can't be liable for what the content is. But we believe that by saying that this is false information or if you really want to get the right information, go to the CDC, we're alleging that they cannot have liability protection because in fact they are putting content on our site. And then we also alleged that they have financial interests in vaccines and so there are racketeering issues and there are other sort of unfair business practice issues in the case. But the most important one that would break new ground, Patrick, if we're successful, we'll have a hearing in March and a motion to dismiss by Facebook. But it would break new ground if in fact, we can see Facebook as a state actor working in contravention of the first amendment.

Dr. Patrick G: Yeah. And these get to be kind of tricky issues because they can claim, "Hey, we're autonomous and we can decide what kind of content we want on our platforms." But at the same time, indemnity again, isn't it? Hey, you can't be held responsible for what's posted. Well, if you're going to start editing, then suddenly I think you can be held responsible or should be held to account. I'm hoping that... It seems clear to me, but.

Mary Holland: Yeah. And basically the idea so far has been, Hey, there are private actor. They can say what they want and they're not government actors and there's no problem here. And it's understandable, I guess, but Congress and Silicon Valley, well Silicon Valley's obviously been behind as much freedom as possible for them. Congress has been pushing them to censor, Patrick. Congress talks about it's their fault that there's hate speech. It's their fault that there's vaccine misinformation, so for sure government has been pushing these platforms. And we alleged that when you have both that kind of pressure and you have that liability protection, that then allows this idea that they are actually acting in concert with government. And in our case, they're posting information from the CDC.

Dr. Patrick G: Yeah. I mean, I don't see that there's a way that they can try to deny the fact that they're working in coordination with government and policy, et cetera. I mean, it's there. Let me ask a question. If I'm a newspaper, pick any newspaper, and I publish something, I can be brought to court and sued. I'm held to account for what I publish. Right? So the same rules should apply to all these other platforms.

Mary Holland: Well, they don't, Patrick. So since the 1990s, the Supreme Court took the position, this is sort of an industry in its infancy. It's nascent and we want to protect it. We want to give them this liability protection. Well, maybe that was appropriate in the 1990s, that is not appropriate in the 2020s when literally Facebook and Amazon and Twitter on some level kind of run the world. I mean,

they just deplatformed the president. They're deplatforming all kinds of people. They're censoring all kinds of truthful information. They are controlling the public-

Mary Holland: ... the truthful information. They are controlling the public square. They are controlling this soap box that is essential if democracy is going to continue.

Dr. Patrick G: Is there an argument that these have become public utilities?

Mary Holland: Well, certainly that argument has been made. That's not been a successful argument so far. There have been many cases against Facebook, and the liability protection has endured, but Congress has been talking a lot about taking away the Section 230 protection. I think it's actually an area that's very dynamic right now, I would say, Patrick. I think the world again, like what did you say about the conflict revealed or the conflict from-

Dr. Patrick G: That conflicts clarify.

Mary Holland: Conflicts clarified. I think that in the world of social media, the conflicts are being very clarified right now.

Dr. Patrick G: So, let's now look at this new COVID vaccine, or vaccines, and talk about the current state. Because already we've had grave concerns around the vaccine program in general, for all the reasons that we spoke about and more, earlier in this conversation. Now we've got these so-called warp speed vaccines that are a different technology altogether that have bypassed what scant safety and efficacy mandates there were. They're not approved by the FDA, but authorized under emergency use, because they can't really do the proving that would be necessary under, I guess I'd call, normal circumstances.

Dr. Patrick G: So there's grave threats here, and on the science side, we've interviewed many well-credentialed scientists who have alerted us to the problematic dangers, or potential dangers, of the vaccine, and in addition, have also talked about how the data and the way it's being reported is I think the kind word would be disingenuous, of course, and some people just call it outright fraud.

Dr. Patrick G: So, that is the backdrop. Let's talk about the legal side. Do you perceive that they're going to use this so-called emergency circumstance, do you believe that they're going to use this to try to mandate this vaccine for everybody?

Mary Holland: Well, there's already a bill in the New York State Legislature to mandate COVID vaccines for every person in the state, and the governor has already spoken favorably about that, and the New York State Bar Association already has come out with a position that they could be mandated for everybody in the state.

Mary Holland: Now, my view is that the federal law is very clear that emergency use authorization products cannot be mandated. You must have in black and white

in the statute, the right to accept or refuse. There could be consequences for refusal, but you must have the right to refuse. And that comes directly, Patrick, from the Nuremberg Code, which is the idea of you cannot be forced to be a participant in a scientific experiment. And let's face it, as you point out, these messenger RNA new technology so-called vaccines, many would say they're not vaccines, these have never been used in humans before. The observational period in 2020 was about three months. They might've had fairly large clinical trials, but there are serious questions about whether those clinical trials were done in a really scientific and above the board way.

Mary Holland: So I think during this phase when these vaccines are emergency use authorization, they can't be mandated. But one of the things I find most outrageous is that most people aren't being told that they have the right to refuse. I think they're being strongly encouraged, and there are financial inducements for people, I think there are sort of covert threats. I'm certainly working with lawyers who if and when there is a mandate of these EUA vaccines, it will be challenged, but I'm very concerned that not only are people not being told that they cannot be mandated to get these vaccines, but you and I discussed earlier, I'm very concerned that people don't have sufficient information about these vaccines.

Mary Holland: This a technology that's never been used in humans. Many people would call this not a vaccine. In fact, material from Pfizer and Moderna call this gene therapy. This is genetic programming in humans. That is what it is. It's not a vaccine in the typical sense at all, that you put a weakened virus in somebody and then the body mounts an antibody response. This is putting genetic information, telling the body to produce something. It's completely novel, and the animal experiments that have been done have had very mixed results. As we know, in the few weeks that this product has been out there and has been being used, I mean, there's lots of deaths that have happened from the vaccine, Patrick, and there's lots of injuries that are occurring. That's very disconcerting. I mean, people in goodwill say, "I want to do my part. I want to protect myself against the disease," and then they go and they may die, they may be permanently disabled, and as we've already discussed, forget about any kind of compensation realistically.

Dr. Patrick G: And this is where it gets disturbing and interesting all at the same time. Incidentally, I think it was even just today, I just heard 24 people dead in Norway, and they're just in the infancy of rolling out the vaccine and just on the first dose. So a lot of really disturbing things. I'm very confident, based on what I've seen, that as this really starts to scale up, trying to hide the adverse events, hide the deaths, it's going to be irrepressible. Then people will say, "Well, okay, maybe 24 people died, but how many people died from COVID in that period of time?" That's the assumption that the vaccine prevents COVID death, which it has not demonstrated to do.

Mary Holland: Right. I mean, the mantra that we've heard for decades is vaccines are safe and effective, and we know that the legal side, that's not true. Sort of the real legal

framing is they're unavoidably unsafe. You never know how a vaccine is going to work in a particular individual. We know they can cause injury and death, you just don't know in advance. But in this particular case, the CDC data about the vaccines that have been delivered so far suggest that there's a one in 42 injuries. It's called a health outcome event. People can't go to work, they can't get out of bed, they're seriously impaired. One in 42 is not a rare event that is significant. You may be aware that the associate editor of the British Medical Journal, Peter Doshi, wrote an editorial less than a week ago, I think, and he's questioning the information that Pfizer put out to justify that it has a 95% efficacy rate for the vaccine.

Mary Holland: First of all, those positive cases in the placebo group in the vaccine group were not really tested, they were not sequenced for the vaccine. That in and of itself was only with PCR testing, which is not dispositive. But secondly, what Peter Doshi pointed out is that there was a huge group of suspected cases of COVID, and those suspected cases were left out. But if you were to put them in, you'd get down to an efficacy rate of 19%. And then if you wanted to be generous and say, "Well, okay, let's not count the adverse reactions in the first week, because maybe they were vaccine adverse reactions. Let's not call it COVID." It's still a 29% efficacy rate, so that would not even meet the criteria that Dr. Fauci and the National Institutes of Health set.

Mary Holland: So people have this imagination that, "Oh, well, if I get the vaccine, I'm going to be 95% likely never to get COVID." We have no idea if that's true.

Dr. Patrick G: This is one of the things I want to almost like double click on what you just said about how they're reporting efficacy, because everybody's looking at headlines, they're over simplifying, and it's like, "Oh yeah, here's the vaccine, and it's 95% effective," but what does that actually mean? And the reality is, you can run data in a variety of ways, eliminate certain people from the group, and there's so many things you can do to manipulate data to get a certain outcome. What you just described is exactly that saying, if you run the data one way, it's 19% efficacious. And what's the criteria for efficacious? A whole other thing. If you run it a different way, oh, now we can say it's 95%. So, you can basically reverse engineer the outcome you want if you know how to play that game.

Mary Holland: And Patrick, it's hard not to see that the whole COVID enterprise is not sort of the same problem with too big to fail, right? The government's put money into it. Industries put money into it. Foundations have put money into it. Everybody's in lockdown. Everybody wants there to be a success and to get out of this terrible paradigm that's been framed and created by the mainstream media, so it's too big to fail, right? They're going to find whatever factors give them the result that makes it look as if this was a grand success.

Mary Holland: I think the clinical trial data are really sketchy. One of the things that this editor, Peter Doshi, has said is they haven't made the raw data available. Pfizer has not made the raw data available. He found this out not from what Pfizer had published, but rather what FDA had published. This data, if they're trying to

basically get the whole world to be vaccinated with COVID vaccines, put the data out there. Let's be transparent. How outrageous is it to expect people to line up and put their lives on the line literally, when they haven't gotten adequate information? I just wish that more people would realize that they don't have adequate information. But most people don't realize that, Patrick, because the media is telling them that these vaccines are the next best thing since sliced bread.

Dr. Patrick G: I didn't realize what you just said is that the raw data has never been made available. So that being true, it tells me there's something to hide. I mean, why wouldn't you make this data available?

Mary Holland: Well, Patrick, this is the insanity of our vaccine program, that this is proprietary information, this is done in the private sector, but then it has got the governments imprimatur and government liability. I mean, it's a crazy system, right? It's a crazy system with basically no accountability.

Dr. Patrick G: So, now everybody's trembling saying, "Oh my God. What if New York passes a law that says that everybody's mandated to get vaccinated?" I noticed, and tell me if you feel the same, New York is very brazen, but in general, I think that the, how can I put it? The regulators are maybe afraid to force this issue and lose, so that's why basically saying, "Hey, there's other ways we can compel people. You want to get on an airplane, you better be vaccinated. You want to go shop at a mall, you better." And that's where we start to get into the Big Brother, well you have to have a card or some... So what do you see unfolding, and what's your thinking around this?

Mary Holland: Yeah. So, this legislator in New York is not going to be able to mandate an emergency use authorization product. That's not happening. But it is this sort of soft compulsion, and it's sort of the the false information of like you have to get it. Well, you don't have to get it.

Mary Holland: I think before this is over, we probably will see mandates. Sort of the best infrastructure is in the schools. So right now the clinical trials were not done on children. They're the least likely to get COVID. They're the least likely to suffer severe injuries or death. However, that's where the vaccine infrastructure is. So what I expect, we've already now got clinical trials going on in children. I'm expecting that I don't really think it's going to be the 21-22 school year, but I think by the 22-23 school year unless major developments have happened, I think there will be a tremendous effort to try to put COVID vaccines on school schedules. I think that is absolutely going to be a fighting... That's going to be a huge issue.

Mary Holland: I think millions of parents at that point, if things progress that way, would be prepared to take their kids out of school. But this vaccine may fail before then, Patrick. I mean, we've seen it before. Remember H1N1 was the last global pandemic, and really it completely fizzled within about a year and people in the European parliament basically called the bluff and they showed the corruption

and it just died. Not before children had been injured. Narcolepsy, other problems, but it died. There are many people in our community who are saying they just can't make this work. Six months out, there's just not going to be an alternative for industry and government but to say, "Oh, we won. The war is over, and pull the vaccines off the shelf."

Mary Holland: I think it's a very uncertain time. We really don't know what's going to happen. Would they like to have mandates certainly for all the children and then basically to have sort of it'd be impossible for you to function in society without being vaccinated? Sure. That's clearly what pharma wants, right? And other, government, telecom, the banking system. That's a level of control that's unprecedented in human history, and people who have a lot of fear of democracy, they want those kinds of controls. Are they going to be able to do that? Not if I have anything to do with it.

Dr. Patrick G: So this gets interesting. When you referenced H1N1 et cetera and what happened there, let me ask you this, because I personally have lost confidence, faith, trust, if you will, in what's going on in the United States relative to all this. It's really hard for the, I don't want to say the average person, but the person who's not looking at this and studying this, very hard for them to see all the pieces to this puzzle and how they get together between the CDC, the FDA, private industry, the legislature, the executive branches and the edicts. You have to kind of understand how all these things start to interact to create the scenario that we're in, and of course, people are now so vested in the shutdown, the lockdown, trillions, and trillions of dollars of stimulus money printed out of thin air, the destruction of people's lives and businesses, et cetera.

Dr. Patrick G: The collateral damage of saying, "Okay, well here's the impact of COVID. We have to shut everybody down." But they're not talking about all the domestic abuse, depression, anxiety, the psychiatric unintended consequences. Or at least I hope unintended, nothing can surprise me anymore, consequences of what's been done here, et cetera. And that's where I believe and I think we have a history in our own government and regulatory bodies of hiding inconvenient truths, if you will, relative to these types of things and then just kind of holding the line.

Dr. Patrick G: Do you believe in Europe... In other words, I believe there's a bunch of adverse reactions here. They're going to try to just mislabel them, not report them, et cetera, because they don't want to interfere with the program. The philosophy and the morality is the ends justifies the means. Well, in the end it's the greater good. Of course, which we're not founded on the greater good, we're founded on individual rights. But in the end, the greater good is if everybody got vaccinated, even if there's going to be individuals who are going to be sacrificed to that supposed greater good. But in Europe, do you feel like there, because you just started to cite that regulators or legislators in Europe looked at this and said, "Hey. Okay, enough." I believe there's a little bit more honesty there that there's a bunch of adverse effects, the vaccine is shown not to be safe, and that

the threat is basically over, that they'll basically stand up and call that out. I'm hoping for that, but what do you see?

Mary Holland: Well, I'm very interested in what's going on in Europe, Patrick, and Robert F. Kennedy Jr. and I were in Berlin for a demonstration at the end of August of a million people. I think that the understanding of what fascism and communism mean is much greater in Europe. These are people who lived through it. They have people who died in their families. If they're in Eastern Europe, they lived through communism. If they're in Germany, they have relatives or some people who lived through a fascist regime, so they have a visceral understanding of what lockdowns and social distancing and house arrest means, much more than the United States.

Mary Holland: However, the political situation in Europe is very fragile and very diverse. Lots of different languages. It's hard for them to unite. So we recently opened a Children's Health Defense Europe. We have some amazing colleagues in Europe, and we're working very closely with lawyers and scientists and physicians in Europe, because this is a global issue, for sure.

Mary Holland: One of the things that's interesting in Europe is the United Kingdom seems to be like ground zero. They've got huge lockdowns, incredible things. I think even two people can't, more than three people can't stand together on the street. I mean, crazy things are going on in the United Kingdom. Whereas in France, there's great skepticism towards vaccines and people are really rejecting it a lot. We're in touch with people, they filed a criminal investigation of what's going on in France.

Mary Holland: There's a lot of people in the Netherlands and Belgium and Germany and Poland, there are certainly activists who are fighting for health freedom just like we are in the United States. But I don't think we should be putting all her eggs in the Europe basket by any means. We were fortunate that a physician, Dr. Wolfgang Wodarg, was in the European parliament at the time of H1N1 and was very knowledgeable. He's working with us now on the COVID situation.

Mary Holland: But we can't be over-confident that Europe is going to take this apart. In fact, I would have to say generally speaking that Europeans are looking to us in the United States to try to help turn this around.

Dr. Patrick G: This is interesting what you cite in Europe and what's going on. I know there have been protests and I think the sensitivity is there, as you described, but I know that the forces at play here are international, it's not just the United States. There are most certainly international consortium's. I'm not sitting here as sort of with a tin hat trying to look or point at conspiracy, I'm just looking at what's actually happening and how quickly it's being just adopted and accepted. It's pretty easy to get people to accept things when they're in fear, and fear has certainly been, for a lack of a better term or excuse the pun, injected into the cultures worldwide, to devastating and sad results.

Dr. Patrick G: So, I think a lot left to be seen here. It's unfolding as we're having this conversation. My contention is I think that the adverse events from this vaccine are going to be irrepressible and people are going to start knowing, and that should start hopefully a wave of resistance to what's going on right now. Any last thought that you have that you think who are trying to get information, trying to learn about this and trying to gain context and understanding, any last stuff that you might have? Something that you think they need to know?

Mary Holland: Yeah. Well, I would be delighted for people to sign up at the Children's Health Defense website. We have a free newsletter that comes out five times a week. It's called The Defender. We have a whole section on COVID. We have a section on lawsuits. We also cover things like pesticides and other issues with chemicals and food, but we really are writing about what's happening in Norway and we're writing about the legal issues, we're writing about emergency use authorization.

Mary Holland: So I encourage people to come to childrenshealthdefense.org and sign up for The Defender. And as Bobby Kennedy says, "Join the movement." I mean, we need email addresses because we are being de-platformed. So if you're interested and you want to be kept in the loop, you've got to give your email address to Children's Health Defense or one of the other organizations that's working on this. It's going to take a lot to turn this around, Patrick, but I think we can do it. But it is going to take a lot to turn it around.

Dr. Patrick G: Yeah, no doubt. Well, I have to tell you, your work and your eloquence in describing it is very, very much appreciated. So thank you so much for taking the time here today. I think people need to understand this. It isn't just an issue of science, it's an issue of law and human rights, that may be even more significant, so.

Mary Holland: I think it is the human rights issues, Patrick, that will actually be the most important now. It's not about the science. This is about does the government own my body or do I control my body? That's really the issue. Does the government control my body and can link me up to some cloud or disallow me from movement and from participation in society, or do I, because I am a human, do I get to do those things? Do I have individual liberty as a human? That is really what is at stake.

Dr. Patrick G: Indeed. Well, thank you so much for doing what you do. And I echo, I'm signed up and actually I'm a large contributor to Children's Health Defense. I think the work that you guys are doing is just extraordinary, and all of what you're publishing is probably censored in most places. So if you really want to get the truth, go to childrenshealthdefense.org and sign up. I'm reading your stuff all the time, and it's really brilliant. So thank you for that, and thanks for being here today.

Mary Holland: Thank you, Patrick. My pleasure.

Dr. Patrick G:

That concludes my interview with Mary Holland. As you can see, the legal considerations surrounding COVID are extremely important. As a matter of fact, as we look to the future and see how things might unfold, understanding the law is going to be very important, and having people like her out there to fight for our rights and our sovereignty is instrumental in a future that I want to live in. Thanks for watching this interview.

Outro



Dr. Patrick G: That concludes episode nine of our nine part series Vaccines Revealed: COVID Edition. It's really been an honor to take this journey with you. It's something that developed as the series was unfolding. I could not possibly have imagined where these leads would take us, where these interviews would guide us, what kind of information we would get. Certainly, reading headlines and looking at mainstream media platforms, I couldn't find any of this, and it is vital information.

Dr. Patrick G: So we have a passion around getting this information to you and getting it out to the world. As you know, we're still in the free viewing period, which means the discounts we have on owning this series and the bonuses that we have that go along when you invest in this series is still available, but it's only during this free viewing period. So I want to encourage you, if you haven't already, take action now. Own this. Support our vision here. Support the mission in getting this out to the world. Have this information available to you.

Dr. Patrick G: There are links here. Just click the link, look at the packages, find the right one for you. Know that you have our deep gratitude for doing so, and be a part of the solution to this problem with us. Thank you. It's been an honor to take the journey with you. I hope we delivered a lot of value to your life.

Bonus Interview: Robert F. Kennedy, Jr.



Dr. Patrick G: If someone were to ask me the question, who are some of your greatest living heroes today? The first name that would pop into my mind is Robert F. Kennedy Jr. Why? Because he has taken unbelievable stands against oppressive forces, like the pharmaceutical industry, the vaccine manufacturers, and taking these stands has cost him a lot. He's been attacked and ridiculed and referred to as a conspiracy theorist. He's always being challenged in the media, pitting him against people that he actually cares about in his life, but he will not be deterred. It is so inspiring. I can't even tell you. And not only is he bold in his actions, but his ability to organize his thinking, understand the real dynamics of what's going on, and then being able to present it, is extraordinary. The legal cases that he has brought against some very powerful forces have been extraordinarily effective and meaningful. And he is one of our greatest hopes for changing some very big mis-justice in the world today.

Dr. Patrick G: Now Robert F. Kennedy Jr. was in our initial Vaccines Revealed docu-series, but he had such remarkable updated information that we actually went out to his home and filmed the new and updated interview with him. It is in two parts. And I'm about to introduce you into part one right now. Remember, please share this. It's very difficult because we're being shut down and censored by all the big platforms. They don't want to let us get this information out there. We rely on you to help us share this. So during this free viewing period of Vaccines Revealed, get as many people as you can to watch it, share it with them, please. And right now I want to take you into my interview, part one, with Robert F. Kennedy Jr.

Dr. Patrick G: Bobby, thanks so much for taking the time to sit with us.

Robert F. Kennedy Jr.: Sure.

