

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

I wanna talk more about this, um, mass psychosis, um, this do, do you believe that this is an organized mass psychosis, this, all these steps that you put about isolation, um, taking away basic freedoms and then offering up one individual single solution to this. And this is what has sort of fueled this. What's very obvious to people that there's a lot of people that are not acting well. They're not acting normal. Um, they are attacking people that seem to be ideologically opposed to whatever is going on. And they're, they're marching in lock step with the authoritarians and they're, they're doing it like you would like, like Stockholm syndrome or something. It's very strange. But do you think this is an organized thing? Do you think this is just what happens when you have a massive group of people that are dealing with any incredibly, uh, tense and anxiety written event? Like a pandemic where no one knows what the solution is. And a lot of people, a lot of people are terrified of just everyday life. And then all of a sudden something like this comes along, and those are the people that are more easily manipulated and they fall in line together because there's sort of a tribal aspect, the, this type of thinking and behavior, and you find support from other people that are equally afraid.

Speaker 2 ([01:27](#)):

You know, the mass psychosis clearly is focused on pillar number four. That was the last pillar I presented to the Americans, uh, in November of, of 2020 in the us Senate. This is before the vaccines came out and that is vaccination. Listen, vaccination should play a role. I've taken all the vaccine vaccines. Uh, my kids have taken all the vaccines. Uh, I went to India, I took extra vaccines. So there's, you don't have any problem with vaccines. Uh, what had happened is I, I wanna say by April of 2020, it was clear that the vaccine development program was far more advanced than we ever could have agent. How could we have actually figured out the neutralizing antibodies and have the sequence to the spike protein and have all that ready to go have already figured out how to load it into messenger or adenoviral DNA.

Speaker 2 ([02:14](#)):

How do we actually get that to run? Remember there 24 of these platforms they had all previously failed, except for Pitera sand. A lot of people don't know this. There is a me RNA product. I can use that as a cardiologist called Betan. It's a small interfering messenger RNA that we used to treat amyloidosis, but the previous trials of gene transfer technology, which is what these are, were normally to replace a missing protein. So for instance, I'm a cardiologist. I treat a condition called Fabry disease. It affects the heart. There was a messenger R and a program to basically replace the missing enzyme, alpha Occi. But in this case to take these platforms and say, you know what, these are ready to go. We're just gonna insert the code for the spike protein, which is now what we've learned is the lethal part of COVID 19, the ball of the virus, the nuclear CAPA, that beach ball is relatively harmless.

Speaker 2 ([03:04](#)):

What causes all the damage is the spine or the specul on the surface. Everyone knows a cartoon of the virus that's called the spike protein 1200 acids, but a dozen glycosylation sites. It has some ho hemology by the way to HHL I, uh, and so a lot of people don't know this, but the original, one of the original antigenic vaccines that was tested in Australia exposed that HIV epitope. It turned everybody in the trial, HIV positive, who took a COVID 19 vaccine in Australia. These young people were outraged. And so this was on the inner, it was quickly suppressed, but if anybody wants to type this in right now, you can actually learn that one of the very first vaccines trout in Australia actually turned everybody HIV positive. They didn't have HIV, but there was a molecular trickery that was going on. Having said this.

Speaker 2 ([03:54](#)):

Now, when we look back, when we look at the books, Popp, um, bra Robert F. Kennedy, and now Atlas, it's pretty clear that this was planned and it was planned. And the mass, the elements of the mass psychosis are clearly planned. In fact, the elements of the mass psychosis are in the John's Hopkins planning document. They had that up on their website since 2017. Once the pandemic hit in March of 20, in March of 2020, they actually published it in the peer review literature. You can see how it was all done. That's how the Johns Hopkins Bloomberg school of public health had the death count up on CNN and MSNBC and Fox as a scoreboard. Do you remember the scoreboard was number of cases and deaths. How do they get that? Joe? Come on. I fill out death certificates every day. Do you know the average death certificate comes to me six weeks after the death?

Speaker 2 ([04:44](#)):

How are they getting these deaths? Instantaneous numbers picking up every day. It was extraordinary what Americans saw. So, so how were they getting that to this day? We don't know to this day, we don't know. All we know on the CDC website is the CDC website says that about 90% of the deaths that have occurred with COVID 19 have been associated with significant comorbidities, meaning other major problems that were in the proximal pathway to death. The Italians have just recoded all their deaths. They say 97% of the Italian deaths, meaning someone had at heart failure, advanced lung disease, kidney disease on dialysis, advanced cancer. A good example was colon Powell, colon Powell died. Recently. He was in his eighties. He was fully vaccinated and he died of multiple myeloma, but he was also COVID positive. And so the question is, how much of the COVID did he die of and how much of the multiple myeloma Larry King died the same way?

Speaker 2 ([05:45](#)):

I mean, we can pick doesn't. We don't have to go far to find well known personalities where this happened. The point is the deaths were coming in quickly. It may be the fact that the deaths, the vast majority of them occurred in the hospital. So we didn't have to have this prolonged outpatient, you know, death certificate signing and things were mainlined from the hospital. We know president Trump's, um, authorization for the testing became the way that the Johns Hopkins school public health got the scoreboard for positive tests. And that executive order said all the laboratories and all the departments of public health doing testing will report positive tests to the, uh, center, the Johns Hopkins center. And they did that means quest LabCorp, Abbot. All of them started to have a flow of test. Interestingly, there was no reconciliation for duplicates. So if you would've went to one testing center and put your her name as, uh, uh, Joe Rogan, and you went to another testing center and said, your name is, you know, Jose Rogan or something, you'd come in as two different tests.

