

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

Um, something, someone tell me, told me, I wanna verify with you, if you were a healthy person and you took monoclonal antibodies, would that offer you protection for a period of time from COVID?

Speaker 2 ([00:12](#)):

Well, there's been a randomized trial of case context. This is important. So run Ms. Trial. I believe you using the Regeneron, um, product. And so what they did is they took, uh, seniors, like say several seniors living together. One of them gets COVID 19 and the others are exposed and they're high risk. They took the exposed ones and they randomized 'em to getting subcutaneous injections of the monoclonal antibody versus placebo. And those who got the monoclonal bodies in the setting of seniors, close contact prevented the development of COVID 19. Now, when you got yours, did you get it IV or did you get IV? Yeah. Yeah, but so what happens is doctors have taken those findings and said, listen, it's parental administration. We're gonna give a subq injections. It's actually four injections that it's needed to give it. But I want the listeners to understand the monoclonal antibodies are safe, effective, proven. They clearly reduce symptoms. They reduce hospitalization, death, and they are a product of operation warp speed. So not everything that happened with pandemic response was, was bad. This was a great development. Think about an anti-viral monoclonal antibody, what a wonderful advance we've never had it before. So

Speaker 1 ([01:23](#)):

There's an unlimited supply or a very large supply, more than adequate for the entire population for monoclonal antibodies. So what is stopping the distribution of them? Because not only have they made it difficult to get in Texas, they actually put these parameters on who gets it and doesn't, and you have to be in, uh, a high risk ethnicity to get it. A friend of mine went, he had COVID and he is a, uh, healthy, uh, Caucasian male in his thirties. And they told him, you are not qualified to receive the monoclonal antibodies. And they, the lady who's working there said, if you were another ethnicity, like if you were Hispanic or black, then we would qualify you. And she was like, look, this is not my idea. This is, I just have to follow the rules. Why would anybody establish rules like that? Like, what is that? And

Speaker 2 ([02:21](#)):

They're so arbitrary from center under the arbitrariness of the rules. I've sent younger patients who have severe symptoms and in trouble for monoclonal antibodies, they've been turned down. I've had other people go for monoclonal antibodies themselves and get them find no difficulty. Most of the time I have to say, I've had a great experience. People got the monoclonal, but I have to tell you an anecdote. Somebody close in my religious circles developed COVID 19. And he developed some severe respir respiratory symptoms. And I had gotten wind of vaccine discrimination, Joe. I had gotten wind of this and this person was not vaccinated. I said, we're gonna go for a monoclonal antibody infusion. It's late on a Saturday night. He goes for the monoclonal antibody infusion and the doctor at the center in Dallas, Lord's over him, arms folded and says, have you been vaccinated? And this person looks up on him. He says, I refuse to answer that question. And the doctor looked at him. He said, okay. He goes and, and the per and the person who came and said, listen, I just want a monoclonal antibody infusion go home. He gets the monoclonal antibody infusion. And on the way out the door, he goes, Hey doc. He goes, what if I would've answered that question? If and told you I was vaccinated. He goes, oh, I would've given you Remes

Speaker 1 ([03:37](#)):

If he was vaccinated. Right?

Speaker 2 ([03:39](#)):

So the example is that's an example of perverse vaccine discrimination. So he would've been discriminated against getting a high quality therapy and getting a lower quality therapy. It doesn't make any sense. So

Speaker 1 ([03:50](#)):

Is that just a poor doctor or just a bad doctor?

Speaker 2 ([03:52](#)):

No. It goes to show you the arbitrariness and the confusion that exists out there that monoclonal antibodies are safe. Their effect. If they work in vaccinated or UN vaccinated, there was a previous thinking that if you are vaccinated, you should have already have antibodies to the virus. So therefore we're gonna use VIR against polymerase inhibitor, but it's just faulty thinking because vaccine breakthrough cases, the virus is basically blown past the vaccine antibodies and why not give it a shot? Regeneron two different antibodies. GSK is an antibody against the glycoprotein. Why not use a more intelligent therapy? I can tell you I've looked at all the data carefully, hands down the monoclonal antibodies, blow away rim DVIR. Another thing that bothers me is do you know that when patients get admitted to the hospital, no monoclonal antibodies, once they cross that line and I had a had case in Fort worth, it broke my heart. 38 year old man. He was really sick. His wife is really sick. We scramble, we get medications. His wife gets the monoclonal antibodies and goes home Joe with other drugs. Okay. And she survives, they got five kids. He's 38 years old. He's obese. He doesn't get the monoclonal antibodies. They say, you know what, you're too sick. We're gonna admit you. He never gets the monoclonal antibodies, Joe. And he dies in the hospital.