Dr. Patrick G: So on the flight over here, getting ready to do this interview, I was just thinking that if I could think of anyone in the world who had unique skillsets and context, to be able to speak to what's going on today, that would be you. Your background in law, your understanding of science, your ability to read and interpret scientific literature, already dealing with oppressive forces in corporate malfeasance, et cetera, and some of the unholy alliances that exist between government and these forces. You've been involved legally, literally bringing some of these bad actors to court and trying to expose what's going on. But now, we seem to be in this new terrain where economies are getting shut down and this whole COVID-19 scenario seems to be somewhat unprecedented. So I'd like to just start out with your big picture view. How do you see things right now? What do you think we should be understanding or knowing about?

Robert F. Kennedy Jr.: I see one of the fallacies that has become an international preoccupation is at some point we're going to get a vaccine and it's going to solve this problem. It's going to immunize everybody from COVID and the world is going to be able to go back to normal. And I don't think that's going to happen. And let me explain why. What most people believe a vaccine does, most vaccines don't actually do. Most people believe that a vaccine is going to come along where you take one shot and it will immunize you for life against that virus, and with minimal side effects. By minimal side effects, is claim about the current vaccine schedule is that serious injuries are one in a million. So that would be the metric that you would shoot for, if it's a vaccine that gives you lifetime immunity and only seriously injures one in a million people. And that, I don't think we will be able to find.

Robert F. Kennedy Jr.: Let me give you the example of a flu vaccine, because flu is a respiratory infection that is a little bit similar to coronavirus. We've had a flu vaccine since 1930, so that's 90 years. And the Cochrane collaboration looked at all of the literature. They did an extensive meta-review on the flu virus and the flu vaccine. And what they found was that the flu vaccine, you need to give a hundred flu vaccines to prevent one case of flu. And that there is zero evidence that the flu vaccine prevents any hospitalizations or any deaths. And the flu vaccine is being sold to the American people as preventing transmission. What Cochrane said is actually death's among senior citizens, among the elderly have increased dramatically since the proliferation of the flu vaccine and the flu vaccine may prevent symptoms, flu symptoms in a teenager, one in a hundred people who got the vaccine. There is zero evidence it's preventing the thing it's been sold to us to prevent.

Robert F. Kennedy Jr.: Not only that, the flu vaccine transmits the flu. So, if you get the flu vaccine, you're six times more likely to transmit the flu than somebody who did not get the vaccine. And finally, if you get a flu vaccine, you're more likely, about 4.4 times more likely to get a non-flu infection, and particularly viral upper respiratory infections, including coronavirus. There's a 2020 study by a researcher called Wolfe from the Pentagon. And that study, the Pentagon, because they're constantly doing these medical experiments for military readiness, they gave the flu vaccine to a large group of soldiers. And then they gave no flu vaccine to a similarly situated group. And because they thought maybe the flu vaccine would be efficacious against coronavirus. What they found was the opposite. The soldiers who got the flu vaccine were much more likely to get coronavirus. It had provoked what a virologist know as a dynamic called pathogenic priming, where instead of defending your immune system against the invasion of a virus, it actually primed your immune system for that virus.

Robert F. Kennedy Jr.: And so I think when we do get a coronavirus vaccine, it's much more likely to behave like the flu vaccine. In other words, something that you would need to get every year. And that would be not as efficacious. It may not protect the people that we want to protect. We don't care if it protects young people. Because young people have virtually zero chance of consequences. We want it

to protect people with co-morbidities, including chronic disease like diabetes, like asthma, et cetera. People who smoke cigarettes, people who have autoimmune diseases like rheumatoid arthritis or Guillain-Barre or diabetes or demyelinating diseases and the fragile elderly. And there is no evidence that the flu vaccine can do that. And I think that's the hurdle that the coronavirus vaccine actually needs to transcend.

Robert F. Kennedy Jr.: The other problem historically with coronavirus vaccines is it's a peculiarity that is unique to coronavirus vaccines, somewhat unique, which is this phenomena of pathogenic priming. After 2002, we had three SARS epidemics, that came from China. SARS is a kind of coronavirus. And there was a huge international effort by a consortium of western nations and China to try to develop vaccines for coronavirus, and they developed about 35 different vaccine models. And they chose the best in class, the four best of those. And they developed the vaccine and then they gave them to ferrets, which is the test animal that is most analogous to human beings when it comes to upper respiratory infections. And the ferrets developed really admirable robust and durable antibody response. And so the researchers thought, "We hit the jackpot. All four of these vaccines work wonderfully." The antibody response is the metric upon which FDA issues licenses. So when the FDA is testing a vaccine prior to licensing, it doesn't give the vaccine to a thousand people and then give no vaccine to a thousand people and then send them out to be exposed to the illness and see what happens.

Robert F. Kennedy Jr.: That kind of test never happens. What they do instead is they give a bunch of people the vaccine, and then they take their blood and they see if there's a serological response. In other words, did you produce antibodies? And you test them again in six months or a year, and see if you still have the antibodies. And if they're robust and durable, then you get the license. So the ferrets appeared to presage that this license would be forthcoming, but then something horrible happened. When the ferrets were exposed, when they were challenged, in other words, exposed to the wild virus, instead of defending themselves against the virus, they got horribly sick and they died. And the ones that were unvaccinated did not have problems. The ones who were vaccinated had horrible problems, lethal problems.

Robert F. Kennedy Jr.: And then they remembered... The same researchers at NIH, remembered something that had happened in the 1960s where there was a scandal at NIH, where they had done a vaccine. They'd given an experimental MERS vaccine. That's Middle Eastern Respiratory Syndrome, which is very similar to coronavirus. They skipped the animal studies, and they had gone directly to children and they'd given it to 35 children. And the same thing happened. When those children were exposed to the wild MERS virus they got horribly sick and two of the kids died.

Dr. Patrick G: Wow.

Robert F. Kennedy Jr.: And they remembered that. And they said, "That's what happened to those children." And they terminated the experiments.

Robert F. Kennedy Jr.: And then in 2014, Sanofi, which is one of the four big vaccine makers, a French company, developed, with assistance from NIH, a dengue vaccine for dengue fever. And they saw during the clinical trials, some of those signals, that there may be pathogenic priming, and they ignored them.

Robert F. Kennedy Jr.: They went ahead and they gave that vaccine to hundreds of thousands of children in the Philippines. And those kids, when the wild dengue came back around, got horribly sick, and about 600 of them died. And today in the Philippines, there are 19 public health officials who are on trial facing criminal charges because they chose to ignore those signals. So that's the problem with the coronavirus vaccine. And that's why you want to do animal studies first. And you want to do the challenge, and then you want to do human studies but you also want to do the challenge on human beings, and you need to be very, very careful because you may be giving them a vaccine that makes them actually sicker and kills them rather than defends them against the virus.

Dr. Patrick G: One of the things that should be understood is that there's a difference between humoral immunity, meaning you can find antibodies in the blood, but that doesn't necessarily translate into cell immunity. And I think that that's the distinction that they're finding-

Robert F. Kennedy Jr.: That's part of the issue. The other part of the issue seems to be that the coronavirus, the vaccines provoke two different kinds of antibodies, the neutralizing antibody, which is the antibody you want, which defends your body against the virus. But then they produce another antibody called a binding antibody. That antibody actually makes the spike protein stickier like Velcro, which sticks to your receptors. And it primes your body to get sick from the illness once it's challenged.

Dr. Patrick G: Yeah. And when we look at the vaccine manufacturers, we have such a calamity going on, especially economically, and then looking at civil liberties and what's going on in response to all this. And then we're looking at these companies and saying, we want to trust them, to try to do the right thing here, when they have extraordinary financial incentive. You've taken these people to court. So what's your view now, as far as-

Robert F. Kennedy Jr.: Well the problem with this vaccine is, none of the companies is really taking any risk because they're all playing with the house money. There's 135 companies working on vaccines, and they're all getting federal money to do the experiment. So what do they care? They're not risking their own money. And they've all been given through the PREP Act, immunity from liability. So, even if they kill the people that they're experimenting on, they have no liability. So what do they have to lose?

Dr. Patrick G: Right.

Robert F. Kennedy Jr.: I think if Americans understood that they're saying that these are safe and yet they demanded immunity from liability, there would be questions. And also that they're not taking any risk of their own and saying, "Yeah, we've got a product here that we're willing to take a risk on. We're willing to bet money." They're being handed that money. In some cases, hundreds of millions of dollars to do these studies and to study the vaccine. So what do they care? It's like winning the lottery and that I think is a problem.

Dr. Patrick G: There's no doubt, it seems like there's a lot of conflict of interest. And the way that the money's being doled out and the lack of liability means there's lack of accountability.

Robert F. Kennedy Jr.: There's not only a lack of legal accountability, but the press is so bought off.

Dr. Patrick G: What do you mean by bought off?

Robert F. Kennedy Jr.: Well, the American press, we changed the law in 1997 in our country to allow to make the United States one of only two countries in the world, where pharmaceutical companies can do direct to consumer ads on TV. There's no other country except for New Zealand where you can see drugs advertised on TV, like we have here. And the flow of money that occurred after 1997 has really compromised news coverage of pharmaceutical issues and vaccine issues. Anderson Cooper is sponsored by Pfizer. Erin Burnett is sponsored by Pfizer. Lester Holt is sponsored by Merck. Roger Ailes told me that on his evening news shows during non-election years, there's typically about 22 ads and 17 of those are pharmaceutical ads.

Robert F. Kennedy Jr.: So the pharmaceutical companies have not only bought slots for advertising, but they purchase content. That's why you see, during flu season, there's this constant drum beat of, you got to get your flu shot. They're selling product. They become pharmaceutical reps. And when there's a measles outbreak you hear them, you see Lester Holt, put a picture of a child. They wanted to pretend that, the children were dying of measles. They couldn't find a kid who was sick with measles, so they took a picture of a baby off the internet and they painted measles spots on him and showed him on NBC nightly news.

Robert F. Kennedy Jr.: Now 10 years ago, first of all, NBC news could have lost its license for that before Reagan abolished the fairness doctrine. Even 10 years ago, Lester Holt would have been fired immediately for that. And yet nothing happened because that's the way they do things. So you don't see any honest reporting about any pharmaceutical issues these days on the evening news. And you see them endorsing the orthodoxy. If Tony Fauci says masks work then they will tell you the masks work, you're crazy not to have masks. And I don't have any bias against masks. If the masks work, I'd be wearing a mask. I don't have any bias against masks. I don't care one way or the other about whether masks work or they don't work. I just want to know the truth.

Robert F. Kennedy Jr.: And we did a research project for Children's Health Defense and we found 80 studies on masks that were on Pub Med, which is the archive for peer review studies. And almost all of those masks don't work. They do prevent bacteriological infections, because bacteria are much bigger than viruses. The viruses are so small, they go right through the mask, like air. And the mask, actually can make you sicker for a lot of reasons. One, there is bacteriological growth on the mask. The other thing is that the masks inhibit oxygen flow, and that's one of the things, like sunlight that keeps human beings healthy.

Robert F. Kennedy Jr.: And there were a couple that said that masks do work in some limited fashion, but it's mainly because it stops people from touching their face. So, there were a couple of studies that indicated that it may be efficacious. So I'm not going to say whether or not... I can tell you the bulk of the studies says no.

Robert F. Kennedy Jr.: And so for Anderson Cooper and Sanjay Gupta to get on TV night after night, and say masks definitely work, is just a lie. We don't know that, and I don't want to hear that from the press. I want to hear the truth.

Robert F. Kennedy Jr.: Hydroxychloroquine is another example of that. Tony Fauci clearly has a bias against hydroxychloroquine. It's an unpatented medicine. He does not like unpatented medicines. His track record, let me say, is an enthusiasm for medicines and vaccines that can be patented and that can enrich his pharmaceutical friends and sponsors. And he's historically demonstrated an extreme bias to non-patentable therapies like vitamin C, injectable IV vitamin C and hyperbarics and all these others, zinc... These therapies that have been shown under some circumstances to be very effective with coronavirus. And so, Tony Fauci was broadcasting hydroxychloroquine doesn't work. And his team, two studies published, one in the Journal of Medicine and the other in the Lancet, that supported that position, and then that became their official position. But then a week later, those studies had to be withdrawn for fraud. And so, I don't care for hydroxychloroquine. I was on hydroxychloroquine a lot, when I was a kid, because I spent a lot of time in Africa, for malaria. And it had no bad effect on me, that I know of.

Robert F. Kennedy Jr.: I think there's probably a lot better stuff than hydroxychloroquine out there. I don't want to be told it's been shown to not work or it's been shown to work, unless there really has been. I want to know if there's ambiguity, I want to hear there's some studies that say it does. There's some studies that say it doesn't. I want to hear both sides and hear the debate. We live in a democracy. And that ferment of debate, the free flow of information, unobstructed by bias, by prejudice, by financial conflicts of interest, is what makes democracies work. And if you have these networks, which are aligned with big corporations and which are also aligned or have captured the health regulators, it's not a healthy thing for democracy.

Robert F. Kennedy Jr.: Now I'll give you an example. In the Moderna trials, Moderna is the lead vaccine. It's the RNA vaccine, this experimental technology that's never been used before in vaccines. It actually alters your genetic expressions. There's a

potential for cancer. There's a potential for long-term effects. Nobody knows what it will do, but you would want to keep a good eye on it.

Robert F. Kennedy Jr.: With the mRNA vaccine, Tony Fauci has been involved with that company since 2010. Bill Gates has put a tremendous amount of money into that company. Tony Fauci is one of the most powerful people in the world. If you look what he does, he gives away \$6 billion worth of grant money to scientists all over the world. And that's why he's so powerful because he can destroy careers, he can make careers. He decides what will be researched, what will not be researched. If there's a university that says we are going to let this scientist who is on our teaching staff do a vaccinated versus unvaccinated study to look to see whether vaccines are actually helpful, Tony Fauci can say to that university, "If you do that study, I'm going to make sure you never get any federal funds again." So, and that's how he uses power. He can shut down science, even science that has nothing to do with him.

Robert F. Kennedy Jr.: With Moderna, he arranged for that company to get half a billion dollars in federal money, free money. And he clearly has an agenda to drive that vaccine and he drove it to the front and he said, "We're going to wave animal studies." Now, how can you wave animal studies if you know about pathogenic priming? You got to do animal studies, but he waved the animal studies. He let them go right to human studies. And they did the human studies in Bill Gates' backyard in Seattle.

Robert F. Kennedy Jr.: They started out with 45 people for the phase one study. They gave 15 people a low dose, 15 people the medium dose, 15 people a high dose. The study's only going to last 45 days. And the 15 people got the low dose, one of them got seriously ill. Seriously, meaning a class three. What that means is medical intervention or hospitalization is required. That is a huge number because what is that? 6% or something.

Robert F. Kennedy Jr.: That means that six out of every hundred people are going to get seriously ill. If you give that vaccine to the 7 billion people, you're talking about half a billion people, and people are going to die. If some people get hospitalized, some people are going to die.

Robert F. Kennedy Jr.: Three people in the high dose group got seriously ill. And that's 20%. Oh, and by the way, the people they use for these experiments do not look like typical American. 54% of Americans have chronic disease, diabetes, rheumatoid arthritis, Guillain-Barre or ASD asthma, whatever. These people were chosen because of their robust health. If you had ever smoked cigarettes, you're excluded from the study. If you have asthma, if you've ever had seizures, if you've got seizures in your family, you can't get in the study. If you have autoimmune disease in your family... These people, if you drank, if you ever over drank.

Robert F. Kennedy Jr.: These people were like the Avengers, bullets wouldn't hurt these people. These are the best of the best of the best. And so if 20% of them are getting sick...

They don't look like Americans. They're not obese. They don't have diabetes. They don't smoke cigarettes. They're not drinking sugar drinks this big.

Robert F. Kennedy Jr.: And it's an indication of a dose related response that the low group out one and the high group got three, which is one of the indications of toxicity. So, everybody needs to know that. One of those guys, you know his face because he was on TV day after day after day. His name is Ian Haydon. And he was one of the volunteers and God bless, he did something very courageous, which is to take an experimental medicine that has all of these warnings to it, for the public good presumably.

Robert F. Kennedy Jr.: And so he goes on Sanjay Gupta show. He had a terrible, terrible reaction. He was one of the three people who got sick. Within 12 hours of taking the vaccine, he spiked a fever that was 103.2. He had body aches. He had uncontrollable chills and uncontrollable vomiting. He lost consciousness. Luckily, his girlfriend was there and she caught his head before it hit the floor, or it could have been terrible.

Robert F. Kennedy Jr.: And a week later he's now recovered and he goes on Sanjay Gupta show. And in the green room, prior to going on the show, he tells Dr. Gupta... Dr. Gupta is a doctor and he tells him, "This is what happened to me. It was terrible." He said, "It was the sickest I've ever been in my life."

Robert F. Kennedy Jr.: And Sanjay says, "Let's not talk about this on national TV. Let's keep this between you and me, Ian. Let's not tell the public. Let's not frighten the public about these vaccines." So, he went on and said it's great. He lied to us all. And that is not journalism. That is a pharmaceutical rep who is acting as an agent for Government policy. It's exactly the opposite of what a reporter should be doing. But that is the culture now at CNN. Hide anything about vaccines that you don't like, that might frighten the public. Pretend everything's okay and just lie to people.

Dr. Patrick G: How did you become aware of that private conversation that never got aired with Ian and Sanjay Gupta?

Robert F. Kennedy Jr.: Because Ian Haydon described the conversation on Twitter and Facebook.

Dr. Patrick G: Oh, really? So he went public with it.

Robert F. Kennedy Jr.: Yeah. He said, "I told Sanjay Gupta, we talked about it in the green room. And then we agreed, I wouldn't talk about it on air."

Dr. Patrick G: Was there a backlash to CNN over all this?

Robert F. Kennedy Jr.: No. I wrote about it and his girlfriend then wrote me a note saying, "You're blaming him." And I said, "I'm not blaming him. I'm blaming Sanjay Gupta." He gets his share of the blame too. But Sanjay Gupta is a reporter, and he's a

doctor. And for him to go along with knowing that this guy got horrendously sick, he had to be hospitalized. He called his monitor from Moderna and said, "I'm the sickest I've ever been in my life." And the monitor told him, call 911. And he did that, and he went to hospital and Sanjay knew all that. And Sanjay let him go on the air and pretend that it didn't happen.

Dr. Patrick G: It's just inconceivable. I mean, it sounds like propaganda. I mean, you play it simple saying, "We don't want you to tell that story, speak this story. Look how good you look. You had the vaccine, not that long ago, et cetera." But so we look at this sort of brew that's happening. And incidentally, in that one, it was an RNA vaccine. So, now you're looking at just the immediate results. How many years down the road should we be looking before we even consider it with this type of vaccine? Because something could be very insidious and slow and asymptomatic for periods of time. But we-

Robert F. Kennedy Jr.: Yeah. I mean, that's one of the problems with doing a warp speed vaccine, is that if you have safety studies that only last 45 days or even three months, you're going to miss the injuries that have long diagnostic horizons or long incubation periods. And there are many of those injuries, particularly with a vaccine that is meant to permanently alter your RNA, which is this cellular building block and it's advertising itself as it's said, it turns your cells into vaccine factories. It's permanently altering your cellular expression by messing with your messenger RNA. And you want to know, is that going to cause cancer down the road? Is it going to cause birth defects? Is it going to cause some other really weird stuff we may not see for three months or six months?

Robert F. Kennedy Jr.: And if you use small groups of people, you're going to miss rare injuries. So if you have a vaccine that kills one in 10,000 people, you're not going to see that if you only have a thousand people in the group, and yet, if it kills one in 10,000 and you give it to 7 billion people, you're going to kill 700,000 people.

Dr. Patrick G: Wow. And it probably won't get attributed either because especially if it's something downstream, they wouldn't attribute it to the vaccine.

Robert F. Kennedy Jr.: Because their surveillance systems do not function. So, we will not know if it's killing all those people and they will never admit it. We see that with all the other vaccines.

Dr. Patrick G: I think there's a part of this where we all want it to be true. We all want it to be like a movie where, it's going to be saving the day. Everybody's going to get a vaccine. We'd get past all this and look, human kind is saved again. So you're almost complicit through our own desire to want it to be true.

Robert F. Kennedy Jr.: It's magical thinking. Any, even Tony Fauci, I saw last week, I think he slipped and said, "We think that the vaccine may only have produced antibodies that last for three months." What does that mean? Does that mean that every three months we need a new shot? That's great for the company that's making them

because they're going to sell a lot of vaccines. It's not what people think the vaccine is going to do. That's not how people imagine it.

Dr. Patrick G: Yeah. That concludes part one of my two part interview with Robert F. Kennedy Jr. Again, share this information. Can you see how important it is for people to know the types of things that Robert F. Kennedy was talking about? I look forward to seeing you in part two. Thanks for being here with me. There's a lot more to look forward to.

Bonus Interview: Robert F. Kennedy, Jr.



