Speaker 1 (00:00):

Do you think that it's possible that people will wake up to the idea that there should be many approaches to this as the vaccines wan in efficacy, and as people start to become more resistant to boosters, then maybe they'll look at these things. Cuz what what's confusing to people is that, well, if this is all some sort of a plot by the, the pharmaceutical companies to make exorbitant amounts of money, why aren't they trying to make exorbitant amounts of money off the monoclonal antibodies, which are also expensive?

Speaker 2 (00:29):

Yeah. I tell you, it's a great argument. We'll see, uh, you know, Mullo PI VIR, which is the Merck drug, which I think is gonna be modestly effective. They, um, the registrational trials finally came in about a 30%, uh, effect size. So a little less than hydroxy or ivermectin ivermectin as the oral drive probably has the best efficacy of the three. Uh, and I think Molo PVE is, can be similar to VIR. Um, we will have to see, but the point I'm making is that listen, the monoclonal antibodies were before the vaccines, there are emergency use authorized. Yeah. There are more impressive results. You, you know, there's nothing to suggest that the, that the vaccines, uh, can have anywhere near the treatment effect because so many people who take the vaccines don't get COVID

Speaker 1 (01:13):

So many people who take the vaccines, don't get COVID. They

Speaker 2 (01:15):

Never get COVID right. Not, you know, what, what does the VA data show you? 96% of people who take the vaccines never get COVID. So the vaccines are given to a large number of people who are never gonna come in contact with the, with the vaccine. Remember

Speaker 1 (01:28):

The registrational trials. Well, why would you say never? They just haven't. I mean, we're relatively new in this thing, right?

Speaker 2 (01:33):

Well, the CDC tells us 146 million people have already had it right. Have already had it. Now those data run in arrears, we could be closer to 200 million people have already had it. Do

Speaker 1 (01:44):

You think there's any reason for someone who's already had COVID to get vaccinated? No, there's

Speaker 2 (01:49):

There's three studies, well characterizing and three more that have weighed in preprint showing harm. So we've already covered the fact that recover people don't get COVID a second time. And even if you argue that you think you can find a case here, there, boy, it's one in 7 billion people who can get COVID a second time. It's rare as hence teeth, if it even happens. So the point is, if you can't get it a second time, you can only be exposed to harms. So the vaccines, like any other medical treatment are not free of adverse effects.

Speaker 1 (02:22):

Now what if someone got a very mild case of COVID an asymptomatic test that showed up or asymptomatic case that showed up as a PCR test, especially when they were running, what was like 40 cycles at one point in time, if that person tested positive on, on multiple occasions, but does not show antibodies in an antibody test, do you think for that person, it would be a good idea to get vaccinated.

Speaker 2 (02:47):

You know, if one there's three ways to prove your immunity. One is you have a concrete case of COVID 19. So you have the characteristic signs and symptoms. You were sick, positive PCR tests, preferably low cycle threshold, antigen test. I got COVID 19. I did the right thing. I was in FDA approved research. I took hydroxychloroquine and FDA approved research and I tested positive for the PCR, but also the Enogen. So I had, you know, COVID 19 is such an important diagnosis. Why do we confirm it in HIV? We always use confirmatory test and we don't write on one test alone. But in the case where it's well documented and you're sick, you're done. You basically have permanent immunity at that point. Now over 3,535 studies support that. Now Paul Alexander permanent immunity, permanent SARS co V one, which is 90% similar to SARS co V two is forever.

Speaker 1 (03:35):

So it's forever. If you have symptoms and you recover from those symptoms, likely you have lifetime immunity.

