Speaker 1 (00:00):

But, so this is interesting. Uh, well, first let's do the conclusion. So your conclusion is that this is a manmade virus with an extraordinarily high degree of certainty. You characterize it as a bio weapon. Why, why do you call it that? In other words, there's the two story. One story is, okay, it's manmade virus, but they made it in order to say a step ahead of nature in case something happens. That's that's one story. The other story is this is something that has the intention of being weaponized. So you conclude bio weapon. Why do you conclude that?

Speaker 2 (00:30):

Right? Because by the definition under the biological weapons convention, treaty the production of any organism that has no benefit to mankind that can be harmful to mankind is a bio weapon. So this is way beyond all these inserts are way beyond anything that could potentially be used for, for peaceful or beneficial purposes. And then when you look at the vaccine, you really have to say, well, what's in the vaccines. There's lots of variants to any virus that exists. So the original is called SARS two Wuhan, H U one, that's the original virus. And so they took the code sequence of that for the spike protein. And that's what is in the vaccines. So if that, by definition is a bio weapon, then the replication of that in the vaccines is a bio weapon. You know, it's not a bio weapon in one instance, but not in another.

Speaker 2 (01:30):

Right? And, and the problem with doing that approach is that it's completely different than what we've ever done before. And, and in the past, we've always taken whether do you like vaccines or not? I'm not, anti-vaccine, I'm just anti bad medicine. I anti stupid <laugh> if you, if you look at what we've done before, we've taken all the viruses, all the variants and all the parts, right. And we've weakened them, that's called attenuation and we've injected it into people. So they make an immune response mm-hmm <affirmative> and then we measure that immune response, you know, the T-cell and the, and the antibodies. And we know we have an immune response. And one question for your listeners to do is to go to Fleming method.com, go to the EUA documents, and you'll find none of that datas in the UA, EUA documents, the emergency use authorization documents. In other words, there's no data that the companies are proving that they're developing or generating an right. And in fact, if you read through the, the, the UAS thoroughly, and you do these statistical analysis of the data, you'll find out there's not a statistical reduction in COVID cases using the vaccines either or statistical reduction in deaths. So they took hu one spike protein, and they that's, what's being injected into people or something fairly close to that. Now.

Speaker 1 (02:50):

Well, can I ask a question? Uh, just a clarifying question, is it that they're injecting the spike protein or they're injecting the mRNA that causes your body to, to create the spike protein?

Speaker 2 (03:03):

Right. So Pfizer are injecting the RNA, AstraZeneca and Jansen, which most people call Johnson and Johnson, but the company's Jansen, uh, have double stranded DNA. So they're injecting the genetic sequence to get the cell to the spike broken. And we already know that, I mean, the, the, again, 2017 was a big year for all of this, that in 2017, modern did a study with a lipid nanoparticle for influenza virus using mRNA. And when they did that study, they showed that the lipid nanoparticle went all over the body. Didn't stay at the injection site. It went to the brain, the bone marrow of the liver, the spleen, the heart, you name it. And it did it relatively rapidly. So when everybody says, gosh, um, we didn't know it

was spread, I'm sorry. Magna published a paper in 2017. That said it does. So, you know, I'm just a dumb nuclear cardiologist. So <laugh>, yeah. I mean, I times follow that up with the, the guy who developed the theory and the patent, but Jill is still just a dumb nuclear cardiologist, right?

Speaker 1 (04:05):

Yeah. So, so the implications that I think are kind of important, um, saying that the safety, I guess, the proposed, uh, theory around the safety of the vaccine was, Hey, this is gonna stay local. It's gonna, it's gonna Mount the immune response, uh, based on a controllable amount of these spike proteins being evoked from the body. Um, and then your body will amount, you know, will amount the immune response. Uh, and it, it, and, you know, I, I always wondered how they know how controlled that can possibly be, but the whole premise was predicated on its staying kind of local to the injection. At this point, we know that it goes through the whole body and, and you're saying there were papers cited from one of the vaccine manufacturers mad that showed that this actually goes on. So now the question, uh, if the FDA was made aware that this was likely gonna go systemic as compared to local, do you think they would've given it emergency? So you authorization?