Dr. Patrick G: If someone were to ask me the question, who are some of your greatest living heroes today? The first name that would pop into my mind is Robert F. Kennedy Jr. Why? Because he has taken unbelievable stands against oppressive forces, like the pharmaceutical industry, the vaccine manufacturers, and taking these stands has cost him a lot. He's been attacked and ridiculed and referred to as a conspiracy theorist. He's always being challenged in the media, pitting him against people that he actually cares about in his life, but he will not be deterred. It is so inspiring. I can't even tell you. And not only is he bold in his actions, but his ability to organize his thinking, understand the real dynamics of what's going on, and then being able to present it, is extraordinary. The legal cases that he has brought against some very powerful forces have been extraordinarily effective and meaningful. And he is one of our greatest hopes for changing some very big mis-justice in the world today.

Dr. Patrick G: Now Robert F. Kennedy Jr. was in our initial Vaccines Revealed docu-series, but he had such remarkable updated information that we actually went out to his home and filmed the new and updated interview with him. It is in two parts. And I'm about to introduce you into part one right now. Remember, please share this. It's very difficult because we're being shut down and censored by all the big platforms. They don't want to let us get this information out there. We rely on you to help us share this. So during this free viewing period of Vaccines Revealed, get as many people as you can to watch it, share it with them, please. And right now I want to take you into my interview, part one, with Robert F. Kennedy Jr.

Dr. Patrick G: Bobby, thanks so much for taking the time to sit with us.

Robert F. Kennedy Jr.: Sure.

Dr. Patrick G: So on the flight over here, getting ready to do this interview, I was just thinking that if I could think of anyone in the world who had unique skillsets and context, to be able to speak to what's going on today, that would be you. Your

background in law, your understanding of science, your ability to read and interpret scientific literature, already dealing with oppressive forces in corporate malfeasance, et cetera, and some of the unholy alliances that exist between government and these forces. You've been involved legally, literally bringing some of these bad actors to court and trying to expose what's going on. But now, we seem to be in this new terrain where economies are getting shut down and this whole COVID-19 scenario seems to be somewhat unprecedented. So I'd like to just start out with your big picture view. How do you see things right now? What do you think we should be understanding or knowing about?

Robert F. Kennedy Jr.: I see one of the fallacies that has become an international preoccupation is at some point we're going to get a vaccine and it's going to solve this problem. It's going to immunize everybody from COVID and the world is going to be able to go back to normal. And I don't think that's going to happen. And let me explain why. What most people believe a vaccine does, most vaccines don't actually do. Most people believe that a vaccine is going to come along where you take one shot and it will immunize you for life against that virus, and with minimal side effects. By minimal side effects, is claim about the current vaccine schedule is that serious injuries are one in a million. So that would be the metric that you would shoot for, if it's a vaccine that gives you lifetime immunity and only seriously injures one in a million people. And that, I don't think we will be able to find.

Robert F. Kennedy Jr.: Let me give you the example of a flu vaccine, because flu is a respiratory infection that is a little bit similar to coronavirus. We've had a flu vaccine since 1930, so that's 90 years. And the Cochrane collaboration looked at all of the literature. They did an extensive meta-review on the flu virus and the flu vaccine. And what they found was that the flu vaccine, you need to give a hundred flu vaccines to prevent one case of flu. And that there is zero evidence that the flu vaccine prevents any hospitalizations or any deaths. And the flu vaccine is being sold to the American people as preventing transmission. What Cochrane said is actually death's among senior citizens, among the elderly have increased dramatically since the proliferation of the flu vaccine and the flu vaccine may prevent symptoms, flu symptoms in a teenager, one in a hundred people who got the vaccine. There is zero evidence it's preventing the thing it's been sold to us to prevent.

Robert F. Kennedy Jr.: Not only that, the flu vaccine transmits the flu. So, if you get the flu vaccine, you're six times more likely to transmit the flu than somebody who did not get the vaccine. And finally, if you get a flu vaccine, you're more likely, about 4.4 times more likely to get a non-flu infection, and particularly viral upper respiratory infections, including coronavirus. There's a 2020 study by a researcher called Wolfe from the Pentagon. And that study, the Pentagon, because they're constantly doing these medical experiments for military readiness, they gave the flu vaccine to a large group of soldiers. And then they gave no flu vaccine to a similarly situated group. And because they thought maybe the flu vaccine would be efficacious against coronavirus. What they found was the opposite. The soldiers who got the flu vaccine were much more

likely to get coronavirus. It had provoked what a virologist know as a dynamic called pathogenic priming, where instead of defending your immune system against the invasion of a virus, it actually primed your immune system for that virus.

Robert F. Kennedy Jr.: And so I think when we do get a coronavirus vaccine, it's much more likely to behave like the flu vaccine. In other words, something that you would need to get every year. And that would be not as efficacious. It may not protect the people that we want to protect. We don't care if it protects young people. Because young people have virtually zero chance of consequences. We want it to protect people with co-morbidities, including chronic disease like diabetes, like asthma, et cetera. People who smoke cigarettes, people who have autoimmune diseases like rheumatoid arthritis or Guillain-Barre or diabetes or demyelinating diseases and the fragile elderly. And there is no evidence that the flu vaccine can do that. And I think that's the hurdle that the coronavirus vaccine actually needs to transcend.

Robert F. Kennedy Jr.: The other problem historically with coronavirus vaccines is it's a peculiarity that is unique to coronavirus vaccines, somewhat unique, which is this phenomena of pathogenic priming. After 2002, we had three SARS epidemics, that came from China. SARS is a kind of coronavirus. And there was a huge international effort by a consortium of western nations and China to try to develop vaccines for coronavirus, and they developed about 35 different vaccine models. And they chose the best in class, the four best of those. And they developed the vaccine and then they gave them to ferrets, which is the test animal that is most analogous to human beings when it comes to upper respiratory infections. And the ferrets developed really admirable robust and durable antibody response. And so the researchers thought, "We hit the jackpot. All four of these vaccines work wonderfully." The antibody response is the metric upon which FDA issues licenses. So when the FDA is testing a vaccine prior to licensing, it doesn't give the vaccine to a thousand people and then give no vaccine to a thousand people and then send them out to be exposed to the illness and see what happens.

Robert F. Kennedy Jr.: That kind of test never happens. What they do instead is they give a bunch of people the vaccine, and then they take their blood and they see if there's a serological response. In other words, did you produce antibodies? And you test them again in six months or a year, and see if you still have the antibodies. And if they're robust and durable, then you get the license. So the ferrets appeared to presage that this license would be forthcoming, but then something horrible happened. When the ferrets were exposed, when they were challenged, in other words, exposed to the wild virus, instead of defending themselves against the virus, they got horribly sick and they died. And the ones that were unvaccinated did not have problems. The ones who were vaccinated had horrible problems, lethal problems.

Robert F. Kennedy Jr.: And then they remembered... The same researchers at NIH, remembered something that had happened in the 1960s where there was a scandal at NIH, where they had done a vaccine. They'd given an experimental MERS vaccine.

That's Middle Eastern Respiratory Syndrome, which is very similar to coronavirus. They skipped the animal studies, and they had gone directly to children and they'd given it to 35 children. And the same thing happened. When those children were exposed to the wild MERS virus they got horribly sick and two of the kids died.

Dr. Patrick G: Wow.

Robert F. Kennedy Jr.: And they remembered that. And they said, "That's what happened to those children." And they terminated the experiments.

Robert F. Kennedy Jr.: And then in 2014, Sanofi, which is one of the four big vaccine makers, a French company, developed, with assistance from NIH, a dengue vaccine for dengue fever. And they saw during the clinical trials, some of those signals, that there may be pathogenic priming, and they ignored them.

Robert F. Kennedy Jr.: They went ahead and they gave that vaccine to hundreds of thousands of children in the Philippines. And those kids, when the wild dengue came back around, got horribly sick, and about 600 of them died. And today in the Philippines, there are 19 public health officials who are on trial facing criminal charges because they chose to ignore those signals. So that's the problem with the coronavirus vaccine. And that's why you want to do animal studies first. And you want to do the challenge, and then you want to do human studies but you also want to do the challenge on human beings, and you need to be very, very careful because you may be giving them a vaccine that makes them actually sicker and kills them rather than defends them against the virus.

Dr. Patrick G: One of the things that should be understood is that there's a difference between humoral immunity, meaning you can find antibodies in the blood, but that doesn't necessarily translate into cell immunity. And I think that that's the distinction that they're finding-

Robert F. Kennedy Jr.: That's part of the issue. The other part of the issue seems to be that the coronavirus, the vaccines provoke two different kinds of antibodies, the neutralizing antibody, which is the antibody you want, which defends your body against the virus. But then they produce another antibody called a binding antibody. That antibody actually makes the spike protein stickier like Velcro, which sticks to your receptors. And it primes your body to get sick from the illness once it's challenged.

Dr. Patrick G: Yeah. And when we look at the vaccine manufacturers, we have such a calamity going on, especially economically, and then looking at civil liberties and what's going on in response to all this. And then we're looking at these companies and saying, we want to trust them, to try to do the right thing here, when they have extraordinary financial incentive. You've taken these people to court. So what's your view now, as far as-

Robert F. Kennedy Jr.: Well the problem with this vaccine is, none of the companies is really taking any risk because they're all playing with the house money. There's 135 companies working on vaccines, and they're all getting federal money to do the experiment. So what do they care? They're not risking their own money. And they've all been given through the PREP Act, immunity from liability. So, even if they kill the people that they're experimenting on, they have no liability. So what do they have to lose?

Dr. Patrick G: Right.

Robert F. Kennedy Jr.: I think if Americans understood that they're saying that these are safe and yet they demanded immunity from liability, there would be questions. And also that they're not taking any risk of their own and saying, "Yeah, we've got a product here that we're willing to take a risk on. We're willing to bet money." They're being handed that money. In some cases, hundreds of millions of dollars to do these studies and to study the vaccine. So what do they care? It's like winning the lottery and that I think is a problem.

Dr. Patrick G: There's no doubt, it seems like there's a lot of conflict of interest. And the way that the money's being doled out and the lack of liability means there's lack of accountability.

Robert F. Kennedy Jr.: There's not only a lack of legal accountability, but the press is so bought off.

Dr. Patrick G: What do you mean by bought off?

Robert F. Kennedy Jr.: Well, the American press, we changed the law in 1997 in our country to allow to make the United States one of only two countries in the world, where pharmaceutical companies can do direct to consumer ads on TV. There's no other country except for New Zealand where you can see drugs advertised on TV, like we have here. And the flow of money that occurred after 1997 has really compromised news coverage of pharmaceutical issues and vaccine issues. Anderson Cooper is sponsored by Pfizer. Erin Burnett is sponsored by Pfizer. Lester Holt is sponsored by Merck. Roger Ailes told me that on his evening news shows during non-election years, there's typically about 22 ads and 17 of those are pharmaceutical ads.

Robert F. Kennedy Jr.: So the pharmaceutical companies have not only bought slots for advertising, but they purchase content. That's why you see, during flu season, there's this constant drum beat of, you got to get your flu shot. They're selling product. They become pharmaceutical reps. And when there's a measles outbreak you hear them, you see Lester Holt, put a picture of a child. They wanted to pretend that, the children were dying of measles. They couldn't find a kid who was sick with measles, so they took a picture of a baby off the internet and they painted measles spots on him and showed him on NBC nightly news.

Robert F. Kennedy Jr.: Now 10 years ago, first of all, NBC news could have lost its license for that before Reagan abolished the fairness doctrine. Even 10 years ago, Lester Holt would have been fired immediately for that. And yet nothing happened because that's the way they do things. So you don't see any honest reporting about any pharmaceutical issues these days on the evening news. And you see them endorsing the orthodoxy. If Tony Fauci says masks work then they will tell you the masks work, you're crazy not to have masks. And I don't have any bias against masks. If the masks work, I'd be wearing a mask. I don't have any bias against masks. I don't care one way or the other about whether masks work or they don't work. I just want to know the truth.

Robert F. Kennedy Jr.: And we did a research project for Children's Health Defense and we found 80 studies on masks that were on Pub Med, which is the archive for peer review studies. And almost all of those masks don't work. They do prevent bacteriological infections, because bacteria are much bigger than viruses. The viruses are so small, they go right through the mask, like air. And the mask, actually can make you sicker for a lot of reasons. One, there is bacteriological growth on the mask. The other thing is that the masks inhibit oxygen flow, and that's one of the things, like sunlight that keeps human beings healthy.

Robert F. Kennedy Jr.: And there were a couple that said that masks do work in some limited fashion, but it's mainly because it stops people from touching their face. So, there were a couple of studies that indicated that it may be efficacious. So I'm not going to say whether or not... I can tell you the bulk of the studies says no.

Robert F. Kennedy Jr.: And so for Anderson Cooper and Sanjay Gupta to get on TV night after night, and say masks definitely work, is just a lie. We don't know that, and I don't want to hear that from the press. I want to hear the truth.

Robert F. Kennedy Jr.: Hydroxychloroquine is another example of that. Tony Fauci clearly has a bias against hydroxychloroquine. It's an unpatented medicine. He does not like unpatented medicines. His track record, let me say, is an enthusiasm for medicines and vaccines that can be patented and that can enrich his pharmaceutical friends and sponsors. And he's historically demonstrated an extreme bias to non-patentable therapies like vitamin C, injectable IV vitamin C and hyperbarics and all these others, zinc... These therapies that have been shown under some circumstances to be very effective with coronavirus. And so, Tony Fauci was broadcasting hydroxychloroquine doesn't work. And his team, two studies published, one in the Journal of Medicine and the other in the Lancet, that supported that position, and then that became their official position. But then a week later, those studies had to be withdrawn for fraud. And so, I don't care for hydroxychloroquine. I was on hydroxychloroquine a lot, when I was a kid, because I spent a lot of time in Africa, for malaria. And it had no bad effect on me, that I know of.

Robert F. Kennedy Jr.: I think there's probably a lot better stuff than hydroxychloroquine out there. I don't want to be told it's been shown to not work or it's been shown to work, unless there really has been. I want to know if there's ambiguity, I want to hear

there's some studies that say it does. There's some studies that say it doesn't. I want to hear both sides and hear the debate. We live in a democracy. And that ferment of debate, the free flow of information, unobstructed by bias, by prejudice, by financial conflicts of interest, is what makes democracies work. And if you have these networks, which are aligned with big corporations and which are also aligned or have captured the health regulators, it's not a healthy thing for democracy.

Robert F. Kennedy Jr.: Now I'll give you an example. In the Moderna trials, Moderna is the lead vaccine. It's the RNA vaccine, this experimental technology that's never been used before in vaccines. It actually alters your genetic expressions. There's a potential for cancer. There's a potential for long-term effects. Nobody knows what it will do, but you would want to keep a good eye on it.

Robert F. Kennedy Jr.: With the mRNA vaccine, Tony Fauci has been involved with that company since 2010. Bill Gates has put a tremendous amount of money into that company. Tony Fauci is one of the most powerful people in the world. If you look what he does, he gives away \$6 billion worth of grant money to scientists all over the world. And that's why he's so powerful because he can destroy careers, he can make careers. He decides what will be researched, what will not be researched. If there's a university that says we are going to let this scientist who is on our teaching staff do a vaccinated versus unvaccinated study to look to see whether vaccines are actually helpful, Tony Fauci can say to that university, "If you do that study, I'm going to make sure you never get any federal funds again." So, and that's how he uses power. He can shut down science, even science that has nothing to do with him.

Robert F. Kennedy Jr.: With Moderna, he arranged for that company to get half a billion dollars in federal money, free money. And he clearly has an agenda to drive that vaccine and he drove it to the front and he said, "We're going to waive animal studies." Now, how can you waive animal studies if you know about pathogenic priming? You got to do animal studies, but he waved the animal studies. He let them go right to human studies. And they did the human studies in Bill Gates' backyard in Seattle.

Robert F. Kennedy Jr.: They started out with 45 people for the phase one study. They gave 15 people a low dose, 15 people the medium dose, 15 people a high dose. The study's only going to last 45 days. And the 15 people got the low dose, one of them got seriously ill. Seriously, meaning a class three. What that means is medical intervention or hospitalization is required. That is a huge number because what is that? 6% or something.

Robert F. Kennedy Jr.: That means that six out of every hundred people are going to get seriously ill. If you give that vaccine to the 7 billion people, you're talking about half a billion people, and people are going to die. If some people get hospitalized, some people are going to die.

Robert F. Kennedy Jr.: Three people in the high dose group got seriously ill. And that's 20%. Oh, and by the way, the people they use for these experiments do not look like typical American. 54% of Americans have chronic disease, diabetes, rheumatoid arthritis, Guillain-Barre or ASD asthma, whatever. These people were chosen because of their robust health. If you had ever smoked cigarettes, you're excluded from the study. If you have asthma, if you've ever had seizures, if you've got seizures in your family, you can't get in the study. If you have autoimmune disease in your family... These people, if you drank, if you ever over drank.

Robert F. Kennedy Jr.: These people were like the Avengers, bullets wouldn't hurt these people. These are the best of the best of the best. And so if 20% of them are getting sick... They don't look like Americans. They're not obese. They don't have diabetes. They don't smoke cigarettes. They're not drinking sugar drinks this big.

Robert F. Kennedy Jr.: And it's an indication of a dose related response that the low group out one and the high group got three, which is one of the indications of toxicity. So, everybody needs to know that. One of those guys, you know his face because he was on TV day after day after day. His name is Ian Haydon. And he was one of the volunteers and God bless, he did something very courageous, which is to take an experimental medicine that has all of these warnings to it, for the public good presumably.

Robert F. Kennedy Jr.: And so he goes on Sanjay Gupta show. He had a terrible, terrible reaction. He was one of the three people who got sick. Within 12 hours of taking the vaccine, he spiked a fever that was 103.2. He had body aches. He had uncontrollable chills and uncontrollable vomiting. He lost consciousness. Luckily, his girlfriend was there and she caught his head before it hit the floor, or it could have been terrible.

Robert F. Kennedy Jr.: And a week later he's now recovered and he goes on Sanjay Gupta show. And in the green room, prior to going on the show, he tells Dr. Gupta... Dr. Gupta is a doctor and he tells him, "This is what happened to me. It was terrible." He said, "It was the sickest I've ever been in my life."

Robert F. Kennedy Jr.: And Sanjay says, "Let's not talk about this on national TV. Let's keep this between you and me, Ian. Let's not tell the public. Let's not frighten the public about these vaccines." So, he went on and said it's great. He lied to us all. And that is not journalism. That is a pharmaceutical rep who is acting as an agent for Government policy. It's exactly the opposite of what a reporter should be doing. But that is the culture now at CNN. Hide anything about vaccines that you don't like, that might frighten the public. Pretend everything's okay and just lie to people.

Dr. Patrick G: How did you become aware of that private conversation that never got aired with Ian and Sanjay Gupta?

Robert F. Kennedy Jr.: Because Ian Haydon described the conversation on Twitter and Facebook.

Dr. Patrick G: Oh, really? So he went public with it.

Robert F. Kennedy Jr.: Yeah. He said, "I told Sanjay Gupta, we talked about it in the green room. And then we agreed, I wouldn't talk about it on air."

Dr. Patrick G: Was there a backlash to CNN over all this?

Robert F. Kennedy Jr.: No. I wrote about it and his girlfriend then wrote me a note saying, "You're blaming him." And I said, "I'm not blaming him. I'm blaming Sanjay Gupta." He gets his share of the blame too. But Sanjay Gupta is a reporter, and he's a doctor. And for him to go along with knowing that this guy got horrendously sick, he had to be hospitalized. He called his monitor from Moderna and said, "I'm the sickest I've ever been in my life." And the monitor told him, call 911. And he did that, and he went to hospital and Sanjay knew all that. And Sanjay let him go on the air and pretend that it didn't happen.

Dr. Patrick G: It's just inconceivable. I mean, it sounds like propaganda. I mean, you play it simple saying, "We don't want you to tell that story, speak this story. Look how good you look. You had the vaccine, not that long ago, et cetera." But so we look at this sort of brew that's happening. And incidentally, in that one, it was an RNA vaccine. So, now you're looking at just the immediate results. How many years down the road should we be looking before we even consider it with this type of vaccine? Because something could be very insidious and slow and asymptomatic for periods of time. But we-

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Dr. Patrick G: Yeah. That concludes part one of my two part interview with Robert F. Kennedy Jr. Again, share this information. Can you see how important it is for people to know the types of things that Robert F. Kennedy was talking about? I look forward to seeing you in part two. Thanks for being here with me. There's a lot more to look forward to.



Episode Ten



- Dr. Mitch Fleischer: When you read the CDC, the NIH, the World Health Organization papers, when you study all the research out there, you realize there's no credible basis for any of the healthcare measures that are being foisted on us.
- Dr. Mitch Fleischer: The statistics show very clearly that it's still not a lethal virus, not what it's made out to be. This hysteria is just ridiculous. In the insert that comes with these vaccines, which I've seen already, they even admit that their vaccines do not convey natural immunity. All they're intended to do is mitigate symptoms. At what risk?
- Jane Barlow: There are herbs in Mother Nature that are known as adaptogenic herbs, which basically help your body realize that you're just dealing with modern stress. I've never lived through anything that's been more stressful than this last year, which I'm sure a lot of people can relate to that.
- Jane Barlow: I don't think people realize the power of the human body to regenerate given the right tools. I think if people can just realize the biggest form of social activism is to take care of your health.
- Jane Barlow: You become empowered because you're not relying on any system. We're built so perfectly. We do abuse our bodies a lot with the food we eat and all of the lifestyle factors involved and when you add that layer of fear and it just destroys your immune system.
- Jane Barlow: There are very natural, good things that you can do. In fact, a lot of people don't realize that some of the easiest things, that some of my favorite things are right in your own kitchen.
- Dr. Patrick G: We're back. Yes, we do have a bonus episode 10. If you're a fan of our work, you would know that very often when we have extra content, we'll create a bonus episode, and that is true here. We have phenomenal additional content that wasn't in the first nine episodes of the series that we didn't want to leave on the cutting room floor.
- Dr. Patrick G: Let me tell you, this is extremely worthy content. As a matter of fact, for some of you, I believe you might find this to be one of your favorite episodes. We're excited to be back with you. We're still in the free viewing period, which means you can purchase the entire series right now, you can get the bonuses.