Speaker 2 (03:42):

Everything we can tell is just like SARS. COVID one SARS COVID one is 17 years old. It's one and done supported by 135 studies. And this recent CDC, the CDC is a stakeholder in the vaccine program. They're running with the FDA. They are, they are the CDC and FDA are the sponsors of the us vaccine program. If they, and they've been telling, uh, people recovered that they should take the vaccine cuz they could have it again. And that's the reason why when they were pressed to say, listen, find a case of someone who really had COVID 19 a second time. They couldn't find a case that was the most revealing, uh, news. They came out of the CDC in weeks and it was great news for America. So you think that

Speaker 1 (04:19):

Recommendation is not based on science it's based on the idea that they want to distribute as many vaccines as

Speaker 2 (04:26):

Possible. Well, it's based originally out of a concern of caution. Don't forget the vaccine recommendations originally. Yeah. Originally. So listen, we're not sure if you can get it again, take the vaccine. Right? So there were just general. Remember the vaccines originally were just offered as they should. Their research, the vaccines are research. They are all investigational research. And so they can, nobody can encourage somebody to take a vaccine by the way that that violates the Nurnberg code. Can't do it. Research is neutral as a doctor. I can never tell somebody they should take the COVID 19 vaccine. Why? Because same reason why I can't tell, 'em say, listen, you should be in my research study. You should take my research pill for diabetes. You know, if, if I told them that you should be in my research study, I'd be sanctioned by the IRB. I'd be called by the FDA. That's out of bounds. We never give any pressure coercion or threat of reprisal participating in research, violates the Emberg code. And we certainly wouldn't do it. These vaccines, cuz we don't have all the data yet, but yet so many

Speaker 1 (05:18):

People are doing that.

Speaker 2 (05:19):

Well, they're I tell you right now they're walking a line on bioethics that they will be held accountable. You can't do that. You can't do that. No one can. No good doctor can no good doctor. Now getting back to vaccine safety. So the idea here is that we have to reckon SI with vaccine safety. So know the story is by January 22nd, we already had 182 deaths after the vaccine, January 22nd for all the vaccines combined 278 million shots given, uh, each year in the United States, kids, adults, me and you. I took two last year. I took one this year, 270 million shots. The average number of deaths that would ever come into our central database, about 150. We've been keeping this database for 20 years. Suddenly we were at 180 2 and then it was a very important recognition that many of us had say, wait a minute, the C and FDA, they didn't have any safety review.

Speaker 2 (06:20):

They didn't have an external, uh, critical event committee. They didn't have a data safety monitoring committee and they didn't have a human ethics board assigned to the program. It turns out we had the wrong agencies leading the program. The FDA is supposed to be the drug watch, uh, government organization. They don't lead clinical programs. The CDC is supposed to be the outbreak evaluation program. They don't lead clinical programs. So in fact, we actually had the wrong, we had the, in a sense, uh, uh, uh, the Fox guarding the chicken coop in a sense, we had the wrong people leading the programs and then we didn't have this independent safety committees. So there was nobody to stop the program in February. You know, normally what happens is you get five deaths after any product that's unexplained, black box warning may cause death. You get to 50 deaths. I don't care if 50 million, 60 million people take their drug, you get to 50 deaths off the market and it gets reviewed for safety. I've been involved with these Joe at a national level. We never let a drug go on and be associated with 50 deaths. Afterwards. We were at 180 2 and there was no safety review. Remember I told you in February, I demanded as a citizen. I demanded a report from the federal government. We needed a report and a press briefing on vaccine safety efficacy. We never

Speaker 1 (07:33):

Got it. Can I pause you for a second there? But isn't it rare that a group of people, as large as the number were people that were getting vaccinated participates in some, what if you wanna call it experiment or whatever it is, but this is essentially a mass inoculation. It's extremely large number of human beings. So if you're getting 182 people,

Speaker 2 (07:52):

We had a, we had 182 at shouldn't it be scalable? Shouldn't well, we had 182 at 27 and million shots, 180 2, 20 7 million shots. Right? Remember the standard is one 50 at 278 million shots, right? So one 50 to 2 78, we had 180 2 to 27. So I so on normal

Speaker 1 (08:12):

Conditions. But the idea was that people were dying from the pandemic and they were dying from COVID.