Speaker 2 (05:02):

Well, to begin with the FDA's job is to fully evaluate a drug. And if you're sitting there on the panel and you're supposed to evaluate this, you ought to do a little bit of research mm-hmm <affirmative> and it it's clear to me that they didn't. In fact, if you look at the FDA's track record, they pulled off twice as many drugs in recent years as they approved. Now, the only reason for having to pull 'em is, oops, I guess we shouldn't have approved that. Right. Right. So that doesn't speak well of the agency, right? I mean, if you're, if you're, if you're throwing stuff out and you have to take back twice as much every year, maybe you better do a better job. Mm-hmm <affirmative> right. Just, just my thought. Um, I mean, I've had my go rounds with them over the years. And you know, I've tried to explain these nuclear imaging ice toes.

Speaker 2 (05:49):

And the fact that big pharma is selling twice as many, much of these ice toes and over exposing people to radiation. And the response I got from the FDA was, well, we need more cardiac CA data, you know, injecting the Arteri of the heart. And I said, no, we don't. I've provided you quantitative data. And they said, well, no, we need more. And I said, based upon when they said based upon the experts, and I said, well, there's only five people who've written major papers on this. Deri is a D Bowman and Fleming. And I, ER, duru and Bowman don't work at the FDA. And I certainly don't. So I don't know who your experts are, but they're not the experts. They're not the people that have written the landmark papers. They don't positively impress me. I mean, you know, I get that question with, okay, so they're EUA vaccines. What if the FDA it, well, what they do, you know, because with their track record, it doesn't give me a lot of confidence.

Speaker 1 (06:43):

Well, let me ask you this question, you know, you know, based on your, your research background and having a deep understanding of literally, you know, that is relevant to this whole COVID vaccine program and the mechanisms of actions of the COVID vaccine. Cetera, is that, can you, because this is, you started talk about how traditionally viruses, uh, you know, vaccines are tenuated viruses, you know, that amount of immune response, et cetera, et cetera, this clearly is gene. Well, do you agree with the

statement that this is clearly gene therapy, not, you know, vaccines as we traditionally understand them? Well,

Speaker 2 (07:15):

I think the answer to that question is what the FDA in health and human services says, this is okay. And, and they have published two papers again, one in 2017 and another one in 2020. And they are papers that are guidance to the industry. Mm-hmm <affirmative> of RNA, gene therapy, drug vaccines. Okay. That that's the title of the 2017 paper. And then the 2020 paper said, had to do with shedding and shedding is the defined as the product of the vector. Well, the vector is how you get it into the body, you know, the lip nanoparticle or the adenovirus or whatever. And the vector would be the spike protein. So it's not like they're coming out and saying the spike protein is shedding, but in both papers, the FDA health and human services defines shedding and gene therapy. So you don't even have to ask what I think that FDA and health and human services has defined it for everybody.

Speaker 1 (08:18):

So now given that, um, and it, and it's, it's kind of startling, uh, you know, that this is all hiding in plain sight, right? Uh, and people, it's just a matter of somebody taking the time to connect all these dots like you have, um, and knowing how to read the research and, and kind of contextualize it to what's going on right now. But now, uh, given that what is within the, uh, academic and scientific community, kind of the standard for safety testing for gene therapy?

Speaker 2 (08:47):

I don't think we have a safety testing method for gene therapy because, um, you know, for example, CRISPR technology, which is related to a lot of this is kind of a shotgun approach. I don't, you know, you only have four nucleotide bases for DNA and four for RNA, and there's only so many combinations of those four you can put together and, and CRISPR just simply says, let's go find this sequence, right. So it's going to just get into the cells and look for those sequences. Now, it, it just because the premises is going after badging area doesn't mean that that's the only place that sequence is that, that, that sequence by the way, could be in something that's vital to human survival. Mm-hmm <affirmative> we don't know <laugh> we don't know. So we're shotgun. Okay. And that's kind of what's happening with a lot of these treatments.