Dr. Patrick G: The discounts are applying as we are still in the free viewing period. We're so excited to have this bonus episode to share with you. Our hope is that you will share this information with others.

Dr. Patrick G: Thank you for those of you who actually have supported our vision, are a part of this mission, and have already invested in a Vaccines Revealed COVID Edition series, you own a package.

Dr. Patrick G: For those who haven't, now is the time. I can tell you, there is not an episode 11 that we're going to be airing. This is the end here. This is the final episode that we're going to be airing live and streaming throughout the world. Now's the time while we're still in this free viewing period. I'm excited now to introduce you to bonus episode 10.

Dr. Patrick G: One of the great unexpected treats for me during the course of doing all these interviews for the series, was meeting someone who I'd never met before, Dr. Mitch Fleisher. He was surprisingly brilliant and articulate and committed and passionate.

Dr. Patrick G: Here we have a medical doctor who graduated from Stanford Medical School, who didn't get indoctrinated into narrow scope thinking, but has a wide view of possibilities for developing health in a human being.

Dr. Patrick G: When it came to issues surrounding COVID, let me tell you, he's got some strong conclusions and he backs them up with very validated scientific fact. This was something that was a great surprise. I didn't know what to expect exactly before I started this interview, but by the time I was done, I was very impressed, very happy because I know I'd be sharing it with you right now. Let's dive in.

Dr. Mitch Fleischer



- Dr. Patrick G: Dr. Fleischer, I'm really looking forward to this conversation and I really appreciate you taking the time to have it. You have unique expertise in a variety of areas that I think you can shine a light on a lot of the issues we had talked about relative to COVID in a unique way. Thanks for being here.
- Dr. Mitch Fleischer: Thanks very much for having me.
- Dr. Patrick G: Let's start with your unique background. Can we maybe get a bio sketch on you and talk about your academic training and then what you've done since then?
- Dr. Mitch Fleischer: All right. I've been a physician for almost 40 years now, and I actually started studying holistic medicine when I was about 17 years old when I read John Lust's herbal treatise on naturopathic medicine that one of my girlfriends gave to me. I started playing with all kinds of herbs from the woods where I lived and everything went there.
- Dr. Mitch Fleischer: In medical school, in undergraduate, I decided that I wanted to go into some sort of holistic system of medicine. I was looking at traditional Chinese medicine and Ayurvedic medicine at the time. I was actually studying Chinese.
- Dr. Mitch Fleischer: Then in my first year of medical school, actually from the first day out, a group of us got together, students who were bewildered at Stanford, all the craziness there. We all decided we wanted to really take advantage of all of the holistic therapies that were going on around Stanford University, in Palo Alto and Menlo Park.
- Dr. Mitch Fleischer: I organized an underground study group with Stanford's medical student body. We brought speakers and everybody from the community. It was really great, after hours, and videotaped it. It's still in the Stanford Library. I don't know if anybody is using it.
- Dr. Mitch Fleischer: In any case, in December of 1975, we brought Dr. William Gray, Bill Gray, who was a graduate of Stanford, and he gave a whole lecture on homeopathy and said, "Wow, a whole holistic system of medicine, and I don't have to stick needles myself." I had gone for acupuncture treatment and they stuck needles in the top of my dorsum on my foot. I almost went through the ceiling. I said, "How am I going to do this to kids?" Because I really love pediatrics.
- Dr. Mitch Fleischer: It was really wonderful that I could learn a holistic system of medicine that was Western-based. I began staying with him, and he had a steady group ongoing in Mill Valley, California, and just kept ongoing and more and more intensely. I spent the entire year before my first and second year of medical school working with them seven days a week, seeing patients.

Dr. Mitch Fleischer: It was really remarkable, seeing him cure things that I was just taught in the first year of medical school were incurable, like steroid-dependent asthma, like parkinsonism. I dedicated my life to homeopathy at that point.

Dr. Mitch Fleischer: I had already been studying a lot of nutritional medicine and empathetical medicine. I spent a lot of my spare time when I was out in California Medical School, visiting a lot of the naturopathic doctors and going to seminars and treatises and doing a lot of fasts.

Dr. Mitch Fleischer: I also actually visited the hospital of de la Laguna in a Baja California and did the whole Gerson Therapy for an entire month with Churg Strauss in my third year of medical school.

Dr. Mitch Fleischer: I just decided to just imbibed these experiences and wanted to learn firsthand, what is it like to go through certain experiences? I really understood them before I prescribed them from anyone and just in adding things on as things went along. And I've basically got a lot of training in the United States, in India, in Europe in homeopathic medicine. Studied advanced nutritional therapy, clinical medicine.

Dr. Mitch Fleischer: And I've also learned bio-identical hormone replacement therapy, which is more natural and more effective in the last several years I've learned joint regeneration therapy using natural remedies and most recently I've been on certification medicinal peptide therapy, which is really amazing.

Dr. Mitch Fleischer: I've just combined all of these holistic approaches into what I call integrative regenerative medicine and I'm also a board certified in family medicine boards that I've been a homeopathic medicine.

Dr. Mitch Fleischer: I just put this conglomerate together and my goal is no harm and then to treat the entire person and my perspective is that, human beings are not a sack of chemicals.

Dr. Mitch Fleischer: We are spiritual beings having a human experience and we have physical minimums sort of components that are one continuum and they're not separate. When you treat someone, you need to treat the entire person and that's what all these tools I have are meant to do.

Dr. Patrick G: Well, it's fascinating. I mean, it can't get any more mainstream medical, I guess, than Stanford medical school and here you are.

Dr. Patrick G: Well, what I find it fascinating though, is that you showed up there and you started bringing in all these alternative views, especially looking at homeopathy and the fundamental principles of homeopathy and I can't imagine how these Stanford Medical School professors might've been thinking looking at this-

Dr. Mitch Fleischer: In fact in my third year, I put on this lecture at their brand new Stanford Medical School called the Fundamentals, Laws of Natural Healing and I brought Professor George who was then the most renowned homeopaths in the world to speak. The professor didn't like that one bit.

Dr. Mitch Fleischer: But it served, I mean, the recording thing that we took at that lecture spread out throughout North America and several doctors later told me, years later, that it was the recording of that lecture that turned them onto homeopathy. And that's why they became homeopathic doctors. That was very gratifying worthwhile, even though it gotten me a lot of trouble at the time.

Dr. Patrick G: I give you credit for being a Maverick yeah. For the very beginning. This is really, I think extraordinary but you've traveled overseas as you cited, you had to study also. You've got all these interesting, fascinating and I think very powerful schools of healing that you've explored and so given your traditional medical training, you're putting all these things together, you now have a way of serving people that I suspect is quite unique.

Dr. Patrick G: But now we get into the subject of COVID because we look at, what the policies are, how the varying governments and municipalities are responding or reacting to what they perceive as the threat of COVID et cetera.

Dr. Patrick G: And it's driven by what I would, to me is a hysteria about, that we have to go to battle or the war, a militarized point of view on how to react to this virus, which actually from everybody that we've interviewed for this series, it's not a life-threatening disease.

Dr. Patrick G: It's not something that we should be, maybe we're overreacting to. And then of course, we've got all these things coming down the pipeline and that are here now, like the vaccines, et cetera. Can we just start with your big picture view of COVID just how you see it?

Dr. Mitch Fleischer: Sure. First of all, the Wuhan virus, which really is one of the many Corona viruses that have been plaguing humanity for millennia. The coronavirus is a common cold virus but. A lot of people... for example, when a patient goes into an emergency room at night, with a bad viral syndrome, very often the ER docs, they're asked to put a diagnosis on them, they often say coronavirus.

Dr. Mitch Fleischer: Why? Because it's a very common cold virus like nano viruses, all the rest of them.

Dr. Mitch Fleischer: This particular virus is a coronavirus that's been manipulated, whereas the proteins from HIV by Dr. Shun in China Wuhan Institute, combine them with the virus to make it a little bit more variable. But wherever this statistics show very clearly that it's still not a lethal virus, not what it's made out to be.

- Dr. Mitch Fleischer: And this hysteria is just ridiculous. It really is criminal. I mean the latest CDC, NIH Statistics are such that people below the age of 20, 99.97% recover fine. 80% don't even though they've got it. The people between the age of 20 and 70, 99.98% recover fine, no problem. And people over 70, 99.95% recover fine and that small percentage of people who get sick.
- Dr. Mitch Fleischer: Those are people who have all kinds of comorbidities. They're not the normal, healthy people. Those are people who have diabetes, who have cancer or immune diseases, emphysema COPD or some chronic smokers are nutritionally deficient, ethically deficient in Vitamins A, Vitamin C, Vitamin D, three and zinc, which are essential for the function of the innate immune system. There are reasons that very tiny percentage of people fraction of percent actually get sick and some die.
- Dr. Mitch Fleischer: And the thing that, the reason that most of the people have died in the hospitals is they're getting positive end expiratory pressure, which worsens the hypoxia in the lungs, the ventilators kill people. They don't help at all. They'd be better off to say, I have an oxygen mask and I'm getting high dose, IB, Vitamin C or maybe a IB hydrogen peroxide, which creates 12 atmospheres of oxygen in your blood, much more effective and kills the virus as well.
- Dr. Mitch Fleischer: It's a therapy, the allopathic therapy in the hospitals, it's killing people. They're not dying of their own volition. And there's many effective therapies and both preventative and curative that can be employed in this situation. And people need to know about these things.
- Dr. Patrick G: Well, so maybe we'll start there. I know that we have a lot of other ground to cover. I want to talk about the vaccine and your views on that. And some other aspects of COVID but since you just brought up therapies that are safe and effective, let's say, which ones do you see or recommend, or that you have experience with?
- Dr. Mitch Fleischer: Basically I have all my patients take at least the four essential nutrients that you need for an effective immune system for the innate immune system, the adaptive immune system be functional so that you can predict you get your white blood cells activated. You can finish the pro-inflammatory cytokines that overwhelms the infection, all the rest of that. You need an adequate amount of Vitamin A, not a bit of keratin.
- Dr. Mitch Fleischer: You need the retinol gas or the retinol. It's an animal source. You need at least 2000 international units, 2000 I use, but a lot of people went up taking 1525. That's fine. If you have pulmonary problems, if you have immune problems, I recommend the high diagnosis and it's easier to acquire capsules like that, just to take one a day about 20 or 25,000 don't need issues.
- Dr. Mitch Fleischer: And that's fine to take for several weeks. Then you need an adequate amount of a good quality Vitamin C. I usually recommend a buffered Vitamin C or a

scribbled palmitate, which is a form of a lipid soluble Vitamin C for, it's usually easier to take. It's easier on the stomach. And at least four to 6,000 milligrams, a day of Vitamin C for an adult, half an amount for a child is an adequate amount to support the immune system, a Vitamin D3.

Dr. Mitch Fleischer: And you want D3 not D2, ergocalciferol doesn't work you want Cholecalciferol and it's very inexpensive. And again, an average adult where it's anywhere between five and 10,000 international units a day, if someone is normally healthy adult, young adult, 5,000 international units a day, that'd be fine. If someone has chronic health problems, 10,000 or up to 15,000, I use a day is fine, is very well tolerated.

Dr. Mitch Fleischer: I take 12 a day myself because of all my exposure. And it's very inexpensive to usually take it with food because it's fat, so I have less Vitamin A and then you also want to take an adequate amount of zinc. Zinc is an absolutely critically essential nutrient for the functional immune system. They make white blood cells function correctly, lymphocytes function correctly to make that cytokines. And the average dose is 25 to 50 milligrams a day.

Dr. Mitch Fleischer: Usually I recommend a zinc picolinate, the same salt to picolinic acid is extremely well absorbed, obligatory and absorbed. You get good blood levels and it's inexpensive, at least those four things. And then in people who are in the areas where you might have a high concentration of the infection and they're worried, or they're a healthcare worker.

Dr. Mitch Fleischer: I will often recommend a really good quality licorice root extract that is high in Glycyrrhizin. Glycyrrhizin is the other constituent in licorice has that sweet flavor.

Dr. Mitch Fleischer: And what's very interesting is there was research done in the far East at the time of the surge MERS epidemics in 2005. And they actually were looking at agents that would help fight the infection itself. And they tested Glycyrrhizin against things like Riboflavin and several different kinds of fairly toxic anti-viral agents.

Dr. Mitch Fleischer: And they found out of a dozen different agents Glycyrrhizin was the most effective, but absolutely had no toxicity compared to the other things. I recommend usually about 400 to 50 to 650 milligrams a day or so of a high Glycyrrhizin licorice root concentrate.

Dr. Mitch Fleischer: And what they will do is, it actually blocks the ability of the virus to enter into the cell. It works at the level of the what's called the ACE inhibitor, the Angiotensin-converting enzyme inhibitor on the cell surface, it helps block its entrance into the cell.

Dr. Mitch Fleischer: And when you take that with the zinc and Vitamins, A, C and D you're really golden, you are not getting... I have patients who are healthcare providers, or

doctors or nurses or naturopaths who working in a hospital scene, who are taking those things and they're not getting sick at all. And I've been taking it for over the past year and I've been exposed at all times. I've treated people with IVs, Vitamin C and peroxide with COVID.

Dr. Mitch Fleischer: I've treated a lot of people homeopathically very effective for COVID. And that's another major area. I'm part of a consortium of homeopathic physicians throughout the world that have been following COVID over the past year. And we've been looking at the different symptom patterns in the far East and the Middle East and Africa all over Europe and different parts of the United States and we've noticed that the symptom patterns have shifted across the world, because the virus has been mutating.

Dr. Mitch Fleischer: And that's another aspect of probing the M spikes on COVID change. Those proteins change quite frequently and mutate, quite frankly, just like parainfluenza virus. That's why the CDC is coming out and admitted on like 14 years in a row, but that the Influenza virus didn't work again. Why? Because it mutated well, coronavirus does that as equally fast as the Influenza, if not faster.

Dr. Mitch Fleischer: That's another reason why this pseudo vaccine won't work, right? Because it's designed not to initiate a typical inflammatory immune reaction, right?

Dr. Mitch Fleischer: A true vaccine has bacterial components or viral components. It has the proteins or genetic material. And when you put that into the body, the innate immune system is triggered to create an inflammatory response, white blood cells, polymorphonuclear leukocytes natural killer cells, macrophages all get out.

Dr. Mitch Fleischer: They try to fight it. They create a inflammatory cytokines to kill it. And then the memory of that attack is transferred to adaptive immunity and the B and T cells then elaborate antibodies that protect you in the future if exposed again. That doesn't happen with this vaccine, this pseudo vaccine. It goes to the messenger RNA is simply taking over the cell machinery, all right, rather than replicating DNA, creating your own messenger RNA.

Dr. Mitch Fleischer: They're putting some artificial synthetic messenger RNA in there, and it's forcing the protein, making the cell called the ribosomes to make these viral particles the M spikes. Right?

Dr. Mitch Fleischer: The thing of it is, is that it's already obsolete because this was created at a time where, it's already mutated. By giving this, it's not going to create an immunity and what's even more bizarre, Patrick, is that in the insert, the package pamphlet that comes with these vaccines, which I've seen already, they even admit that the vaccine does not... their vaccines do not convey natural immunity.

Dr. Mitch Fleischer: All they're intended to do, all they're intended to do is mitigate symptoms. But at what risk? At what risk? Because if someone has allergic... a history of a bad allergies, we now know there's a high incidence an exceptionally high incidence of anaphylaxis shock and death. There's an exceptionally high incidents of autoimmune disease. We know of a doctor who died in Florida.

Dr. Mitch Fleischer: ITP, Idiopathic thrombocytopenic purpura induced definitively by the vaccine that there's an unacceptably high risk of things like acute transverse myelitis, which is an inflammation in the spine that causes paralysis. There were two cases of that, of the 30 people that took the AstraZeneca vaccine. That's 6%.

Dr. Mitch Fleischer: That means if you had given that vaccine to a million people, 60,000 people could have gotten that disease and be paralyzed. These are unacceptable risks when there's already incredibly safe, incredibly cost-effective natural therapies. And that's not even addressing Ivermectin and Hydroxychloroquine which a lot of which a lot of, sort of holistic guide that allopathic doctors have been using.

Dr. Mitch Fleischer: I've looked at the science behind that, and it's completely legitimate. And I think you've probably ever heard about a doctor who presented a live data before the Senate committee on Ivermectin, very passionately. And they have reams and reams of information, showing that these very simple, very inexpensive antiparasitic drugs that have been around for decades are totally safe and completely effective against this virus.

Dr. Mitch Fleischer: Because, for example, the way Hydroxychloroquine works very simple. It blocks the risk that also same receptor side on top of the cell that prevents the virus from entering the cell to begin with. And it actually acts as a carrier of zinc-

Dr. Mitch Fleischer: And it actually acts as a carrier of zinc, so it helps the zinc get into the cell and supports the immune system. Ivermectin helps do a lot of the same thing. So we have very safe, effective therapies just in what I've shared with you that would, I mean, completely wipe out the need for a pseudo vaccine that's expensive and dangerous.

Dr. Patrick G: So that was, thank you, a really great overview. And I think this is one thing that is a question that comes up and you mentioned it, but there's several questions I have following up on that. But the first one starts with the idea of mutated or new strains of the coronavirus, this particular coronavirus that causes COVID-19 the disease or can. So at what point, because we know that this is a natural dynamic of viruses, that they don't stay exactly the same. And when they start to mutate or if there's new strains that occur, does everybody agree that then that renders the vaccine pretty much useless even if the vaccine worked, which we're going to talk about why it really doesn't in a minute, does it render it useless even for the people who believe that the vaccine is a good thing?

Dr. Mitch Fleischer: Well, it depends on how much you know about immunology, epidemiology. If you are aware of the sciences clearly, then yes, you will understand that it will

render the vaccine obsolete as it does the influenza virus, the vaccine, which happens virtually every year in a row. Because when someone's infected and their cells are recombining the viral particles and recreating the M spikes, there are often mutations in the recombination of the viral particles and then those are shed into the environment. Usually weakening the virus to some degree, that's the whole idea of what herd immunity is all about.

Dr. Mitch Fleischer: You got the infection, your body attacks it, tries to deal with it. You shed it. When I get it, it's a weaker bug. My body attacks it. When I shed it, it's a weaker bug. By the time everyone else is getting it, by the time it's spread around, they get it and don't even know they've had it. That's why 80% of people who get the infection don't even know they've had the infection until they test them for it. It's really quite remarkable. That is a natural phenomenon that every single, decent, good virologist knows. It's common knowledge. That's 101 virology.

Dr. Patrick G: Can I ask a quick question relative to that? So if the processing and shedding of the virus weakens it on each iteration let's say, does the idea of masking, distancing and quarantining prevent that from actually happening? So it actually doesn't allow the virus to naturally just fade?

Dr. Mitch Fleischer: Actually the masks are a complete failure, they're nonsense. There's wonderful research showing that mists, aerosolized mists go right through those masks, even the N95 masks and they'll go all around it too. When I was in medical school and we were trained in the OR, we were told that we're wearing these masks to prevent doctors and nurses from coughing and sneezing directly into the open surgical wound, but they really don't prevent infection 100%. In fact, right outside on the package, on the box it says, "These do not prevent viral transmission."

Dr. Mitch Fleischer: Funny story. I went to the post office several weeks ago and I go in there and a little [inaudible 00:27:41], a small town [inaudible 00:27:44] and a lot of the old people are wearing the mask and I'm not. And I go to the front counter, none of the post office people are wearing masks. And I said, "Gee, well how come you guys aren't wearing masks?" And they laughed and the postmaster brings the box that they're given of the blue masks to wear and it says in big letters on the outside of this unopened package will not prevent viral transmission and they all cracked up. It's really funny.

Dr. Patrick G: Wow.

Dr. Mitch Fleischer: I wish I had hidden my cell phone to take a picture of that, but they've clearly shown that. I have several good videos where they demonstrated that when you spray mist, it goes right through the mask and goes around it. There was a doctor who has created a very good video where he tried on several different masks, even one of those industrial ones with the two honkers out here. And he showed that when you breathe in a vapor and then blew out, the vapor came out. So you're still exposing everyone around you. These masks are not preventing transmission of aerosolized particles to anyone else, nor is it

preventing you from getting any aerosolized particles because they go right through the mask, why? Because those masks are only designed to prevent particles that are larger than five microns. It's like a bacteria, but viruses are far smaller than that, 0.1 microns or smaller.

Dr. Mitch Fleischer: They're going to go right through that material, in and out without an obstruction. It's really nonsensical. And even Fauci admitted early on, don't bother wearing masks they're not going to work and then he changes his mind later on under pressure probably and said, "No, you have to wear a mask." And now lately he's saying, "Now you have to wear a double mask, to triple masks." It's not going to make any difference because tests were done with three or four masks and the aerosol goes right through that anyway, so it's really quite nonsensical. It makes no scientific sense whatsoever. When people are wearing masks, especially if people have COPD, chronic cardiovascular conditions, when you're always wearing a mask, you are not getting enough oxygen.