Speaker 1 ([05:06](#)):

If they just gave him the monoclonal antibodies in the hospital, you likely

Speaker 2 ([05:09](#)):

Would've surprised or give him in the ER, if this was a matter of clicking,

Speaker 1 ([05:12](#)):

Why, why is it so arbitrary that once you go into the hospital, they won't give you the monoclonal antibodies.

Speaker 2 ([05:16](#)):

It doesn't make any sense. The emergency use authorization, give some general guidelines in an FAQ. The FAQ gives information like says, you know, used as an inpatient and outpatient, but it's not a law. I mean, if, if I can use TRO as an outpatient, I can use tum as an inpatient. If I wanna use, uh, Regeneron as an outpatient, I can just doctors have authority over the FAQ. People are reading this FAQ. Like it's some type of law. As soon as they cross the line in the hospital, they can't get this life saving therapy.

Speaker 1 ([05:45](#)):

So the doctor has the ability. Once a person is hospitalized to still administer monoclonal antibodies and they choose not to, because of this bizarre, the way this is

Speaker 2 ([05:56](#)):

Written and the same reason why they choose not to use ivermectin in the hospital,

Speaker 1 ([06:00](#)):

The same reason why they choose not to, but at least ivermectin is controversial and I'm not get letting anybody off the hook, but at least it's controversial. There's a lot of people that don't think it's actually effective. No one thinks that monoclonal antibodies are not effective. No one that I've heard of.

Speaker 2 ([06:15](#)):

I'd agree with that. I think there are just some unproven concerns. One concern is when the oxygen saturation is lower. If we give a monoclonal antibody, we could create some perfusion changes in their lungs and further worsen hypoxemia. That's never been shown. There have been other thoughts that if someone gets admitted to the hospital, they're too late for monoclonal bodies. So remember the bowl with therapy is Joe, the later we start something, the less efficacy it is. So if you wanna show failure of ivermectin hydroxychloroquine and monoclonal antibodies apply it very late. So this idea that, well, they're outpatients now I'm within the FAQ and they're likely to benefit fine. My point is, come on. This is a fatal condition. You know, just be, cuz we're on the edge of hospitalization. Why don't we give it in the ER and declare them outpatients and then still admit them.

Speaker 2 ([07:03](#)):

I would be okay with that. I've had another case I advised on where, um, desperate case, uh, woman, uh, who was in a car accident, uh, weeks earlier had rib fractures, uh, um, impaired pulmonary function gets serious. COVID we do everything. And we can, as an outpatient, Joe, all the drugs I've meted, we were using every vitamin, you name it, what you call the kitchen sink. That's what we were doing, trying to save her life. Woman in her fifties, get so hypoxic and sick. Her husband's sick. We toss in the towel call 9 1 1. She goes to the hospital. I say, get monoclonal antibodies in the ER, oh, they're gonna admit her. They're not gonna do it. Fortunately, we got, this is Tampa general. The person listening to this will know who they are. And they got to the other side of the admission and I was relentless.