Speaker 2 (09:40):

I mean, this is kind of like jurasic park. If you think about it, we, we have a bunch of people that are playing with science that they didn't build, that I don't personally think they have the intellectual capability of really understanding or the ethical integrity to do it in the way that it needs to be, but they've got a toy and, you know, it's, it's like Jurassic park. And I find that personally concerning because I, you know, I, I, it's kinda like one of my initial comments was I got to do things beginning in that seventh grade of my life with, with, with physics that I would in, in my wildest imagination. I wouldn't let most doctoral students do today. Okay. Just simply because of what it's. So these folks are playing around with something that's above their pay grade, as far as I'm concerned.

Speaker 2 (10:36):

Um, and, and the results have been devastating. I think part of this, um, they had no idea what they're doing, and as they're stumbling around in the dark, they're, they're developing these problems and then they wanna, of course see what these problems do. And so it's the combination of stumbling into things

and then going, oh, wow, what do we have now? Let's play with this and see what this does well, playing with this and seeing what it does has some really devastating effects. What I started to mention about this spike protein is that what we're seeing is what's called pressure selection with these variants. So as an example, for the people watching, most people have heard about antibiotic resistant bacteria, bacteria, that you can give somebody an antibiotic and, and it won't have any effect. The bacteria is resistant. Well, if you take, for example, Rishi coli, which is a bacteria that resides in most people's colons, much of that E coli isn't resistant to bacteria, but some are, and some are resistant to one type of antibiotics.

Speaker 2 (11:44):

Some are resistant to a different type. So if you, if you have a problem and you put antibiotics into somebody, it'll kill the ones that are re that don't have resistance, right. But it will leave the ones that do. So those will flourish and they will become the primary flora as they're called. And the way you treat that is you actually pull back the antibiotics and encourage the ones that are not resistant to throw, okay, now what we've done with this approach to vaccines targeting hu one spike protein is we've, you know, they have obviously developed an immune response, although it's an imperative immune response. If you look at the, at the data, it interferes with interferon, it interferes with T helper, two cells, which produce as problems and resets the adaptive immune system, but what it does. So when it takes out the hu one component, you see spike proteins, uh, viruses that are far enough away from the hu one spike protein virus that they can survive.

Speaker 2 (12:50):

Well, when did we first see that we first saw that last year with the out alpha variant in the UK, right? Everybody's kind of forgotten about that now with Delta, but it was the alpha variant. And then the beta variant came up and then, you know, we had multiple variants that the further, and, and you can track this. And, and that's how I know, because I, you know, I'm keeping track with the people that are actually doing this genotype sequence of these variants and these viruses to know what's really going on. And, and that tells you, and I I've exposed and shown in some of the presentations that what's happened is that as we've given each successive vaccine, you can see that not only does it not decrease the number of SARS, COVID two cases in the world in any country, but it has shifted away from the hu one and the alpha and the beta to the Delta and the Lambda and the mu the ones that are further, further away.

Speaker 2 (13:47):

So we have pressure selected. We put pressure on the virus to select the viruses that are more dissimilar from the HG one. That's, you know, we've done a great job of proving that adding the boosters doesn't change, that it just encourages more pressure selection. Um, I know I shouldn't laugh because, uh, you know, it's, it's a concern, but the, my laughter is not at the people concerned about it, but the people doing it, it shows that they don't understand what they're doing. Um, and that's sad. And, and so the reason for saying that the way we treat antibiotic resistant bacteria problems is to pull off the antibiotics. What that tells us is that the way to address this is to pull back the drug vaccines, to stop pressure. So collecting so that the hu one and the others will come back in. I balance and all this natural immunity that people are developing from person to person transfer will catch up. In fact, there was a paper that was published, not not three or four days ago, that shows, uh, again, I talked about all the parts, so coronaviruses have spike protein. They have, he glutenin, they have envelope, they have membrane. Uh, it turns out that it's the membrane antigen that we as humans make our best antibody

response to. So the part of the virus that we're best at recognizing anding to defend ourselves, isn't even in the vaccines.