

Speaker 1 ([00:02](#)):

How did they organize something like this? And how do you get so many doctors to go along with this? How do you get so many doctors to not speak out against the lack of pre hospitalization care? The lack of early treatment?

Speaker 2 ([00:16](#)):

We think there's about 500 doctors who knows what going going on in the United States, 500, 500. We got a million doctors in the United States. We got half a million nurse practitioners and physician assistants. I can tell you, the nurses are more awake than the doctors. Why is that? The doctors appear to be like many of our leaders, by the way, all the ma leaders, leaders of the major churches, every single one of them, the major religious branches are under the spell. Every major global international leader is under the spell. We're in, what's called a mass formation psychosis. This is very important. I give credit to Dr. Mattias Desmond in the university of Guent in Belgium and recently Dr. Mark McDonald psychiatrist from LA mark. McDonald's got new look out the United States of fear describing how the mass psychosis develop, what your listeners need to know is a mass psychosis is when there is a group.

Speaker 2 ([01:10](#)):

Think that develops that so strong that it leads to something horrific. And the examples are these mass suicides that occur in these religious cults. The example is Nazi Germany. When people walk into gas chambers and where gas, these horrific things, and, and four elements here is very important. Joe, first, there must be a period of prolonged isolation, lockdowns. Number two, there must be a, a, a withdrawal of things taken away from people that they used to enjoy. That's happened. Number three, there must be constant incessant, free floating anxiety, all this new cycle, all the, the deaths and the hospitalizations, more, more variant, mutant strains, everything people could becoming scared over and over again. And the last thing, number four, the capper, the capper is there must be a single solution offered by an entity in authority. And in this case is clear worldwide. The solution was vaccination. Everybody must take the vaccination. It's not a us program. It's not a European it's everywhere. And you know what? Joke doesn't matter what vaccine it is. It could be, uh, China, VA coronavirus. It could be Novavax. It could be Pfizer. Moderna J and J it's interesting that it doesn't even matter what vaccine it is. It's just take a vaccine, take any vaccine. And so what mass psychosis says is number four, the solution there's no limit to the absurdity of the solution.

Speaker 1 ([02:32](#)):

Other countries have been much more ruthless in their enforcement of, uh, vaccinations. And it's kind of opened a lot of people's eyes as to what's possible. When you look at some of the European countries, the way Germany's handling it, um, even though we new Zealand's handling it in Australia, for sure people are terrified when they're seeing these places that they thought of as being as free as the United States, falling into this sort of, uh, totalitarian regime situation, where the government is telling the people what they must do, and literally checking everyone for papers. And people don't seem to think that this is a problem. The a, a large percentage of people don't seem to think this is a problem. They think it's good because we need to vaccinate everyone, but they don't it's that they don't, they don't have an issue with what has historically always been a problem with people.

Speaker 1 ([03:29](#)):

When you give governments extreme amounts of power over people, they tend to like to use that power and they don't ever want to give it up. And we've opened the door to these new levels of power for the government. And people say, well, that's important because we have to do it because we're in the middle of a pandemic. And we have to treat these people, cuz some people are silly and they, they, they believe conspiracy theories and they don't wanna take the adequate treatment and that's gonna get everybody else sick, which doesn't really make sense. But the, the whole thought behind it is that this is temporary, but it's never temporary power lost is never regained. All freedoms lost unless you fight for them. They're, they're kind of lost forever. And so these people that are giving into these green passes and they're seeing that in Israel now, right where Israel used to be, you have two vaccines, two shots, and then you get the green pass and you're considered fully vaccinated. You can enter society. Now they're saying no. Now you have to have a third. And now they're considering a fourth, which is wild. And there's no end in sight.

Speaker 2 ([04:37](#)):

You know, if it was about COVID I would say that the world would've adopted something. When I presented, uh, to the American people and the Senate testimony in November of 2020, I told America, listen, there's four pillars to pandemic response. We should have always seen teams of doctors in Washington. I would've went if they called me. Matter of fact, I, I emailed it. They knew who I am. Uh, we would've seen teams of doctors in Washington working on four pillars. The first pillar is reduce the spread of infection. Terrific. You know, everything we can to improve airflow. We know it's spread by the air. It's not, it's not a hand infection. This focus on hand sanitizers. Like we like we're all getting infected hand. It's pretty early on though. Wasn't it? It's not even, no. You still go on DFW airport. There's hand sanitizers every six feet.