Speaker 2 ([07:45](#)):

And I said, get in a monoclonal antibody trial. Thank the Lord. They got into the AstraZeneca monoclonal antibody trial. We don't know if they got placebo monoclonals, but she survived no intubation. And it was like, wow, it was that close. They, this is a little window of my life for the last two years. Do you know? There's 500 doctors trying to treat the entire country like this, my phone. Once I turn my phone on from this interview, Joe, I am gonna be loaded with cases that Aller advised on. Try to help on all the way home. Why

Speaker 1 ([08:13](#)):

Is it so few doctors,

Speaker 2 ([08:15](#)):

There is a grip of fear over the doctors originally, I think personally fearful of taking care of patients and they wanted someone to tell them what to do. Remember, doctors, doctors are not like Navy seals. Doctors are not like police officers or firemen or, or world wrestling champions. Uh, you know, doctors are kind of nerds. There's no checkbox that says, um, courageous, I'm willing to take some risks. They don't, they don't check those boxes. And I think there was a small number of doctors. I guess I'm one of 'em that I said, you know what? I'm gonna take some risks. I can do this. You know, I can put drugs, pure Corey, you talked to him pure. Corey's another guy. He, he didn't hesitate. I didn't hesitate. Jose Verone down in Houston. He runs a whole hospital. He doesn't hesitate. There's 500 of doctors out there that now are basically held out as heroes. You read Bobby Kennedy's book. We look like we're American heroes. It's only because we're treating patients as we should.

Speaker 1 ([09:10](#)):

It's just hard to imagine being a person denying treatment to someone that you know would be effective because you're looking at some arbitrary rules that are written down, that once they're admitted to the hospital, you can't give monoclonal antibodies. And then to cast this judgment on them, why weren't you vaccinated? We're not gonna treat you. I mean, but this is what's happening to a lot of patients.

Speaker 2 ([09:32](#)):

I had a conversation one time with a doctor and, and he goes, it was some conversation about treating patients early. He goes, well, you know, there's not enough evidence. There's not enough evidence. I need to wait. We need to wait for large randomized trials. Do you know in the, uh, us Senate testimony, uh, the, um, minority witness multiple times told us, he goes, Nope. These doctors are treating with these drugs. There's not enough evidence. There's not enough evidence. And then I think Ron, John asked him, he goes, well, what do you think the best treatment is? Well, they should follow the guidelines. And the guidelines say, stay at home and wait until you're really can't breathe anymore. And then you come to the hospital, then you start treatment. And then I, I, I made a comment. I said, I want that to be written into the records of Senate testimony.

Speaker 2 ([10:15](#)):

That that is a reckless recommendation for America, that it is reckless to recommend nothing in the setting of a fatal illness, every serious fatal infection must be treated early. It's only gonna get worse. We actually have for other infections, we have time to the initial therapy as a benchmark of quality of care. Why would we let this virus rip the for 14 days or longer? Can you imagine you had it? Can you imagine if you were 75 years old, you had heart and lung disease and you were sitting in your apartment, your, your parents, your kids couldn't come over and look after you. Your nobody could look after you. And every day you're stewing getting worse and worse and worse and worse until finally in your're in isolation. Finally, at two weeks, you can't breathe anymore. And you toss in the towel. You call nine one one, you call your daughter, you call your son, you contaminate the virus everywhere. And then you get put in the hospital, you get slammed in isolation. You get put on Rimes, you get six milligrams, a Deron, and then to make, make things absolutely the worst. You never see your loved ones a again, and you die. That's what's happened to 800,000 Americans <affirmative>.

Speaker 1 ([11:18](#)):

And so this is why you believe that at least 50% of those people could, that those deaths could have been

Speaker 2 ([11:24](#)):

Prevented. That was in November of 2020 under sworn testimony that number's easily 85%. Now, maybe it's 90%. Now, if we got what you got, if you got the sequence multi-drug treatment, monoclonal antibodies, you called it the kitchen sinks. So do I, bottom line is it may be refined over time. The me Pfizer drug will bring him in if other drugs come along well, we'll refine it. Listen, it's a process. I'm not saying any one of these drugs is a miracle drug. None of them are necessary nor sufficient to save a life. But the point is what drives hospitalization is uncontrollable symptoms. It's uncontrollable anxiety. Do you know an anxiety drug itself actually cuts off the risk of hospitalization. And that drug is flu vine. I was gonna ask you, yeah, flu Voxin takes an edge off the DYS. It may have some, is that an SSRI?