Speaker 2 ([06:46](#)):

It was never any reconciliation. And we understood over time that the number of tests positive was in a sense padded. It was padded by duplicate tests. It was padded by this idea of asymptomatic testing. So one of the big discoveries in 2020 is that the virus is not spread asymptotically. It's only spread from sick person to susceptible person. This is a very important two major papers, one by cow, from China, one by made while nailed this down. Once we learned that asymptomatic testing wasn't happening, it became clear. Swedes were right. Scott Atlas was right. What, the only thing we needed to do was just keep sick people at home. They were the only people who needed to quarantine, and while people could go do what they were gonna do, somebody can't walk into a workplace with no symptoms and give the virus to somebody else. It doesn't happen.

Speaker 1 ([07:33](#)):

The problem is with that is that a lot of people are not honest about their symptoms. We had a guy at a bar that we work at, that we do stand up at. He showed up. He's like, I gotta, you know, he's just saying guy, he's got a headache. And uh, someone said, what do you mean? You have a headache? And he goes, I've just got this headache. And he goes, uh, have you been COVID tested? And he goes, oh my, I don't want to test positive. Then I'll have to take off work. And they went, what? And so they tested him. He was positive and they sent him home. But that guy was gonna greet customers at a comedy club,

Speaker 2 ([08:07](#)):

Valid point valid point. The, the new thinking really has to be either we don't trust people and we asymptotically test every everybody. But you know, the world health organization as of June 25th says no asymptomatic testing. The FDA has never cleared these tests for asymptomatic testing. The CDC doesn't give a green light to do this asymptomatic testing and people like you and me, we just walked in. We have asymptomatic testing that if we get a positive, the chances that that positive are, is false. Positive is 97%,

Speaker 1 ([08:38](#)):

97%. And that is if you are asymptomatic,

Speaker 2 ([08:41](#)):

Completely asymptomatic and to make matters worse. So many of us have already had COVID 19. And now our CDC admits finally, through a freedom of information act lead attorney, Aaron Siri, press the CDC and said, listen, you're saying you can get COVID twice. Show us a case, show us a case, press, press, press. Finally, the CDC director came out and said, you know what? You can't get it twice. We've never had a CDC,

Speaker 1 ([09:04](#)):

But I have a friend that got it. Twice.

Speaker 2 ([09:06](#)):

What you have is you have a friend who thinks he had it twice. What happened is on one or more occasions, it's a false positive test. Or he actually had the dead virus that he's carrying forward. Somebody in my, somebody in family, my family circles had COVID 19 for sure. Had it got sick. That person tested positive intermittently 17 times.

Speaker 1 ([09:28](#)):

Yeah, but this wasn't just a test positive. He got sick. He recovered. And then about seven, eight months later, he got sick again, tested positive again. And it had a much milder case of it, but still got

Speaker 2 ([09:41](#)):

COVID twice. Yeah. It wasn't a second case. This is what's happened for sure. Yeah. There's about a hundred purported cases like this in the literature I've looked at. 'em all what happens is, is we would need a rigorous definition of put it this way. If you could get COVID 19 twice, we would've seen hundreds of millions of cases. Do you know how susceptible the elderly are? This would've swept

through the nursing homes over and over again. We would've seen grandmothers on the ventilator. 16 times. I'm telling you right now, you can't get it twice. The criteria are. And this reason why the CDC says it can't happen. The criteria would be that you have a positive PCR test at a low cycle threshold, less than 28 you're POS. And you're positive on the antigen immunoassay test. So Theo cap is there and you do sequencing and you can actually find the virus sequence there.

Speaker 2 ([10:30](#)):

Now you do that on two occasions. Uh, you do that on one occasion and someone's really sick and has a characteristic sign and symptoms. And you do it again. Six months later, then you actually have the first case of sec recurrent infection of COVID 19. It doesn't, there's nothing that meets that rigor to make matters worse. The CDC is now admitted that the methodology they used for the PCR originally the CDC methodology that was distributed to all the departments of community and where the laboratory derived assays for the health systems in the early parts of the pandemic cannot distinguish between flu and on COVID 19. So invariably someone had flu on occasion one and tested positive and was pretty sick. And then they had COVID 19 the second time or vice versa.

Speaker 1 ([11:14](#)):

Right? Um, so if that's the case, why is there this resistance to the idea that people have natural immunity,

Speaker 2 ([11:25](#)):

All roads lead to the vaccine? Yeah. All roads lead to the vaccine. Why has there been, why is there no single Harvard protocol or Mayo clinic protocol to treat COVID 19 to prevent hostile hospitalization and death? Why we're two years into it? You mean Harvard won't treat a single patient at home to prevent a hospitalization. I said, at the very beginning, I said, there's two bad outcomes. There's hospitalization and death. That's it. If you could get through this at home and not end up in the hospital, the whole world could get through this. And you know, not a single leader could articulate that goal of avoiding these hospitalizations. Not a single leader. Trump couldn't say it Biden. Couldn't say it, Marco. Couldn't say it. Nobody could actually state the problem. This is what Scott Atlas is saying. There is a global enough where they can't even, they can't even state what the problem is. If you get to you go to any one of these CEOs of these health systems and say, what are you doing to prevent hospitalizations and deaths with COVID 19 as a composite outcome, they draw a blank.