Speaker 2 ([05:23](#)):

Uh, you know, there was pictures of people spraying football stadiums with sanitizers. It's not, it's not spread on football seats. It's not, it's not a contact organism. It's not Ebola. It's not a, it's not, you know, it's not cluster difficile, it's spread in the air. Uh, but if we would've focused on contagion control, that was reasonable. Um, uh, that would've been terrific. The most effective can change control by the way is 2021 data is actually using oral nasal viral Cytal therapy far and away. Can you explain that please? Yeah. Oral nasal vivir Cy therapy is basically using, uh, you know, virtually anything kills the virus. Any disinfecting kills the ice. I iodine kills it on contact. So if we use dilute betaine uh, and so if you take a betaine over the counter, uh, it's a brown bottle. We use it to sterilize wounds in the ER, bite it any, any pharmacy and take two teaspoons and six ounces of water.

Speaker 2 ([06:13](#)):

Uh, take a nasal spray or S brim, a syringe bulb and spray it up your nose, snort it back to the points and back your throat and spit it out. I'm sorry, that's gross for your, uh, audience, but you gotta get it up there impact, um, uh, that adequately decontaminate the nose, then gargle with the rest of it, spit it out, finish up with some scope or Listerine doing that after you return from a day out with contact with people, especially close contact in close rooms, I'm talking public restrooms, small conference rooms. You have to be in contact with someone for about three hours, honestly, in a small room with no airflow to get it or go into a loaded room like a public restroom or, uh, tight, tight places at small, uh, uh, stores that the bottom line that's where people get it from.

Speaker 2 ([06:54](#)):

Once it gets home, 85% of it spreads in the house, but using oral nasal viral cyro therapy is such a huge advance that in a randomized trial, by Childry and colleagues from Bangladesh 303 patients randomized to this viral Cytal therapy, uh, which is all topical, no prescription drugs, nothing else needed versus a control group, which was just warm water, 303 patients in each group. It reduced the PCR positivity by day three, it knocked it down from 303 down to 24 patients still positive. Those who got the control, they're still all positive. And it markedly reduced by easily 75% chances of having progressive disease ending up the hospital or death, and it's enormously preventive. And now we learn, we can use, um, hetero oxide, hydrogen peroxide with some luau iodine, and believe it or not. The dentists in the American dental association guidelines used for cyto megalovirus and Epstein bar virus gingivitis.

Speaker 2 ([07:49](#)):

They use sodium hypochlorite that's actually dilute bleach turns out. It just takes a few drops of bleach in some household water that's for the mouth. We typically don't use it in their nose around the eyes. But remember when president Trump mentioned bleach and everybody had a big horse laugh on that, yes, it turns out he just couldn't articulate. Someone was giving him the ADA recommendations for antiviral therapy for the mouth. The point is, uh, pillar number one should have been contagion control. It should have been focused on the nose and the mouth. We learned it early. Um, uh, we learned it late, but if we could have used any of that early, it would've helped, uh, randomized trials of masks didn't work, hand sanitizers and spraying football stadiums. It was even in Europe, they were spraying the sidewalk that doesn't work. Do you think the masks have any effect on the limiting, the spread?

Speaker 2 ([08:33](#)):

You know, every time I go on Fox news, Laura Ingram always tease up some comment on masks and I just masks are not my signature focus. Right? Right. Uh, and the reason being, if two people don't have the virus and they wear a mask, can they, can it possibly do anything? Of course not. So in, in randomized trials of masks, the vast majority of people don't have the virus. So if you, you put masks on people who don't have the virus, it's not gonna do anything mask expert. Uh, Mr. Steven Petty, who I've presented with, he is a world's expert on mask. Who's an engineer with a typical mask that someone wears do you know, much air moves around the mask is 18% moves around the mask. Of course it doesn't work. Masks only filter out about three microns. A virus is one micron. So the point is, what do masks do?

Speaker 2 ([09:17](#)):

Do I wear a mask? Sure. I'm a doctor. I go into the hospital, I'm in the cath lab. I'm close contact with people, dentists, hairdressers, people at close range, wear a mask. It may stop a big sneeze. It may stop, uh, partially some big, uh, emanation of in OUM. But we, we shouldn't have had had, you know, the air time and the public health focus on masks. I think if we would've taken all of that energy and put it on treatment protocols and update on drugs, we would've been better off, but that's contagion control. Pillar. Number two is early treatment. We've talked about that pillar. Number three, which is really important, is trying to improve the hospital treatments. And, you know, we should have had monthly updates from our federal, uh, officials and our agencies about where we are with early treatments. And for sure, our local medical schools should have all had early treatment updates.

Speaker 2 ([10:08](#)):

Once a month, come on. The medical centers are facing their super bowl. Do you know today? Do you know today in America we have 300 medical schools, Harvard, Yale John's Hopkins, Mayo clinic, geo, not

a single hospital has their own unique protocol to treat COVID 19. They don't have a single original idea. Do you know that none of those organizations, Joe have ever treated a COVID patient to prevent a hospitalization and death? I told Tucker, Carl said he almost fell out of his seat. I said, yeah, they don't have a single idea how to treat COVID 19 patients outside the hospital, suddenly our best and our brightest are out of intellectual ammo.