Dr. Mitch Fleischer: You're becoming relatively hypoxic, which is not getting enough oxygen. You're also re-breathing your carbon dioxide. You become hypercarbic which creates respiratory acidosis, your lower pH that makes your enzymes not work well, not create energy well. It's not good for your brain or your heart, not a good idea. And you're also re-breathing your own bacteria, fungi and viruses, and you're concentrating them in your body. That's been shown to be too true too, by simple virology, bacteriology. So these are well known facts and it's amazing that we have our healthcare authorities promoting something that is completely useless. Doesn't make sense at all.

Dr. Patrick G: It sounds like it's worse than useless, it actually can create problems. And I imagine that if you're not as well oxygenated that has to have a depressive effect on your immune system, I'd imagine, right?

Dr. Mitch Fleischer: Quite definitely, and also quite a few people are claustrophobic and walk around incredibly anxious. And when you're emotionally and mentally anxious that actually creates oxidative stress in the body, it has a physiological impact that's quite negative on the immune system. We know that a repetitive chronic, emotional stress and oxidative stress weakens your immune system, predisposes you to infection.

Dr. Patrick G: So I mean, this would be funny if it weren't real because it's so ironic that, I mean, there's mask shaming going on, the mandates of airlines and stores, you must wear a mask. To me, it looks like a sign of control, basically saying, "Here's what you have to do." And then secondly, submission saying, "Okay, I'm submitting to it," and like I said, it's not even neutral, but it seems like it has a deleterious effect on your health and further compromises you, so that's very disturbing. Second, and circling back to what we're saying is that the new strains that are evident now, I mean, it's not speculative that there's new strains of this coronavirus?

Dr. Mitch Fleischer: Well, the one that's in the UK now that's spreading all around, there were other strains already before that one, they're just blown this one out of proportion for political reasons, to create more fear. This is this whole epidemic, this whole pandemic is about fear mongering and control, it has nothing to do with public health and welfare. That's the bottom line. If you study the evidence in depth, when you read the CDC, the NIH, the World Health Organization papers, when you study all the research out there, you realize there's no credible basis for any of the healthcare measures that are being foisted on us.

Dr. Patrick G: So it begs the question, how are so many people succumbing to it who are otherwise experts in the realm? I mean, I had multiple experts such as yourself who made very similar statements around just how bizarre the behaviors around this and it doesn't make any sense based on any level of science that exists around these issues, yet we've got the majority of the pharmaceutical, which I understand their profit motives, but even hospitals, individual medical doctors out there promulgating all this stuff, get your vaccine telling you, basically having you fear COVID-19 et cetera. How are they towing this line? Why do you think that is?

Dr. Mitch Fleischer: Well, first, it's a fear based mindset and they're not exposed really to other information that they even consider credible. And they're already pre-prejudiced of looking at any of this data in a logical and rational way. I've had quite a few discussions with some of my allopathic colleagues and presented this data to them and less than 1% are even willing to look at it. Most of them deny it without any investigation on their own cause and I think that has to do with ego, it has to do with fear, as if everything I know is going to become wrong all of a sudden. And it's really sad that they're not open minded that way, there's an ingrained myopia.

Dr. Patrick G: Are there any other factors that you think might be a consideration when looking at why so many, otherwise educated people are just blind to what are, to me obvious facts of reality relative to this situation, what do you think might be going on?

Dr. Mitch Fleischer: Other than media instilled fear, which always overwhelms awareness, I think it has to do with a pervasive lack of spiritual awareness and evolution. And there's people that are literally locked into a very narrow mindset and are not willing to look outside of that narrow mindset. It's something that might create some cognitive dissonance, which is, I think one of the most stifling elements in what's become the cancel culture in the United States and the world. They're afraid to look beyond the tip of their own nose and look at something that might be different than what they think or their belief.

Dr. Mitch Fleischer: That's one of the crazy rationales that some scientists use to dismiss homeopathy. This is the reason they use, we often see this, that I don't believe it can work, therefore it can't work, therefore it doesn't work. That's their line of reasoning. They haven't read any of the research, they haven't experienced it themselves. They've never taken care of a patient or followed them

homeopathically and yet they dismiss it outright and say, "There's no research." Even though there's hundreds and hundreds of hundreds of well done homeopathic studies, they dismiss that there's any at all. They make these statements broadly and that's what's picked up on the mainstream media, it's the same pathos.

Dr. Patrick G: Well, being a chiropractor, I'm very familiar with that disposition, and then of course, when their own patients start to get well, when they would come to me, then they would just say, "Well, it was a placebo."

Dr. Mitch Fleischer: I've had that said to me several times Patrick, where I have a patient referred to me by an allopath who's in stage four cancer and I treat them homeopathically, nutritionally, peptide therapy and they survive months to years beyond their prognosis and then the doctor says when the patient goes back or the family goes back to the doctor and he says, "It must have been a placebo or maybe you never had the disease." Even though we have the records and the CT scans, everything else to prove it. I mean, what are you going to do?

Dr. Patrick G: A mentor of mine years ago, relative to this said, "The only good drug they ever made was the placebo." And he said, "All other drugs have come and gone, but the placebo is still with us today."

Dr. Mitch Fleischer: If this is how a placebo works, then I'm a Placebologist. That's okay. I don't care.

Dr. Patrick G: It certainly doesn't have any adverse effects. So this, again, so many fascinating things you're speaking to here about masks and this mask thing is disturbing on multiple levels. The psychodynamics of it, the civil rights aspects of it, the tyranny and control aspects of it. And the fact that there's literally no evidence to support the use of masks the way that they're recommending, and there's a uniformity in it but you just have to have a mask. There's no logic, no science, no rationale, there's just authority and fear, so we get that. We look at now, as you described the vaccine, we said, "Hey, we already have new strains of this virus and so, even if you were a vaccine advocate and felt that this new thing that they're calling a vaccine," which really isn't, and I think you're going to speak to that because I heard you mentioned that.

Dr. Patrick G: That even if you believe that it was the right thing, it was the right thing then, but it's not now because we're dealing with new strains. So let's dig a little deeper into this mRNA genetic engineering tool that they call a vaccine. So can you give me a sense of number one, why in your mind, is it not a vaccine? Number two, I want to dig a little deeper into how they're proclaiming efficacy, because what you just said is it doesn't help prevent transmission or doesn't help to prevent you from getting the disease it just maybe some mitigating effect on the symptoms. So can you give me your view on that a little deeper?

Dr. Mitch Fleischer: Sure. A classical vaccine is one that's made out of either viral or bacterial or genetic or protein particles or both. And when you inject that or inhale it, you

put it into the body, it triggers the innate immune system. And just for the audience, there's two major parts of the immune system. You have innate, TH1, adaptive TH2. The innate immune system is the first defense. And it, when it's triggered sends out an army of white blood cells that begin to fight the pathogen or the biotoxin, elaborates all these inflammatory, pro-inflammatory cytokines chemicals that attack it. And once that infection or pathogen is overwhelmed, the memory of that inflammatory attack is transferred to TH2 adaptive immunity through special cells called Dendritic cells and others, and it stimulates the B cells and T cells in the adaptive immune system to create the antibodies or the memory of the original attack by a native immunity.

Dr. Mitch Fleischer: So that when you're re-exposed to that infection, you now have another line of defense and get over it faster. That's the whole idea, but that only occurs with the natural infection, either by the vaccine or getting the infection. And it's been proven over the years that getting the infection yourself by the natural route creates a much more long lasting immunity than does the vaccine. That's why they originally came back and said, "You only need one shot of the MMR, now you need two, now you need three," so forth and so on. It doesn't really create permanent immunity, whereas the natural infection tends to. The big difference with the new technology, this messenger RNA technology, which has never been used in humans before is that it doesn't stimulate the innate immune system in that way naturally.

Dr. Mitch Fleischer: You're just introducing into the body synthetically prepared messenger RNA, what messenger RNA is if you imagine, In your genes, you have DNA, that's the library of yourself, of your body. That gives you the map of how to build things. And when you activate the DNA, you have reverse transcriptase, so it reads the DNA, creates messenger RNA, which goes out of the nucleus into the cytoplasm and then it goes to the ribosomes, which are the protein machinery and that in combination with transfer RNA builds proteins. And the proteins they're trying to build with this synthetic DNA are the M spike particles or the virus. Not the whole virus just that part of it, right? And since that's the part that's probably already mutated, if you create an M spike to something that's already muted, the vaccine is not going to help you against some new virus with some new M spikes.

Dr. Mitch Fleischer: And because this has never been tested in human beings before, they don't know how it's really going to completely work. They do know that it can trigger immune reactions, allergic and autoimmune reactions to some people that affect your red blood cells, white blood cells, your nervous system, a whole range of disorders. For example, when they gave these AstraZeneca vaccine to the first 30 volunteers, a couple of them got sick with a flu like illness, all of them got sick. But two of them, as I mentioned earlier, developed a very rare condition, a very rare neurological condition called acute transverse myelitis, which is severe inflammation of your spinal cord and we're paralyzed. That's 2 of 30, 1 one in 15, 6%. That's a very, very high percentage of an allegedly rare neurological damaging side effect, unacceptably high.

Dr. Mitch Fleischer: And the same thing's happened with there's several people developing anaphylaxis across the country. A lot of nurses and healthcare workers, doctors dying of Idiopathic thrombocytopenic purpura, ITP where you bleed to death internally. I mean, there's lots and lots of cases. And there's a website that shows all the different spots or places in the world where people are getting all kinds of adverse reactions. It's a much higher incidence of adverse reactions to this artificial vaccine, this mRNA, then to regular vaccines, to true vaccines, much higher incidents, so that's very disturbing. The other factor really bothers me from the research I've done is when I look back at the research that was done with the original coronavirus back in MERS and SARS in 2002, around that time, they were testing to create coronavirus vaccines back then.

Dr. Mitch Fleischer: All of them failed, but what they found is that when they gave the vaccines they created to experimental animals, which they're not doing now, they're using us as the experimental animals, right? Because Fauci will allow these companies to just bypass that completely. But when they did it on experimental animals, when they tested it on cats, when they tested it on rabbits and on ferrets, ferrets have a very close immune system to us, for animals, they found that some of the animals did develop a robust antibody response to this artificial vaccine. It was a real vaccine, not an RNA.

Dr. Mitch Fleischer: But what they found was when they exposed those animals who had been vaccinated to the wild virus they then developed this very severe inflammatory reaction, and many of the animals died. And they discovered that this is due to what's called antigenic priming or immune priming, that is, your stimulating the immune system to be ready for the wild virus and then it creates this huge hyper inflammatory reaction that overwhelms the immune system and kills the host. And that is very likely, what's happening to a lot of people who are getting this messenger RNA virus vaccine now.

Dr. Patrick G: So yeah, and that's an interesting thing, because I know that as you said, the pathogenic priming was a by product of a more traditional vaccine that they were testing. And to your point, I think I just want to highlight, or maybe underscore the fact that they had been trying to make an effective vaccine for coronavirus for years and always come up short. It's not like they just started trying to do this.

Dr. Mitch Fleischer: That's for sure, but they fail miserably and they wind up killing a lot of experimental animals. So they just gave up, they realized this is not going to work, what are we doing?

Dr. Patrick G: And now we got warp speed vaccines that are different technology, never been used before. And now we were releasing it in the world, so you just used the term that basically the humans are the experimental animals.

Dr. Mitch Fleischer: We're the guinea pigs.

- Dr. Patrick G: Yeah, and that's not very reassuring. So this weird concocted story has been, everybody go hide in your homes. We're going to destroy the economy and people's lives and livelihood. We're going to print a bunch of money, which is going to have economic implications, that's a whole other aspect of this thing, and then when the vaccine's ready to come out, everybody get vaccinated and the problem's over. But then at the same time because people don't know how to listen, I guess, they're saying, "This does not prevent the transmission of the disease, so you still need to wear a mask," they're telling you, even if you get vaccinated, "this does not prevent you succumbing or getting the disease and actually having it. It might mitigate or limit or reduce some of the symptoms if you get it." But at the same time, we already know that there are some short term, very adverse effects, including death. And who knows longterm nobody can say because it's never been tested, is that accurate?
- Dr. Mitch Fleischer: It's accurate. And Fauci just recently was interviewed in the mainstream media where he came out and admitted that people are still going to have to social distance and still wear the mask after the vaccine, because the vaccine does not impart immunity, it simply mitigates the symptoms. Period.
- Dr. Patrick G: Wow. And where's the outrage? Where's the people literally losing their minds? And they get upset about people protesting. I think they haven't seen anything yet, so now let me ask you this...
- Dr. Mitch Fleischer: Just before I came online with you, I watched a really interesting video that was just taken, I think it was earlier yesterday of a licensed registered nurse in California going to a city council meeting at a California city where the city council decided everyone's going to get vaccinated whether they like it or not. And she protesting and the police were physically throwing her out and she threw them off and the audience was like, "No, you're not that." So what this is doing is it is creating... They think that the insurrection in Washington was something, wait and see what they...
- Dr. Mitch Fleischer: They think that the insurrection in Washington was something? Wait and see what they've created by suppressing people's right to choose their own health care. This is angering the American public phenomenally.
- Dr. Mitch Fleischer: I have a very large patient population from across the United States. And I have a lot of patients who've come into my office. I have all kinds of patients. I have people who are real right-wingers, pro-Trumpers. I have people that are on left side. All political spectrum, all religious spectrum, all spiritual spectrum. I have all kinds of patients. Every single patient, without fail, is totally against the vaccine, thinks it's completely; excuse my language; bullshit. Doesn't believe anything the government's saying.
- Dr. Mitch Fleischer: And I don't think they really understand, the authorities really understand, that they are convincing the American public that they're filthy liars, not to be trusted. And we're going to do the opposite of what you tell us to do. They are the ones that are fomenting us by trying to suppress this information. People

don't take that lightly, when they see all this suppression going on, when they see the First Amendment rights being trampled on. They don't take that lightly.

Dr. Mitch Fleischer: Like I just, I put a video on my Facebook, which I think I'm going to get rid of. Very simple, just explaining some information of COVID. And it was taken off immediately. And they inserted these two articles on my page that they wouldn't allow me to take off, I can't click them off, saying that that information was complete nonsense. And I read through what they said and everything they said was completely unfounded bullshit.

Dr. Mitch Fleischer: And this is what's going on. People will not stand for this. They don't understand. They're waking a sleeping giant in the American public and in the world by having this blatant suppression and disinformation.

Dr. Patrick G: Well I'll tell you that, when I'm having conversations with friends and colleagues, and when I'm on the other side of this, being interviewed around this subject, one of the things I find fascinating is that people will always want to ask the question. Because it sounds so bleak. I mean, it sounds like the end of the world. And quite frankly, one of our PhD university faculty position experts, who's got his PhD in molecular biology, basically said, "If we stay on the course we're on, taking this PCR test;" which is, of course, also hogwash; "scale it and get bad data from it. And then, make policy based on that bad data and continue..." And the agenda is to continue to scale that test and get more and more bad data and make more and more bad decisions; "it will lead to the end of Western civilization."

Dr. Mitch Fleischer: It could very well.

Dr. Patrick G: And so, it's that dire. So then, people say, "Well, is there no hope?" I mean, it just sounds very dark. And my answer has been, "I believe that people will take to the streets. I believe the sleeping giants are going to get awake. People who normally are not activists, who normally don't get involved.

Dr. Patrick G: And what the media is not covering are many public rallies that are happening right now. They're not showing them to you. And it's going to be old school like that. Because of all the censorship that's going on, you're not going to see it happen on tech platforms. And it's going to be out in the streets and in the public square where it needs to be, I guess, at this point. And I'm hoping that people will take our civil liberties back and take... And pardon the pun, but inject some rationality and reason into this whole thing.

Dr. Patrick G: So, anyway. I'm so glad that you spoke to that. Because I'll tell you, one of the things that... I think there's two big concerns for the people who are perpetrating all this. One is that, right now, to your point, half of the people said, "We're not getting it. I'm not taking the vaccine."

Dr. Patrick G: So they're playing, even with all the propaganda, all the headlines, the plan has failed, in the sense that half the people or more are saying no. So I think that's a good sign.

Dr. Patrick G: But then, and here's something, I'd love to see if you did any, if you've dug into this at all. I think the scariest word of all, to all of these tyrannical people who are in either positions of appointments or voted into power or what have you, the word that I think should scare them more than anything else is Sweden.

Dr. Patrick G: So Sweden never shut down, never masked, never quarantined. Their virologist said what every virologist should have said. "Never, in the history of humankind, have we quarantined healthy people. It makes no sense. Send the kids to school. Let the virus spread through that population. It will weaken over time," as you described earlier. So have you taken a look at Sweden at all? And looked at any of that data and have any opinions about it?

Dr. Mitch Fleischer: Absolutely. They did what made sense. They allowed herd immunity to occur. That's the only way that humans, throughout history, have ever developed and overcome infections, whether it's bacterial or viral. This makes scientific, epidemiological sense. Everything else that's been going on makes absolutely no sense whatsoever.

Dr. Patrick G: And they didn't have bodies piled up in the street, they weren't overrun in their hospitals, and their all-cause mortality for 2020 was no different than the prior years.

Dr. Mitch Fleischer: True.

Dr. Patrick G: So how can anybody now justify doing what they're doing here when we have a really good test population that did it completely differently and they're just fine?

Dr. Mitch Fleischer: Well they do it with blinders on and by ignoring, intentionally ignoring the truth.

Dr. Patrick G: Yeah.

Dr. Mitch Fleischer: Because if you're a sane, normal human being and you're reading all the scientific data, to come to a conclusion other than the fact that this is nonsense and we should've never done this to begin with, there's something wrong with you. I'm sorry. That's the bottom line. That whoever that person is, has a profound lack of integrity or a lack of intellectual insight. It's actually intellectual dishonesty.

Dr. Patrick G: Really is. And has to be. So well, Dr. Fleisher, so much appreciate your time. Do you have a final thought before we tie up?

Dr. Mitch Fleischer: Yeah. I'll send you a copy of the two-hour intensive, that webinar that Kim Elia and I did. And you can pull out any information on there. I have several slides about the therapy, Vitamin A through Vitamin Zinc and licorice root. And there's some really good information on ivermectin and hydroxychloroquine. You can use that information, if you like.

Dr. Patrick G: That would be wonderful. Thank you very much. Thanks.

Dr. Mitch Fleischer: Yeah. Be happy to share that with people and happy to consult with people.

Dr. Mitch Fleischer: The other thing I wanted to share? One of the things that I do for a lot of people who have chronic diseases, who are really concerned, is peptide therapies. Extremely helpful. There are certain medicinal peptides like Thymosin alpha 1, which is one of the thymus gland peptides that really helps the immune system, people who may have diabetes or cancer or other conditions, and they're really worried about it. That will work better than just the vitamins and things and work... They shouldn't even be taking the Coronaviral vaccines because they're at greater risk of side effects. So things like the nutrients and Thymosin alpha 1 is a much better approach for them to protect their immune system and their health in general.

Dr. Patrick G: Well that's great insight and advice. Thanks so much for that. And I just want to say, I'm really glad you're out there, doing the work you're doing, and publicly facing, with your comments, that you're willing to take a stand here. So thank you for that. And certainly, you've contributed a lot of value to our work here in this series. So thanks for taking the time with us.

Dr. Mitch Fleischer: Patrick, it's a pleasure. God bless.

Dr. Patrick G: Well, wasn't that great? Here, we have an extraordinarily well-credentialed man who is willing to speak out publicly and tell the truth, no matter how much adversity it might cause in his life. And as you know, for many of the people that we featured in this series, so many of them have faced great adversity because of the positions they've taken. And I admire every single one of them. It's all about taking a stand, it's all about not being silenced, it's all about a reverence for the truth. And I can tell you, when it comes to Dr. Mitch Fleisher, that's exactly who we have in that person, a man that I admire because of the stance he takes and the truth he's willing to tell. Thanks for being here.

Jane Barlow-Christiansen



Dr. Patrick G: One of the things I wanted to make sure we covered as a part of this series is what you can do to naturally boost your immunity. So many people are living in fear. And I believe that that fear is propagated by the media. They want to scare you into doing things like getting a vaccine that's very untested and, in my mind, very unsafe, or at least the safety is unknown at this point. And its efficacy, I think, is ridiculous. It doesn't really show that it does much to help you. But there are things you can do that will help you that have been proven to help your immune system over a period of many, many, many years; decades, centuries, in some cases, maybe even thousands of years; that there have been herbal remedies, things that are known to help human beings adapt to their environment, stay strong, and not succumb to things like viruses and infections.

Dr. Patrick G: My next interview is with Jane Barlow-Christiansen. And Jane is an expert herbalist. She's my go-to person. Because number one, she is not just someone who's an expert and can talk about this stuff, but her passion and her life's purpose is so connected to this work that you can't help but get inspired as you're listening to her talk about this.

Dr. Patrick G: So this interview is a very pragmatic one, one you'll probably want to visit over and over again. Because she makes recommendations during this interview on things you can do right now that are very, very affordable, that are very effective, and are not a part of the mainstream conversation. So enjoy this interview with Jane Barlow-Christiansen.

