

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

Um, so you're, you're I'm thank you for your comments. Uh, and, and it w your comments kind of reveal some common assumptions that most people have about the way things are, but they aren't that way. Uh, what we have allowed to happen in the United States and the world, as you said, believes has believed up until now that the FDA and the CDC represent the pinnacle of integrity in regulatory affairs and research oversight for clinical products. Let me tell you a story. I was in a group of scientists and physicians and politicians and thought leaders in Portugal a few weeks ago, when I was in Portugal, we did a round table, and then we took Q and a from the audience about 50 people, selected people. And one of the women in the front row said to me, um, we have always believed we Portuguese that, uh, the FDA and the CDC were the gold standard for research, for integrity in science.

Speaker 1 ([01:08](#)):

And what we have now come to realize is that they're corrupt. And when she said that to me, it hit me like that. I hadn't ever thought about it that way. And sometimes, you know, from, from average people comes true wisdom, and she said this, and I realized what has happened. Um, that, that in fact, she is absolutely right. And what we've allowed to happen here in the United States is a process. We use this word regulatory capture, but it is it trivializes what's happened. We've allowed industry across multiple regulatory bodies to control the whole decision-making process and examples that everybody will understand, uh, include the U S department of agriculture. And the us department of agriculture has been headed up by former Monsanto leadership now for well over a decade across multiple administrations. Okay? Because the us department of agriculture has two jobs it's to regulate agriculture and it's to promote agriculture.

Speaker 1 ([02:23](#)):

And the promotion of agriculture has become the more important job, the potion of big ag. Okay. Another example that we'll all understand, you remember 7 37 max, what a fiasco people died. It was clearly a broken system. The federal admin aviation administration that we have believed in was protecting us in our safety has undergone regulatory capture by Boeing. Okay? Because it has the responsibility to both regulate aviation and to promote and travel. Now, we go to the CDC, the CDC has two core missions that relates to vaccines, promotion of vaccine uptake and oversight of vaccine safety. And most of the money that they're getting in this outbreak is to promote vaccines. And so the people that are supposed to be monitoring safety are underfunded, no surprise. Then they don't have the personnel and the time and the staffing and the capabilities to analyze the safety signals.

Speaker 1 ([03:30](#)):

But the promotion people are all over the media talking to CNN and everything else. Okay. So, and then we come to the FDA, as I just said, the industry has convinced, uh, the us legislature to shift the costs of regulating drugs to the pharmaceutical industry. This is reminds me, I don't know if you know the story of Br'er rabbit and the Briar patch. Uh, this is a common American Southern story. Br'er rabbit as a character and, and he gets caught and he's going to get eaten by the Wolf. And he tells the Wolf, oh, don't throw me in that Briar patch over there. That would be horrible. Right. And in fact, that's where rabbit lives is in the Briar patch. Okay. It's like the pharmaceutical industry saying, oh, don't make us pay. Um, and you know, and then they own the FDA. So that's kind of the situation we're in. And frankly, we let it happen. The question is, what can we do about it now? And I'm not sure

Speaker 2 ([04:28](#)):

That was actually my next question. When, and how do we step in, you know, uh, because clearly you say the governments and the CDC and [inaudible] are so, so profoundly crops that they have this willingness to engage in. What is actually, uh, uh, you know, human experimentation with these vaccines.

Speaker 1 ([04:55](#)):

You're dead on. This is the largest experiment performed on human beings in the history of the world. And it's being driven by it's being enabled by a regulatory structure that is not designed to protect us. It's designed to protect the pharmaceutical industry and promote the pharmaceutical industry and that pharmaceutical industry in the United States, which charges much more money to us than it does to most other nations. Our cost for our drugs is huge. Compared to most nations, they generate all this revenue and the use that revenue it's weaponized to control our legislature and to control our regulatory bodies. And where do we go from here? There's a short-term answer and a long-term answer and forgive me, but I'm going to riff on this. Uh, over the short term, we all face this problem. We're being controlled through fear. That's another thing that's controlled is the media is now all own the legacy media.

Speaker 1 ([06:04](#)):

We're constantly bombarded by messages from CNN and the New York times and the Washington post and all of the standard outlets about how horrible this virus is. And we're all going to die. Okay. If, if we get infected from this, and when I got infected in late February of 2020, and I was deep in the data, I knew exactly what was going on in China. I was afraid I was going to die, but this is way later. Now we know the statistics. We know that for almost everybody watching this, your risk of death or hospitalization is a fraction of a fraction of 1%. Okay? You're not going to, for most of you, there's no way you're going to die from this. What you will do is develop natural immunity. So we got to fight that whole fear thing. And for our children, if your children are otherwise healthy, they have virtually a 0% chance of getting hospitalized or dying from this virus. They have really strong immune systems. So we got to fight that. And then the truth is that we're looking at Delta plus moving into the population throughout the world, this winter. And I just come back from Delta. Plus I just come back from Hawaii. And just to illustrate the point, there are two monoclonal antibody cocktails available in the United States right now for early treatment.