Speaker 2 (08:17):

So, so here's the idea and is the best example. There was somebody in my circles around March came by my house, a guy like you, she, you know, came by biking and him, his wife said we took the vaccines. We took the vaccines, we're safe. I said, listen, I'm, I'm kind of concerned by March. We're at 1200 deaths, Joe 1200 deaths. I said, we're at 1200 deaths. He goes, what are you talking about? We vaccinated 60 million people, 1200 deaths, small price to pay. I continue the thought in my mind, small price to pay for the area and race. That is the type of thinking that people comes into people's minds driven out of fear, driven out of mass psychosis that say, listen, I took the shot. I took a risk. If it killed somebody else, I don't care.

Speaker 1 (09:06):

Well, there is a thing that people that took the shot and took the risk, want other people to do the same.

Speaker 2 (09:11):

That's exactly right now, fast forward, where we are today at 18,000 deaths.

Speaker 1 (09:17):

And this is just the vers, which is underreported.

Speaker 2 (09:20):

This is vers vaccine adverse event reporting system. And we know in that system, these are certified by the CDC. So the, the red box report comes up once a week, its certified by the CDC. That means all these events really happened because they come in as T various numbers and then they vet them. So all of these really happen 18,000 deaths. Uh, there are 30,000 individuals who are permanently disabled after the vaccine 230,250,000 emergency room visits, office visits, uh, uh, uh, uh, other healthcare encounters related to the vaccine. We have two separate LC showing one from Macklin, from Queens university in London, one from Jessica Rose, from, uh, Canada showing that that 50% of these deaths occur within 48 hours of the shot that 80% of the death occur within a week. The very tightly related. We now know that the spike protein after these vaccines, ISUE used in the body for an uncontrolled quantity and an uncontrolled duration of time.

Speaker 2 (10:22):

And because the antibodies to the spike protein after the vaccine are so high compared to the, the respiratory infection. We now infer that in fact, one gets a much larger dose of the spike protein after vaccination, then the respiratory illness. And in some people they invariably can't handle the spike protein exposure to the human body who dies. McLachlin, looked at this and found that the vast majority of death are in seniors. The very people we wanted to protect. So the deaths are occurring. Nursing home residents, people in the eighties, high seventies and unto down McLachlin took at, he had 1200 deaths at the time of the publication, took them and coded the dust rigorously through the vignettes independent reviewers by, by causality was actually due to the vaccine and they ascertained that 86% of the time. There was no other cause outside the vaccine, no other cause. So 86%, 86%. Now how,

Speaker 1 (11:21):

How do they do that when you're dealing with someone, is

Speaker 2 (11:23):

That old? Well, you have a vignette and you kind of read the vignette. There's been separately, nursing home studies, there's one by Kirkendal and colleagues that in nursing homes, they had a hundred deaths after the vaccine in a nursing homeless scan Navy. So they reviewed the deaths. They came up with a number of, to 40% were directly due to the vaccine. But what I'm saying is just like the respiratory infection takes out people who are teething around the brink of survival. Right? Right. The vaccine does the same thing cuz the vaccine and the respiratory illness, illness are one. And the same in terms of the spike protein, we're giving the body back, the spike protein in relatively high quantities and then a whole bunch of things would come out. So in vers to make sure your audience has this down 18,000 deaths, that's everything reported in, uh, we know from a paper by Meisner and colleagues before COVID that um, about 80 say percent 85% of these reports are done by doctors, nurses, or other healthcare professionals.