Dr. Patrick G: Jane, thanks so much for taking the time to share, not only your thoughts, but your experience with us here, on what I think is a really important topic when it comes to COVID-19, immunity, and how to, I guess I'd say, create health assurance, rather than relying on health insurance. So, anyway. And you're my go-to person on this. So thanks for taking the time.

Jane Barlow: Yeah, you're welcome. I actually really love that. That's a really good way to put it. So health assurance instead of insurance. Yeah, I've never heard that. That's awesome.

Dr. Patrick G: Yeah, it is. Health insurance is very limited and medicalized. And you wait until something's really wrong. And then, maybe it's going to try to support you. But I think I'm a big believer in just creating assurance for your health or health assurance through a lot of things that you do.

Dr. Patrick G: My background, as you know, I'm a chiropractor. So I was always someone who promulgated wellness care. Don't wait till you get sick till you have a problem. But stay proactive, knowing that things like regular chiropractic care and other healthy lifestyle things can absolutely improve and increase your immune

function. It's not just opinion. But there's good data and research that supports such things. In your case, because a lot of people will always have questions around herbal remedies and things that they can be doing in that realm that could be supportive of a healthy lifestyle. Especially now, we're dealing with a lot of fear. People are afraid of this virus, which is not a deadly virus.

Dr. Patrick G: And there's lots of discussions around protections. I've done, in this series, I've done interviews with molecular biologists, with people who are OSHA experts, around the masks and so on. And quite frankly, masking is not going to protect you. Fear is going to debilitate you and your immune system. And there are things that people can do that are natural, that have antimicrobial properties, meaning they help to fight things like bacteria and viruses, and overall, just contribute to their health and well-being.

Dr. Patrick G: And so, that's where you come in. So let's talk, maybe... I've interviewed you before, in other projects. And let's just say that you've got a phenomenal story, your family business. I know your father was the person who started it. You're an expert in this realm. And so, I'm going to just summarily say, I'm going to ask people to accept you as the expert you are right now. And rather spend time talking about what your views are on this.

Dr. Patrick G: So if I am somebody coming to you, saying, "Hey, Jane. For myself, my family, I've got an 85-year-old mother. I'd like to find some things they can do that might boost their immune system and help their body deal with COVID, should they be exposed." What recommendations would you give me?

Jane Barlow: Okay. Wow. That's that's a whole lot right there.

Dr. Patrick G: It is.

Jane Barlow: It's interesting because, right at the very beginning, when there started being some rumblings about this? Which now, we're filming this in January of 2021. And back in like November, December, of 2019, and then, in first of 2020, all the rumblings were happening. And even then, people were saying, "Hey. This seems really scary and I don't know what to do." And so, we started getting a lot of that fear factor from people really early on, even before the whole lockdown and the masks and the fast-tracked vaccines, all of that.

Jane Barlow: And one of the things that I like to remind people is, first of all, we're built so perfectly. We do abuse our bodies a lot with the food we eat and all of the lifestyle factors involved. And then, you add that layer of fear and it just destroys your immune system.

Jane Barlow: So there are very natural, good things that you can do. In fact, a lot of people don't realize that some of the easiest things, and some of my favorite things, are right in your own kitchen, things like rosemary and sage and basil and oregano. These herbs, especially if you use them in a fresh state, have so many

antimicrobial properties, so many immune-building properties. These are just simple things that hopefully, if you're cooking at home, you get these things anyway. And then, you add that layer of herbs that...

Jane Barlow: And it can be overwhelming for some people, when they first start learning about herbs and how to take care of your family without going to get something over the counter or masking a headache with drugs or whatever. It can be overwhelming at first because we're not taught that. We're not growing up. I mean, some people grow up with a dad like mine or a grandma who gives them herbal concoctions. But that's rare. I think that's really, really rare. So to me, it can be as simple as starting in your own kitchen.

Jane Barlow: In fact, one of my very favorite immune-building herbs is, it's been really popular for the last few years now, is turmeric. Turmeric has so many crazy good properties. It's super easy. It's a really good price for most people. If you get a really good source, it can be a really good price. Something you can take daily. It's completely safe. Your immune system loves it. It's just got so many amazing benefits; antioxidant, anticancer properties. And to me, that's one of the first layers is to add something really simple that is easy to research.

Jane Barlow: And then, start cooking with these antimicrobial herbs. You might not think about that. You might not go, "Oh, I'm putting this rosemary in because I want to avoid the common cold." No, you just cook this way because that's what humans do is, we gather the bounties of mother nature, we cook with them, and it helps make us healthy.

Jane Barlow: So I would say, when this whole thing hit, I was not afraid. I've not been afraid one time. I've been more afraid of other things like repercussions of what's going on. But for my health? You and I are around the same age. I'm almost 60. And to me, people are like, "Well, aren't you afraid because of your age?" And I'm like, "No. Not even one second." So to me, the first layer is right there.

Dr. Patrick G: Quick question, relative to what you were just saying. Because I love the fact that we probably have things in our kitchen that we can apply right now. When you talk about something like turmeric? I mean, you can buy it right in the store. It comes like a root, right? So would you just shave it on something? So it's one question. Explain how would you use it? Just put it in a recipe with other things like rosemary, oregano, et cetera?

Dr. Patrick G: But the second thing that I'd like you to maybe highlight or comment on is the importance of getting something that, getting these things that are organic is probably a whole lot better than non-organic forms of these things.

Jane Barlow: Yeah. I mean, I love turmeric root. And what I like to do is, I actually shave it. And then, pour hot water over it and make fresh turmeric tea.

Jane Barlow: And that is a really good point about sourcing. And here's the deal with spices that maybe people don't realize. If you have a bunch of spices sitting in cans or jars or bottles in your spice cupboard, and they're older than 6 to 12 months; pushing it, 12 months; they might still add some flavor to your food but they've lost all of their medicinal properties, just through oxidation and sitting there.

Jane Barlow: I mean, the best way to get herbs and use them for your cooking is fresh. So you can even keep little pots of basil or something, or chives, growing in your house. I mean, that's what we do in the winter. We live in Utah. It gets cold, we move all of our pots with our spices inside. But if you're using spices that are, most of them have a six-month shelf life. So if you have spices in your cupboard that have been sitting there for 10 years, and there's only that much gone and you still have a bunch, it might still flavor your food but you're really not getting the power of the medicinal properties of the spices.

Jane Barlow: So that is something to really, really think about. So fresh oregano. I mean, think about how the taste is. The taste is really different, too, when you put fresh rosemary or oregano. And if you can't get it like that, there are some really good places that you can do some due diligence and find maybe a local place that has really fresh herbs, if they're grown. And then, just buy them in really small amounts so that you can use them while they're still viable for your health. I mean, that's, to me, the most important thing is, why would you use them if they're not going to be doing anything for you?

Dr. Patrick G: Yeah. Agreed. I hear a lot of talk around oil of oregano and that this is something that is antimicrobial in nature and people taking oregano oil drops. How do you see that?

Jane Barlow: That's spot-on. It has a reputation for a reason. And it's easy to use. It doesn't taste very good. If you've ever had oil of oregano drops, it does not taste very good. In fact, most really powerful antimicrobials have a bit of a bitter taste. And that's really what they're known for is, they're bitter.

Jane Barlow: But, yeah. Oil of oregano is one of my very favorites. And in a oil form, you actually get a longer shelf life, especially if you can put it in a brown bottle and keep it somewhere a little bit dark so that the properties are protected. An airtight seal, a lid that's airtight. But, yeah. I love oil of oregano. It's one of my favorites.

Dr. Patrick G: Let's start with a blank slate. So let's say that, okay, I come to you and I say, "I've got a clear kitchen. There's nothing in it." So I'm not going to go try to repurpose or grab something off the shelves that I might already have. But I want five things. And not necessarily foods. Let's say products. Like I'm going to go to a health food store, I'm going to go to your website, wherever I can go, and find these types of products. My clear focus is, I want to upgrade, upregulate, if you will; my immune system so that I can better contend with a Coronavirus exposure, should I have one. What are... And I only can get five. So what are the five that you would recommend for me?

Jane Barlow: Okay. Well you probably know what I'm going to say is my top one. But five doesn't give me very many. And I'm glad I don't have to narrow it down to five, as far as an option. But my number one go-to is the most powerful antimicrobial I know, which is the plant called lomatium. That's my number one. My number two is a plant. It's also another root. It's called osha. And the reason I love osha, and especially for things like viruses that can affect our lungs, is because osha root has some similar antimicrobial properties to lomatium but it has a special love or affinity for the lungs and the lung tissue. And it is absolutely wonderful for opening up the lungs, nourishing and supporting the lungs. And when you have a virus that can affect that part of your body, which a lot of viruses do. That's kind of why they sometimes can take us out of this world is, a virus can turn into pneumonia and that might be the way we go.

Jane Barlow: But so lomatium, osha root. Now I would add in there, definitely, an adaptogen. Because a lot of people have issues with their immune systems simply because they have stress. So you can do all of these great herbs and you can eat as clean as you want, you can exercise every single day. But if you have this stress that just knocks your immune system down, it just leaves you wide open.

Jane Barlow: So there are herbs in mother nature that are known as adaptogenic herbs, which basically help your body realize that you're just dealing with modern stress. And I've never lived through anything that's been more stressful than this last year, which I'm sure a lot of people can relate to that. Because we're humans who get into these rhythms and we get it where we have our life exactly like we like it. Or maybe it's not, but we can work on it. And a lot of things have happened that are out of our control. And I think that can be so stressful.

Jane Barlow: So I would say my favorite adaptogen is ashwagandha. But I love a lot of different adaptogens. So I would definitely put an adaptogenic herb because it helps to balance body chemistry and it helps your body realize you're not running from a tiger. You're dealing with modern stress. And this is extra-special modern stress, for sure.

Jane Barlow: Then, I would definitely do turmeric. And I would probably do cayenne pepper as the fifth one. And cayenne pepper is really nourishing for your heart. It's what's known as a vasodilator so it helps keep your veins and your heart healthy. It improves digestion, improves your metabolism. I watched my dad once stop a heart attack with a cayenne pepper tincture. But there's just so many amazing things in those five.

Jane Barlow: So that was a good question. That was a little bit hard. Only a little.

Dr. Patrick G: Well, that's a solid five. So I'm going to dig a little deeper into each one. So maybe, let's go in reverse order.

Dr. Patrick G: So let's start with number five, which was cayenne pepper. Which, surprisingly, I think I overseasoned some chili last night with that. So how would you...

Jane Barlow: Good!

Dr. Patrick G: Yeah. So would you use, would you get encapsulated-

Dr. Patrick G: So would you get in capsule form? Or what's the best way to source and take cayenne?

Jane Barlow: I love cayenne in capsule form and a tincture form. And I actually do both every day. In fact, every morning when I get up, I get a quart jar of water. The goal is to hydrate. And then I put three things in it. I put a half a dropper full, which is about 25 drops, of cayenne pepper tincture. Now, the nice thing about a tincture is you preserve, for a long period of time, all the properties of the plant. So that's one nice way to make sure that you're always getting a really viable source of cayenne pepper. And then it wakes up your digestion. It wakes up your metabolism. So a little bit of cayenne pepper. I'm heat sensitive. I don't like super spicy foods. But if you get a quart jar and you put only like 25 drops, then it goes throughout the whole quart and it's fine.

Jane Barlow: And then I put also fresh-squeezed lemon juice and apple cider vinegar. I put those three things in a quart jar of water. It's the first thing I drink in the morning. And it does so many beautiful things. A lot of people don't realize that women are very prone to heart disease, almost at the same pace or more than men sometimes. So to me, cayenne pepper is one of those ways, it's easy, easy to protect your heart health. Now, I also do the capsule form. We have a product that I put together about 10 years ago, called HeartLove. It's got cayenne, cinnamon and then slippery elm. And I do that with a meal, just one of my meals during the day. So to me, cayenne pepper's easy. And if you love spicy food, then chop up those peppers and get all of those good, hot spicy foods into into your diet because it's so good for you.

Dr. Patrick G: That's great. All right. And that's great. I love knowing how you kind of create things. And I know it's going to come up, and you didn't come here expecting a commercial, and I don't mean this as a commercial. But people need a resource, because they might be in their head saying, "Okay, well, how do I find out?" So what is your website, just if people want to look at what you're doing personally?

Jane Barlow: My website is barlowherbal.com. Barlow is my maiden name, and I grew up with my dad who started the company. So Barlow Herbal, and it's just B-A-R-L-O-W H-E-R-B-A-L.com.

Dr. Patrick G: Thank you. All right. So I can save the people having to go try to figure it out. They go to barlowherbal.com. All right, so cayenne, we started with. Before cayenne, I think you had turmeric. I think it was number four, if I'm not

mistaken. And you already, I think, explained that you shave it into hot water. Is that what you said? And drink it or like make a tea?

Jane Barlow: I do. Yeah. And one of the things that maybe... I think a lot of people might know this already, but turmeric is actually pretty tough for your liver to break down. So what I do, and this might sound a little bit odd for a tea, but I'll sprinkle a tiny bit of fresh ground pepper. So I grind it fresh, so I have the peppercorns, and it'll grind it just a few times into my tea and then I'll drink it like that. Because what pepper does, black pepper contains an alkaloid called piperine, and it releases an enzyme in your liver that helps your body uptake and absorb turmeric by like 2,000%.

Jane Barlow: So to me, a little bit of black pepper... And don't use the pepper that's been sitting on your table forever, because again, you lose the viability of the pepper, but fresh ground in your turmeric tea. And I think it's okay also, to get turmeric in capsule form if you know the source and you know that they're fresh and they're organic. I think that's okay too, because it's not really reasonable for everyone to be able to have access to fresh turmeric root. So yeah.

Dr. Patrick G: Well, that's actually fascinating that you can get 2,000% more absorption in the liver if you do it with pepper. So I guess looking for a capsule form of formulation that probably blend it with pepper, maybe that's worthwhile too, I'd imagine, right? All right. Okay, now what was number three?

Jane Barlow: We talked about an adaptogen.

Dr. Patrick G: Adaptogen, that's right. Ashwagandha, go ahead.

Jane Barlow: Yeah. So I would probably say the ashwagandha, holy basil. It's really hard to choose just one, but the nice thing about adaptogens, like I said earlier, is that as modern humans, we have not learned to deal with stress very well. And we're typically used to covering it up with a prescription drug or maybe too much alcohol or whatever it is that we... whatever our choice is of numbing ourselves out when things get stressful. But what this does is you can literally feel your body come into balance. You don't feel high, you don't feel jittered up with anything. Because most adaptogens don't have caffeine or any stimulants. In fact, some of my favorite adaptogens are cordyceps and reishi mushrooms. Those are amazing adaptogens, Rhodiola, maca root. I mean, these are beautiful things.

Jane Barlow: So you don't need to just do the ashwagandha. You can go and find one that's really, really good, and you can get them in tincture form or capsule form. And I would just suggest, because I've actually been doing this myself during this whole year, daily, I just take a good adaptogen every single day. Because I've had stress like everyone else, even though I'm healthy and things are good. It's very stressful, even just thinking, what is the future going to hold? I mean, we feel unsure and we feel uncertain. And I think that when you take these

beautiful, powerful tools from Mother Nature and you let them help you literally bring your body to balance, I can't think of anything that's a better gift than that.

Dr. Patrick G: That's great. All right. Number two, going back in reverse order.

Jane Barlow: Osha root is only... Like I said, it's similar to Lomatium in the fact that you can't cultivate it. And it's little tiny skinny roots that kind of like are little skinny taproots. And it has, like I said, a special love and affinity for the lungs. And one thing I really love about it is if you think about the human body, all of our parts over time and different speeds, regenerate itself. You have brand new skin every 30 days. The thing with your lungs is you have brand new lungs every six to eight months. So that's why if someone is a smoker and they quit smoking and they do all the right lifestyle things, and especially when they had the power of something like osha root, your lungs can literally regenerate and become new.

Jane Barlow: And I don't think people realize the power of the human body to regenerate if given the right tools. I mean, you can go a certain amount of time without food. You can go a certain amount of time without water, if you have to. But how long can you go without oxygen? You wouldn't last very long without oxygen, and your lungs are what provides you oxygen. So to me, that's one... Like I said, that's why it's probably one of my very favorite, favorite herbs, is it just loves your lungs. And who doesn't love something that can provide that breath of air, right?

Dr. Patrick G: Well, and this has a relevance, exactly what you're saying, because of COVID being a respiratory illness. Further, some of the interviews I did reveal that wearing masks for extended periods of time has adverse effect on your oxygenation, significantly so, and also adverse effects on your respiratory system. So the thing you're trying to protect, you're actually worsening with all this mask wearing. So having something like osha is probably a really good protocol right now. What form do you take it in? Is it tincture? How do you consume it?

Jane Barlow: Yeah, I've formulated a long-blend product about four years ago, and its number one ingredient is osha root, and it is in tincture form. And the nice thing about a tincture is nothing has to break down. It doesn't go through the digestive process. It goes right to the bloodstream. And again, it holds all of the properties of whatever plants are in it and it literally preserves them. So yeah, tinctures are a really nice way to go for many things that are going to go in and help heal us. So, yeah, tincture.

Dr. Patrick G: Okay. Now we go to Lomatium. And people are probably... Why don't you spell it, because it's a word that's kind of a strange word for people to hear, so they know exactly what we're saying.

Jane Barlow: Yeah. So Lomatium is spelled L-O-M-A-T-I-U-M, Lomatium. And it's got a couple of common names like desert parsley, biscuit root, black carrot, because the part of the plant you use is the root. It's a beautiful root that is probably what we're most known for. My dad studied it for 30 years and he worked with the doctor whose dad was also a doctor who studied it during the Spanish Flu, because there was groups of Native Americans who were using it and they survived. They survived with very low to no death rates. So this is just a powerful plant from a beautiful Indigenous group of people. And it's been used for hundreds of years. That's the thing with most plant medicine is they've been around forever, and we've in the last hundred years, kind of put that to the wayside and just jumped aboard with modern medicine.

Jane Barlow: But Lomatium is one of those plants. And if you were to ask me just if I could just pick one, it would be that one, because antiviral antifungal, anti-yeast, anti-candida. It is truly a broad spectrum antimicrobial. And if there was comparatively around the globe... And I don't know if we've talked about this before, but there's a plant on the other side of the world in Africa called Cryptolepis. And it is also a root and it has very similar properties to Lomatium. So people know how to use the plants that grow in their regions helps them live to be vibrant humans. And there's a deep knowledge of plant medicine that gets passed down from medicine man and shaman and generation to generation. My generation is only two, but both my sons work with me, and my grandkids... My granddaughter's nine. And she's like, "When I'm a teenager, I want to work for you, Grandma." So there is some generation happening on my side too, which is cool.

Dr. Patrick G: I've actually come to your place when you were in harvest time, I guess, on Lomatium root, and the smell, I've seen it out on the things. It's a pretty amazing thing to watch. And the thing that I find interesting is, because it's not like you have a field of it that's farmed, it's... And excuse me, if it's the wrong term. Is it wildcrafted the right term, where you go out just in nature where it naturally grows and you collect it and then bring it?

Jane Barlow: Yeah, that's exactly right. I mean, wildcrafted means just that. It's not cultivated. Because you can get really good cultivated organic plants. But I think the thing that I really love about plants that have to be wildcrafted and harvested where they grow in Mother Nature, is they literally have this powerful energy of the earth, of the soil. They are basically at the mercy of how much sun do they get, how much rain do they get? So the roots have to really go deep into the minerals and all of the... Think about all the great things that are down in the soil, especially soils that have not been disturbed. These are not farmed. There's nothing sprayed on them. These mostly they're out in the middle of nowhere. We actually own property where it grows, so we can sustainably move around on the different parts of our property and we can pull the root out and put some seeds in and where we pulled the root and cover it back up and move to the next.

Jane Barlow: And it's an art and a skill that I believe so many people are coming back or at least have the desire to come back and learn. Like, how do I do this? How do I know how to go out and... Easy way, go get some dandelion root, dandelion greens, that are growing. Make sure they haven't been sprayed, make sure they're not in a park or even somewhere where there's cultivated lawns. But go grab some dandelions that grow out in the mountains. And it's amazing. So yes, you're right about the wildcrafting.

Dr. Patrick G: I can remember my grandmother making dandelion salad. I was a kid. Didn't enjoy the flavor so much, but now I have a great appreciation for it. So anyway, Jane, I think the importance of all this and why we're having the conversation, I think just as a recap, is that number one, I think people are under a lot of fear. Distress and anxiety lowers their immune function. There are things that they can be doing that would give them better health assurance, upregulate their immune system. And just the act of doing it, I think, gives more confidence. So the psychodynamics of it is that you start to feel more confident in life, rather than going out, seeing a bunch of people walking around in masks, that's the sign of fear and we're worried and we're affecting each other and that whole scenario.

Dr. Patrick G: But when you can say, "I get up every day and I maybe start with that water and tincture and the other things that you described, or I'm taking Lomatium every day, or I'm doing any of the things that we had discussed right here," and I think all five of them are easy enough to do, that you can literally go out and feel safe. You can feel protected, which is I think the sense of existence that we all need to start adopting if we want to ever have a proper life. What's going on right now, I think is inhuman, quite frankly. And it's time for us to do this. I see people walk around like, "Hey, you're bright. You're glowing. You have no fear whatsoever." And I think that that's not just a... It's not good luck, some people are lucky and some aren't. I think it's just your knowledge, your wisdom, the choices you make that put you out in the world feeling the way that you do.