Speaker 2 ([12:11](#)):

It's an S S N R. Right. And it's an older one, but it takes an edge off. They may have some other unique effects. I mean, I, I give credit to those who have, uh, advanced it, uh, credit to Steve KRS. Who's funded the COVID 19 early treatment, uh, uh, program. And he's now funding the vaccine injury program. You know, Steve ki by the way, has a great offer out there for your listeners. I dunno if you know about this, no. His offer is anybody from any major academic medical center or any government agency who will come to the table and have a fair discussion on vaccine safety and efficacy. He'll pay him \$2 million.

Speaker 1 ([12:47](#)):

Anybody, anybody, you mean anybody? Who's like a high level medical researcher or

Speaker 2 ([12:56](#)):

Anybody who can, can make the case, even try to make the case that the vaccines are safe and effective.

Speaker 1 ([13:03](#)):

And if they don't make the case, they still get the money. Yeah, really? That seems like an easy 2 million bucks. No, one's come from you. Fill there and get your kicked for 2 million bucks. And Joe,

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

No, one's come forward. Really?

Speaker 1 ([13:15](#)):

No one's come forward. Do they know about it? Is this highly? I mean, I just found out about it a

Speaker 2 ([13:19](#)):

Few seconds ago. No people know about it. He's made a lot of calls and emails and uh, the point is people are under a chance with these vaccines. They actually know they're not safe and effective. They know it. They know when they took the vaccines, they took a risk. Now that safety day, you know, the vaccine center's cleared out in mid April, I drive past one every day to work. And there used to be police officers. They were waving people in there was cones. I, I, I, I was slowed down to try to get to the hospital because the vaccine traffic, and then it started to thin out and thin out and thin out. We got to mid April. There was nobody there. You got to may. And there's moth balls that dust on the cones, they put barriers up. The vaccine centers have been closed for months.

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

When, when the word got out that people were dying after the vaccine, people stopped taking it. And there was an internet survey now unofficial on Twitter, I think, but it asked the question. Do you know somebody who's died after the vaccine or someone in your circles answer 12% and I'm telling you 12% and people talk, you can suppress it all you want to, you know, there's the trusted news initiative. You can bring that up. Why don't you bring the trusted news initiative? The trusted news initiative was rolled out with the vaccines on December 10th. It was rolled out the trusted news initiative announced by the British broadcasting company with all the other media here. It is. It all the partners that was all the major media and social media, Joe will work together to ensure legitimate concerns about vaccinations are heard whilst harmful. This information myth are stopped in their tracks, translation, suppression on anything that would promote vaccine hesitancy.

Speaker 2 ([15:01](#)):

And what would promote vaccine hesitancy early treatment, the hope of early treatment, staying out of the hospital. You know, if people knew they had an option, they could defer on the vaccine. And if they got, they get treatment that's that would lead to vaccine hesitancy. How about vaccine safety? How about giving a press briefing on deaths after the vaccine and who are they happening with? Modern Pfizer, J and J do we know, is it hap what, what's the profile of someone who dies after the vaccine? We have 19,000 cases. They could tell us, Joe, the point I'm making is if they won't be clean on vaccine safety data, we can never get to risk matter mitigation. We can't get a safer program unless they are transparent on vaccine safety.

Speaker 1 ([15:42](#)):

Well, this is where the authoritarian aspect of this gets very complicated, right? Because they've assumed the government has assumed the role of the parent. Just listen to us. We're gonna tell you what to do and you, and some much worse than others, the woman in new Zealand's horrific, there's been a bunch of 'em that are horrific, where you hear them talk and they're so incredibly condescending. And they feel like they have this ultimate power to just force people into this binary solution. And the ability also to suppress information, which may in fact, be accurate, that the vaccines do carry a risk. What you said today, none of, none of this is wild conspiracy theory. You're obviously incredibly well educated, and you're more than qualified to distribute this inform. But if this was on YouTube, this would get taken down. We're very fortunate that Spotify doesn't operate like that. And that this can be received by millions of people all over the world. But there's not a lot of avenues for this now. There's very few. In fact, there are randomly, I mean, not randomly, just they're purposely targeting experts and doctors that have opinions that differ from the approved narrative. You are one of those experts.