Speaker 2 (12:17):

I think the vaccine caused the problem. And uh, also the pharmaceutical manufacturers only about 14, 15% are done by the patient themselves. We know from, uh, the data, uh, presented in the whistle blower. There's an FDA, FDA whistle blower lawsuit for after the vaccine that was, uh, uh, uh, filed by attorney Tom Rez using CMS data. So in CMS, we also know when they got the vaccine and who they died and it doesn't depend on self-reporting right, cuz CMS, the center for Medicare Medicaid services, they know when people come off the rolls and there, the underreporting number was established. So we know VAs are underreported by about four to five. So of those 18,000 death, 9,000 are domestic 9,000 are XUS, but they report through our systems. So if we have 9,000 Americans truly have died after the vaccine and the underreporting number is about five we're at 45,000 American lives lost. And that's what's in the, uh, FDA, that's the lawsuit against the FDA. How did they

Speaker 1 (13:16):

Arrive at that number of underreporting? There was a Harvard study that showed underreporting being, uh, as high as 1%.

Speaker 2 (13:24):

Yeah.

Speaker 1 (13:25):

Well meaning what, they only report 1% of

Speaker 2 (13:27):

The adverse, right? So the Harvard study was the, with the HPV or human papilloma virus, vaccine,

Speaker 1 (13:32):

That's all it was about. Yeah. And

Speaker 2 (13:34):

The idea is, well, parents and kids are getting it and what have you. So it's probably gross. There's probably gross under reporting. There COVID people are on edge. Right. And so what CMS, uh, uh, the CMS data basically, you know, when someone got the shot and you know, when they died. And so we

know what proportion of the us population are CMS recipients. So by extrap can calculate what the real number is. So the real number at the time they filed the numbers round about 45,000 compared to what was in vers. That's how we can get to the underreporting relationship of four to five. And, and we think that's a fair number four to five is probably a fair number. Now,

Speaker 1 (14:10):

What is the difference between the way the spike protein interacts with the body, the, uh, infection from respiratory illness versus an injection from the vaccine?

Speaker 2 (14:21):

Well, we learned July 29th, Bruce Patterson, whose terrific, uh, molecular biologist, he, uh, between, um, Northwestern and Stanford showed for the first time with respiratory infection. The S one segment of the spike protein is recoverable and human monocytes for up to 15 months after infection. So you had the infection, Joe, you got 15 months to clear that stuff out now, maybe sooner and hopefully lower exposure. You got monoclonal antibodies, other drugs. I got drugs. Uh, hopefully we had less exposure to it. We can, you know, our bodies can be free of the spike protein, the S one segments, the outer segment. That's the one that actually doc docs with the a two receptor, the S two segments, the one closer to the ball of the virus. Now, uh, I interviewed Bruce Patterson for the McCull report on America, allowed talk radio, the McCull report, and what Bruce told me and he had the data is the, at the vaccinated individuals, as long as he can see, after a vaccination, they have measurable spike protein, S one and S two segments within the monocytes.

Speaker 2 (15:20):

We knew from a paper by Ogata and colleagues from Harvard showed that the free floating spike protein was in the plasma for on average two weeks after the vaccines and RNA vaccines, but one person in their study, it was measurable in plasma for 29 days. So that spike protein EIA in the plasma, the spike protein damages cells, it goes damages, uh, uh, cells in the heart, the brain damages blood vessels causes blood cloting. Um, we know the spike protein is dangerous of paper. Vol shows it damages heart muscle cells. Percys the FDA has warnings on the vaccines for myocarditis or heart damage. So this is biologically cohesive that the vaccines could damage the human body and cause death. So the biological plausibility is there. We know that it's a strong signal. So we have that. We know that it's internally consistent in the VA system, meaning there are other non-fatal events like heart attacks, blood clots, myocarditis, and now it's externally consistent. The same pattern is seen in the, in the yellow heart system, in the UK through the M HRA. And it's also seen in the UDRA system in Europe. So what I've laid out for you is we've fulfilled. What's called the breath at hill criteria for causality. That means it's it. I'm an epidemiologist by training. This is my line of work. I'm telling you for a large number of individuals, the vaccine has caused death and these vaccine induced or organ injury syndromes.