Dr. Patrick G: And I want to see more people be able to experience that, especially right now, while all this is going on. So I think we kept it easy. Here, here's five things. Here's what they are. Here's how they can help you. They're readily accessible. And I'll take that over any of the other stuff that people are proposing right now. And if you, not just for the people who are watching, but if you're responsible for a family, if you've got elderly parents, you got friends or family with comorbid factors, I guess maybe my final question is that, is there any contraindication for any of the things that you mentioned? Meaning if somebody has a... if they're taking a certain medication or they have a certain illness, should they not be taking any of the things that you described?

Jane Barlow: Yeah, that's a good question. The answer is for all those five, no. That's the beauty and perfection of Mother Nature is that our bodies recognize it. They recognize it and they know what to do with it. What we usually tell people if they're on prescription medications and then they add herbal medicine, especially on the level of kind of the things that we do... I mean, the cayenne,

the turmeric, those things, that's super easy, that's food. But I would always suggest taking herbal medicine separate from prescription medication, just so they can go into the body and absorb separately. And then there is the potential for a one-time detox rash with the Lomatium. I have found that it can be a little bit... The percentage is a little bit higher because we're such a toxic society that it was higher than when my dad was going.

Jane Barlow: But it's not a dangerous thing. It's just the body saying, "All right, I recognize this and I'm going to kick the viral load out," and your liver can't handle it so the skin goes, "Hey, I'm your biggest organ. I'm going to help you out." So it's a detox rash that some people deal with. So that is something that we front-load people, and we educate you highly on that. But that should be something that should be sitting in your medicine chest. And then, you know what? Yeah, walk through life confident, and stop watching mainstream media too. Let me just throw that in there because I think that can help improve our health.

Dr. Patrick G: Yeah,

Jane Barlow: Oh my goodness. You can kind of tell who's bothered buying in to all the BS from that. so yeah, yeah. All this stuff that I mentioned is all very, very safe to start with, absolutely. Yeah.

Dr. Patrick G: Well, Jane, as always, thanks so much. I think you brought some light and some hope to this otherwise somewhat dark scenario that we're in here. I think really good and practical recommendations, so just thanks for much for what you're doing.

Jane Barlow: Thanks, Patrick. It's always nice to talk to you. And I think if people can just realize that the biggest form of social activism is to take care of your health. That's it. You become empowered because you're not relying on any system. So thanks again for having me. It's always fun to talk to you.

Dr. Patrick G: Thank you. Well, I hope you were taking notes. There's a lot of great information there. And I will tell you, between you and I, right after that interview, I went and ordered some of the products that she recommended. Not only for myself, but I sent them to my mother too, so that she could have them. I like health assurance. I like having things in my home that help boost my own immune system, expand my health and make it so I don't have to walk around this world in fear of contracting some illness. So that's why we brought you this interview with Jane Barlow-Christensen. I hope you got as much out of it as I did.

Outro



Dr. Patrick G: That's it for our bonus episode 10. Thanks for taking the journey. Not only did you go through episodes one through nine, but you came back for this bonus episode, and I bet you're glad you did. This information, as much as I'm trying to be upbeat here, is serious. It's critical. It's something that you need to own and that people need to be aware of. Now you knew what I was talking about way back when, when I said I was startled with what I learned throughout the course of creating this series and sitting for these interviews. There's a lot going on in the world right now. I don't know that there's any reference point for it. I think we're in new territory. Censorship abounds. Owning this material and being able to share it and disseminate it, I believe is vital. So thank you for investing in our mission.

Dr. Patrick G: And if you haven't done that yet, now's the time. Or perhaps, maybe there's somebody else you know that you might want to ship this series to because they need it too. Thank you for being here. Great to take this ride with you. It's been illuminating. And I have to tell you, if we don't all take a stand on this and take a stand on truth and want to obliterate censorship from our lives, I'm very concerned about what the future might be. But the fact that you and I are here right now and we're having this experience together, gives me great hope for what can happen in the future. Let's go out there and make a difference. Thanks for being here.



Episode Eleven



Robert F. Kennedy Jr.: Americans would never submit to that kind of control, government control, and interference with their privacy. It's beyond anything that's happened in human history. I mean, we fought a Revolution in this country a couple hundred years ago because there was a tea tax. The only reason to submit is if they first scare the hell out of us saying, "There's a COVID epidemic that's going to kill you unless you surrender all your rights," and people will trade security for constitutional rights. It's been shown time after time after time. For me, that's something that we need to resist and we need to not give into the fear.

Dr. Cilla Whatcott: We use Homeoprophylaxis prior to contracting the disease, or we use something called Genus epidemicus, and Genus epidemicus is the use of remedies for a particular disease that have been shown to treat the disease effectively. For instance, during the Spanish Flu, 1918, homeopathy had a 1.05% mortality rate and allopathic medicine, or the use of aspirin at the time, had a 28% mortality rate for the Spanish flu.

Dr. Cilla Whatcott: So we gather a number of cases, we see which remedies effectively treat the particular disease and then we use that for other people at the same time, so it's very effective. It's been effective for 200 years.

Robert F. Kennedy Jr.



Dr. Patrick G: Welcome to part two of my amazing and powerful interview with Robert F. Kennedy, Jr. If you saw part one, you understand why you need to turn off all distractions and focus on this interview that's coming right up. It's amazing the information that's being kept from you and I couldn't be more happy and proud than to bring it to you, so please tune in, remove all distractions and enjoy part two of my interview with Robert F. Kennedy, Jr.

Dr. Patrick G: And this is something that's interesting because we extrapolate beyond the vaccine issue, which is a big issue as far as what we're being told and what's true and how propaganda is being promulgated and all the safety and efficacy issues that are not properly handled, but I'm seeing extraordinary censorship and then there's sort of this complicity because now we sit there, we look at big platforms like Google, YouTube, Facebook, et cetera, and now suddenly they're becoming the content police and deciding what can be seen, what can't be seen, what should be shown and to me, it seems like they're also on board with

saying, "Hey, there's a party line. There's an agenda and everybody has to get on board." How are you seeing this censorship right now?

Robert F. Kennedy Jr.: I think that's exactly right and there's censoring information about vaccines openly. They say, "We are going to censor vaccine misinformation and we're going to rely on WHO to tell us what is true and what is not true." And of course the word vaccine, the phrase vaccine misinformation, is just a euphemism that departs from official pharmaceutical industry pronouncements. They've got no problem with vaccine misinformation as long as the pharmaceutical industry or WHO is saying it. They just don't want any information that is going to stop people from... That's going to interfere with compliance.

Robert F. Kennedy Jr.: They're also now announced that they're going to censor information about 5G, which is wedded to the vaccines. Google is a vaccine company. Google makes vaccines.

Dr. Patrick G: Google makes vaccines?

Robert F. Kennedy Jr.: Google ... Alphabet, which is the parent company of Google, has several companies that are making flu vaccines and other vaccines. Google also has partnerships. It has a \$760 million partnership with Glaxo, which is the world's biggest vaccine maker, to do information mining of all your medical information. Google actively in its search engine employs algorithms that bury any facts. If you search Google or a term like "vaccines are", it will come up with "vaccines are good", and it does not actually the search history of that phrase. They are messing with it, They are editing so that you get wrong answers. They are telling you they're a neutral search engine but they aren't. They're editing information in order to build their business model. Their partnerships with all the vaccine companies and their own, protect their own vaccine industry.

Robert F. Kennedy Jr.: Zuckerberg and Chan are also involved in the vaccine business and they're also censoring information and of course, Microsoft and Bing do the same thing. Microsoft and Bill Gates... Bill Gates is the biggest vaccine maker in the world. It's ironic that Facebook says, "We're going to ask WHO what's true and what's not true," because Bill Gates controls WHO. He got WHO to tell the world that vaccine is one of the ten greatest threats to human health. He also funds Poynter and PolitiFact, which is the fact checking company that Facebook employs to tell them what they should censor and what they shouldn't censor. So it's this really incestuous and total control of the flow of information by these Silicon Valley titans and we know for a lot of years, we've been worried about the power of these people over our lives because they now control the public square. They control communication between human beings. Once you give them permission to censor, which they have now, there's not telling where they're going to take that.

Robert F. Kennedy Jr.: Now, all these companies are also involved in 5G. 5G, the spread of, the proliferation of 5G is coterminous and is entangled with the vaccine agenda. You know, you see these, 5G is modulated wireless radiations like microwave

radiation. And you see on TV, and it's dangerous, it's hideously dangerous, and there are over ten thousand studies. There's a study that came out that said it kills trees. We already know that it destroys bee colonies. It destroys 90% of the frogs within proximity to cell towers. Now that cell towers are everywhere, they're up and down your street, they're every half block. Gates is building ten thousand antennas. He has one company that they have enough satellites to look at every square inch of earth 24 hours a day.

Robert F. Kennedy Jr.: Elon Musk has purposed to put 42 thousand satellites in orbit. They're putting a total of 60 thousand to blanket the earth with 5G radiation. They're putting up 2 million antenna in this country and it will inescapable and it's very damaging. It destroys the blood/brain barrier. It destroys blood flow to the brain. It is associated with Alzheimer's, ADD, with ADHD, with birth defects, with fetal brain development and many, many, many other illnesses, including tinnitus and migraine headaches, et cetera.

Robert F. Kennedy Jr.: The NIH just did a \$25 million study on it and came back and said clearly it causes cancer and it causes DNA damage. It causes testicular damage. It causes damage to sperm motility, to DNA in the sperm. It's terrible. You see these ads on TV from the big telecom companies, Verizon, et cetera, saying, "We're going to bring 5G to your neighborhood. We're going to be the first there. We're going to have the best systems," and you see these, they're just red lightning streaks just going all over and you sit there and you think, "Wow, that's great. When's it coming to my neighborhood because that's going to really change my life." And you start thinking, "How actually is that going to change my life? Is it going to make it so I can download a video game in two seconds rather than ten seconds? How's it going to help me?"

Robert F. Kennedy Jr.: The truth is, it's not going to help you. They're investing \$4 trillion in it and it's not to help you. It's all about three things. Surveillance, data harvesting and artificial intelligence, self driving cars, but it's mainly data harvesting. What that means is if these telecom companies and big data and big telecom already have the capacity to know everything about you because they can listen. They can follow your Apple watch and what the 5G is, the way Gates and others describe it, is the internet of things. It's not about people. It's about connecting your Apple watch and the GPS in your cellphone and your credit card transactions, anything digital, anything smart. Your microwave oven, your garage door opener if it's digital, your baby's diapers which now they have these smart diapers. The Alexa in your home which is listening to your conversations all day. Your cellphone, which is listening. You know that because they send you those ads, but most of the stuff that you talk about, they just don't have the bandwidth to be able to take and put it in their lines, perform that analytics and sell it, monetize it.

Robert F. Kennedy Jr.: 5G is designed to give them that capacity so they can literally get every bit of information from you and they can ship it to their data centers. Bill Gates is building an entire city in Arizona as a huge data center with 80 thousand population. All it's going to do it collect the data, do the analytics, monetize it,

and sell it to other companies so that they can sell you things or they can increase surveillance. It's all about surveillance. They are going to know everything you buy, the songs you like, your facial biometrics, where you've been 24 hours a day.

Robert F. Kennedy Jr.: A couple weeks ago, I did a blog on this that some surfers were surfing off of Malibu and the police went down to the beach and as they came out of the waves, gave them tickets for a thousand dollars apiece. Once they get this system in place, they won't have to do that anymore. The police will not have to go down there because they'll know that you were at the beach and they'll just send you a note through your cellphone saying, like they do with the red light ticket, saying, "You were at the beach today. You weren't supposed to be. We're taking \$500 in cryptocurrency out of your payroll account" and it's about absolute control. They'll say, "Today is social distancing day and you weren't wearing your mask. You got to close to your girlfriend. \$500. \$500," and they'll be able to control every aspect of your life and they'll be able to turn you into a marketing machine.

Robert F. Kennedy Jr.: Bill Gates, the biggest vaccine maker in the world, he's also one of the largest investors in 5G and satellites and cell towers and surveillance equipment, but what he ultimately wants is, and he's driving this already in India, they're already halfway through this process, is to get rid of paper currency and if you do that, you digitalize every transaction. That means that you cannot do a transaction secretly. So anything ... If you go buy a porn magazine, if you go buy cannabis, whatever you buy, somebody's going to know about it and they are going to use that information in different ways. The government's going to know about it and big data's going to know about and big tech's going to know about it.

Robert F. Kennedy Jr.: If you do something that they don't like, first of they can make money. They can tax every single transaction and private banks, which love this system, can extract money from every transaction. So you buy a stick of gum, they're going to take their "fat tax" from it. It also gives them complete control of your life because now if you misbehave, they can cut off your money and they can starve you to death and there's nothing you can do because there's no cash that you can hide anywhere that you can get. Everything is recorded. That is the world that we're headed for if we do not stand up and sidetrack.

Dr. Patrick G: So is there anything, any laws currently on the books that would prohibit this type of behavior of the government or corporations?

Robert F. Kennedy Jr.: Well, no. I mean, there's no place you can sue them. One of the reasons that all these things are connected is Americans would never submit to that kind of control, government control, and interference with their privacy. It's beyond anything that's happened in human history. I mean, we fought a Revolution in this county a couple hundred years ago because there was a tea tax, but the British weren't following us all day into our homes and looking at what we're reading and looking at what we're... That would have been unheard of. Why

would we submit to that? The only reason to submit is if they first scare the hell out of us by saying, "There's a COVID epidemic that's going to kill you unless you surrender all your rights," and people will trade security for constitutional rights. That has been shown time after time after time, and they did it to us with the terrorism. The terrorism's killing fewer people than lightning in our country on a year to year basis, and yet we gave up all these rights for fear of the terrorists.

Robert F. Kennedy Jr.: Now, people, You can see the behavior differences in people and ultimately, the whole thing with masks is to push us away from each other, to push humanity, human beings, away from other human beings so that you never know what the person looks like. You read their face with biometrics. They're behind glass. We're separated from each other and we become digitalized beings. So for me, that's something that we need to resist and we need to not give in to the fear and not be manipulated. That's one of the reasons it's all tied together.

Dr. Patrick G: Do you think that they're warming this up with contact tracing because-

Robert F. Kennedy Jr.: Well of course. Contact tracing is the beginning of a surveillance state. I wouldn't say it's the beginning. I'd say it's the end. It's the last move of total surveillance all the time. "We need to follow you. We need to have people, these little guys who are going to come and interview you and ask you where you've been, who you've been talking to," and it's pretty scary. "And by the way, if you lie, we're going to know it because we already have your picture everywhere you went."

Dr. Patrick G: And It's almost very Orwellian, right? It seems like it's inconceivable that we really could be here. I feel like I'm in a dream sometimes as I observe the things that you're talking about.

Robert F. Kennedy Jr.: We're here.

Dr. Patrick G: I think it's a nightmare, but we're here in reality and it seems like it's like this train has left the station and who can stop it? Do you think that this can somehow be averted or that this can get sidetracked or that we might be able to derail this entire agenda?

Robert F. Kennedy Jr.: Well, I mean, I think I plan to do my best to stop it. That's what other people have to do. I don't know whether the movement against it will be large enough to derail, but we're seeing some really encouraging signs among Americans and Democrats and Republicans who are standing up and saying, "We don't want this."

Robert F. Kennedy Jr.: I was in Denver this week for a vaccine bill that at the last minute they decided to pass in the Legislature on a Sunday afternoon.

Dr. Patrick G: Since when do they work on Sundays?

Robert F. Kennedy Jr.: Right. That's why they had to go to work, In the middle of a pandemic, they're going to pass a vaccine bill, which of course people will put up with now because it's presented as necessary for public safety, but they still had to schedule it on a Sunday afternoon and we found out about it on Friday. We were able to get three thousand people in 24 hours to the capitol. There were all kinds of people. There were black people, white people, Republicans and Democrats. There were people who understand that this is a huge move to silence us, to censor us, to take away our constitutional rights.

Dr. Patrick G: Yeah. And I think with the forces we're up against, it almost seems very David and Goliath. I mean, you're talking about, like you said, the tycoons in Silicon Valley. You got legislators who are being funded by pharmaceutical companies, because you talked about the advertising they buy, but also what about all the lobby that they have in Washington and those dollars that go in? So it's seemingly really troubling and COVID now, I think, has kind of set the table for all these other things to follow because how quickly it seems we gave up our civil right and the economy shutdown.

Dr. Patrick G: So do you think that that's maybe one of the things to talk about, saying now tens of millions people suddenly out of work and the government now is going to print a bunch of money and hold them and up and a lot of those jobs aren't coming back. That's another way of control, also, isn't it to basically say, "Hey, we're going to..."

Robert F. Kennedy Jr.: Of course. Of course. There is a million businesses that have gone under that have been permanently shuttered, including 440 thousand businesses that are black-owned, and this is falling disproportionately on the backs of the poor. The big problem with the quarantine is that the quarantine clearly is going to kill more people than COVID. COVID, they're now saying 100 thousand people, 150 thousand people, but quarantine is going to kill millions of people and it's going to kill them over time.

Robert F. Kennedy Jr.: There as studies that came out, a lot of them in 1980s, people were studying what the impact of unemployment was on a variety of social metrics including mortalities and there's a study that came out in 1982 that's been cited everywhere. It's one of the most cited studies of that era, and that study showed that for every additional one point in unemployment, there are 37 thousand deaths. There's 90 thousand deaths from heart attacks, 900 from suicide, and many other causes. We're going from 3.2% unemployment to maybe 35%. That's more than 30 extra points. That alone is 1.1 million people.

Robert F. Kennedy Jr.: The British Health Service last week released data that showed in the five weeks in April and May, there were 30 thousand excess deaths in elderly care facilities in Great Britain. So 30 thousand deaths more than expected. 10 thousand of those were COVID. 20 thousand were deaths from isolation, people who didn't go to a doctor because of the quarantine. The quarantine killed twice as many people in elderly homes as COVID did.

Robert F. Kennedy Jr.: There's a report from South Africa study that shows that the quarantine will kill 29 times the number of people who are killed by COVID. Then you have other things that nobody's even looked at. The disruption of food chains, the disruption to supply chains for medicines, failure to treat people who just routine treatment of hypertension, of diabetes, of heart disease, of cancers. In this country, there is 15 thousand new cancer diagnosis a week and some of those are life-saving. You get the diagnosis and you get surgery right away. Well, those surgeries aren't happening and those treatments aren't happening.

Robert F. Kennedy Jr.: The Imperial College of London and Johns Hopkins did a study that showed that just three months of quarantine will mean 6.3 million extra tuberculosis cases because of the failure for the monitoring system and 1.3 million deaths just from that. Then you look at what's going to happen in terms of dismantling the entire New Deal superstructure. In the state of California, in order to pay for that \$4 trillion debt that we've taken on, that you just talked about that they're now given to people, Gavin Newsome is proposing to cut public education by \$10 billion and fire permanently 57 thousand educators. In New York state, Andrew Cuomo is cutting dramatic cuts to special education. You're going to see cuts over the next ten years to the elimination of school lunches, food stamps programs, of Medicaid, of Medicare, of school sports, of art programs in schools, of assistance to women with infant children programs which keep people alive. You're going to see the obliteration of the middle class, which we're already seeing, and where's all that money going? It's going to the super rich.

Robert F. Kennedy Jr.: With Obama's bailout in 2008, and the Trump bailout now, we have shifted \$14 trillion from the middle class in this country to the super rich. Bill Gates has, since the beginning of the quarantine, has been making an extra billion dollars a week. The 630 billionaires in this country have gotten \$413 billion richer since the quarantine began. You look at the money that's being made by Zuckerberg, but Larry Ellison, by Bill Gates, by Warren Buffett, all these people who own the Silicon Valley platforms and Walmart and the other big corporations that are going to be dominating our lives and they are getting richer and richer and richer. Jeff Bezos has added, I think, \$75 billion to his wealth. So what you're seeing is you're seeing all the middle class in our country obliterated, all the programs that we built from the New Deal, New Frontier, the Great Society, the programs that created the middle class in this country, the one that we call the Great Prosperity, the fifty years after World War 2 and we had a middle class in this country like nothing the world had ever seen. And that has been obliterated and we're going to look like a third world country with a lot of poor people who are on the dole and then a lot of super rich who are plutocracy, who's running this country and of course they need that surveillance structure in place-

Dr. Patrick G: To protect themselves.

Robert F. Kennedy Jr.: To safeguard their obscene wealth from an angry, angry public.

Dr. Patrick G: Well, it seems like the cure is much worse than the disease and-

Robert F. Kennedy Jr.: Well, the problem is that the Democrats, because they're blinded by hatred of Trump, have turned all these issues into partisan issues so they're not actually looking at the science. They're not saying, "Are masks good? What does the science say about masks?" They're just saying, "Trump doesn't wear a mask, so we're going to be for it. Trump likes chloroquine, so we're going to be against it. Trump doesn't like Fauci, so we're going to be for Fauci." And Fauci's a very unsavory character. He's got a long history of these very corrupt entanglements and of fabricating pandemic after pandemic. Zika, Ebola, bird flu, all of these phony pandemics that he's made billions of dollars on for his agency and nobody's looking at that stuff. Nobody's looking at that and the Democrats aren't looking at it because they're blinded by tribalism and partisanship and nobody's saying, "Follow the science," but when they say follow the science what they mean, "Do whatever Tony Fauci tells us."