Speaker 2 ([17:06](#)):

Well, maybe because I looked in the camera and gave a wink in one of the interviews, I think it was Tucker Carlson while I said, bring it on. And this is what I mean about this. This is a giant game of chicken. And the bottom line is the people who win are the people with the truth. The truth in the end is kryptonite to everything out there,

Speaker 1 ([17:31](#)):

But it's taking, taking to on a lot of

Speaker 2 ([17:33](#)):

Doctors. The truth is powerful. Can you bring up the graphic of, um, a big public program? Uh, uh, it's a picture of a crowd and I'm up in front. There's 500 doctors in my circles. Many of us are members of the association of American physician of surgeons or the frontline critical care consortium or American frontline doctors, or the truth for health foundation. Look at this. This is an American reawakening. We are now going into cities and we'll have meetings typically with lawmakers, several dozen lawmakers, and we'll go over the issues we've covered today. Joe, we go into doctors programs, we'll have us smaller program for doctors. And then we go into big public programs. We are getting 500 to 5,000 people coming into venues and basically going over the slides like I went today. This is like a medical grand rounds for the public. And what I, what I tell people, I say, where are the medical schools doing this?

Speaker 2 ([18:25](#)):

How come the medical schools aren't having public symposiums? We've had two years of COVID 19. Why are there no review of the data? Why are we not understanding vaccine safety and efficacy? And I say, listen, this is all about just understanding it with the vaccines. For instance, you know, about 70, 80% Americans took the vaccine. I give the data. Do you know the most effective vaccine in terms of vaccine efficacy? You probably have concluded already. It's MENA MENA, uh, because it's a hundred micrograms of me, RNA, Pfizer's only 30 micrograms of me, RNA. It's more than three times a dose. Of course, it's a stronger vaccine. It's gonna have more protection. The point is the public in the end is the court of public opinion. And the public wants to know, and you know, a G 23rd in Washington, there is actually a March to defeat the mandates. There is a March out there, an American homecoming. Do you know, it's my testimony and the testimony given by Jay Barara that judge Dowdy in the sixth federal court in Louisiana used to overturn the rest of the Biden's CMS mandates. And then within a few days, a whole wave of states triggered against the mandates. Why? Because we have the truth and you're talking to one of the two doctors who made it happen for the country.

Speaker 1 ([19:44](#)):

Have you personally experienced any repercussions?

Speaker 2 ([19:48](#)):

It's the most interesting thing. I've ex parents sniping. What I mean sniping, that means someone's shooting at you, but you can't see who they are. I've never had anybody have the guts to sit across the table for me and have a conversation.

Speaker 1 ([20:05](#)):

If I could bring someone who is, uh, a proponent of the vaccines, would you be willing to have a convers

Speaker 2 ([20:12](#)):

With them, bring him on and we'll have Steve Carsey will split the 2 million cuz I could use it for my legal fees. I can tell you right now, Steve Kirs has been be somebody to come and just have a discussion on a vaccine efficacy. Let's go over VAs. Let's go over the efficacy data, you know, is this enough of a hospitalization and death benefit to consider taking it? So the false there's been some false narratives that have gone on that in a sense are working to make this forever. Joe, if you and I wanna have COVID the rest of our lives, we would maintain these false narratives. And this is what they are asy. The asymptomatic spread you. And I could give it to each other, another false narrative. We can get it over and over again. That means you and I sitting here with no masks.

Speaker 2 ([20:55](#)):

We have no symptoms. We can give it to each other over and over again. Can you imagine these false narratives and how about this? Take a vaccine and then take another vaccine every six months. But I got COVID well, you can get it again. Another vaccine. Well, it doesn't stop. COVID we'll take another vaccine. This is forever. So the false narratives that we have to absolutely. If we wanna get past the pandemic that have to go is asymptomatic spread and asymptomatic testing. Get it outta here. Another one is natural immunity, robust, complete, and durable. Never wear a mask. Never take a vaccine, never take another test. You're done on it's one and done. I advised the Alcan government. They reached out to me and said, listen, we're in trouble. We're getting buried with COVID. This was several months ago. They said, we're running outta masks.