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

One of them is produced by Regeneron. The other's produced by some other companies and the federal government notified, uh, Hawaiian public health that they would no longer allow importation of the other monoclonal antibody preparation into Hawaii, because it was not active against Delta plus. And over 5% of the Hawaiian population cases are now Delta plus. And so they would only allow Hawaii as a state to buy the Regeneron cocktail because the other one's no longer effective. Why? Because the viruses evolved to escape those antibodies just as it's evolved to escape. These vaccines, these vaccines are for a virus that is no longer circulating, okay. They are what we call mismatched. So the point is that this virus is evolving rapidly. Delta plus is coming. It will sweep through our populations. What are we going to do about it? Cause that's where we're at. It's kind of a street fight right now.

Speaker 1 ([08:35](#)):

And, and how do you protect your children? How do I protect my grandchildren? How do we protect our elders in particular, the people that are at high risk. And the only answer I can come up with, it's not a

vaccine. It's not taking a third jab. That's going to hold every time you take another shot, you have all of those associated with that shot yet again, plus the risk of actually suppressing your immune response is a short-term suppression. And there's a long-term suppression. It's not as simple as we're being told. Um, so we have to come together and find solutions that are going to protect us over the next few months. And I think there's ways that we can do this, but it has to be community-based people have to be provided with information and you're helping with that, with what you're doing, but they can go on the various websites for early treatment and find information they're over the counter drugs that there, that if you take them early, it can keep you out of the hospital.

Speaker 1 ([09:35](#)):

That's what we have to do is keep people out of the hospital. Okay? And many doctors, doctors Linco gets a lot of credit for being one of the first there's two physicians in the Imperial valley in California. They're both older, they're working way beyond what they should both be retired at this point. Um, and they've saved thousands and thousands of people in the Imperial valley of California, largely the poor, largely farm workers. They're not getting rich on this by, by making available early treatment protocols. There's very good staged early treatment protocols. We need to set up networks so that we can call on people in our community and make sure they're okay. Because one of the tragedies is we have old people who are feeble. Um, they don't have very good access to information on the internet and they get sick. They try to go to the hospital.

Speaker 1 ([10:35](#)):

The hospital says you're not sick enough yet. Go home and get sicker. Think about this, go home and get sicker. And then come back when your body is really damaged and we'll admit you okay, in the meantime, good luck. You're on your own. Let us know. You know, and these old people go to their home. They're alone, they're socially isolated and they die alone. It is such a tragedy. So let's find ways to be able to connect to those people and follow up with them. Make sure they're getting contacted, make sure they have access to some of these early intervention medicines. Make sure that everybody has information. And we can't rely on the system right now in the main media to provide that information. They're completely failing us, but there are things we can do. Number one, don't be afraid. Number two, um, get informed, get information.

Speaker 1 ([11:35](#)):

Number three, organize locally to make sure that you can help support your communities. So these people are not alone. And I think if we do that, we can get through this next wave. Now, the long-term, the only solution is political and legal. They, they, the government is no lawless. They are doing things that are against the law and they don't care. Um, they believe that I, I dunno what they believe, but forcing people to take an experimental medical product is illegal. It is in federal law. We call it the common rule. It is not legal, forcing the military to take an unlicensed product and then relabeling it, calling it the licensed product, which is what I'm telling military people are coming to me and telling me, this is what they're doing because there's a law that the military cannot administer unlicensed vaccines to its personnel.

Speaker 1 ([12:39](#)):

This is a law that came out of what happened with the desert storm and, and the anthrax vaccine shots were a lot of military personnel were damaged and they're not allowed to give unlicensed products. So the president commands them to vaccinate the troops with an unlicensed product. And so they there's a

Colonel now in the Pentagon who will retire soon. So you don't have to worry anymore. That's why they picked him. They, they got a Colonel to write a set of orders that are clearly illegal. That all military personnel have to be vaccinated with the vaccine. That's not licensed, which is illegal. And what they're doing is they're telling the military personnel, oh, we're giving you the licensed vaccine commodity, but that vaccine doesn't exist. And so the other thing they're doing is they're taking the Pfizer vaccine and they're putting labels on it, calling it community, which is by the way, a felony, okay.

Speaker 1 ([13:38](#)):

They don't care that the law is no longer relevant. We have a government that is out of control. And the problem is the lawyers are fighting this. I mean, they're, the lawyers are like with all these mandates in industry and academe, which the government is forcing them to do by saying, well, if you don't vaccinate your people, like if you're a hospital manager, if you don't vaccinate the people that work in your hospital, we're no longer going to compensate you for Medicare Medicaid. In other words, we're going to put you out of business financially. Okay? If you're an academic leader, you're president of a university you're being told. If you don't force all your kids, your students to get vaccinated, then we're going to take away your federal grants. And contracts has been a new policy put in place by NIH that if you want to have a federal grant or contract, you have to have everybody vaccinated.