Robert F. Kennedy Jr.: Tony Fauci's a virologist. He may be able to tell us, give us some accurate predictions about various scenarios of lockdown and the amount of COVID deaths from each of those scenarios. He might be. But he has zero competence to tell us how many people are going to die from lockdown, how many people die from unemployment.

Dr. Patrick G: That's a different field altogether.

Robert F. Kennedy Jr.: You need social scientists, you need food scientists, you need a whole cadre of different scientists who should be part of that risk assessment, because we should be looking at the entire picture. If a public health measure is killing more people than it's saving, it's illegitimate.

Dr. Patrick G: Right.

Robert F. Kennedy Jr.: Nobody's looking at that. Nobody is demanding the risk assessment that needs to be done. If you want to talk about it, you are not allowed on TV because they're guarding the official narrative and promoting it and they're censoring. The kind of stuff that I'm saying right now never gets public airing.

Robert F. Kennedy Jr.: You know what I read this week? This is really almost comical. The other lead vaccine is what they call the Oxford Vaccine, which is now being manufactured by AstraZeneca and that vaccine went to monkey trials, and they only had three monkeys. They gave it to the monkeys and then they exposed the monkey to coronavirus and all the monkeys got coronavirus.

Dr. Patrick G: All three?

Robert F. Kennedy Jr.: All three of them. The vaccine didn't work. A week later, they got hundreds of millions of dollars from the government to go ahead and produce a billion doses of that vaccine.

Dr. Patrick G: The one that didn't work?

Robert F. Kennedy Jr.: The one that didn't work. They should have killed it. They had been saying for weeks, "We're different than Moderna, because we actually did animal trials before we went to human trials."

Dr. Patrick G: Animal trials that didn't work.

Robert F. Kennedy Jr.: Oh, they did safety trials, too. Those monkey trials were just efficacy trials. Does it harm the monkey. But they didn't challenge the monkeys then. They didn't get antibiotics and then challenge the monkeys. They did challenge the ferrets. So they said, "We did the animal challenge with the ferrets," but then it was announced yesterday that there were only two ferrets. A ferret costs about \$28, and-

Dr. Patrick G: And you get hundreds of millions.

Robert F. Kennedy Jr.: And if you don't want to pay anymore then you just leave them alone for a couple of weeks and they'll have like eleven babies and you can do it all for on the cheap. I would have paid them.

Dr. Patrick G: Bobby, this is unfortunately extraordinary troubling, but I'm glad that you're taking a stand here and you're speaking out. I know that the stance you've taken had enormous personal adversity that's occurred and cost you a lot to be able to get out here and try to get this truth out, so I appreciate you taking the time here and sharing what you know with us.

Robert F. Kennedy Jr.: Thank you, Patrick. Thank you.

Dr. Patrick G: Wasn't that just amazing? I am so glad that Robert F. Kennedy, Jr. is doing the work that he's doing today. It is making a difference in the world. Getting this information out into the world is something that he can't be deterred from doing, and I think you can see why. I appreciate your time here. I hope you'll share this Vaccines Revealed docuseries with others and let them know about it. I appreciate you. I appreciate your support and I'll see you again on the next interview.

Dr. Cilla Whatcott



- Dr. Patrick G: Dr. Cilla Whatcott is a very interesting individual who has a background, amongst other things, in homeopathy and what people don't realize is that sometimes if you're into the model of saying I want to boost immunity to deal with whatever infectious agents might be out there in the world, you don't have to only think in terms of vaccines. There's more natural and very powerful ways to do this and it's exactly what she's an expert in and why I wanted to have this conversation with her. So enjoy this interview. You're going to learn a lot about natural ways to get things done as compared to having to do it in maybe more traditional medical contexts.
- Dr. Patrick G: Dr. Whatcott, thank you so much for taking the time to share with us, I think, your unique perspective on what people can do to boost their immunity.
- Dr. Cilla Whatcott: Thanks, Patrick. Yeah. Yeah, as a homeopath, I have a different attitude about disease altogether and how it really contributes to our long term health. Real immunity is my passion and we can really build that by having the right relationship with microbes instead of fear at microbes, so that's really what I'm all about.
- Dr. Patrick G: So let's talk about your background. So what is your academic training?
- Dr. Cilla Whatcott: I have an undergraduate degree from Arizona State University and then I went to Northwestern Academy of Homeopathy for four years where I received a diploma. Then I have a Ph.D. from Kingdom College in homeopathy as well and I've done lots of post-graduate study with different homeopaths from around the world in the last twelve years, so that's basically my education and then homeopaths have ongoing education. They never stop learning because it's not learning a system and applying it similarly to each client. It's reinventing the wheel with each person because it's highly individualized. In that regard, we're always learning.
- Dr. Patrick G: You have a good bit of practice experience, working with patients over years?
- Dr. Cilla Whatcott: Absolutely. I have thousands of patients. I have about 45 hundred children in a homeoprophylaxis program. I have a constitutional practice where I treat children, adults, all ages with all types-
- Dr. Patrick G: Can I ask what you mean by constitutional? I start to think about the framers of our country. What do you mean by constitutional?
- Dr. Cilla Whatcott: Right. So our constitution encompasses mental, physical, spiritual, emotional, all of us. So when we treat homeopathically, we look at the entire constitution.

Dr. Patrick G: I see.

Dr. Cilla Whatcott: And we take all that information about someone, historically, currently, what the pathology is, likes, dislikes, preferences, everything about them in order to match it with a homeopathic remedy in the custom of like treating like, which is homeopathic theory. I think on a prior interview with each other, we got into what that was, homeopathic theory, but many, many people are drawn to homeopathy and understand this concept of treating holistically with homeopathy.

Dr. Patrick G: Can we do a quick thumbnail on homeopathic theory and kind of what the philosophy is because I think in order to understand the other things that you want to explain, we need some context there.

Dr. Cilla Whatcott: Sure. So homeopathy is based on a few principles. Like treating like, minimum dose, and totality. Like treating like is just like Hippocrates possibly saw a child fall down with a seizure and he would grab Hyoscyamus, hen's bane, a plant and give that because it causes seizures. So the child would ingest it and the child would either be cured or possibly die because it's too strong a dose. So along comes Samuel Hahnemann, a physician, a chemist, a linguist and in his interpretation of many medical journals and historical texts, he derived this principle and decided that is was based on a minimum dose, which is the second important principle of homeopathy. Minimum dose means you reduce it so there's nothing material in it.

Dr. Cilla Whatcott: So he would take this Hyoscyamus, for seizures let's say, and he would take one part of it and put it with 99 parts of a solution and succuss it, or shake it, to break up the water bonds, and he'd have a 1C solution, C Roman numeral for 100. Then he would take one part of that, put it into 99 parts of solution, shake it, and he would have a 2C solution. So he did this repeatedly, again and again and again until past 12C, there are no molecules of that original substance. So now it's rendered completely safe, completely harmless, cannot hurt anyone. It's information. It's a frequency or information.

Dr. Cilla Whatcott: So then he would administer that Hyoscyamus. The water is then put on a pellet, impregnated on a pellet, anointed on a pellet, and dried and then the pellet's taken by mouth and that energy, or information, is then recognized by the system and like treats like. So the pathology is addressed by the human, by the system, and taken care of. I'll give you a current example. I've had a patient who was going along, ran into a beehive, stung multiple times, twenty thirty times. So I immediately gave a Apis Mellifica, which is bee venom but it's in a homeopathic dose. So I gave a 200C. It's been diluted 1 to 100, 200 times. No venom in there. It's simply the information. Gave it to the client. Within 30 minutes, all the inflammation was down, the pain had stopped. Within an hour or two, the redness was gone and the system reversed everything to correct it on its own. So those-

- Dr. Patrick G: Homeopathy is not a new practice. I mean, it's been around for a while. I know that the premise... I've heard a lot of people say, "Well, that's kind of like I've never really heard anything like that before. Can the body really deal, observe information and adjust its biology or physiology based on information, et cetera?" And I think the answer is having personally reviewed journal articles published on homeopathy and saying this premise has been tested and that there's a lot of scientific support for it, I think we can probably leave it at that, as compared to trying to defend it through here, but let's just say that this is nothing new. It's been around a while. There's a lot of publication around it and there's extraordinary amount of testimonial support for it also.
- Dr. Cilla Whatcott: Absolutely, Patrick, and also more recently with electron microscopy, nano defraction, nuclear magnetic resonance, they've been able to see these nano structures and the nano structures do have an affect on human biology. So we're seeing it. We're absolutely seeing it.
- Dr. Cilla Whatcott: The third principle, totality, means you look at the whole case. You don't just break a person up into their systems, but you look at the mental, the physical, the emotional. You look at all of it and the remedy has to match that. So whatever would cause all of those symptoms by ingesting something naturally, you can use it in a homeopathic form and cure.
- Dr. Patrick G: So that kind of completes, I guess, the high level understanding.
- Dr. Patrick G: Now, we've had a lot of conversation in this series around vaccines and more specifically the COVID vaccines, which there's four different ones so they can't all be painted under one umbrella anyway. Suffice it to say that's it's very scary. The MRNA vaccine doesn't even qualify as a vaccine. It really is something... It's a different animal. It's sort of like for software, genetic engineering more than what traditionally might be thought of as a vaccine. Let's just say that we have safety, efficacy, et cetera, to be in question by some extraordinary well-credentialed experts who live in that field and they have grave concerns. At the time of this recording, we're getting more and more reporting in the news about adverse events, people dying, and I think that's only going to escalate as they scale out the vaccine.
- Dr. Patrick G: You, and I guess the homeopathic profession, has this sort of alternative way to get the body, I guess, prepared or in a heightened state of responsiveness should you be exposed to COVID-19. So could you start to explain that?
- Dr. Cilla Whatcott: Sure. So it's a subset of homeopathy that we call homeoprophylaxis and the goal is to boost natural immunity. Instead of viewing disease as an enemy that we're repelling, we view it as something that we need to associate with in a beneficial way. So we're really addressing our relationship to microbes and homeoprophylaxis does that very, very well.
- Dr. Patrick G: What does that mean, homeoprophylaxis? Can you interpret the words?

Dr. Cilla Whatcott: Yeah. So homeoprophylaxis is the process of using either animal, mineral, or vegetable component or something from a disease, exudate, mucus, saliva from a disease and preparing it in a homeopathic method so it's diluted and succussed so there's no molecules of the original substance and that is applied to the individual prior to encountering the disease. So the individual becomes familiarized with the frequency of that particular disease, and when they meet the disease in nature, their immune system is boosted in such a way as to be able to repel it or if they contract it, have a very mild case of it.

Dr. Patrick G: So homeo, what does homeo mean, and what prophylaxis mean?

Dr. Cilla Whatcott: Homeo means same and prophylaxis is to prevent.

Dr. Patrick G: Mm-hmm (affirmative).

Dr. Cilla Whatcott: So using the same thing that would cause an illness to prevent it. So we use two different methods within the homeopathic community. We use homeoprophylaxis prior to contracting the disease, or we use something called Genus epidemicus and Genus epidemicus is the use of remedies for a particular disease that have been shown to treat that disease effectively. For instance, during the Spanish Flu, 1918, homeopathy had an excellent track record, 1.5% mortality rate, and allopathic medicine, or the use of aspirin at the time, had a 28% mortality rate for the Spanish Flu. So what was being done during the Spanish Flu was Genus epidemicus.

Dr. Cilla Whatcott: So we gather a number of cases, we see which remedies effectively treat the particular disease, and then we use that for other people at the same time. So homeopaths gather and determine the Genus epidemicus and then once people get sick they can apply it, so it's very effective. It's been effective for 200 years. The drawback is that if someone can't withstand the disease, they're catching it first so homeoprophylaxis prior is very effective because you're protecting those who are less capable of dealing with the disease.

Dr. Patrick G: So walk me through it then. Let's say that I'm a patient that wants to come in and I'd like to go into the homeoprophylaxis process to give myself immune boost, and incidentally I'll just cite that I'm fairly confident that you start to talk about immune boosting right now on your website that it probably leads to all kinds of headaches and regulatory issues and so on. I mean, people can't even talk about Vitamin D or Vitamin C or other such things that have ample published data surrounding it so I just happen to know that anybody who's trying to do anything that isn't exactly what the tyrannical forces want you to be doing probably are targets.

Dr. Patrick G: We're practicing free speech here. We're certainly glad that you will talk about that, talk about immune boosting and how you see it. So let's say that I found out about this, I want to have an immune boosting experience through

homeoprophylaxis. What would the process be like? I'd walk into your office, what would happen?

Dr. Cilla Whatcott: Sure. So first of all, we would determine if you were looking at one of three areas, because there's three distinct applications for HP, homeoprophylaxis. One is travel, tropical diseases. Are you going to Africa? Are you going to India? So that would be one application. Another would be childhood infectious disease. So are you looking to boost your children's immunity towards the general diseases that children contract? Or the third application, epidemics and pandemics. So once we determine that, it's going to be addressed uniquely based on what your needs are.

Dr. Patrick G: Well, of course, we're interested in pandemics right now.

Dr. Cilla Whatcott: Right. So I actually did a survey, a casual survey. 508 people, using influenza CV, to see what their experience would be. So I started in February/March and collected data by September of this year and there were 508 people. Out of those people, only 9 tested positively for COVID. Out of those nine, four of them had no symptoms whatsoever, three of them had symptoms that lasted one to three days and were mild, and only two of them had symptoms that lasted more than three days. So this was not a scientific study by any means. I did not have a control group. It was simply a survey. I wanted to see how people would fare and I felt that they fared well.

Dr. Cilla Whatcott: Other countries have also employed homeoprophylaxis. India gave one remedy that arsenicum 30C to literally millions of people and had a very positive result with those individuals. Cuba used something called PrevenHo, which was a combination of influenza, similar to what I used, and Genus epidemicus remedies which were a variety of remedies to treat specific symptoms. They gave it in drop form and they had about a 90% effectiveness rate with their population. Another group from the U.S. has used the nosode from COVID itself.

Dr. Cilla Whatcott: So there are different methods. There's no one method that has to be used. Many methods can be effective. So the product that I used was a combination of influenza, which is historical flues including New Caledonia, Moscow Flu, Szechuan Flu, H1N1, also basilinum which is tuberculinum, and also pneumococcinum because of the lung symptoms that were a result of COVID. So any products that's being used is showing some nice results, no side effects, no harm whatsoever, and in different areas, different things are being used.

Dr. Patrick G: So what's the experience for me? Is it one dose and I'm done? How does it work?

Dr. Cilla Whatcott: So depending on your exposure and your susceptibility, that's how we always dose homeoprophylaxis. So let's say in your house, you're not leaving, you're not exposed to anyone. You can dose once a month, simply one dose a month which is a few pellets. If you're going out, you're being exposed, you're teaching

school with children, whatever, you can dose once a week. These directions all come with it, but let's say someone in your family, in your home, has COVID. You could dose it more frequently when you're in their presence. So it's variable, it's very user friendly and it can be dosed in a variety of ways.

- Dr. Patrick G: Yeah, and there's no risk of adverse effects from this?
- Dr. Cilla Whatcott: None whatsoever. It's energetic. There's no more risk than if you were listening to music or someone were praying for you. It's an energetic form of medicine.
- Dr. Patrick G: And with me, I'm flying all over the place and living my life right now, or at least trying to live my life as if there's no such thing as COVID. People come into my house wearing masks and I'm like, "This is a no-mask zone. No masks are necessary here." So I guess, yeah, I'd be one of the more frequent users.
- Dr. Patrick G: What does it cost to do homeoprophylaxis? What kind of a cost-
- Dr. Cilla Whatcott: It's fairly inexpensive. I mean, the product that I'm selling is \$49, but it lasts a family of four to six for multiple years.
- Dr. Patrick G: Oh, wow.
- Dr. Cilla Whatcott: Yeah, so it's pretty inexpensive. In India, the government's giving it away to many of their citizens. Homeopathy is not expensive.
- Dr. Patrick G: Have you seen many of your own patients or people that you care for that have tested positive for COVID or actually get the disease where they have symptoms?
- Dr. Cilla Whatcott: Yeah, I've treated quite a few people who, not have taken influenzinum but other people calling me. Some doctors, different people who don't want to take any conventional medication, so treating them homeopathically is very manageable. You see people move through the symptoms much more quickly, much more easily without long lasting effects. I hear these cases of, what are they called? Long haulers, where people have symptoms afterwards? I have to think that from a homeopathic perspective that these people have underlying conditions. These people might have asymptomatic auto immune diseases, or other comorbidities that they are prone to have continued effects from anything that they catch. If they had Influenza A or B, if they had a cold, they could have continued effects.
- Dr. Patrick G: Yeah, and I guess would you agree that the smart thing is to get healthy, not wait until something happens and try to do something about it, but to get healthy and be in a heightened state of health that can process the exposure to coronavirus as compared to going and hiding in the corner, not getting out, not getting sun, doing all the quarantine recommendations I think compromises your immune system and immune function. Do you agree with that, and other

than homeoprophylaxis any other things that you recommend to just be in a heightened state of preparedness?

Dr. Cilla Whatcott: Yeah, I couldn't agree more that it's really about your baseline immunity and your degree of health and by trying to modify things by masking or secluding yourself is basically creating an environment where you become more prone to catching something and add fear into that. So whenever you add fear, you're compromising your immune system and just like when antibiotics came out and they were a miracle in the face of gangrene or syphilis, they became an nightmare because we had resistant, antibiotic resistant bacteria. Similarly with something viral, if we avoid it then eventually when we are exposed to it, it could have mutated. We're seeing mutations now. That's the nature of a virus, to mutate, and yeah.

Dr. Cilla Whatcott: So recommendations for just boosting your natural immunity. Definitely Vitamin D. This is a common understanding anymore. Zinc, absolutely for viruses. Vitamin C. Doctor Brownstein has a nice protocol with boosting D, C, zinc, if you do contract COVID so definitely you can do those immune boosters if you do contract the virus. So yeah, absolutely I feel like it's a matter of maintaining our integrity both emotionally and physically with natural, real immunity and not being convinced that we're in peril every time we walk out our door.

Dr. Patrick G: I think the term that you emphasized, real immunity, natural real immunity, is the whole point. I think we're in some kind of fantasy land when people say... You get these vaccines and suddenly you've got what is an artificially induced immunity. I mean, that's really the intention, is to artificially induce some sort of immune response but I think it boils down to, tell me if you agree with this, it boils down to can we trust our bodies to heal themselves or are we going to try to outwit years and years of evolution over time through this, in the case of the mRNA vaccines, through this genetic manipulation?

Dr. Cilla Whatcott: Right. Exactly. And that's why I produced a series of videos a few years ago called The Real Immunity Series and in it, I interviewed Andy Wakefield, Paul Thomas, a number of different pediatricians, scientists, immunologists, talking about what's our real immunity? What are we blessed with at birth and how do we support that, and the two most important factors you mentioned, overcoming fear and accessing our intuition because that intuition is what we need to depend on to know when something feels right or doesn't feel right. I wanted to share with people information about homeoprophylaxis when I did the films and realized that they weren't ready to hear that until they really understood what our real immunity is and then how homeoprophylaxis is going to support that and interact with microbes in order to benefit the human.

Dr. Cilla Whatcott: So my film turned into three films, Quest for Real Immunity, which laid the groundwork and the foundation teaching people about the real immune system, then Passage to Real Immunity, which interviewed doctors around the world using homeoprophylaxis and parents, and then Choosing Real Immunity, which looked at consciousness and that's when I interviewed Dr. Joe Dispenza, I talked

about my own cancer and how I overcame it without using chemo or radiation and the meditation piece, the consciousness piece. So I felt like those three parts really encompassed real immunity in a way that were more accessible to people instead of just saying, "Depend on your own body."

Dr. Patrick G: Well, I think this gives a lot for people to consider. It's really a different view, right, and this is what people have to sort out, is, "Where am I placing my trust here? How much trust do I have in my body," and I believe that fear is being promulgated on such a level that it scares people into doing more extreme things than they should, but if you really take the time to look at the data and see what the real threat is, there's no real threat here, in the way that at least it's being proposed in headlines.

Dr. Patrick G: So I was very pleased that you could share a completely different point of view about how to live in this world, experience what's going on, and know that there are ways that are, I guess I'd say, more compatible and aligned with nature to approach these subjects as compared to sort of the brute force interventions that I think most people are proposing. So I appreciate you taking time to share that all with us.

Dr. Cilla Whatcott: Right. Well, the homeopathic mindset is completely different than us against it. It's about cooperation. It's about intuition. It's about overcoming fear, trusting your innate abilities and like you've mentioned, we have all that so it's just a matter of doing our research, trusting that, and then following.

Dr. Patrick G: Beautiful. Well, thank you so much for sharing all that with us. I appreciate it.

Dr. Cilla Whatcott: Thanks, Patrick. Great to be here.

Dr. Patrick G: That concludes my interview with Dr. Cilla Whatcott. I'm really glad you were here to learn from her. She's got some unique perspectives and maybe some new ideas that you didn't know about that now you can put to use in your life.





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