Speaker 2 ([21:35](#)):

What do we do? I say, get your COVID recovered people out there. And man, the tents and start handing out the ivermectin hydroxychloroquine based protocols. And that's what they did. And they handled the pandemic. I've personally had alpha variant. I was in research. I was tested. I've come face to face with Delta, somebody red, hot at my face. They're kids all over me. We actually made videos of they're gonna be in two different. I came back eight days later, you can't get it. You cannot get it. Do you know today that if someone's in a nursing home, there's somebody in my family, in a nursing home they've had COVID 19. Do you know? Every time somebody in the nursing home gets COVID 19, everybody gets put down a lockdown that poor guy has been in solitary confinement, six months outta the last year he's already had COVID 19.

Speaker 2 ([22:18](#)):

He's already paid the price. He should have free reign of the nursing home. He should never have to wear a mask. Do you know when, when someone's COVID recovered and they go into a ho, they, they can't go into the hospital and see their law of one dying of COVID in the, in the ICU. They can't get COVID a second time. See if we don't recognize natural immunity, this is really important. Do you know that Diana Harshberger from, uh, uh, a Republican, uh, house of representatives, Congresswoman is basically proposing national legislation for, um, recognizing natural immunity is very important. Natural immunity is far and away. The most important thing we can.

Speaker 1 ([22:56](#)):

How do we establish it though? How do you establish that? Someone recovered from COVID

Speaker 2 ([23:00](#)):

And has natural picked definitions that listen, that what the FDA used for the registrational trials was fine. If someone said they had COVID and they had supportive testing that counts that you, if someone never got the supportive test, but they thought I had it and they hit an antibody. If you hit Roche, LabCorp, quest, Abbot, ortho, clinical diagnostics, you hit one of those you're immune cuz tho those positive controls, Joe are set people sick enough in the ICU.

Speaker 1 ([23:25](#)):

Well, what about I have a friend she tested positive. I, I was telling you about her in the PCR three times, but she was completely asymptomatic. But then when she was tested for antibodies, no antibodies, this is, she ran through three different PCR tests just to make sure asym asymptomatic tested positive. And

then now when we test her for antibodies, we've test her here. She does not show antibodies. You have 15%

Speaker 2 ([23:49](#)):

Of people who, who have symptomatic COVID and she didn't have that, but 15% of symptomatic COVID they don't hit the antibodies. Cuz the positive controls are set on sick in patients. Most people at home are not that sick. So a lot of people don't hit antibodies on the commercial tests, 15% don't and if you don't get the T detect test, so the T detect test, go to T hyphen detect.com, sign up, put all your information in once the lab director approves it, you go to LabCorp, get your blood drawn. And that looks for next generation sequencing and the chromosomes at T cells to see if you've actually had COVID

Speaker 1 ([24:24](#)):

19. And so would be T-cell and BCE immunity that you would maintain, even though you don't show the antibodies in. Yeah.

Speaker 2 ([24:31](#)):

Well listen, the antibodies drop off in everybody. You know, there's a paper by Israel,

Speaker 1 ([24:34](#)):

Not and Jamie. Yeah, but that dude is rock solid. I'm telling you should see his antibodies. Well, I tell you that's he got COVID in October of last year and he still got, well, we were pretty sure he got, he encountered it fairly recently and his body fought it off because his antibodies went way up.

Speaker 2 ([24:53](#)):

But what super human over there? The papers in general suggest 15% of people don't hit the antibodies I had COVID in October, 2020, it was by PCR and antigen. I was in research, it was locked, is rock stable. I had COVID at all the characteristic signs and symptoms. My wife had it in the research protocol. We had to follow up with quest and get our antibodies done. My wife hits the antibodies fine. I can't hit the antibodies. I go two more times. I can't hit the antibodies. I go, what the heck? And I looked into it, 15% of people just literally, if your treatment is so intense at first, actually don't get enough spike protein exposure to get such a high antibody titer. And in effect the natural infection, the antibody ti is much softer than with the vaccines. Because with the vaccines you get antibodies against one protein, the spike protein, right? With the natural infection, you get antibodies against 27 different proteins. Do sorry.