Speaker 1 ([14:35](#)):

So that's how they're doing it. They're doing it through financial coercion and they're doing it across the board. And problem that all these academics in these companies are going to face is that in this whole chain, the vaccine companies have been indemnified. The government is protected. They're not going to have financial liability, okay. People are going to get damaged and harmed. That will happen. And they have very little recourse for getting compensated for their damages, for hospitalization or whatever. Who are they going to Sue? The one group that is in this food chain that is not indemnified, is the university presidents and the corporate leadership, et cetera. They, that the phrase is used, you know, on wall street. Who's going to be the bag holder. It's those guys and gals that are going to have to take the legal liability. And I can tell you that the lawyers are lining up.

Speaker 1 ([15:37](#)):

This is like gold rush for lawyers. You know, we're going to be, I predict we're going to be seeing little adverts on CNN at some point that instead of saying, get your mesothelioma book, it's going to be get your COVID damages book. You know, um, the, the lawyers are going to have a heyday with this. The problem is that once these legal precedents get set, it's going to take about a year or two. It will go to the Supreme court. Um, and these large organizations are going to face massive class action suits. The other one that's happened. It's really clear to me because of who I deal with and the information I get access to there appears to be a clear pattern of suppression of early treatment options by people in the government. And we know these various drugs, hydroxy, chloroquine, ivermectin, and others. There is a strategy has been a strategy to de-legitimized this, and we've seen it it's most obvious in the ivermectin is a horse drug thing that huge media push.

Speaker 1 ([16:44](#)):

Okay. And you'll call that was capped off by somebody in social media, at FDA posting a tweet that, uh, you know, using the pejorative, uh, Southern language, you know, don't, you know, that ivermectin is a horse drug y'all basically is what they said. It was really demeaning for people around me here in Virginia and in the south, he was totally inappropriate. There's an email of Janet Woodcock congratulating, the

person that wrote that tweet for having done that. And it ticked it set off this whole media storm on Rachel Maddow, et cetera, pushing this grossly false narrative. That ivermectin is a horse drug. I love to say this in rallies and things. Okay. So I'm going to say it to your audience. There's another drug that recent papers have clearly demonstrated is effective when administered for COVID disease early on. And it's a horse drug. It's another horse drug it's used by horses and veterinarians in, in dogs. It's called aspirin. Okay.

Speaker 1 ([17:53](#)):

So I'm sure we're going to find aspirin coming off the shelves, but we all know that aspirin is really good for helping with blood clotting. And one of the problems with this vaccine is it triggers blood clots. So does the disease itself and aspirin, it turns out as effective. The drug that I pioneered the stomach acid drug that's sold as Pepcid is also effective that the scientific name is famotidine. That's the chemical name. And we now have clinical trials starting funded by department of defense, major clinical trials for the combination of Pepcid and Celebrex. Celebrex is an arthritis drug, otherwise called Cella Coxen and the, and there's good scientific basis for why these two drugs are used together to treat this disease both in the outpatient and the inpatient environment. And we've been given full clearance by FDA DOD insists that everything for us, for repurposing drugs, everything has gotta be done by the books.

Speaker 1 ([18:56](#)):

And so we've been through, it's taken a year and a half to get to this point where we're now launching those. So my point is only that there are a number of these repurposed drugs available, and we've seen this coordinated attack by mainstream media, backed by pharmacy pharma and enabled by the FDA and the CDC and the NIH to take down these, uh, repurposed drugs that are off patent, incredibly cheap, uh, but compete with the drugs that Tony Fowchee is now pushing, that are being developed largely with us, your taxpayer money by Pfizer and Merck, and, uh, not you'll notice the absence of advocacy on the part of the federal government about the monoclonal antibody cocktails, fascinating note, Rhonda Santos champion, that as you'll recall, and, and what did the government do in response to his success down in Florida? They said, oh, we're going to restrict your availability on these, uh, monoclonal. What how does that make any sense? There's something, as I say, there's just so many signs of deep corruption. Uh, but there are early treatments available. They are cheap,

Speaker 3 ([20:21](#)):

But you have to get them on board early. The last key point to hit, there is no rationale for vaccinating the children. None, them, there is no benefit to the children with the exception of those that have significant pre-existing disease is about 400 children that have died with COVID. That doesn't mean they died of since the beginning of

Speaker 1 ([20:47](#)):

The outbreak, every single one of those had major pre-existing medical conditions for healthy, normal children that aren't morbidly obese and don't have cystic fibrosis or some other major pre-existing condition. Their chance of getting hospitalized or dying from this is like I said, zero. But their chance of having damage to their heart is about six times their risk from the virus itself. It's still small. Don't get alarmed, but it happens. And the damage that's caused by the, to the heart, doesn't go away. It doesn't heal it scars. Okay. So what does, who cares? So the heart scars, those scars create little areas in your heart that conduct electricity differently. What that translates to in common language is an increased risk of cardiac arrhythmias. What are cardiac arrhythmias? We heard atrial fibrillation, ventricular

fibrillation. These are things that cause you to die suddenly because your heart stops working because it doesn't beat in a uniform way. And we know that's a risk of scarring in the heart. So when we, when you hear these stories from the CDC, oh, it's mild myocarditis. That's going to the hospital. There's no such thing as mild myocarditis in a child. And it doesn't happen. It's only happening after these vaccines and to some extent after the, after the virus itself. So there's no reason to vaccinate the children. Don't do it.